Institute for the Advancement of Health Care Management

Accountable Care Organizations: Implications for Reimbursement, How it Can Be Done, & What it Might Look Like in the Capital Region

The U.S. Department of Health and Human Services is expected to release specific regulations on how different health care delivery organizations can reorganize themselves as accountable care organizations (ACO) to help restructure payment reform and provide coordinated care with implementation of the Patient Protection and Affordable Care Act (PPACA). What will be the challenges, opportunities, and impact of establishing ACOs in the Capital Region?

This expanded breakfast program will assess the ACO concept critically from several different perspectives: as an approach to payment reform that restructures financial incentives and transforms provider relationships; in the context of existing models of care coordination already being implemented in the Capital Region community for specific populations such as older adults; and as a stable, long-term model of care that will bring added value to the Capital Region health care community and its patients.

John Baackes
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Moderator:
Jerry Salkowe, M.D.
Executive Director
Advocates for Quality

Tuesday, February 1, 2011
7:15 a.m. Networking Breakfast
7:45 – 9:45 a.m. Presentation and Discussion

University at Albany East Campus
Rensselaer, NY
For directions, visit www.albany.edu/sph/coned/breakfastprograms.htm

Registration Fee: $15
*Registration and payment information below.

University at Albany School of Public Health
Institute for the Advancement of Health Care Management

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Tuesday, February 1, 2011

To register by mail or to make payment, please send the registration form to:
Kate Pacelli
University at Albany School of Public Health
GEC 100
One University Place
Rensselaer, NY 12144

Or by fax to 518-402-0329

The cost to attend this program is $15. Advanced registration is required by Thursday, January 27, 2011. Please note we are unable to accept cash.

___ REGISTRATION AND PAYMENT ENCLOSED
___ PAYMENT ONLY (REGISTERED ON-LINE)

Name: ____________________________________________________________

Organization: _____________________________________________________

Friend*: Yes___ No___

Phone Number: ________________

E-mail address: ____________________________________________________

Payment Type: _____ Check (enclosed) [payable to University at Albany]

Please Check One: _____ MasterCard _____ VISA

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