

COVERING MEDICARE: CARE, COSTS, CONTROL and CONSEQUENCES

MAY 5

6:00 p.m.

Greeting, Reception and Discussion

EJ Mitchell

Bill Mitchell

Introduction of the Workshop Notebook as a guide to creating a Medicare Coverage Strategy for each participant's newsroom or personal coverage strategy.

MAY 6 - UNDERSTANDING MEDICARE

8:30 a.m.

Welcome

Medicare: Caring for America's Seniors and the Disabled – 15 minutes.

WORKSHOPS

8:45 a.m. – 10:15 a.m.

Pressures on the Program

Medicare is under strain from demographic changes (an aging population), increased use of expensive technology in health care and the prevalence of chronic illness. Combined, these factors have created the perfect storm for Medicare, resulting in uncertainty about the program's future and the best ways to preserve it for future generations.

Panelists:

Sherry Glied, Columbia University

Break

10:30 a.m. – 12:00 p.m.

A Conversation with Medicare Stakeholders

Recent approaches to bringing down costs in Medicare in many ways resemble a water balloon: Efforts to depress one area of the program result in expanded pressure in another. Nobody has felt this more than various program providers. This panel of providers will give journalists an understanding of the conflicting pressures physicians, hospitals and insurers face in the effort to contain Medicare spending.

Panelists:

Carl Patton (BCBS) helping secure following speakers

Elizabeth Strombom, BCBS

Florida hospital executive

Small-practice physician or medical lobby rep.

12:00 p.m. – 1:30 p.m.

Lunch

What Kind of Story Is This?

Given its impact on the health, finances and overall well-being of such large segments of the population, Medicare presents journalists with an opportunity to meet the central challenge facing news organizations today: becoming an essential element in the lives of readers, viewers, listeners and users. A discussion of best practices in Medicare coverage drawn from the archives of the Medicare NewsGroup.

A conversation with:

EJ Mitchell

Bill Mitchell

Bruce Japsen

1:30 p.m. – 2:45 p.m.

Medicare: An Acute Care Program Caring for a Chronically Ill America

At its beginning, Medicare was designed to be a health insurance program for the elderly and disabled with acute care needs. But in today's health care system, most conditions are chronic and cared for on an outpatient basis. This session will help journalists understand the historically unique needs of today's beneficiary population and the way they are at odds with the benefits and coverage Medicare provides. Panelists will talk about how a Medicare for the Future could be designed to meet the needs of beneficiaries while reducing the financial strain on the program and the federal budget.

Speaker:

Dr. Maya Rockey Moore, Director of Leadership for Healthy Communities, a national program of the Robert Wood Johnson Foundation

Break

3 p.m. – 4 p.m.

The Perils of Medicare Reporting:

Trudy Lieberman (confirmed)

4 p.m. – 5 p.m.

Reporting on Medicare Quality: Learning What We Know and Knowing What We Don't

How do you determine whether the quality of care a local hospital or doctor group provides is good or not? Thanks to new public measures, there are ways you can assess both the patient experience of care and the clinical quality and safety of care at a growing number of places -- health plans, hospitals and nursing homes -- and, sometimes, even for individual physicians. But the number of measures, what they claim to measure and how they measure it can be confusing, particularly when "best hospital" lists from various for-profit and non-profits are thrown into the mix. This session provides a path through the maze.

Michael Millenson (confirmed)

Break

5:15 p.m. – 6 p.m.

Putting All Together

A recap of what of day and brainstorming session on that take it back home.
EJ and Bill

6:30 p.m.
Cocktails, Dinner and Networking

MAY 7 – THE FUTURE OF MEDICARE

8:15 a.m.
Setting the Stage for the Day

8:30 a.m. – 10:00 a.m.

Leaving Fee-for-Service Behind: Moving Toward Pay-for-Performance

Medicare's current fee-for-service payment model has created incentives for providers to practice high-quantity medicine. The Affordable Care Act accelerated the movement toward replacing this model with a new structure that links payment to quality. This session explores some of the most promising methods in payment reform for generating a shift in Medicare that could save the program billions while improving the outcomes for patients.

Speaker:

Stuart Guterman, The Commonwealth Fund

10:15 a.m. – 11:45 a.m.

Popular Reform Options: Making Headlines, Misleading the Public

In order to understand the most commonly discussed options for reforming Medicare such as premium support, expanded means-testing and increasing the eligibility age, journalists should understand the driving force behind all of them – decreasing Medicare's share of the federal budget and deficit. This session will look at the most prevalent reform options on the table in Washington and analyze their impact on various Medicare stakeholders, including physicians, hospitals and beneficiaries from diverse racial, ethnic and socioeconomic backgrounds.

Panelists:

Tricia Neuman, KFF

11:45 a.m. – 12:45 p.m.

Lunch

1 p.m. – 2 p.m.

ACOs: The Promised Land of Health Care Delivery Reform

Accountable care organizations hold enormous potential to reorganize American health care delivery and ensure high-quality, coordinated care. But will this new way of organizing providers really deliver the savings through waste reduction and quality improvements? This session will explore the dawn of the ACO model as well as the infrastructure and administrative challenges that present themselves along the way from implementation through success.

Integral Healthcare LLC – Tampa, FL

Collaborative Care of Florida – Orlando, FL

2 p.m. – 3 p.m.

Putting it All Together: Brainstorming stories, and a discussion about a national reporting project on Raising the Eligibility Age.” A data driven examination of the beneficiaries utilization of Medicare system. We would look at 65- and 66-year-olds. by gender, race, geography, chronic conditions and income in contrast to 67-, 68-, 69-year-olds and older, also broken down by gender, race, geography, chronic conditions and income. Assigning stories to reporters in attendance.

EJ and Bill