



The Center for Business Innovation

Presents The Inaugural

Summit on Behavioral Telehealth: Technology for Behavior Change & Disease Management



Photo courtesy of Greater Boston Convention & Visitors Bureau

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

Keynote Speakers

Thomas Blackadar, CEO & Founder, FitSense Technology, Inc.

Michael Blau, Partner, Foley & Lardner LLP

Robert M. Kolodner, MD, National Coordinator, Office of the National Coordinator for Health Information Technology, Department of Health and Human Services

Vince Kuraitis, JD, MBA, Principal, Better Health Technologies, LLC

Joseph C. Kvedar, MD, Director, Center for Connected Health, Partners HealthCare & Vice-Chair, Dermatology, Harvard Medical School

Debra Lieberman, PhD, Department of Communication, University of California, Santa Barbara

Steven Locke, MD, Research Psychiatrist, Beth Israel Deaconess Medical Center, Associate Professor of Psychiatry, Harvard Medical School & Associate Professor of Health Sciences and Technology, MIT

Bern Shen, MD, MPhil, Director of Strategic Planning, Intel Digital Health, Chairman of The Health Trust & Clinical Assistant Professor, Department of Clinical Pharmacy, University of California, San Francisco

Jay Silverstein, President & COO, Revolution Health

Victor J. Strecher, PhD, MPH, Professor and Director, Center for Health Communications Research, Department of Health Behavior and Health Education, University of Michigan School of Public Health & Founder, Chief Scientific Officer and Chairman, HealthMedia, Inc.

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**Society of
Behavioral Medicine**

ABOUT THE SUMMIT

This Summit is designed so that participants will be able to:

- describe how to use telemedicine and other emerging information technologies to support the integration of behavioral health into primary care and chronic disease management
- explore how e-empowered health consumers can truly become partners in their own self management
- identify and describe barriers to the spread of telehealth and telemedicine as well as strategies to overcome these barriers

WELCOME FROM THE PROGRAM CHAIRPERSON, STEVEN LOCKE, MD



I urge each of you to attend the Inaugural Summit on Behavioral Telehealth: Technology for Behavior Change and Disease Management. Guided by our outstanding Program Advisory Committee, we have planned an exciting and innovative meeting that is presented in the following pages of this Advance Program. Of particular note are the variety of specialized breakout sessions and superb keynote addresses — including the keynote address by Dr. Robert Kolodner (Acting Director of the Office of the National Coordinator for Health Information Technology). In addition, the program offers two intensive post-summit workshops: Workshop I focuses on technology tools for patient self-management and shared decision-making; Workshop II delves into technology tools and solutions for public health preparedness and response (disasters, terrorism, pandemics, and war).

This past year has witnessed a sea change in the health care industry resulting from growing recognition that population-based disease management must integrate behavioral health into primary care and chronic condition management to successfully achieve the clinical and cost outcomes needed to cope with the growing burden of chronic illness. Every day, more payers and employers are realizing this need and demanding that greater attention be paid to the identification and successful management of patients with comorbid mental and physical disorders. The presentations at the Behavioral Telehealth Summit will demonstrate that the integration of behavioral health into primary care and chronic condition management can be achieved effectively and efficiently and will be facilitated by the innovative use of information technologies. A remarkable feature of this conference is the interweaving of academic thought leaders, clinical informatics experts, product developers, health services researchers, and business leaders. We believe that no other conference or meeting has brought together such a concentration of experts and thought leaders primed to address the issue of behavioral health-primary care integration with such clarity of focus, depth of experience, and capacity for critical thinking.

I wish to thank the members of the Program Advisory Committee, listed on page 3, who assisted in the nomination and selection of speakers for the program. Their knowledge of the industry, its leaders and outstanding speakers, have helped to insure that we are bringing you the best program possible – one that provides not only the best summary of the state of the industry but also addresses the challenges that lie ahead that must be overcome to achieve the improvements in health care critical to the management of the ever-increasing age-related chronic illness burden we face. And finally, we wish to thank our sponsors, supporting organizations and supporting publications.

I hope that you will attend this exciting program and tell your friends about it and encourage them to come as well. We are excited that this Inaugural Summit will kick off an annual Summit to be held each year in Boston and I look forward to welcoming you personally should you attend. Come celebrate spring in beautiful and historic Boston!

All the best,

A handwritten signature in cursive script that reads "Steve Locke". The ink is dark and the signature is fluid and legible.

Steven Locke, MD, Program Chair

Research Psychiatrist, Beth Israel Deaconess Medical Center, Associate Professor of Psychiatry, Harvard Medical School & Associate Professor of Health Sciences and Technology, MIT

PROGRAM ADVISORY COMMITTEE

Mirena Bagur, Principal, CONTeXO Consulting

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David J. Katzelnick, MD, Director, Healthcare Technology Systems, Inc. & Clinical Professor of Psychiatry, University of Wisconsin Medical School

Vince Kuraitis, JD, MBA, Principal, Better Health Technologies, LLC

Joseph C. Kvedar, Director, Center for Connected Health, Partners HealthCare & Vice-Chair, Dermatology, Harvard Medical School

Al Lewis, JD, Founder & President, Disease Management Purchasing Consortium International, Inc.

Lawrence E. Lifson, MD, Director of Continuing Education, Department of Psychiatry, Beth Israel Deaconess Medical Center

Jeremy J. Nobel, MD, MPH, Faculty, Harvard School of Public Health

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University of Pittsburgh School of Medicine*

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Warner V. Slack, MD, Co-President, Center for Clinical Computing, Beth Israel Deaconess Medical Center & Professor of Medicine, Harvard Medical School

Jay Srinivasan, MS, MBA, FHIMSS, Vice President, Emerging Technologies, University of Pittsburgh Medical Center

*Victor J. Strecher, PhD, MPH, Professor and Director, Center for Health Communications Research,
Department of Health Behavior and Health Education, University of Michigan School of Public Health
& Founder, Chief Scientific Officer and Chairman, HealthMedia, Inc.*

Warren E. Todd, Executive Director, International Disease Management Alliance

WHO SHOULD ATTEND

Senior executives, clinical leaders, clinicians and IT staff from: behavioral health companies, disease management companies, hospitals, health plans, employers, home care agencies, long term care facilities, academic institutions, government agencies, IT vendors, telemedicine companies, remote monitoring companies, psychophysiological monitoring companies, biofeedback/neurofeedback companies, behavioral test publishers and vendors, medical device companies, pharmaceutical companies, ehealth companies, consumer health portals, consulting firms and health law firms. Also clinicians in private practice.

Please see page 18 for information on Continuing Education Credits.

ABOUT THE SUMMIT 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 contact Satish Kavirajan, Managing Director, TCBI.

Tel: (310) 265-2570 or Email: sk@tcbi.org

AGENDA

DAY ONE: THURSDAY, MAY 31, 2007

7:00 - 8:00 **REGISTRATION - BREAKFAST - EXHIBITOR SHOWCASE**

8:00 - 8:30 **CHAIRPERSON'S INTRODUCTORY REMARKS AND PROGRAM OVERVIEW**

The healthcare industry is awakening to the reality that it must integrate behavioral health into primary care and chronic condition management to achieve successful clinical and cost outcomes in the face of the growing burden of chronic illness compounded by a high rate of psychiatric comorbidity. In addition, supporting patient self management is challenging in traditional healthcare settings. Technology solutions and their dissemination are providing an exciting set of opportunities for innovation. Dr. Locke will set the stage for the Summit by framing the meeting, establishing the importance of this Summit, and providing an overview of the speakers and sessions.

Steven Locke, MD is an internationally-known psychiatrist and healthcare technology consultant with 30 years' experience in leadership, research, and clinical care in behavioral medicine and primary care psychiatry. Dr. Locke is Associate Professor at both Harvard Medical School and MIT, where he conducts health services research and teaches about innovative uses of technology in healthcare. His research involves the integration of technology solutions into behavioral health and primary care at Boston's Beth Israel Deaconess Medical Center, Boston Medical Center, and Harvard Pilgrim Health Care. As a principal in Veritas Health Solutions LLC, he consults to health care organizations and the disease management industry about the use of technology solutions to manage comorbid mental disorders in general medical settings. Dr. Locke is a past-President of the American Psychosomatic Society and has held leadership positions in other professional societies including the Disease Management Association of America where he served as chair of the Technology Committee. He is currently serving as the Chief Medical Informatics Officer of LifeOptions Group, Inc.

Steven Locke, MD, Research Psychiatrist, Beth Israel Deaconess Medical Center, Associate Professor of Psychiatry, Harvard Medical School & Associate Professor of Health Sciences and Technology, MIT

8:30 - 9:00 **KEYNOTE ADDRESS: CHRONIC DISEASE MANAGEMENT (DM) MEGATRENDS**

Disease management has gone mainstream. Learn about the critical trends and issues facing DM companies, health plans, care providers and others involved in the care management process:

- Growth opportunities
- Make, assemble, buy? Will health plans and providers outsource to DM companies?
- Integration vs. specialization — what's more important?
- Medicare's plans for DM — Medicare Health Support and other demo/pilot projects
- Technology and DM
- Outcomes: Does DM have ROI? Will outcomes measurement become more standardized?
- Behavior change approaches
- Provider involvement in DM

Vince Kuraitis, JD, MBA has 20 years diverse health care experience in multiple roles: President, VP Corporate Development, VP Operations, Regional Director of Marketing, consultant. His experience spans over 100 different health care organizations. Vince's education includes MBA and JD degrees from UCLA, and a BS degree in business administration from USC. Since 1997 he has worked as Principal of Better Health Technologies, LLC (www.bhtinfo.com), an eHealth strategy and disease management Consulting firm. Clients have included Samsung Electronics, Medtronic, Joslin Diabetes Center, and Siemens Medical Solutions, as well as a large number of pre-IPO companies.

Vince Kuraitis, JD, MBA, Principal, Better Health Technologies, LLC

9:00 - 9:30 **KEYNOTE ADDRESS: OVERVIEW OF BEHAVIORAL TELEHEALTH**

Technology came late to psychiatry and behavioral health compared with other medical specialties such as cardiology, gastroenterology, and radiology. However, the Internet is having a huge impact on behavioral health and it is revolutionizing how we utilize behavioral health resources. Other than those seeking pornography, the most common reason for using the Web is to seek health information, and, within health, mental health is the most commonly sought topic. With the growing interest in self-care and self-management, many new opportunities for use of the Internet in mental health are arising, beyond mere access to health information. Technologies offer the hope of expanding access to behavioral health care while reducing the cost. These technologies include online self-assessment tools, decision support tools such as drug interaction guides, social networking sites for support groups, online cognitive behavior therapy, virtual reality therapy, relaxation training and meditation instruction, stress management, and other Internet-based interventions. Online personal health records and patient portals include a growing number of behavioral assessments and tools for behavior change. Portable devices for behavioral monitoring and behavior change are proliferating. This presentation will describe the changing behavioral health environment and introduce the topics to be covered in greater detail by other speakers throughout the Summit.

Steven Locke, MD, Research Psychiatrist, Beth Israel Deaconess Medical Center, Associate Professor of Psychiatry, Harvard Medical School & Associate Professor of Health Sciences and Technology, MIT

9:30 - 10:15

PANEL DISCUSSION: BEHAVIORAL HEALTH - DISEASE MANAGEMENT INTEGRATION

Despite CDC estimates that behavioral factors account for two-thirds of medical morbidity, only 7% of the NIH budget is devoted to behavioral research. Our opening panel includes nationally — and internationally — known thought leaders with vast experience in the fields of behavioral medicine, public health, disease management, and healthcare technology, within both the US and global marketplace. Our panelists will take turns tackling some of the important questions facing Summit participants:

- How will the healthcare needs of “boomers” change the healthcare landscape in the next two decades?
- What are the major challenges facing healthcare in that era?
- What roles does behavior play in the onset and course of these problems — as well as in possible solutions?
- What are the opportunities for technology in addressing these problems?

Moderator:

Jeremy J. Nobel, MD, MPH, Faculty, Harvard School of Public Health

Panelists:

Vince Kuraitis, JD, MBA, Principal, Better Health Technologies, LLC

Al Lewis, JD, Founder & President, Disease Management Purchasing Consortium International, Inc.

Steven Locke, MD, Research Psychiatrist, Beth Israel Deaconess Medical Center, Associate Professor of Psychiatry, Harvard Medical School & Associate Professor of Health Sciences and Technology, MIT

Warren E. Todd, Executive Director, International Disease Management Alliance

10:15 - 10:45

REFRESHMENT BREAK - EXHIBITOR SHOWCASE

10:45 - 11:45

CONCURRENT SESSIONS I

SESSION A: COMPUTER - ASSISTED TREATMENT OF DEPRESSION

Because of its complexity, and extensive comorbidity with other medical and behavioral health disorders, depression poses a unique set of challenges and opportunities for developers of computer-based resources. This session will focus on research and “real-world applications” associated with a number of computer-based tools for depression. Topics to be addressed include:

- The key drivers creating a demand for low-cost, scalable depression interventions
- Overview of interfaces, technological platforms, and specific programs for depression
- Integrating depression interventions with health risk appraisals and management of chronic medical conditions
- Use of interactive programs in conjunction with telephonic coaching and/or face-to-face treatment services
- Translating empirically-supported treatments for depression into computer-based interventions
- Essential interactive and clinical components
- Data on effectiveness of computer-based depression interventions
- Widespread dissemination of interactive programs: Lessons learned
- Ethical and legal implications of computer-based services for depression

Richard C. Bedrosian, PhD, Director of Behavioral Health Science, HealthMedia, Inc. & Associate in Psychiatry, University of Massachusetts Medical School

David J. Katzelnick, MD, Director, Healthcare Technology Systems, Inc. & Clinical Professor of Psychiatry, University of Wisconsin School of Medicine and Public Health

SESSION B: COMPUTER - ASSISTED TREATMENT OF ANXIETY AND RELATED DISORDERS

A variety of technologies and approaches have been employed to treat anxiety disorders. Drs. Newman and Locke will provide an overview of those technologies, demonstrate two examples, and discuss the research that has shown that several of these techniques are clinically effective forms of computer-assisted behavioral treatment for anxiety disorders.

Steven Locke, MD, Research Psychiatrist, Beth Israel Deaconess Medical Center, Associate Professor of Psychiatry, Harvard Medical School & Associate Professor of Health Sciences and Technology, MIT

Michelle G. Newman, PhD, Associate Professor, Director of Clinical Training, Director of the Center for the Treatment of Anxiety and Depression, Department of Psychology, The Pennsylvania State University

SESSION C: COMPUTER - ASSISTED TREATMENT OF ALCOHOL AND SUBSTANCE USE DISORDERS

Electronic and networked interventions for the delivery of substance abuse screening and treatment have evolved rapidly over the past 10 years. The recent evolution of accessible delivery methods, such as the web and computer telephony, and the development of more sophisticated tailoring and targeting has enabled scalable approaches to treatment. The current state of the art in behavioral informatics for treatment of substance abuse will be reviewed, using tobacco and alcohol as primary models. Program models will be discussed in the context of design and delivery challenges, including the adaptation of existing clinical techniques, information tailoring, social support and the use of remote counselors.

Nathan K. Cobb, MD, Pulmonary and Critical Care Unit, Massachusetts General Hospital
Amy Rubin, PhD, Research Associate, Medical Information Systems Unit, Boston Medical Center, Boston University School of Medicine & Instructor, Massachusetts General Hospital & Harvard Medical School

1:00 - 1:30 KEYNOTE ADDRESS: THE CHALLENGES AND OPPORTUNITIES OF SUPPORTING PATIENT SELF-MANAGEMENT

While behavioral telehealth has a distinctly psychological flavor, the broader intersection of behavioral markers of disease and IT poses intriguing business challenges. Patients, providers, payers, disease management companies, technology vendors and other stakeholders all face emerging issues at this intersection. This session will examine potential problems and solutions that will likely shape business strategy in this space in the next 3-5 years.

Formerly double Board-Certified in internal medicine and emergency medicine, Dr. Shen practiced clinically for 15 years in settings ranging from academic medical centers to international sites as diverse as Nepal, the Marshall Islands, and the South Pole. He also spent a decade in high tech, doing medical software and business development for Hewlett-Packard Labs and Oracle, and most recently led the health practice at the Institute for the Future, a nonprofit forecasting think tank in Palo Alto, California. He was a Senior Fellow at the Naval Postgraduate School's Institute for Defense Education and Analysis, and completed a fellowship at the UCSF Institute for Health Policy Studies. Bern holds an AB (biochemistry) from Harvard and an MD, MPhil (molecular biophysics and biochemistry) from Yale.

Bern Shen, MD, MPhil, Director of Strategic Planning, Intel Digital Health, Chairman of The Health Trust & Clinical Assistant Professor, Department of Clinical Pharmacy, University of California, San Francisco

1:30 - 2:00 KEYNOTE ADDRESS: TOOLS FOR PROMOTING PATIENT ADHERENCE

According to the World Health Organization, a full 50 percent of patients with chronic conditions, such as high blood pressure, diabetes and obesity, do not adhere to their treatment regimens. Poor adherence and lack of personalized information creates a significant challenge for healthcare providers and underscores the need for better patient self-management. Dr. Kvedar will discuss tools for medication adherence and ongoing research projects in development to study the effectiveness of behavioral strategies to improve adherence. Studies underway at the Center for Connected Health include technologies for simple reminders to take medication, and the use of cellphone messaging in improving adherence.

Joseph C. Kvedar, MD, is Founder and Director of the Center for Connected Health, a division of Partners HealthCare that is applying communications technology and online resources to improve access and delivery of quality patient care. The Center for Connected Health works with Harvard Medical School-affiliated teaching hospitals, including Massachusetts General and Brigham and Women's Hospitals. Dr. Kvedar is Vice-Chair of Dermatology at Harvard Medical School. Through the Connected Health Initiative, Dr. Kvedar is bringing together collaborators from technology, healthcare and academic organizations, to create a more patient-centered health care delivery system using communications technology. Dr. Kvedar is a Past President of the American Telemedicine Association (ATA).

Joseph C. Kvedar, MD, Director, Center for Connected Health, Partners HealthCare & Vice-Chair, Dermatology, Harvard Medical School

2:00 - 2:30 KEYNOTE ADDRESS: TOOLS FOR LIFESTYLE AND HEALTH RISK BEHAVIOR CHANGE

Interactive media, particularly the Internet, allows us to tailor the behavioral aspects of lifestyle and health risk behavior change programming to the specific needs and interests of the individual. Once in the sole realm of university research projects, tailored behavior change programming is now offered by employers, providers, insurers, pharmaceutical companies, government agencies, and voluntary health organizations. Tailored media allow us to reach far more people in need, with greater efficacy, at a significantly lower cost. This keynote presents the concept of tailoring, why highly tailored messages may have greater impact than less tailored messages, some examples of tailored behavior change programming, various approaches to integrating these tools in real-world health programming, and outcomes relevant to a sustained investment in such tools.

Dr. Strecher is Professor of Health Behavior & Health Education and Director of Cancer Prevention and Control in the University of Michigan's Comprehensive Cancer Center. Dr. Strecher founded and directs the Center for Health Communications Research, a multidisciplinary team exploring the role of interactive communications technologies on health behavior change and decision-making. In 1998, Dr. Strecher founded HealthMedia Inc., an Ann Arbor-based company of over 90 employees that has disseminated award-winning tailored interventions in seven languages for health promotion, disease prevention, and disease management to millions of users through health plans, employers, and pharmaceutical companies.

Victor J. Strecher, PhD, MPH, Professor and Director, Center for Health Communications Research, Department of Health Behavior and Health Education, University of Michigan School of Public Health & Founder, Chief Scientific Officer and Chairman, HealthMedia, Inc.

2:30 - 3:00 **REFRESHMENT BREAK - EXHIBITOR SHOWCASE**

3:00 - 4:00 **CONCURRENT SESSIONS II**

SESSION D: WEB - BASED TOOLS FOR RESEARCHING AND ADDRESSING BEHAVIOR (BLOGS, WIKIS, SOCIAL NETWORKS)

Forrester Research will present Consumer Technographics data on US consumers' use of social computing for healthcare: including technologies such as social networks, online support groups, blogs, discussion forums, and wikis. The presentation will emphasize adoption of, and trust in, social computing by patients with depression/anxiety and substance abuse problems.

Global Health Initiatives will demonstrate applied aspects of social computing and collective intelligence. Examples will be drawn from intelligent social networks, such as the Disaster Knowledge Management System, the rapidly spreading community health-oriented Resilience Networks, Revolution Health, and the PanFlu serious games. Implications will be drawn regarding the need for intelligent social networks for improving personal health and the infrastructures for community health — especially when rapid changes in behavior may be required to avert a personal health crisis or social crises, such as in the event of being diagnosed with significant modifiable precursors of a serious chronic illness, or having to collectively develop resilience during a pandemic flu crisis.

*Michael D. McDonald, DrPH, President, Global Health Initiatives
Chloe Stromberg, Analyst, Marketing, Forrester Research*

SESSION E: DECISION SUPPORT AND EDUCATIONAL TOOLS

Evidence-based, patient-specific electronic decision support is the wave of the future. The presenters are on the frontier, contributing to the development of educational tools that are being used to an increasing extent in healthcare systems. Dr. Osser is a psychopharmacologist and he will discuss four products: a website, based at Harvard Medical School, of algorithm-based heuristics for choosing psychopharmacology interventions; a website of similar algorithms but with different interface developed by an international panel of experts; a website that gives drug-drug interaction information; and a website that provides monthly objective critical reviews of key research articles. Dr. Safran is a primary care internist who will discuss the use of collaborative tools designed to activate patients. As examples he will discuss the imbedding of clinical decision support into home-based care focused on serious illness like cancer care. He calls this approach *collaborative healthware*.

*David N. Osser, MD, Associate Professor of Psychiatry, Harvard Medical School
Charles Safran, MD, Associate Professor of Medicine, Harvard Medical School, Chief, Division of Clinical Computing, Beth Israel Deaconess Medical Center & Past President, American Medical Informatics Association*

SESSION F: BEHAVIORAL TOOLS FOR ENHANCING SELF-MANAGEMENT OF MEDICAL CONDITIONS

Effective management of patients with chronic medical conditions requires that behavioral issues affecting clinical and cost outcomes be addressed. These include issues related to patients' ability to self-manage their condition and the detection and management of comorbid mental disorders that occur in 20-45% of patients with chronic illness. Programs developed to address these issues include technology solutions that have the potential to make them more widely available, provide better care, and capture cost savings in the process.

*Enid M. Hunkeler, MA, Director, National Depression Initiative and Acting co-Associate Director, Northern California Division of Research, Kaiser Permanente
Steven Locke, MD, Research Psychiatrist, Beth Israel Deaconess Medical Center, Associate Professor of Psychiatry, Harvard Medical School & Associate Professor of Health Sciences and Technology, MIT
Bruce L. Rollman, MD, MPH, Associate Professor of Medicine and Psychiatry, University of Pittsburgh School of Medicine*

4:00 - 4:30 **KEYNOTE ADDRESS: WEB-BASED TOOLS FOR COLLECTING ACTIVITY DATA AND CHANGING BEHAVIOR**

The presentation will cover some of the solutions that currently exist that address the notion of tracking a person's activity level, and what the future holds for similar technology. The presentation will also highlight some of the problems with online systems which collect, move, report and otherwise track information/data on a patient/participant's level of activity.

Mr. Blackadar has spent the last 15 years researching and developing technology which will allow the average person to generate and track their activity information with as little effort as possible. With the advent of the ActiHealth Product, Mr. Blackadar and FitSense have emerged at the forefront of this technology. With 12 patents and more patents pending, he has a unique perspective on wireless monitoring. Mr. Blackadar was trained in Biomedical Engineering, Computer Science and Electrical engineering at the University of New Hampshire and holds degrees in engineering and history.

Thomas Blackadar, CEO & Founder, FitSense Technology, Inc.

4:30 - 5:00

KEYNOTE ADDRESS: USING INTERACTIVE MEDIA TO MOTIVATE BEHAVIOR CHANGE AND SUPPORT PATIENT SELF-MANAGEMENT OF CHRONIC CONDITIONS - EVIDENCE-BASED METHODS

This presentation summarizes key evidence-based behavioral health strategies that can be used to enhance patient engagement, self-care, and adherence when interactive media are used to support disease management programs. The strategies have been incorporated into the Philips Motiva care management platform, to connect patients at home with their care provider, to support telemonitoring, and to involve patients in individualized, interactive activities designed to increase their health-related knowledge, skills, confidence, motivation, and self-care. In this session, you will learn:

- Key evidence-based behavioral health strategies that increase patient engagement and behavior change
- Research findings on the effectiveness of these strategies
- How these strategies are used in a variety of health promotion and managed care applications
- How these strategies are being designed into an interactive TV-based healthcare platform for managing patients with chronic conditions

Debra Lieberman, PhD, is a media researcher who teaches in the Department of Communication at the University of California, Santa Barbara. Her research focuses on processes of learning and behavior change with interactive media, with special interests in health media, video games for learning, and children's media. Debra has published widely and has consulted for education agencies, health organizations, and media and technology companies to assist in the design and evaluation of interactive health games, educational software, online learning programs, health promotion web sites, interactive toys, and interactive television. Her clients have included Apple Computer, Disney, Kaiser Permanente, The Learning Company, Philips, Pixar, Riverdeep, Salus Media, U.S. Office of Disease Prevention and Health Promotion, WebTV, and others. Before joining UC Santa Barbara, Debra was vice president of research at Click Health, Inc., where she developed the instructional design and directed clinical trials and outcomes research for award-winning health video games on the Nintendo platform, including the diabetes self-management video game, Packy & Marlon.

Presentation sponsored by Philips Consumer Healthcare Solutions.

Debra Lieberman, PhD, Department of Communication, University of California, Santa Barbara

5:00 - 6:00

NETWORKING RECEPTION - EXHIBITOR SHOWCASE

DAY TWO: FRIDAY, JUNE 1, 2007

7:30 - 8:00

BREAKFAST - EXHIBITOR SHOWCASE

8:00 - 9:00

EARLY-RISER CONCURRENT SESSIONS III

SESSION G: PORTABLE BEHAVIORAL AND PATIENT SELF-MANAGEMENT TOOLS

This session focuses on handheld logging devices used by subjects in research studies and by patients under medical care for tracking symptoms, events and behaviors longitudinally in time. The speakers believe such tools to be of surprising medical and scientific value, like symptom telescopes for viewing symptom event patterns at a distance. We will discuss the design, content and configuration of systems used in:

- Clinical trials, deciding between treatments for patients with a disease in common such as depression or eating disorders
- Therapy tracking and delivery, where a standard of treatment (e.g. for nausea) can be administered in a personalized fashion
- Discovery of conditions applying to individual patients (e.g. brain injuries) and measuring effectiveness of treatments
- Delivery of real-time therapeutic interventions for aiding function (e.g. Parkinson's disease, autism)

Ronald Calvanio, PhD, Neuropsychologist, Massachusetts General Hospital Stroke Clinic & Instructor, Harvard Medical School

Sheila Rocchio, MBA, Executive Director Marketing, PHT Corporation

SESSION H: TELEPHONIC TOOLS FOR MONITORING, TREATMENT AND BEHAVIOR CHANGE

Dr. Julie Wright from Boston Medical Center and Boston University will discuss evidence-based automated telephone linked care systems (TLC) designed to improve diet, physical activity, and medication adherence. The underlying concepts of these automated systems, design, behavioral content, platforms as well as outcomes from clinical trials will be discussed.

In an effort to boost adherence among patients on depression medications, WellPoint, Inc. is using Eliza Corp's speech-enabled technology to interact with their members, one by one, over the phone – offering support and helping set appropriate expectations about recently prescribed medications. This outreach is multi-faceted, building on claims data as well as information gathered in an initial call to tailor subsequent outreach and dovetailing with a mail-based program. The comprehensive outreach is aimed at keeping patients adherent by enabling members to speak frankly about how they are managing their condition, providing tailored feedback and reinforcing the patient/physician relationship. This ongoing program has revealed interesting and actionable

data, which the presenters will share during this session.

Michael J. Brase, MD, Vice President and Medical Director, Behavioral Health, WellPoint, Inc.
Alexandra Drane, Co-Founder and Senior Vice President, Eliza Corporation
Julie A. Wright, PhD, Assistant Professor of Medicine, Department of General Internal Medicine, Boston University School of Medicine and the Medical Information Systems Unit, Boston Medical Center

SESSION I: PANEL DISCUSSION — ONLINE SUPPORT GROUPS AND SOCIAL NETWORKING

Online support groups have formed in part because of the challenges posed by face-to-face meetings such as establishing a common time, finding a meeting space and traveling to the meeting. However, online social support is far more than a reaction to some of the disadvantages of face-to-face meetings. In this session panelists will discuss the characteristics of online groups, how social networking software can enhance the process and the ways that the “emotional bandwidth” of online support can be improved. Dr. Daniel Hoch will present an overview of online social support based on his studies of groups for neurologic illnesses at BrainTalk.org. David Darst will describe how social networking has been used to further enhance online support based on experiences at Careplace (www.careplace.com). Finally, John Lester will show examples of how a virtual world, Second Life, can provide an extraordinarily rich environment for people to meet and provide extensive social support.

Moderator:

Daniel Hoch, MD, PhD, Department of Neurology, Massachusetts General Hospital

Panelists:

David Darst, Co-Founder & Chief Business Officer, CarePlace

John Lester, Pathfinder Linden, Second Life, Linden Lab

9:00 - 10:00

CONCURRENT SESSIONS IV

SESSION J: INCENTIVES AND BENEFIT DESIGN TO PROMOTE BEHAVIORAL TELEHEALTH

Employers and payers are becoming more knowledgeable about the evidence linking healthy behaviors, risk factors, medical care engagement and the use of incentives to improved health, lower health care costs and increased employee performance. Two innovative models for catalyzing behavior change using incentives will be reviewed. Lessons learned for both “stand-alone” health promotion approaches and “integrated” health plan benefit designs will be shared. Future directions in the use of financial and non-financial incentives will be discussed.

Christopher Boyce, CEO, Virgin Life Care
Michael D. Parkinson, MD, MPH, Chief Health & Medical Officer, Lumenos

SESSION K: ADDRESSING BEHAVIORAL HEALTH NEEDS OF SPECIAL POPULATIONS

Behavioral interventions can be delivered through computers to a variety of unique populations, in multiple ways. Through the Internet, computers can enable counselors to provide behavioral treatments to clients. Computers can also provide treatment, without the involvement of a counselor, through self-help programs utilizing interactive multimedia. In this session, a study of an Internet-mediated counseling system will be presented, which enabled counselors to perform Motivational Interviewing with poor, undereducated, unemployed, dually diagnosed persons involved in the justice system. Another system, currently under development, will be demonstrated that provides self-help treatment of depression to astronauts on long-duration space missions. The session will end with contrasting the differences in services delivered to different populations.

Farrokh Alemi, PhD, Professor of Health Administration and Policy, George Mason University
James A. Carter, PhD, Instructor in Medicine and Psychiatry, Harvard Medical School
& Research and Clinical Psychologist, BIDMC Center for Clinical Computing

SESSION L: COST - EFFECTIVENESS AND FUNCTIONAL OUTCOMES OF BEHAVIORAL TELEHEALTH AND DISEASE MANAGEMENT APPLICATIONS

Dr. McLaughlin will discuss how to measure the cost-effectiveness of behavioral health interventions for mental disorders with an emphasis on an employee population. Because employers are particularly vulnerable to the adverse impact of depression or other mental disorders on productivity among their employees, Dr. McLaughlin will review ways to determine the cost impact of depression and its treatment, looking particularly at measures of productivity.

Dr. Wilson will focus on cost-effectiveness of interventions in the disease management setting. Disease management (DM) programs have been leaders in the practical evaluation of defined population health programs. Topics to be discussed:

- “Evidence-based” processes must be the foundation for resource allocation of behavioral telehealth, and other components of Population Medicine, just as it is in Evidence-based Medicine
- Basic principles of “evidence-based” in science and medicine begin with transparency (of interests, metrics, and methods) and include replicability, and credibility
- The wide support for a practical “evidence-based” evaluation process from trade organizations, medicine, academics, allied health professionals, and health policy experts
- The wide-array of evaluation models used in disease management impact studies: One-Size Doesn’t Fit All!
- The basics of a practical “evidence-based” scoring system designed for DM that can be used to assess the Strength and Quality of the Evidence of behavioral telehealth interventions

10:00 - 10:15 **REFRESHMENT BREAK - EXHIBITOR SHOWCASE**

10:15 - 10:45 **KEYNOTE ADDRESS: CONSUMER ENGAGEMENT - THE MISSING INGREDIENT**

How is it that Myspace and YouTube have taken over the free time of many? How is it that Amazon and eBay have transformed how people shop? How did the airlines and credit cards, through the implementations of rewards, change people's purchasing patterns? Or Nike/iPod change how people run and how they compete?

Meeting with hundreds of benefits executives and healthcare professionals, Mr. Silverstein has found it fascinating that the very tools deployed by the companies interviewed to build their business and sell to others have not been deployed internally when attacking health. Brilliant ideas and programs, designed to help people, continue to fall flat or not meet their expectations.

Adding further complexity is the challenge of creating trusted environments for consumers. Populating PHRs, and then utilizing the data for advancing health, can only be achieved when the consumer perceives things are private and safe. This too, requires special thinking.

Mr. Silverstein will address these issues, and present a fresh way of looking at how to engage and involve the consumer as a true consumer.

Mr. Silverstein joins RHG from Health Net Inc., where he was Chief Branding Officer. Prior to Health Net Inc., Mr. Silverstein was chief marketing officer and member of the Executive Council at UnitedHealthcare. Over his 20-year tenure, Mr. Silverstein has been instrumental in major sector shifts, including the development of the Point-of-Service category, the integration of complementary medicine into mainstream insurance, and the launch of physician report cards. Before joining UnitedHealthcare, Jay was the EVP, Chief Imagineer at Oxford Health Plans. Mr. Silverstein is on the Strategic Advisory Board for Health Horizons/Institute for the Future.

Jay Silverstein, President & COO, Revolution Health

10:45 - 11:15 **KEYNOTE ADDRESS: LEGAL, REGULATORY AND POLICY CONSIDERATIONS IN BEHAVIORAL TELEHEALTH**

This session will address the regulatory and public policy environment for behavioral telehealth. Federal and state programs that promote the development of telemedicine services will be discussed together with countervailing regulatory obstacles to internet-based behavioral health programs. Topics addressed will include models for practicing across jurisdictional lines that comply with state licensure requirements; vehicles for investment in behavioral telehealth that are consistent with restrictions on the corporate practice of medicine; FDA regulation of clinical decision support software and prescribing practices; federal and state privacy protections; and consumer protection considerations.

Michael L. Blau is national Chair of the Health Care Ventures Practice at the law firm of Foley & Lardner LLP. Mr. Blau is the past Chair of the Health Law Section of the Boston Bar Association (BBA) and is a member of the Curriculum Advisory Committee of Massachusetts Continuing Legal Education, Inc. For the past two years, Mr. Blau was named one of the top ten healthcare attorneys in the country by Nightingale's Healthcare News. This year Mr. Blau was also named a Super Lawyer by Boston Magazine and received a #1 ranking by Chambers USA. Mr. Blau is a magna cum laude graduate of Harvard University (BA 1976) and an honors graduate of Georgetown University Law Center (JD 1979).

Michael Blau, Partner, Foley & Lardner LLP

11:15 - 12:00 **KEYNOTE ADDRESS: MOVING THE NATIONAL HEALTH IT AGENDA FORWARD**

The federal government will play a pivotal role in promoting the use of information technology to drive improvements in behavioral healthcare and disease management. This presentation will provide a broad-based perspective on work completed to date and major targets and initiatives in the next year to 18 months.

In September 2006, Robert M. Kolodner, MD joined HHS as the Interim National Coordinator for Health Information Technology (HIT). Appointed as permanent National Coordinator in April, 2007, Dr. Kolodner's leadership continues to advance the President's Health IT initiative and his experience in patient care, health IT, and government is invaluable to those efforts.

Dr. Kolodner comes from the Veterans Health Administration in the Department of Veterans Affairs (VA), where he has been serving as Chief Health Informatics Officer and has been involved with the development and oversight of VistA – VA's electronic health records systems – and My HealtheVet – VA's Personal Health Record for veterans. His long-standing interest in computers led to his early and ongoing involvement with VA's efforts to use automation in support of mental health care.

A graduate of Harvard College, Dr. Kolodner received his medical degree from Yale University School of Medicine. He completed a clinical fellowship in Medicine at Harvard University School of Medicine and his Psychiatric residency at Washington University School of Medicine. Dr. Kolodner has medical specialty board certification in psychiatry.

Dr. Kolodner is a member of numerous professional societies, task forces and editorial boards and has authored and co-authored numerous publications throughout his career

Robert M. Kolodner, MD, National Coordinator, Office of the National Coordinator for Health Information Technology, Department of Health and Human Services

12:00 - 1:00

CONCLUDING PANEL DISCUSSION

This panel of experts with diverse backgrounds will focus on the opportunities, challenges, and barriers that lie ahead in the implementation and dissemination of behavioral telehealth integration into primary care and disease management. The panel will address such issues as:

- Which are the most promising opportunities for effective technology solutions at the intersection of behavioral health and disease management?
- What are the challenges that must be overcome to achieve success?
- What are the policy-based obstacles and barriers (e.g., licensure, credentialing, liability, regulatory issues, reimbursement, etc.)
- What steps could government take to facilitate dissemination?
- What steps can the private sector take?
- Where are the landmines to be avoided?

Moderator:

Steven Locke, MD, Research Psychiatrist, Beth Israel Deaconess Medical Center, Associate Professor of Psychiatry, Harvard Medical School & Associate Professor of Health Sciences and Technology, MIT

Panelists:

Michael Blau, Partner, Foley & Lardner LLP

John Herman, MD, Board Member, Massachusetts Board of Registration in Medicine & Massachusetts Delegate, Federation of State Medical Boards

Thomas J. Kim, MD, MPH, Telehealth Project Manager, Regional Coordinating Center for Hurricane Response, Morehouse School of Medicine

Robert M. Kolodner, MD, National Coordinator, Office of the National Coordinator for Health Information Technology, Department of Health and Human Services

Joseph C. Kvedar, MD, Director, Center for Connected Health, Partners HealthCare & Vice-Chair, Dermatology, Harvard Medical School

Arvind Patel MD, MPH, eBusiness Clinical/Telehealth Consultant & Former Executive/Medical Director, Maine Telemedicine Services (MTS)

SUMMIT CONCLUDES

1:00 - 2:00

LUNCHEON (Optional Post-Summit Workshop Attendees and Workshop Instructors Only)

OPTIONAL POST-SUMMIT WORKSHOPS

June 1, 2007 – 2:00 pm - 6:00 pm

WORKSHOP I: TECHNOLOGY TOOLS FOR SUPPORTING PATIENT SELF-MANAGEMENT AND SHARED DECISION-MAKING

There is a cultural change occurring in healthcare; we are witnessing a shift away from older paternalistic concepts of prescriptions for behavior change and preoccupation with the challenge of patient compliance with medical treatment to a more modern approach that emphasizes shared decision-making and supported self-management.

This workshop will cover technology tools that support patient self-assessment and self management of chronic medical conditions, as well as technology that supports lifestyle change and risk factor reduction for both primary and secondary prevention of disease and maintenance of wellness. These tools include technologies such as personal health records, home monitoring devices, computer-based programs for self-assessment and decision making, tailored interactive educational materials, etc. The workshop will describe the range of tools that are available and present data regarding their clinical and cost effectiveness in real world applications.

Workshop Chairperson

Steven Locke, MD, Research Psychiatrist, Beth Israel Deaconess Medical Center, Associate Professor of Psychiatry, Harvard Medical School & Associate Professor of Health Sciences and Technology, MIT

2:00 - 2:15

INTRODUCTION

Steven Locke, MD, Research Psychiatrist, Beth Israel Deaconess Medical Center, Associate Professor of Psychiatry, Harvard Medical School & Associate Professor of Health Sciences and Technology, MIT

2:15 - 3:00

PANEL DISCUSSION: TOOLS FOR PATIENT ASSESSMENT, SELF-MONITORING AND SELF-CARE

Alexandra Drane, Co-Founder & Senior Vice President, Eliza Corporation

David J. Katzelnick, MD, Director, Healthcare Technology Systems, Inc. & Clinical Professor of Psychiatry, University of Wisconsin School of Medicine and Public Health

John L. Koontz II, Chief Executive Officer, LifeOptions Group, Inc.

Julie A. Wright, PhD, Assistant Professor of Medicine, Department of General Internal Medicine, Boston University School of Medicine and the Medical Information Systems Unit, Boston Medical Center

- 3:00 - 4:00 **PRINCIPLES AND APPLICATIONS OF BEHAVIOR CHANGE**
Kerry Evers, PhD, Director of Health Behavior Change Projects, Pro-Change Behavior Systems, Inc.
Amy Rubin, PhD, Research Associate, Medical Information Systems Unit, Boston Medical Center, Boston University School of Medicine & Instructor, Massachusetts General Hospital & Harvard Medical School
- 4:00 - 4:15 **REFRESHMENT BREAK**
- 4:15 - 4:45 **USING DECISION SUPPORT TOOLS AND TECHNOLOGY-BASED INTERVENTIONS IN BEHAVIORAL HEALTH AND DISEASE MANAGEMENT**
Steven Locke, MD, Research Psychiatrist, Beth Israel Deaconess Medical Center, Associate Professor of Psychiatry, Harvard Medical School & Associate Professor of Health Sciences and Technology, MIT
Bruce L. Rollman, MD, MPH, Associate Professor of Medicine and Psychiatry, University of Pittsburgh School of Medicine
- 4:45 - 5:15 **MEASURING OUTCOMES IN PATIENT SELF-MANAGEMENT AND DISEASE MANAGEMENT**
Thomas McLaughlin, ScD, Director of Research, Department of Pediatrics, University of Massachusetts Medical Center
Warren E. Todd, Executive Director, International Disease Management Alliance
- 5:15 - 6:00 **CLOSING PANEL AND DISCUSSION**

WORKSHOP II: TECHNOLOGY TOOLS FOR PUBLIC HEALTH PREPAREDNESS AND RESPONSE: DISASTERS, TERRORISM, PANDEMICS, AND WAR

Threats to the public health could cause mass casualties and overwhelm the health care system's capacity to respond effectively. These threats include pandemic avian flu, outbreaks of unknown infectious diseases, and weapons of mass destruction such as biological, chemical, or radiologic weapons. Such contemporary threats present novel public health challenges in the area of triage, risk communication, and clinical management of the confusing mixture of psychic trauma and acute medical illness likely to present in urgent care settings. By proactive development, testing, and deployment of technologies for patient self-assessment, coupled with decision support systems and multilevel triage starting in the home, it is possible to build resilience into our community-level response to public health threats. This workshop will explore the role of information technology in building community resilience and will draw upon the expertise of several individuals actively involved in technology applications for public health preparedness.

In addition, community mental health resources are faced with a growing need to provide care for veterans returning with war-induced mental disorders that spill over into the community. One solution that will be presented is an automated screening program for the Army that supports an active multi-disciplinary program with modules to address the broad scope of Soldier needs, both pre- and post-deployment. The process includes comprehensive, standardized, and on-site behavioral and physical health screening. This efficient model provides a customized, individual mental health visit for every Soldier. Data presented represents the results for more than 15,000 Soldiers. Discussion includes algorithm-based risk assessment driving efficient distribution of cases to providers.

Workshop Chairperson

Michael D. McDonald, DrPH, President, Global Health Initiatives

- 2:00 - 2:15 **INTRODUCTION**
- 2:15 - 2:45 **HELPING COMMUNITIES PREPARE FOR MASS CASUALTY EVENTS**
Michael D. McDonald, DrPH, President, Global Health Initiatives
- 2:45 - 3:15 **PSYCHOSOCIAL AND BEHAVIORAL ASPECTS OF TERRORISM, DISASTERS, AND PANDEMICS**
Steven Locke, MD, Research Psychiatrist, Beth Israel Deaconess Medical Center, Associate Professor of Psychiatry, Harvard Medical School & Associate Professor of Health Sciences and Technology, MIT
- 3:15 - 4:00 **TECHNOLOGY FOR PUBLIC HEALTH PREPAREDNESS AND RESPONSE**
Thomas J. Kim, MD, MPH, Telehealth Project Manager, Regional Coordinating Center for Hurricane Response, Morehouse School of Medicine
Michael McDonald, DrPH, President, Global Health Initiatives
- 4:00 - 4:15 **REFRESHMENT BREAK**
- 4:15 - 5:00 **TECHNOLOGY FOR CORPORATE PANDEMIC PREPAREDNESS AND RESPONSE**
John L. Koontz II, Chief Executive Officer, LifeOptions Group, Inc.
- 5:00 - 5:45 **COMPUTER-BASED DIAGNOSIS AND TREATMENT OF WAR-RELATED PSYCHOLOGICAL TRAUMA**
James A. Carter, PhD, Instructor in Medicine and Psychiatry, Harvard Medical School & Research and Clinical Psychologist, BIDMC Center for Clinical Computing
Colonel Gregory Gahm, PhD, Chief of the Psychology Department, Madigan Army Medical Center (Colonel Gahm directs the Army Behavioral Health Technology Office and the DoD Suicide Risk Management and Surveillance Office)
- 5:45 - 6:00 **Q & A AND DISCUSSION**

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THE INAUGURAL SUMMIT ON BEHAVIORAL TELEHEALTH

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PHILIPS

Royal Philips Electronics is one of the world's largest electronics companies, with expertise in healthcare, lifestyle and technology. Active in over sixty businesses, and with more than 115,000 registered patents, Philips is a global leader in lighting, personal care, TVs and consumer electronics, as well as in medical diagnostic imaging, patient monitoring systems and healthcare informatics.

Philips Consumer Healthcare Solutions was formed in 2006 to focus on the evolving home healthcare market, where individuals are becoming increasingly active in managing their own health and wellness. Philips Lifeline is the leading provider of medical alert services to enable independent living for older adults. Philips Connected Care offers a range of telehealth solutions for home care and disease management: remote monitoring for patients with chronic conditions and Motiva, an interactive healthcare platform which empowers patient self-care through tools, education and feedback.

Philips Motiva uses the home TV to actively engage patients with personalized daily interactions and healthcare content, motivating them to make lifestyle modifications that can lead to long-term behavior change. Motiva employs evidence-based behavioral health strategies which involve patients in individualized, interactive activities designed to increase their health literacy, self-efficacy and adherence. By combining remote monitoring with easy-to-use tools that promote behavior change, care providers have the potential to increase patient self-management, which in turn can reduce the costs of managing chronic conditions and improve the quality of care.

Philips Consumer Healthcare Solutions
Website: www.medical.philips.com/goto/motiva
Email: motiva@philips.com

SPONSORSHIP / EXHIBITION OPPORTUNITIES

Sponsorship / exhibition is an effective way to promote your products and services to key decision-makers at behavioral health companies, disease management companies and other healthcare providers, as well as healthcare payers and employers. Benefits of sponsorship include space to exhibit at the Summit, passes for staff and clients / potential clients, an advance listing of attendees and exposure on the Summit website. For additional information, please contact TCBI: Tel: (310) 265-2570, Email: info@tcbi.org

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FitSense Technology, Inc. (Southborough, MA), is a leader in wireless body monitoring & feedback systems. Our ActiHealth intelligent health network effortlessly delivers physiological information to program providers in wellness, disease management and weight management. ActiHealth makes it easy to manage personalized programs that modify behaviors and improve health. For more information, please visit www.fitsense.com.

William Flutie, Vice President of Sales
Tel: (508) 303-8811 x 209, Email: wflutie@fitsense.com



The Health e-Technologies Initiative is a National Program Office of the Robert Wood Johnson Foundation housed at Brigham and Women's Hospital in Boston. Since 2002, \$7.25 million in funding has been awarded by RWJF via the Initiative to 24 grantee organizations across the United States. Through our published research and the work of our grantees, we seek to advance the science of eHealth by improving the evidence base required to build better interventions for health behavior change and chronic disease management. In addition to providing grant management and technical assistance to other National Program Offices, we co-sponsor meetings, industry events and continuing medical education courses.

Tel: (617) 525-6167
Email: hetinitiative@partners.org
Website: www.hetinitiative.org



Healthcare BizDev, Inc. (HCBD), a business development tools company and social website for healthcare professionals, delivers unmatched sales and marketing resources and services to its clients who offer services and products for insurers and health plans and systems. With its roots in national healthcare trade industry business development and through precise sales pipeline management and customer contact intelligence, all HCBD clients – from the marketplace leaders to today's start-ups and pioneering innovators – derive benefit from HCBD results-oriented ROI-focused solutions. Smart service-oriented HCBD client resources define ease-of-execution and bring lucrative results.

Eric Weber, Tel: (800) 979-HCBD (4223)
Email: eweber@hcbd.biz, Website: www.hcbd.biz



HealthMedia, Inc. is the global leader in online delivery of behavior change interventions. HealthMedia's proven outcomes increase compliance, reduce medical utilization, and increase productivity in order to improve profitability for health plans, employers, pharmaceutical companies, and behavioral health organizations. With its powerful combination of proven behavior science, sophisticated technology and creative marketing, HealthMedia delivers highly scalable and individually tailored self-management interventions for health and wellness, disease management, medication compliance, and behavioral health.

Caren Kenney, Director of Product Marketing, Behavioral Health
Tel: (508) 393-5638, Email: ckenney@healthmedia.com, Website: www.healthmedia.com



Intel is helping to accelerate improvements in healthcare quality by understanding people's needs and delivering solutions that make it possible for them to protect and enhance their health throughout their lives. Our mission is to enable individuals, their families, and clinicians to connect to the right information at the right time so they can make better and more informed healthcare decisions. As a world technology leader and a standards driver, Intel is in a unique position to help evolve the current model of care by enabling seamless interaction and high quality information exchange throughout the complex healthcare system.

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The International Society for Mental Health Online is a non-profit organization, founded in 1997, dedicated to the promotion of understanding, use, and development of online communication, information, and technology for the international mental health community. Our members include students, teachers, researchers, practitioners, and online mental health professionals who join ISMHO to collaborate on projects, and discuss new developments in the field of online mental health. ISMHO developed the first Suggested Principles for the Provision of Online Mental Health Services; grants annual awards to students; developed the first online Clinical Case Study Group; and is currently planning new educational and research initiatives.

Kali Munro, ISMHO President
Email: email@KaliMunro.com, Website: www.ismho.org



LifeOptions Group is a family of specialty healthcare provider networks employing web-based technology to mitigate behavioral risk by supporting individuals in their return to fully productive lives at home and in the workplace. LifeOptions is establishing a new standard of care by providing a multimodal matrix of self-directed and professional services on-line, telephonically, and in-person built on the industry-leading LifeCoach Behavioral Health and Wellness Platform. LifeCoach, our flagship application, empowers consumers in their recovery with peer-reviewed, rich multimedia content and research-based assessment tools. A series of structured, highly interactive CBT programs, on-line peer group support, and live one-on-one coaching services are available 24x7x365.

LifeOptions Group, Inc.
 John L. Koontz II, Chief Executive Officer
 Tel: (312) 543-8616, Email: john.koontz@lifeoptions.com, Website: www.lifeoptions.com



Silverlink is the leader in personalized outbound calls for client communication. Focused on the healthcare market, Silverlink enables enterprises to significantly drive patient behavior through interactive voice communications with thousands of clients at a time. Silverlink reduces the cost of communicating with clients while improving financial results and customer care.

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SUPPORTING ORGANIZATIONS



The American Association for Technology in Psychiatry is the premier organization helping physicians and other healthcare professionals understand the impact of technology on medicine, psychiatry and the neurosciences. Our goals are to promote new development and research in the areas of information technology, informatics in psychiatry and medicine. We hope to accomplish this through educational activities and consultation to our colleagues in the medical and business world. AATP's mission is to promote the use of information technology to improve the quality and availability of psychiatry and mental health care; to promote the development and dissemination of knowledge in the use of technology in psychiatry and mental health; to foster technology in psychiatry and mental health as a recognized body of knowledge; to promote the development and dissemination of standards and best practices for use of technology in psychiatry, mental health and the neurosciences, including respect for, and preservation of, confidentiality and privacy and to inform and influence public policy in the use of technology in medicine, psychiatry and mental health.

AATP is a non-profit organization and an affiliated organization of the American Psychiatric Association. Website: www.techpsych.org



Established in 1990, the Case Management Society of America (CMSA) is an international non-profit 501(c)(6) multi-disciplinary professional association dedicated to the support and advancement of the case management profession through educational forums, networking opportunities, legislative advocacy, and standards establishment. The Standards of Practice for Case Management — Revised 2002©, defines “case management” as: “ ... A collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes.” CMSA serves more than 20,000 members/subscribers and 70 affiliate and pending chapters and remains at the forefront of setting professional standards for the industry and promoting the highest level of efficiency and integrity. For more information, visit the CMSA website www.cmsa.org or call (501) 225-2229.



The Disease Management Purchasing Consortium (DMPC — www.dismgmt.com) provides procurement and outcomes measurement assistance to health plans, employers and states. In addition, DMPC offers certifications for Savings Measurement, Small Group Outcomes Measurement and Critical Outcomes Report Analysis. DMPC President Al Lewis also founded the Disease Management Association of America and has been named the “Most Influential Person” in the field by Managed Healthcare Executive. DMPC has a standing offer to any organization which believes it is getting a disease management ROI of >3:1 to do a full review of the outcomes documentation at no cost, with no obligation. DMPC also offers a full Document Library and memberships to any organization with an interest in disease management, with a special emphasis on economics and measurement.



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.DMAAlliance.org.



Behavioral medicine is an interdisciplinary field concerned with the development and integration of sociocultural, psychosocial, behavioral and biomedical knowledge relevant to health and illness and the application of this knowledge to disease prevention, health promotion, etiology, diagnosis, treatment and rehabilitation. The International Society of Behavioral Medicine is a Federation of 20 national Societies in North and South America, Europe, Asia and Australia. ISBM publishes the International Journal of Behavioral Medicine and sponsors an International Congress of Behavioral Medicine every two years, with the next ICBM being held in Tokyo 27-30 August 2008.

Website: www.isbm.info



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



“The Whole is Greater than the Sum of Its Parts.”

That’s the perfect metaphor for the Society of Behavioral Medicine. Each part, each discipline, can stand alone. But together - when nursing, psychology, medicine and public health form an interdisciplinary team - new perspectives emerge on human behavior, health and disease management. SBM has created the premiere scientific forum for over 3,000 behavioral and biomedical researchers and clinicians to study the interactions of behavior, physiological and biochemical states, and morbidity and mortality. It studies and promotes integration of modern technological advances to promote effective and efficient health care. And, it serves as a dynamic forum for discussion of clinical and public policy concerns related to prevention, diagnosis and treatment, and promotion of effective health care across the full spectrum of the population. Website: www.sbm.org

SUPPORTING PUBLICATIONS



As the official magazine of the Case Management Society of America, CASE IN POINT focuses on the case manager as a person rather than case management as an industry. The magazine offers in-depth articles, a quick reference guide to industry events and a directory of internet resources. It features new products focused on improving patient care along with comprehensive profiles of dynamic companies. Produced at a bi-monthly rate, CASE IN POINT reaches to over 20,000 case managers per issue. With all of these elements, it provides a positive impact on a case manager’s life and practice.

Website: www.caseinpointmagazine.com

Federal Telemedicine News

Federal Telemedicine News provides up-to-date news from the federal agencies and Capitol Hill on telemedicine, telehealth, and health information technology to help government executives, hospitals, academic medical centers, industry, and healthcare professionals keep current in the field. Publishers of the reports *Federal Agencies: Activities in Telemedicine, Telehealth, and Health Technology, University and State Activities: Telemedicine, Telehealth, Informatics, and Research*, and *How to Sell Healthcare Technologies to HHS*.

Carolyn Bloch, Publisher/Editor
Tel: (301) 983-2841, Email: cb@cbloch.com
Website: www.federaltelemedicine.com

POSTER SESSIONS AT THE SUMMIT ON BEHAVIORAL TELEHEALTH

TCBI is currently accepting abstracts for scientific poster sessions at the Summit. Please contact TCBI if you wish to submit an abstract for consideration.

Tel: (310) 265-2570 Email: info@tcbi.org

UPCOMING TCBI EVENTS

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

Learn how business intelligence and analytics, data warehousing, data integration and predictive modeling can facilitate quality measurement/improvement and pay for performance initiatives, reduce costs, create revenue, dismantle silos of data, promote transparency and organizational information- sharing and improve both the financial and clinical decision-making process.

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),
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For additional information on these events:

Website: www.tcbi.org

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SUMMIT LOCATION

The Summit will be held at The Conference Center at Harvard Medical, 77 Avenue Louis Pasteur, Boston, MA 02115.

For directions and parking information, please visit: www.theconfcenter.hms.harvard.edu.

Tel: (617) 432-8990 or Toll Free at (866) 790-7000.

HOTEL ACCOMMODATIONS

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 In-House Reservations and mention “TCBI BEHAVIORAL TELEHEALTH” to secure the preferred group rate.** Reservations must be made no later than May 9, 2007. After that date, the preferred group rate may not be available. Please note that the \$229 rate (excluding tax) applies only for the nights of May 30th and 31st. Cancellations must be made by 4 pm on the day of arrival to avoid penalty.

The Inn at Longwood Medical is within walking distance of The Conference Center at Harvard Medical, where the Summit is being held. *Please note that rooms at the Inn at Longwood Medical are limited and will be allocated on a first-come first-served basis.*

If you find that this hotel cannot accommodate you, please visit www.tcbi.org/bc2007/hotel.html for a listing of hotel alternatives or contact TCBI:

Tel: (310) 265-2570 Email: info@tcbi.org

CONTINUING EDUCATION CREDITS

The Massachusetts Mental Health Center is approved by the American Psychological Association to sponsor continuing education for psychologists. Massachusetts Mental Health Center maintains responsibility for this program.

The Massachusetts Mental Health Center is approved by the Arizona Nurses Association, an accredited approver of the American Nurses Credentialing Center's Commission on Accreditation, to offer continuing education credits to participants.

TCBI has been preapproved for continuing education credits for case managers through the Commission for Case Manager Certification.

Please contact TCBI if you have any questions regarding continuing education credits for this program.

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COMPLIMENTARY PRESS PASSES AVAILABLE

Please contact TCBI if you are a full-time member of the press who would like a free pass to attend the Summit. Please contact TCBI if interested in receiving a free press pass.

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You may register by:

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To register, please use the registration 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, please register in advance by phone or fax, then mail the check with a copy of the registration form.

Phone Registration Hours: 9 am to 4 pm Pacific Time

Category One Registration (Summit Only) \$995
Category One Registration (Summit Plus Post-Summit Workshop) \$1295

Workshop I: Technology Tools for Supporting Patient Self-Management and Shared Decision-Making
Workshop II: Technology Tools for Public Health Preparedness (Disasters, Terrorism, Pandemics & War)

Category One: Applies to Medical Device Companies, Pharmaceutical Companies, Medical Diagnostics Companies, Consumer Technology Companies (Telecom, Wireless, Consumer Electronics, etc.), IT Vendors, e-Health Companies, Telemedicine Companies, Remote Monitoring Companies, Test Publishers and Vendors, Law Firms, Consulting Firms, Call Centers, CROs, Venture Capital Firms and Investment Banks

Category Two Registration (Summit Only) \$695
Category Two Registration (Summit Plus Post-Summit Workshop) \$995

Workshop I: Technology Tools for Supporting Patient Self-Management and Shared Decision-Making
Workshop II: Technology Tools for Public Health Preparedness (Disasters, Terrorism, Pandemics & War)

Category Two: Applies to Behavioral Health Companies, Disease Management Companies, Hospitals, Integrated Delivery Networks, Postacute Care Facilities, Health Plans, Health Insurance Companies, Weight Management Companies, Home Care Agencies, Hospices, Employers, Government Agencies, Nursing Homes, Retirement Communities and Other Long-term Care Facilities; Includes Executives, Clinicians, Mental Health Practitioners and Academics

TCBI reserves the right to determine the category of registrants

SUPPORTING ORGANIZATION DISCOUNT

TCBI is offering discounts (\$100 off the applicable registration fees above) for all members of American Association for Technology in Psychiatry, Case Management Society of America, Disease Management Purchasing Consortium, International Disease Management Alliance, International Society of Behavioral Medicine, Mass Technology Leadership Council and Society of Behavioral Medicine members. Supporting organization discounts cannot be combined. The full discount available is \$100.

EARLYBIRD DISCOUNT

You must register and pay by May 3, 2007 to receive the \$100 discount on registration fees.

ACADEMIC DISCOUNT

The academic discount is \$200. This discount is available to full-time students, teachers and academic researchers only. The academic discount may only be combined with one other discount.

GROUP DISCOUNTS

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 Category One registration fee may find sponsorship/exhibition a more economical alternative. For more information, please contact TCBI: Tel: (310) 265-0621 Email: info@tcbi.org

PAYMENTS

Payments must be made in US dollars by Visa, Mastercard, Discover, Diners Club, American Express, company check (drawn on a US 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 C114. For information on wire transfers, please contact TCBI: Tel: (310) 265-0621, Email: info@tcbi.org.

CANCELLATION POLICY

For cancellations received in writing:

Table with 2 columns: Cancellation period and Refund/credit details. Rows include: Four weeks or more prior to the event (Full Refund or Credit Voucher), Between two weeks and four weeks prior to the event (\$200 Cancellation Fee or Full Credit Voucher), Two weeks or less prior to the event (No Refund; Full Credit Voucher Will Be Issued)

Credit vouchers may be applied toward any future TCBI event within one calendar year. If TCBI decides to cancel any portion of this event, the organizers are not responsible for covering airfare, hotel or any other costs. Speakers, networking events and the agenda are subject to change without notice. This cancellation policy applies only to delegate registrations, not sponsorships.

SUBSTITUTIONS:

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

INAUGURAL SUMMIT ON BEHAVIORAL TELEHEALTH

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

Please Choose One of the Following Options:	PRICE
<input type="checkbox"/> Category One Registration (Summit Only)	\$995
<input type="checkbox"/> Category One Registration (Summit Plus Post-Summit Workshop) <input type="checkbox"/> Workshop I: Technology Tools for Supporting Patient Self-Management and Shared Decision-Making <input type="checkbox"/> Workshop II: Technology Tools for Public Health Preparedness (Disasters, Terrorism, Pandemics & War) <i>Applies to Medical Device Companies, Pharmaceutical Companies, Medical Diagnostics Companies, Consumer Technology Companies (Telecom, Wireless, Consumer Electronics, etc.), IT Vendors, e-Health Companies, Telemedicine Companies, Remote Monitoring Companies, Test Publishers and Vendors, Law Firms, Consulting Firms, Call Centers, CROs, Venture Capital Firms and Investment Banks</i>	\$1295
<input type="checkbox"/> Category Two Registration (Summit Only)	\$695
<input type="checkbox"/> Category Two Registration (Summit Plus Post-Summit Workshop) <input type="checkbox"/> Workshop I: Technology Tools for Supporting Patient Self-Management and Shared Decision-Making <input type="checkbox"/> Workshop II: Technology Tools for Public Health Preparedness (Disasters, Terrorism, Pandemics & War) <i>Applies to Behavioral Health Companies, Disease Management Companies, Hospitals, Integrated Delivery Networks, Postacute Care Facilities, Health Plans, Health Insurance Companies, Weight Management Companies, Home Care Agencies, Hospices, Employers, Government Agencies, Nursing Homes, Retirement Communities and Other Long-term Care Facilities; Includes Executives, Clinicians, Mental Health Practitioners and Academics</i>	\$995
<input type="checkbox"/> I qualify for the \$100 earlybird discount (registration and payment must be made by May 3, 2007).	
<input type="checkbox"/> I am a member of the American Association for Technology in Psychiatry, Case Management Society of America, Disease Management Purchasing Consortium, International Disease Management Alliance, International Society of Behavioral Medicine, Mass Technology Leadership Council and/or Society of Behavioral Medicine and am entitled to a \$100 discount on the registration fee. Supporting organization discounts cannot be combined. The full discount available is \$100. (Please underline the organization through which you are receiving the discount.)	
<input type="checkbox"/> I am a full time student, teacher and/or academic researcher and am entitled to a \$200 discount on registration fees. I understand that the academic discount may only be combined with one additional discount.	
<input type="checkbox"/> I qualify for a special \$100 discount. Promotional Code _____. Registrants receiving two or more discounts are not eligible for additional group discounts. Promotional code discounts may not be combined. The full discount is \$100.	

Total: _____



The Center for Business Innovation

Send Completed Registration Form With Payment (if Applicable) To:
The Center for Business Innovation
944 Indian Peak Road, Suite 220, Rolling Hills Estates, CA 90274
Phone: (310) 265-0621 Fax: (310) 265-2963 Email: info@tcbi.org

To register by phone, please call (310) 265-0621

Phone Registration Hours: 9 am to 4 pm Pacific Time

To register by fax or mail, please fill out a copy of this page for each registrant.

Name: _____
 Job Title: _____
 Company: _____
 Address/Suite/Floor#: _____

 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Email: _____

How did you hear about the Summit?

I accept the Cancellation Policy on the previous page.
 (signature required to process registration):

Method of Payment (please check one)

- American Express
 Visa
 MasterCard
 Discover
 Diners Club
 Company Check
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Credit Card #: _____ Exp. Date: _____

Name Appearing on Credit Card: _____

Mailing Address for Credit Card: _____

Signature: _____