

Physician and Hospital Leadership Seminars



JANUARY 19-22, 2017

**JW MARRIOTT DESERT SPRINGS RESORT,
PALM DESERT, CA**



**Bring your CEO
for FREE!**

Call 800-807-9819 or email
greeleyseminars@greeley.com
for details.

- ▷ **Medical Executive Committee Institute**
- ▷ **Training Physicians to Lead Clinical Transformation**
- ▷ **The Credentialing Solution**
- ▷ **Peer Review Boot Camp**
- ▷ **The CMO/VPMA Retreat**

You and your team are invited to join us in Palm Desert for a unique seminar experience

Dear Colleagues,

As my Greeley colleagues and I continue our work with hospital administrators and physician leaders nationwide in this unprecedented time of change in healthcare, it becomes clearer that physicians will be the catalysts for positive, lasting change. In other words, **it's about the physicians!** Regardless of the issues faced—responding to the Affordable Care Act, coordinating care, enhancing cost effectiveness—we will not achieve the reform we seek at the individual hospital, system, or nationwide level without physicians getting other physicians to change how they practice medicine.

Please join us in Palm Desert, CA this coming January to capitalize on an unparalleled opportunity for your teams of executives, physician leaders, and others who play key roles in your medical staff and quality programs to learn and participate in our seminars together and to walk away with shared goals and strategies for your organization. We purposely build free time into the seminar days to allow you the opportunity to augment your seminar sessions with rewarding team-building events, networking, or customized sessions with our faculty.

Our courses promise to offer exciting exchanges of ideas, strategies, and practical advice for conquering today's most pressing challenges. All seminars provide a highly effective means to expand the education, team-building, and skills your leaders need to achieve the goals that are most critical to your hospital's success.

I look forward to seeing you in Palm Desert!

Sincerely,



Rick A. Sheff, MD
Principal and Chief Medical Officer
The Greeley Company

p.s. As you might know, we have provided leadership seminars for over 20 years and offer them multiple times each year. We update the content and format continually—and add entirely new programs as needed—so even if you've attended before, there's good reason to join us again!

Physician and Hospital Leadership Seminars January 19-21, JW Marriott Desert Springs Resort, Desert Springs, CA

MEDICAL EXECUTIVE COMMITTEE INSTITUTE: THE ESSENTIAL TRAINING FOR ALL PHYSICIAN LEADERS

Thousands of physicians have completed this course, preparing them to assume such leadership positions as department chair, medical director, credentials or quality committee member, medical staff officer, and MEC member. Because new leadership challenges abound, many hospitals make it standard practice to enroll current and future leaders in this program annually; in fact, one client recommended: "Hospitals should make this seminar mandatory for any and all MEC members." (See p. 7 for more information.)

TRAINING PHYSICIANS TO LEAD CLINICAL TRANSFORMATION: ACHIEVE BREAKTHROUGH IMPROVEMENTS IN QUALITY WHILE REDUCING COSTS

All of today's solutions to improve quality and reduce costs make only incremental changes. They don't tackle the fundamentals that must change to make healthcare sustainable. That will require CLINICAL TRANSFORMATION, which cannot be achieved without trained, effective physician leaders. **Training Physicians to Lead Clinical Transformation** goes beyond buzz-words to teach participants the critical skills necessary to achieve physician engagement and breakthrough improvements in quality while reducing costs. (See p. 11 for more information.)

PEER REVIEW BOOT CAMP: PERFORMANCE IMPROVEMENT-DRIVEN PEER REVIEW

The medical staff often views peer review as punitive, when it can actually be a positive force for physician improvement. **Peer Review Boot Camp** offers practical, in-depth training for physicians recently appointed to peer review positions, existing peer review leaders who seek new ideas on how to improve their case review and OPPE/FPPE methods, and staff who support peer review. Taught by experienced physician leaders from the practitioner's perspective, Peer Review Boot Camp's format features a varied curriculum of group exercises, clinical case reviews, and case studies, with time for small group discussions and segments on ambulatory and ACO settings. (See p. 16 for more information.)

THE CREDENTIALING SOLUTION: EVERYTHING MEDICAL STAFF LEADERS AND MEDICAL SERVICES PROFESSIONALS NEED TO KNOW ABOUT CREDENTIALING AND PRIVILEGING

Presented and facilitated by nationally renown credentialing experts, this course will provide credentials committee chairs and members, physician leaders, and medical services professionals with the skills and knowledge necessary to design a credentialing and privileging program that protects patients, is fair to physicians and clinicians, incorporates integrated solutions, and complies with accreditation and regulatory requirements. (See p. 20 for more information.)

Retreat Program – January 21-22

THE CMO/VPMA RETREAT: HOW TO SUCCEED IN THE TOUGHEST JOB IN HEALTHCARE

Designed to provide you with new, high-level management skills and knowledge, realistic perspectives on the role of CMO/VPMA, and the peer-to-peer networking that are all necessary for you to excel in your challenging position. This interactive retreat spans two half-days that will cover advanced management techniques to assist CMOs/VPMA's in resolving the challenges that arise from having one foot in the hospital management world and one foot in the clinical world. (See p. 23 for more information.)

About Your Location

JW MARRIOTT DESERT SPRINGS RESORT, PALM DESERT, CA



Perfectly placed in Palm Desert, JW Marriott Desert Springs Resort & Spa offers a spectacular backdrop for rejuvenation. In addition to spacious, exquisitely appointed guest rooms, this luxury resort features a wide range of top-quality amenities.

JW Marriott Desert Springs Resort, Palm Desert, CA

74-855 Country Club Drive
Palm Desert, CA, 92260

Reservations: (888) 236-2427

Hotel telephone: (760) 341-2211

Discounted room rate: \$239 per night

Hotel cutoff date: January 3, 2017

For the discounted room rate, reservations must be made by the hotel cutoff date. Be sure to mention Greeley to receive the discounted room rate. Rooms are available on a first-come, first-served basis.

ACTIVITIES & AMENITIES

The Greeley Company purposely structures our seminar programs to allow time for participants to enjoy activities and events outside the educational sessions—for team-building purposes or simply to reinvigorate, relax, and reflect. We are highly selective in choosing each premier location to best suit the season and ensure an abundance of opportunities that are sure to please our diverse audience.

JW Marriott Desert Springs Resort & Spa boasts five separate pools, two creatively designed championship golf courses, and a world-class signature spa. It also offers an impressive collection of people-friendly exotic birds, boat tours of our picturesque waterways, and sensational dining at our resort's six signature restaurants.

MEDICAL EXECUTIVE COMMITTEE INSTITUTE

The Essential Training for All Physician Leaders

Obtain the medical staff leadership skills not taught in medical training.

The **Medical Executive Committee Institute** is an ideal way for developing physician leaders to prepare for their important positions and for current leaders to remain apprised of new issues and leadership techniques. This content applies to both physician leaders in traditional organized medical staffs and those in the new/developing medical staff models. Presented by nationally recognized, motivational, and effective physician leadership educators, this program leaves participants with renewed energy and commitment for their essential roles.

BENEFITS

- ▷ Recognize why physician leadership is critical for success
- ▷ Better navigate the challenges of having employed and private practice physicians on the same medical staff
- ▷ Understand new models that help to improve quality and reduce costs
- ▷ Manage physician behavior using performance expectations, feedback, and effective interventions

LEARNING OBJECTIVES

Upon completion of this program, participants will be able to:

- ▷ Describe the impact of healthcare reform and other trends on physicians and hospitals
- ▷ Describe the roles and responsibilities of the medical staff, board, and administration
- ▷ Explain the responsibilities of elected medical staff officers and department chairs
- ▷ Identify strategies for physicians to hold their peers accountable while helping them improve performance
- ▷ Identify effective practices for implementing a credentialing program that is fair to physicians and protects patients from potential harm
- ▷ Identify strategies for making peer review effective and fair
- ▷ Explain how to manage poor/marginal performance and disruptive behavior
- ▷ Identify the key drivers of hospital financial performance
- ▷ Identify the key elements of healthcare law impacting medical staff leaders
- ▷ Describe today's new models of physician-hospital alignment

ATTENDEES

This program provides experienced, new, and potential physician leaders with the essential skills they need to make your medical staff effective. Organizations that send a team consisting of medical staff leaders, medical services professionals, their CEO, and their VPMA/CMO benefit the most from this program.



CE CREDITS

Please visit greeley.com/seminars for information about CE credits provided for this program.

"This course refocused my goals. It was informative, constructive, and energizing from beginning to end. I am completely impressed."

—Bettina Smallman, MD
SUNY Upstate Medical University

Agenda

THURSDAY, JANUARY 19 | DAY 1

7 AM to 8 AM **REGISTRATION AND CONTINENTAL BREAKFAST**

8 AM to 12:30 PM **SEMINAR SESSION**

**Plenary Session: What We're Doing in Healthcare Is Not Sustainable:
Will you be part of the solution or part of the problem?**

- ▷ Healthcare trends affecting physicians and hospitals
- ▷ The need to simultaneously cut costs and improve quality and safety
- ▷ Healthcare stands on a burning platform. Now what?
- ▷ What does it mean for each physician and every hospital to be part of the solution?

Rethinking the Medical Staff

- ▷ Who is responsible for the quality and safety of patient care?
- ▷ To whom and for what are physicians accountable?
- ▷ How should physician and hospital leaders work together to achieve success and great patient care?

**Effective Medical Staff or Obsolete Medical Staff: How can physicians
hold each other accountable for the quality of care we provide?**

- ▷ The Physician Performance Pyramid: Keys to achieving great physician performance

**Essentials of Credentialing and Privileging for Medical Staff Leaders
(Part I)**

- ▷ Make patients the focus of credentialing and privileging decisions
- ▷ How to streamline credentialing so it is fair, effective, and efficient

12:30 PM **ADJOURN**

Evening networking reception

Agenda

FRIDAY, JANUARY 20 | DAY 2

7 AM to 8 AM **CONTINENTAL BREAKFAST**

8 AM to 12:30 PM **SEMINAR SESSION**

Essentials of Credentialing and Privileging for Physician Leaders (Part II)

- ▷ Making sense of laundry lists, core privileges, and competency clusters
- ▷ Managing today's privileging challenges

Make Peer Review Effective, Efficient, and Fair

- ▷ How to drive bias out of peer review
- ▷ General competencies
- ▷ OPPE & FPPE

How to Manage Poor and Marginal Performance, Disruptive Behavior, and Impairment

- ▷ Manage the marginally performing physician
- ▷ Manage common performance challenges
- ▷ Identify and manage the impaired physician
- ▷ A step-by-step approach to intervene with a disruptive physician

How to Manage a Fair Hearing and Investigation

- ▷ Strategies to prevent fair hearings
- ▷ Effective investigations
- ▷ Dos and don'ts of corrective action
- ▷ Keys to an effective fair hearing

12:30 PM

ADJOURN



Agenda

SATURDAY, JANUARY 21 | DAY 3

7 AM to 8 AM **CONTINENTAL BREAKFAST**

8 AM to 12:00 PM **SEMINAR SESSION**

Regulatory Compliance Made Simple

- ▷ What do the CMS, Joint Commission, DNV, HFAP, and CIHQ really require?
- ▷ Stop making compliance a burden for physicians and staff and see it as an opportunity
- ▷ Process simplification as a strategy for better compliance and improved physician-hospital alignment

Legal Issues: The top 10 you need to know to stay out of trouble

1. Corporate negligence
2. The legal status of bylaws
3. Exclusive contracting
4. EMTALA
5. HCQIA
6. NPDB reporting
7. Patient Protection and Affordable Care Act
8. Ethics in Physician Self-Referrals Law (Stark Law)
9. Anti-Kickback Statute
10. False Claims Act

Follow the Money: A crash course in healthcare finance for medical staff leaders

I Want to Be Part of the Solution...Now What?

- ▷ Is the organized medical staff up to today's challenges?
- ▷ What new models are helping improve quality and reduce costs?
A review of patient-centered medical homes, service-line management and co-management, bundled payments, and ACOs/clinically integrated networks
- ▷ What must physicians and physician leaders do to make these models work?
- ▷ How does physician employment affect the organized medical staff and the new medical staff models?
- ▷ When multiple models coexist, who's accountable to whom for what?

Putting It All Together to Leave a Legacy You Can Be Proud Of

12:00 PM **ADJOURN**

Agenda is subject to change

TRAINING PHYSICIANS TO LEAD CLINICAL TRANSFORMATION

Achieve Breakthrough Improvements in Quality While Reducing Costs

Your service line, ACO, bundled payment, or medical home won't succeed without physicians getting other physicians to change how they practice medicine. Do you and your fellow physician leaders have the critical skills for this difficult task?

All of today's solutions to improve quality and reduce costs make only incremental changes. They don't tackle the fundamentals that must change to make healthcare sustainable. That will require CLINICAL TRANSFORMATION, which cannot be achieved without trained, effective physician leaders. This course goes beyond buzzwords to teach participants the critical skills necessary to achieve physician engagement and breakthrough improvements in quality while reducing costs.

Regardless of your organization's progress toward clinical transformation—or the models you have in play—this program will help your team of hospital executives and physician leaders compose the components necessary for an integrated solution. From vision and strategy to metrics, rewards/incentives, and real-world solutions for changing how physicians practice medicine, participants will leave with a practical action plan to achieve clinical transformation in their own organization.

BENEFITS

- ▷ Understand new solutions for engaging and motivating physicians
- ▷ Gain skills to lead physicians to change culture and change clinical practice
- ▷ Use the right incentives to motivate, align, and reward physicians
- ▷ Recognize and tackle systems barriers to breakthrough quality improvement and cost reduction
- ▷ Learn to make physician well-being and the avoidance of burnout goals of your clinical transformation initiatives
- ▷ Create a customized action plan for achieving clinical transformation in your own organization



CE CREDITS

Please visit greeley.com/seminars for information about CE credits provided for this program.

LEARNING OBJECTIVES

Upon completion of this program, participants will be able to:

- ▷ Recognize the unsustainability of and burning platform for change in healthcare today
- ▷ Understand the meaning of clinical integration and clinical transformation
- ▷ Explain the value of making and addressing the systems diagnosis to improve quality and reduce costs
- ▷ Describe the issues involved in developing an approach to distributing a bonus pool that is fair and motivates and rewards needed changes in clinical care
- ▷ Explain the difference between transactional leadership and transformational leadership
- ▷ Describe an approach to identifying critical situations and the vital few practitioner behaviors that provide the greatest leverage to improve quality and reduce costs

ATTENDEES

Any physician in, considering, or being groomed for a leadership role in your organization's clinical transformation efforts should attend. Organizations will benefit the most when sending teams consisting of service line medical directors and administrative directors, service line co-management company leaders, leaders responsible for physician employment, ACO, PHO, IPA and/or medical home leaders, those charged with implementing bundled payments, those working in physician-management dyads, and physician executives and hospital executives.

“Greeley speakers provide the perfect ‘titration’ of style and content. This information will provide the foundation to address the challenges of the next three years.”

—Jerry Kolins, MD, CMQO,
Palomar Health, Escondido, CA

Agenda

THURSDAY, JANUARY 19 | DAY 1

7 AM to 8 AM **REGISTRATION AND CONTINENTAL BREAKFAST**

8 AM to 12:30 PM **SEMINAR SESSION**

(with two
15-minute breaks)

Plenary Session: What We’re Doing in Healthcare Is Not Sustainable: Will you be part of the solution or part of the problem?

- ▷ Healthcare trends affecting physicians and hospitals
- ▷ The need to simultaneously cut costs and improve quality and safety
- ▷ Healthcare stands on a burning platform. Now what?
- ▷ What does it mean for each physician and every hospital to be part of the solution?

From Clinical Integration to Clinical Transformation: Evolution of a Moving Target

- ▷ What is Clinical Integration?
- ▷ Eye on the Prize: Managing the total cost of care
- ▷ What is Clinical Transformation?
- ▷ Why does the difference matter?
- ▷ Why is Clinical Transformation the right goal?

In God we trust...All others must bring data!

- ▷ How to get and work with the data you need to transform clinical care (Round 1)
- ▷ What do you need to know?
- ▷ What will you measure to know it?
- ▷ What questions will the data need to answer?
- ▷ What will we do once we know the answers from the data?

12:30 PM **ADJOURN**

Evening networking reception

Agenda

FRIDAY, JANUARY 20 | DAY 2

7 AM to 8 AM **CONTINENTAL BREAKFAST**

8 AM to 12:30 PM **SEMINAR SESSION**

(with two
15-minute breaks)

CASE STUDY #1: Making the System Diagnosis—Drivers and Barriers for Quality and Cost

- ▷ Thinking differently: Systems engineering as part of the solution
- ▷ Eight barriers to effecting change
- ▷ REALLY putting the patient at the center
- ▷ How to get and work with the data you need to transform clinical care (Round 2)
- ▷ Understanding and using the 4 quadrant model to transform healthcare: medical, psychological, social, and financial

CASE STUDY #2: Incentive Pool Design—How to use incentives to motivate, align, and reward

- ▷ What are you trying to accomplish with incentive pool design?
- ▷ Who should get how much of the bonus? Who decides?

12:30 PM **ADJOURN**



Agenda

SATURDAY, JANUARY 21 | DAY 3

7 AM to 8 AM **CONTINENTAL BREAKFAST**

8 AM to 12:00 PM **SEMINAR SESSION**

(with two
15-minute breaks)

ENGAGING PHYSICIANS: WHY SHOULD I CARE? WHY SHOULD I CHANGE?

CASE STUDY #3: Empathy, Burnout and Physician Well-Being

- ▷ Moving from transactional leadership to transformational leadership
- ▷ Capturing physicians' hearts and minds
- ▷ Physician well-being and resilience as a target of healthcare leadership
- ▷ Helping physicians rediscover the joy of medicine

CASE STUDY #4: The Vital Few: How to Be an "Influencer"

- ▷ Which critical moments in patient care make all the difference?
- ▷ What are the vital few practitioner behaviors in those critical moments for transforming quality, cost and empathy?

Creating an Action Plan For When You Get Home

12:00 PM **ADJOURN**

Agenda is subject to change



PEER REVIEW BOOT CAMP

Intensive Training for Committee Chairs, Members, and Support Staff

100%

100% of participants in the most recent **Peer Review Boot Camp** said they would recommend this program to a colleague and responded “yes” when asked, “Will the information presented cause you to make any changes to your peer review-related tasks?”

“This program will greatly influence my role as the Chair of the Peer Review Committee: More effective and efficient meetings and process.”

—Armour Forse, MD,
Alegent-Creighton Health, Omaha, NE

Overcome today's most challenging peer review issues

The medical staff often views peer review as punitive, when it can actually be a positive force for physician improvement. This course offers practical, in-depth training for physicians recently appointed to peer review positions, existing peer review leaders who seek new ideas on how to improve their case review and OPPE/FPPE methods, and staff who support peer review. Taught by experienced physician leaders from the practitioner's perspective, **Peer Review Boot Camp**'s format features a varied curriculum of group exercises, clinical case reviews, and case studies, with time for small group discussions and segments on ambulatory and ACO settings.

BENEFITS

- ▷ Perform reliable case review with less bias and greater efficiency
- ▷ Increase the use of aggregate data to identify patterns and trends
- ▷ Create a positive peer review culture
- ▷ Implement multispecialty-based peer review
- ▷ Encourage the medical staff to take peer review seriously

LEARNING OBJECTIVES

Upon completion of this program, participants will be able to:

- ▷ Explain the responsibilities of an effective peer review committee
- ▷ Implement methods to improve reliability and fairness of physician case review
- ▷ Select indicators to measure the six core competencies
- ▷ Develop a fair and efficient approach to OPPE and FPPE
- ▷ Create an effective action plan for FPPE

ATTENDEES

This program provides practitioners who lead or participate in peer review and staff who support peer review with the essential skills they need to succeed in their roles. Organizations benefit the most when they send teams consisting of medical staff quality/peer review committee chairs and members, designated physician reviewers, medical staff officers, chief medical officers/VPMA's, medical directors, department chairs, quality directors and quality staff supporting peer review, and medical services professionals.



CE CREDITS

Please visit greeley.com/seminars for information about CE credits provided for this program.

"This is a great course for peer review—new members or experienced reviewers. There were so many great points and helpful suggestions. As chair of the peer review committee, this course will help me conduct meetings more efficiently and effectively. It will also help me orient new members more effectively and present our committee and our mission as much less intimidating."

–James Groskreutz, MD, Chief of GI, Co-chair PRC,
Gundersen Health System, Lacrosse, WI

Agenda

THURSDAY, JANUARY 19 | DAY 1

7 AM to 8 AM **REGISTRATION AND CONTINENTAL BREAKFAST**

8 AM to 12:30 PM **SEMINAR SESSION**

(with two
15-minute breaks)

Contemporary Peer Review In a Changing Healthcare Environment

- ▷ What are the goals of peer review?
- ▷ Peer review as the human resources functions of the medical staff

Creating Performance-Improvement Focused Peer Review

- ▷ Performance improvement to provider safer, more effective care
- ▷ Determining organizational culture
- ▷ Moving from punitive to positive: Creating a performance-improvement culture in your peer review program

The Greeley Pyramid

- ▷ Keys to achieving great practitioner performance and accountability
- ▷ Setting expectations and evaluating professional performance

Creating a Sound Structure for Effective Peer Review

- ▷ Legal concerns in peer review: Corporate negligence, immunity, and discoverability
- ▷ Policies: conflict of interest, and external peer review
- ▷ Managing conflicts of interest (case studies)
- ▷ Multispecialty peer review: Why and how?
- ▷ Integrating peer review into your network and addressing the ambulatory environment

12:30 PM **ADJOURN**

Evening networking reception

Agenda

FRIDAY, JANUARY 20 | DAY 2

7 AM to 8 AM **CONTINENTAL BREAKFAST**

8 AM to 12:00 PM **SEMINAR SESSION**

(with two

15-minute breaks)

OPPE and FPPE: Using aggregate data for peer review

- ▷ Responsibilities of contemporary peer review committees
- ▷ Sample agenda
- ▷ Selecting physician performance measures: Data validity and rule and rate measures for OPPE (Exercise)
- ▷ Selecting practitioner performance measures: What we have to measure and what we want to measure
- ▷ Selecting physician performance measures: Indicator building (Exercise)
- ▷ Dealing with severity-adjusted data, patient satisfaction data, and physician attribution
- ▷ Performance improvement-focused peer review: Evaluating OPPE data (Case studies)
- ▷ Performance improvement-focused peer review: Creating effective FPPE plans and managing physician performance
- ▷ Is case review really working? Benchmarking your case review process and results

Running an Effective Peer Review Committee Meeting

- ▷ Leadership roles and styles
- ▷ Techniques and tips

12:00 PM **ADJOURN**

Agenda

SATURDAY, JANUARY 21 | DAY 3

7 AM to 8 AM **CONTINENTAL BREAKFAST**

8 AM to 12:00 PM **SEMINAR SESSION**

(with two

15-minute breaks)

Case Review: Step-by-Step to Getting It Right

- ▷ The case rating form: Reducing bias and increasing efficiency
- ▷ Case review indicators: What makes a good indicator?
- ▷ Bias and the effect on peer review: How to diminish it
- ▷ Human and system failures
- ▷ How does Just Culture fit in peer review?
- ▷ Identifying improvement opportunities
- ▷ Closing the loop and follow-up

Peer Review In Action: Discussion of sample clinical cases

Bringing It Back Home: Next steps for your peer review program

12:00 PM

ADJOURN

Agenda is subject to change



THE CREDENTIALING SOLUTION

Everything Medical Staff Leaders and Medical Services Professionals Need To Know About Credentialing and Privileging

"Great information on physician leadership; well organized and developed for people of all backgrounds and job involvement. Great idea for interaction between physicians and administration. I have learned much more about privileging and confirming credentials, and have developed a new appreciation for the process of requests for new and renewal of privileges."

—John Blevins, MD, Midland Memorial Hospital, Midland, TX

Manage today's most difficult credentialing and privileging issues

In 1962, then-Joint Commission director Kenneth Babcock, MD, said, "There is no more controversial question in medical practice than who may be granted hospital privileges and to what extent." This is arguably still true today. This contemporary credentialing and privileging course addresses not only the evergreen subject of maintaining a credentialing and privileging program that protects patients, is fair to physicians and clinicians, and complies with accreditation and regulatory requirements, but also incorporates integrated solutions that make sense for today's aligned systems, hospitals, and medical staffs that also have employed physicians.

BENEFITS

- ▷ Match privileges granted to demonstrated current competence
- ▷ Manage low- and no-volume practitioners
- ▷ Address challenges related to privileging advanced practice professionals
- ▷ Manage high-risk credentialing in a way that protects patients and the hospital

LEARNING OBJECTIVES

Upon completion of this program, participants will be able to:

- ▷ Explain the overall effect of physician employment on credentialing for hospitals
- ▷ Formulate options for how to credential and privilege low- and no-volume practitioners
- ▷ Set up effective strategies for minimizing the risk of negligent credentialing lawsuits
- ▷ Identify best practices for aligning privileges with competency
- ▷ Explain the implications of recent legal cases and landmark cases on credentialing practices today
- ▷ Illustrate a practical approach to effective focused professional practice evaluation (FPPE)
- ▷ Describe a specific challenge that affects the credentialing processes for employed practitioners

ATTENDEES

This course provides practitioners who lead or participate in credentialing and privileging and the staff who support credentialing and privileging with the essential skills they need to succeed. Organizations benefit the most when they send teams consisting of medical staff leaders, medical services professionals, their CEO, their VPMA/CMO, credentials committee department chairs and members, board members, risk managers, and quality directors.



CE CREDITS

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Agenda

THURSDAY, JANUARY 19 | DAY 1

7 AM to 8 AM **REGISTRATION AND CONTINENTAL BREAKFAST**

8 AM to 12:30 PM **SEMINAR SESSION**

(with two
15-minute breaks)

Principles of Effective Credentialing and Privileging

- ▷ Controlling pressure from influential groups or individuals to credential quickly
- ▷ Dealing with superb clinicians with sub-optimal citizenship
- ▷ Balancing patient care, physician success, and hospital success
- ▷ Deciding who must be credentialed and privileged
- ▷ Going beyond the traditional steps of credentialing
- ▷ Managing unusual privileging requests
- ▷ Obtaining the most value from peer references
- ▷ Matching competency with clinical privileges

Roles and Responsibilities in Credentialing

Landmark Cases Establishing Legal Precedent

- ▷ A face with many names (e.g., negligent credentialing, corporate negligence, negligent selection)
- ▷ Doctrine of charitable immunity
- ▷ Duty to exercise due care
- ▷ Protection from immunity

Current Legal Cases, Lessons Learned

- ▷ Grandfathering—friend or foe?
- ▷ Responding to professional reference requests
- ▷ Challenges to precautionary suspension

Evolving Credentialing Standards (Initial & Reappointment)

- ▷ Leading credentialing practices to protect patients, healthcare organizations, and practitioners
- ▷ Value-added credentialing elements

Applying the “Four Steps” to a Physician Applicant

- ▷ The good, the bad, and the ugly in bylaws statements
- ▷ An exercise in red flag management using the Four Steps of Credentialing

12:30 PM **ADJOURN**

Evening networking reception

Agenda

FRIDAY, JANUARY 20 | DAY 2

7 AM to 8 AM

CONTINENTAL BREAKFAST

8 AM to 12:30 PM

SEMINAR SESSION

(with two
15-minute breaks)

The Greeley Pyramid

- ▷ Keys to achieving great physician performance
- ▷ Accountability of the medical staff

APP Conundrum: How to manage their expanding role

- ▷ Addressing the expanding roles or scope creep in a nontraditional training environment
- ▷ Determining organizational culture
- ▷ Liability carrier considerations
- ▷ Privileging—Which comes first, the chicken or the egg?
- ▷ Policy considerations

How Do You Create Criteria for New Technology, New Services, Expanding Scopes of Practice?

- ▷ Case studies
- ▷ Eight steps to successfully managing requests for new services and new technology

How to Manage Temporary Privileges to Mitigate Risk and Protect Patients

- ▷ Defining patient, community, and hospital need
- ▷ What can be done to reduce risk and protect patients?
- ▷ Where do locum tenens fit in this picture?

Employed Physicians: Who is Responsible—Management or the Medical Staff?

- ▷ Is it one size fits all?
- ▷ Case studies
 - What went wrong?
 - Who is responsible for addressing behavior and citizenship issues and clinical competency issues?
 - NPDB reporting
- ▷ How to avoid physician employment misadventures

Credentialing Solutions for Clinical Integration and Physician Employment

- ▷ Decreasing duplication
- ▷ Increasing efficiency
- ▷ Increasing physician and staff satisfaction

12:30 PM

ADJOURN

Agenda

SATURDAY, JANUARY 21 | DAY 3

7 AM to 8 AM **CONTINENTAL BREAKFAST**

8 AM to 12:00 PM **SEMINAR SESSION**

(with one
15-minute break)

Performance Monitoring to Cover All the Bases

- ▷ Accreditation requirements
- ▷ Focused Professional Practice Evaluation (FPPE)
- ▷ Ongoing Professional Practice Evaluation (OPPE)

Potpourri of Competency Assessment Challenges Due to Low- and No-Volume

- ▷ Lack of inpatient activity
- ▷ "Just in case" coverage
- ▷ Single practitioners in a specialty
- ▷ No current clinical activity
- ▷ The increasingly narrow practice

The Aging Physician

- ▷ Strategies to protect patients and support the practitioner
- ▷ Aging is not for sissies
- ▷ Analogies with medicine
- ▷ Accreditation requirements
- ▷ Policy considerations

12:00 PM **ADJOURN**

Agenda is subject to change



THE CMO/VPMA RETREAT

How to Succeed in the Toughest Job In Healthcare

"Solving medical staff problems is never an accident. It is always the result of high intention, sincere effort, intelligent direction and skillful execution. It represents the wise choice of many alternatives."

— Adapted from John Ruskin,
Scientist, Writer, Philosopher

Think strategically. Act effectively. Avoid the land mines.

If you are a CMO or VPMA or are considering this role, join us for **The CMO/VPMA Retreat: How to Succeed in the Toughest Job in Healthcare**, designed to provide you with new, high-level management skills and knowledge, realistic perspectives on the role of CMO/VPMA, and the peer-to-peer networking that are all necessary for you to excel in your challenging position. This interactive retreat spans two half-days that will cover advanced management techniques to assist CMOs/VPMA in resolving the challenges that arise from having one foot in the hospital management world and one foot in the clinical world.

BENEFITS

- ▷ Learn strategies for exercising power and influence in the absence of authority
- ▷ Understand the spheres of control, influence, and interest of the physician executive regarding employed physician performance and conduct
- ▷ Identify practical approaches to addressing performance and conduct issues with employed physicians
- ▷ Effectively manage conflicts between employed and private practice physicians
- ▷ Identify strategies for dealing with challenges in which the CMO/VPMA does not see eye-to-eye with the CEO
- ▷ Proactively manage disagreements regarding significant executive team decisions
- ▷ Rebuild trust between physicians and the hospital

ATTENDEES

Attendance at this retreat will be limited to facilitate peer-to-peer learning from your fellow CMOs/VPMA and to ensure that the individual issues most important to participants are addressed.



CE CREDITS

Please visit greeley.com/seminars for information about CE credits provided for this program.

Agenda

SATURDAY, JANUARY 21 | DAY 1

12:30 PM to
4:30 PM

THE UNIQUE CHALLENGES OF THE CMO/VPMA ROLE

Case Study #1: The CMO Role and Physician Employment

The employed physician group is losing \$140,000/physician/year. The employed physicians were automatically signed up to participate in the hospital's ACO, but have not bought into making needed changes in patient care. The primary care employed physicians have set up patient-centered medical homes with little impact on patient outcomes or costs. And several employed physicians have recently left for other positions because they were unhappy with how management was running their practices. Even though the employed physicians don't report directly to you, the governing board, with the tacit support of the CEO, has turned to you as CMO with a simple, mission-critical directive: "Fix the employed docs!" Now what?

Case Study #2: Clinical Integration as a Moving Target

You recognize that your hospital and medical staff will not succeed unless they find ways to improve quality and reduce costs at the same time—at a pace and magnitude you are not achieving today. Your organization has launched several clinical integration initiatives, including projects to reduce CHF and COPD readmissions, a clinically integrated network for commercial and Medicaid contracts, and service line co-management agreements. You are also in the early stages of developing your first bundled payment arrangements. Other than some improvement in readmission rates, none of these initiatives is going particularly well right now. You were too busy to take a leading role in the launch of all of these initiatives when they started, but now that they aren't going well, your CEO is expecting you to solve the problems and get all of them back on track. What action plan will you implement?

4:30 PM

ADJOURN

Agenda

SUNDAY, JANUARY 22 | DAY 2

7 AM to 11:30 AM **THE UNIQUE CHALLENGES OF THE CMO/VPMA ROLE**
(CONTINUED FROM DAY ONE)

Case Study #3: Rebuilding Trust Once It's Broken

After a recent series of events—including a decision to change out a much liked but difficult-to-work-with ED physician group, an aggressive EMR and CPOE initiative, persistent lack of nursing responsiveness to physician concerns, and pushback on the way the revised physician conduct policy has been implemented—a new chief of staff has been elected on the platform of being management's worst nightmare. As CMO/VPMA, you supported some of the administrative initiatives, understood the need for some of the others, have your own frustrations with nursing leadership, and disagreed with the decision to change out the ED group. What will you do now to turn this situation around?

Challenges and Opportunities In the Career Path for CMOs/VPMA:
What Will Be Your Action Plan for Enhancing Your Effectiveness As a CMO/VPMA When You Get Home?

11:30 AM **ADJOURN**

Agenda is subject to change

Meet Your Greeley Program Faculty

PROFESSIONALS COLLABORATING WITH FELLOW PROFESSIONALS TO HELP YOU SUCCEED



THOMAS ANTHONY, JD

Mr. Anthony is a partner and chair of the healthcare practice group in the law firm of Frost Brown Todd, LLC, in Cincinnati. He is general counsel to hospitals regarding medical staff bylaws and related matters, physician relations, the acquisition of medical groups, corporate governance, acquisitions of outpatient and ancillary facilities, strategic alliances and joint ventures, the establishment of provider-based facilities, executive employment agreements, Medicare compliance, contracting, and employment matters.



CAROL S. CAIRNS, CPMSM, CPCS

Carol S. Cairns, CPMSM, CPCS, is a senior consultant with The Greeley Company, and a recognized expert in the field. She presents frequently on subjects such as basic and advanced credentialing and privileging, core privileging, APP credentialing, the CMS Conditions of Participation, and the standards of—and survey preparation for—The Joint Commission, the National Committee for Quality Assurance (NCQA), and the Healthcare Facilities Accreditation Program (HFAP).



JOSEPH D. COOPER, MD

Dr. Cooper is a senior consultant with The Greeley Company. He is a physician leader who brings more than 25 years of experience in medical staff functions and affairs to his work with physicians, hospitals, and healthcare organizations across the country, consulting in the areas of medical staff organizational functions, governance and bylaws, peer review, and credentialing and privileging.



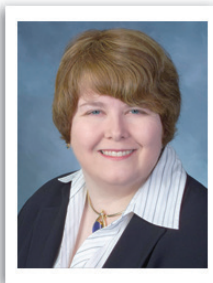
ANDREW J. CURTIN, MD, MBA

Andrew J. Curtin, MD, MBA, is a board certified, practicing radiologist with expertise in neuroradiology. Dr. Curtin holds an executive MBA from Temple University Fox School of Business. He provides education on medical staff organizational functions; new medical staff leaders' roles and responsibilities; the medical staff-board relationship (board and physician perspectives); credentialing and privileging; low- and no-volume practitioners; OPPE/FPPE; how to conduct peer review non-punitively; and practitioner conflict, alignment, and behavioral issues.



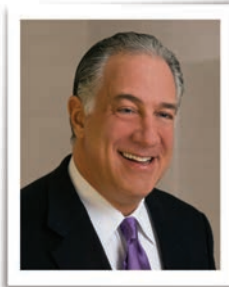
TAREK ELSAWY, MD, FACP

Dr. Elsaywy is President and CEO of Reliant Medical Group, based in MA. An internist, Dr. Elsaywy previously spent nine years with the Cleveland Clinic, in Cleveland, OH, in various executive roles—including Vice President of Cleveland Clinic Regional Hospitals & Family Health Centers. There, he focused on the development and implementation of a clinical integration strategy and on collaborations on population health management. He served on the Board of Trustees for the Cleveland Clinic's Community Physician Partnership and Marymount Hospital.



MARY HOPPA, MD, MBA

Dr. Mary Hoppa is a senior consultant with The Greeley Company. She has worked with Greeley since 2006, focusing on medical staff operations, bylaws, peer review, and Joint Commission accreditation and CMS compliance. Dr. Hoppa is a sought after speaker and the author of several books. Prior to joining The Greeley Company, Dr. Hoppa was a Family Medicine physician for 15 years, including her roles as Chief Medical Officer at Methodist Hospital in Merrillville, IN and as a member of the Iowa Board of Medical Examiners. Dr. Hoppa is a graduate of the University of Wisconsin Medical School and School of Business. She received her residency training at the Mercy/St. Luke's Family Practice in Davenport, IA.



BRADLEY M. LEONARD, MD, MBA, FACC

Bradley M. Leonard, MD, MBA, FACC, consults in the areas of quality, patient safety, physician leadership, and healthcare organizational behavior, and maintains a busy private practice in interventional cardiology. He is the former chief medical officer for the STEEEP Global Institute, a division of the Baylor Health Care System that helps external organizations improve healthcare quality in the areas of safety, timeliness, efficacy, efficiency, equity and patient-centeredness. He also served as chair of the Congestive Heart Failure Council for Baylor, addressing reduction of readmissions and improvements to the delivery of integrated patient care.



JAMES C. MARTIN, MD

Dr. Martin is chief medical officer for the CHRISTUS Santa Rosa Health Corp. in San Antonio, TX. He is engaged in developing a clinical organization modeled around small groups of independent practitioners and patient-centered medical home recognition. He continues in a continuity patient practice of almost 40 years. He provides education on clinical integration and on physician-hospital alignment issues, with special interest in patient-centered medical homes. He served as president of the Texas Academy of Family Physicians, the American Academy of Family Physicians, and the American Board of Family Medicine, and was founding chair of TransforMED.

**SALLY J. PELLETIER, CPMSM, CPCS**

Sally Pelletier, CPMSM, CPCS, is a senior consultant and chief credentialing officer with The Greeley Company. She brings nearly two decades of credentialing and privileging experience to her work with medical staff leaders and medical services professionals across the nation. Pelletier advises clients in the areas of accreditation compliance, credentialing and privileging assessment and redesign, medical services department assessments, and leadership and development training for medical services professionals.

**RICK A. SHEFF, MD**

Dr. Sheff is principal and chief medical officer with The Greeley Company. He brings more than 25 years of healthcare management and leadership experience to his work with physicians, hospitals, and healthcare systems across the country. With his distinctive combination of medical, healthcare, and management acumen, Dr. Sheff develops tailored solutions to the unique needs of physicians and hospitals.

**DAVID P. TARANTINO, MD, MBA**

David P. Tarantino, MD, MBA, is a senior consultant with The Greeley Company. He works with healthcare organizations nationwide in the areas of medical staff effectiveness, peer review, and clinical operations improvement. A board-certified practicing anesthesiologist and pain medicine specialist, Dr. Tarantino also serves as Cape Regional Medical Center's (Cape May, NJ) chief medical officer and president of the its employed physician practices. Previously, he was chair of the Department of Anesthesiology and Perioperative Medicine at MedStar Health Franklin Square Medical Center in Baltimore, MD.

Registration Information

For individual or team reservations, you may:



Register online at
Greeley.com/seminars



Call (800) 807-9819

SEMINAR PRICING

The four seminars that run three half days are \$1,845 per attendee and include:

- ▷ Intensive, interactive learning sessions
- ▷ Detailed course materials
- ▷ Continental breakfast each day
- ▷ Networking reception for participants and their spouses/partners
- ▷ CME/CE credit

The CMO/VPMA Retreat is \$649 per attendee when added to another seminar or \$1,195 as a standalone program. Registration includes:

- ▷ Intensive, interactive learning sessions
- ▷ Detailed course materials
- ▷ Lunch on Saturday
- ▷ Continental breakfast on Sunday
- ▷ CME/CE credit

The Credentialing Solution: Purchase three seats, register a fourth team member at no additional cost. For all other seminars, please inquire about team pricing.

REMEMBER

**Organizations may bring
their CEO for free!**

CUSTOMIZED SESSION OPTION

Should your organization wish to explore adding a private, customized session with one or more of our faculty members to your seminar experience, please contact Amanda Edwards at (978) 406-4703 to discuss your needs.

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Greeley Seminars Have Gone “Greener!”

In an effort to help conserve natural resources, Greeley no longer prints full course workbooks. Approximately one week prior to the seminar, we provide registered attendees with the presentation slides via a secure online link. Onsite, we provide a general program guide that includes a section for note-taking, but does not include the presenters' full slides.

Cancellation policy

1.) Cancellations received by The Greeley Company 30 days or more prior to the seminar are eligible for a credit or refund, less a \$250 cancellation fee. The credit is valid for up to six months from the date of cancellation. 2.) Cancellations made 30 to 10 days prior to the seminar date are ineligible for refunds but are eligible for payment transfer (credit) to another Greeley seminar, less a \$250 cancellation fee. The credit is valid for up to six months from date of cancellation. 3.) Participants who cancel fewer than 10 days prior to the seminar date are considered as “no shows” and are ineligible for refund/credit. This policy is subject to change. Call (800) 807-9819 or email greeleyseminars@greeley.com.

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The Greeley Company requires full payment of the registration fee upon booking. Registration is not guaranteed until payment is received. Payment by check or PO is available until 15 business days prior to the event start date; following that, only credit card payment is accepted. Please remit payment to The Greeley Company, Attn: Seminars, P.O. Box 3049, Peabody, MA 01961-3049.

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Physician and Hospital Leadership Seminars

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- ▷ **Peer Review Boot Camp**
- ▷ **The CMO/VPMA Retreat**