
MTLF

Forum Report

“The Search for Quality and Value in Healthcare: Implications for Medical Technology”

Session II: The Future of Healthcare from a Community Perspective

October 5th & 6th, 2004
Indiana University, Indianapolis



Medical Technology
Leadership Forum

What is the Medical Technology Leadership Forum?

The Medical Technology Leadership Forum encompasses a broad spectrum of the medical technology community, including clinicians, manufacturers, health plans, medical specialty societies and consumer groups. It is a forum for breaking down barriers and enhancing discussions of medical technology issues. Our White Papers and Forum discussions have made a significant contribution to the development of public policy on issues of concern to the medical technology community.

Table of Contents

Introduction	1
Report	4
Conference Agenda	12
Attendees/Program Participants	13
MTLF Board of Directors	14
Previously Published Reports	15



**Medical Technology
Leadership Forum**

The Search for Quality & Value in Healthcare: Implications for Medical Technology

Session II: The Future of Healthcare from a Community Perspective*

American Healthcare in Crisis: How One Community Found Answers by Asking the Right Questions

Introduction

“The American healthcare system is in crisis.” This time-worn phrase has been the mantra for hand-wringing sessions for two decades now. We rearrange the deck chairs and look for the hero who will save us from a slowly sinking ship that is weighed down by relentlessly rising costs and immobilized by lack of information and flawed accountability. Policy wonks pore over reams of articles and data searching for the owner’s manual that contains the ultimate answer. Adrift in the ice floes of complexity and ambiguity, politicians cling to simplistic concepts that float far from the stable ground of realistic solutions. With no leadership in sight, chaos reigns as the special interests individually seek to protect themselves from an uncertain future.

At a gathering in Indianapolis, the leaders who comprise the Medical Technology Leadership Forum (MTLF) saw first-hand how a group of committed people in one American community chose to set aside their individual self-interests, focused on the greater good and organized a rescue effort that got the engines started and nudged the ship into motion toward

MTLF’s Forum in Indianapolis brought together leaders from across the U.S. to discuss lessons learned from Indiana’s promising efforts in improving the quality and value of healthcare services.

greater healthcare security. Indiana’s promising efforts are built on the theory that past efforts to “control” healthcare costs were asking the wrong questions. After asking different questions, answers began to take shape and energized leaders rallied the community, collected new tools and started building a way out of the healthcare mess. At the MTLF conference, leaders from across the nation discussed how the lessons learned from Indiana’s experience could help chart the course for other communities and the entire nation.

When the topic of conversation is “the healthcare crisis,” the questions most often asked are, “Why does healthcare cost so much?” and, “How do we control the cost of healthcare?” Medical technology is often enumerated among the list of factors that are driving the relentless growth in healthcare costs.

At our Washington, D.C., Capitol Forum in February 2004, the MTLF concluded that medical technology is not *per se* the problem. It is the way in which the U.S. healthcare



* The first session on this topic was held at MTLF’s Capitol Forum in February 2004.

system uses technology that creates cost problems. In fact, medical technology can itself be one of the most powerful tools we have at our disposal to do something about our system's cost and quality problems. With this insight, we began to explore the concept that we shouldn't use blunt force to hammer down the total cost of medical technology, but instead should figure out how to apply technology more strategically, creatively and surgically as a valuable tool in our efforts to build a better healthcare system.

The MTLF further explored this concept on October 5 and 6, 2004, at a forum held at Indiana University in Indianapolis. At the forum, the MTLF and some of the best minds in health system reform met to discover how one American community is collaborating to apply state-of-the-art technology to bring better healthcare value to its citizens. Participants explored ways in which "all healthcare is local" can be translated into a national movement towards healthcare quality and value.

We concluded that the lessons learned in Indiana can be a road map to improvement for other communities and, ultimately, for the entire U.S. healthcare system. In fact, given today's divisive national political climate and the ponderous weight of federal healthcare policy, true improvements may be more likely to percolate up from local communities than to trickle down from our national government.

The Forum

Ken Keller, Board Chairman of the Medical Technology Leadership Forum, opened the proceedings of the forum and welcomed participants on behalf of the MTLF.

Forum participants were welcomed to Indianapolis by local business, academic and healthcare leaders at the Indiana University School of Medicine. Against the backdrop of a glass Chihuly sculpture of the DNA double helix and surrounded by medical research laboratories, participants first experienced the growing excitement and enthusiasm about BioCrossroads, Indiana's major life sciences initiative. It was clearly evident to everyone participating in the opening event that something special is happening in Central Indiana. Here is a community whose leaders from business, health care, government and academia are working together, not at odds with one another. Here is a community energized by optimism rather than immobilized by dread. Here is a community that is taking action instead of waiting for others to act. The collective vision is one of transforming, not just tweaking, an ailing healthcare system.



MTLF Board Chairman Ken Keller welcomed participants to the Forum held at Indiana University in October 2004.



Steve Ferguson, Executive Vice President at Cook Group, was the local host for the Forum.

We were welcomed to Indianapolis by **Dr. Ora Peskovitz**, Executive Associate Dean of Research at Indiana University School of Medicine and CEO and President of Riley Hospital for Children. Dr. Peskovitz gave us our first preview of Indiana's innovative collaborations in healthcare. **Dave Goodrich**, President and CEO of the Central Indiana Corporate Partnership, introduced the Partnership, which focuses on finding business opportunities in healthcare, expanding venture capital for new businesses, and marketing to researchers, investors and entrepreneurs. Business leaders see Indiana's BioCrossroads initiative as a unique opportunity to simultaneously improve healthcare and create economic opportunity in Central Indiana.

Finally, **Ray Elliott**, Chairman, President and CEO of Zimmer Holdings, made the business case for transforming the health system. U.S. healthcare expenditures per person

have doubled in 20 years. Medical technology is a driver, but it saves lives, prevents disability and improves quality of life. "Business has to collectively look at systemic costs in healthcare," he said.

The format for the Indiana forum allowed for thoughtful movement from a diagnosis of what ails the U.S. healthcare system to a vision for a better future, and from the lessons of one community to solutions for all. Along the way we trained ourselves to ask different questions about medical technology and, as we did, we began to see potential solutions to our healthcare problems in a new light. What follows is a recap of the forum, then a road map for other communities desiring to use technology to improve their healthcare systems.



Dr. Ora Peskovitz gave Forum participants their first preview of Indiana's innovative healthcare collaborations.



Mr. Ray Elliott made the case for transforming the U.S. healthcare system; artist Dale Chihuly's glass sculpture is in the background.

I. Diagnosis

What Ails the U.S. Healthcare System: Volume, Not Value

Former U.S. Senator **David Durenberger**, President of the Medical Technology Leadership Forum, set the stage for the day's discussion. While Americans might think they have the best healthcare system in the world, in reality the Institute of Medicine tells us we have a healthcare non-system built on a highly fragmented cottage industry approach that lacks even rudimentary information systems. The result is duplication, delays, overuse and delivery of services where the risk of harm outweighs the benefits. The paradox is that we spend \$1.7 trillion a year on healthcare, but what we get for our money is a host of problems with access and quality as enumerated by the Institute of Medicine's report, "Crossing the Quality Chasm."

Len Nichols, Ph.D., Vice President of the Center for Studying Health System Change, presented a sobering diagnosis, but was hopeful about the prognosis for the future. The health system is in dire stress. Costs are growing much faster than wages and incomes. "We are on a trajectory where an increasing fraction of our workforce cannot afford healthcare as we know it today."

Mr. Nichols' presentation and the ensuing discussion struck home how we've been asking all the wrong questions. If we are currently buying an undefined bundle of products and services that includes a lot of harmful, inefficient and ineffective care, maybe we should stop asking why the whole bundle costs so much. Instead, should we ask what it would cost to buy only those goods and services that are safe, efficient and effective. What is the price for only the care that has value to us?



Mr. Nichols also observed that after 10 years studying health system change in 60 American cities, he has been struck by how similar the diagnosis is becoming across the country. People seem to agree that value for our healthcare dollar is low and we have uneven quality and access. **By purchasing for value rather than for volume, dollars will be focused on effective and efficiently delivered healthcare services.** "The ground is now fertile for an adult conversation." Unfortunately, policy discussions are paralyzed at the federal level, leaving it to states and communities to find answers.

Steve Ferguson, Executive Vice President at Cook Group, agreed that people in Congress can't seem to come together around a strong national policy; it is imperative that others step forward. The cost of healthcare is a major drag on the ability of communities and states to move the economy forward and adapt to a global economy. **Indiana is taking matters into its own hands through community-based collaborations to improve value.** One example is Indiana's purchaser's alliance that brings all education systems together into one healthcare purchasing system.

Dr. Sam Nussbaum, Executive Vice President and Chief Medical Officer at WellPoint, used data to show how current payment incentives promote volume, not value, even though volume of healthcare services is not a predictor of quality. **To improve value, we must focus on overall health status rather than simply increasing the ways in which we respond to individual episodes of care.** Dr. Nussbaum's words helped us to define the meaning of "value" with even more precision. Asking the right questions means more than just asking whether services are safe, efficient and effective. We must also ask if services have value in improving overall health status and we must focus not just on individual care, but on the overall health status of entire populations.

Len Nichols presented a sobering diagnosis regarding the state of U.S. healthcare, but expressed hope for the future.

Even if we ask all the right questions about value, we are led to the conclusion that **we must make systemic changes in the way healthcare is provided, medicine is practiced, and technology is utilized.** Dr. Nussbaum shared how WellPoint's quality improvement efforts have led them to conclude that **the foundation for improvement is collaboration.** Systemic change cannot occur unless leaders from all parts of the system work together toward transformation. Many pieces to the healthcare jigsaw puzzle must fit together to bring to light the vision of a better healthcare system.

Dr. Greg Larkin, Director of Corporate Health Services at Eli Lilly and Company, used Indiana's experiences to illustrate how **the high technology of communication can be applied to improve healthcare value.** Electronic prescriptions, electronic medical records, e-consults and disease registries can promote safer, more effective and more efficient healthcare. To change the "value equation," medical providers will need to compete on outcomes, not technology ownership or location. To get there, they will need to be rewarded for coming to the table.

Dr. Beverly Lorell, Chief Medical and Technology Officer at Guidant, helped us understand that **value can be demonstrated in three sectors:** (1) **clinical innovation**, which enhances quality of life and lengthens a quality life; (2) **health-economic value**, which is a favorable, incremental improvement in quality/cost compared with the current

therapy; and (3) **populist value to society**, which asks how innovation can promote independence and well-being.

Recap

The valuable takeaways from our first session of the day included:

1. The health system is in dire stress due to rising health-care costs and poor quality;
2. We should ask "What has value?" rather than "Why does healthcare cost so much?";
3. Value means safe, effective and efficient treatment, but it also means improved overall health status;
4. The shift from volume to value requires systemic change;
5. The foundation for improving value through systemic change is collaboration;
6. Technology can be applied to improve healthcare value;
7. Answers are not likely to come from the federal government in the short-term;
8. Local communities can make a difference; and
9. Indiana is improving value through community collaborations.

With this background, we moved to the next session to gain a deeper understanding of how Indiana is building a bridge to a better healthcare system.



Dr. Sam Nussbaum showed how current payment incentives promote volume — not value — in healthcare services.

II. Changing the Value Equation Technology Innovation in Indiana

Dr. Thomas Inui, President of Regenstreif Institute, introduced us to the remarkable steps Indiana and the Indianapolis community have taken to use the tool of technology to improve healthcare value. Because we have been asking all the wrong questions, we have been collecting all the wrong information. To answer questions of value, leaders in Indiana realized they would have to retool their information systems to produce the new types of data needed. Where are our dollars going? What results are we buying? Is overall health status improving?

People came together in Central Indiana to build a new information infrastructure designed to answer questions about value. Rather than waiting for federal action, Indiana leaders from business, healthcare academia and government rallied round to build an **integrated, community-wide healthcare information infrastructure** that will improve patient care, strengthen research on quality and value, and reduce administrative costs.

Dr. Clem McDonald, Associate Dean for Health Care Research at the Indiana University School of Medicine and Director of Regenstreif Institute, described in more detail the Indiana Health Information Exchange (IHIE). The IHIE is a health information infrastructure that creates data interconnectivity between 14 hospitals in the Indianapolis area. By standardizing forms and data elements across health systems, the same **data can be reused for multiple purposes – research, public health, quality improvement and administration — while reducing administrative costs and complexity.** The purpose is not to collect more information to stack on the mountainous piles of existing information, but to change the type of information that is collected — information that will answer questions about value, not just volume or total cost.

Dr. Clem McDonald described how the Indiana Health Information Exchange creates data interconnectivity among 14 hospitals in the Indianapolis area.

Dr. Marc Overhage, CEO of the Indiana Health Information Exchange; Associate Professor of Medicine, IU School of Medicine; and Investigator, Regenstreif Institute, took us through the history of how the IHIE system moved from concept to reality. **It succeeded by leveraging existing resources and expertise and relying upon a solid and sustainable business plan that does not create dependence on grant funding.** Community collaboration to build the new system was premised on the concept that it is more important to build the highway first, and then build the hotel or restaurant. Information is the superstructure that supports a value-based healthcare system. In developing the information system, Indiana continuously asked how a national health information system might evolve, so that Indiana's system could be built, and later integrated with regional and national systems, when other communities catch up.

David Kelleher, President of HealthCare Options, Inc. — Employers' Forum of Central Indiana, demonstrated the importance of employers' willingness to come together in Central Indiana with the goal of buying better value in healthcare through health system improvements. The Employers' Forum of Central Indiana is a broad alliance of employers, health plans, medical groups, hospitals and public officials. It was built on the premise that employers alone cannot solve our healthcare problems; rather, a community-wide undertaking is necessary. The Forum focuses on purchasing for quality, aligned incentives and fairness, with a strong role for employers to become informed consumers. **The Employers' Forum shares a common cause with IHIE, resulting in a collaboration to change informa-**



tion systems technology to improve value for health care purchasers.

Ms. Melanie Bella of the Indiana Office of Medicaid Policy and Planning made it clear that current rates of growth in Indiana's Medicaid program are not sustainable and the quality and utilization patterns are unacceptable. The State of Indiana recognized the need to focus on value instead of volume and chose to devote special attention to buying value on behalf of the small percentage of patients with chronic disease who incur the largest percentage of costs. **In its role as a large purchaser of healthcare, Indiana made a conscious choice to focus on working with communities to build an effective information infrastructure to support improvements in value.** The state pursued this course rather than hiring a national disease management vendor who would own and control data to support purchasing healthcare based on value. The state's interests are aligned with those of private purchasers toward a common goal: **to change the way healthcare is delivered regardless of payer source or where the care is delivered.**

Dan Evans, President/CEO of Clarian Health Partners in Indianapolis, challenged us to respond to the moral imperative of using technology and information to improve care. He cited the recent *Harvard Business* article by Michael Porter and Elizabeth Teisberg, "Redefining Competition in Health Care." Spending more is not buying better care. The focus must shift to the value equation which factors together cost and quality. In the past, each system has developed its own measures of quality performance. **The trend has shifted toward using external measures so that quality is transparent and measured the same everywhere. To succeed in this endeavor, we need the active participation of the entire industry.**

Recap

Indiana's experience offers important lessons to the nation and to other communities who are now beginning to understand how to ask the right questions and then find the right answers:

1. To answer questions about value, a new information infrastructure is needed;
2. To be effective, the information system must be integrated and community-wide; and
3. Success requires collaboration among business, government and the healthcare industry.
4. Purchasers play a vital role by collaborating to support system-wide changes regardless of payer source;
5. Building a new information system requires a solid and sustainable business plan;
6. Existing resources can be leveraged and costs minimized by transforming existing systems rather than adding on new ones, and by using the same data for multiple purposes;
7. Standard external measures will ensure that quality is transparent and comparable; and
8. Community systems can be built to be adaptable to future national systems.

Having immersed ourselves in the inspiring story of how one community came together to build the foundation for a value-based healthcare system, we circled back to build our knowledge base through conversations with innovators and leaders from other parts of the country.



Dr. Marc Overhage explained how the IHIE system moved from concept to reality.

III. Lessons for Other Communities and the U.S.: Collaborations for Health System Improvement

The next set of speakers helped us learn more from other communities and national experts about the new questions of value.

Dr. John Wennberg, Director of the Center for Evaluative Clinical Sciences at Dartmouth Medical School and author of the *Dartmouth Atlas*, reviewed with us the latest research documenting the wide variation in medical practice across the U.S. and how the data demonstrates the need for the healthcare system to focus on effectiveness and value. We must view failure to provide effective care as a medical error. **Reimbursement systems must be changed to realign incentives to reward effective care over preference-sensitive care and supply-sensitive care.** Dr. Wennberg's pioneering efforts laid the foundation for the emerging consensus that we must shift our attention to the question of value, rather than volume.

Dr. Richard Re, Vice President, Director of Research at the Ochsner Clinic Foundation, helped us understand how to dig deeper into the emerging body of data and expertise on value in healthcare, then later moderated a panel of respondents.

Dr. Andy Wiesenthal, Associate Executive Director of Clinical Information Support at Permanente Federation, described Kaiser's HealthConnect project to integrate and interconnect healthcare data to support improvements in quality, service and affordability. The question of overall value

cannot be answered if data only exists in isolated silos such as per unit procedures or hospitalization rates.

Data from all sites will be integrated: in the home, in the medical office and in the hospital. And value has many facets: quality of care, service and affordability. The challenge of transformation and integration may seem overwhelming, but recognizing the fundamental necessity of this shift to value, not volume, Kaiser is charting a course and moving toward the goal.

Dr. John Miller, Professor of Medicine and Director of Clinical Cardiac Electrophysiology at Indiana University School of Medicine, described the barrier to improving value as **"too many good guidelines," making it difficult to make apples-to-apples comparisons of quality.** "Until we admit that we are part of the problem, we won't be part of the solution," he said. Dr. Miller reinforced the point made by our Indiana hosts that **we must collaborate to form community-wide systems for assessing quality and performance based on uniform external measures.** Physician leadership is vital to changing the practice of medicine, and our good intentions must be backed up by incentives to reward improvement.

Dr. John Wennberg's pioneering efforts laid the foundation for the emerging consensus that we must shift our attention to the question of value, rather than volume.



Dr. Ora Peskovitz, Executive Associate Dean of Research at Indiana University School of Medicine, walked us through the birth of Clarian HealthPartners, an Indianapolis consolidation and collaboration of research, education and clinic institutions.

Mr. Vincent Caponi, CEO of St. Vincent's Hospital and Health Services in Indianapolis, reminded us of the value of sports analogies in health policy, by providing a refreshing story from the annals of baseball history. Billy Bean revolutionized best practices in baseball scouting when he realized that scouts were looking at the wrong things because of problems in how the statistics they relied upon were reported. By asking different questions, Billy found overlooked talent and experienced phenomenal success in the world of baseball. In healthcare, too, we have been measuring the wrong things. Mr. Caponi's analogy was right on target and a fitting finale for our day of learning. **In Indianapolis, the time and conditions were ripe for collaboration to begin measuring the right things in the right ways.**

Recap

Our final session brought more rich lessons to the foundation we had built throughout the day:

1. To buy based on value, we must change payment methods and incentives;
2. Data must be integrated across the entire system and encompass all facets of quality;
3. Standardization of multiple, existing external measures is essential; and
4. Indianapolis has shown us how to measure the right things in the right ways.



Mr. Vincent Caponi pointed out that too often, we have measured the wrong things in health policy.



Senator Dave Durenberger led participants in a summary session to wrap up the Forum.

Road Map: Buying Value in Healthcare Through Technology Innovation

1. Diagnosis: We're not buying value.

"Spending more isn't buying better care." Dan Evans

Cost growth is not sustainable. We're buying more and more without questioning its value. As a result, the incentives in American health care are "stunningly bad," and the problem is systemic. Our goal should be a system where we buy based on value, and information is the key first step. Lack of information is what prevents value purchasing.

Key lessons:

- **Communities should ask "What has value?" rather than "Why does healthcare cost so much?"** Some of what we buy today is ineffective, inefficient or even harmful. By changing the way we think, we can choose to pay only for the things that have value to us and stop paying for things that do not. Community efforts to address rising healthcare costs can benefit by reframing the questions before seeking the answers.
- **Value means improved overall health status, in addition to safe, effective and efficient treatment for individuals.** When we think about value, we must broaden our horizon beyond individual, case-by-case treatment to see how the entire healthcare system influences value. Further, if the value we seek is improved health status, we must step back even further to see how forces in the larger community affect health status.
- **Technology can be applied to improve healthcare value.** Technology is often described as a driver of healthcare costs. The truth is that some technologies increase costs while others reduce them. Some technologies have great value that is worth the cost, while others have less value. The question is not how to control the costs of medical technology, but how to use medical technology in a way that provides the value we seek. Additionally, technology has value not only for enhancing healthcare value but also for providing solutions to our system-wide problems.

Mr. Dan Evans challenged participants to respond to the moral imperative of using technology and information to improve care.

2. Strategy: Coming together to answer the value question.

"The foundation for improvement is collaboration." Sam Nussbaum

To buy based on value, comparative healthcare information is needed. To get there we need common standards for quality, a common infrastructure, a common repository for research and concentrated spending where it will do the most good. This requires collaboration among employers, health plans, healthcare providers, patients and government.

Key lessons:

- **To answer questions about value, a new information infrastructure is needed.** We have been asking the wrong questions, so our existing information systems give us the wrong data. Our information systems will have to be retooled to give us the data that is needed to make informed decisions about value. Advances in information technology make it possible to create the information systems we need.
- **Standard external measures will ensure that quality is transparent and comparable.** We must be able to measure and compare the safety, efficiency and effectiveness of different providers and the system as a whole. We need apples-to-apples comparisons, which require standardized measures, and standardization requires collaboration.



- **To be effective, a value-based information system must be integrated and community-wide.** It is not possible to assess and compare value without seeing the entire picture. For example, an increase in the number of outpatient visits or in prescriptions written for a particular drug cannot be fully understood without knowing whether there is a corresponding change in hospitalization rates.
- **To buy based on value, we must change payment methods and incentives.** Our existing financing and payment systems were built to deliver volume without any need to demonstrate value. If we continue to pay for goods and services in the old way, our efforts to make systemic change will fail. New payment systems must be built to reward value.
- **Success requires collaboration among business, government and the health care industry.** The foundation for improving value is collaboration. Collaboration to develop a new infrastructure. Collaboration to develop uniform, community-wide measures of performance. Collaboration to change the financing system to produce different outcomes.

3. Opportunities: Learning from local collaboration.

“Percolate, not Trickle Down.” Dan Evans

Local and regional public-private partnerships – with government participating primarily as purchaser rather than regulator – are where best practices in collaboration will emerge. Collaboration is built on relationships: trust, fairness, credibility, respect, learning from each other. We can learn much from Central Indiana and their experience with



collaboration. Gatherings like this can promote the kind of cross-fertilization among communities, organizations and leaders that can nurture the scattered green sprouts until we have a seamless, interconnected national healthcare system that uses medical technology to give Americans the best possible value for their healthcare dollars.

- **Answers are not likely to come from the federal or even state governments in the short term.** Federal and state governments are unlikely to act to support constructive change. The system is too large and complex and the political environment stifles the kind of bipartisan cooperation that is needed to transform the healthcare system across the nation.
- **Local communities can make a difference.** Since all healthcare is local, constructive change is likely to emerge from local community action. A shining example is Indiana, which is improving value through community collaborations. Communities can build on trusting relationships and experiment with solutions tailored to local needs, strengths and resources.
- **Building a new information system requires a solid and sustainable business plan.** Transformation is a long-term endeavor that requires sustained infusion of knowledge and resources over time. Existing resources can be leveraged by transforming current systems rather than adding on new ones, and costs can be minimized by using the same data for multiple purposes. With planning, the investment in change can produce economic benefit for the community in terms of job creation, business development, reduced health care costs, and increased productivity.
- **Community systems can be built to be adaptable to future regional and national systems.** Eventually, the ponderous weight of national health policy will move forward under the relentless nudging of local community action. By acting now, local communities can help shape the future national system. By staying connected to other communities and national efforts, the architects of local systems can build in the ability to interconnect with other systems and an emerging national system.

Dr. Beverly Lorell makes the point that value can be demonstrated in three sectors: clinical innovation, health-economic value and populist value to society.

Conference Agenda

Tuesday, October 5

Morris Mills Atrium of the VanNuys Medical Science Building, Indiana University School of Medicine

5:30-7:00 pm (CDT) — Social Hour and Reception

7:00 pm — Dinner

7:45 pm — Welcome

Dr. Kenneth Keller, Board Chairman, Medical Technology Leadership Forum

Presenter — “BioCrossroads: The Indiana Health Future”

Mr. Dave Goodrich, CEO, Central Indiana Corporate Partnership

Presenter — “Quality and Value: The Medical Technology Imperative”

Mr. Ray Elliott, Zimmer Holdings, Inc.

Wednesday, October 6

University Place Conference Center, Indianapolis

7:15 - 7:45 am — Continental Breakfast

7:45 - 8:00 am (CDT) — “Indiana Sets the Pace”

Ms. Katherine L. Davis, Indiana Lieutenant Governor

8:00 - 8:15 am — Overview of Forum

Hon. David Durenberger, President, Medical Technology Leadership Forum

8:15 - 10:00 am — Session I, “Evidence of Value: A National Healthcare Imperative”

Presenter and Moderator: Dr. Len Nichols, Center for Studying Health Systems Change

Participants:

Mr. Stephen Ferguson, Executive Vice President, Cook Group, Inc.

Dr. Samuel Nussbaum, Executive Vice President and Chief Medical Officer, Anthem, Inc.

Dr. Greg Larkin, Director, Corporate Health Services, Eli Lilly

Dr. Beverly H. Lorell, Chief Medical and Technology Officer, Guidant Corporation

10:15 am - Noon — Session II, “Informatics and the IT/IS pathway to Evidence of Value in Healthcare Decision Making”

Presenter: Dr. Clem McDonald, Indiana University School of Medicine and Regenstrief Institute

Moderator: Dr. Thomas Inui, President, Regenstrief Institute

Participants:

Dr. Marc Overhage, Associate Professor of Medicine, I.U. School of Medicine; Investigator, Regenstrief Institute; CEO, Indiana Health Information Exchange

Mr. David Kelleher, President, HealthCare Options, Inc. – Employers’ Forum of Central Indiana

Ms. Melanie Bella, Indiana Office of Medicaid Policy & Planning (OMPP)

Noon - 12:45 pm — Lunch

12:45 - 1:15 pm — “Enhancing Value, Rebuilding Relationships: Percolate, not Trickle Down”

Mr. Daniel Evans, President/CEO, Clarian Health Partners, Indianapolis

1:15 - 3:15 pm — Session III, “Physician Practice and Medical Technology: Problem or Solution”

Presenter: Dr. John Wennberg, Dartmouth Medical School

Moderator: Dr. Richard Re, Vice President, Director of Research, Ochsner Clinic Foundation

Respondents:

Dr. Andy Wiesenthal, Associate Executive Director of Clinical Information Support, Permanente Federation

Dr. John Miller, Professor of Medicine & Director of Clinical Cardiac Electrophysiology, I.U. School of Medicine

Dr. Ora Pescovitz, Executive Associate Dean of Research, I.U. School of Medicine, CEO & President, Riley Hospital for Children

Mr. Vincent Caponi, CEO, St. Vincent Hospital & Health Services; Chair, Indiana Health Information Exchange

3:15 - 3:45 pm — Summary and Highlights

Attendees/Program Participants

Ms. Melanie Bella

Director, Indiana Office of Medicaid Policy & Planning

Mr. Leonard Betley

President, Richard M. Fairbanks Foundation

Ms. Betsy Bikoff

Richard M. Fairbanks Foundation

Mr. Vincent Caponi

CEO, St. Vincent Hospital & Health Services Chair, Indiana Health Information Exchange, St. Vincent Hospital & Health Services

Dr. David Cook

Chief Medical Officer, Key Family of Companies

Dr. Richard Coutts

Representative, American Academy of Orthopaedic Surgeons, Orthopaedic Medical Group

Mr. Mitchell Dann

Principal, Sapient Capital

Dr. Adam Darkins

Chief Consultant for Care Coordination, Department of Veterans Affairs

Hon. David Durenberger

President, Medical Technology Leadership Forum

Mr. Ray Elliott

Chairman, President & CEO, Zimmer Holdings, Inc.

Dr. Arthur Erdman

Professor of Mechanical Engineering, University of Minnesota

Mr. Daniel Evans

President & CEO, Clarian Health Partners

Dr. Neal Fearnot

President, MED Institute

Mr. Stephen Ferguson

Executive Vice President, Cook Group Incorporated

Ms. Susan Foote

Division Head, Health Services Research & Policy, University of Minnesota School of Public Health

Dr. Jim Gardner

Director, 3rd Party Reimbursement, Cook Group Incorporated

Mr. Dave Goodrich

CEO, Central Indiana Corporate Partnership

Ms. Phyllis Greenberger

President and CEO, Society for Women's Health Research

Ms. Bonnie Hanke

Senior Manager in Health Policy, Medtronic, Inc.

Dr. Thomas Inui

President, Regenstrief Institute

Mr. David Kelleher

President, HealthCare Options, Inc.

Dr. Kenneth H. Keller

Charles M. Denny, Jr. Professor, Humphrey Institute, University of Minnesota, Chairman, Medical Technology Leadership Forum

Dr. Greg Larkin

Director of Corporate Health Services, Eli Lilly and Company

Dr. Beverly Lorell

Chief Medical and Technology Officer, Guidant Corporation

Dr. Clem McDonald

Associate Dean for Health Care Research, I.U. School of Medicine; Director, Regenstrief Institute

Dr. John Miller

Professor of Medicine & Director of Clinical Cardiac Electrophysiology, I.U. School of Medicine

Dr. Len Nichols

Vice President, Center for Studying Health System Change

Dr. Samuel Nussbaum

Executive Vice President and Chief Medical Officer, Anthem, Inc.

Dr. Marc Overhage

Associate Professor of Medicine, I.U. School of Medicine; Investigator, Regenstrief Institute; CEO, Indiana Health Information Exchange

Dr. Ora Pescovitz

Executive Associate Dean of Research, I. U. School of Medicine; CEO & President, Riley Hospital for Children, Indiana University School of Medicine

Mr. Daniel Peterson

Vice President, Industry & Government Affairs, Cook Incorporated

Dr. Richard Re

Vice President and Director of Research, Ochsner Clinic Foundation

Ms. Claire Roberts

Chief Financial Officer, BioCrossroads

Mr. Michael Scandrett

Halleland Health Consulting

Mr. Chuck Schalliol

President and Chief Executive Officer, BioCrossroads

Mr. James Simpson

Vice President, Government Affairs, Zimmer, Inc.

Dr. Joseph Smith

Chief Medical Officer, Guidant Corporation

Ms. Betsey Urschel

Baylor University Medical Center

Dr. Harold Urschel

Chair of Cardiovascular & Thoracic Surgical Research, Education and Clinical Excellence, Baylor University Medical Center

Dr. John Wennberg

Professor of Community and Family Medicine, Center for Evaluative Clinical Sciences, Dartmouth Medical School

Dr. Andy Wiesenthal

Associate Executive Director of Clinical Information Support, Permanente Federation

Mr. David Wood

Director, Guidant Corporation

MTLF Board of Directors

Officers

MTLF Board Chairman
Kenneth H. Keller, Ph.D.
University of Minnesota

MTLF Vice Chairman
Stephen L. Ferguson
Cook Group Inc.

MTLF President
Hon. David F. Durenberger
United States Senator (MN)
1978-1995

MTLF Vice President/Treasurer
Peter L. Gove
St. Jude Medical, Inc.

MTLF Secretary
Susan Bartlett Foote
University of Minnesota

Susan Alpert, M.D., Ph.D.
Medtronic, Inc.

Lawrence H. Cohn, M.D.
Brigham & Women's Hospital

Richard Coutts, M.D.
American Academy of
Orthopaedic Surgeons

Mitchell Dann
Sapient Capital Management

Phyllis E. Greenberger, M.S.W.
Society for Women's Health Research

Robert M. Nerem, Ph.D.
Georgia Institute of Technology

Richard N. Re, M.D.
Ochsner Clinic Foundation

Harold C. Urschel, Jr., M.D.
Society of Thoracic Surgeons

Previously Published MTLF Reports

“Innovative Approaches to the Regulation of Combination Products & New Science: Options for Policymakers” July, 2004*

“The Search for Quality and Value in Healthcare: Implications for Medical Technology” February, 2004*

“Facilitating the Continuum from Experimental to Clinical Use: Designing Alternative Models” July, 2003*

“Breaking Down the Institutional Barriers to Multi-Disciplinary Research” April 28, 2003*

“MTLF Capitol Forum Report” January, 2003*

“Medicare Coverage Policy: the Balance Between Local and National Decision Making” June 28, 2002*

“Defining a Regulatory Process for Combination Products: The Emergence of Tissue Engineering” April 21-22, 2002*

“MTLF Capitol Forum Report” January, 2002

“Risks and Rewards in Medical Technology: Innovation and Conflict of Interest at the Academic/Industry Interface” July, 2001*

“Reimbursement for Clinical Information Technologies” July, 2001*

“Medicare Coverage Criteria II: Task Force Summary” December, 2000

“How Information Technology is Revolutionizing Medical Device Innovation: Implications for Medicine and Public Policy” July, 2000

“Enhancing Patient Access to New Medical Technologies: Implications for Public Policy” October, 1999

“Priorities and Challenges in Developing Information Technology in the National Healthcare System” September, 1999*

“Conditional Coverage of Investigational Technologies” July, 1999*

“Medicare Coverage Criteria: Task Force Summary” April, 1999

“1997-1998, the First Two Years — 1999 and Beyond, Plans for the Future”*

“Methods Summit: Evidence of Value for Medical Devices” December, 1998*

“Evidence of Value: Building a New Paradigm” March, 1998

“Medicare Coverage: Time for a Public Policy Dialogue” March, 1998

* Indicates that the report is available on-line at www.mtlf.org. All other reports are available by contacting the MTLF business office at (651) 962-4637.



Medical Technology Leadership Forum

Washington, DC Office

122 C Street NW
Suite 850
Washington, DC 20001
Phone (202) 715-2924

Business Office

TMH 439
1000 LaSalle Avenue
Minneapolis, MN 55403
Phone (651) 962-4637
Facsimile (651) 962-4636

www.mtlf.org