11th Annual International Summit on

Improving Patient Care in the 
OFFICE PRACTICE & THE COMMUNITY

March 7-9, 2010, in Washington, DC
Dear Colleagues,

Welcome to the 11th Annual International Summit on Improving Patient Care in the Office Practice and the Community!

This is a very exciting time. We’re discovering model systems of caring in communities that are delivering high-quality care to their citizens at an affordable cost. This year, we’re expanding our focus beyond the office practice and into the vitality of the community. While the office practice lies at the center of health care for most patients, many other actors play critical roles in the effective use of community-based resources to influence the health of populations. We are learning vital lessons from communities that are finding ways to collaboratively manage their limited resources to optimize the health and health care within their region.

Together, we can explore innovative strategies for transforming care delivery in the office practice and the critical connection between local caregivers and the communities they serve. And we’ll set a course for continuing to improve the standard of care in the years ahead.

I’m thrilled that you’ve joined us for this pivotal event. There has never been a more important time for us to be together!

Sincerely,

Donald Berwick, MD, MPP
President and CEO
Institute for Healthcare Improvement
Welcome to the 11th Annual International Summit on Improving Patient Care in the Office Practice and the Community

We encourage your input during the next few days. Stop by the Registration Desk located in the Potomac A/C Lobby and let us know how we are doing and how we might better assist you while at the conference.

**Agenda**

**Pre-Conference: Sunday, March 7**
- 7:00 AM – 4:00 PM  Registration Potomac A/C Lobby
- 8:30 AM – 4:00 PM  Minicourses Various Locations

**General Conference: Monday, March 8**
- 7:00 AM – 4:00 PM  Registration Potomac A/C Lobby
- 7:00 AM – 7:45 AM  International Summit Orientation Potomac C
- 8:00 AM – 9:00 AM  Keynote 1: Elliot Fisher, MD, MPH Potomac AB
- 9:30 AM – 12:30 PM  Learning Labs Various Locations
- 12:30 PM – 1:30 PM  Attendee Lunch Prince George Exhibit Hall A
- 1:30 PM – 2:45 PM  Workshop Session A Various Locations
- 3:00 PM – 4:15 PM  Workshop Session B (A sessions repeated) Various Locations
- 4:30 PM – 6:30 PM  Posterboard and Networking Reception Prince George Exhibit Hall A
- 5:30 PM – 6:30 PM  Faculty Reception Potomac 3

**General Conference: Tuesday, March 9**
- 7:00 AM – 7:45 AM  Special Interest Breakfasts Various Locations
- 8:00 AM – 9:00 AM  Keynote 2: Robert Pearl, MD Potomac AB
- 9:30 AM – 10:45 AM  Workshop Session C Various Locations
- 11:00 AM – 12:15 PM  Workshop Session D Various Locations
- 12:15 PM – 1:15 PM  Attendee Lunch Prince George Exhibit Hall A
- 1:15 PM – 2:30 PM  Workshop Session E (D sessions repeated) Various Locations

**Hotel and Conference Information**

**Business Center**
- Photocopying, computers, internet access, facsimiles, shipping, and other services are available at the 11th Hour Technology Center located on the hotel ballroom level.
- Business Center phone: (301) 965-2030
- Business Center fax: (301) 965-2039

**Hours of Operation:**
- Open every day, 7:00 AM to 9:00 PM

**Shipping and receiving:**
- Parcel receiving phone: (301) 965-2031
- Parcel receiving fax: (301) 965-2039

**Address where guests may receive packages:**
- Guest Name
c/o Gaylord National Hotel and Convention Center
201 Waterfront Street
National Harbor, MD 20745

**Check-Out**
- Check-out time is 11:00 AM. Please see the hotel bell staff if you would like to store any luggage, or to arrange airport transportation.

**Emergencies**
- If for any reason there is an emergency during the International Summit, you may dial “333” on any Convention Center phone to request assistance from the operator.

**Safety and Security**
- Please do not leave any personal belongings unattended in meeting rooms. IHI is not responsible for lost or stolen items.

**Job Postings**
- International Summit participants may post job openings or positions wanted on the Job Postings board located in the Potomac A/C Lobby.
**Guests**
We are happy to know that family and friends are accompanying many of you, but regret that Convention Center space can accommodate only registered participants at the keynote sessions, presentations, and meal functions. Your guests, however, are welcome to join you at the International Summit Posterboard and Networking Reception on Monday, March 8.

**Messages and Faxes**
If you are staying at the Gaylord National Resort and Convention Center, your telephone messages will go directly to your room. Urgent messages will be posted on the Message Board located in the Potomac A/C Lobby.

Gaylord National contact numbers:
- Telephone: (301) 965-2000
- Guest Fax: (301) 965-2039

**Name Badges**
Please wear your name badge throughout the International Summit. It is your ticket into the conference and all sessions.

**Workshop Handouts**
All General Conference session handouts will be provided to attendees free of charge on a jump drive at time of registration. Workshop handouts can also be accessed for no cost on IHI’s website at [www.IHI.org/Summit](http://www.IHI.org/Summit). For those of you who would like to print session handouts onsite, please use the printing kiosk located at Potomac Registration Desk A and C.

**Evaluations and Continuing Education**
Attendees of the International Summit can earn contact hours by completing a brief evaluation. To access and complete a brief evaluation, please visit: [http://www.IHI.org/certificatecenter](http://www.IHI.org/certificatecenter).

Attendees must complete the online survey for the conference before a certificate for continuing education credits can be issued.

**How to Receive a Certificate of Credit**
In order to be eligible for a continuing education certificate, attendees must complete the online evaluation within 30 days of the continuing education activity. If circumstances prevent you from completing the survey by the specified deadline, please email info@ihi.org before this period expires. After this time period, you will be unable to receive a certificate.

*Please note that while you are enrolled in this event, you must also be a registered user of www.IHI.org in order to obtain continuing education credits. If you are not yet a registered user, you will need to create a user profile at [https://www.IHI.org/users/login.aspx](https://www.IHI.org/users/login.aspx).*

Once you are a registered user of www.IHI.org, please follow these steps:

1. **Go to** [http://www.IHI.org/certificatecenter](http://www.IHI.org/certificatecenter)
   
   **NOTE:** If you are not currently logged into the website, you will be redirected to the login screen. Once you are logged in, you will be redirected back to the Certificate Center.

2. **Click on the 11th Annual International Summit link that appears under the Create Certificate header.**
   
   **NOTE:** If you do not see a link for the International Summit, please send an email to info@ihi.org that includes your full name as it appears in your enrollment, the name of the event, and your order number. Upon receipt of your email, we will link your user profile to your enrollment and will send you instructions for obtaining your certificate.

3. **Select the type of credits you wish to receive from the drop down list and then click the “Submit” button.** You will be able to choose US Physician CME, Nursing Contact Hours, AAFP Contact Hours, or General Attendance.

4. **Review your enrollment to confirm that the sessions you attended are selected.** If they are not, click “Edit Enrollment” to choose your sessions. Once your sessions are selected proceed to the “Commit Changes” button to return to the Certificate Center. Click the “Continue” button.

5. **Complete the surveys associated with each of the sessions you attended and want to receive credits for by clicking the “Take Survey Now” button next to the session.** If there are surveys listed that you do not wish to claim credits for, click the “Opt Out of Survey” button.

*Note: You must either take or opt out of each survey in order to print your certificate.*

6. **Once you have completed all surveys, click the “Generate Certificate” button to generate a PDF file of your certificate.** You can print or save this certificate to your computer.

**Program Objectives**
During this program, participants will:
- Identify cutting-edge ideas that are ready for immediate application to their practices
- Apply new ways to engage patients, families, and community in redesigning and delivering optimal care
- Network with colleagues to generate ideas and build supportive relationships
- Explore strategies to radically transform our care delivery systems

This IHI activity carries physician, nursing, AAFP, and general attendance credits. For complete details, please visit [www.IHI.org/Summit](http://www.IHI.org/Summit).

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**Share the Summit with Your Colleagues**

We are proud to offer you anywhere, anytime access to the 7 Keynote and Special Interest Keynotes from the International Summit. These streaming videos will be available On Demand starting March 19, 2010 through March 20, 2011 for $199. Please visit [www.IHI.org/SummitOnDemand](http://www.IHI.org/SummitOnDemand) for more information, or stop by the IHI booth to register today.
These inspiring and well-respected speakers will set the stage for improving patient and population health and health care across the full continuum of community care.

**KEYNOTES**

**ELLIOTT S. FISHER, MD, MPH**
Professor of Medicine and Community and Family Medicine, Dartmouth Medical School, is also Director, Institute for the Evaluation of Medical Practices, Center for the Evaluative Clinical Sciences at Dartmouth. He is also a Senior Associate of the VA Outcomes Group at the VA Medical Center in White River Junction, Vermont. Dr. Fisher has broad expertise in the use of Medicare databases and survey research methods for health system evaluation. Serving on the Institute of Medicine’s Committee on the Redesign of Health Insurance, he also co-chairs the subcommittee on Performance Measurement. Dr. Fisher has published broadly on issues of health care outcomes, quality, and costs.

**ROBERT M. PEARL, MD**
Executive Director and CEO, The Permanente Medical Group, is also President and CEO of Mid-Atlantic Permanente Medical Group. As CEO of the largest medical group in the nation, Dr. Pearl is responsible for the health care of more than 3 million Kaiser Permanente members. The Permanente Medical Group comprises more than 6,000 physicians and 25,000 staff members and operates 19 medical centers in Northern California. Mid-Atlantic Permanente Medical Group serves 500,000 members in Maryland, Virginia, and the District of Columbia.

**SPECIAL INTEREST KEYNOTES**

**A1** Douglas Eby, MD, MPH, Vice President of Medical Services, Southcentral Foundation

**B1** Joanne Lynn, MD, Bureau Chief, Cancer and Chronic Disease, Washington, DC, Department of Health

**C1** Rosanne Haggerty, President, Common Ground Community; Catherine Craig, LMSW, MPA, Health Integrator, Common Ground Community; Becky Kanis, Director of Innovations, Common Ground Community

**D1** J. Galen Buckwalter, PhD, Research Scientist, Institute for Creative Technologies

**E1** Sir John Oldham, MB, ChB, MBA, Family Doctor and National Clinical Lead for Quality and Productivity, NHS England
If you are new to the International Summit, we suggest that you attend the Orientation session to help you navigate through the program and devise a personal learning plan.

**Exhibits**

*Prince George Exhibit Hall A*

Learn about an array of support services and products useful in improving the quality of health care.

**Exhibition Hall Hours:**

- **Monday, March 8**
  - 7:00 AM – 9:30 AM
  - 12:30 PM – 1:30 PM
  - 4:00 PM – 6:30 PM

- **Tuesday, March 9**
  - 7:00 AM – 9:30 AM
  - 12:15 PM – 1:15 PM

*See page 18 for the list of exhibitors.*

**American Academy of Family Physicians (AAFP) Lunch**

*Chesapeake 2-3*

Monday, March 8
12:30 PM – 1:30 PM

Grab your lunch and join your family physician colleagues for an informal discussion on practice redesign. Find out what the Academy is doing, share your experiences and let us know your needs. This informal gathering will be facilitated by Dr. Bruce Bagley, Medical Director for Quality Improvement for the AAFP.

**Posterboard/Networking Reception**

*Prince George Exhibit Hall A*

Monday, March 8
4:30 PM – 6:30 PM

Attend the posterboard reception to learn about quality improvement successes from other health care organizations. Representatives from posterboard organizations will be available to answer questions, share lessons learned, and network in an informal atmosphere.

**IHI’s Triple Aim™ Prototyping Informational Lunch**

*Chesapeake 2-3*

Tuesday, March 9
12:15 PM – 1:15 PM

Prototyping is an effort to identify and engage innovators who can test strategies in problem areas where knowledge and experience is limited. Once successful strategies are identified, these are disseminated more broadly. Examples of current prototyping work happening at IHI include the Triple Aim, Reducing Avoidable Emergency Department Visits, and Appropriate Use of Specialty Care Services. Grab your lunch and join us to ask questions about the teams involved in these prototyping efforts, what they are working on, and learn about opportunities for your organization to get involved. This informal gathering will be facilitated by Neil Baker, MD.

**Special Interest Breakfasts**

**SIB1: Primary Care Redesign Practice Coaches: An Emerging Model**

*Chesapeake 2-3*

Moderated by: Cory Sevin, RN, MSN, NP,
Director, Institute for Healthcare Improvement;
Marie Schall, MA, Director, Institute for Healthcare Improvement

**SIB2: Getting to Action: Patients as Partners**

*Chesapeake 4*

Moderated by: Kelly McQuillen, RD, Director,
Patients as Partners, Ministry of Health;
Connie Davis, MN, ARNP, Improvement Coach

**SIB3: Shared Medical Appointments: 10 Pearls for Success**

*Chesapeake 5-6*

Moderated by: Brent Jaster, MD, Group Visit Consultant, JasterHealth Inc.; Byron Haney, MD, Family Physician, Family Health Care of Ellensburg

**SIB4: Shared Care: Methods and Tools for Successful Group Visits**

*Chesapeake 8-9*

Moderated by: Amy Russell, MD, Clinic Medical Director, Clinica Family Health Services; Judy Troyer, Clinic Director, Clinica Campesina
Minicourses
8:30 AM – 4:00 PM

M1 Building a Medical Home: Foundation to Finish
Potomac C • Format: Balanced
The foundation for a patient-centered medical home (PCMH) is a set of complex and interrelated processes that creates a system for delivering comprehensive health care in a continuous and personal partnership. This session will assist participants in creating the vision for the PCMH in practice; establish a “current state” of PCMH element implementation; create a strategy for further integration of PCMH components; and address the “how” of engaging patients in the health care partnership.

Elaine Skoch, RN, MN, EMBA, CNAA, BC, Performance Improvement and Education Facilitator, TransforMED; Lachelle Phinney, MBA, Practice Enhancement Facilitator, TransforMED; Kathy Steen, BSN, Practice Enhancement Facilitator, TransforMED

M2 Transforming Patient and Staff Outcomes with Clinical Microsystem Improvement
Potomac D • Format: Balanced
Learn how to assess and develop the skills to create high-performing clinical Microsystems that achieve improved outcomes to support accountable care organizations. The tools, methods, and processes of microsystem theory will be described. This session will be applicable to both small and large primary and specialty care practices in various settings (rural, academic, etc.).

Marjorie Godfrey, MS, RN, Co-Director, The Microsystem Academy Instructor, The Dartmouth Institute for Health Policy and Clinical Practice; Ann Marie Hess, NP, MSN, MS, President, Clinical Performance Management, Inc.; Joel Lazar, MD, MPH, Assistant Professor, Dartmouth-Hitchcock Clinic – Lebanon

M3 Critical Issues in Office Redesign and Transforming Care
Potomac 3-4 • Format: Masters Level
The success of health care reform depends on the transformation of medical care in the medical practice. This session will address the critical challenges for office practice redesign and those who seek to transform care, describing lessons learned from over a decade of redesign efforts and how to apply them to make the substantive changes our communities need.

Charles Kilo, MD, MPH, CEO, Greenfield Health; Douglas Eby, MD, MPH, Vice President of Medical Services, Southcentral Foundation

M4 Improving Transitions and Reducing Avoidable Rehospitalizations
Chesapeake 1 • Format: Balanced
Rehospitalizations are costly, potentially harmful, and often avoidable. This session will present the most promising evidence-based ideas for reducing rehospitalizations, including improving core discharge planning and transition processes out of the hospital; improving transitions and care coordination within community care settings; and enhancing coaching, education, and support for self-management. A multistate initiative to dramatically reduce avoidable rehospitalizations, called STAAR, will be described.

Patricia Rutherford, RN, MS, Vice President, Institute for Healthcare Improvement; Gail Nielsen, BSHCA, FAHRA, RTR, Clinical Performance Improvement Education Administrator, Iowa Health System; Marie Schall, MA, Director, Institute for Healthcare Improvement

M5 Ambulatory Practice Survival Kit: Maximizing Efficiency and Effectiveness
Potomac 1-2 • Format: In-depth
Practical ideas for maximizing office efficiency and effectiveness will be presented. Participants will discuss and critique the strategies for application to their own environment, and also share their own experiences. Topics include strengthening teamwork, holding successful team meetings, improving access, building planned care appointments, facilitating patient engagement, communicating with other physicians, taming the electronic health record, documenting efficiently, coding effectively, and reclaiming the heart of medicine.

Christine Sinsky, MD, Physician, Medical Associates Clinic and Health Plans; Thomas Sinsky, MD, Physician, Medical Associates Clinic and Health Plans

M6 Developing Sustainable Physician Engagement to Transform Care
Chesapeake 5-6 • Format: Balanced
Physicians’ hearts and minds are critical for improvement to evolve from projects to a way of life. The framework presented in this session describes a process for building sustainable physician commitment and engagement. A case example of what one organization achieved by adapting this model to their context will be shared.

Jack Silversin, DMD, DrPH, President, Amicus, Inc.; Gregory Long, MD, Chief Medical Officer, ThedaCare

Please visit www.IHI.org/Summit for session objectives.
M7 System-wide Removal of Waits and Delays in All Services

**Chesapeake 10 • Format: In-depth**
This session explores the transformational work done by a number of organizations to radically eliminate waits and delays for care and dramatically improve access to all services. Many groups recognize that improving access to medical appointments alone is insufficient. Strategies to dramatically eliminate delays in all services and strengthen commitment to timely, patient-centered care will be described.

Catherine Tantau, BSN, MPA, President, Tantau & Associates

M8 Shared Care: Methods and Tools for Successful Group Visits

**Chesapeake 11-12 • Format: Balanced**
Leaders of a clinic that offers over 700 group visits a year will describe how group visits can improve clinical outcomes and patient satisfaction. Participants will learn and practice facilitative leadership skills and self-management goal setting in the group visit setting. The methods used to design groups, recruit patients, and manage group visit schedules will be discussed, and tools for designing group visit work flow will be presented.

Amy Russell, MD, Clinic Medical Director, Clinica Family Health Services; Judy Troyer, Clinic Director, Clinica Campesina

M9 Embedding Care Collaboration in the Medical Home

**Chesapeake 4 • Format: Interactive**
This session will describe two successful and sustainable models for incorporating care collaboration into practices that have implemented aspects of the planned care model within a medical home. Presenters will describe the benefits of practice-based care managers, systems designed to provide decision support, tools used to assess needs and progress, and reporting developed to measure impact. Learn about the principles of proactive population management, patient self-management, action planning, motivational interviewing, and problem solving. Specific examples of community linkage, payer collaboration, and individual patient and population-level progress will be outlined.

Pamela Hageny, BSW, MBA, Director, Patient-Centered Care, Penobscot Community Health Care; Meridith Bolster, LCSW, Therapist, Penobscot Community Health Center; Thomas Claffey, MD, President, InterMed; Elizabeth Collet, Executive Director, NovaHealth; Trip Gardner, MD, Chief of Psychiatry, Penobscot Community Health Care; Laurie Laliberte, PA-C, Physician Assistant Health Care Provider, InterMed; Lois Tiedeken, MS, ANP, Nurse Practitioner, InterMed

M10 Creating Effective Patient Partnerships in Primary Care

**Potomac 5-6 • Format: Interactive**
In 2008 British Columbia (BC) embarked on an ambitious journey to include the patient’s voice, choice, and representation in primary care. Learn how BC is creating a cultural shift through policy, capacity building, and working across organizations. This interactive session discusses patient-centered principles and a framework to address all levels of patient partnerships, from individual self-management and shaping the health care system to engaging community resources. Concrete examples of initiatives to enhance patient partnerships, such as patient journey mapping and health literacy collaborative, will be shared.

Connie Davis, MN, ARNP, Improvement Coach; Sue Davis, Regional Manager, Management Development and Education, Vancouver Coastal Health Authority; Kelly McQuillen, RD, Director, Patients as Partners, Ministry of Health; Shirley Sze, BMSc, MD, CCFP, FCFP, Family Physician Lead, Interior Health Authority; Margie Wiebe, RN, Quality Improvement Advisor, Impact BC; Joyce Resin, BA, MSW, Director, Healthy Heart Society of BC; Eugene Pascuzzo, BSA, MEd, Patient Presenter, Impact BC

M11 Ideal Medical Home Immersion Session

**Chesapeake 2-3 • Format: Balanced**
This session provides a one-day immersion in the Institute for the Ideal Medical Home curriculum that is customarily taught over three months. Topics include cost-effective technologies that enable patients to build a registry for the practice, receive information tailored to their needs, and engage in problem solving, care planning, and shared decision making: access and efficiency; reliable and safe patient-centered care; and certification as an Ideal Medical Home. The dashboard that enables Ideal Medical Homes to compare evolving patient experiences will also be described.

L. Gordon Moore, MD, President, Ideal Medical Practices; John Wasson, MD, Professor, The Dartmouth Institute for Health Policy and Clinical Practice

M12 Applying Lean Principles to Improve Clinic Flow: The Basics

**Chesapeake 8-9 • Format: Balanced**
Denver Community Health Services has over four years of experience in using Lean/Toyota Production System principles to improve clinic processes. This session will introduce the key concepts of Lean and, using small group exercises, demonstrate tools to identify and fix waste. Examples of success and challenges in applying Lean principles will be shared based on implementation experience in a network of eight community health centers.

Nancy McDonald, RN, BSN, Lean Facilitator, Denver Health Medical Center; Philip Goodman, MS, RRT, Hospital Administrator, Denver Health Medical Center; Lucy Loomis, MD, MSPH, Director of Family Medicine, Denver Health Medical Center
Keynote 1
Rethinking Health Care: Insights from Regional Variations
8:00 AM – 9:00 AM

Potomac AB
This session will review the findings of recent research on regional and health systems variation in spending and practice, and discuss the implications of the findings for efforts to reform the US health care delivery system. How recent policy developments (medical home, bundled payments, accountable care organizations) offer a potential path toward health care reform at local, regional, and state levels will also be explored.

Elliott Fisher, MD, MPH, Director, Health Policy Research, Center for the Evaluative Clinical Sciences (CECS); Professor of Medicine, Community and Family Health, Dartmouth Medical School; Co-Director, VA Outcomes Group

L1 Enlightening Experiences with Shared Medical Appointments
Chesapeake 5-6 • Format: Balanced
This session provides an overview of shared medical appointment (SMA) models, data, implementation strategies, and physician personal experiences. Successful implementation stories will be shared, and role playing will provide valuable experiential training for participants. Participants will also share their successes and challenges with SMA models in diverse settings.

Brent Jaster, MD, Group Visit Consultant, JasterHealth inc.; Byron Haney, MD, Family Physician, Family Health Care of Ellensburg

L2 A Proven Process for Improving Primary Care Access
Potomac D • Format: Interactive
Waits and delays plague our health care systems, adversely affecting patient satisfaction, cost, revenue, and particularly clinical care. There is a proven process and set of principles that can be used with a structured and disciplined approach to improve access to primary care. This session will describe that process and those principles, and review multiple worldwide examples of success.

Mark Murray, MD, Healthcare Consultant, Mark Murray & Associates; Mike Davies, MD, National Director, VA Systems Redesign and Improvement Consultant, Department of Veterans Affairs

L3 Designing Care for Large Population Segments Using the Triple Aim™ Framework
Chesapeake 4 • Format: Balanced
The Triple Aim framework focuses on improving population health, improving individual experience, and stabilizing or reducing per capita costs for populations or population segments. This session will share recent work from an IHI prototyping initiative that is using the Triple Aim framework to develop design ideas for very broad population segments — adults 65 and older, employed adults, children and families, and socially complex individuals.

John W. Whittington, MD, Lead Faculty, Institute for Healthcare Improvement; Douglas Eby, MD, MPH, Vice President of Medical Services, Southcentral Foundation; David Labby, MD, Medical Director, CareOregon; Rebeca Ramsay, BSN, MPH, Senior Manager of CareSupport and Clinical Programs, CareOregon

L4 Achieving the Triple Aim™ Takes a Community
Chesapeake 10 • Format: Balanced
This session describes how one physician hospital organization acts as the integrator of care in achieving the Triple Aim in its community. A vital component of achieving the Triple Aim goals is to engage stakeholders in their unique roles, including physicians, employers, health plans, patients, and community support organizations. The impact that this multistakeholder initiative has on quality of care, experience of care, and cost of care will be discussed.

Ruth Clark, RN, MPA, Executive Director, Integrated Health Partners; Mary Ellen Benzik, MD, Medical Director, Integrated Health Partners; Bill Greer, Compensation Consultant, Kellogg Company; Samantha Pearl, Executive Director, Community HealthCare Connections

L5 Practice Transformation: A Medical Home Model That Achieves the Triple Aim™
Potomac C • Format: Interactive
HealthPartners Medical Group's (HPMG) road to recognition as a level 3 patient-centered medical home by the National Committee for Quality Assurance achieves the Institute for Healthcare Improvement Triple Aim of improved health, enhanced patient experience, and reduced cost of care. This session will describe HPMG's practice transformation that focused on reliability, a refined visit cycle, and distinct care team roles and responsibilities. Learn how these changes have created a foundation for further implementation of medical home principles, including a focus on in-between visit work.

Beth Averbeck, MD, Associate Medical Director, Primary Care, HealthPartners Medical Group; Beth Waterman, RN, MBA, Vice President, Health Improvement and Care Innovation, HealthPartners Medical Group; Robert Van Why, Senior Vice President, HealthPartners Medical Group
L6 Population-Based Care: Caring for Your Practice’s Entire Patient Panel

Potomac 3-4 • Format: Interactive
Participants will learn how to use primary care registries to provide population-based care to all patients in a practice panel. The session will highlight the paradigm shift from individual to population care (part of the IHI Triple Aim), demonstrate how to establish a reasonable panel size, and provide interactive exercises on using clinic personnel to work in teams that assume the responsibility for outreach to patients needing chronic and preventive health services.

Regina Neal, MPH, MSUP, Coach and Trainer, Practice Redesign and Process Improvement, Primary Care Development Corporation; Thomas Bodenheimer, MD, Professor, University of California, San Francisco; Elizabeth Johnson, MD, Medical Director for Quality Improvement, Community Primary Care, San Francisco Department of Public Health; David Margolis, Project Coordinator and Clinic Coach, University of California, San Francisco

L7 Reliability Strategies in Outpatient Settings

Chesapeake 1 • Format: Interactive
The Institute for Healthcare Improvement has adapted reliability principles and methods from other industries with promising results in hospital settings. This session describes how one outpatient system successfully applied these methods to multiple clinical and administrative processes. Participants will practice using the methods with examples from their own settings. Unique aspects of reliability in outpatient environments will be discussed, including the implications that the central roles of the patient and the care team have on reliability.

Neil Baker, MD, Improvement Consultant; Neil Baker Consulting; Virginia Crowe, RN, EdD, Principal, Hamilton Consulting, LLC; Ann Lewis, MPH, Chief Executive Officer, CareSouth Carolina, Inc.

L8 Developing Community Partnerships to Extend Primary Care

Chesapeake 11-12 • Format: Interactive
Extending the reach of primary care beyond the clinic setting can be both patient-centered and efficient, particularly in supporting healthy changes and optimizing management of chronic conditions by patients themselves. This interactive session will describe models through which primary care practices have developed or partnered with community programs, resources, or settings. Primary care clinicians and patients from multiple organizations will present their experiences with creating new options to support patients and families.

Judith Schaefer, MPH, Research Associate, MacColl Institute for Healthcare Innovation; Teresa Galicia, PT, Director of Physical Therapy, UNITE Here Health Center; Alan Glassoff, MD, Chief Medical Officer, Humboldt Del Norte IPA; Neil Korsen, MD, Medical Director, Primary Care Mental Health Program, MaineHealth

L9 Sequencing High-Leverage Changes and Measures: Keys to Improved Outcomes, Value, and Reliability

Chesapeake 2-3 • Format: Balanced
The Indian Health Service is working to simultaneously improve chronic disease management and prevention, clinical prevention, patient experience, and control costs. Of key importance in this work is a sequenced set of high-leverage change ideas and a sequenced set of measures, with a great emphasis placed on the role and partnership of the community and patient in the planning, testing, and implementation of the changes. This session will describe the four domains of measurement and the key high-leverage changes that impact the measures, including approaches for initial tests of change.

Cindy Hupke, RN, BS, MBA, Director, Institute for Healthcare Improvement; Lisa Dolan-Branton, RN, Senior Clinical Informatics/Improvement Advisor, Indian Health Service; Charles “Ty” Reidhead, MD, National Chief Clinical Consultant in Internal Medicine, Whiteriver Indian Health Service Hospital; Jana Towne, RN, Improving Patient Care Initiative Collaborative Director, Whiteriver Indian Health Service Hospital

L10 Meaningful Use of Health IT in the Ambulatory Setting

Potomac 1-2 • Format: Balanced
US health systems and provider organizations are grappling with difficult decisions regarding sizeable IT investments, maximizing “meaningful use” incentives, and realizing value from the patient/customer perspective. This session will share strategies for capitalizing on meaningful use incentives, while also pursuing a more patient-centered care experience in both primary and specialty care practices.

Jacquelyn Hunt, PharmD, MS, Vice President, Clinical Support and Information Services, Bellin Health Care System; Joseph Siemienczuk, MD, Chief Medical Officer, Providence Physician Division

L11 Office Practice Redesign Using Improving Performance in Practice (IPIP)

Potomac 5-6 • Format: Interactive
This session will provide an overview of the IPIP program, including leadership, structure, measures, coaching model, change package, collaborative learning, and database. Examples of practices that have achieved remarkable improvement will illustrate how IPIP can transform office-based care and outcomes for patients. Participants will be provided with tools and resources to apply the IPIP program in their practices and communities, including alignment and coalition building at the state level.

Janet Simon, RN, MHSA, Associate Director of Quality, United Health Group; Ann Lefebvre, MSW, CPHQ, North Carolina IPIP State Director, North Carolina Academy of Family Physicians

L12 Multipayer Patient-Centered Medical Home: The Colorado Experience

Chesapeake 8-9 • Format: Balanced
This session will present real-world experiences from the Colorado Multipayer Patient-Centered Medical Home Pilot, a national pilot involving seven health plans, 17 practice sites, employers, hospitals, and others. Pilot leaders will provide hands-on learning for administrators and health care teams interested in implementing a patient-centered medical home (PCMH). Learn how to achieve National Committee for Quality Assurance PCMH recognition by implementing care plan management, care coordination, team-based care, and registries; increasing access and patient engagement to improve quality and office efficiency; reducing cost trends; and improving the health care experience for both patients and care teams.

Marjie Harbrecht, MD, Executive/Medical Director, Colorado Clinical Guidelines Collaborative; David Ehrenberger, MD, Chief Medical Officer, Integrated Physician Network Avista; Allysun Gottman, BA, Associate Director, Colorado Clinical Guidelines Collaborative; Julie Schiz, BSN, MBA, Manager, Improving Performance in Practice and Patient-Centered Medical Home Programs, Colorado Clinical Guidelines Collaborative; Zula Solomon, MBA, QI Coach, Colorado Clinical Guidelines Collaborative
Workshop Sessions A&B

1:30 PM – 2:45 PM Workshop Session A
3:00 PM – 4:15 PM Workshop Session B

All A sessions repeat during B sessions, except for the Special Interest Keynote.

A1 What Health Care Has to Do: Change the Whole System by Rethinking Primary Care
Potomac AB
There are many “answers” for health care—managed care, think like a business, Six Sigma, care coordination, pay for performance and now, the medical home and accountable care organizations. Using the IHI Triple Aim initiative work on primary care, medical home, and socially complex individuals — and using the 12-year revolutionary story of Southcentral Foundation’s Nuka Model of Care at the Alaska Native Medical Center as a real life illustration of what is possible — this session will pull it all together and lay out a clear path forward for community and primary care, specialty care, and whole system transformation. Better outcomes, lower total costs, safer care, and significantly happier people on both sides of the clinical encounter are all possible!

Douglas Eby, MD, MPH, Vice President of Medical Services, Southcentral Foundation

A2/B2 New Strategies for Improving Access to Specialty Care
Chesapeake 2-3 • Format: Interactive
The process and principles for improving access have been the same for both primary and specialty care. Yet recent breakthrough developments, particularly in the Canadian environment, have shown that unprecedented improvement in specialty care access can be achieved using new strategies focused on pooling, scheduling, and workload distribution. This session will describe new delay measurement approaches that afford a higher level of achievement.

Mark Murray, MD, Healthcare Consultant, Mark Murray & Associates; Mike Davies, MD, National Director, VA Systems Redesign and Improvement Consultant, Department of Veterans Affairs

A3/B3 Building an Effective Medical Home with Stable Clinician Core Teams
Potomac C • Format: Balanced
This session illustrates a model for care, refined over 20 years with experience in one practice, in which a core team of stable nurse-physician partnerships form the heart of the patient-centered medical home. Intentional distribution of work enables each care team member to make maximal contributions. Nursing roles include information management, care coordination, health coaching, and prevention management. The predictable, standardized, and clerical work of the practice is done by others so that the physician can focus her attention on medical decision making, relationship building, and mentoring the team. An organized system reduces rework and redundant or unnecessary work in the practice, allowing nurses and physicians to focus on the work they and the patients most value.

Christine Sinsky, MD, Physician, Medical Associates Clinic and Health Plans; Thomas Sinsky, MD, Physician, Medical Associates Clinic and Health Plans

A4/B4 Lessons from Successful Spread of Medical Homes
Chesapeake 5-6 • Format: Interactive
Over the past 3.5 years, five primary care safety net organizations have spread an integrated medical home model throughout their clinics in a collaborative learning network supported by their partner Medicaid Managed Care Plan, CareOregon. Key lessons learned in this initiative, called Primary Care Renewal, about implementing, managing, and spreading this team-based model of care will be shared. How to build transformational leaderships, promote collective learning, and reorient primary care to Triple Aim outcomes will also be described.

David Labby, MD, Medical Director, CareOregon; Alan Glaseroff, MD, Chief Medical Officer, Humboldt Del Norte IPA; Rebecca Ramsay, BSN, MPH, Senior Manager of CareSupport and Clinical Programs, CareOregon

A5/B5 Outpatient Health IT: Clinicians Rile? Patients Smile!
Chesapeake 8-9 • Format: Interactive
We are in an unprecedented time of incentives and opportunities for office practices to use health information technologies (e.g., electronic medical record, registry, patient web portal, home monitoring, check-in kiosks, etc.) to enhance the patient experience. However, there exist significant gaps in the expectations and realities of implementing health IT in the outpatient setting. Learn strategies for leveraging health IT to improve the patient experience, along with practical strategies for improving clinicians’ experience using health IT.

Jacquelyn Hunt, PharmD, MS, Vice President, Clinical Support and Information Services, Bellin Health Care System; Steve Bergeson, MD, Medical Director of Quality, Allina Hospitals and Clinics

B1 Designing Services for People with Fatal Conditions
Potomac AB
Each clinical practice has a few dozen people who are sick enough to die, and some practices have many more. This phase of life requires continuity, honest care plan formulation, caregiver support, symptom control, and advance planning — all of which can be built into office practice and community redesign. This session reviews the key concepts, the track record on improvement, and the tools needed to promise excellence and high value to those living with fatal conditions.

Joanne Lynn, MD, Bureau Chief, Cancer and Chronic Disease, Washington, DC, Department of Health

General Conference
MondAy, March 8
Day 1

Special Interest Keynotes
A6/B6 The Role of the Improvement Coach in Achieving Strategic Improvement  
Potomac 5-6 • Format: Balanced
Interdisciplinary health care teams are eager to provide exceptional care for patients and families and to meet the challenges of health care improvement. The role of the Improvement Coach for interdisciplinary teams has empirically demonstrated higher success rates in achieving desired outcomes. This session will discuss the core skills and competencies of this coaching role, and how to develop a coaching infrastructure to support strategic clinical improvement goals.

Marjorie Godfrey, MS, RN, Co-Director, The Microsystems Academy Instructor; The Dartmouth Institute for Health Policy and Clinical Practice; Ann Marie Hess, NP, MSN, MS, President, Clinical Performance Management, Inc.; Anette Nilsson, Project Leader, Qulturum

A7/B7 Engaging Physicians in Community-Level Practice Redesign  
Chesapeake 11-12 • Format: Balanced
This session describes the evolving experience in British Columbia, Canada, where physicians are coming together, in partnership with their health authorities, the Ministry of Health, and the medical association, to form General Practitioner (GP) organizations, which enable primary care redesign on a community level.

Brenda Hefford, MD, Physician Executive Lead, Primary Care Development, Fraser Health Authority; Brian Evoy, PhD, Executive Lead, Division of Family Practice, General Practice Services Committee

A8/B8 Maximize Benefits from Your Electronic Health Record  
Potomac 1-2 • Format: Interactive
While many physicians do not yet use electronic health records (EHRs), the opportunity for incentive payments authorized by The American Recovery and Reinvestment Act of 2009 (ARRA) is causing thousands of physician practices to consider adopting EHRs and other technologies. This session will discuss the economic return and other benefits reported by practices who have implemented EHRs, and how to ensure your practice can qualify for economic incentives under the law.

David Gans, MSHA, FACMPE, Vice President, Innovation and Research, Medical Group Management Association; Robert Tennant, Senior Policy Advisor, Medical Group Management Association

A9/B9 Optimizing the Role of the RN: Improved Satisfaction, Outcomes, and Office Efficiency  
Potomac D • Format: Balanced
RNs are a valued resource in the medical office. Unfortunately, they are often underutilized, spending as much as 50 percent of their time on clerical work. Learn how one organization optimized the RN role so that nurses are now spending 95 percent of their time on clinical work, chronic disease management, and patient education. The resulting improvement in nurse and patient satisfaction will also be described.

Catherine Tantau, BSN, MPA, President, Tantau & Associates; Katie Bell, MHA, MBA, Chief Operating Officer, Neighborcare Health

A10/B10 Reducing Costs with Appropriate Use of Specialty Care Services  
Chesapeake 1 • Format: Interactive
As much as $700 billion of US health care costs could be eliminated by reducing wide variation in utilization of certain areas of care. This session will explain the framework developed by the Institute for Healthcare Improvement (IHI) to address the appropriate use of certain tests and procedures in specialty care services and present a case example of its application. Participants will discuss potential application of the framework in their own settings. Topics include engaging physicians in interpreting variation, use of appropriateness criteria, decision aids for patients, and service agreements between primary and specialty care.

Neil Baker, MD, Improvement Consultant; Neil Baker Consulting; Lawrence Shapiro, MD, Foundation Managed Care Medical Director, Palo Alto Medical Foundation

A11/B11 Translating Electronic Health Record Data into Meaningful Primary Care Clinical Improvement  
Potomac 3-4 • Format: Balanced
There is a learning curve for moving from the electronic health record (EHR) data tables to producing quality of care information for improving outcomes in primary care. This session will describe one organization’s transition from implementing an EHR to extracting data and developing reports to serve as registries, delivery system redesign tools, and tracking clinical outcomes. The reporting software, spreadsheets, and business intelligence tools used will be shared, and the organization’s collaboration with community partners to optimize improvement will be described.

Paresh Dawda, MBBS, DRCOG, DFFP, Tantau & Associates; Catherine Tantau, BSN, MPA, President, Tantau & Associates; Katie Bell, MHA, MBA, Chief Operating Officer, Neighborcare Health

A12/B12 A Comprehensive Patient Safety Appraisal Using the Primary Care Trigger Tool  
Chesapeake 4 • Format: Balanced
How can you get a comprehensive view of patient safety threats in your practice? Many practices are misusing the available information or failing to extract the maximum benefit from it. This session demonstrates a 360° approach, including learning from staff and patients, that provides a fresh, all-around understanding of your practice’s safety. Learn how to measure both the harm rate in your practice and improvements over time using the Primary Care Trigger Tool.

Robert Varnam, PhD, MSc, MbChB, Associate, NHS Institute for Innovation and Improvement; Paresh Dawda, MBBS, DRCOG, DFFP, MRCGP, GP, Principal, South Street Surgery

A13/B13 Optimizing the Pharmacist’s Role in the Office Practice Setting  
Chesapeake 10 • Format: Interactive
The complexity of medication regimens, the need for medication reconciliation, and lack of time to provide needed services are common challenges in ambulatory care. This session describes an innovative approach that includes pharmacists as physician extenders or members of the office practice care team who provide medication counseling, diabetes management, and other disease management programs. Results indicate increased provider and patient satisfaction, improved outcomes, and an opportunity to generate revenue.

Frank Federico, RPh, Executive Director, Strategic Partners, Institute for Healthcare Improvement; Maureen McQueeney, PharmD, Clinical Pharmacy Specialist/Assistant Clinical Professor, Brigham and Women’s Hospital, BIMA Clinic and Northeastern University

Learn more about the 7 Summit Keynotes and Special Interest Keynote videos, available for $199, at www.IHI.org/SummitOnDemand
**Keynote 2**  
**Solving America’s Health Care Challenges Using 21st Century Solutions**  
8:00 AM – 9:00 AM  
**Potomac AB**  
The design of the US health care system has changed minimally over the past 50 years, even though the clinical conditions, treatment modalities, and available technology are dramatically different. Unless reform includes changes to care delivery, the US will find it increasingly difficult to provide high quality, universal coverage that is affordable. This session will describe a health system design that includes 21st century solutions such as an integrated structure with prepayment, advanced IT systems, and clinician leaders who are equipped to provide efficient, effective medical care that fulfills IHI’s vision of the Triple Aim.

Robert M. Pearl, MD, Executive Director and CEO, The Permanente Medical Group; President and CEO, Mid-Atlantic Permanente Medical Group

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**C2 Integrating Mental Health Services in Primary Care**  
**Chesapeake 11-12 • Format: Balanced**  
This session describes tools and strategies to support the successful integration of mental health services into primary care settings. Experience with 150 physicians in Hamilton, Ontario, over 15 years will demonstrate why this collaboration is important. The session will also outline the roles of psychiatrists, counselors, and primary care staff in a “stepped” model of care; the program’s benefits and lessons learned; and how to apply this model in your setting.

Nick Kates, MBBS, FRCPC, Provincial Lead, Quality Improvement and Innovation Partnership

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**C3 Transforming into a Medical Home: What It Takes**  
**Potomac 5-6 • Format: Balanced**  
Many practices will soon have opportunities to become “medical homes in demonstration projects,” but most need detailed information and multifaceted guidance to navigate the transformation necessary to qualify and succeed. In this session, experienced practice transformation facilitators will describe the clinical features, the transformational process, and the financial viability of medical homes, especially Medicare Medical Homes. Participants will have ample opportunities to interact with the presenters.

Chad Boul, MD, MPH, MBA, Professor and Director, Lipitz Center for Integrated Health Care, Department of Health Policy and Management, Johns Hopkins University Bloomberg School of Public Health; Elaine Skoch, RN, MN, EMBA, CNAA, BC, Performance Improvement and Education Facilitator, TransforMED

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**C5 Make the Most of What You’ve Got: Reduce Staff Burnout and Maintain Excellent Patient Care**  
**Potomac C • Format: Interactive**  
In this time of cutbacks, being asked to do more work with less staff often results in burnout, overworked staff that can compromise your practice. Learn ways to avoid this, using teamwork, group visits, staff empowerment, and new charting concepts. Displace the workload and keep your staff from getting frazzled and spent, while maintaining excellent patient care. The experiences of one clinic that consistently exceeds VA standards related to chronic disease management will be shared.

Tresa Arnold, RN, BSN, Nurse Care Manager, Veteran’s Administration Medical Center; Deborah Vinson, RN, Nurse Care Manager, VA Bend Oregon Outpatient Clinic

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**C6 Rethinking How Patients Learn About Their Depression: Applications in Primary Care**  
**Chesapeake 1 • Format: Balanced**  
This session will explore a transitional view of learning about depression that was developed from patients’ stories. The transitional view suggests that learning about depression can be experienced as a meaning-making process that occurs over time and supports self-knowing, self-development, and sometimes transformation. The focus of the discussion will be on the application of these transitions to primary care. Tools to support application will be demonstrated.

Virginia Crowe, RN, EdD, Principal, Hamilton Consulting, LLC
C7 Applying Lean to Clinical Quality: Cancer Screening
Chesapeake 2-3 • Format: Balanced
Denver Community Health Services has over four years of experience using Lean/Toyota Production System analysis to improve clinic processes. In 2008 the organization adapted Lean principles to clinical quality of care projects, starting with cancer screening. This session will review how the organization restructured its approach to quality improvement using the Lean framework. Successes and challenges in developing and spreading new standard work at multiple sites that serve a disadvantaged population will be shared.
Lucy Loomis, MD, MSPH, Director of Family Medicine, Denver Health Medical Center; Pete Gutierrez, Community Health Administrator, Denver Health Medical Center; Nancy McDonald, RN, BSN, Lean Facilitator, Denver Health Medical Center; Katherine Anderson, MD, Physician, Denver Health Medical Center

C8 Moving Dots: The Leadership Role in Improvement
Potomac D • Format: Balanced
The Institute for Healthcare Improvement’s Leadership Leverage Points’ white paper “Seven Leadership Leverage Points” outlines actions and system-level performance measures (“big dots”) that are instrumental in achieving system-level improvement. This session will use the University of North Carolina Health Care System’s Patient Access and Efficiency Initiative as a case study to demonstrate how to engage leaders at all levels to ensure system-level improvement. Tools and resources, including executive leader reports, will be provided for participants to tailor to their organizations.
Jennifer Powell, MBA, MPH, Consultant, Spragens and Associates, LLC; Allen Daugird, MD, MBA, Medical Director and Vice President of Ambulatory Care, University of North Carolina Health Care System; Sam Weir, MD, Clinical Associate Professor, University of North Carolina Health Care System

C9 Interprofessional Team-Based Care: Lessons from the Field
Potomac 3-4 • Format: Balanced
The US primary care system is faced with a multitude of challenges, which will intensify as the chronically ill population expands. This session will describe emerging models, including those relying on interprofessional team-based interventions that are being explored as alternatives to traditional primary care and as a means to improve outcomes, stimulate efficiency, and lower costs, especially among people with chronic illness. A summary of the published literature on interprofessional team-based care models focused on chronically ill adults will be shared, along with recommendations that will provide a strategic roadmap to promote the development and broader use of effective interprofessional team-based primary care.
Mary Naylor, PhD, RN, Marian S. Ware Professor in Gerontology, University of Pennsylvania; Harleah Buck, PhD, RN, CHPN, Post-Doctoral Research Fellow, University of Pennsylvania; Janet Van Cleave, MSN, PhD, Research Associate and Post-Doctoral Fellow, University of Pennsylvania; Kenneth Coburn, MD, MPH, CEO and President, Health Quality Partners; Cheryl Cott, PhD, DipGgr, RPT, Professor, University of Toronto Faculty of Medicine; Ellen Kurtzman, MPH, RN, Assistant Research Professor, George Washington University; Janet Prvu Bettger, ScD, Research Fellow, University of Pennsylvania

C10 The Medical Home’s Central Role in Health Care Reform
Chesapeake 8-9 • Format: Interactive
The patient-centered medical home (PCMH), as an organizing structure for effective and capable primary care, has served to guide transformative changes in office practices. The important elements of the PCMH and the goal of achieving coordinated, quality health care and service for patients will be reviewed. This session will also discuss the importance of health care reform in fostering a shared responsibility for both cost and quality, and the central role of the medical home in accountable care organizations.
Bruce Bagley, MD, Medical Director for Quality Improvement, American Academy of Family Physicians

C11 Multipayer-Enhanced Statewide Implementation of the Chronic Care Model in Pennsylvania
Chesapeake 4 • Format: Balanced
Despite recognition that the Chronic Care Model improves outcomes, it generally has been adopted within large health care organizations in part due to the mismatch between who bears the cost of implementation and who receives the financial benefits for care improvement. This session presents a unique statewide multipayer-based implementation of the Chronic Care Model in Pennsylvania, facilitated by the Governor’s Office of Health Care Reform. The implementation approach in primary care practices will be described, including the use of regional IHI Breakthrough Series-type learning collaboratives supported by practice coaches, infrastructure payments by the 17 leading insurers, and monthly registry-based outcome measure reporting.
Robert Gabbay, MD, PhD, Co-Director, Penn State Diabetes Center, Pennsylvania State College of Medicine

C12 We Have an Electronic Medical Record, Now What? Optimizing EMR Data to Improve Access and Care
Potomac 1-2 • Format: Interactive
Over a four-year period, Allina Health System implemented an electronic medical record (EMR) in its multiple clinics and hospitals. With broad adoption of clinical tools and registries, which led to rapid improvement in chronic care, the Allina system now exceeds the national 90th percentile in HEDIS measures. This session will demonstrate how the use of an EMR can lead to improved and efficient clinical care. Learn how a large multispecialty practice is leveraging technology and implementing best practices across 50-plus sites to improve patient access to services 24/7/365.
Cheryl Hermann, RN, Vice President, Allina Health System; Heidi Krueger, RN, District Director, Allina Health System; Janet Wied, District Director, Allina Health System

C13 Improving Care for People with Low Health Literacy: A Toolkit for Practices
Chesapeake 5-6 • Format: Balanced
The Agency for Healthcare Research and Quality funded the development of a Health Literacy Universal Precautions Toolkit to help primary care practices improve care for people with low health literacy. The toolkit, which was designed for integration with other improvement projects, helps practices integrate health literacy strategies with a minimum burden on scarce resources, including the precious time of clinicians and staff. This session will review the development of the toolkit and the experiences of practices that have used it.
Darren DeWalt, MD, MPH, Assistant Professor, University of North Carolina at Chapel Hill
Special Interest Keynotes

**D1 How to Develop Resilience as a Patient with a Chronic Condition and a Bad Attitude**

Potomac AB

This session will discuss resilience as a crucial component in the process of recovering from, and coping with, medical conditions. Using personal examples and observations, the interaction between the health care system and the development of a positive approach to traumatic and chronic conditions will be explored. The case will be made that health care providers frequently have the implicit capacity, within their roles, to assist patients in developing resilience.

J. Galen Buckwalter, PhD, Research Scientist, Institute for Creative Technologies

**E1 A 2050 Vision for Sustainable Large System Improvement**

Potomac AB

This session will discuss large system change and drivers for improvement, quality efficiency, and productivity. The experiences of several countries that have implemented sustainable quality improvement will be shared. Participants will gain an understanding that facilitates their own strategic thinking and practical implementation of sustainable improvement.

Sir John Oldham, MB, ChB, MBA, Family Doctor and National Clinical Lead for Quality and Productivity, NHS England

**D2/E2 Creating a Culture of Patient Safety and Reaping the Rewards**

Potomac 5-6 • Format: Balanced

Changing the practice culture can make safety procedures and checks and balances endemic to the provision of care. Hear from a medical practice that successfully underwent cultural change that resulted in growth in profitability and practice size. Lessons on how to affect the process of change and the challenges faced on the road to success will allow other practices to critically appraise their own patient safety and cultural change efforts.

Radhika Nath, PhD, Senior Research Scientist, Medical Group Management Association; John E. Kralewski, PhD, William Wallace Distinguished Professor of Health Services Research and Administration, University of Minnesota School of Public Health; Timothy Palm, MHA, Senior Vice President, Mercy Medical Center

**D3/E3 HIV Self-Management Support in an Urban Setting**

Chesapeake 10 • Format: Balanced

This session describes how the concept of a health coach has been applied to an urban primary health care setting to support people living with HIV. Both health professionals and peers have been trained in self-management support using tools that are culturally relevant to an Aboriginal population. Lessons learned, culturally appropriate tools, strategies, and the impact that both peer and health professional coaches can have on the health of people living with HIV in a marginalized environment will be presented.

Bethina Abrahams, Manager, Vancouver Coastal Health Authority; David Tu, MD, Clinic Coordinator, Vancouver Native Health Clinic

**D4/E4 Developing Improvement Capability with an External QI Coach and Team-Based Care**

Chesapeake 2-3 • Format: Balanced

This session will describe the process undertaken by a provincial organization to develop quality improvement capability and capacity in primary health care through an external QI coach role. The core competencies, training continuum, performance measurement, and mentoring program for this consultative coaching role will be shared. The implementation of the role in the context of a team-based model of primary health care will highlight the opportunity for developing QI leadership at the clinical and organizational level.

Brenda Fraser, MSc, Executive Director, Quality Improvement and Innovation Partnership; Nick Kates, MBBS, FRCP(C), Provincial Lead, Quality Improvement and Innovation Partnership; Patricia O’Brien, RN, MA, CNeph(C), Manager, Quality Improvement, Quality Improvement and Innovation Partnership

**D5/E6 Transforming Ambulatory Practice with Lean Healthcare**

Potomac 1-2 • Format: Balanced

This session will describe the journey of Borgess Health to transform ambulatory care using the principles of Healthcare Lean. Emphasis will be placed on integration of guiding principles, alignment with community and hospital needs, and the patient-centered medical home. Relevance to health care reform will be explained.

Edward Millersmaier, MD, MBA, Chief Medical Officer and Chief Operating Officer, Borgess Ambulatory Care; Cindy Gaines, MSN, RN, NE-BC, Executive Director, Operations Design and Quality Improvement, Borgess Ambulatory Care

Informal Lunch

Grab your lunch and join us in Chesapeake 2-3 on Tuesday from 12:15 PM - 1:15 PM to learn about IHI’s Triple Aim™ Prototyping work
D6/E6 Proactive Office Encounter: Highly Reliable, Integrated Patient Care
Potomac D • Format: Interactive
The Proactive Office Encounter program has transformed care for three million members in Kaiser Permanente of Southern California by supporting improvements in clinical quality and the care experience, and by increasing efficiency. The program provides a highly reliable set of processes, electronic tools, and workflows for office encounters in both primary and specialty care. This session will describe how the program leverages office staff skills to identify gaps in preventive care and chronic disease management before, during, and after an encounter. How the program enhances optimal clinical support in specialty and primary care will also be shared.

Michael Kanter, MD, Medical Director, Quality and Clinical Analysis, Kaiser Permanente; Ozzi Martinez, MPH, Group Leader for Proactive Care, Southern California Permanente Medical Group

D7/E7 Building an Efficient Medical Home: Using the “Lean Tool Box”
Potomac C • Format: Balanced
For the medical home to function efficiently, all components need to operate smoothly and be well integrated. As a participant in The Commonwealth Fund’s Safety Net Medical Home Initiative, Denver Community Health Services has built on its work to improve clinic flow using Lean principles and is now implementing advanced techniques to add other medical home components. This session will review the processes and results of applying Lean systems analysis to medical home transformation, panel management, and clinical quality improvement.

Lucy Loomis, MD, MSPH, Director of Family Medicine, Denver Health Medical Center; Pete Gutierrez, Community Health Administrator, Denver Health Medical Center; Nancy McDonald, RN, BSN, Lean Facilitator, Denver Health Medical Center

D8/E8 Implementing a Cross-Setting Transitional Care Model
Chesapeake 1 • Format: Balanced
This session will describe a transitional care model that optimizes the role of a nurse practitioner as an “integrator” across hospital, primary care, and home care settings. This model focuses on transitional care best practice implementation for a defined population that is aligned with transforming the experience of care, reducing avoidable readmissions, and associated cost of care (the IHI Triple Aim). Transitional care workflows, role responsibilities, best practices, tools, and measures that support effective model implementation and process reliability will be shared.

Joan Marren, Chief Operating Officer, Visiting Nurse Society of New York; Andrew Dunn, MD, Director, Hospitalist Service, Mt. Sinai Medical Center; Ruth Raczkowski, NP, Visiting Nurse Society of New York

D9/E9 Providing Seamless Care Between Primary Care and Subspecialists
Chesapeake 8-9 • Format: Balanced
The patient-centered medical home (PCMH) has predominantly focused on the provision of enhanced primary care. However, to be truly patient-centered, the whole system has to work effectively and include other elements of the health care system beyond primary care. Using a case study and discussion, this session will explore the relationship between the primary care medical home and other specialties (the so-called “neighborhood”).

Michael S. Barr, MD, MBA, FACP, Vice President, Practice Advocacy and Improvement, American College of Physicians

D10/E10 Leadership Development and Team Nursing: Maximizing Office Efficiency Through Role and Scope
Potomac 3-4 • Format: Interactive
This session describes one organization’s experience with maximizing office efficiency by defining clear roles and responsibilities for leadership and staff. The uniform Medical Director and Clinic Manager roles and responsibilities will be described, along with how staff learned to work to the maximum capacity and scope of practice. In addition, methods for developing accountability in staff will also be discussed.

Judith Puzon, RN, MSN, Clinic Manager, Valley Medical Center; Kim Herner, MD, Physician, Medical Director, Valley Medical Center/Auburn Primary Care

D11/E11 Community-wide Population Health Improvement Using the Triple Aim™
Chesapeake 4 • Format: Balanced
This session describes how the IHI Triple Aim can provide a focus for transforming services that make the greatest impact on the health of a defined population. Using public health information as a starting point, a collaborative program working across local agencies is aiming to address health inequity in a coastal town in South East England. The session will particularly focus on community engagement, the role of primary care, and tools for managing improvement projects.

John Burton, MSc, Associate, NHS Institute for Innovation and Improvement; Andrew Scott-Clark, MRPharmS, MSC, HonFPH, Deputy Director of Public Health, Eastern and Coastal Kent Primary Care Trust

D12/E12 Reducing Readmissions: Outpatient “Must Haves”
Chesapeake 5-6 • Format: Interactive
Readmissions to the hospital are seen as a potential marker of poor quality care. This interactive session will outline the “must haves” to prevent readmissions from an outpatient clinician perspective, based on successful work to reduce heart failure 30-day readmissions in the Allina Medical Clinic.

Steve Bergeson, MD, Medical Director of Quality, Allina Hospitals and Clinics; Ward Godsell, MD, Medical Director Clinical Quality, Aspen Medical Group; Cory Sevin, RN, MSN, NP, Director, Institute for Healthcare Improvement

D13/E13 Medical Home Case Studies: Lessons from the TransforMED Project
Chesapeake 11-12 • Format: Interactive
Lessons and data from one of the first patient-centered medical home projects will be shared as a backdrop to assist participants in planning their own path for implementation. The presenters have in-depth knowledge of the TransforMED National Demonstration Project (NDP) data as a former NDP physician and a member of the evaluation team. A business school case study methodology based on NDP experiences will be used to facilitate learning and guide discussion. Participants will receive case studies in advance and should be prepared to share their own challenges and successes.

Robert Eidus, MD, President, Cranford Family Practice; Elizabeth Stewart, PhD, Research Analyst, American Academy of Family Physicians
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<tr>
<th>Topic</th>
<th>Organisation/Person</th>
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<tbody>
<tr>
<td>Anticoagulation: Creating a Culture of Safety</td>
<td>Novant Health, Terri Cardwell, <a href="mailto:tbcardwell@novanthealth.org">tbcardwell@novanthealth.org</a></td>
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<td>Beyond the Backlog: Data-Driven Improvement</td>
<td>Petaluma Health Center, Jessica Moore, MSN, FNP, Care Team Coordinator, <a href="mailto:jessiccam@phealthcenter.org">jessiccam@phealthcenter.org</a></td>
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<td>Building Capacity to Change Perinatal Care Systems</td>
<td>LA Best Babies Network, Janice French, Director of Programs, <a href="mailto:jfrench@labestbabies.org">jfrench@labestbabies.org</a></td>
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<td>A Comprehensive Tobacco Cessation Approach</td>
<td>Colorado Clinical Guidelines Collaborative, Nicole Deaner, MSW, <a href="mailto:ndeaner@coloradoguidelines.org">ndeaner@coloradoguidelines.org</a></td>
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<td>Create the Chronically Well: How to Defy the System</td>
<td>Médiamed Technologies, Jean Mireault, MD, MSc, Vice President, Clinical Affairs, France Laframboise, RN, MSc, Assistant Director Clinical Services, <a href="mailto:flaframboise@mediamedtech.com">flaframboise@mediamedtech.com</a></td>
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<td>Improving the Residency Anticoagulation Clinic</td>
<td>Harrisburg Hospital, Pinnacle Health Systems, Umar Farooq, MD, Resident, Internal Medicine, <a href="mailto:ufarooq@pinnaclehealth.org">ufarooq@pinnaclehealth.org</a></td>
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<td>Improving Early Literacy Promotion in Primary Care</td>
<td>Reach Out and Read, Inc, Barbara Ducharme, MBA, EdM, National Programs Director, <a href="mailto:rorqi@yahoo.com">rorqi@yahoo.com</a></td>
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<tr>
<td>Effective Cycle Time for Dental Safety Net Clinics</td>
<td>Spanish Catholic Center, Marcela Campoli, Health Quality Improvement Manager, <a href="mailto:marcelacampoli@gmail.com">marcelacampoli@gmail.com</a></td>
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<td>Family Dysfunction Effects Over Time</td>
<td>Sofica C. Bistriceanu, PhD, Family Physician, <a href="mailto:bistriiss@hotmail.com">bistriiss@hotmail.com</a></td>
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<td>HFHS Patient-Centered Team Care</td>
<td>Henry Ford Health System, Katherine Scher, Project Manager, <a href="mailto:kscher1@hfhs.org">kscher1@hfhs.org</a>, Presented by: Richard Dryer, MD</td>
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<td>Hospital Owned Multispecialty Group Patient Satisfaction</td>
<td>Christus St. Vincent Regional Medical Center and Aegis Business Services, LLC, Michelle Klein, Business Executive Partner, Healthcare Consulting, <a href="mailto:michele.klein@redbeadsolutions.com">michele.klein@redbeadsolutions.com</a></td>
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<td>Increasing Access to Care Within Urban Federally Qualified Health Centers</td>
<td>Mary’s Center for Maternal and Child Care, Bethany Sanders, MPH, Quality Improvement and Outcomes Manager, <a href="mailto:bsanders@maryscenter.org">bsanders@maryscenter.org</a></td>
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<td>Increasing Screenings and Immunizations in Adults</td>
<td>Western Carolina University-School of Nursing, Leslie W. Norris, MSN, FNP-C, CNE, Assistant Professor, <a href="mailto:lnorris@wcu.edu">lnorris@wcu.edu</a></td>
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<tr>
<td>Dental Shared Medical Appointment</td>
<td>Wellspan Medical Group, Kristin Faust, Social Service Specialist/Motivational Interviewer, <a href="mailto:kfaust@wellspan.org">kfaust@wellspan.org</a></td>
</tr>
<tr>
<td>Improving Diabetes Care in Rural Communities</td>
<td>Family Health Network of Central New York, Douglas Rahner, MD, Medical Director, <a href="mailto:drahner@familyhealthnetwork.org">drahner@familyhealthnetwork.org</a></td>
</tr>
<tr>
<td>Improving the Residency Anticoagulation Clinic</td>
<td>Harrisburg Hospital, Pinnacle Health Systems, Umar Farooq, MD, Resident, Internal Medicine, <a href="mailto:ufarooq@pinnaclehealth.org">ufarooq@pinnaclehealth.org</a></td>
</tr>
<tr>
<td>Improving Early Literacy Promotion in Primary Care</td>
<td>Reach Out and Read, Inc, Barbara Ducharme, MBA, EdM, National Programs Director, <a href="mailto:rorqi@yahoo.com">rorqi@yahoo.com</a></td>
</tr>
<tr>
<td>Improving the Residency Anticoagulation Clinic</td>
<td>Harrisburg Hospital, Pinnacle Health Systems, Umar Farooq, MD, Resident, Internal Medicine, <a href="mailto:ufarooq@pinnaclehealth.org">ufarooq@pinnaclehealth.org</a></td>
</tr>
<tr>
<td>Increasing Access to Care Within Urban Federally Qualified Health Centers</td>
<td>Mary’s Center for Maternal and Child Care, Bethany Sanders, MPH, Quality Improvement and Outcomes Manager, <a href="mailto:bsanders@maryscenter.org">bsanders@maryscenter.org</a></td>
</tr>
<tr>
<td>Increasing Screenings and Immunizations in Adults</td>
<td>Western Carolina University-School of Nursing, Leslie W. Norris, MSN, FNP-C, CNE, Assistant Professor, <a href="mailto:lnorris@wcu.edu">lnorris@wcu.edu</a></td>
</tr>
</tbody>
</table>
Integrating Child and Youth Mental Health Into Primary Care: Program Evaluation
The Hamilton Family Health Team
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Model for Community Care Management Collaborative
Integrated Health Partners
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“Oh, By the Way” Behavioral Health Screening
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One Step at a Time: Redesigning a Practice
UW Medical Foundation
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Optimize Roles and Efficiency for Organization (OREO)
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Patient Experience for Low Income Latinos
Care for Your Health
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A Physician Network Implements the Medical Home
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Physician Referral to Self-Management Programs
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Practice-Based Improvement: Diabetes
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Safe Oral Anticoagulation in Underserved Clinics
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Transforming the Role of the Medical Assistant
Family Practice Clinic
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A Team Approach: Diabetes Nurse Case Management
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UPMC Health Plan Patient-Centered Medical Home
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Use of 3rd NAA in Specialty Cancer Care Services
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Use of QI Consultant to Drive Change in Practices
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Lynne Taylor, BSN, RN
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Wait List Measurement Based on “Ready to See” Date
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