

1031 - Health Care Management Conference

Loews New Orleans Hotel

March 22 - 24, 2010

Monday, March 22, 2010

8:00am - 9:15am

The Challenge of Reforming Health Care

This session will focus on how to manage health plans in a time of uncertainty. It will also add a bird's eye view of any likely changes in legislation that might occur this year and it's impact to plans in general.

Speaker

Linda J. Havlin, Partner, Global Leader for Research and Intellectual Capital, Mercer, Chicago, IL

Moderator

Gene H. Price, Administrator, Northern California Carpenters Trust Funds, Oakland, CA

9:30am - 10:45am

Road to the Future for Health Care Reform

This session focuses on the practical implications of proposed health reform changes

- Overview of key health reform concepts
- Evaluating the impact on stakeholders
- Possible implications for plan design
- Review of federal legislative prospects
- Prognosis for state action

Speaker

Charles K. (Chip) Kerby, III, Attorney, Liberte Group LLC, Washington, DC

Moderator

Maurice Hodos CEBS, Fund Administrator, UFCW National Health and Welfare Fund, Englewood, NJ

11:00am - 12:15pm

Standards of Care

Is this a new benchmark? Does it create a different way to determine benefits? What is the current state of the art on this topic?

These questions and more will be discussed in this session.

- What are standards of care and who develops them?
- How can standards of care be used; i.e., in accreditation, identifying care gaps, to evaluate effective networks?
- How do standards of care and quality relate? How are they different?
- What happens when standards are exceeded?

Speaker

David Raper M.D., MBA, Medical Director, Channel Healthcare, SHPS/Carewise Health, Louisville, KY

Moderator

Christopher J. Blass, Vice President and National Director, Labor and Trust, Kaiser Permanente, Oakland, CA

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Waste in the Health Care System—Causes and Solutions

A recent Thomson Reuters report estimates that unnecessary care to protect against malpractice threats accounts for up to \$300 billion in health care costs, which include overuse of antibiotics and lab tests. This session will talk about whether or not tort reform is a solution to this problem of overuse.

- Areas where financial waste occurs in health care
- Conventional tort reform—What is it? What does it look like today and around the country?
- What have been some alternative approaches?
- The defensive nature of practicing medicine
- What would tort reform look like if passed? Would safe harbors exist? Are there special health courts?
- What is the medical profession's perspective on reform?
- Would it really make a difference?

Speaker

David A. Pratt, Professor of Law, Albany Law School, Albany, NY

Moderator

William J. Einhorn, Administrator, Teamsters Health and Welfare and Pension Trust Funds of Philadelphia and Vicinity, Pennsauken, NJ

3:00pm - 4:15pm

Do Wellness Programs Really Work?

Benefits professionals will engage in a lively cross fire of minidebates on a variety of assumptions related to wellness. The audience will choose the winners. Topics will include

- Participant education
- Incentives
- Compliance
- Health coaching
- Determining return on investment
- Some of the prevailing practices.

Panelist

Dawn E. Bowden, Ph.D, Product & Marketing Strategist, Jumpstart Innovations, Silverthorne, CO

Panelist

Lisa Fry, Vice President, Sales & Client Services, Avivia Health from Kaiser Permanente, Atlanta, GA

Panelist

Don R. Powell Ph.D., President and CEO, American Institute for Preventive Medicine, Farmington Hills, MI

Panelist

Marsha Shewanown, LCSW, MSW, M.Ed., CEAP, Certified Director Health Promotion and Wellness Consulting, CIGNA, Atlanta, GA

Moderator

Peter M. Rosene, Shareholder, Rosene, Haugrud & Staab, Chartered, St. Paul, MN

3:00pm - 4:15pm

How Coalitions Save Dollars!

Coalitions continue to be able to meet the needs of health plans in a variety of ways. This session discusses the many methods and approaches used in order to be effective.

Speaker

George McGregor MBA, CPA, President, McGregor & Associates, Inc., San Diego, CA

Moderator

Kristina D. Gaughan, Executive Director, Midwest Employee Benefit Funds Coalition Inc., Countryside, IL

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Where the Medical Health Care System Works and Doesn't Work

This session focuses on how medical care is delivered and what funds can do, if anything, to impact the quality of that delivery.

- What is the extent of inappropriate care?
- What is quality and how can it be measured that's useful to participants and plans?
- What is efficiency of care and how do you know whether you are receiving it?
- Why are there practice variations?
- What is the impact on health plans?
- Steps plans can take

Speaker

R. Adams Dudley, M.D. M.B.A, Professor of Medicine and Health Policy, Associate Director for Research, Philip R. Lee Institute for Health Policy Studies, USC San Francisco, San Francisco, CA

Moderator

William J. Einhorn, Administrator, Teamsters Health and Welfare and Pension Trust Funds of Philadelphia and Vicinity, Pennsauken, NJ

9:30am - 10:45am

A Legislative and Regulatory Checkup

Compliance with the wave of recent legislation and regulations continues into the new year.

Where should the funds be now?

- HIPAA and the HITECH Act
- American Recovery and Reinvestment Act of 2009
- Mental Health Parity Act
- Children's Health Insurance Program Reauthorization
- COBRA
- Likely upcoming actions

Speaker

Sharon M. Goodman, Principal, Slevin & Hart, P.C., Washington, DC

Moderator

Maurice Hodos CEBS, Fund Administrator, UFCW National Health and Welfare Fund, Englewood, NJ

11:00am - 12:15pm

Value-Driven Health Care

Value-driven health care is a strategy that can mean many things. This session provides an overview of that strategy, how it works and what to do to achieve it.

- Cornerstones of value-driven health care
- Examples of value-driven initiatives
- The role of data
- Methods and strategies to achieve value
- Disease management's role in a valuedriven strategy
- The push for wellness and its place in a value-driven strategy
- What trustees should monitor

Co-Speaker

David Blumenstein, Senior Vice President and National Director, Multiemployer Practice, The Segal Company, Washington, DC

Co-Speaker

Peter M. Rosene, Shareholder, Rosene, Haugrud & Staab, Chartered, St. Paul, MN

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1:30pm - 2:45pm

Preventing Health Care Fraud

Health care fraud in Medicare and Medicaid has been estimated to be around \$30 billion. There can be no doubt that this fraud is carried over into your plans too. This session helps you meet your fiduciary obligation in preventing fraud and protecting your participants' valuable health care assets.

- Trends in identity theft and security breaches
- How can it happen in your fund?
- Top ten risks you may not adequately be addressing
- Approaches to limiting exposure and high risks
- The administration's position and initiatives regarding health care fraud

Moderator

Linda K. Vincent R.N., PI, Consultant/Contract Manager, Vincent & Associates, Affiliated Health Funds, San Pedro, CA

Speaker

Ted Doyle, Director of Client Solutions, Etico LLC, Corona, CA

1:30pm - 2:45pm

The Pharmacy Pipeline—Drugs in Development

New, yet costly drugs for serious conditions are in development and being approved every day. It is amazing, but who is monitoring the value and quality of these new treatment options, what is their efficacy and what are the cost implications for a plan? This session covers this strategic discussion.

- What is the pharmacy pipeline?
- How does it impact funds?
- What trustees and plan fiduciaries need to know about the pipeline
- How is quality and value determined?
- What is an evidence-based clinical approach?
- What trustees and plan administrators need to monitor

Speaker

Barbara Hawes, R.Ph., M.B.A., Senior Vice President, National Pharmacy Director, Aon Consulting, Houston, TX

Moderator

Christopher J. Blass, Vice President and National Director, Labor and Trust, Kaiser Permanente, Oakland, CA

3:00pm - 4:15pm

Helping Participants Understand Health Care: "Back to the Basics"—A Workshop

This session focuses on the fundamentals of communicating with participants around benefits and change in the "real world."

- Setting the stage for new participants to understand and appreciate their benefits
- Identifying your audiences and creating targeted messages that both inform and educate
- Selecting the right media for your objectives--cost vs. effectiveness
- The use and growth of social media and networking in the workplace
- Promoting the shared responsibility for using benefits wisely
- How to approach communicating health care reform (when it becomes a reality)

Workshop Leader

Marshall T. Hillard, Vice President, National Communications, The Segal Company, Tempe, AZ

Moderator

Maurice Hodos CEBS, Fund Administrator, UFCW National Health and Welfare Fund, Englewood, NJ

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Roundtable—Medical Identity Theft

This session follows the formal session on health care fraud and addresses the specific crime of medical identity theft. Discuss how it happens, its consequences and what can be done to prevent it.

Roundtable Leader

Linda K. Vincent R.N., PI, Consultant/Contract Manager, Vincent & Associates, Affiliated Health Funds, San Pedro, CA

Wednesday, March 24, 2010

8:00am - 9:15am

The Future of Health Care Funds

This is a strategic discussion of whether or not health funds as we know them are sustainable. If so, will they look the same, will participant attitudes change, will expectations be different and will funding need to change?

- What will be the demographic profile of active participants?
- How will expectations, values and communication techniques be different?
- Will the roles of participants, providers, labor and management change?
- Will the way medical care is delivered impact usage?
- Where is genetics taking us in health care?
- What is the likelihood that the current business model will survive?
- What actions should be considered now?

Speaker

Ian Duncan FSA, FIA, FCIA, MAAA, President and Founder, Solucia Consulting, a SCIOinspire Company, Farmington, CT

Moderator

Edward M. Geisler, Executive Director, The Health Care Payers Coalition of New Jersey, Edison, NJ

9:30am - 10:45am

Retiree Health Cost-Management Strategies

Many plans are facing a similar dilemma: insufficient income to cover increasing retiree expenses in both the pre- and post-Medicare populations. This session explores methods to curb these expenses in this population.

- Historical cost trends (pre- and post-Medicare)
- Medicare secondary reporting and payer rules
- Part D decisions
 - Medicare subsidy vs. the plan becoming a prescription drug plan (PDP) or offering an enhanced plan under Medicare
- Retiree health care design elements for review
 - Eligibility, plan design, HRAs, education, compliance, replacement with a Medicare Advantage plan
- Other considerations, such as elder-care counseling, disease management

Co-Speaker

Jorge Alvidrez, ASA, MAAA, M.B.A., Vice President, Aon Consulting, Los Angeles, CA

Co-Speaker

Geoffrey Piller, Managing Partner, Beeson, Tayer & Bodine, PC, San Francisco, CA

Moderator

Yves Chery, Trustee, Los Angeles County Employee Retirement Association (LACERA), Studio City, CA

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Workshop—Health Care Information on the Web (Featuring the International Foundation's Web Site)

There is a wealth of information about health care and pending legislation on the International Foundation's Web site. A panel of members is interested in sharing this resource with you.

Workshop Leader

William J. Einhorn, Administrator, Teamsters Health and Welfare and Pension Trust Funds of Philadelphia and Vicinity, Pennsauken, NJ

Workshop Leader

Peter M. Rosene, Shareholder, Rosene, Haugrud & Staab, Chartered, St. Paul, MN