



Accountable Care Organizations (ACO's): The Real Challenges for Your Medical Practice

Speaker: Terrell J. Isselhard, Principal, Chuhak & Tecson, P.C., Chicago, IL

Mr. Isselhard has disclosed that he has no relevant financial relationships with any commercial interests.

- Date: Wednesday, March 20, 2013
Target Audience: All Physicians and Practice Managers
Location: Chicago Marriott Downtown, 540 North Michigan Ave., Chicago, IL 60611
Schedule: Dinner: 6:00 pm-6:30 pm; CME Presentation: 6:30 pm – 7:30 pm

Program Description: On October 20, 2011, the Centers for Medicare & Medicaid Services (CMS), an agency within the Department of Health & Human Services (HHS), finalized new rules under the Affordable Care Act to help doctors, hospitals, and other health care providers better coordinate care for Medicare patients through ACOs.

At the conclusion of this CME activity, participants should be able to:

- Coordinate improved care for Medicare patients based on the ACO Health Care Model;
Explain how the Shared Savings Program will reward ACOs that lower their growth in health care costs while meeting performance standards on quality of care and putting patients first.

Accreditation & Designation Statements: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME).

CME Planner Disclosures: The following planning members of the Chicago Medical Society's CME Subcommittee have disclosed that they do not have any relevant financial relationships with commercial interests: Ajay K. Chauhan, MD, Chairman, Howard Axe, MD, Course Director, Vickie L. Becker, MD, Adrienne L. Fregia, MD, Robert W. Panton, MD, Roger L. Rodrigues, MD, Loren S. Schechter, MD, Kathy M. Tynus, MD, and Cecilia Merino, Director of Education.

REGISTRATION FORM

FEES: [] CMS Member or Staff: \$25 [] Non-Member: \$45

ATTENDEE NAME: _____

EMAIL (required): _____

MAILING ADDRESS: _____

METHOD OF PAYMENT:

[] Check enclosed in the amount of \$ _____

CHARGE: [] Visa [] Master Card [] Amex

ACCOUNT #: _____

EXP. DATE: _____

SIGNATURE: _____

Name
Address
Address
City

REGISTRATION: Send your 3/20/13 registrations to:

Mail to: Chicago Medical Society - Attn: Education Dept. 515 N. Dearborn St., Chicago, IL 60654

Fax: 312-670-3646 Phone: 312-670-2550 x338

Email: emedrano@cmsdocs.org/Online: www.cmsdocs.org