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The Center for Business Innovation

Presents The Second Annual

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

June 2-3, 2008
The Joseph B. Martin Conference Center at Harvard Medical School
Boston, MA
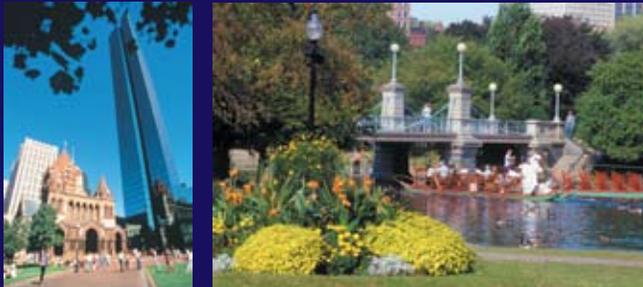
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Keynote Speakers

Robert H. Friedman, MD, Professor of Medicine and Public Health, Boston University & Chief, Medical Information Systems Unit, Boston Medical Center

Jeff Gruen, MD, MBA, Partner & Head of the Healthcare Practice, PRTM

Ronald C. Kessler, PhD, Professor of Health Care Policy, Harvard Medical School

Joseph C. Kvedar, MD, Director, Center for Connected Health, Partners HealthCare System, Inc. & Associate Professor of Dermatology, Harvard Medical School

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

Warner V. Slack, MD, Professor of Medicine, Harvard Medical School & Division of Clinical Computing, Departments of Medicine and Psychiatry, Beth Israel Deaconess 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, Chairman & Founder, HealthMedia, Inc

Richard S. Surwit, PhD, ABPP, FAClinP, Professor & Chief, Division of Medical Psychology and Vice Chairman for Research, Department of Psychiatry and Behavioral Sciences, Duke University Medical Center

John E. Ware, Jr., PhD, CEO & Chairman, QualityMetric, Research Professor, Tufts University School of Medicine

David L. Whitlinger, President & Board Chairman, Continua Health Alliance & Director, Healthcare Device Standards, Intel Corporation

Randall E. Williams, MD, FACC, Assistant Professor of Medicine, Feinberg School of Medicine, Northwestern University, Cardiologist, Midwest Heart Specialists, President, Williams Heart Foundation & CEO, Pharos Innovations, LLC

SUPPORTING PUBLICATIONS

caseinpoint   *Federal Telemedicine* **NEWS**   PsychCentral   **TeleHealth** World

SUPPORTING ORGANIZATIONS

American Technology Association of Psychiatry   Center for ConnectedHealth   Continua HEALTH ALLIANCE   **DMPC** Disease Management Purchasing Consortium International, Inc.   **IDMA** INTERNATIONAL DISEASE MANAGEMENT ALLIANCE   Society of Behavioral Medicine "Better Health Through Behavior Change"   **ISBM**

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
- learn how to e-empower health consumers through the design, use, and evaluation of technology-assisted self-care
- identify and describe barriers to the spread of telehealth and telemedicine as well as strategies to overcome these barriers
- describe the impact of depression on productivity in the workplace and discuss approaches to address this problem

WELCOME FROM THE PROGRAM CHAIRPERSON, STEVEN LOCKE, MD

I urge each of you to attend the Second Annual Summit on Behavioral Telehealth: Technology for Behavior Change & Disease Management. We have planned a very exciting and innovative meeting that is laid out in this Advance Program. The Summit offers a variety of specialized breakout sessions, panel discussions and superb keynote presentations.

In addition, the program offers both pre- and post-Summit workshops for those who desire a more intensive learning experience. In the pre-Summit workshop on critical outcomes report analysis, workshop chair Al Lewis will teach attendees how to read and write disease management reports like the experts. Two post-Summit workshops will delve more deeply into topics covered in the main body of the Summit. Workshop I, co-chaired by David Ahern and Bruce Rollman, focuses on technology tools for patient self-management and shared decision-making. Workshop II, co-chaired by Bryan Bergeron and Debra Lieberman, covers emerging technologies: gaming, simulation, and social media in behavioral health and disease management.

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 brings 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.

Last year in my welcome note I referred to a sea change in the health care industry resulting from a 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. This trend is continuing and the enthusiasm and buzz in advance of this meeting is an indicator of the increasing need for evidence-based behavioral health technologies that can be used in an integrative model of care. More and more payers and employers are understanding this need and insisting that successful management of patients with comorbid mental and physical disorders receive care in an integrative framework. We are seeing the emergence of technologies, products and business models that reflect the market opportunity for technology-assisted integrative care.

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 ensure that we are bringing you a first-rate program. I would also like 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 the Inaugural Summit last year was so successful and look forward to this Second Annual Summit with the promise that it will be even better than the first. Come celebrate spring in beautiful and historic Boston!

All the best,

Steven Locke, MD, Program Chair

Research Psychiatrist, Division of Clinical Computing, Beth Israel Deaconess Medical Center and the Center for Medical Simulation, Consultant in Psychiatry, Beth Israel Deaconess Medical Center and Massachusetts General Hospital, Associate Professor of Psychiatry, Harvard Medical School and Associate Professor of Health Sciences and Technology, MIT

PROGRAM ADVISORY COMMITTEE

David K. Ahern, PhD, National Program Director, Health e-Technologies Initiative, Brigham & Women's Hospital & Assistant Professor of Psychology, Department of Psychiatry, Harvard Medical School

Mirena Bagur, Principal, CONTeXO Consulting

Bryan Bergeron, MD, Acting Director, Graduate Program in Clinical Investigation, The MGH Institute of Health Professions & Faculty, Harvard/MIT Division of Health Sciences & Technology

Liz Boehm, Principal Analyst, Forrester Research

Robert H. Friedman, MD, Professor of Medicine and Public Health, Boston University & Chief, Medical Information Systems Unit, Boston Medical Center

John Glaser, PhD, Vice President & Chief Information Officer, Partners HealthCare System, Inc.

Lawrence K. Gottlieb, MD, MPP, Vice President and Senior Medical Director, Health Dialog

Ronald C. Kessler, PhD, Professor of Health Care Policy, Harvard Medical School

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

Joseph C. Kvedar, MD, Director, Center for Connected Health, Partners HealthCare System, Inc. & Associate Professor of Dermatology, Harvard Medical School

Susan Lane RN, MSN, MBA, Clinical Research Nurse, Osher Research Center & Beth Israel Deaconess Medical Center

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

Debra Lieberman, PhD, National Program Director, Health Games Research, University of California, Santa Barbara

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

Ron Loeppke MD, Chief Strategy Officer, Executive Vice President, Matria Healthcare, Inc.

Bruce L. Rollman, MD, MPH, Associate Professor of Medicine & Psychiatry, University of Pittsburgh School of Medicine

Charles Safran, MD, FACP, FACMI, Chief, Division of Clinical Computing, Beth Israel Deaconess Medical Center, Associate Clinical Professor of Medicine, Harvard Medical School & Senior Scientist, National Center for Public Health Informatics, CDC

Warner V. Slack, MD, Professor of Medicine, Harvard Medical School & Division of Clinical Computing, Departments of Medicine and Psychiatry, Beth Israel Deaconess Medical Center

Jay Srini, MS, MBA, FHIMSS, Chief Innovation Officer, University of Pittsburgh Medical Center Insurance Services Division

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

PRE-SUMMIT WORKSHOP HOURS:
SUNDAY, JUNE 1, 2008, 3:30 pm - 6:30 pm

Disease management reporting is a skill which few have mastered. In fact, roughly 70% of disease management outcomes reports contain fundamental errors invalidating their results...right in the report itself.

If you are a writer of these reports it is critical to spot these errors before the customer does. If you are a reader of these reports, it is imperative for you to spot these errors before you accept the findings. In both cases, no one wants to sign off on a report in which someone else finds flaws.

But clearly mistakes are rampant and escape altogether too many people's notice. For instance:

- One vendor labels all their utilization graphs "PMPM" when all the statistics are Per Member Per Year...and for three years no one noticed that all the statistics were off by a factor of twelve.

- A very large health plan routinely reports cost savings percentages in excess of admission and ER reduction percentages, which of course is impossible...and no benefits consultant or employer has noticed.

- Two vendors often claim clinical improvements because drug use goes up in the clinical outcomes slide...and then later in the report take credit for savings in drug costs because they declined overall, adjusted for their view of trend.

- Several vendors and health plans routinely report actuarial results which are not tested and checked against utilization changes. And when someone does check them, it is almost invariably the case that the actuarial result cannot be supported.

- Medicaid programs in Indiana, Connecticut and Mississippi have all made basic mistakes in their RFPs or outcomes reports...and no one noticed.

Many, many such examples can be cited. Today, though, more and more people are finding them -- using the Critical Outcomes Report Analysis skills developed in sessions such as this one. Finding these fallacies and mistakes early and completely prevents embarrassment and increases the credibility of the remaining findings. The flip side: If you don't find them, the chances are increasing that someone else will.

Learning how to find them is the agenda for this Critical Outcomes Report Analysis seminar. In the months since its introduction, it has proven extremely effective and popular. Don't take our word for it. More than 150 people have been through these courses and, of those, more than 60 people are already certified. They are listed at http://dismgmt.com/CORA_honorroll.htm; simply ask any of them if they think this is a worthwhile course and certification.

Please visit http://www.dismgmt.com/outcome_report_certification_rules.htm for information on the critical outcomes report analysis (CORA) certification exam and to purchase *The Ultimate Guide to Outcomes Measurement*, which provides comprehensive information on reporting from outcomes measurement theory to report execution. Attendees of this pre-Summit workshop will receive a substantial discount on *The Ultimate Guide to Outcomes Measurement.*

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

SUMMIT AGENDA

DAY ONE: MONDAY, JUNE 2, 2008

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 healthcare 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 1: THE VALUE OF TELEPHONIC CONTACTS IN IMPLEMENTING AND EVALUATING MENTAL HEALTH INTERVENTIONS**

This presentation has three parts. The first part describes the ways telephonic outreach, case management, and psychotherapy were used in a large experimental effectiveness trial to evaluate the ROI to employers of best-practices depression treatment in a large sample of working people. The second part discusses the importance of carrying out additional trials of a related sort to provide information to payers on the cost-effectiveness of realistic mental health interventions. The third part discusses ways in which live telephonic contacts can be integrated with other contact and data collection modes (e.g., email, IVR, in-person contacts) to improve service delivery and evaluation of treatment effectiveness.

Ronald Kessler is a sociologist whose research deals broadly with the social determinants and consequences of mental disorders. He is the author of over 400 publications and the recipient of many awards for his research, including Senior Scientist and MERIT awards from NIMH. He is a member of the Institute of Medicine of the National Academies of Science. For the past nine years he has been a Professor of Health Care Policy at Harvard Medical School, where he directs the US National Comorbidity Surveys and the Data Coordination Center of the World Health Organization's World Mental Health Survey Initiative.

Ronald C. Kessler, PhD, Professor of Health Care Policy, Harvard Medical School

9:00 - 9:30	**KEYNOTE ADDRESS 2: THE FUTURE OF DISEASE MANAGEMENT**

Where do we go from here? What does the Medicare MHS termination mean for the rest of the field? Are there savings or any meaningful impact at all? If so, what is the secret to saving money? How could the actuaries be so wrong? Surprising new, valid, data contradicts just about everything "known" about disease management economics, and will be presented for the first time here in this forum

Google on "invented disease management" and the first five entries will be the faculty of the pre-Summit workshop, Al Lewis. In addition to doing the first-ever outsourced program, Al founded the Disease Management Association of America and became its first president. Since then, Al has sought to advance the science of disease management outcomes measurement and reporting, through his seminal paper The Ultimate Guide to Outcomes Measurement *as well as the Critical Outcomes Report Analysis certification.*

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

9:30 - 10:15	**PANEL DISCUSSION 1: 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, health services research, 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 roles does behavior play in the onset and course of these problems – as well as in possible solutions?
- How does depression in the workplace affect productivity? What can be done about it?
- What are the opportunities for technology in addressing these problems?

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:
David Cochran, MD, Formerly Senior Vice President for Strategic Development, Harvard Pilgrim Health Care
Ronald C. Kessler, PhD, Professor of Health Care Policy, Harvard Medical School
Al Lewis, JD, Founder & President, Disease Management Purchasing Consortium International, Inc.

10:15 - 10:45	*REFRESHMENT BREAK - EXHIBITOR SHOWCASE*

10:45 - 11:15	**KEYNOTE ADDRESS 3: CYBERMEDICINE FOR THE PATIENT**

Since the first reported study of patient-computer dialogue in 1966, programs designed to interact directly with a patient – to engage in meaningful dialogue, to explore medical problems in detail, and to do so in a personalized, dignified, and considerate manner – have been developed, implemented, and studied in numerous settings in the United States and abroad, and the results have been encouraging. In his address, Dr. Slack will present a brief history of patient-computer dialogue and discuss current research with the interactive computer to enlighten

patients and empower them in the healthcare process.

Dr. Slack received his bachelor's degree from Princeton University, his medical degree from Columbia University's College of Physicians and Surgeons, and his internship and residency training in neurology at the University of Wisconsin. Over the past 40 years he has focused his research on the use of computers to improve communication in the field of medicine and to empower both patients and doctors for better healthcare. From 1989 through 1998, he was Editor in Chief of the journal MD Computing. He is Professor of Medicine at Harvard Medical School, and at Beth Israel Deaconess Medical Center, he is a member of the Division of Clinical Computing in the Department of Medicine and a member of the Department of Psychiatry.

Warner V. Slack, MD, Professor of Medicine, Harvard Medical School & Division of Clinical Computing, Departments of Medicine and Psychiatry, Beth Israel Deaconess Medical Center

11:15 - 11:45   **KEYNOTE ADDRESS 4: THE VIRTUAL VISIT - USING TELECOMMUNCIATIONS TECHNOLOGY TO TAKE CARE OF PATIENTS**

Telephone-Linked Care (TLC) technology has been developed and applied as an alternative to and a supplement for office visits as a means to deliver ambulatory care. TLC is used to monitor patients with chronic diseases, counsel patients on important health behaviors, and provide information and support to home caregivers of patients with disabling conditions. TLC speaks to patients over the telephone in their homes using computer-controlled digitized human speech. Patients use their telephone keypad to communicate. TLC conversations last 2-15 minutes per call and take place weekly for periods of at least 3 months. The conversations consist of a salutation, password verification, the core clinical part, and a closing. The structure of the clinical part is similar for each of the application groups: chronic disease, health behavior change, and mental health. The system architecture consists of linked voice and database components and their subcomponents. Randomized clinical trials have demonstrated the systems' efficacy in multiple disease and health behavior change applications.

Dr. Friedman is Professor of Medicine and Public Health at Boston University and Boston Medical Center. He is Chief of the Medical Information Systems Unit in the Section of General Internal Medicine. He has been the recipient of 28 externally funded research grants including 15 NIH grants, 9 of which are currently active. His research is at the interface between information technology and clinical medicine/public health and is focused on design and evaluation of totally automated systems that deliver health and human services. Dr. Friedman is actively involved in education, particularly in research methodology and medical informatics and has a personal role in mentoring trainees in research, including bioethics and public health. He directs the combined Family Medicine/General Internal Medicine research training program at Boston University and also BU's post doctoral Medical Informatics Fellowship Program.

Robert H. Friedman, MD, Professor of Medicine and Public Health, Boston University & Chief, Medical Information Systems Unit, Boston Medical Center

11:45 - 1:00   ***LUNCHEON***

1:00 - 1:30   **KEYNOTE ADDRESS 5: THE IMPACT OF MANAGING CO-MORBID DEPRESSION IN THE CHRONIC CARE MEDICAID POPULATION: HOW A NEW MODEL USING REMOTE TELEHEALTH TECHNOLOGY CAN IDENTIFY AND ENGAGE PATIENTS WITH DEPRESSION IN BEHAVIORAL INTERVENTIONS, RESULTING IN POSITIVE HEALTH OUTCOMES**

New research has documented the high rates of depression as a common, accompanying condition among patients with other chronic conditions such as heart failure. Remote telehealth monitoring of patients with chronic care conditions can not only screen effectively for depression but can result in patients' overall improved heath status and programmatic clinical efficiencies. This keynote will be supported by a robust outcomes analysis from a Medicaid chronic care program recently completed in the Midwest. The learning objectives of this keynote will include:

- The importance of treating the whole person to improve behavioral and physical health in chronic care populations. Documentation of the high degree of co-morbidity between depression and other chronic diseases.
- Presentation of a model using a device free telehealth monitoring approach that has proven effective in identifying depression in a chronic disease Medicaid population. Through this model care givers can promptly intervene, improving patient outcomes.
- Presentation of results from a recently completed prospective validation trial, showing significant improvements in healthcare outcomes and clinical efficiencies using this model. Metrics include reduced hospitalizations and rehospitalizations, reduced ALOS, and the ability to greatly increase patient/caregiver case load ratios even among Medicaid patient populations.

Dr. Williams is a Johns Hopkins-trained cardiologist specializing in congestive heart failure and founding chief executive officer of Pharos Innovations, LLC. He currently serves on the American College of Cardiology Disease Management Task Force, which advocates for quality standards and reimbursement methods for chronic coordinated care. He has performed research and published extensively on topics related to chronic disease and congestive heart failure outcomes. Dr. Williams is also president of The Williams Heart Foundation, a non-profit medical research foundation. From 1995-2003, Dr. Williams was director of the CHF Program at Evanston Northwestern Healthcare, where he designed and built a nationally renowned multidisciplinary program for disease management. Dr. Williams is an assistant professor at Northwestern University and a

1:30 - 2:30   CONCURRENT SESSIONS I

SESSION 1.1: PANEL DISCUSSION: SERIOUS GAMES AND HEALTH IMPROVEMENT

Interactive games have vast potential to influence patient and consumer health-related knowledge, attitudes, skills, behaviors, and outcomes, but the field is still emerging. Since the "non-health care" interactive gaming industry has exploded worldwide in the past decade, there are some lessons the healthcare industry can learn as we seek to develop new games for health learning and behavior change. This exciting panel features three leaders who will explain the world of the traditional gaming industry as well as the emerging market of games for health, plus time for audience Q&A. Kirk Owen will share key learnings regarding the profile of gaming consumers, success factors in gaming content to ensure consumer acceptance, and how to measure consumer response to game technology. Dr. Bryan Bergeron will discuss unique opportunities and challenges facing the development of effective games for healthcare purposes, including issues related to gaining patient user adoption as well as clinician support for use with their patient populations. Dr. Debra Lieberman, the National Program Director of Health Games Research, recently funded by The Robert Wood Johnson Foundation, will present the program's goals and activities and will provide examples of successful health games and the design principles that contributed to their effectiveness.

Moderator:
Teri Louden, President, The Louden Network, Inc.
Panelists:
Bryan Bergeron, MD, Acting Director, Graduate Program in Clinical Investigation, The MGH Institute of Health Professions & Faculty, Harvard/MIT Division of Health Sciences & Technology
Debra Lieberman, PhD, National Program Director, Health Games Research, University of California, Santa Barbara
Kirk Owen, Chief Executive Officer and Co-Founder, Merscom LLC & Octagon Entertainment

SESSION 1.2: PROGRESS IN COMPUTER-BASED TREATMENT OF BEHAVIORAL DISORDERS

Dr. Jonathan Lerner will provide preliminary evaluation of an Internet-based, cognitive-behavioral treatment for trauma in motor vehicle accident survivors. Internet-based intervention for motor vehicle accident post-traumatic stress disorder (PTSD) was adapted from the cognitive-behavioral treatment protocol developed by Hickling and Blanchard (1997). The intervention relied entirely on a computer-based and therapist-free assessment and treatment protocol. Participants completed an online assessment, and those meeting eligibility requirements were randomly assigned to either a seven-week, Internet-based intervention, or a delayed treatment condition with a six-week waiting period followed by treatment. Although participant attrition was high, participants who completed treatment appeared to benefit from the Internet-based protocol.

Dr. Brett Litz will discuss the results of a randomized controlled trial of an Internet-based self-management cognitive behavioral therapy (SM-CBT) versus Internet-based supportive counseling (SC) for PTSD. Service members with PTSD were randomly assigned to SM-CBT versus SC. In the intent-to-treat sample, SM-CBT led to sharper declines in daily logon ratings of PTSD symptoms and global depression. In the completer group, SM-CBT led to greater reductions in PTSD in a six month period. SM-CBT may be a way of delivering effective treatment to large numbers with unmet needs and barriers to care.

Moderator:
Lee Baer, PhD, Clinical Professor of Psychology, Department of Psychiatry, Harvard Medical School & Associate Chief of Psychology, Massachusetts General Hospital
Panelists:
Jonathan Lerner, PhD, Post-Doctoral Fellow, Behavioral Medicine Service, Massachusetts General Hospital
Brett T. Litz, PhD, Professor, Boston University School of Medicine, Clinical Psychologist, National Center for PTSD, Behavioral Science Division, Boston Department of Veterans Affairs Medical Center

SESSION 1.3: BEHAVIORAL INFORMATICS INTERVENTIONS FOR THE WORKPLACE AND PRIMARY CARE SETTINGS

Behavioral informatics includes studying the design, implementation and evaluation of health behavior interventions using advanced technologies in a variety of settings.

Dr. Farzanfar will discuss a CDC-funded program that may be offered by employers to their employees to address undiagnosed and untreated mental health disorders. She will describe the process of design and development of TLC-Detect, a confidential computer telephony system designed to be used in the workplace. The system screens employees for 20 different mental health disorders and motivates them to seek and maintain treatment Dr. Wright will talk about the design and usability testing of a pediatric obesity intervention that uses both telephony and electronic medical record systems to deliver the behavioral intervention.

Ramesh Farzanfar, PhD, Assistant Professor of Medicine, Department of General Internal Medicine, Boston University School of Medicine and the Medical Information Systems Unit, Boston Medical Center

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

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

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

SESSION 2.1: TELEPSYCHIATRY
Rural Behavioral Health: Using Technology to Increase Access to Care

This presentation will describe an ongoing program in which an insurance company has helped to create access to psychiatry in several rural settings in Pennsylvania through the use of telepsychiatry. This activity is one of multiple strategies developed to improve services in rural areas. Through the purchase of video teleconferencing equipment for several rural clinics and a contract with a large academic health center, the company has supported development of services for psychiatric consultation and ongoing treatment. The model involves integration of the psychiatrist into clinical services in the remote location. The model that we use allows payment to providers on both sides of the video link. Collection of data regarding feasibility and satisfaction has supported continued expansion of this initiative. The presentation will highlight challenges encountered in implementation and the growth of the program.

Sharon Hicks, MSW, MBA, Chief Information Officer, Community Care Behavioral Health Organization, University of Pittsburgh Medical Center
James Schuster, MD, MBA, Chief Medical Officer, Community Care Behavioral Health Organization, University of Pittsburgh Medical Center

A TELEHEALTH APPROACH TO MEDICATION COMPLIANCE

Medication noncompliance is a major cause of cost and morbidity. We attempted to improve compliance among psychiatric patients in central Maine by placing videotelephones in patients' homes, allowing nurses to watch the patients take medications. Conclusions: confusion about dose was frequent, and errors could be corrected based on seeing the pills selected. Compliance was improved. Limitations: videophones were costly, confusing for patients and nurses to operate, and produced poor moving images. Some patients found the cameraphones intrusive. Overall costs for equipment and staff were high. The study led to design of a teleview medication monitoring system conveying still images of pills over standard telephone lines to a monitoring center. The system allows checking of pill setup in a familiar day by time organizer against prescribed doses and monitoring for both timely removal and overuse of medications. Two way communication for correcting errors, reminding, and coaching is provided. The system is inexpensive, and has been reviewed favorably by MDs, nurses, older patients, and insurers, and will be trialed at multiple locations.

David Bear, MD, Director of TelePsychiatry, Acadia Hospital, Professor of Psychiatry, University of Massachusetts Medical Center & Founder, Senticare, Inc.

SESSION 2.2: PANEL DISCUSSION: INVESTMENT OPPORTUNITIES & CHALLENGES IN THE INTERSECTION OF TECHNOLOGY, BEHAVIORAL MEDICINE & DISEASE MANAGEMENT

Leading financiers discuss the current state and future directions in investing in this rapidly evolving field, including critical success factors for startups and more established companies.

Moderator:
Eugene Hill, Managing Partner, SV Life Sciences
Panelists:
John R. Garrett, PhD, Partner, John R. Garrett & Partners
Bert Welling, Managing Director, MedTech Capital

SESSION 2.3: LAW & DISORDER - LEGAL, REGULATORY & POLICY ISSUES IN BEHAVIORAL TELEHEALTH

Almost every aspect of behavioral telehealth raises legal, regulatory and policy concerns for its stakeholders, many of them issues of first impression. Certainly, providers, plans and vendors must ensure compliance with their licensing, reimbursement, privacy and security, standard of care, and ethical obligations. But what exactly are those obligations, and how are they likely to be allocated, in such an innovative business, tech and clinical environment that is way out ahead of the law? For example, where is the line between treatment "support" and treatment, care "management" and care, or DM and DSM, and is it static or shifting? When and to whom do state laws apply (such as those governing privacy, fee-splitting, insurance, fraud, marketing, and practice of a profession)? In an uncharted world of therapy by email, videoconference, or even by robot, are there emerging new duties of care, follow-up or even prevention? Can computer malware lead to malpractice? Can moderating a blog discussion become the practice of group therapy? When is it illegal to offer financial incentives or give out freebies (such as telebehavioralhealth equipment or software) to patients or providers? James Jacobson's presentation will explore these questions and other real world cases as the basis for a problem-solving approach to minimizing legal risk and improving clinical and business outcomes for all telebehavioralhealth stakeholders.

Dr. John Herman, a member of the Massachusetts Board of Registration in Medicine and a delegate to the Federation of State Medical Boards, will address challenges and opportunities in the interstate practice of medicine, including regulatory developments and issues relating to the rapidly changing field of telemedicine.

John Herman, MD, Associate Chief, Department of Psychiatry, Massachusetts General Hospital & Associate Professor, Harvard Medical School
James Jacobson, Partner & co-Chair, Health Law and Life Sciences Team, Holland & Knight LLP

| 4:00 - 4:30 | **KEYNOTE ADDRESS 6: DIRECT-TO-PATIENT EXPERT SYSTEM TECHNOLOGY IN THE MANAGEMENT OF DISEASE** |

KEYNOTE ADDRESS 6: DIRECT-TO-PATIENT EXPERT SYSTEM TECHNOLOGY IN THE MANAGEMENT OF DISEASE

4:00 - 4:30

Academic medical centers and their faculty are increasingly turning to entrepreneurial solutions to disseminate the products of translational research. The NIH's SBIR program afforded such an opportunity to faculty at Duke University Medical Center. ZyCare was formed by several Duke academics to develop a direct-to-patient expert system for the management of intensive insulin therapy. ZyCare has recently begun to market a new system for the management of warfarin therapy. Warfarin therapy was chosen because the medical management problem was analogous to that of insulin therapy and the CMS had a reimbursement plan to pay for its use. This system has been tested in multiple clinical trials and has been shown to significantly improve treatment outcome. Data will be presented and future applications of the technology will be discussed. This example can serve as a model for commercialization of translational clinical research.

Richard S. Surwit, PhD, is Professor and Chief of the Division of Medical Psychology, Vice Chairman in the Department of Psychiatry & Behavioral Sciences and co-director of the Behavioral Endocrinology Clinic at Duke University Medical Center. He is recognized as a world-renowned authority on stress and health and has studied the role that emotions and personality play in blood sugar control, as well as the basic biological mechanisms of obesity and type 2 diabetes. He is past-President of the Society for Behavioral Medicine and is the recipient of a Research Scientist Award from the National Institute of Mental Health as well as Fellow of the American Psychological Association, the Society of Behavioral Medicine, and the Academy for Behavioral Medicine Research. His research has been funded by the National Institutes of Health for more than 30 years, and he has published over 100 articles in leading scientific journals and authored and edited four books. Dr. Surwit has been awarded four United States Patents on the direct-to-patient expert system concept.

Richard S. Surwit, PhD, ABPP, FAClin, Professor, Chief, Division of Medical Psychology and Vice Chairman for Research, Department of Psychiatry and Behavioral Sciences, Duke University Medical Center

4:30 - 5:00

KEYNOTE ADDRESS 7: CHANGING PATIENT BEHAVIOR: THE EVOLVING ROLE OF TECHNOLOGY

Health-related behaviors may be responsible for over 50% of disease and death, yet healthcare professionals generally receive very little training in behavior change. What tools are available to the clinician to facilitate patient behavior change and informed decision-making? Do these tools work? Why? This presentation addresses the theoretical, research, and practical aspects of eHealth tools for changing patient behavior. Of particular focus will be the use of eHealth tools to tailor behavior change programming to specific needs and interests of the patient.

Victor J. 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 130 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, Chairman & Founder, HealthMedia, Inc.

5:00 - 5:30

KEYNOTE ADDRESS 8: CONTINUA HEALTH ALLIANCE - THE NEXT GENERATION OF PERSONAL TELEHEALTH IS HERE!

In 2008, after nearly two years of hard work from over 140 companies and 1100 dedicated members worldwide, the Continua Health Alliance is delivering the Continua Version One Guidelines to enable a whole new generation of personal telehealth devices and services. Come learn how companies and individuals from around the world are working together within Continua to knock down marketplace barriers and open up a rich personal telehealth market where many diverse vendors can combine their products into new value propositions with significant health benefits for people worldwide. From the generally healthy individuals who wish to track their fitness or diet, to the chronic disease patients whose lives are dramatically improved through embedded life monitoring, there are people who will benefit from this new marketplace of interoperable devices and services that help them to live healthier lives.

David Whitlinger serves as the director of Healthcare Device Standards for the Intel Corporation in its Digital Health Group. Mr. Whitlinger is responsible for Intel's healthcare device interoperability strategies and the standards development to support those strategies. He is currently leading a large, cross-industry consortium, the Continua Health Alliance, focused on the establishment of an eco-system of interoperable, personal telehealth systems. Mr. Whitlinger has been with Intel since 1993 and prior to establishing the Healthcare Device Standards Group, he worked on a wide variety of wireless standards and served on the Bluetooth SIG Board of Directors for several years. Mr. Whitlinger is the author of five research journal articles, four of which focused on breast cancer DNA analysis.

David L. Whitlinger, President & Board Chairman, Continua Health Alliance & Director, Healthcare Device Standards, Intel Corporation

5:30 - 6:30   *NETWORKING RECEPTION - EXHIBITOR SHOWCASE*

7:30 - 8:00   *BREAKFAST - EXHIBITOR SHOWCASE*

8:00 - 9:00   **EARLY-RISER CONCURRENT SESSIONS III**

SESSION 3.1: INNOVATIVE APPROACHES TO SUPPORTED SELF-CARE AND SELF-MANAGEMENT
Web-Enhanced Management of Cancer Related Symptoms & Web-Based Multi-Family Therapy
Drs. Jennifer Steel and Armando James Rotondi will describe their research which employs telecommunication technologies to facilitate self-care and management of disease or injury. The presentations will describe the development of the web-based interventions and results from the randomized controlled trials designed to test the efficacy of these interventions. The studies that will be described include: 1) a web-enhanced intervention to manage cancer-related symptoms and provide support for their family caregivers of patients diagnosed with hepatobiliary carcinoma; 2) a web-based intervention to provide multi-family therapy, education, and support to persons with schizophrenia and their family/support persons, and; 3) a web-based intervention to provide a multi-family psychoeducational program to parents and their children who experienced a traumatic brain injury.

Armando J. Rotondi, PhD, Associate Professor, Critical Care Medicine, Department of Health Policy and Management, University of Pittsburgh Medical Center
Jennifer Steel, PhD, Assistant Professor of Surgery and Psychiatry, University of Pittsburgh School of Medicine & Starzl Tranplantation Institute, University of Pittsburgh Medical Center

SESSION 3.2: DECISION SUPPORT TOOLS FOR PATIENTS AND PHYSICIANS
Behavioral Telemedicine and the School-age Patient: The Example of Aspergers Disorder
Pediatric and adolescent mental health is an obvious telemedicine application in terms of both challenges and opportunities. Treatment of young persons presents greater challenges of diagnosis, treatment formulation, adverse drug reaction, reactivity to life events, compliance, and relapse. In addition, care coordination and decision-making is especially complex because more people are involved besides the patient in making observations, comments and determinations related to care – parents (sometimes divorced), teachers, tutors, school nurses, and prescribing and non-prescribing clinicians. Behavioral Telemedicine Systems involving portable and stationary computers as well as Internet media enable more effective management of these challenges. In addition, the young patients who are served prefer electronic media as an everyday mode of communication for its cachet and as a sign of independence – not to mention its convenience. Unfortunately, there have been too few initiatives that have taken advantage of these technological opportunities for care delivery. We present the background to, and projected application of, a major two year NIMH Phase 2 grant to bring behavioral telemedicine to bear for Asperger students in mainstream middle and high school settings.

Ron Calvanio, PhD, Neurology Department, Massachusetts General Hospital & Instructor, Harvard Medical School

Effectiveness of Computerized Assessments and Diagnostic Modules in Mood Disorders Studies
Placebo controlled clinical studies in depression, bipolar disorders, and anxiety often fail to detect significant separation between active and placebo groups, costing millions of dollars in failed studies. Increasing the precision of clinical ratings and diagnostic outcomes is a critical challenge in the current research climate. The high placebo response rates that often hamper such trials encourage interventions that seek to improve the performance of clinical raters. The use of an interactive computer interview administered in parallel with the human rating offers the opportunity to identify raters in which symptom severity scoring is a concern as well as generate an independent, second set of outcome measures. Data from industry studies shows lower placebo response rates and higher active/placebo separation among clinical raters using such a system. Proof of concept studies are enhanced by a second set of reliable outcome data. In the past two years, such computerized assessment systems have been adapted to multiple languages and used to validate clinician diagnosis. The continuing development of validated, industry proven computerized assessments and diagnostic modules hold much promise for underserved populations and greater efficiency in diagnosing and monitoring mood disorders.

Gary S. Sachs, MD, Director, MGH Bipolar Clinic and Research Program & Consultant to Concordant Rater Systems, Inc.

SESSION 3.3: AGENTS, AVATARS, AND VIRTUAL CLINICIANS
Computer-generated characters provide the potential to use the myriad verbal and nonverbal cues used in face-to-face health counseling in computer automated and mediated interventions. The ability to simulate proxemic cues such as body position for conversational engagement and termination, posture shifts to signal topic changes and facial displays of emotion for comforting and empathy are just a few of the many communication channels available. Dr. Bickmore will discuss the use of automated computer characters in health behavior change and chronic disease self-care management interventions, as well as patient education at hospital discharge. He will also discuss study results showing that these conversational interfaces are approachable, usable and even preferred by individuals with low computer or health literacy. These automated health counseling systems have been deployed on home computers, mobile devices with integrated health behavior sensors for "just in time" health counseling, and hospital kiosks.

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. He will discuss the role of agents, avatars

and virtual clinicians in Second Life.

Timothy Bickmore, PhD, Assistant Professor, College of Computer and Information Science,
Northeastern University
John Lester, Pathfinder Linden, Second Life

9:00 - 10:00   CONCURRENT SESSIONS IV

SESSION 4.1: INTERNET-BASED SELF-MANAGEMENT OF BEHAVIORAL DISORDERS

The Internet is increasingly being used as a source of supported-self management for medical and behavioral disorders. This includes psychoeducation, decision support tools, self-assessment, personalized coaching, social networking, and online treatment. Internet-based clinical research is just beginning and many online offerings are untested and unproven, while others are being rigorously studied. Dr. Locke will discuss the types of programs available and identify some that have been studied in clinical trials. Mr. Koontz will discuss how businesses view the opportunity afforded by the Internet to reach large numbers of patients and employees who might otherwise not elect to seek care or for whom access is restricted by geography, cost, stigma, or other barriers. He will discuss LifeCoach as an example of an Internet-based program that offers a continuum of care from wellness coaching to guided self-management of behavioral symptoms to crisis intervention.

John Koontz, CEO, 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

SESSION 4.2: EMERGING TECHNOLOGIES AND PUBLIC HEALTH PREPAREDNESS: CHANGING RISK BEHAVIOR AND DISASTER RESPONSE

BioSense is a national program intended to improve the nation's capabilities for conducting real-time biosurveillance, and enabling health situational awareness through access to existing data from healthcare organizations across the country. Dr. Safran will discuss the CDC's strategy to incorporate personal health records and citizen's input as sentinel nodes on an evolving national public health grid.

Intelligent social networks and knowledge management systems are enabling the development of Resilience Networks as a fundamental infrastructure for Public Health 3.0. Public Health 3.0 fully engages the sciences of complexity and advanced communication and computing to assess risk and vulnerability at the individual and community levels to address socio-ecological factors underlying health status, disease states, and health equity. Dr. McDonald will engage a discourse on how these Resilience Networks are beginning to build out in a U.S. national testbed and what the Public Health 3.0 revolution means for the health of Americans.

Michael McDonald, DrPH, Coordinator, National Disaster Risk Communication Initiative
& President and CEO, Global Health Initiatives
Charles Safran, MD, FACP, FACMI, Chief, Division of Clinical Computing, Beth Israel Deaconess
Medical Center, Associate Clinical Professor of Medicine, Harvard Medical School
& Senior Scientist, National Center for Public Health Informatics, CDC

SESSION 4.3: PANEL DISCUSSION: SOCIAL NETWORKING AND HEALTH

With the popularity of social networking sites like MySpace and Facebook, companies have turned their eyes toward healthcare and patients. How can patients fully participate on these sites and still protect their privacy? Who owns their shared data and experiences, and can they ever be removed? How do such sites enable patients to find others like themselves, to share experiences and knowledge about their disorders? And how can such social networking sites point us to the future by becoming early warning systems for adverse drug events or identifying the downsides to the newest fad or experimental treatments? This panel will examine these questions and demonstrate some of the emerging social networking sites for health and behavioral health concerns.

Moderator:
John M. Grohol, PsyD, CEO & Publisher, PsychCentral.com
Panelists:
Enoch Choi, MD, Product Manager, MedHelp.org & Family Medicine Physician, Urgent Care Department,
Palo Alto Foundation Medical Group
Nathan Cobb, MD, Research Fellow, Tobacco Treatment and Research Center, Massachusetts General
Hospital & Harvard Medical School
Jeana Frost, PhD, Research Scientist, PatientsLikeMe
Benjamin C. Williams, CEO, Firefly Health (fka CarePlace)

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

10:15 - 10:45   KEYNOTE ADDRESS 9: TACKLING THE CHALLENGE OF PERSONAL ENGAGEMENT
Telemedicine could one day unleash the genie of two powerful healthcare trends. The first trend is the move toward a more patient-driven market economy allowing for a more rational consumption of healthcare services. The second is a reorganized delivery system around the premise that we should reward value and not process. However, the rate of acceleration of telemedicine adoption is critically dependent on an understanding of human needs, especially the subtleties of interaction between people, new technologies and unfamiliar services. In this session we will explore a systematic ethnographic process for studying human needs. We will see how these insights have been used repeatedly in other industries to dramatically speed the penetration of innovative

products and services. We will then explore the way the appreciation of human factors and patient engagement was used to package a novel set of telemedicine services, leading to the successful launch of a dynamic new company.

Jeff Gruen, MD, MBA is partner and head of the healthcare practice at PRTM. PRTM is a global strategic consulting practice with 17 offices worldwide and over thirty years of experience producing breakthrough operational results in high tech, life sciences and healthcare, manufacturing and government. Dr. Gruen was previously a President at Revolution Health Group (founded by Steve Case), a senior executive at United Health Group and a successful serial entrepreneur with several innovative healthcare services and technology companies.

Jeff Gruen, MD, MBA, Partner & Head of the Healthcare Practice, PRTM

10:45 - 11:15   **KEYNOTE ADDRESS 10: PRACTICAL HEALTH ASSESSMENTS AND THE STANDARDIZATION OF HEALTH METRICS ARE MAKING THE VOICES OF CONSUMERS AND HEALTH OUTCOMES MORE INTERPRETABLE THAN EVER BEFORE**
Surveys that measure disease burden and treatment benefits in the terms that matter most to consumers have been successfully used in research for decades.These surveys are among the best predictors of healthcare costs as well as work productivity. Of great practical importance to primary care and chronic disease management, advances in measurement science now make it possible to compare normal population health with disease burden and treatment outcomes from clinical research and with results for individual patients in the real world. This presentation shows how generic consumer health metrics are being standardized much like thermometers were cross-calibrated hundreds of years ago and how advances in technology and the Internet are being used to more efficiently assess health for risk screening and outcomes monitoring to increase the cost-effectiveness of healthcare.

Dr. Ware is CEO and Chairman of QualityMetric Incorporated. He served for 12 years as Senior Scientist, The Health Institute, Tufts Medical Center, Boston Dr. Ware was the Principal Investigator of the Medical Outcomes Study (MOS), where he developed the SF-36® Health Survey. He was a Senior Research Psychologist for 14 years at the RAND Corporation. He has authored more than 400 peer-reviewed publications. Dr. Ware's awards include election into the Institute of Medicine (IOM); AcademyHealth 1993 Article of the Year and 1994 Distinguished Investigator awards; 1998 Novartis/Zitter Group Outcomes Leadership Award; 1999 Foundation for Accountability (FACCT) Ellwood Award; 2002 ISPOR Avedis Donabedian Outcomes Research Lifetime Achievement Award; 2003 ISOQOL President's Award.

John E. Ware, Jr., PhD, CEO & Chairman QualityMetric, Research Professor, Tufts University School of Medicine

11:15 - 12:30   **PANEL DISCUSSION: THE EMPLOYERS' AND PAYERS' PERSPECTIVE**
This panel session will provide the Employer, Health Plan, Disease Management and Disability Management perspective about Tools, Tactics and Technologies supporting Behavioral Health Interventions. A multi-employer research study will be reviewed showing how Behavioral Health issues play a very significant role in driving total cost (medical/pharmacy costs plus presenteeism/absenteeism health-related productivity costs) impact for employers. The Business Value of Health will be discussed in the context of moving beyond our reactive, illness-oriented claims based cost strategies to more proactive, wellness-oriented healthy and productive human capital investment strategies. Integrated health plan and employer interventions of aligning incentives for consumer participation in health programs to drive effectiveness will also be presented. In addition, the return to work patterns and characteristics of individuals on short and long term disability (estimated 17,000 claims between 2001 and 2004) with special attention paid to major depressive disorders, Bi-polar, anxiety/panic and PTSD diagnoses, will be reviewed.

Moderator:
Ronald Loeppke, MD, Chief Strategy Officer, Executive Vice President, Matria Healthcare, Inc.
Panelists:
Terry Fouts, MD, Chief Medical Officer, Great-West Healthcare
Anita M. Holloway, MD, MBA, Manager, Health Strategy and Clinical Programs, Navistar
Ken Mitchell, PhD, Senior Vice President of Health and Productivity, Unum Disability Company

12:30 - 1:00   **CONCLUDING KEYNOTE ADDRESS 11: OPPORTUNITIES AND CHALLENGES FOR BEHAVIORAL TELEHEALTH**
Behavioral telehealth can effectively address a range of mental health issues such as depression, anxiety disorders, substance use disorders and domestic violence. The use of connected health strategies offers a number of opportunities to create social networking communities for patients and caregivers, improve adherence, deliver online cognitive behavioral therapy, and offer virtual coaching and online psychotherapy in low-cost, convenient ways. There remain a number of challenges, including limited resources, the need for payment reform, and concerns about liability exposure. In addition, stigmatization that limits implementation in the workplace, and the lack of compelling research in clinical and cost effectiveness. Dr. Kvedar will address these opportunities and challenges, and share his experience from the Center for Connected Health.

1:00   ***SUMMIT CONCLUDES***

OPTIONAL POST-SUMMIT WORKSHOPS
June 3, 2008, 2:00 pm - 5:30 pm

1:00 - 2:00   *LUNCHEON* (Workshop Attendees and Workshop Instructors Only)

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

Healthcare consumerism, novel models of patient-centered care, and the pervasive use of the Internet and other technologic advancements have led to the burgeoning growth of technology tools for patient self-management and shared decision making. Emerging evidence supports use of these tools to enable health behavior change, improve patient-provider communication, and enhance self-management support.

This workshop will present examples of behavioral telehealth tools and decision aids for a variety of common behavioral health conditions. Presentations and panels will highlight innovative projects that describe the development, deployment, and impact of technology tools in research and "real world" implementations. The closing panel will address the challenges of identifying sustainable business cases for these and other similar technology tools, platforms, and programs.

Workshop Chairpersons:
David K. Ahern, PhD, National Program Director, Health e-Technologies Initiative, Brigham & Women's Hospital & Assistant Professor of Psychology, Department of Psychiatry, Harvard Medical School
Bruce L. Rollman, MD, MPH, Associate Professor of Medicine & Psychiatry, University of Pittsburgh School of Medicine

2:00 - 2:15   **INTRODUCTION: HEALTH CARE CONSUMERISM, PATIENT-CENTERED CARE AND THE EMERGING ROLE OF BEHAVIORAL TELEHEALTH**
David K. Ahern, PhD, National Program Director, Health e-Technologies Initiative, Brigham & Women's Hospital & Assistant Professor of Psychology, Department of Psychiatry, Harvard Medical School

2:15 - 3:00   **ONLINE TOOLS FOR A MEDICAID POPULATION: THE BABY CARELINK EXPERIENCE**
Charles Safran, MD, FACP, FACMI, Chief, Division of Clinical Computing, Beth Israel Deaconess Medical Center, Associate Clinical Professor of Medicine, Harvard Medical School & Senior Scientist, National Center for Public Health Informatics, CDC

3:00 - 3:45   **iRelax: A WEB-BASED SUPPORT GROUP FOR TREATMENT OF PRIMARY CARE PATIENTS WITH PANIC AND GENERALIZED ANXIETY DISORDERS**
Bruce L. Rollman, MD, MPH, Associate Professor of Medicine & Psychiatry, University of Pittsburgh School of Medicine

3:45 - 4:00   ***REFRESHMENT BREAK***

4:00 - 4:45   **DESIGNING USER-FRIENDLY AND PROVEN-EFFECTIVE WEB-BASED INTERVENTIONS: LESSONS LEARNED**
Armando J. Rotondi, PhD, Associate Professor, Critical Care Medicine, Department of Health Policy and Management, University of Pittsburgh Medical Center

4:45 - 5:30   **PANEL DISCUSSION: FROM RESEARCH TO PRACTICE TO MARKETPLACE: THE CHALLENGE OF FINDING A SUSTAINABLE BUSINESS MODEL FOR TRANSLATIONAL RESEARCH IN BEHAVIORAL TELEHEALTH**
Moderator:
Bruce L. Rollman, MD, MPH, Associate Professor of Medicine & Psychiatry, University of Pittsburgh School of Medicine
Panelists:
Nathan Cobb, MD, Research Fellow, Tobacco Treatment and Research Center, Massachusetts General Hospital & Harvard Medical School
John Koontz, CEO, LifeOptions Group, Inc.

POST-SUMMIT WORKSHOP II: GAMING, SIMULATION & SOCIAL MEDIA IN BEHAVIORAL HEALTH & DISEASE MANAGEMENT

<u>Workshop Chairpersons</u>:
Bryan Bergeron, MD, Acting Director, Graduate Program in Clinical Investigation, *The MGH Institute of Health Professions & Faculty, Harvard/MIT Division of Health Sciences & Technology*
Debra Lieberman, PhD, National Program Director, Health Games Research, *University of California, Santa Barbara*

Interactive media are available on a variety of networked, broadband, wireless systems, with formats ranging from websites to games to virtual worlds. How can we design engaging, effective content that can improve people's health-related knowledge and outcomes? What is the current state-of-the-art in interactive health media, and what opportunities will emerge in the near future?

This workshop provides an overview of today's health-related games, simulations, and social media, and research evidence of their impact on users' health knowledge, attitudes, and behaviors. Presentations and panels will discuss current examples of interactive media for self care and clinical care; strategies for bringing high quality health media to the marketplace in order to ensure and sustain implementation; health-related resources and activities in the online world Second Life; evidence-based design principles to use when developing health-related games, simulations, and social media; and a look at upcoming technologies that will deliver interactive experiences in new ways. There will be opportunities for discussion and Q&A, and a chance to meet other attendees.

2:00 - 2:10	**INTRODUCTION**
	Bryan Bergeron, MD, Acting Director, Graduate Program in Clinical Investigation, *The MGH Institute of Health Professions & Faculty, Harvard/MIT Division of Health Sciences & Technology*
	Debra Lieberman, PhD, National Program Director, Health Games Research, *University of California, Santa Barbara*
2:10 - 2:50	**WHERE WE ARE NOW - MEDIA FOR SELFCARE**
	Debra Lieberman, PhD, National Program Director, Health Games Research, *University of California, Santa Barbara*
2:50 - 3:30	**WHERE WE ARE NOW - MEDIA FOR CLINICAL CARE**
	Bryan Bergeron, MD, Acting Director, Graduate Program in Clinical Investigation, *The MGH Institute of Health Professions & Faculty, Harvard/MIT Division of Health Sciences & Technology*
	Timothy Bickmore, PhD, Assistant Professor, *College of Computer and Information Science, Northeastern University*
3:30 - 3:45	***REFRESHMENT BREAK***
3:45 - 4:15	**HEALTH RESOURCES IN SECOND LIFE**
	John Lester, Pathfinder Linden, *Second Life*
4:15 - 5:00	**PANEL DISCUSSION: EVIDENCE-BASED PRINCIPLES FOR DESIGNING HEALTH MEDIA**
	<u>Moderator</u>:
	Debra Lieberman, PhD, National Program Director, Health Games Research, *University of California, Santa Barbara*
	<u>Panelists</u>:
	David K. Ahern, PhD, National Program Director, *Health e-Technologies Initiative, Brigham & Women's Hospital* & Assistant Professor of Psychology, Department of Psychiatry, *Harvard Medical School*
	Tom Hunter, CEO, *Glymetrics Corp.*
	Nancy Oriol, MD, Dean of Students, *Harvard Medical School*
5:00 - 5:30	**CLOSING PANEL DISCUSSION: A LOOK INTO THE FUTURE**
	<u>Moderator</u>:
	Bryan Bergeron, MD, Acting Director, Graduate Program in Clinical Investigation, *The MGH Institute of Health Professions* & Faculty, *Harvard/MIT Division of Health Sciences & Technology*
	<u>Panelists</u>:
	John Lester, Pathfinder Linden, *Second Life*
	Nancy Oriol, MD, Dean of Students, *Harvard Medical School*
	Charles Safran, MD, FACP, FACMI, Chief, Division of Clinical Computing, *Beth Israel Deaconess Medical Center,* Associate Clinical Professor of Medicine, *Harvard Medical School* & Senior Scientist, *National Center for Public Health Informatics, CDC*
	Ben Sawyer, Director, *Games for Health Project*

BRONZE SPONSORS

Community Care Behavioral Health Organization of the University of Pittsburgh Medical Center (Community Care) is a not for profit, tax-exempt, behavioral health managed care company 501 (c)(3) with over 10 years of experience in partnering with Pennsylvania state and county departments to support the effective management of mental health and substance abuse services in the publicly funded system. As part of its mission, Community Care has made a commitment to support outcomes and services research as well as fund innovation in service system delivery. Its commitment to technology innovation is evident in every facet of the company's operations, from fully automated care management, to hosted web sites that allow members and their providers to interact in a secure and private way. Community Care is part of UPMC's Insurance Services Division and is fully owned by UPMC.

Community Care Behavioral Health Organization, 1 Chatham Center, Suite 700, 112 Washington Place, Pittsburgh, PA 15219

Contact: John Lovelace, Chief Program Officer, Community Care Behavioral Health Organization Email: lovelacejg@ccbh.com, Tel: (412) 454-2169, Website: www.ccbh.com

Concordant Rater Systems is a Boston-based medical technology and services company focused on computerized assessments and diagnostics for CNS disorders. We have developed, validated, and patented Remote Rater Management (RRM). Utilizing computer interviews, RRM allows clients to continuously monitor clinical rater reliability throughout a study. Data from industry studies has shown RRM to be an effective tool in increasing reliability and reducing placebo effect. We offer computerized assessments and diagnostic modules for bipolar disorders, anxiety disorders, depression and PTSD, for use in the US and international clinical settings. Formed in 2001 by a group that included MGH researchers, the company counts pharmaceuticals, research centers and government agencies as clients.

Dan DeBonis, Website: www.concordantrater.com, Tel: (617) 367-0044

The Health e-Technologies Initiative (HETI) is a National Program Office of the Robert Wood Johnson Foundation housed at Brigham and Women's Hospital. Our grant-making and office activities seek to advance the science of eHealth and promote the use of evidence-based eHealth tools to improve health care quality and engage consumers. Our Web site, www.hetinitiative.org is home to a Resource and Communications Center (RCC) that features the Health e-Bytes editorial column, a comprehensive eHealth Literature Library and an interactive Collaboration Community with nearly 500 members.

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 Past President, Email: email@KaliMunro.com, Website: www.ismho.org

Pharos' solutions, enabled by the Tel-Assurance® technology platform, improve patient outcomes through frequent, efficient self-monitoring of a patient's health status. This approach allows care managers and treating physicians in hospitals, health plans, and government organizations to take timely action to improve quality of life while reducing service utilization. For more information about Pharos Innovations, visit www.pharosinnovations.com or call Mike Doherty, Vice President of Sales, at (224) 217-1429.

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 exhibition space, 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

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

The Center for Connected Health, a division of Partners HealthCare, is a leader in the use of technology to deliver quality patient care outside of the hospital or doctor's office. Established in 1995, the Center for Connected Health is applying consumer technologies and online resources in innovative ways, to increase access and improve quality medical services and patient care. Using technologies such as the Internet, cell phones, digital cameras and sensors, we are helping to connect leading medical specialists with patients – in their homes, offices and around the world. Visit us at www.connected-health.org

The Continua Health Alliance is a collaborative industry organization dedicated to bringing together standards and diverse technology to create new health and wellness solutions. The Continua Health Alliance envisions a marketplace of interoperable devices that enable better care, empower consumers and connect healthcare providers to their patients. Focused on the three key categories of fitness, chronic disease management, and aging independently, the Continua Health Alliance promotes better management of health and wellness at every stage of life.

Mission:
The Continua Health Alliance is committed to establishing a marketplace of interoperable personal health solutions that empower people and organizations to better manage their health and wellness.

Objectives and Actions:
The Continua Health Alliance is comprised of technology, fitness, medical device and health care industry leaders dedicated to making personal connected health a reality.

Our objectives and actions include:

- Developing design guidelines that will enable vendors to build interoperable sensors, home networks, connected health platforms, and health and wellness services.

- Establishing a product certification program with a consumer-recognizable logo signifying the promise of interoperability across certified products.

- Collaborating with government regulatory agencies to provide methods for safe and effective management of diverse vendor solutions.

- Working with leaders in the health care industries to develop new ways to address the costs of providing personal health solutions.

Continua Health Alliance Administration, 3855 SW 153rd Drive, Beaverton, Oregon 97006 USA
Tel: (503) 619-0867, Fax: (503) 644-6708
Email: Admin@continuaalliance.org, Website: www.continuaalliance.org

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* twice. 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 81 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.

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 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 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, Federal Telemedicine News
Website: www.federaltelemedicine.com, Tel: (301) 983-2841, Email: cb@cbloch.com

Dr. John Grohol's PsychCentral is the Internet's largest and oldest independent mental health social network created and run by mental health professionals to guarantee reliable, trusted information and support communities to consumers, for over 16 years. Featuring over 12,000 peer-reviewed articles, 1+ million community postings, and daily news and research updates, it has been recognized as the premier online mental health resource by leading publications such as the *New York Times* and *Forbes* magazine. Website: www.psychcentral.com

TeleHealth World is the new magazine serving the rapidly expanding fields of telehealth, telemedicine, and connected healthcare. It is a comprehensive news and analysis resource for healthcare providers and technology providers who are leading today's revolution in remotely monitored and administered healthcare, medical treatment and fitness/wellness enhancement. To subscribe, go to www.telehealthworld.com

SUMMIT LOCATION

The Summit will be held at **The Joseph B. Martin Conference Center at Harvard Medical School**, 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 Best Western Boston, The Inn At Longwood Medical Reservations Department at (800) GOT BEST or (617) 731-4700. Ask for In-House Reservations and mention "TCBI".** In order to secure the preferred group rate of $229 plus tax, reservations must be made **no later than Monday, May 12, 2008.** After that date, the preferred group rate may not be available. Please note that the **$229** rate applies only for the nights of June 1st and 2nd. Cancellations must be made by 4pm on the day of arrival to avoid penalty.

The Inn at Longwood Medical is within walking distance of The Joseph B. Martin Conference Center at Harvard Medical School, 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/bt2008/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.

An application for CEUs has been made to the Continuing Education Collaborative of NASW of MA, Boston College and Simmons College Schools of Social Wo rk. Please contact Satish Kavirajan regarding the status of the application.

Please contact Satish Kavirajan, Managing Director, TCBI, if you have any questions regarding continuing education credits for the Summit. Tel: (310) 265-2570 Email: sk@tcbi.org

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.

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

UPCOMING TCBI EVENT

FIFTH ANNUAL HEALTHCARE UNBOUND

**A Conference & Exhibition on the Convergence of Consumer & Healthcare Technologies
Special Focus on Remote Monitoring & Home Telehealth
for Managing Diseases & Promoting Wellness**

July 7-8, 2008, Marriott San Francisco, San Francisco, CA

**Supporting Organizations Include:
American Academy of Home Care Physicians (AAHCP)
American Association of Homes and Services for the Aging (AAHSA)
Center for Aging Services Technologies (CAST)
Continua Health Alliance**

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

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 Patient Self-Management and Shared Decision-Making
    Workshop II: Gaming, Simulation & Social Media in Behavioral Health & Disease Management

    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 Patient Self-Management and Shared Decision-Making
    Workshop II: Gaming, Simulation & Social Media in Behavioral Health & Disease Management

    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

Pre-Summit Workshop (June 1st) - Critical Outcomes Report Analysis $300

    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 the American Association for Technology in Psychiatry, Disease Management Purchasing Consortium, International Disease Management Alliance, International Society of Behavioral Medicine and Society of Behavioral Medicine members. In addition, we are offering a Continua discount of $200, but this discount applies only to category two registrants. Supporting organization discounts, with the exception of the Continua discount, can be combined with the earlybird discount or the academic discount. The Continua discount cannot be combined with any other discount. Disease Management Purchasing Consortium members must register for the Summit (not just an optional workshop) to qualify for the supporting organization discount. Supporting organization discounts cannot be combined.

EARLYBIRD DISCOUNT

You must register and pay by May 7, 2008 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 DISCOUNT

If your organization sends two registrants at the applicable registration fee, the third and subsequent registrants from the same organization will receive a $200 discount on the registration fee. The group discount may be combined with only one additional discount of $100 (earlybird or supporting organization discount). Registrants receiving two or more discounts are not eligible for additional group discounts. We recommend that you register by phone or fax if you wish to take advantage of this discount. Organizations sending more than three 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

PAYMENTS

Payments must be made in US dollars by Visa, MasterCard, Discover, 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 Road, 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 **C116**. For information on wire transfers, please contact TCBI: Tel: (310) 265-0621, Email: info@tcbi.org

CANCELLATION POLICY

For cancellations received in writing:

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.

Registration Options:	PRICE
❑ **Category One Registration (Summit Only)**	$995
❑ **Category One Registration (Summit Plus Post-Summit Workshop)**	$1295

    ❑ Workshop I: Technology Tools for Patient Self-Management and Shared Decision-Making

    ❑ Workshop II: Gaming, Simulation & Social Media in Behavioral Health & Disease Management

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 Patient Self-Management and Shared Decision-Making

    ❑ Workshop II: Gaming, Simulation & Social Media in Behavioral Health & Disease Management

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

❑ **Pre-Summit Workshop (June 1st) - Critical Outcomes Report Analysis** $300

❑ **I qualify for the $100 earlybird discount (registration and payment must be made by May 7, 2008).**

❑ **I am a member of the American Association for Technology in Psychiatry, Disease Management Purchasing Consortium, International Disease Management Alliance, International Society of Behavioral Medicine 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.)**

❑ **I am a category two registrant and qualify for the $200 Continua Health Alliance discount. This discount may not be combined with any other discounts offered by TCBI. Promotional Code _____**

❑ **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.**

Registrants receiving two or more discounts are not eligible for additional group discounts. In order to receive the DMPC discount, individuals must register for the main summit, and not just an optional workshop.

Total: _____

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.

The Center for Business Innovation

Name:_____

Job Title:_____

Organization:_____

Address/Suite/Floor#:_____

_____

City:_____ State: _____ Zip:_____

Telephone:_____ Fax:_____

Email:_____

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
❑ Company Check ❑ Wire Transfer

Credit Card #:_____

Expiration Date: _____

Name on Credit Card:_____

Mailing Address for Credit Card: _____

_____

Signature:_____

How did you hear about the Summit?