



Iowa Healthcare Collaborative

10TH ANNUAL CONFERENCE

AUGUST 28, 2013
The Meadows Events &
Conference Center Altoona





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Agenda

8:00 am — Registration and Continental Breakfast / Visit Vendor Tradeshow

8:30 am — Welcome and Introduction Tom Evans, MD, FAAFP, President & CEO, Iowa Healthcare Collaborative, Des Moines

8:45 am — Keynote: How Can You Have Face-sheet without a Face?: Solving Medical Quandaries through Art and Story | Regina Holliday, Founder, The Walking Gallery and the Medical Advocacy Mural Project, Washington, DC

Artist and health activist Regina Holliday will address the need for strong visuals and use of personal patient narratives in improving personal care episodes. She will make a case for timely electronic medical records access for hospitalized patients as well as patients in ambulatory care settings. Holliday will further explain the power of art and social media to help shape health care policy.

- Explore the need for better use of visuals in health care.
- Discuss the power of social media in promoting health policy change.
- Recognize how to better defend and support timely patient access to the electronic medical record.

9:30 am — Keynote: Repainting the Landscape of Medicine: Achieving Perfection in a Human System | John Nance, JD, John Nance & Associates, Gig Harbor, WA

The most frustrating mystery in American health care over the past decade has been how to significantly reduce or eliminate the effects of medical errors and markedly improve the quality of care. While the urgency of this quest is known to all, the solutions have eluded any attempt to find them amidst the landscape of traditional practice in hospitals and health care systems large and small. Keynote presenter John Nance believes the reason is those solutions don't exist within the scope of "The way we've always done it." Instead, the solution to sustainable high reliability and high quality in a human system is accepting it as a human system and structuring it accordingly. What this means for health care is an entirely new way of viewing error. Trying to "zero" human mistakes is a fool's errand. Minimizing mistakes and then using collegial teams to zero the EFFECT of residual mistakes is the key. This originates from deep within health care as it has always been practiced, but takes you to the realities that must be embraced if the primordial challenges and ideas being forced on us are to lead us to a new and functional system.

- Recognize the difference between the patient being the object of health care versus the subject, a profound change in philosophy and one of the keys to dramatic improvement in quality and effectiveness.
- Identify the difference between a patient-centric system and a physician-centric system.
- Recognize the pernicious influence of fee-for-service as unconscious drivers of substandard care.

10:45 am — Break with Vendors

11:10 am — Breakout Sessions

1A | Leadership Track • Alignment and Boardmanship

Jack Dusenbery, FACHE, President, Covenant Medical Center, Waterloo

Jack Dusenbery will address the importance of hospital collaboration with community health care stakeholders to help lead community care coordination strategies. He will also discuss the challenges faced by leadership in moving hospital culture and the board to execute community care strategies.

- Discuss the do's and don'ts and lessons learned in moving organizations today during these times of health care transformation.
- Describe the importance of hospital collaboration with community health care stakeholders to lead the community care coordination strategies.
- Identify the leadership challenges in moving the hospital culture and the board to deploy community care strategies.

1B) Patient and Family Engagement – Change One Thing, Change Everything

Victoria Nahum, Executive Director, Safe Care Campaign, Mableton, GA

Victoria Nahum's presentation will remind, provoke, motivate and inspire all who work within the continuum of care of their most noble challenge and moral duty to prevent hospital-acquired infections.

- Discuss the real life impact of health care-associated infections on patients and their families.
- Describe the impact every single component of care makes at the bedside and how caregiver roles and choices affect outcomes exponentially.

1C) Care Coordination – How Better Health Care Payment Systems Can Remove the Barriers to Higher-Quality, More Patient-Centered Care

Harold Miller, Executive Director, Center for Healthcare Quality and Payment Reform, Pittsburgh, PA

Harold Miller will describe a series of opportunities for improving the quality of care for patients while reducing total health care spending. He will show how three key types of payment reform can enable care delivery to be redesigned to achieve these opportunities in ways that benefit patients without financially harming physicians, hospitals and other health care providers.

- Outline the key aspects of current health care payment systems that serve as barriers to pursuing these opportunities.
- Explain the three principal building blocks of payment reform and how they can be used to overcome the barriers to higher-value health care.
- Discuss examples of how properly designed payment models can benefit physicians, hospitals and other health care providers.

1D) Care Delivery – Preventing Catheter-Associated Urinary Tract Infection: Disrupting the Lifecycle of the Urinary Catheter

Jennifer A. Meddings, MD, MSc, Assistant Professor, Internal Medicine, University of Michigan Health System, Ann Arbor, MI

Urinary catheters are often placed unnecessarily without physician awareness and not removed promptly when no longer needed. Prolonged catheterization is the leading risk factor for catheter-associated urinary tract infection. Dr. Meddings will review strategies to support disruption of the lifecycle of the urinary catheter.

- Discuss strategies to disrupt the lifecycle of the urinary catheter.
- Summarize the evidence supporting strategies to reduce unnecessary catheter use and prevent catheter associated urinary tract infection (CAUTI).
- Discuss implementation pearls and pitfalls for translating CAUTI prevention recommendations into bedside practice.

12:00 pm — Lunch (included)/Visit Vendor Tradeshow

1:00 pm — Breakout Sessions

2A) Leadership – LEADING, INSPIRING and SUCCEEDING - I'm Their Leader, Which Way Did They Go?

John Nance, JD, John Nance & Associates, Gig Harbor, WA

In three hundred years' worth of leadership texts, theories and teaching, only one method has ever worked to sustainably improve performance: Telling people that they are better than they are and exhorting them to even greater heights. One of the most profound deficiencies in American health care (in terms of why the hidebound culture is so difficult to change) is the incorrect assumption that people can be ordered, cajoled or managed into better performance much as we continue to improve the physical designs and software components of the machines we build. John Nance has found that humans in a human system simply don't respond to the traditional methods of management. But humans do respond to a method of leadership that fully takes into account their own foibles and incapacities AS humans, while encouraging, inspiring and facilitating their ability to get even better results - not because they are ordered to, but because they truly want to. American health care is standing at an abyss, with the vision of a true sustainable health care system tantalizingly visible on the other side. To get there takes virtually everyone on the team, as owners of each and every process, and to elicit that level of resonance, we need leaders who are unafraid to engage the humanity of those they seek to lead.

- Discuss the profound difference between leaders and commanders and why commanders are ill-suited to lead any substantive changes in a culture.
- Recognize why leadership consists of inspiring people to achieve goals they fully accept as their own responsibility and opportunity.
- Discuss why a good leader evaluates himself or herself by how well that leader can extract, orchestrate and apply all the human talent entrusted to that leader.
- Explain why transformative leaders automatically and inherently understand and work within the limits of the humans in their charge, and why "just culture" is an automatic response for a leader who understands that when bad things happen the only appropriate question is "What happened," not "Who" happened.

Patient and Family Engagement – Clinical and System Engagement

2B) Lisa Morrise, Patient Advocate, LAM Professional Services, LLC, Salt Lake City, UT

We often talk about patient and family engagement or PFE. What is PFE and how does a health care system achieve it? Lisa Morrise will address PFE on both the clinical and system levels, offering insight from her personal experience as a Mom to child with a chronic complex condition and her professional experience developing programs in various settings for patient and family advisers.

- Discuss the difference between an engaged patient and patient engagement.
- Explain the options for improving patient engagement in the clinical care setting including best practices in education, bedside rounding and shift change and discharge planning.
- Discuss best practices for utilizing patient and family advisers to provide input into hospital policy and process and improving overall quality and safety.

2C Care Coordination – LifeLongLinks: From Programs to People

Mike Isaacson, Chief Executive Officer, Northeast Iowa Area Agency on Aging, Waterloo

LifeLongLinks is northeast Iowa's Aging and Disability Resource Center that strives to create a seamless support network for individuals seeking assistance and provides increased access to services and one-on-one support. LifeLongLinks provides the health care field with "one-call" referral capabilities, allowing individuals in care to receive the supports and services necessary to maintain independence.

- Discuss the purpose and scope of LifeLongLinks.
- Discuss the need to be actively engaged in LifeLongLinks.
- Identify how to gain access to LifeLongLinks as a "one-call" referral source.

2D Care Delivery - Choosing Wisely: Conversations about Overuse

Christine Sinsky, MD, Medical Associates Clinic, Dubuque

More care is not always better care. Unnecessary tests and treatment can be forms of waste the United States health care system can no longer afford. Unnecessary care can also be harmful to patients. Dr. Sinsky will discuss how Choosing Wisely is a cooperative project of the American Board of Internal Medicine Foundation, Consumer Reports and the Physicians' Alliance. The goals of Choosing Wisely are to help patients and physicians make better decisions and be better stewards of finite resources.

- Identify two commonly chosen tests or treatments believe to be overused, misused or harmful that pertain to your practice.
- Identify resources to use in conversations with patients about potentially unnecessary tests and treatment.

1:50 pm — Break with Vendors

2:00 pm — Breakout Sessions

3A Leadership – Disruptive Change: The Evolution of Organized Systems of Care

Erick Laine, MD, FACP, Executive Vice President and Chief Operating Officer, UnityPoint Clinic, Urbandale

During this presentation Dr. Laine will characterize what disruptive change is and contrast old world vs. new world health care. Learn about the implications this has for physicians and hospitals and what change imperatives are needed.

- Identify what disruptive change is in health care.
- Describe the perspective on clinical, operational, financial and organizational transformations.

3B Patient and Family Engagement – Reducing Preventable Hospital Readmissions and Transitions of Care Journey

Kim Brobst-Hinkle, RN, CCM, Transition Coach and Natalie Cline, RN, Supervisor, Central Intake/Care Coordination, Grinnell Regional Medical Center, Grinnell

This session will provide an overview of Grinnell Regional Medical Center's (GRMC) care coordination department's improvement process strategies implemented in 2012 to reduce preventable readmission. Learn more about the current and future plans GRMC is working on to improve transitions of care for their patients and community.

- Describe the 2012 readmission prevention plan and share results.
- Discuss 2012 strategies and implementation of the Transition program.
- Discuss continued improvement opportunities identified for consideration.

3C Care Coordination – Connecting Reducing Readmissions and Reducing Falls and Related Injuries

Gail A. Nielsen, Fellow and Faculty, Institute for Healthcare Improvement, Des Moines

This session will help improvement teams accelerate reductions in avoidable readmissions and falls and related injuries. Both topics have years of work in separate silos across the nation. It's time to combine the learning for faster results.

- Discuss available data on fall-related readmissions.
- Describe key improvements to reduce both falls and injuries.
- Analyze ways to harness resources for this work.

3D Care Delivery - Innovative Medication Programs in Iowa

Gloria Vermie, RN, MPH, Director, Iowa State Office of Rural Health/Iowa Department of Public Health, Des Moines, Bernard Sorofman, PhD, Professor and Chair, Pharmacy Practice and Science, Executive Associate Dean, College of Pharmacy, University of Iowa, Iowa City and Jon-Michael Rosmann, Executive Director, Iowa Prescription Drug Corporation, Urbandale

Rural communities must develop systems that provide quality patient care and improved community-level health. We know that individuals, communities and hospitals pay the consequences when needed medications are not available. Today in Iowa, there are two innovative safety net programs developed by the Iowa Prescription Drug Corporation and the state of Iowa to decrease costs to rural hospitals, clinics and communities, and to improve health care access - the Drug Donation Repository which has distributed over \$5.8 million in free medications and the Medication Voucher Program which is now addressing prisoner recidivism.

- Discuss the economic and public health benefits of establishing an innovative health model to provide increased low cost pharmaceutical access to underserved patients.
- Describe the organizational need for a drug donation repository model to improve access and reduce medication costs for underserved patients.
- Discuss a unique medication voucher model that creates access and decreases overall system costs of managing released offenders in Iowa.

2:50 pm — Break with Vendors

3:10 pm — Breakout Sessions

4A | Leadership – What Physicians Will need to do to Survive and Thrive in a Higher-Value Health Care System

Harold Miller, Executive Director, Center for Healthcare Quality and Payment Reform, Pittsburgh, PA

Accountable Care Organizations, bundled payments, value-based benefit designs and other changes in health care have the potential for dramatically changing the way health care is financed and delivered. Harold Miller will describe the kinds of skills, resources and organizational structures that physicians will need to not only survive, but to thrive in the health care system of the future. He will also describe where and how physician leadership will be critical in ensuring that health care policy changes are designed and implemented in ways that benefit both patients and physicians.

- Describe the major changes in health care payment systems, patient benefit designs and delivery systems that are currently being discussed and the ways in which physicians could benefit or be harmed by them.
- Describe the specific skills and resources physicians will need to successfully manage patient care under new payment and delivery models.
- Describe new ways in which primary care physicians, specialists, hospitals and other health care providers will need to work together.
- Discuss the types of provisions that will be needed in payment contracts to ensure that physicians are rewarded for their efforts and protected from inappropriate financial risk.

4B | Patient and Family Engagement – Readmission Prevention: A Community Collaborative Approach

Kim Fuller, MSW, MBA, Administrative Director, Case Management and Catherine Lauridsen, RN, BSN, Transition Coach, Shawnee Mission Medical Center, Shawnee Mission, KS

Reduction of avoidable hospital readmissions is important to improve the quality of patient care and meet anticipated changes pursuant to health care reform. The presenters will share the key elements of a successful program at a community acute care hospital, partnered with community collaboration that has decreased 30-day hospital readmissions. The building of a multi-disciplinary and community collaborative effort along with strategies and tools used for this program to reduce hospital readmissions will be described.

- Explain the importance of readmission programs to facilitate patient continuity of care and the need for community and interdisciplinary team collaboration to improve transitions in care.
- Identify effective strategies for developing community collaboration to improve patient care and reduce avoidable readmissions.
- Describe the role of the transition care coach in collaboration with community health care providers in reducing hospital readmission rates.

4C | Care Coordination – Bridging the Gap!

Jamie Taets, RN, BSN, Director of Business Development, Select Specialty Hospital, Davenport

In this session, learn about the specific services that Select Specialty Hospital, Iowa's only long-term acute care hospital (LTACH) provides to patients and how LTACHs reduce readmission rates for short-term acute care hospitals and why Medicare covers the cost for such services.

- Review the continuum of care LTACHs can provide.
- Describe Medicare hospital benefits and preservation of skilled nursing facility and rehabilitative services benefits.
- Identify how LTACHs can reduce the readmission rate back to short-term acute care hospitals.

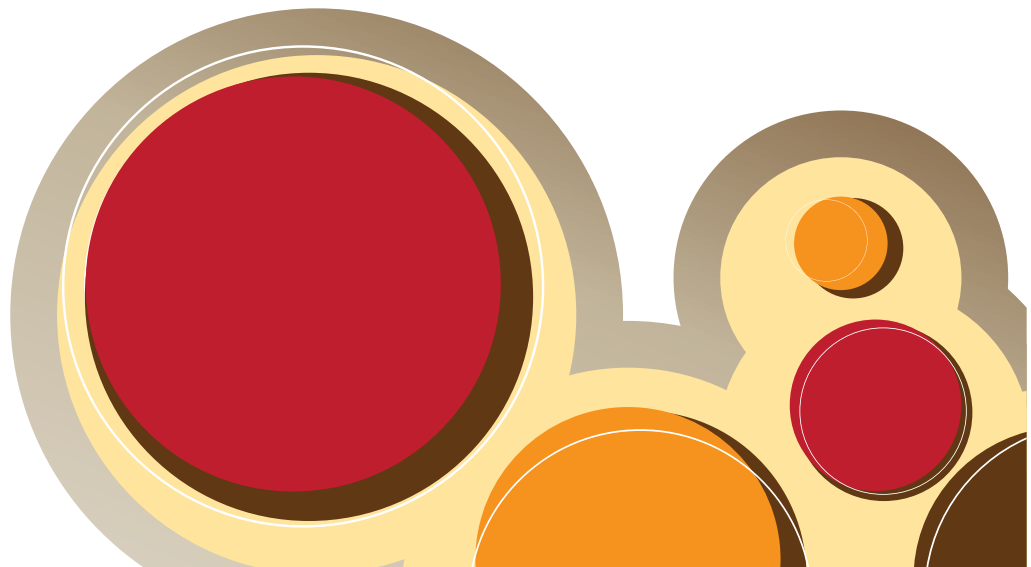
4D | Care Delivery - Launching Lean in Rural Iowa Health Care

Mark Welch, Lean Healthcare Coach, Spirit Lake

Iowa's rural health systems face unique challenges, such as declining resources, both financial and human, which can seem daunting if we want to embrace Lean as a main improvement methodology. In this session, Mark Welch will discuss these unique challenges, questions and alternatives that need to be considered before launching Lean. The session will finish with an open round table discussion.

- Identify misconceptions about Lean.
- Describe unique considerations and challenges when launching Lean in rural health care and options for addressing them.
- Discuss and learn from various health systems experiences.

4:00 pm — Adjourn





Program Information

Conference Location

The Meadows Events & Conference Center
Prairie Meadows
1 Prairie Meadows Drive
Altoona

Conference Lodging

Prairie Meadows Hotel
1 Prairie Meadows Drive, Altoona
\$89.00 plus tax

IHC room block expires July 29, 2013
Phone: 515.957-3000 or www.prairiemeadows.com use
group code 08272013IHC

Cancellation | Refund Policy | Registration

- Individuals are encouraged to use the online registration at www.ihconline.org.
- If registering by mail or fax, attach a copy of the registration form when payment is sent.
- No-shows will be billed.
- Substitutions welcome anytime via fax or e-mail.
- A full refund will be given to all cancellations received 10 or more business days prior to the conference.
- A \$50 administrative fee will be charged to all cancellations received six to nine business days prior to the conference.
- No refunds will be given to cancellations received five or fewer business days prior to the conference.
- Refunds will be calculated by the date received and the IHC business days remaining prior to the conference.
- IHC reserves the right to cancel the conference due to insufficient enrollment, in which case pre-registered participants will be notified and full refunds provided.
- All cancellations and substitution requests must be sent to Penni Upham by e-mail (upahp@ihaonline.org) or faxed to 515.698.5142 or 515.283.9366.

Continuing Education

Nursing The Iowa Hospital Association has been approved as a provider of continuing education for nurses by the Iowa Board of Nursing, provider #4. 0.64 Nursing CEUs will be available during this conference to participants who attend sessions in their entirety. Partial credit for individual sessions will not be granted. NOTE: To receive CEUs or a certificate of attendance, you are required to attend the entire session that credit is being requested for. No partial credit will be granted.

Pharmacy Pharmacists interested in obtaining continuing education for this conference are encouraged to secure the nursing statement of credit and submit to the Iowa Board of Pharmacy. The Board accepts CNE credit as follows: Remaining CE hours may be obtained through completion of activities provided by an accredited CME or other health professions provider if the activity content directly relates to the pharmacist's professional practice. More information can be obtained at http://www.state.ia.us/ibpe/pharmacists/continuing_education.html.

CME Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

Purpose Statement

Convening leaders from across the state to work toward the common goal of exceptional health care in Iowa.

Target Audience

The various tracks will benefit physicians, CEOs, CFOs, senior administrators, nurses, quality assurance professionals, trustees/board members, clinic managers, infection control professionals, hospital pharmacy directors, clinical pharmacists and other health care personnel.

Conference Notes

Handouts and speakers' biographies will be available on the IHC website. A direct link to access these will be e-mailed to you one week prior to the conference. Copies of the handouts will not be distributed at the conference.

ADA Policy

IHC does not discriminate in its educational programs on the basis of race, religion, color, sex or handicap. IHC wishes to ensure no individual with a disability is excluded, denied services or segregated or otherwise treated differently than other individuals because of the absence of auxiliary aids and services. If you need any of the auxiliary aids or services identified in the Americans with Disabilities Act in order to attend this conference, please call 515.288.1955, fax 515.283.9366 or write to the Department of Education at IHC.



Three Ways to Register

Online: www.ihconline.org

Fax: 515.698.5142 or 515.283.9366

Mail: IHC, 100 E Grand, Ste 360
Des Moines, IA 50309

Last Name _____ First Name _____

Nickname (to be used on badge) _____ Title _____

Organization Name _____

Organization Address _____

City _____ State/Zip _____

Telephone No. (____) _____ Fax No. (____) _____

E-mail Address (required to receive confirmation) _____

I would like a vegetarian entree for lunch.

<p>Conference Fees (includes lunch)</p> <p>Earlybird Registration • before August 14, 2013</p> <p><input type="checkbox"/> Individual \$175</p> <p>Registration • August 14, 2013 and after</p> <p><input type="checkbox"/> Individual \$200</p>	<p>Please indicate below the breakout sessions you plan to attend (Check only one session per time block)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">11:10 am</th> <th style="text-align: left; padding: 5px;">1:00 pm</th> <th style="text-align: left; padding: 5px;">2:00 pm</th> <th style="text-align: left; padding: 5px;">3:10 pm</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><input type="checkbox"/> 1A</td> <td style="padding: 5px;"><input type="checkbox"/> 2A</td> <td style="padding: 5px;"><input type="checkbox"/> 3A</td> <td style="padding: 5px;"><input type="checkbox"/> 4A</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> 1B</td> <td style="padding: 5px;"><input type="checkbox"/> 2B</td> <td style="padding: 5px;"><input type="checkbox"/> 3B</td> <td style="padding: 5px;"><input type="checkbox"/> 4B</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> 1C</td> <td style="padding: 5px;"><input type="checkbox"/> 2C</td> <td style="padding: 5px;"><input type="checkbox"/> 3C</td> <td style="padding: 5px;"><input type="checkbox"/> 4C</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> 1D</td> <td style="padding: 5px;"><input type="checkbox"/> 2D</td> <td style="padding: 5px;"><input type="checkbox"/> 3D</td> <td style="padding: 5px;"><input type="checkbox"/> 4D</td> </tr> </tbody> </table>	11:10 am	1:00 pm	2:00 pm	3:10 pm	<input type="checkbox"/> 1A	<input type="checkbox"/> 2A	<input type="checkbox"/> 3A	<input type="checkbox"/> 4A	<input type="checkbox"/> 1B	<input type="checkbox"/> 2B	<input type="checkbox"/> 3B	<input type="checkbox"/> 4B	<input type="checkbox"/> 1C	<input type="checkbox"/> 2C	<input type="checkbox"/> 3C	<input type="checkbox"/> 4C	<input type="checkbox"/> 1D	<input type="checkbox"/> 2D	<input type="checkbox"/> 3D	<input type="checkbox"/> 4D
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Payment Information

- Check (payable to IHC)
- Bill my institution
- Credit Card

- American Express
- Discover
- MasterCard
- VISA

For IHC Office Use Only	#850-5130-7001
Date Received _____	Check Amount \$ _____
Check # _____	Check Total _____

Cardholder Name (please print) _____

Credit Card No. _____ Security Code _____

Expiration Date _____ Cardholder's Phone No. (____) _____

Cardholder Signature _____

A Thank You to Our Community Partners

Alegent Health System

Foster Group

Genesis Health System

Humana

Iowa Hospital Association

Iowa Medical Society

Mercy Health Network

The MMIC Group

University of Iowa Health Care

Wellmark Blue Cross and Blue Shield of Iowa

A Thank You to Our Friends of the Collaborative

Iowa Department of Public Health

Iowans for Wellness and Prevention

Mary Greeley Medical Center

Mercy Medical Center - Cedar Rapids

Telligen

Wheaton Franciscan Healthcare Iowa

