

Integrated Healthcare NEWS

THE OFFICIAL MEMBER NEWSLETTER OF THE AMERICAN ASSOCIATION OF INTEGRATED HEALTHCARE DELIVERY SYSTEMS

Consumer Directed Healthcare: Can the Promise Be Fulfilled?

by Dave Ogden, F.S.A. and Stacey Muller, F.S.A.

Consumer directed healthcare (CDHC) products have become more visible as the health insurance industry reacts to the continued increase in healthcare expenditures. In 2001, \$1.4 trillion dollars were spent on healthcare in the U.S., up 8.7% from 2000. Consumer directed products must change the way consumers use healthcare services (and indirectly competition among healthcare providers) to prove their usefulness in addressing healthcare expenditures.

Consumer Behavior Changes

CDHC first and foremost must involve the consumer. Our society primes us to be consumers; researching products before making purchasing decisions has become second nature to many. However, our level of involvement in health care decisions seems to be among the lowest of all our consumer decisions. Focus groups and surveys indicate that consumers view healthcare as an entitlement and that insurance should pay for it, at any cost. These attitudes do not lend themselves to an efficient healthcare market.

Consumer directed products have been proposed in many shapes and forms. However, most products have common themes of greater cost sharing in the form of deductibles and coinsurance and an account (savings or reimbursement) over which the consumer has control. Whether the account is called a savings account (medical savings account or MSA) or a reimbursement account (health reimbursement accounts or HRAs), to be effective, the consumer must view the account funds as their own. Ownership in the account plays a direct role in encouraging modified consumer behavior.

Product designs must target altering the consumer mindset to realize that every dollar paid to a healthcare provider, whether through their health insurance plan, a savings or reimbursement account, or out of their pocket, is their money. Consumer directed plans tend to increase the amount that the consumer pays for each service. The savings or reimbursement account covers at least a portion of this cost sharing. The more this cost sharing is directed

at medical services the consumer has the most control over, the greater potential impact on the consumer behavior. Likewise, the greater the consumer's ownership is in the account, the greater the potential impact on behavior.

Communication is the key to successful consumer directed healthcare. All aspects of the consumer directed product must increase consumer awareness. The actions needed to increase awareness imply role changes for insurers, providers and employers:

- One approach to increasing consumer awareness of health care costs is to speed up the actual cash transaction. Currently a consumer shows their insurance card, receives healthcare services and leaves the provider's premises without settling the bill resulting in ignorance of the actual cost of transaction. Even if a consumer later receives a bill for their portion of the service cost, it is too little and too late for the consumer to put two and two together. Immediate claim determination and payment request by the provider will increase consumer awareness of the cost of services exponentially. Insurers need to find ways to make this happen.

- Consumers need cost, quality, and access information. Consumers need this information before medical intervention is needed, or at least to know how to access the information. User-friendly measures that assist consumers in comparing providers must address not only the cost of a particular service but also the quality of the potential outcome and whether that provider is readily available to the patient. Many of these measures are not well developed today. However, as the use of consumer directed healthcare products increases, the need for these measures should encourage their development. Both insurers and employers may play a role in educating consumers to use such measures.

- In addition to information on specific providers, consumers must also have information to evaluate proposed treatments. Information on specific diseases and potential treatments is becoming more available and consumers

do use resources such as the Internet to research their health conditions. Information currently available may not be complete and most likely will not contain details on cost effectiveness and outcomes when compared to alternative treatments.

Consumer directed products that provide this information will likely have more impact on reshaping consumer behavior resulting in more efficient healthcare consumption.

Provider Behavior Changes

Provider behavior will need to change for CDHC to truly be successful and reduce medical costs/trends (in addition to changes in consumer behavior). Providers currently compete in many ways, but not generally on the basis of cost or quantifiable quality. Provider cost and quality information is very hard to find. So what will CDHC plans need to do to bring about a change?

- Publish cost and quality comparisons of providers. Some comparisons include:

A. Fees - Physician fee comparisons may not be necessary, since most network products

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Working With Executive Recruiters Part 1: Setting the Stage By Thomas Giella

If you're serious about managing your career and getting noticed by executive search firms, two questions that you need to ask yourself on a regular basis are:

1. Are you visible?
2. Are you viable?

By **visibility**, I mean how well known are you to peers in your sector, not to mention those above and below you in your own company? Do you have an extensive network of fellow professionals who are aware of your skills and qualifications and with whom you keep in contact on a regular basis? Are you active in the professional associations in which you are a member? Do you author articles or make presentations that get coverage on the web or in the press? When you accomplish something for your company worth noting, does the news get out to your coworkers and contacts?

To appropriately market oneself while balancing the demands of a busy schedule, one must find the time to do some of the following things on a regular basis. Make a point to regularly attend meetings of relevant professional associations. If you don't have time to chair a committee or to become more active in the group, at the very least you should make a point to exchange business cards with your fellow members and stay in regular contact with them. Even if you are not looking for new employment at this moment, the time to develop

a network is before you decide to make a career move.

Being visible in your profession results in your becoming visible to recruiters. At the most senior levels, many executive search assignments are filled through referrals, which are contingent upon people knowing who you are. Many search assignments are successfully completed by finding the appropriate candidate based on the glowing recommendation of one of their peers. Other times, the person who is ultimately hired by our client comes to our attention after a member of our research team becomes aware of them through their affiliation with a professional association, their presentation at a seminar, or their name being mentioned in the press.

By **viability**, I am talking about your potential to be an attractive candidate to a client. Taking a long hard objective look at your resume is a good place to start. Keep in mind that, often, this seemingly innocuous document can lead to your elimination from consideration by a recruiter who may not have the time to contact every person who expresses interest in a particular position. Even if you are not currently in a job hunting mode, you owe it to yourself to have your resume as up to date as possible. It is amazing how many professionals who do not consider themselves to be "looking" suddenly become potential candidates after a recruiter calls to present an attractive opportunity.

Ask yourself the following questions about your resume:

- Are there any typographical errors?
- Is the format easy to read?
- If a stranger perused this piece of paper without interviewing you, would they come away from it with an accurate understanding of your experience and credentials?
- Does it convey your accomplishments and what is special about you, rather than just your duties at each employer?
- Are there any career gaps or moves that need to be explained?
- Have you included a comprehensive list of your professional activities outside the workplace?

Beyond having a strong resume that accurately reflects your background, the old admonition of "Physician know thyself" is especially important when dealing with a recruiter. You need

to understand who you are, where you are, where you've been, and where you expect to be going in your career over the next five to ten years. You should also make a full, honest assessment of your personal and professional strengths and weaknesses and be prepared to discuss them when speaking to an executive search consultant.

Once a recruiter reviews your resume, some of the basic questions they will have about you include:

- What about your current situation makes you open to consider a new opportunity? Are you motivated to speak to a recruiter out of a desire for more career advancement, additional challenges, increased financial rewards, etc.?
- What excites you about the particular opportunity they are presenting?
- Are you open to relocation? (While there are some questions that a recruiter is legally prevented from asking in regard to your family, **you** need to have a level of comfort with the feelings held by those at home towards the possibility of moving to another area.)
- What level of compensation are you seeking? Look at where you are now in terms of base, bonus, benefits and perks. Are you being paid at the going market rate? If not, why not? Keep in mind that geographics play a role in determining compensation. What is exceptional compensation in Milwaukee may be considered below average in the Mid-Atlantic region, and vice versa.

The key in answering all of these questions is honesty. Having an honest understanding of your personal and professional skills and styles helps set the stage for a strong working relationship with a recruiter.

In an ideal world, a recruiter would call you to discuss a fantastic opportunity for which you just happen to be the perfect person, or you would call a recruiter one minute after they sign the contract for a search that is ideally suited for you and you alone. In the real world, having an initial discussion with a recruiter most likely represents just the beginning of a dialogue. Being **visible** and **viable** will help you set the stage for a relationship that could prove to be mutually beneficial.

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Integrated Healthcare News is the official newsletter of the American Association of Integrated Healthcare Delivery Systems (AAIHDS). For submissions, contact Sloane Reed at sreed@aaihds.org or 804-747-5823.

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Consumer Directed Healthcare

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pay physicians at the same (or similar) fee schedule. Individual fees by procedure code could be confusing to consumers, although it would be useful for them to know the cost of various treatments (e.g., surgery, test, visit, etc.).

Hospital reimbursement is more variable, even for hospitals that are in the network. Hospitals could be grouped into bands/tiers. Some products presently put hospitals in tiers, with the cost sharing varying based on the tier of the hospital.

B. Utilization Effectiveness - How many services does a provider order? How likely is a hospital readmission? Does one physician tend to hospitalize more frequently than others? This type of information will help consumers compare physicians.

C. Quality - Providers and health plans should publish provider quality information. This information could vary from clinical quality to patient satisfaction and might include such things as:

- Patient satisfaction
- Office waiting times
- Appointment waiting times
- Immunization rates
- Readmission rates
- Complication rates
- Presence of computerized prescription ordering system
- Medical error rate
- Other

Ultimately provider behavior will change if enough consumers are interested in quantifying provider value - cost and quality. This change can happen if consumers have a reason to pay attention - such as being part of a CDHC product or where the employee's contribution is based on the value of the provider network chosen. Tying an employee's contribution to the group of providers selected increases the awareness of provider value. However these products generally lock individuals into a network for a year, while most CDHC products allow individuals to choose among all providers whenever they use services.

Unproven Assumptions

Some skeptics of CDHC products base their analysis on assumptions which we believe are unproven. If these assumptions are not true, then there is significant potential for CDHC products to save money. Several of these assumptions are:

A. "Discretionary expenses are a small percentage of the total" - This statement assumes that dis-

cretionary expenses may include some prescriptions and office visits for nominal acute care services. However, wide variations in utilization across the country continue to be publicized, in some cases from county to county. The small area analysis based on Medicare data has shown wide variations in the rates of surgeries between adjacent counties. This information implies there is potential to change utilization if consumers become knowledgeable.

Most analyses seem to overlook the "leveraging" of deductibles. A decrease in total costs will result in a larger decrease in the proportion of cost that exceeds the deductible, since the fixed deductible becomes a larger percentage of total costs. So whatever decreases occur will cause a greater percentage decrease in the cost above the deductible than the percentage decrease in overall costs.

B. "Unit Costs Are Not Changing" - CDHC analyses sometimes focus on unit costs, saying these products do not produce lower unit costs. Unit costs are generally not the issue; individuals are unlikely to improve on network discounts. The greatest potential for unit cost savings is educating employees on the relative cost of various hospitals, which may cause them to research the quality/effectiveness differences between these hospitals. We do not believe that CDHC products will result in employees negotiating office visit fees with physicians, but rather employees:

- Considering cost/benefit of treatment options
- Using phone/e-mail more effectively
- Comparing physician effectiveness

C. Final Use of HRA balances - Some analyses indicate that employees will not be motivated if they cannot take their HRA balances in cash. As discussed above, it is vitally important that consumers view HRA balances as their money or CDHC products are unlikely to be effective. However, we do not believe the money necessarily has to be available in cash. The current trends in retiree medical coverage imply that there will be limited coverage of retiree medical benefits in the future. The cost of prescription drugs is likely to leave substantial out-of-pocket costs for individuals when they are Medicare eligible - with or without a Medicare drug benefit. Thus, HRA balances could be very useful to pay for part of retiree medical expenses. The open question is whether young employees are concerned about their retirement medical expenses in the same way that they are concerned about their retirement in-

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MARK YOUR CALENDARS!

October 6-8, 2003

IHPM Third Annual and First International Conference

J.W. Marriott Desert Ridge Resort & Spa
Phoenix, Arizona
www.ihpm.org

October 17-18, 2003

AAMCN Fifth Annual Conference

Disney's Coronado Springs Resort
Orlando, Florida
www.aamcn.org

November 6-7, 2003

AAIHDS Tenth Annual Fall Managed Care Forum

Aladdin Resort & Casino
Las Vegas, Nevada
www.aiihds.org

November 12-16, 2003

Medical Directors Training Academy

Hyatt Regency Atlanta
Atlanta, Georgia
www.namcp.org

IDS Survey Coming Soon!

The AAIHDS is currently in the process of producing the 2003 edition of the Annual Survey: **Perspectives on Integrated Delivery Systems and Executives**. The annual survey shares critical issues faced by hospitals and health systems. It is a profile of executives and management staff and their compensation - and other essential organization data.

Look for the survey in your mailbox in early September 2003!

Journal of Managed Care Medicine

Be sure to look for the next issue of the Journal of Managed Care Medicine in your mailbox.



Welcome New Members!

Jane Barnett
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Akron, OH

Kellie Carlisle, RN
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Kennesaw, GA

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Corpus Christi, TX

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Myrna Harvey
Crescent PPO, Inc., Canton, NC

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Christiana Care, Wilmington, DE

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Susan Martin
John Hopkins Home Care Group
Baltimore, MD

Tony Mary
The White Stone Group
Knoxville, TN

Patricia McAllister
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Columbia, MD

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NAMCP Develops Tools to Assist Physicians and Their Diabetes Patients

The Disease Management Institute of the National Association of Managed Care Physicians (NAMCP) has developed three new tools to monitor patient health: the Diabetes Patient Report Card, the Diabetes Physician Audit Tool, and the Preventive Health Maintenance Schedule.

Diabetes Patient Report Card

This tool aims to actively engage diabetes patients in their own care and involve them as a partner with the physician in charge of their treatment. The end goal is to help manage the disease in a more effective manner.

“Disease management is the medical management of the future. It fosters collaboration among healthcare providers, payers, plans, and patients,” says Ron Hunt, MD, president of NAMCP’s Disease Management Institute and medical director of Blue Cross Blue Shield of Georgis. “As patients (employees, members) are required to assume a greater financial stake in their healthcare, they will be given the knowledge, skills, and tools to assume a greater accountability for their health as well.”

Diabetes is one of the fastest growing disease epidemics in the country, and the medical profession is continually seeking new management options for this chronic disease. “The patient report card is simply a tool to assist the patient and his or her physician in seeking the very best clinical outcome,” Hunt says. “In giving the patient the accountability for a degree of self-management, the physician office is for the first time actually relieved of some of the administrative burden normally associated with managed care.”

By using the report card, patients can better understand their condition as well as help monitor and treat their disease. “The development of a patient report card is an exciting way for patients to follow their progress over time, and also to provide them with goals of therapy,” says Tom Morrow, MD, president of NAMCP and vice president and medical director of One Health Plan of Georgia.

The Diabetes Patient Report Card is the first of several patient report cards under development for chronic illnesses. “We look forward to offering report cards as tools not only for diabetes but also for many other conditions as well,” says Hunt. “This may include report cards tailored to individuals based on their health risk assessments.”

Sean Sullivan is president and CEO of the Institute for Health and Productivity Management (IHPM), whose mission is to educate employers that an investment in keeping employees healthy leads to more productive em-

ployees, who in turn add more to the corporate bottom line.

“The IHPM commends NAMCP for giving physicians and their patients a critical tool for managing diabetes - a disease on the verge of becoming an epidemic,” Sullivan says. “We encourage development of similar report cards for other chronic diseases that create huge costs for employers in terms of medical care and lost productivity.”

Diabetes Physician Audit Tool

Also available from NAMCP is a measurement tool for physicians to use in evaluating their own examination of diabetic patients. “Socrates once said, ‘The unexamined life is not worth living.’ We may be coming to the point where we can say ‘The unexamined health care is not worth providing,’” Hunt notes. “Physicians and other healthcare providers can no longer afford to provide healthcare without carefully examining whether or not they are achieving the desired results. The Physician Audit Tool is simply one means by which the self-examination process can begin.”

Physicians are “reluctantly getting used to being examined or audited by outside agencies such as healthcare plans, accrediting agencies (NCQA, JCAHO), or the federal government via Medicare,” Hunt notes. “Much of the reason for this external review is the fact that physicians have historically been unwilling or unable to review their own provision of care outside the academic centers. Going forward, we must be both willing and able to make these internal reviews, using such tools as the Diabetes Physician Audit Tool.”

Hunt adds, “Brent James at Intermountain Health Care in Salt Lake City once said ‘What gets measured gets managed.’ We physicians must look at our practices and ask ourselves ‘What is getting measured, clinically?’ To improve the quality of care we render to our patients, we must take measurements of our clinical performance so that the proper improvements may be made. Using tools like the NAMCP’s Diabetes Physician Audit Tool can help us measure our clinical quality.”

The Disease Management Institute of NAMCP (comprised of medical directors and physicians, purchasers, plans, and providers) is working proactively to improve the management of all disease states. “This innovative approach offers the hope to improve the overall outcome of care for diabetes and, in the future, of other diseases,” says Morrow.

Preventive Health Maintenance Schedule

In addition to developing diabetes disease management tools, NAMCP has created a gen-

eral wellness “preventive maintenance” guide for healthcare consumers. The two-page schedule, adapted from the U.S. Preventive Services Task Force guidelines for children, adolescents, and adults, conveniently outlines which preventive measures are necessary for every checkup (yearly for adults and adolescents; more often for children).

Physicians can provide the schedule to patients as an educational tool and use it as point of departure for counseling patients on healthy lifestyles and disease prevention.

“Our economy and healthcare system cannot continue to support treating diseases that are largely preventable,” notes Pamela D. Thomas, MD, MPH, CMCM, director of wellness and health promotion at Lockheed Martin Aeronautics.

“We need to understand that policy makers, the healthcare community, and the public must work together to make even small incremen-

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Consumer Directed Healthcare

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come. The focus on 401(k) balances raised the profile of pension/retirement benefits for young workers. It is likely that the profile of retiree medical costs will also rise with further education.

We believe that CDHC products have the potential to substantially change consumer and provider behavior. However, it requires a sound product design, both carrier and employer involvement, and sufficient volume of consumers participating in these products to begin to reach that potential. CDHC’s degree of influence on the marketplace will be dependant on its market penetration. Penetration appears to be growing but it will take some time for critical mass to be reached, just as it took time for managed care enrollment to reach critical mass.

For further discussion, or information on consumer directed healthcare, please contact your Milliman Consultant.

Dave Ogden and Stacey Muller are Consultants in the Milwaukee office of Milliman USA. They can be reached by calling 262-784-2250, or by email at dave.ogden@milliman.com.

Seminars On-Site Offering Continuing Education to Your Healthcare Professionals Now Available!

As a special service to our valued members, the American Association of Integrated Healthcare Delivery Systems (AAIHDS) is pleased to offer a special series of CME programs, made possible through educational grants. These programs address the challenges and opportunities related to integrated delivery systems.

Our CME programs are structured for both small and large delivery systems and include confidential discussions on how to position your delivery system for success in managed care. Programs focus on practice management and clinical issues and meet the policies and standards of the Accreditation Council for Continuing Medical Education (ACCME).

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- How to Implement a Medicare Compliance Plan in Your Practice
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- Direct Contracting
- How to Improve Customer Service and Patient Satisfaction

“Through AAIHDS’s guidance and intervention, we were able to plan six seminars and also obtain financial assistance. The quality of the speakers has been excellent and obtaining the additional support from a partner was extremely beneficial to our organization... You and your staff have been pleasant, cooperative and very helpful throughout.”

Maria A. Moffa, MS, JD, Executive Director
CenCare

For More Information:

Contact Katie Eads, Vice President, Education
Phone: 804-747-5823 Fax: 804-747-5316 Email: keads@aaihds.org

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NAMCP Develops Tools

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tal steps to move from disease care to a preventive healthcare system,” Thomas continues. “As physicians, we need to adopt the Preventive Health Maintenance Schedule, which will encourage our patients to take personal responsibility to support behavior changes that encourage healthier lifestyles. By using proven interventions and existing science, we can facilitate this change to reduce disease burden and its cost to our nation.”

Access NAMCP Tools Online

NAMCP is an organization of dedicated medical directors, physicians, medical students, residents, and other healthcare professionals involved in various healthcare delivery systems, including health plans, group practices, IPAs, PHOs, PSOs, MSOs, and IDs. Its mission is focused providing education and developing tools in managed healthcare.

To receive a free copy of the Diabetes Patient Report Card, the Diabetes Physician Audit Tool, and the Preventive Health Maintenance Schedule, visit www.namcp.org. Click on the corresponding titles for each document.

AAIHDS Call For Articles

The American Association of Integrated Healthcare Delivery Systems (AAIHDS) is seeking authors and contributors for the quarterly newsletter, Integrated Healthcare News. We invite you to submit timely, relevant and compelling articles for our newsletter. The articles should address the challenges and opportunities facing integrated delivery systems.

Examples of Articles Published Include

- Bottom Line: Using Patient Diversification to Leverage Payor Reimbursements
- Tiered Provider Networks: Passing Fancy Or Glowing Future?
- HMO Premiums Will Increase By Double-Digits for Fifth Straight Year
- The Revolution in Reporting and Analytics for Healthcare Organizations
- How to Link Financial Performance to Medical Need and Clinical Practices
- How to Convince Senior Management that HIPAA Compliance is a Priority
- Can Your Integrated Delivery System Deliver Integrated Information?
- HIPAA Patient Privacy: The New Rules Don't Necessarily Pre-empt State Law

For a copy of the newsletter guidelines or more information, contact Sloane Reed, Vice President, Business Operations at 804-747-5823 or email her at sreed@aaihds.org.

The AAIHDS Tenth Annual

FALL MANAGED CARE FORUM**Advanced Managed Care For Hospital and Health System Managed Care Professionals**

presented by the American Association of Integrated Healthcare Delivery Systems (AAIHDS)

November 6-7, 2003**Aladdin Resort & Casino, Las Vegas, NV****Conference Program****The Future of Healthcare Delivery: Separating the Delivery and Financing of Healthcare**

Hank Kearney, President, PHM International

Redefining Managed Care: The Purchaser's Perspective

Sean Sullivan, President and CEO, Institute for Health and Productivity Management

Consumer-Based Managed Care: Strategies for Evaluating, Negotiating and Managing Change

Greg Herrle, FSA, Principal and Consulting Actuary, Milliman USA

Clinical Integration Among a Network Community Hospitals

Ron Paynter, MD, FACEP, Vice President, Chief Medical Officer and Kathleen Masiulis, RN, MS, Vice President, Long Island Health Network

Not So Silent PPOs: Identifying Abuse and Facilitating Recovery

Allan Boshell, MSHA, Director, Contracting and Business Development, Cleveland Clinic-Florida and Martha Was, President, Watermark Audit Group

Enhancing Managed Care Operations for Revenue Cycle Optimization

Neil M. Pressman, FACHE, President, Presscott Associates, Ltd.

Case Study: Coastal Carolina's Health Alliance

William L. Shepley, MHA, CEO, Coastal Carolinas Health Alliance

Case Study: Web Enabled Referral Management

Paul Brough, MBA, Executive Director, Physicians of Cape Cod, Inc.

Enhancing Patient Care: The Role for Protocols

Jim Cox, Executive Director of Rehab Services, Mercy Health System of Northwest Arkansas, David Gibson, Clinical Director of Cardiopulmonary Services, St. Mary's Hospital, and Richard Schmidt, MD, Hospitalist, St. Mary's Hospital

Managed Costs and Improving Outcomes Through Focused Disease Management

Ed Bassin, PhD, President, ProfSoft, Inc. and Beatriz Jaramillo, Dr. PH, Director, Health Services Analysis, HIP Health Plan of New York

The HIPAA Privacy Rule: Practical Instruction for the Managed Care/IDS Professional

Brian Gradle, JD, Partner, Epstein Becker & Green

A Glimpse into the Future of BioPharmaceuticals

Judith J. Baker, PhD, CPA, Executive Director, Resource Group, Ltd., and Paul C. Nagle, Partner, BioMedical Insights, Inc.

Managed Care Strategic Planning: A Consultant's Approach

Deborah E. Kolb, Executive Vice President, Jennings Ryan and Kolb

Leadership Traits of Top Performing Managed Care Executives

Donald H. Hutton, FACHE, President, The Morgan Executive Development Institute (MEDI)

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11:00 am - 12:00 pm

 B04: Managed Costs and Improving Outcomes Through Focused Disease Management B05: The HIPAA Privacy Rule: Practical Instruction for the Managed Care/IDS Professional B06: A Glimpse into the Future of BioPharmaceuticals**Registration Fees**

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For cancellations received by October 14, 2003, full credit will be applied toward any future program of equal or greater value. If you are unable to attend, registration is transferrable to an alternate attendee. Registration fees are non-refundable.

Accommodations

The AAIHDS Fall Managed Care Forum will be held at the Aladdin Resort and Casino, 3667 Las Vegas Blvd., South, Las Vegas, NV 89109. To make your hotel reservations, please call 877-244-9474 prior to October 14, 2003. A special conference rate of \$149 per night has been secured. To reserve this rate, mention the AAIHDS Fall Managed Care Forum.

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