tcbi

The Center for Business Innovation

Presents

Business Intelligence & Analytics: Unleashing Data to Drive Quality & Financial Performance

A Conference & Exhibition for Healthcare Providers & Payers

**May 16-17, 2007
Best Western Boston –
The Inn at Longwood Medical
Boston, MA**

Photo courtesy of the Greater Boston Convention & Visitors Bureau

Leveraging business intelligence and analytics, predictive modeling, data mining, data warehousing and data integration to:

- Provide comprehensive, high-quality data in a timely manner for effective clinical and financial decision-making
- Improve healthcare quality
- Improve quality measurement and reporting
- Facilitate pay for performance initiatives
- Enhance case management and disease management efforts
- Reduce costs and increase revenues
- Promote greater transparency and organizational information-sharing
- Dismantle silos of data within healthcare organizations
- Enable your healthcare organization to achieve a competitive advantage

Speakers Include Executives and Clinicians From:

Blue Cross and Blue Shield of Kansas City • Blue Shield of California • Fallon Clinic, Inc. • Lahey Clinic • Office of the Surgeon General • Partners HealthCare System, Inc. • Tenet Healthcare Corporation • UNC Healthcare Systems • University of Pittsburgh Medical Center • UPMC Health Plan • WellSpan Health

SUPPORTING ORGANIZATIONS

THE AMERICAN HEALTH QUALITY ASSOCIATION

IDMA INTERNATIONAL DISEASE MANAGEMENT ALLIANCE

MASS TECHNOLOGY LEADERSHIP COUNCIL

SUPPORTING PUBLICATIONS

b•eye Business Intelligence Network™ *The Global Vision for BI and Beyond*

Healthcare IT News

Health Management Technology

Healthcare Informatics

HealthLeaders Media

Patient Safety & QUALITY HEALTHCARE

ABOUT THE CONFERENCE

Business Intelligence (BI) may be defined as the use of analytical applications and data management tools and technologies to aggregate, store and provide access to data about an organization's activities and resources to facilitate decision-making, strategic planning and implementation.

Finally, a conference and exhibition on business intelligence and analytics designed specifically to meet the information needs of healthcare providers and payers!

"The goal of integrating business intelligence across all aspects of healthcare is critical, especially now when healthcare is poised for a radical transformation through value-driven healthcare initiatives based on our four national 'cornerstone' goals, which incorporate public reporting of quality of care, public reporting of the cost of health services, interoperable health information technology, and incentives for achieving better value in health care. The move to a patient-centric healthcare system is best achieved when business intelligence is deployed in both the healthcare delivery and healthcare financial realms."

--Jay Srini, Vice President, Emerging Technologies, University of Pittsburgh Medical Center

"The tidal wave of demand for healthcare quality and financial performance information has never been greater. Don't be washed away. Use the data you already own to make every decision you make smarter, faster and better. Slice it, dice it, sort it, sum it and get it into the hands of key decision-makers across your organization. Business intelligence can be the difference between drowning in demand for data, or riding a wave of clinical, financial, operational and strategic success. Hear from experts from healthcare providers, payers, academia and consulting organizations on literally dozens of ways to use business intelligence to improve both clinical and financial performance."

--Scott Wanless, Senior Business Analyst, Great Lakes District Business Intelligence Practice, Fujitsu Consulting

The conference faculty includes nationally recognized thought leaders and senior executives/clinicians from leading healthcare payer and provider organizations. Key topics to be covered at this first-of-its-kind event include:

- The dozens of possible applications of healthcare business intelligence within your organization and strategies for realizing the full potential of these applications
- Using the data you already own to measure, promote and produce the levels of performance demanded by purchasers, payers, regulators, quality accreditation organizations and patients
- How to sell the concept of business intelligence internally, including measurement of ROI
- How to decide upon areas of focus for business intelligence applications
- Creating an infrastructure for effective use of business intelligence
- Key considerations in purchasing technology from vendors
- How to integrate disparate information systems into one view
- Key considerations in creating an informatics infrastructure for decision support and analysis
- Key considerations in using business intelligence, data warehousing, data mining and decision support to facilitate pay for performance initiatives
- Utilizing business intelligence for quality measurement, improvement and reporting
- Using business intelligence to improve data quality
- Using business intelligence to improve patient satisfaction
- Improving payer-provider relations through the development and use of web-based dashboards
- Using predictive modeling with business intelligence to improve health outcomes and reduce costs
- How to leverage predictive intelligence to optimize self-pay collections
- Redesigning and improving the financial reporting process through data warehouse and web-based reporting systems
- Utilizing analytics to enhance case/disease management efforts
- Using integrated analytics to obtain a multi-dimensional view of overall performance

ABOUT THE CONFERENCE ORGANIZER

The Center for Business Innovation (TCBI) organizes conferences and exhibitions for the US and international markets. TCBI is an independent company, and is well-positioned to provide objective, balanced information and analysis on a wide range of topics.

TCBI currently focuses on organizing programs that offer detailed and practical instruction on clinical, technological, financial, strategic and regulatory aspects of healthcare. These programs are carefully designed to meet the information needs of executives and clinicians from hospitals, managed care organizations, physician groups, long-term care facilities, postacute care providers, pharmaceutical/biotechnology companies, medical device companies, information technology vendors and other players in the rapidly evolving healthcare industry. For additional information, please visit www.tcbi.org.

If you have any questions about our events or would like to suggest a conference topic, please contact Satish Kavirajan, Managing Director, TCBI: Tel: (310) 265-2570 Fax: (310)265-2963 Email: sk@tcbi.org

WHO SHOULD ATTEND

Executives and Clinicians, including CIOs, CMIOs, CEOs, CMOs, CFOs, COOs, as well as Materials Management, Nursing, Case Management, Emergency, Operating Room and Quality Improvement Staff from **hospitals, integrated delivery networks and physician groups**; CIOs, Medical Directors and other executives and clinicians from **health plans, health insurance companies and disease management companies. Also of interest to group purchasing organizations, business intelligence and other IT vendors, consultants, academics, government officials and the financial community.**

KEYNOTE SPEAKERS

Darren C. Taylor, Vice President, Information Access Division
BLUE CROSS AND BLUE SHIELD OF KANSAS CITY

Scott Wanless, Senior Business Analyst, Great Lakes District Business Intelligence Practice
FUJITSU CONSULTING

**Blackford Middleton, MD, MPH, MSc, Director of Clinical Informatics Research & Development
& Chairman, Center for Information Technology Leadership**
PARTNERS HEALTHCARE SYSTEM, INC.

Raj Gopalan MD, MSIS, Director, Clinical and Ancillary Information Systems, Information Services Division
UNC HEALTHCARE SYSTEMS

Jay Srini, MS, MBA, FHIMSS, Vice President, Emerging Technologies
UNIVERSITY OF PITTSBURGH MEDICAL CENTER

CONFERENCE ADVISORY BOARD

Barry P. Chaiken, MD, MPH, Associate Chief Medical Officer
BEARINGPOINT

Moha Desai, Manager
BEARINGPOINT

Scott Wanless, Senior Business Analyst, Great Lakes District Business Intelligence Practice
FUJITSU CONSULTING

Warren E. Todd, Executive Director
INTERNATIONAL DISEASE MANAGEMENT ALLIANCE

Bill Whittemore, Senior Principal & Practice Leader, Payer Practice, KNIGHTSBRIDGE SOLUTIONS

Aaron Abend, Managing Director
RECOMBINANT DATA CORPORATION

Dan Housman, Managing Director
RECOMBINANT DATA CORPORATION

Jay Srini, MS, MBA, FHIMSS, Vice President, Emerging Technologies
UNIVERSITY OF PITTSBURGH MEDICAL CENTER

Mitch Work, President & CEO
THE WORK GROUP

**Peter Ivers, Director, Projects & Knowledge, WELLSPAN HEALTH & Chair, Knowledge Management Special
Interest Group, HIMSS**

*The Center for Business Innovation would like to extend a special thanks to Jay Srini of the
University of Pittsburgh Medical Center for her contributions to this Conference.*

SPONSORSHIP / EXHIBITION OPPORTUNITIES

Sponsorship / exhibition is an effective means of promoting your products and services to key decision makers at hospitals, integrated delivery networks, health plans, health insurance companies, disease management companies, and physician groups. Key benefits of sponsorship include space to exhibit at the Conference, an advance listing of attendees, passes for staff members and clients/ potential clients and exposure on TCBI's website and other promotional media.

For additional information, please contact TCBI: Tel: 310-265-2570 Email: sk@tcbi.org

CONFERENCE AGENDA

Please visit **www.tcbi.org** for agenda updates.

DAY ONE: WEDNESDAY, MAY 16, 2007

7:00   *REGISTRATION / CONTINENTAL BREAKFAST / EXHIBITOR SHOWCASE*

8:00   **CHAIRPERSONS' OPENING REMARKS**
Barry P. Chaiken, MD, MPH, Associate Chief Medical Officer, BEARINGPOINT
Jay Srini, MS, MBA, FHIMSS, Vice President, Emerging Technologies, UNIVERSITY OF PITTSBURGH MEDICAL CENTER

8:45   **KEYNOTE ADDRESS: TRANSFORMING HEALTHCARE THROUGH BUSINESS INTELLIGENCE & ANALYTICS**
Healthcare organizations are embracing the digital data that they have accrued and focusing on solutions and products to analyze this data and to provide intelligence that can be used to improve quality of care and financial performance. Access to critical patient information at the point of care combined with evidence-based medicine guidelines and protocols decreases adverse events, saves lives and reduces costs. In addition, algorithms to focus on the 20% of individuals who are responsible for 80% of the costs, through predictive profiling of patients, enables focused interventions for those who need it, thereby providing significant ROI for the investments made. Business intelligence can also play a key role in streamlining operations and ensuring that effective processes are implemented across the entire healthcare delivery spectrum. Payers are leveraging business intelligence tools to detect fraud, and thereby significantly reducing unnecessary financial losses. The goal of integrating business intelligence across all aspects of healthcare is critical, especially now when healthcare is poised for a radical transformation by pay for performance and transparency initiatives. The drive to a patient-centric healthcare system is best achieved when business intelligence is deployed in both the healthcare delivery and healthcare financial realms.

Jay Srini currently provides strategic direction and input regarding emerging technologies and solutions to UPMC through her current role as Vice President, Emerging Technologies. Prior to joining UPMC, she was a managing director for E-health initiatives at Internet Venture Works, where she led technology and industry assessments of opportunities presented by strategic partners, investors and external sources and also served in interim executive management roles for its portfolio companies. She serves on the Board of HIMSS, on the advisory board of select technology firms in Pittsburgh, as well as the advisory board of several national healthcare conferences. She is also an active board member of the Pennsylvania e-health initiative and the Rainbow Kitchen in Pittsburgh.

Jay Srini, MS, MBA, FHIMSS, Vice President, Emerging Technologies,
UNIVERSITY OF PITTSBURGH MEDICAL CENTER

9:15   **KEYNOTE ADDRESS: FUNDAMENTALS OF HEALTHCARE BUSINESS INTELLIGENCE APPLICATIONS**
There are dozens or hundreds of possible applications for business intelligence in healthcare organizations to improve clinical quality and financial performance. Knowing where to begin is essential. Scott presents a straightforward approach to discovering and realizing the full value of data analysis across your organization, as well as beyond your four walls.

Scott Wanless is a member of Fujitsu Consulting's Business Intelligence Practice, part of the $40-billion Fujitsu group, a leading provider of customer-focused IT and communications solutions for the global marketplace. He has more than 20 years of experience in business intelligence strategic planning, business intelligence application development, business, economic and financial analysis across numerous industries including healthcare, laboratory research, insurance, lending, manufacturing, retail and state government.

Scott Wanless, Senior Business Analyst, Great Lakes District Business Intelligence Practice,
FUJITSU CONSULTING

9:45   *REFRESHMENT BREAK / EXHIBITOR SHOWCASE*

10:15   **KEYNOTE ADDRESS: TRANSFORMING HEALTHCARE SERVICES AT PARTNERS HEALTHCARE THROUGH ADVANCED INFORMATICS INFRASTRUCTURE FOR DECISION SUPPORT AND ANALYSIS**
Transforming healthcare fundamentally relies upon successful information management. In this talk, Dr. Middleton will describe current activities at Partners HealthCare System to reform the informatics infrastructure underlying a suite of clinical applications to improve information access, data capture, interoperability, and decision support. Specific examples will be drawn from Partners development efforts for smart electronic health records, and quality dashboards.

Dr. Blackford Middleton is Director of Clinical Informatics Research & Development, and Chairman of the Center for Information Technology Leadership at the Partners HealthCare System. His work focuses on the design and implementation of healthcare information technology for patients and providers, and value-based technology assessment. Prior to joining Partners HealthCare, Brigham & Women's Hospital, and Harvard Medical School, he was Medical Director of Information Management and Technology at Stanford, 1992-1995,

and Sr. Vice President for Clinical Informatics and Chief Medical Officer for MedicaLogic/Medscape 1995-2001. Dr. Middleton serves on the Boards of Directors of the Catholic Health Initiatives, HealthAlliant, Inc., and MassPRO.

Blackford Middleton, MD, MPH, MSc, Director of Clinical Informatics Research & Development & Chairman, Center for Information Technology Leadership, PARTNERS HEALTHCARE SYSTEM, INC.

11:00   **KEYNOTE ADDRESS: DATA DRIVEN POINT OF CARE CLINICAL DECISION SUPPORT - TRANSLATING BUSINESS INTELLIGENCE TO PRACTICE FOR PAY FOR PERFORMANCE**

How does a healthcare organization transform a traditional delivery of patient care services into a P4P-focused one? Can healthcare information technology give individualized support to care providers to align themselves to this new paradigm shift? This presentation will cover the potential use of business intelligence technology to mine evidence-based best practices that could in turn drive a point of care decision support system to facilitate a gradual and dynamic culture change. The challenge is on healthcare information technology.

Dr. Raj Gopalan is an internist with formal training in Medical Informatics. He has worked as clinical architect for two healthcare systems companies. He is currently the Director of Clinical Information systems at the University of North Carolina Healthcare System. He is responsible for WebCIS (internally developed Web Clinical Information System) and 40 other clinical systems, including Lab, Radiology, Pharmacy, Cardiology, etc. He is also involved in an enterprise-wide data warehouse project. His work has earned recognition at the Computerworld and MS-HUG forums.

Raj Gopalan MD, MSIS, Director, Clinical and Ancillary Information Systems, Information Services Division, UNC HEALTHCARE SYSTEMS

11:40   **KEYNOTE ADDRESS: USING DATA WAREHOUSE AND BUSINESS INTELLIGENCE TECHNOLOGIES TO FACILITATE HEALTH PLAN PAY-FOR-PERFORMANCE INITIATIVES**

Blue Cross and Blue Shield of Kansas City (BCBSKC) has three physician pay-for-performance programs in place: Primary Care since 2001; Obstetrics since 2003; and Cardiology since 2005. All three programs are supported by a fully integrated enterprise data warehouse and associated business intelligence tools. Topics to be covered include:

- Pay-for-Performance (P4P) program development at BCBSKC (2000 – Current)
- P4P program objectives
    Addressing physician criticism of the "original" program
    Streamlining internal processes
    Improving the data quality and methodologies
    Aligning with company initiatives and the vision to improve health
- Technology solutions
    New enterprise data warehouse
    New healthcare analytics solution
    Use of existing BI tools for presentation and integration
- Results
    BCBSKC is the P4P market leader in Kansas City
    Increase in physician satisfaction
    Increase in quality and efficiency metrics
    Reduction in internal processing time and burden
    Physicians enabled with actionable details

Darren Taylor is the Vice President of Blue Cross and Blue Shield of Kansas City's Information Access Division and is accountable for all data warehouse and business intelligence efforts within the company. His background includes 14 years of leadership experience in provider contracting and reimbursement, managed care system implementation, data warehousing, and healthcare analytics.

Darren C. Taylor, Vice President, Information Access Division, BLUE CROSS AND BLUE SHIELD OF KANSAS CITY

12:15   ***LUNCHEON / EXHIBITOR SHOWCASE***

1:30   **BUSINESS INTELLIGENCE & ANALYTICS APPLICATIONS FOR QUALITY MEASUREMENT & IMPROVEMENT**

Transparency of quality measures is fast becoming the entry ticket for healthcare provider organizations in terms of negotiating power, reputation and financial performance. Panel members will discuss key topics including:

- What is meant by quality measurement at your organization?
- What is the range of potential applications for business intelligence in measuring, analyzing and reporting on your quality?
- How are clinical, financial, research and community health decisions affected by measuring and improving quality?
- What are the benefits of quality measurement to the organization and its various stakeholder groups?
- Where to begin
- Where are we going?

Elizabeth M. Pappius, Principal, INFORMATION STRATEGIES FOR HEALTH CARE
Dan Housman, Managing Director, RECOMBINANT DATA CORPORATION

2:00   INTEGRATED BUSINESS INTELLIGENCE FOR HEALTHCARE PROVIDERS
- How to measure quality of care and patient satisfaction
- Integrating pay-for-performance into business analytics
- Considerations for analyzing costs and improve operating margin
- Defining key performance metrics in selected data domains including:
  Patient safety and quality
  Decision support and clinical service line profitability
  Revenue cycle
  Supply chain
  How to generate and measure stakeholder value

Jeff Christoff, Principal, DELOITTE CONSULTING
Dean Miller, Senior Manager, DELOITTE CONSULTING

2:30   IMPROVING PROVIDER-PAYER RELATIONS WITH WEB-BASED DASHBOARDS
Current deficiencies surrounding claims processing result in poor provider-payer relations. A web-based Dashboard Tool providing timely and accurate performance information can deliver efficiencies and improved performance.
- Identify the Key Performance Indicators (KPIs) to be incorporated into an ideal Payer-Provider Dashboard
- Design a dashboard that tracks and reports information that will represent a shared view and motivate change in behaviors
- Utilize a dashboard to identify process improvement activities and action plans for performance enhancement
- Evaluate remediation strategies for broken provider-payer relationships

Moha Desai, Manager, BEARINGPOINT

3:00   USING BUSINESS INTELLIGENCE & ANALYTICS TO FACILITATE PAY FOR PERFORMANCE (P4P)
As contracting shifts to Pay for Performance (P4P), payers and providers need the business intelligence and analytic tools to succeed in these new arrangements. This session will address:
- How does P4P relate to EMRs and Quality Improvement?
- What are the P4P challenges that can be addressed with business intelligence – from program design to tracking results?
- How can you ensure that data is reliable and verifiable?
- What are the roles of retrospective and real-time data in tracking results and improving performance?
- Is P4P measuring the right things and providing enough incentive to make a difference in the end?

John M. Harris, Principal, DGA PARTNERS

3:30   *REFRESHMENT BREAK / EXHIBITOR SHOWCASE*

CONCURRENT SESSIONS:
CHOOSE TRACK A OR TRACK B.

Track A is mainly for healthcare providers; Track B is mainly for healthcare payers. However, please read the session descriptions to decide upon the session to attend.

TRACK A

4:00A   PANEL DISCUSSION: IMPLEMENTING BUSINESS INTELLIGENCE (BI) WITHIN PROVIDER ORGANIZATIONS
- How to sell the concept of bi internally
- How to decide upon areas of focus for bi within your organization
- Key considerations in creating an infrastructure for bi
- Key considerations in buying bi technology from vendors
- Human resource and staffing issues related to use of bi
- How to improve communication between departments
- Analyzing patient data to enhance outcomes, reduce costs and increase satisfaction
- How to measure and demonstrate the value of bi initiatives (return on investment)

Moderator:
Dan Housman, Managing Director, RECOMBINANT DATA CORPORATION
Panelists:
Linda McCann, Senior Principal & Practice Leader, Healthcare Provider Practice, KNIGHTSBRIDGE SOLUTIONS LLC
Jason Oliveira, Senior Manager, The Health Care Consulting Group, KURT SALMON ASSOCIATES
Mary Kilmer, Director, Healthcare Solutions, ORACLE
Eunice Jung, MPH, Project Manager, Clinical Systems Management - LMR, PARTNERS HEALTHCARE SYSTEM, INC.

5:30A **CLINICAL PERFORMANCE STRATEGIES: CLOSING THE GAP BETWEEN CLINICAL QUALITY AND FINANCIAL IMPROVEMENTS**

Does your organization know its true cost of hospital-acquired infections, or of preventable ADEs? Do you understand which factors contribute most to readmissions? Has minimizing length of stay actually reduced costs? The answers to these questions are institution-specific and often surprising. Learn how using clinical analytics to link point-of-care information with financial data is crucial in establishing priorities for care process improvements that strengthen the bottom line.

Deb Bulger, Vice President, Product Marketing, MCKESSON PROVIDER TECHNOLOGIES

6:00 *DAY ONE CONCLUDES / NETWORKING COCKTAIL RECEPTION SPONSORED BY:* Dimensional INSIGHT

TRACK B

4:00B **PANEL DISCUSSION: IMPLEMENTING BUSINESS INTELLIGENCE (BI) WITHIN PAYER ORGANIZATIONS**
- How to sell the concept of bi internally
- How to decide upon areas of focus for bi within your organization
- Key considerations in creating an infrastructure for bi
- Key considerations in buying bi technology from vendors
- Human resource & staffing issues related to use of bi
- How to improve communication between departments
- How to measure and demonstrate the value of bi initiatives (return on investment)

Moderator:
Carlton Doty, Senior Analyst, FORRESTER RESEARCH

Panelists:
Dave Jashek, Director, Information Technology Organization, ASSURANT HEALTH
Duncan Ross, Vice President, Network Strategy and Operations, BLUE SHIELD OF CALIFORNIA
Bill Whittemore, Senior Principal & Practice Leader, Payer Practice, KNIGHTSBRIDGE SOLUTIONS
Peter Schmidt, Director, Healthcare Solutions, ORACLE
Pamela Peele, PhD, Vice President, Health Economics, UPMC HEALTH PLAN & Associate Professor of Health Policy & Management, UNIVERSITY OF PITTSBURGH
John Farrell, President, URIX

5:30B **TAPPING INTO PATIENT REPORTED OUTCOMES (PROS) IN PREDICTING HEALTH OUTCOMES AND MEDICAL EXPENDITURES**

The art of predictive modeling in the health management arena has been enhanced significantly as better, more current claims data has been bolstered by almost real-time pharmacy data and more recently more accessible laboratory data. The final frontier is patient reported data. Only the patient really knows if medical management interventions have "made a difference." The ability to identify, segment and predict health utilization is significantly enhanced by integrating patient reported data that includes a patient's health beliefs, attitudes and self-perceived health status. The presentation will include case studies.

Warren E. Todd, Executive Director, INTERNATIONAL DISEASE MANAGEMENT ALLIANCE

6:00 *DAY ONE CONCLUDES / NETWORKING COCKTAIL RECEPTION SPONSORED BY:* Dimensional INSIGHT

DAY TWO: THURSDAY, MAY 17, 2007

7:30 *CONTINENTAL BREAKFAST / EXHIBITOR SHOWCASE*

8:00 **CHAIRPERSONS' OPENING REMARKS**
Scott Wanless, Senior Business Analyst, Great Lakes District Business Intelligence Practice, FUJITSU CONSULTING
Mitch Work, President & CEO, THE WORK GROUP

CONCURRENT SESSIONS:
CHOOSE TRACK A OR TRACK B

Track A is mainly for healthcare providers; Track B is mainly for healthcare payers. However, please read the session descriptions to decide upon the session to attend.

TRACK A

8:30A **IT CAN BE DONE: INTEGRATING YOUR DISPARATE HIS SYSTEMS INTO ONE VIEW**
In many hospitals, days of staff time are expended to produce quality and financial performance reports on service-line profitability, productivity, utilization, physician profiling or clinical outcomes - yet the information gathered for these reports is often dated or difficult to extract and combine into a report. This limits a facility's ability to make timely, informed decisions. Attendees will learn how business intelligence technology is capable of enabling healthcare providers to integrate data from all major HIS and business application systems that are on the market today (i.e. Picis, Kronos, 3M, MEDITECH, One-Staff, Eclipsys (AMPFM), McKesson, Cerner, Siemens, Midas, Press Ganey, Premier, etc.). Three separate case study examples will be highlighted during this session to demonstrate how business intelligence technology is capable of empowering healthcare. Matt Gorman, Dimensional Insight's Senior Consultant, will illustrate how three major health systems are combining business intelligence with portal technology to obtain a clear view of performance measurement, care quality, operational efficiency, productivity, and physician scorecarding.

Matt Gorman, Senior Healthcare Consultant, DIMENSIONAL INSIGHT, INC.

9:05A **CASE STUDY: ENHANCING CARE QUALITY INITIATIVES THROUGH THE USE OF BUSINESS INTELLIGENCE**
At Lahey Clinic, more than 480 physicians and 4,600 nurses, therapists, and support staff work together to provide compassionate care and superior patient outcomes. This session will illustrate how Lahey Clinic has utilized an integrated approach to the application of business intelligence technology by deploying Dimensional Insight's Diver Solution™, which combines the organization's disparate source systems (Eclipsys/TSI, MEDITECH, Premier, 3M, and others) into one cohesive view. Furthermore, this session will show how Lahey's clinicians and analysts are empowered by having the ability to dive into detailed levels of information (down to the patient or chart level) to make informed decisions that positively impact patient care. Lahey Clinic, a physician-led, nonprofit group practice, is world-renowned for innovative technology, pioneering medical treatment, and leading-edge research. A teaching hospital of Tufts University School of Medicine, the Clinic provides quality health care in virtually every specialty and subspecialty, from primary care to cancer diagnosis and treatment to kidney and liver transplantation.

Jim Vaillancourt, Manager, Outcomes Measurement and Reporting, LAHEY CLINIC

9:40 *REFRESHMENT BREAK / EXHIBITOR SHOWCASE*

10:00A **CASE STUDY: OPTIMIZING CHRONIC CARE WITH DECISION SUPPORT & DATA WAREHOUSE**
• WellSpan's vision for closed loop decision support
• Challenges of initiating the loop and approaches to overcoming these challenges
• Initial pilots with disease management and indigent care
• Expanding the pilot system-wide

Peter Ivers, Director, Projects & Knowledge, WELLSPAN HEALTH &
Chair, Knowledge Management Special Interest Group, HIMSS

10:35A **CASE STUDY: CLINICAL QUALITY REPORTING FOR PARTNERS HEALTHCARE**
Partners HealthCare System needed reporting to provide quality and pay-for-performance metrics for patients in their Cache-based electronic medical system. By combining a number of separate ad hoc initiatives, Recombinant delivered a robust data warehouse plus a reporting portal that now serves as the foundation for new reporting initiatives throughout the Partners system. The Recombinant team established the roadmap for design, development and deployment of the data warehouse, the reporting portal, and the reports themselves. Work ranged from negotiating for data source acquisition to software development. Topics to be covered in this case study include:
• Strategy and planning
• Design and development
• Deployment and support
• Results

Jonathan S. Einbinder, MD, MPH, Corporate Manager, PARTNERS HEALTHCARE SYSTEM, INC.
Aaron Abend, Managing Director, RECOMBINANT DATA CORPORATION

11:10A **CASE STUDY: LEVERAGING PREDICTIVE INTELLIGENCE TO OPTIMIZE SELF-PAY COLLECTIONS**
An effective methodology for self-pay valuation must account for very different risk variables than in the past for financial managers to understand risk and project the collectible value of self-pay receivables. This case study will discuss strategies to help increase self-pay revenue and overall cash position by analyzing and segmenting self-pay

accounts based on multiple new business intelligence dimensions such as risk profile, income, and household size. By understanding the expected behavior of your self pay accounts, you could potentially improve collectibles by as much as 25%.

Adam Boehler, Executive Vice President & General Manager, Provider, MEDEFINANCE
Patrick Fullenwider, Client Services, TENET HEALTHCARE CORPORATION

11:45A   CASE STUDY: REDESIGNING & IMPROVING THE FINANCIAL REPORTING PROCESS THROUGH DATA WAREHOUSE & WEB-BASED REPORTING SYSTEMS

Fallon Clinic is the largest private, multi-specialty group in central Massachusetts. With more than 250 physicians practicing in nearly 30 locations staffed by more than 1,700 employees, Fallon Clinic provides comprehensive care for more than one million patient visits a year. This presentation details how Fallon used McKesson Corporation's data warehouse and web-based reporting systems to:

- Transition and enhance financial reports to web-based reports. Rolled out to 157 users, including entire executive team and 41 physician leaders
- Replace 11 paper reports generated monthly, for over 500 cost centers, to one web-based report (HBI highlight)
- Serve as a foundation for physician-based profit & loss statements
- Integrate payer information into a data stream

Stephen Knox, Director, Financial Planning & Analysis, FALLON CLINIC, INC.
Marcia Moran, Manager, Decision Support & Cost Accounting, FALLON CLINIC, INC.

12:20A   LEVERAGING MULTIPLE BI TECHNOLOGIES TO SOLVE PROBLEMS

Business Intelligence is a concept that covers many technologies with the purpose of making data actionable. As it aligns with how vendors sell product, the healthcare industry focuses on implementing specific technologies to solve pre-identified problems in a specific manner. Some institutions have arranged broad partnerships with major vendor providers to use multiple technologies to create new solutions. While this approach is not appropriate for many healthcare institutions, the technologies are available to most institutions.

The presentation will provide a quick tour of BI technologies including relational, OLAP, reporting, data management, visualization, search, and natural language processing and cover possible applications of technologies individually as well as new opportunities when technologies are combined. The presentation will highlight many of the technologies available in the business intelligence domain and will focus on combining natural language processing, data visualization, and other less commonly employed technologies with the technologies often in place to enable institutions to better understand and better address the needs of their businesses. Specific uses of the technologies will be covered. The other technologies to be discussed include machine learning, statistical packages, data quality analysis and MPI.

Bob Marcotte, President & CEO, ELASTING

1:00   *CONFERENCE CONCLUDES; LUNCHEON FOR ATTENDEES OF OPTIONAL POST-CONFERENCE WORKSHOP*

TRACK B

8:30B   CASE STUDY: UTILIZING ANALYTICS TO ENHANCE CASE/DISEASE MANAGEMENT EFFORTS

The US Air Force Surgeon General Medical Informatics program director discusses the development of a new centrally developed and served, web-based tool for its health plan, which has 2 million beneficiaries and 75 operating locations around the world. The tool enables the health plan to more easily set local analytic criteria for and then visualize specific, patient level details for more complex patients in the system in order to allow for more effective case/disease management efforts.

Jerome "John" Hyzy, Lt Col, USAF, MSC, Chief, Data Modeling & Analysis (SGRKI),
OFFICE OF THE SURGEON GENERAL

9:05B   CASE STUDY: INTEGRATED ANALYTICS - GETTING THE STORY BEHIND YOUR NUMBERS

Integrating data to address global financial and quality performance is more than just linking members or clients across disparate data sources. Data added in creative ways can provide multidimensional views of your overall performance. In this session, we will cover:

- How to bring absenteeism data into your analysis in a meaningful fashion
- How to find global financial opportunities using clustering techniques that do not rely on what you think you know
- How to use simple surveillance graphs and charts to see a dynamic picture of financial performance
- Using integrated data to understand how much workforce time is being lost to illness and where there are opportunities to improve

Pamela Peele, PhD, Vice President, Health Economics, UPMC HEALTH PLAN
& Associate Professor of Health Policy & Management, UNIVERSITY OF PITTSBURGH

9:40   *REFRESHMENT BREAK / EXHIBITOR SHOWCASE*

10:00B   CASE STUDY: LEVERAGING DATA TO IMPROVE HEALTH OUTCOMES

This case study details BCBSKC's enterprise data warehouse (EDW) strategy and execution over the last three years

and demonstrates how fully integrated data is being utilized to improve health outcomes. BCBSKC is implementing a program in the first quarter of this year called CareConnections that is completely sourced from its EDW. It is transforming care management at BCBSKC and fully leverages all of the hard work and vision related to the organization of data. Using data to support the vision of improving health was one of the "Holy Grail" opportunities that inspired BCBSKC to convert its data into an asset to begin with, and now it's happening.

Darren C. Taylor, VP, Information Access Division, BLUE CROSS AND BLUE SHIELD OF KANSAS CITY
Bill Whittemore, Senior Principal & Practice Leader, Payer Practice, KNIGHTSBRIDGE SOLUTIONS

10:35B CASE STUDY: IMPROVING PROVIDER-PAYOR RELATIONSHIPS WITH WEB-BASED DASHBOARDS

In this session we will discuss the communication issues challenging a collaborative relationship between the provider of healthcare services and the insurer paying for those services. At the heart of the matter is mistrust – mistrust based on differences in the way performance is measured and tracked. This issue is exacerbated by different and disparate data sources. The main objectives of this session are to understand the business issues utilizing data, share tips to design a dashboard, identify dashboard key performance indicators (KPIs), provide guidance on how to implement a dashboard, show an example dashboard of what is possible, and share lessons learned from implementation of the dashboard.

Duncan Ross, Vice President, Network Strategy and Operations, BLUE SHIELD OF CALIFORNIA

11:10B MINI-WORKSHOP: USING PREDICTIVE MODELING WITH BUSINESS INTELLIGENCE TO IMPROVE HEALTH OUTCOMES AND REDUCE COSTS

Predictive models were initially developed for predicting future average payments for Medicare Advantage Plans and comparing average health status at the group-level. Over the years, these models have advanced and proved to be useful in a wide-range of financial and clinical business applications. From identifying groups of health plan members whose future health expenditures can be mitigated through clinical management, to evaluating providers through pay-for-performance incentives, and providing employers with useful reports about their benefit plan offerings and expenditures.

In this session, we will discuss the use of predictive modeling for all types of clinical and financial business functions as a way to manage and improve population health. Predictive modeling output includes not only risk-scores that can be used for cost and clinical analysis, but concise clinical descriptions useful for driving disease and case management workflow. When combined inside a business intelligence engine, these models provide a complete means of analysis – straight through from data cleansing and transformation to detailed-level reporting.

Learning Objectives:
- Discover what elements are used in making a prediction – and how these models work
- Learn how predictive modeling can help improve the organization, delivery and management of health care through clinical and financial case stories
- Discover how predictive models work inside business intelligence environments to improve operational, clinical and financial business processes

Andrea Cianfarini, Director of Research Projects, DxCG
Anju Joglekar, Ph.D, Senior Scientist, DxCG
John Farrell, President, URIX

1:00 *CONFERENCE CONCLUDES; LUNCHEON FOR ATTENDEES OF OPTIONAL POST-CONFERENCE WORKSHOP*

POST-CONFERENCE WORKSHOP
BUSINESS INTELLIGENCE – ENABLED PERFORMANCE MEASUREMENT AND MANAGEMENT

WORKSHOP HOURS: 2:00 TO 5:45 PM, MAY 17TH

Ultimately, all analytical roads in healthcare organizations lead to analysis of your performance, whether it be clinical quality, patient safety, outcomes effectiveness, efficiency, productivity or financial return; and increasingly, these forms of performance analysis are being tied directly to revenue such as Pay for Performance (P4P). Join this in-depth treatment of the trends, the promise, the challenges and the payoff from getting ahead of the curve in terms of using the data you already own to measure, promote and produce the levels of performance demanded of you by purchasers, payers, regulators, quality accreditation organizations and of course, patients.

Instructors:

Scott Wanless, Senior Business Analyst, Great Lakes District Business Intelligence Practice, FUJITSU CONSULTING
Jason Oliveira, Senior Manager, The Health Care Consulting Group, KURT SALMON ASSOCIATES
Raj Gopalan, MD, MSIS, Director, Clinical and Ancillary Information Systems, Information Services Division, UNC HEALTHCARE SYSTEMS

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urix

Urix, an ISO business, is a leading independent provider of healthcare business intelligence and predictive modeling solutions. Urix offers web-based analysis and reporting environments for healthcare payors, provider organizations and employers. Urix products and services combine DxCG science with advanced analytics that provide customers with the tools and information needed to improve healthcare decision-making, manage quality outcomes, and control costs.

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DxCG/Urix, 99 Summer Street, Suite 520, Boston, MA 02110
Danielle Reardon, Manager, MarCom & Events
Tel: (617) 896-5918, Email: Danielle@dxcg.com

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Improving patient safety is one of the most urgent issues facing healthcare today. Patient Safety & Quality Healthcare Magazine (PSQH) is written for and by people who are directly involved in improving patient safety and the quality of care. With an extensive editorial advisory board, each bi-monthly issue features articles on the most important subjects in healthcare today. Editorial focus includes technology, training, safety improvement case studies, consumer issues and products that promote safe and effective care in a variety of clinical settings. Please visit our web site at www.psqh.com for more information, or for a complimentary subscription.

SUPPORTING ORGANIZATIONS

The American Health Quality Association is a national membership association dedicated to promoting and facilitating fundamental change that improves the quality of health care in America. AHQA represents the national network of community-based Quality Improvement Organizations (QIOs) and other professionals working to ensure that every patient gets the right care at the right time, every time ˆ safely and effectively. QIOs provide hands on assistance to hospitals, medical practices, health plans, nursing homes, home health agencies, pharmacies, and employers to encourage the spread of best clinical practices and improve systems of care delivery. Visit www.ahqa.org to find your local QIO.

The International Disease Management Alliance [IDMA] is a not-for-profit association whose mission is to facilitate the global exchange of experience in the enhancement of programs for chronic disease management and prevention. IDMA currently reaches chronic disease professionals in over 72 countries and has delegates in 25 countries. Through its educational programs and resource services the IDMA supports global disease management and wellness initiatives and facilitates the evolution and expansion of disease management in the United States. Its founder and Executive Director, Warren E. Todd is the past president and Executive Director of the Disease Management Association of America. More information on IDMA can be obtained at www.DMAlliance.org.

The Mass Technology Leadership Council, Inc. is the premier association for providers and users of innovative technologies in the region. The organization is dedicated to fostering entrepreneurship and promoting the success of companies that develop and deploy technology across industry sectors. The Mass Technology Leadership Council conducts educational programs, hosts industry events, facilitates networking, sponsors research, advocates on behalf of its members, and is involved in a variety of activities that will help to produce the next generation of IT professionals. Website: www.masstlc.org

ADDITIONAL TCBI EVENTS

INAUGURAL SUMMIT ON BEHAVIORAL TELEHEALTH: TECHNOLOGY FOR BEHAVIOR CHANGE & DISEASE MANAGEMENT

May 31-June 1, 2007
The Conference Center at Harvard Medical, Boston, MA

This Summit will offer detailed and practical instruction on using emerging information technologies to support the integration of behavioral health into primary care and chronic disease management. The program will explore how e-empowered health consumers can truly become partners in their own self-management. This timely event brings together leaders in behavioral health, disease management and telemedicine to celebrate the successes, tackle the challenges and advance the goal of integration

FOURTH ANNUAL HEALTHCARE UNBOUND CONFERENCE & EXHIBITION

A Conference & Exhibition on the Convergence of Consumer & Healthcare Technologies
Special Focus on Remote Monitoring & Home Telehealth
July 16-17, 2007
Marriott San Francisco Airport, San Francisco, CA

Learn how innovative remote monitoring, home telehealth and pervasive computing technologies can enhance the quality of care, improve outcomes, increase efficiency, reduce costs, promote wellness and help manage diseases.

Supporting Organizations Include:
American Association of Homes and Services for the Aging (AAHSA),
Center for Aging Services Technologies (CAST) & Continua Health Alliance

For additional information on these events:
Website: www.tcbi.org • Tel: (310) 265-2570 • Fax: (310) 265-2963 • Email: info@tcbi.org

Phone Registration Hours: 9 am to 4 pm Pacific time

TUITION:

Standard Registration (Conference Only)	$1295
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Post-Conference Workshop Topic: Business Intelligence-Enabled Performance Measurement and Management.

To register, please use the form on the back cover of this brochure. For optimal service, TCBI recommends that you register by phone or fax. If you plan to mail a check to TCBI, please register in advance by phone or fax, then mail the check with a copy of the registration form.

EARLYBIRD DISCOUNT:

$100 earlybird discount on registration fees. To qualify for the earlybird, you must register and pay on or before April 19, 2007.

GROUP DISCOUNT:

If your organization sends two registrants at the applicable registration fee, third and subsequent registrants from the same organization will receive a $200 discount on the registration fee. We recommend that you register by phone or fax if you wish to take advantage of this discount. Organizations sending more than four registrants to the conference at the Standard registration fee may find sponsorship/exhibition a more economical alternative. For additional information, please contact TCBI.

SUPPORTING ORGANIZATION DISCOUNT:

TCBI is offering a $100 discount on the applicable registration fees above for members of The American Health Quality Association, International Disease Management Alliance and Mass Technology Leadership Council only. Proof of membership required. Members of more than one association cannot combine discounts. The maximum discount available is $100 off the applicable registration fee.

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Payments must be made in U.S. dollars by Visa, Mastercard, Discover, Diners Club or American Express, company check (drawn on a U.S. bank), or by wire transfer. Please make checks payable to The Center for Business Innovation and send to: TCBI, 944 Indian Peak Rd., Suite 220, Rolling Hills Estates, CA 90274. In the memo area of the check please write the name of the registrant and the conference code C112. For information on wire transfers, please contact TCBI.

HOTEL INFORMATION:

Best Western Boston - The Inn at Longwood Medical, 342 Longwood Avenue, Boston, MA 02115. **To secure your accommodations, reservations must be made directly through The Inn at Longwood Medical Reservations Department. Tel: (617) 731-4700; please ask for <u>In-House Reservations</u> and mention "TCBI" to secure the preferred group rate.** Reservations must be made no later than Tuesday, April 24, 2007. After that date, the preferred group rate may not be available. Please note that the $197 plus tax preferred group rate applies only for the nights of May 15th and 16th. Cancellations must be made by 4 pm on the day of arrival to avoid penalty.

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Registrant substitutions may be made up to the day of the event.

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❑ Customer Registration (Conference Only) $ 695
❑ Customer Registration (Conference Plus Post-Conference Workshop) $ 995
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