New Directions Agenda

Totally Internet based conferences that you can attend on-line at your convenience. Sponsored by MCOL, the health management and managed care resource company and co-sponsored by leading organizations listed below.

New Directions in Managing Health Care Costs

- A web summit on emerging trends and solutions in dealing with double digit cost increases
- December 2nd through December 13th, 2002

Final Presentation Agenda

Track A: Industry Trends

Track B: Case Studies

Track C: Provider Issues

Track D: Consumer Centric Issues

Track A: Industry Trends

Session 1: Ten Things to Know About Health Care Cost Trends
Bradley C. Strunk, Health Research Analyst
Center for Studying Health System Change
Provides a description of recent health care cost trends and provides analysis of the drivers of those trends.
Session 2: Providing Health Care Benefits in a Challenging Time: Recent Data Findings
Rich Ostuw, Senior Consultant
Towers Perrin
This presentation draws on recent plans and actions of large U.S. employers compiled through Towers Perrin surveys over the past 6 months. Findings from both the “TP Track” Health Care Survey and the 2003 Health Care Cost Survey will be highlighted. We will focus on the implications of this data for employers and what steps employers can take to cut costs and engage employees in health benefit decisions.

Session 3: The State of the HMO Industry
Eric D. Coburn, Principal,
Shattuck Hammond Partners LLC,
The Shattuck Hammond Partners' Report is part of an ongoing series of reports on the HMO industry. The Report focuses on financial performance, trends, valuation, merger and acquisition activity and industry highlights primarily among the publicly-traded managed care industry, but also in the private and provider-sponsored sectors. It is a single source to know what is going on in managed care.

Session 4: Cost Trends & Care Management, 2002 Market Survey Highlights
Geoffrey Baker, President
MedVantage
This presentation reviews overall medical expense trends, employer and healthplan responses, disease management program adoption, and discusses in further detail, the impact of disease management on commercial medical expense trends.

Session 5: Benchmarking to Manage Administrative Expenses
Doug Sherlock, Senior Health Care Analyst
Sherlock Company
This talk will focus on the Sherlock Expense Evaluation Reports, including their background and process, the financial metrics included, some of the financial metric results, the operational metrics included and some of the operational metric results. The studies analyze approximately four hundred expense / product cells and provide approximately 130 operational metrics.

William J. DeMarco, President & CEO
DeMarco and Associates
This presentation is designed for newcomers to the managed care industry as well as veterans who are contemplating the long term vision for strategy expansion and resource planning of their organization. The participants will be able to link the original HMO movement to the transition to managed care and the moving targets of integration. In its future form managed care is driven by employers and physicians. This includes landmark legislation now proposed and a major change from provider reimbursement to health status based population based reimbursement. If properly linked local delivery systems may find an advantage in returning to community based health plans.

Session 25: Pivot Points: Employer and Plan Solutions Most Likely to Moderate Costs
Arnold Milstein MD, MPH, National Health Care Thought Leader, Mercer Medical Director, Pacific Business Group on Health
This summary presentation addresses employer and plan solutions to managing costs in terms of "pivot points", and discusses incentives for consumers, cost insulation for highest risk consumers, and quantified projections of the premium impact on various consumer engagement pivot points.
Session 26: **Responding to the Challenge of Rising Health Care Costs: Employer and Health Plan Strategies**
Robert Galvin, MD, MBA
Director, Global Health Care, General Electric Company
This presentation briefly examines various market based employer and plan approaches towards managing rising health care costs, with particular emphasis on engaging consumers and providers.

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**Track B: Case Studies**

**Session 6: Tiered Networks / Tiered Benefits**
Sam Ho, SVP & Chief Medical Officer
PacifiCare Health Systems
A discussion of PacifiCare’s new tiered network and benefit strategy: starting with the current environment and consumer-aligned health care, and performance measurements including the Quality Index profiles, which serve as a platform for PacifiCare's new products. The presentation concludes with an overview of PacificCare's new Value Network product.

**Session 8: Direct Contracting, The Next Evolution of Managed Care**
Max Jack, President & CEO
Direct Health Networks, Inc.
This presentation examines problems with the traditional insured managed care marketplace, and discusses the advantages of self insuring and direct contracting strategies, and briefly examines benefit design, disease management and actuarial issues.

**Session 9: The Hospitalist Movement: The Quiet Revolution in Healthcare**
Joe Miller
Independent Healthcare Consultant
A first of its kind survey was conducted to determine the impact of hospitalist programs in a defined healthcare community, the state of Massachusetts. The results were surprising, indicating that hospitalist programs are already part of the mainstream of healthcare delivery in the state. This presentation will review the results of the survey research and characterize the hospitalist movement in Massachusetts -- past, present, and future.

**Session 10: The Continuing Evolution of an IPA: Hill Physicians Medical Group**
Steve McDerrmott, CEO
Hill Physicians Medical Group
Update on current goals and initiatives of this large IPA-model medical group.
Session 11: **Self Funding: Emphasis on Benefits and Costs**
Dan Rhodes, Vice President, Sales & Marketing
Delta Health Systems
This presentation will explain how self-funded employers can emphasize the Benefits of their health plan and still address key Cost issues. Self-funding allows employers to take back control of their benefit plans by offering customized benefit plans and service to its employees. Self-funding eliminates health plan high overhead and profit margins, while custom reporting combined with benefit and network design options provide opportunities to identify and control key cost drivers. This presentation includes a case study of a California employer that chose to switch from an HMO benefit program in 2002 to a self funded program in 2003. The presentation concludes with some of the features and services available through a third party administrator (TPA).

Session 23: **A Case Study in Health Plan Responses: Wellpoint**
Dana E. McMurtry, Vice President, Health Policy & Analysis
WellPoint Health Networks Inc.
This presentation discusses current costs trends, the challenges it presents to serving health plan customers, Wellpoint's strategic responses to these challenges, and future issues to address.

Session 24: **Tiering Approaches for Health Plans: Incentives and Information for Consumers**
Allan Baumgarten
A. Baumgarten and Associates
This presentation provides discussion and summary information regarding numerous examples of tiered provider network initiatives undertaken by health plans in the California and Minnesota markets.

**Track C Provider Issues**

Session 12: **The Disease Management Value Equation: Reducing Costs, Improving Quality**
Vince Kuraitis, Principal
Better Health Technologies
Describes the purchaser market shift toward demanding VALUE in health care; Reviews the evidence: DM as a cost savings tool, DM as a quality improvement tool; and Predicts next generation DM business and clinical models: value creation opportunities.

Session 13: **Benchmark Study - Empowering physicians to improve quality**
Paul M. Katz, President
Intelligent Healthcare
The Benchmark Study collected and benchmarked medical groups and IPAs on quality, cost, utilization, and access care measures. The results show that physicians can improve their quality and reduce costs by making better use of information to anticipate the care needed by their patients.

Session 14: **Provider Reimbursement**
Catherine M. Murphy-Barron, FSA
Milliman USA
This presentation discusses some of the new methods of provider reimbursement; successes and failures; and the future.
**Session 15: eVisits Benefit Patients, Physicians and Payors**
Jerry Reeves, President and CEO
WorldDoc, Inc.
More than 110 million Americans use Internet for health information. More than 75% of US physicians use Internet in their practices. A recent Harris Poll of U.S. adults using Internet found that 90% want online communication with their doctor and 37% are willing to pay for it out of pocket. This presentation provides a case study of WorldDoc Inc., offering employees secure online eVisits combined with self-directed interactive health decision support developed by physicians.

**Session 19: Using carve outs, reinsurance and data analysis to manage healthcare costs**
Charles Crispin, President
Evergreen Re
This presentation addresses the scope of involvement in capitation by hospitals and physician groups, and reinsurance ramifications. Trends and issues including carve outs and data analysis are discussed.

**Session 20: The Results are In: webVisit a Win for Doctors, Patients and Payors**
Eric Zimmerman, Vice President, Product Marketing
RelayHealth
The presentation will review the findings of a landmark independent study of doctor-patient online communication and discuss the impact of payor-reimbursed "webVisits" on patient satisfaction, physician satisfaction, and overall cost of care.

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**Track D Consumer Centric Issues**

**Session 16: Roundtable Discussion on The Impact of Increased Consumer Cost Sharing**
Moderator: Claire Thayer, Vice President Research and Development
MCOL
Various members of the faculty exchange perspectives on key questions regarding the impact of increased consumer cost sharing.

**Session 17: Consumerism Drives Disease Management Initiatives**
Laura Carabello, Principal
CPRi Communications
The trend toward consumer-driven healthcare is impacting the DM industry. Consumers are taking on more responsibility for self-care management, appropriate utilization of resources, and a broader role in disease management initiatives. The DM industry is supporting these strides and in turn, delivering greater value to their employer and health plan customers.

**Session 18: Designing and Implementing a Consumer-Driven Health Care Strategy for Cost Containment**
Linda Cushman Ruth, Senior Health Care Strategist
Hewitt Associates
This 80 slide presentation discusses the current cost increase and managed care environment, and then addresses designing and implementing a consumer-driven health care strategy, and other plan design considerations as well, for cost containment. Numerous case studies are explored.
Session 22: **Scope of The Health Care Cost Challenge**
Professor James C. Robinson
University of California, Berkeley
This presentation addresses the short and long term drivers behind health plan cost increases, the decline of managed care and the emergence of consumer oriented health care.