REGION 18: ELEVATION THROUGH INNOVATION in 2018

2018 CHAMPS/NWRPCA FALL PRIMARY CARE CONFERENCE
OCTOBER 20–23 | DENVER, COLORADO

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CONFERENCE PROGRAM
Thank you for joining us in the Mile High City. This year’s theme, “Elevation through Innovation,” grants us the opportunity to converge from 14 Western States, to share ideas and best practices, and to encourage and pursue meaningful opportunities that will extend beyond our Conference.

This year’s Conference includes ten carefully curated tracks designed to elevate your knowledge and inspire you to innovate with your team, in your organization, and across the community health movement. We are so pleased that you chose to join Region 18 in 2018 as we celebrate our collective progress, explore our common challenges, and pursue the innovation and excellence so needed in health care at this historic moment.

Monday’s keynote plenary from our federal partners at HRSA’s Bureau of Primary Health Care and Bureau of Health Workforce and from NACHC will inform you on key issues facing health centers and prepare you for the important work ahead. Our scheduled networking events will allow you time to connect with colleagues, peers, and thought leaders from across the country. And then, of course, there are the 70 sessions to choose from – all selected based on the most pressing issues and opportunities we face and featuring top-notch presenters. Tuesday’s closing plenary speaker, Paul Huschilt, who is back by popular demand, will highlight the importance of bringing joy into our professional endeavors.

Our Conference would not be possible without the collaborative efforts of many partners and people. We would like to sincerely thank our members and presenters for their exchange of insight and expertise which fuels and informs our Conference content. We are grateful for our sponsors, exhibitors, and allied organizations, such as the Western Clinicians Network, for their commitment to our event. We are truly grateful for the continual support from the Health Resources & Services Administration (HRSA), and from the National Association of Community Health Centers (NACHC).

Should you have any Conference needs, please don’t hesitate to reach out to our CHAMPS and NWRPCA staff. We appreciate you for joining us in Denver and look forward to our best Fall Primary Care Conference yet.

*Bruce Gray*
Chief Executive Officer
Northwest Regional Primary Care Association (NWRPCA)

*Julie Hulstein*
Executive Director
Community Health Association of Mountain/Plains States (CHAMPS)
CONFERENCE AGENDA at a glance

SATURDAY

- Conference Registration & Continental Breakfast 7:30–8:30 a.m. Confluence Foyer
- Conference Sessions 8:30–10 a.m.
- Break 10–10:30 a.m. Confluence Foyer
- Conference Sessions 10:30 a.m.–12 p.m.
- Lunch on Your Own 12–1:30 p.m.
- Conference Sessions 1:30–3 p.m.
- Welcome & Networking Reception 5:15–7:15 p.m. Augusta

SUNDAY

- Conference Registration & Continental Breakfast 7:30–8:30 a.m. Confluence Foyer
- Conference Sessions 8:30–10 a.m.
- Break with Exhibitors 10–10:30 a.m. Confluence Foyer
- Conference Sessions 10:30 a.m.–12 p.m.
- Workforce Roundtable Lunch 12–1:30 p.m. Confluence B
- Clinical Leadership Lunch 12–1:30 p.m. Platte River (Extension of Session 29. Lunch provided to attendees.)
- Lunch on Your Own 12–1:30 p.m. Curtis, M Level, 3rd Floor
- Conference Sessions 1:30–3 p.m.
- NWRPCA Board of Directors Meeting 4:30–6:30 p.m. Molly Brown
- CHAMPS Board of Directors Meeting 5–6:30 p.m. Confluence C
- Wine Tasting & Dinner (brought to you by Scribe-X and Synergy Billing) 6:45–8:45 p.m. Offsite (RSVP required, meet in hotel lobby at 6:30 p.m.)

MONDAY

- AMFOP Breakfast & Work Session 7:00–8:30 a.m. Confluence Foyer
- Conference Registration & Continental Breakfast 7:30–8:30 a.m. Confluence Foyer
- CMO Listening Session with Dr. Judith Steinberg, Bureau of Primary Health Care 7:30–8:30 a.m. Curtis, M Level, 3rd Floor
- General Plenary, HRSA/NACHC Updates 8:30–10:30 a.m. Confluence Ballroom
- Break with Exhibitors 10:30–11 a.m. Confluence Foyer
- Conference Sessions 11 a.m.–12:30 p.m.
- Plenary, Keynote Speaker Paul Huschilt 3:30–4:30 p.m. Confluence C
- Wine Tasting & Dinner (brought to you by Scribe-X and Synergy Billing) 6:45–8:45 p.m. Offsite (RSVP required, meet in hotel lobby at 6:30 p.m.)

TUESDAY

- Conference Registration & Continental Breakfast 7:30–8:30 a.m. Confluence Foyer
- Conference Sessions 8:30–10 a.m.
- Break 10–10:30 a.m. Confluence Foyer
- Conference Sessions 10:30 a.m.–12 p.m. (See program for meeting room details)
- Conference Sessions 1:30–3 p.m.
- Plenary, Keynote Speaker Paul Huschilt 3–5 p.m. Confluence C
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PLENARY SPEAKERS

GENERAL PLENARY - MONDAY, OCTOBER 22

U.S. Department of Health & Human Services (HHS)

Brian Shiozawa
MD, Regional Director, Region VIII

Health Resources & Services Administration (HRSA)

Tonya Bowers
MHS, Deputy Associate Administrator for Bureau of Primary Health Care

Luis Padilla
MD, FAAFP, Associate Administrator for Bureau of Health Workforce, Director of the National Health Service Corps

National Association of Community Health Centers (NACHC)

James Luisi
Chair of the Board

Daniel R. Hawkins, Jr.
Senior Vice President, Public Policy & Research

CLOSING PLENARY - TUESDAY, OCTOBER 23

Paul Huschilt
Humor and Wellness Expert

Paul shares techniques to get the most out of work and life, and to laugh at just about anything. Paul reminds you to take care of yourself so you can take care of others. Described by many as indescribable, he is one of the most unique voices inspiring wellness. Paul is a trained actor with degrees in Management and Theater, a diploma in Career Counseling, and training in Adult Education. He has worked extensively with health care entities including public health departments, hospitals, and nursing associations. His varied background and 18 years of professional speaking experience give Paul an unforgettable style that is both educational and entertaining.

SPEAKER DISCLOSURES
MEREDITH BANASIAK, Boulder Associates Architects
ANGELA ROBINSON, Wipfli LLC
Access to session information, including speaker bios, session materials and supporting documents, can be found here: www.nwrpca.org/my-events

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If you have any questions regarding the log-in, please check with the registration desk.

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2 - GSK Vaccines
3 - Blackbaud
4 - Merces Consulting Group, Inc.
5 - Pfizer Vaccines
6 - National Healthcareer Association
7 - Quest Diagnostics
8 - BlueNova
9 - Elite Medical Recruiting
10 - Nonstop Wellness
11 - Wipfli LLP
12 - CNECT
13 - Chiropratic Service Corps, Inc.
14 - 340Basics, Inc.
15 - Nuvodia
16 - Azara Healthcare
17 - Roach & Bishop Law Offices
18 - Dingus, Zarecor, & Associates (DZA)
19 - Gallagher Integrated
20 - The Delta Companies
21 - i2i Population Health
22 - Equiscript
23 - CareMessage
24 - Physicians Insurance
25 - Community Health Ventures (CHV)
26 - Barton Associates
27 - Certintell
28 - Diabetes Training & Technical Assistance Center (DTTAC)
29 - Henry Schein
30 - CHCI-Weitzman Institute
31 - NextGen Healthcare
32 - CliftonLarsonAllen
33 - Naturopathic Academy of Primary Care Physicians (NAPCP)
34 - Neenan Archistruction
35 - Scribe-X - Northwest
36 - Synergy Billing
37 - MediQuire

*CHAMPS, NWRPCA, & ATSU
*National Association of Community Health Centers

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We distribute reusable bags to carry Conference materials. At the end of the Conference, you may choose to drop off your bag at the registration desk so it can be reused/recycled.

Recycle:
Please leave your recyclables in designated containers during the Conference. After the Conference, we encourage you to drop off your nametag holder at the registration desk for reuse at the next Conference.
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340B Software Technology, Compliance Audits and Consulting
340Basics is at the forefront of healthcare technology. We deliver a secure software solution that provides a compliant 340B eligibility and virtual inventory management system to eligible healthcare providers, pharmacies, and managed care plans. In addition to our 340B software solution, 340Basics has a strong consulting division, Assent. This division of 340Basics specializes in audits, training and consulting services, allowing our clients to navigate the complex, 340B landscape with confidence and peace of mind.
Visit us at Table 14.
Colleen DiClaudio, President/Co-Founder
cdiclaudio@340Basics.com
www.340Basics.com

AZARA HEALTHCARE
Quality Reporting and Analytics/Quality Improvement
Azara Healthcare is a leading provider of data-driven reporting and analytics for the Community Health marketplace. Azara solutions empower Community Health Centers, Primary Care Associations and Health Center Controlled Networks to improve the quality and efficiency of care delivery through actionable data. The Azara Data Reporting and Visualization System (DRVS) helps the marketplace meet the demands of healthcare reform and achieve the goals of the Quadruple Aim. DRVS is used at more than 250 health centers in 25 states representing over 24 million lives. Visit us at Table 16.
Christopher Neal, VP National Accounts
chris.neal@azarahealthcare.com
www.azarahealthcare.com

BARTON ASSOCIATES
HR/Locums Tenens
Barton Associates is a leading national healthcare staffing company. We recruit physicians, physician assistants, nurse practitioners, dentists, and CRNAs in a wide variety of specialties, and can quickly place them in locum tenens assignments at hospitals, practices, and organizations nationwide. Visit us at Table 26.
Amanda Meulemans, Senior Manager of National Accounts
ameulemans@bartonassociates.com
www.bartonassociates.com

BLACKBAUD
Technology and Financial Management
Leading uniquely at the intersection point of technology and social good, Blackbaud connects and empowers organizations to increase their impact through software, services, expertise, and data intelligence. We serve the entire social good community, which includes nonprofits, foundations, corporations, education institutions, healthcare institutions, and the individual change agents who support them. Visit us at Table 3.
Blake Paradise, Demand Generation Marketer
blake.paradise@blackbaud.com
www.blackbaud.com

BLUENOVO, INC.
Technology & EMR Support
BlueNovo provides a wide range of Health IT services specifically for Community Health Centers. For over a decade, we have collaborated with health centers to ensure their health IT infrastructure and EMR applications are positioned to meet the long-term needs of their organizations. Our core services include Strategy & Risk, IT Managed Services, Cybersecurity, EHR Implementation & Optimization, Clinical Transformation & EHR Support, and Analytics. BlueNovo, Inc. is vendor-agnostic and has subject matter experts for the most widely used EMR applications in the CHC market including NextGen, GE Centricity, eClinicalWorks, athenahealth, Allscripts, Greenway, and Epic. Visit us at Table 8.
Mark Marco, Director of Enterprise Sales
mark.marco@bluenovo.com
www.bluenovo.com

CAREMESSAGE
Patient Communication Platform
CareMessage is a patient communication platform built specifically for FQHCs and the patients they serve. CareMessage helps safety net providers reduce no-show rates, increase rates of preventive screenings, and improve self-management for chronic and behavioral conditions for patients through text and voice messaging. Visit us at Table 23.
Alex Holt, Senior Account Executive
aholt@caremessage.org
www.caremessage.org
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**Telehealth**

Certintell is a web based/app based HIPAA Compliant virtual visit/telehealth platform specifically built for FQHC’s. Through its robust virtual care management system, Certintell can decrease no-shows, improve outcomes and practice efficiencies. We are NWRPCA’s telehealth partner and can help AIMS Grant recipients with their telehealth/HIT strategy. Visit us at Table 27.

Kyla Delgado, CPA, Principal Healthcare
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**COLORADO COMMUNITY HEALTH NETWORK**

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Colorado Primary Care Association

The Colorado Community Health Network (CCHN) is the unified voice for Colorado’s 20 Community Health Centers (CHCs) and their patients. CHCs provide a health care home for more than one in seven people in Colorado.

info@cchn.org
www.cchn.org

**COMMUNITY HEALTH VENTURES**

**NWRPCA CORPORATE PARTNER & FRIEND**

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Community Health Ventures (CHV) is the business development affiliate of the National Association of Community Health Centers (NACHC). CHV was founded under direction of health center leadership and tasked with creating solutions to the economic pressures facing health centers. By negotiating GPO, staffing, benefit agreements and more, CHV helps health centers reduce costs and remain competitive. Visit us at Table 25.

Alex Vactor, Account Executive
avactor@nachc.com
www.communityhealthventures.com

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Chiropractic Service Corps, Inc. is the only national chiropractic MSO working exclusively with FQHCs. CSC custom tailors and manages the chiropractic department to best fill the needs of your FQHC and patients. Visit us at Table 13.

Dr. Dan Fink, Chief Operations Officer
drdanfinkcsc@gmail.com
www.chirocorps.com

**CHCI-WEITZMAN INSTITUTE**

**NWRPCA PARTNER**

**Clinical Workforce Development**

The Weitzman Institute is a research, training and innovation center embedded in a high performing FQHC: Community Health Center, Inc. This front line experience fostered in primary care inspired the creation of programs that are supporting health centers across the country. Stop by to learn more about case-based distance learning for primary care teams through Project ECHO, asynchronous electronic consultations from primary care to specialist eConsults, training programs for health professionals including: Postgraduate Residency Training Programs: Medical Assistant Training (NIMAA) and Clinical Workforce Development through its NCA. The Weitzman Institute acts as a catalyst for changing and improving the way primary care is delivered by providing specific interventions and resources focused on workforce development, practice enhancement and technical assistance. Visit us at Table 30.

Kerry Bamrick, Director, Postgraduate Residency Training, CHC, Inc. & its Weitzman Institute
kerry@chc1.com
www.weitzmaninstitute.org

**COMMUNITY HEALTH VENTURES - NONSTOP WELLNESS**

**Partial Self-Insurance & Employee Benefits**

Nonstop delivers premium healthcare benefits to community health centers through its Nonstop Wellness program. Nonstop Wellness is a partially self-insured program that deflates the annual costs of healthcare while improving employee benefits and eliminating all deductible costs, copays, and coinsurance – with no cost-shifting, changes to carriers, or unnecessary financial obstacles. Visit us at Table 10.

Jody Schreffler, Director of Corporate & Community Relations
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www.nonstopwellness.com

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CLA is a professional services firm delivering integrated wealth advisory, outsourcing, and public accounting capabilities to help clients succeed professionally and personally. This allows us to serve clients more completely and offer our people diverse career opportunities. We believe professional relationships can be personal and those connections can last for generations. Watch our video to discover how we can help — every step of the way. Visit us at Table 32.

Kyla Delgado, CPA, Principal Healthcare
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www.claconnect.com
ELITE MEDICAL RECRUITING
Medical Recruitment
Elite Medical Recruiting has 20+ years of experience working with FQHC’s and rural practices. Our goal is to level the playing field for FQHC’s and Community Health Centers across the country. Elite Medical Recruiting (EMR) revolutionary recruitment model aims to overcome barriers to recruiting Physicians, NP’s, PA’s, Nurses, and other allied health workers through honesty, integrity, and full circle transparency. Our customized, consultative approach utilizes multiple job boards and targeted marketing that are included in one low monthly fee with no placement fees. Visit us at Table 9.
Michael Rocha, President & CEO
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www.elitemedicalrecruiting.com

EQUISCRIPT
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Equiscript works with eligible covered entities to create and manage a 340B home delivery pharmacy that complements our clients’ existing 340B pharmacy programs. We identify high-need, high-risk 340B-eligible patients who are not being serviced by in-house or contract pharmacies and offer those patients a no-charge home delivery option where we provide personalized service through a team of dedicated Patient Care Advocates. The program provides 340B covered entities with a targeted approach to increasing their 340B capture rate while supporting patient compliance and increasing continuity of care. Visit us at Table 22.
Nicholas Hearn, Regional Sales Manager
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www.equiscript.com

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Ben C. Anderson, Area President - Health & Welfare Consulting
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Alex Rule, CLU, ChFC, CEBS, Northwest Regional VP, Sales
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www.ajg.com

DIABETES TRAINING & TECHNICAL ASSISTANCE CENTER (DTTAC)
Training & Support for Diabetes Prevention Programs
Based out of Emory University, DTTAC provides training and technical assistance to organizations implementing the National Diabetes Prevention Program (National DPP) and is a CDC-recognized provider of training for Lifestyle Coaches and Master Trainers. Vivian Cullen of V H Cullen Consulting is a national Master Trainer with DTTAC, providing training for Lifestyle Coaches around the country. In addition, Vivian offers individualized consulting services for organizations new to the DPP. She is also a certified Life Coach with experience assisting health care providers around career, retirement, and post-retirement decision making. Visit us at Table 28.
Vivian H. Cullen, DPP Consultant & Lifestyle Coach, DTTAC
National Master Trainer, Certified Life Coach
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www.tacenters.emory.edu
GSK VACCINES
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Nathan DeVine, Public Account Manager
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Russell Steinquist, Strategic Account Manager
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www.henryschein.com

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Gregory Gratz, FVP, SVP & Non-Profit Relationship Manager
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Ajdin Camaga, SVP Sales
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www.i2ipophealth.com

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JSI is a public health research and consulting organization dedicated to improving the health of individuals and communities in the US and around the globe. With 8 offices nationwide, JSI has more than 30 years of experience assisting organizations with all aspects of health care transformation from conducting and analyzing community, system, and practice assessments; developing tailored implementation plans; providing the training and technical assistance needed to make strategic and sustained change; to monitoring and evaluating outcomes. Our clients include the whole spectrum of organizations, from community health centers to state and national multi-system networks. Visit us at Table 1.
Reesa Webb, Senior Consultant
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www.jsi.com

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The Jones & Roth FQHC Team understands the FQHC environment. Our specific expertise from both the nonprofit and federal government compliance perspective makes us a great partner for Federally Qualified Health Centers. We combine our nonprofit accounting expertise with years of experience working with medical clinics who rely on payer system revenue streams. While many FQHCs initially come to us for help on an immediate concern, we typically end up consulting with the organization’s staff or board members to increase the organization’s wellness over the long-term.
Mathew Hamlin, CPA
info@jrcpa.com
www.jrcpa.com

MEDIQUIRE
FQHC Analytics and Population Health
MediQuire has a data analytics population health platform designed to help health centers achieve high quality performance scores, identify and reach out to high-risk populations, collect pay-for-performance incentive bonuses, and be armed with the right information to navigate value-based contracts. Visit us at Table 37.
Dante Rankart, Vice President of Sales
drankart@mediquire.com
www.mediquire.com
MERCES CONSULTING GROUP, INC.
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Merces helps maximize the value of a Health Center’s workforce through “best-practice” base pay and incentive program development for staff, providers and executive, as well as organization design and performance management consulting, and helping Boards with CEO compensation governance. Visit us at Table 4.
Edmund B. Ura, President & Sr. Consultant
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www.mercesconsulting.com

NATUROPATHIC ACADEMY OF PRIMARY CARE PHYSICIANS (NAPCP)
Naturopaths
The Naturopathic Academy of Primary Care Physicians operates as a nonprofit professional society exclusively for the purpose of identifying, selecting, and advancing naturopathic physicians and students committed to specializing in naturopathic primary care medicine. Visit us at Table 33.
Hannah Gordon, ND - NAPCP member
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www.ndprimary.org

NATIONAL HEALTHCAREER ASSOCIATION (NHA)
Education and Certification
NHA offers eight allied health certifications and a TEAM Based Care™ online learning and assessment-based certificate program, making us an ideal partner for practices that desire to help employees improve their skills while potentially advancing their careers. By employing certified healthcare workers, employers benefit from a workforce with standardized knowledge, expedited workflow, and improved overall patient safety and satisfaction. Employers can entrust their certified employees to perform the administrative and clinical tasks aligned with their credentials, thus allowing doctors and nurses to focus on working at the top of their license and delivering medical care to patients. Visit us at Table 6.
Mel Cochran, MBA, Senior Certification Specialist
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www.nhanow.com

NEENAN ARCHISTRATION
Architecture and Construction
Neenan Archistruction is an integrated design-build firm specializing in the planning, design, and construction of primary care facilities and Community Health Centers across the Western United States. Over the last 25 years, Neenan has completed 100+ healthcare facilities across the nation. Visit us at Table 34.
Steven R. Barnes, CHC Client Advocate (Austin Office)
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www.neenan.com

NEXTGEN HEALTHCARE
EMR/EHR
NextGen Healthcare advances healthcare technology for better patient outcomes while improving the quality of care at lower costs. Focused on four key areas – clinical care, connected health, population health, and financial management – the company’s comprehensive solution set is tailored to the specific needs of ambulatory and specialty practices of all sizes. NextGen Healthcare provides a customizable platform to create solutions and deliver services to help medical and healthcare organizations promote healthy communities, empower physician practice success, and enrich the patient care experience. #BelieveinBetter. Visit us at Table 31.
Dan Staszcuk, Sales Executive
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www.nextgen.com

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Nuvodia is a customer-focused IT company that delivers secure, reliable, cost-effective technologies and consulting services to help organizations improve performance, reduce costs and maximize results. Visit us at Table 15.
Jeremy VanVoorhis, Senior Technology Consultant
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patrick.j.corcoran@pfizer.com
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Mark Rosenberg, CDT
mrosenberg@pride-enterprises.org
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Colin Hartke, Senior Marketing Manager
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www.questdiagnostics.com

RPH INNOVATIONS, LLC
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340B Rural PC
RPH Innovations, LLC (RPHI) provides 340B Program Management, 340B Program Audit, consolidated reporting, and other pharmacy-related support to rural primary care organizations. Our mission is to cultivate Covered Entity and Pharmacy relationships to help get the most out of your 340B Program. Communities rely upon savings generated by 340B. The 340B prescription drug program is a vital lifeline for safety-net providers, supporting critical health services in our communities.
Rob Johnson RPh, President
rjohnson@rphinovations.com
www.rphinovations.com

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Kiki Nocella, PhD, MPA, EHCl Lead Consultant
knocella@wipfli.com
www.wipfli.com/healthcare

THANK YOU TO OUR CONFERENCE PLANNING COMMITTEE

Andrea Adkins Rapport, Siskiyou Community Health Center
Ashley Grant, Washington Association of Community & Migrant Health Centers
Becky Wahl, Community HealthCare Association of the Dakotas
Bob Maxwell, Oregon Primary Care Association
Cameron Shropshire, Metro Community Provider Network
Carolyn Wesner, Valley Family Health Care, Inc.
Cindy Pratt, Pueblo Community Health Center, Inc.
Emily Samhammer, Montana Primary Care Association
Eric Oslund, Virginia Garcia Memorial Health Center
Hannah Hyssell, Idaho Primary Care Association
Hannah Wickey, Wyoming Primary Care Association
Irma Murauskas, Oregon Primary Care Association
Jennifer Lynn Johnson-Joefield, Peninsula Community Health Services
Jillian Hopewell, Migrant Clinicians Network
Katherine Lechner, Washington Association of Community & Migrant Health Centers
Libby Goode Grasmick, Sunrise Community Health
Liza Root, Alaska Primary Care Association
Lori Thomas, Community HealthCare Association of the Dakotas
Rhonda Hauff, Yakima Neighborhood Health Services
Sandi Larsen, RiverStone Health
Shelly Hegerle, Community HealthCare Association of the Dakotas
Suzanne Smith, Colorado Community Health Network
CONTINUING EDUCATION UNITS (CEUs)

CONTINUING EDUCATION PROCESS: In order to receive CEUs, all attendees are responsible to sign in and sign out at each session during the Conference. Conference attendees will be sent an email after the Conference with instructions for how to process your CEUs online. You will be responsible for completing the process online and printing your certificates.

National Association of Social Workers (NASW)
This workshop has been approved by the Washington Chapter, National Association of Social Workers (NASW) for Licensed Social Workers, Licensed Marriage & Family Therapists and Licensed Mental Health Counselors. NWRPCA Provider number is #1975-415.

Continuing Governance Credit (GOV)
NACHC will allow credit for NWRPCA Governance Credits (up to 6 credit hours) applied toward the NACHC Governance Certificate. If you are enrolled in the NACHC Board Governance program, please log into mylearning.nachc.com to see your progress. Please contact Narine Hovnanian at nhovnanian@nachc.com for more information.

Continuing Human Resources Education
NWRPCA has applied for approval for certification credit hours toward Professional in Human Resources (PHR) and Senior Professional in Human Resources (SPHR) recertification through the Human Resource Certification Institute (HRCI). For more information about certification or recertification, please visit the HRCI homepage at www.hrci.org.

Continuing Medical Education (CME)
Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending. Past conferences have offered up to 21.0 credit hours.

Western Clinicians Alliance (WCA) is a collaborative partnership between several organizations in Regions VIII, IX, and X, including Western Clinicians Network (WCN), Northwest Regional Primary Care Association (NWRPCA), and Community Health Association of Mountain/Plains States (CHAMPS) to facilitate shared learning opportunities for health center staff. WCA acknowledges the epidemic of workplace-related burnout impacting health center staff and believes that addressing burnout involves systems-level improvements as well as giving health care workers the skills they need to rediscover joy in their work. Sessions marked with a green “WCA Focus Area!” badge denote topics that may be of interest to individuals who wish to learn more about practice transformation efforts that promote team-based care for the purposes of building a more resilient workforce.

Enjoy our Regional Benefits
Northwest and Mountain and Plains States
CHAMPS and NWRPCA collectively represent 10 states across the Pacific Northwest, Mountain, and Plains states. In addition to our Annual Fall Primary Care Conference, we partner on the following to support our members:

- Annual Measure of Finance, Operations & Productivity Report (AMFOP)
- Biennial Salary Survey
- Education Health Center Initiative (EHCI)
- Manager Trainings
- And much more!
**SA TURDA Y, OCTOBER 20, 2018**

7:30 – 8:30 a.m. • Registration & Continental Breakfast • Confluence Foyer

8:30 – 10 a.m. • Conference Sessions

**Horace Tabor**

**Confluence A**

**Confluence B**

**Platte River**

**Lawrence A&B**

**EFFECTIVE GOVERNANCE**

**OPERATIONAL EXCELLENCE**

**WORKFORCE OPTIMIZATION**

**CLINICAL & CARE INNOVATIONS**

**HEALTHY COMMUNITIES**

<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Board Governance 101: High-Performing Boards</td>
<td>Jim Rice, Gallagher Integrated</td>
</tr>
<tr>
<td>2 – Effective Strategies to Assess &amp; Manage Risk</td>
<td>Kinman Tong &amp; Melaney Scott, Moss Adams, LLP</td>
</tr>
<tr>
<td>3 – Transforming MA Workforce Recruitment Needs into Retention Benefits</td>
<td>Teri Brogdon, Salud Family Health Centers; Suzanne Smith, Colorado Community Health Network; Erica Snow, The Colorado Health Foundation</td>
</tr>
<tr>
<td>4 – Do You Have 5 Minutes? Applying Motivational Interviewing Skills in Challenging Patient Encounters</td>
<td>Ken Kraybill, Center for Social Innovation; Ed Farrell, Colorado Coalition for the Homeless</td>
</tr>
<tr>
<td>5 – Train-the-Trainer: Implementing the Rural Social Determinants of Health Game Toolkit</td>
<td>Kim Moyer, Colorado Community Health Network; Rachel Steinberg, CHAMPS</td>
</tr>
<tr>
<td>6 – Strategic Planning: Engagement for Successful Implementation &amp; Results</td>
<td>Jim Rice, Gallagher Integrated</td>
</tr>
<tr>
<td>7 – Active Threat - Increasing the Odds for Survival</td>
<td>Kerry McVay, Salud Family Health Centers</td>
</tr>
<tr>
<td>8 – Foreign Medical Graduates: Alleviating Physician Shortages</td>
<td>Eamonn Roach, Roach &amp; Bishop Law Offices</td>
</tr>
<tr>
<td>9 – Transgender Care Considerations</td>
<td>Elizabeth Kvach, Denver Health; Jane Lose, Metro Community Provider Network</td>
</tr>
<tr>
<td>10 – Addressing Social Determinants of Health to Improve Population Health</td>
<td>Paul Melinkovich, RCHN Community Health Foundation; Jessica Sanchez, Colorado Community Health Network; Jesus Blanco, Idaho Primary Care Association</td>
</tr>
<tr>
<td>11 – Board Integration: Advancing Mission Through Innovative Partnerships</td>
<td>Don Blanchon, Whitman-Walker Health</td>
</tr>
<tr>
<td>12 – Create a Compliant 340B Drug Pricing Program</td>
<td>Kinman Tong &amp; Melaney Scott, Moss Adams, LLP</td>
</tr>
<tr>
<td>13 – Primary Care/Behavioral Health Workforce Gap Responses: Models that Work</td>
<td>Jennifer Johnston, Highline College; Patrick Raue, AMS Center; Frank Jadwin, Salud Family Health Centers</td>
</tr>
<tr>
<td>14 – Safe Opiate Prescribing Practices &amp; Medication Assisted Treatment in Primary Care</td>
<td>Andrew Suchocki, Clackamas Health Centers; Nadejda Razi- Robertson, Synergy Consulting</td>
</tr>
<tr>
<td>15 – Mobilizing Community Health Workers to Improve Outcomes &amp; Reduce Costs</td>
<td>Francisco Ronquillo, University of New Mexico; Charlie Alfero, Southwest Center for Health Innovation</td>
</tr>
<tr>
<td>16 – Board Finance: Sources &amp; Uses of Scarce Resources</td>
<td>Jim Rice, Gallagher Integrated</td>
</tr>
<tr>
<td>17 – Using Data to Optimize Performance Under Value-Based Payment &amp; Care Models</td>
<td>Ann Loeffler, John Snow, Inc.</td>
</tr>
<tr>
<td>18 – Transitioning to Value-Based Staffing &amp; Compensation</td>
<td>Ed Ura, Mercès Consulting Group, Inc.</td>
</tr>
<tr>
<td>19 – Improving Access to Comprehensive Family Planning Services in Community Health Centers</td>
<td>Lucy Loomis, Denver Health; Jane Lose, Metro Community Provider Network</td>
</tr>
<tr>
<td>20 – Reducing Opioid-Related Infectious Disease Outbreaks</td>
<td>Heather Schaper, Health West, Inc.</td>
</tr>
</tbody>
</table>

10 – 10:30 a.m. • Break • Confluence Foyer

10:30 a.m. – 12 p.m. • Conference Sessions

12 – 1:30 p.m • Lunch on Your Own

3:30 – 5 p.m. • Conference Sessions

16 – Board Finance: Sources & Uses of Scarce Resources | Jim Rice, Gallagher Integrated |

17 – Using Data to Optimize Performance Under Value-Based Payment & Care Models | Ann Loeffler, John Snow, Inc. |

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3 – 3:30 p.m • Break • Confluence Foyer

3:30 – 5 p.m. • Conference Sessions

16 – Board Finance: Sources & Uses of Scarce Resources | Jim Rice, Gallagher Integrated |

17 – Using Data to Optimize Performance Under Value-Based Payment & Care Models | Ann Loeffler, John Snow, Inc. |

18 – Transitioning to Value-Based Staffing & Compensation | Ed Ura, Mercès Consulting Group, Inc. |

19 – Improving Access to Comprehensive Family Planning Services in Community Health Centers | Lucy Loomis, Denver Health; Jane Lose, Metro Community Provider Network |

20 – Reducing Opioid-Related Infectious Disease Outbreaks | Heather Schaper, Health West, Inc. |

5:15 – 7:15 p.m. • Welcome & Networking Reception • Augusta
**SESSION SCHEDULE**

**SUNDAY, OCTOBER 21, 2018**

<table>
<thead>
<tr>
<th>Time</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 – 8:30 a.m.</td>
<td>Registration &amp; Continental Breakfast • Confluence Foyer</td>
</tr>
<tr>
<td>8:30 – 10 a.m.</td>
<td>Conference Sessions</td>
</tr>
<tr>
<td>Horace Tabor</td>
<td>Confluence A</td>
</tr>
<tr>
<td>Lawrence A&amp;B</td>
<td>Confluence B</td>
</tr>
<tr>
<td>Platte River</td>
<td>Confluence C</td>
</tr>
<tr>
<td>EFFECTIVE GOVERNANCE</td>
<td>OPERATIONAL EXCELLENCE</td>
</tr>
<tr>
<td>21 – Community Health Center 101: Introduction to the Movement</td>
<td>Andrea Martin, CHAMPS; Seth Doyle, NWRPCA</td>
</tr>
<tr>
<td>22 – Data-Driven Practice Transformation &amp; Performance Improvement Strategy</td>
<td>Heather Budd, Azara Healthcare; Don Gutstadt, Salud Family Health Centers</td>
</tr>
<tr>
<td>23 – Flip the Switch: Reducing Burnout with Human-Centered Design</td>
<td>Malia Davis, Amber Carlson &amp; Brittney Wilburn, Clinica Family Health</td>
</tr>
<tr>
<td>24 – Addressing Suicide Risk in Primary Care</td>
<td>Virna Little, CUNY School of Public Health</td>
</tr>
<tr>
<td>25 – Improving Outcomes through Collaboration with the Criminal Justice System</td>
<td>Anna Steiner &amp; Shira Shavit, Transitions Clinic Network; Laura Morgan, Country Doctor Community Clinic</td>
</tr>
<tr>
<td>10 – 10:30 a.m.</td>
<td>Break with Exhibitors • Confluence Foyer</td>
</tr>
<tr>
<td>10:30 a.m. – 12 p.m.</td>
<td>Conference Sessions</td>
</tr>
<tr>
<td>26 – Board Talent: Recruitment, Retention, &amp; Engagement</td>
<td>Kimberly McNally, McNally &amp; Associates</td>
</tr>
<tr>
<td>27 – From Access to Accountability: CHC Leadership Teams, Sustainability, &amp; Change</td>
<td>Don Blanchon, Whitman-Walker Health</td>
</tr>
<tr>
<td>28 – Integrate Community Health Workers in Primary Care - 5 Best Practices</td>
<td>Sarah Salomon, Foundation for Healthy Generations; Deanna Stark, CHAS Health</td>
</tr>
<tr>
<td>29 – Peer Learning for Clinical Leadership</td>
<td>Eric Henley, LifeLong Medical; Mike Witten, California Primary Care Association</td>
</tr>
<tr>
<td>30 – Medical-Legal Partnerships in Action: Lessons Learned from Montana’s Model</td>
<td>Olivia Riutta, Montana Primary Care Association; Maria Clemons, Northwest Community Health Center</td>
</tr>
<tr>
<td>12 – 1:30 p.m.</td>
<td>Lunch on Your Own or Workforce Roundtable Lunch • Confluence B</td>
</tr>
<tr>
<td>1:30 – 3 p.m.</td>
<td>Conference Sessions</td>
</tr>
<tr>
<td>31 – Creating and Sustaining a Culture of Leadership Continuity</td>
<td>Kimberly McNally, McNally &amp; Associates</td>
</tr>
<tr>
<td>32 – Leveraging EHR for Peer Review</td>
<td>Charles Kitzman, Shasta Community Health Center</td>
</tr>
<tr>
<td>33 – Using Data to Make Workforce Dreams a Reality</td>
<td>Allison Abayasekara, Association of Clinicians for the Underserved</td>
</tr>
<tr>
<td>34 – Shared Medical Appointments: A Best-Practice Approach to Managing Chronic Conditions in Primary Care</td>
<td>Jonathan Muther &amp; Yajaira Johnson-Esparza, Salud Family Health Centers</td>
</tr>
<tr>
<td>35 – Addressing the Unique Needs of Patients Experiencing Homelessness</td>
<td>Darlene Jenkins, National Health Care for the Homeless Council; Barbara Martin, Central City Concern</td>
</tr>
<tr>
<td>3 – 3:30 p.m.</td>
<td>Break with Exhibitors • Confluence Foyer</td>
</tr>
<tr>
<td>3:30 – 5 p.m.</td>
<td>Conference Sessions</td>
</tr>
<tr>
<td>36 – Community Roots: Nurturing Engagement &amp; Pride</td>
<td>Jim Rice, Gallagher Integrated</td>
</tr>
<tr>
<td>37 – Focus on Diabetes: Uniform Data System Clinical Quality Measure Improvement</td>
<td>Chris Espersen, Chris Espersen Consulting</td>
</tr>
<tr>
<td>38 – Workforce Pipeline: Effectively Train Health Professions Students</td>
<td>Amanda Schiessl &amp; Kerry Bamrick, Community Health Center, Inc.</td>
</tr>
<tr>
<td>39 – Integrated Screening, Diagnosis, &amp; Treatment of Substance Use Disorders in Primary Care</td>
<td>Sharon Mulvehill &amp; Sandi Larsen, RiverStone Health</td>
</tr>
<tr>
<td>40 – Becoming a Community-Centered Health Home</td>
<td>Rea Pañares, Prevention Institute; Pritesh Gandhi, People’s Community Clinic</td>
</tr>
<tr>
<td>4:30 – 6:30 p.m.</td>
<td>NWRPCA Board Meeting (Molly Brown) • CHAMPS Board Meeting (Confluence C)</td>
</tr>
<tr>
<td>6:45 – 8:45 p.m.</td>
<td>Wine Tasting &amp; Dinner (Meet in Hotel Lobby at 6:30 p.m. Pre-registration required.)</td>
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<tr>
<td>Time</td>
<td>Event</td>
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</tr>
<tr>
<td>7 – 8:30 a.m.</td>
<td>AMFOP Breakfast &amp; Work Session • Platte River</td>
</tr>
<tr>
<td>7:30 – 8:30 a.m.</td>
<td>Registration &amp; Continental Breakfast • Confluence Foyer</td>
</tr>
<tr>
<td>7:30 – 8:30 a.m.</td>
<td>CMO Listening Session with Dr. Judith Steinberg, Bureau of Primary Health Care • Curtis</td>
</tr>
<tr>
<td>8:30 – 10:30 a.m.</td>
<td>General Plenary: HRSA &amp; NACHC Updates • Confluence Ballroom</td>
</tr>
<tr>
<td>10:30 – 11 a.m.</td>
<td>Break with Exhibitors • Confluence Foyer</td>
</tr>
<tr>
<td>11 a.m. – 12:30 p.m.</td>
<td>Conference Sessions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Horace Tabor</th>
<th>Confluence A</th>
<th>Confluence B</th>
<th>Platte River</th>
<th>Lawrence A&amp;B</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUALITY TRANSFORMATION</td>
<td>STRATEGIC LEADERSHIP</td>
<td>POLICY &amp; ENVIRONMENT</td>
<td>CLINICAL &amp; CARE INNOVATIONS</td>
<td>BUSINESS INNOVATIONS</td>
</tr>
</tbody>
</table>

| 12:30 – 1:30 p.m. | Lunch on Your Own or Bureau of Health Workforce Lunch with CAPT Sheila Pradia-Williams • Curtis |
| 1:30 – 3:30 p.m. | CHC Tour • Denver Health (Check in at Valet at 1:15 p.m. Pre-registration required.) |

| 3 – 3:30 p.m. | Dessert Break with Exhibitors • Confluence Foyer |
| 3:30 – 5 p.m. | Conference Sessions |

| 51 – The Closer: A New Approach to Patient-Centered Healthcare Bryan Brady & Christine Fisher, First Care Clinic, Inc. | 52 – Cultivating a Coaching Culture Tammy Green, Anchorage Neighborhood Health Center |
| 53 – Social Determinants of Health Panel Rea Pañares, Prevention Institute; Olivia Riutta, Montana Primary Care Association; Darlene Jenkins, National Health Care for the Homeless Council | 54 – Improving Health Outcomes through Violence Prevention Melissa Marshall, CommuniCare Health Centers; Anna Marjavi, Futures Without Violence |

| 5 – 6 p.m. | Networking Reception & Raffle • Confluence Foyer |
| 6 – 7 p.m. | Quiet Time with NACHC • Horace Tabor |
### TUESDAY, OCTOBER 23, 2018

**7:30 – 8:30 a.m. • Registration & Continental Breakfast • Confluence Foyer**

**8:30 – 10 a.m. • Conference Sessions**

<table>
<thead>
<tr>
<th>Horace Tabor</th>
<th>Platte River</th>
<th>Confluence B</th>
<th>Confluence A</th>
<th>Lawrence A&amp;B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QUALITY TRANSFORMATION</strong></td>
<td><strong>INTEGRATED CARE</strong></td>
<td><strong>POLICY &amp; ENVIRONMENT</strong></td>
<td><strong>CLINICAL &amp; CARE INNOVATIONS</strong></td>
<td><strong>BUSINESS INNOVATIONS</strong></td>
</tr>
<tr>
<td>56 – Create a Customized Population Health Roadmap</td>
<td>57 – Hub-and-Spoke: Developing an Integrated Treatment Network that Fosters Recovery</td>
<td>58 – From the Ground Up: Grassroots Advocacy to Address Policy Challenges</td>
<td>59 – Supporting Substance Misuse Recovery in Primary Care: What Providers Really Need to Know</td>
<td>60 – The Evolving Alternative Payment Model Landscape</td>
</tr>
<tr>
<td>Andrew Principe, Starling Advisors</td>
<td>Lesley Brooks, Sunrise Community Health; JK Costello, Steadman Group; Cyndi Dodds, SummitStone; Kendall Alexander, North Range Behavioral Health; Yajaira Johnson-Esparza, Salud Family Health Centers</td>
<td>Elizabeth Kwasnik, NACHC; Fatima Groom, Sunrise Community Health</td>
<td>Jonathan Muther, Salud Family Health Centers; Tonya Wheeler, Advocates for Recovery Colorado; Jenny Hill, City &amp; County of Denver; Megan Swanson, Jefferson Center for Mental Health</td>
<td>Jennifer Boese, CliftonLarsonAllen, LLP</td>
</tr>
</tbody>
</table>

**10 – 10:30 a.m. • Break • Confluence Foyer**

**10:30 a.m. – 12 p.m. • Conference Sessions**

<table>
<thead>
<tr>
<th>61 – Team-Based Care in a Teaching FQHC</th>
<th>62 – Preparing Front Line Healthcare Staff for Behavioral Health Integration</th>
<th>63 – Medicaid Reimbursement for Substance Use Disorder Treatment: Best Practice Approaches</th>
<th>64 – Addiction Technology Transfer Center as a Resource for Primary Care Providers</th>
<th>65 – Developing the Futuristic CFO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas Staff &amp; Jessica Bull, Denver Health and Hospital Authority</td>
<td>Jennifer Johnston, Highline College; Melissa Glenn, NWRPCA</td>
<td>Shelly Ten Napel, Community HealthCare Association of the Dakotas</td>
<td>Thomasine Heitkamp, Mountain Plains Addiction Technology Transfer Center Network; Nancy Roget, University of Nevada-Reno</td>
<td>Angela Robinson and Diane Surber, Wipfli</td>
</tr>
</tbody>
</table>

**12 – 1 p.m • Roundtable Lunches**

<table>
<thead>
<tr>
<th>COO Roundtable Lunch</th>
<th>PCA Roundtable Lunch</th>
<th>CEO Roundtable Lunch</th>
<th>SUD Roundtable Lunch</th>
<th>CFO Roundtable Lunch</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 1:30 p.m • Break • Confluence Foyer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**1:30 – 3 p.m. • Conference Sessions**

<table>
<thead>
<tr>
<th>66 – Improving Colon Cancer Screening Rates: Two Steps Forward, One Step Back</th>
<th>67 – An Evolution of Integrated Care: Innovations in Clinic Facilities Linked to Care Delivery</th>
<th>68 – Human Trafficking, Intersections of Violence, &amp; Trauma-Informed Care</th>
<th>69 – Addressing Substance Use Disorders with Telehealth</th>
<th>70 – Workforce Benchmarking &amp; Trends: Regions 8 &amp; 10 Salary Survey Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Dailey-Vail, Sarah Versackas, &amp; Tomas Bello Cedeno, Sheridan Health Services</td>
<td>Jennifer Snyder, Clinica Family Health; Paula Sullivan &amp; Meredith Banasiak, Boulder Associates Architects</td>
<td>Anna Marjavi, Futures Without Violence; Jessica Sanchez, Colorado Community Health Network; Kimberly Chang, Asian Health Services</td>
<td>Deb LaMarche &amp; Shannon Christensen, Northwest Regional Telehealth Training Center</td>
<td>Andrea Martin, CHAMPS</td>
</tr>
</tbody>
</table>

**3 – 3:30 p.m • Break • Confluence Foyer**

**3:30 – 5 p.m. • Closing Plenary • Keynote by Paul Huschilt • Confluence C**
This year's Conference offers 70 sessions in ten thoughtfully curated tracks. Join your peers in Regions VIII, IX and X to network and discuss best-practices and challenges facing community, homeless, and migrant health centers. Conference sessions are led by our industry's thought leaders, colleagues, and allied professionals.

SATURDAY, OCTOBER 20

Sessions 1-5, 8:30–10 a.m.

1 - BOARD GOVERNANCE 101: HIGH-PERFORMING BOARDS

Track: Effective Governance
1.5 GOV

This session will review Board Member basics taken from the Health Resources and Service Administration's (HRSA) 18 program requirements. The presenter will highlight skills and processes that high-performing boards need to master to ensure HRSA compliance and health center vitality.

Learning Objectives:
1. Understand essential fiduciary duties.
2. Embrace HRSA obligations.
3. Master five smart practices.

Presenter(s): Jim Rice, Gallagher Integrated

2 - EFFECTIVE STRATEGIES TO ASSESS AND MANAGE RISK

Track: Operational Excellence
1.5 CPE; Basic; Business Management & Organization

There are various strategies management may utilize to effectively assess and manage risk. Options include identifying risk, understanding management’s risk response, and developing appropriate audit and monitoring responses. This session invites participants to identify strategies that are best for their needs and setting, and can be implemented right away.

Learning Objectives:
1. Identify ways to mitigate risk through internal audits or reviews.
2. Examine risk assessment strategies to identify highest risks in order to achieve organizational objectives.
3. Discuss effective processes to monitor and assess internal quality and performance over time.

Presenter(s): Melaney Scott & Kinman Tong, Moss Adams, LLP

3 - TRANSFORMING MA WORKFORCE RECRUITMENT NEEDS INTO RETENTION BENEFITS

Track: Workforce Optimization
1.5 HR

Best hiring practices and training techniques may not be enough to recruit and retain highly qualified Medical Assisting staff. This interactive session will review the benefits and collaborative efforts used to implement a model for MA education and employment. Attendees will be invited to share recruitment challenges and ask questions of a panel of recruitment and retention representatives. Presenters will share the design, strategies used, and benefits of partnership on a statewide level.
Learning Objectives:
1. Identify the benefits of statewide partnership in service of workforce development.
2. Critically review current clinical workforce training programs and recruitment strategies.
3. Identify next steps for developing a collaborative workforce development strategy.

Presenter(s): Teri Brogdon-Salud Family Health Centers; Suzanne Smith, Colorado Community Health Network; Erica Snow, The Colorado Health Foundation

4 - DO YOU HAVE 5 MINUTES?
APPLYING MOTIVATIONAL INTERVIEWING SKILLS IN CHALLENGING PATIENT ENCOUNTERS

Track: Clinical & Care Innovations
1.5 HR, CME, CNE, NASW

Time constraints need not deter impactful patient interactions. Brief and skillful clinical conversations can have sizeable effects. Learn how to facilitate focused, guided conversations that draw upon patients’ intrinsic motivation for positive change using Motivational Interviewing skills. Participants will learn about, observe, and practice interactions that make a difference. Practitioners in all disciplines will benefit from these tools.

Learning Objectives:
1. Explain the four processes that guide Motivational Interviewing conversations.
2. Demonstrate how to elicit patients’ internal motivation for change.
3. Describe how to effectively provide information and advice.

Presenter(s): Ken Kraybill, Center for Social Innovation; Ed Farrell, Colorado Coalition for the Homeless

5 - TRAIN-THE-TRAINER: IMPLEMENTING THE RURAL SOCIAL DETERMINANTS OF HEALTH GAME TOOLKIT

Track: Healthy Communities
1.5 CME, CNE, NASW

This train-the-trainer session will introduce the Rural Social Determinants of Health Game Toolkit, a free resource developed by the Colorado Community Health Network and Community Health Association of Mountains/Plains States inter-office Cultural Competency Team. This engaging, interactive toolkit is designed to educate healthcare professionals on the ways that social, cultural, economic, and environmental factors impact the well-being of rural patients. Session attendees will play and learn to facilitate the game effectively, as well as review how to prepare game materials and lead impactful post-game discussions.

Learning Objectives:
1. Understand the purpose, goals, and appropriate use of the CCHN/CHAMPS CCT Rural SDOH Game Toolkit.
2. Learn to effectively facilitate this game toolkit with health center staff, board members, and/or community members.
3. Prepare relevant pre-game introduction and post-game discussion plans, including strategies for fostering staff/organizational implementation.

Presenter(s): Kim Moyer, Colorado Community Health Network; Rachel Steinberg, Community Health Association of Mountain/Plains States
Saturday, October 20 - Sessions 6-10, 10:30 a.m.-12 p.m.

6 - STRATEGIC PLANNING: ENGAGEMENT FOR SUCCESSFUL IMPLEMENTATION AND RESULTS

**Track:** Effective Governance

1.5 GOV

This session will review the importance of engagement to ensure successful strategic planning processes and implementation. Attendees will be invited to consider four strategic questions that inform initiatives and goal-setting. Practical tools for effective group planning will be provided.

**Learning Objectives:**
1. Appreciate the power of four strategic questions.
2. Master the “Aikido Technique” for stakeholder engagement and service/program planning.
3. Explore the use of group planning tools.

**Presenter(s):** Jim Rice, Gallagher Integrated

7 - ACTIVE THREAT: INCREASING THE ODDS FOR SURVIVAL

**Track:** Operational Excellence

1.5 CME, CNE, NASW

In a world where mass casualty incidents are on the rise, it is imperative that organizations take steps to prepare their staff for an active threat or critical event. In cooperation with Offices of Emergency Management, law enforcement, fire, EMS, and mental health agencies, Salud Family Health Centers has designed live exercises that expose staff to realistic, emergent scenarios in preparation for critical incident response. Presenters will share how they have identified staff needs and developed effective training. Participants will learn to plan, design, coordinate and develop large scale exercises. Identify ways to help staff increase their odds for survival.

**Learning Objectives:**
1. Identify the effectiveness of live exercises to better prepare staff for critical incidents.
2. Learn the stages of planning, design, and development of an active threat exercise.
3. Learn what is most effective for a training program and the tools needed for success.

**Presenter(s):** Kerry McVay, Salud Family Health Centers

8 - FOREIGN MEDICAL GRADUATES: ALLEVIATING PHYSICIAN SHORTAGES

**Track:** Workforce Optimization

1.5 HR

Explore innovative ways to address the current shortage of US trained physicians, including programs that allow facilities in underserved areas to sponsor foreign-trained medical doctors. Roach & Bishop Law Offices will share their experience placing hundreds of doctors in Washington, Alaska, and surrounding states. The session will include discussion of challenges faced by immigration attorneys, foreign medical doctors, and sponsoring organizations due to changes in immigration policy.
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Presenters will share strategies, methods, and options for employers to fill their medical provider needs while retaining existing providers in lawful status.

**Learning Objectives:**
1. Understand avenues for placing foreign-trained doctors in medical facilities.
2. Understand processes for helping foreign-trained doctors obtain Legal Permanent Resident Status.
3. Explore how current administration is impacting approval of foreign-trained medical doctors.

**Presenter(s):** Eamonn Roach, Roach & Bishop Law Offices

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**9 - TRANSGENDER CARE CONSIDERATIONS**

*Track: Clinical & Care Innovations*

1.5 CME, CNE, NASW

Integrated primary care and behavioral health services, health education, and dental services make FQHCs well-suited to provide care for transgender patients. This session will provide an overview of elements needed to provide affirming, respectful transgender care in the community health setting. Common barriers to care, preventative care guidelines, and surgical care options will be reviewed. Case studies will be used to explore gender-affirming hormone therapy.

**Learning Objectives:**
1. Identify ways to create an affirming and safe environment for transgender people.
2. Explore the primary care and preventative care needs of transgender people.
3. Review gender-affirming hormone therapy options.

**Presenter(s):** Elizabeth Kvach, Denver Health; Jane Lose, Metro Community Provider Network

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**10 - ADDRESSING SOCIAL DETERMINANTS OF HEALTH TO IMPROVE POPULATION HEALTH**

*Track: Healthy Communities*

1.5 CME, CNE, NASW

The RCHN Community Health Foundation has allocated funding to develop projects that improve population health by identifying and addressing social determinants of health. Through this initiative, the Colorado Community Health Foundation has allocated funding to develop projects that improve population health by identifying and addressing social determinants of health.

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Health Network and Idaho Primary Care Association have implemented projects targeting women's health and diabetes control. This session will review new programs and tools used for implementation and expansion. Attendees will be invited to share their experience addressing social determinants of health and developing population health programming.

Learning Objectives:
1. Understand how to address social determinants of health as a way to improve population health.
2. Explore how a primary care association can develop population health projects in collaboration with community health centers.
3. Understand how to assess program impact as a way to sustain successful projects.

Presenter(s): Paul Melinkovich, RCHN Community Health Foundation; Jessica Sanchez, Colorado Community Health Network; Jesus Blanco, Idaho Primary Care Association

Saturday, October 20 - Sessions 11-15, 1:30-3 p.m.

11 - BOARD INTEGRATION:
ADVANCING MISSION THROUGH INNOVATIVE PARTNERSHIPS

Track: Operation Excellence
1.5 GOV

This session will showcase innovative business strategies for Board of Directors to explore for the advancement of their health center mission. Attendees will have an opportunity to learn about Whitman-Walker Health's successes and failures related to community partnerships, business partnerships, and corporate restructuring.

Learning Objectives:
1. Explore formal risk assessment of current health center operations and funding model.
2. Discuss key business opportunities for expansion and/or diversification of revenue streams.
3. Outline a formal strategic assessment tool for Board of Directors to employ for major business decisions and reframe how to measures success and/or failure.

Presenter(s): Don Blanchon, Whitman-Walker Health

12 - CREATE A COMPLIANT 340B DRUG PRICING PROGRAM

Track: Operational Excellence
1.5 CME, CNE, NASW

The complexities of the 340B Drug Pricing Program necessitate developing a cross-functional system of policies, procedures, and internal audit and monitoring activities that ensure regulatory compliance and preserve this stream of resources to serve your uninsured and underserved patient populations. This session addresses steps to begin or strengthen 340B Drug Pricing Program processes and facilitate program compliance and peak performance.

Learning Objectives:
1. Discuss HRSA audit components.
2. Review means of creating a 340B culture of compliance.
3. Discuss self-audits and external resources to assess your 340B program.

Presenter(s): Melaney Scott & Kinman Tong, Moss Adams, LLP

13 - PRIMARY CARE/BEHAVIORAL HEALTH WORKFORCE GAP RESPONSES: MODELS THAT WORK

Track: Workforce Optimization
1.5 HR

Practice transformation presents particular workforce needs for community health clinics. This session will survey global and national models of primary care/behavioral health integrated workforce preparation, with a focus on workforce training models in Washington and Colorado. Attendees will engage in a conversation regarding current and future state for their practices around financing, reimbursement, competencies, and training needs for clinic staff.

Learning Objectives:
1. Assess workforce needs for integration.
2. Consider integration data and models.
3. Reflect on current and future states of effective integration preparedness models.

Presenter(s): Jennifer Johnston, Highline College; Patrick Raue, AIMS Center; Frank Jadwin, Salud Family Health Centers
14 - SAFE OPIATE PRESCRIBING PRACTICES AND MEDICATION ASSISTED TREATMENT IN PRIMARY CARE

Track: Clinical & Care Innovations
1.5 CME, CNE, NASW

This session will explore Oregon’s efforts to improve pain management, opioid prescribing, and Substance Use Disorder treatment across the state. Resources, tools, and practice improvement strategies related to medication assisted treatment expansion and best-practice approaches to treating chronic pain management will be provided. The aim is to illustrate that comprehensive assessment, academic detailing, and practice facilitation can be used to leverage measurable change within individual clinics, as well as at a local, state, and federal level.

Learning Objectives:
1. Understand current Opioid crisis data with an emphasis on future areas of focus and improvement.
2. Learn implementation frameworks for chronic pain management, such as the Six Building Blocks clinical assessment.
3. Describe the Academic Detailing Program development with respect to MAT.

Presenter(s): Andrew Suchocki, Clackamas Health Centers; Nadejda Razi-Robertson, Synergy Consulting

15 - MOBILIZING COMMUNITY HEALTH WORKERS TO IMPROVE OUTCOMES AND REDUCE COSTS

Track: Healthy Communities
1.5 CME, CNE, NASW

Healthcare systems are charged with meeting the evolving needs of diverse communities. This is the case in New Mexico - a rising majority state with a high number of people of color. In response to diversifying needs, the University of New Mexico - Health Science Center’s Office for Community Health has developed innovative programs that incorporate Community Health Workers as major agents of change who address social forces that impact community health and well-being. This session will explore the role of Community Health Workers in providing integrated, community-based care.

Learning Objectives:
1. Explore how Community Health Workers can contribute to clinical care teams.
2. Identify and understand common Social Determinants of Health addressed by Community Health Workers.

Presenter(s): Francisco Ronquillo, University of New Mexico; Charlie Alfero, Southwest Center for Health Innovation

16 - BOARD FINANCE: SOURCES & USES OF SCARCE RESOURCES

Track: Effective Governance
1.5 GOV

The session reviews financial essentials for an effective board and successful health center. Funding sources, budgeting processes, and long-term planning and monitoring for sustainability will be discussed.

Learning Objectives:
1. Identify funding sources and challenges.
2. Examine the Board-CEO partnership in budgeting.
3. Learn to measure and monitor a health center’s long-range financial health.

Presenter(s): Jim Rice, Gallagher Integrated

17 - USING DATA TO OPTIMIZE PERFORMANCE UNDER VALUE-BASED PAYMENT AND CARE MODELS

Track: Operational Excellence
1.5 CPE; Basic; Business Management & Organization

Value-based payment and care models are on the rise. Are you ready to navigate these changes? Data is critical to success. This session will review types of data needed, where to get it, how to analyze it, and how to utilize analysis to optimize success in value-based payment and care models. The session will include an overview of value-based payment and opportunity for participants to address critical questions necessary for participating successfully in risk-bearing payment models.

Learning Objectives:
1. Name the 3 "layers" in value-based payment for health centers.
Learning Objectives:
1. Explore why many compensation programs actually lead to turnover, low levels of engagement, and decreased quality.
2. Learn how to develop effective performance management and development techniques.
3. Gain tools for budgeting that ensures true "pay for performance."

Presenter(s): Ed Ura, Merces Consulting Group, Inc.

18 - TRANSITIONING TO VALUE-BASED STAFFING & COMPENSATION

Track: Workforce Optimization
1.5 HR

New care delivery models necessitate supporting systems and programs - particularly those related to employee compensation. Maintaining a lean, highly-skilled, stable workforce is the optimal means of meeting new demands in an FQHC. This session will dispel the myth that health centers cannot afford a value-based system or maintain exceptional staff. Discover resources to support an effective staffing and compensation model, and steps for beginning the transition process.

Learning Objectives:
1. Describe at least two types of data needed for success in value-based payment.
2. Identify at least two ways to use data for value-based payment.

Presenter(s): Ann Loeffler, John Snow, Inc.

19 - IMPROVING ACCESS TO COMPREHENSIVE FAMILY PLANNING SERVICES IN COMMUNITY HEALTH CENTERS

Track: Clinical & Care Innovations
1.5 CME, CNE, NASW

This session will review the role of health centers in increasing access to effective family planning services for low-income women. Strategies for integrating quality family planning services into health center care, including...
screening for pregnancy intendedness, use of family planning educators, and staff training will be presented. Facilitators will share examples of implementation models from Colorado’s FQHCs and case studies illustrating Title X Family Planning program effectiveness of reducing unintended pregnancy rates.

**Learning Objectives:**

1. Describe disparities in access to family planning services for underserved patients and the impact on population health.
2. Identify strategies to improve primary care practice capacity and competency in delivering family planning services.
3. Implement strategies to incorporate Title X services into community health centers.

**Presenter(s):** Lucy Loomis, Denver Health; Jane Lose, Metro Community Provider Network

20 - REDUCING OPIOID-RELATED INFECTIOUS DISEASE OUTBREAKS

**Track:** Healthy Communities

- 1.5 CME, CNE, NASW

Addressing the syndemic of Opioid-related HIV and HCV in rural communities requires innovative means of delivering care. A Physician Assistant at an Idaho FQHC leveraged resources to develop, propose, and implement a comprehensive program with the goals of increasing diagnosis and treatment of HIV and HCV, as well as reduce incident infections through addressing intravenous user’s treatment needs. This session will review the resulting policies and procedures, as well as staff experiences of implementation, with the aim of inspiring other providers to consider implementing similar programs.

**Learning Objectives:**

1. Identify three public health trends related to the populations affected by HIV, HCV, and Opioid Use Disorder.
2. Identify three benefits of expanding HIV and HCV testing and co-locating HIV, HCV and MAT treatment services using an integrated care model.
3. Share resources that can be adapted to promote expansion of HIV/HCV/MAT services.

**Presenter(s):** Heather Schaper, Health West, Inc.
21 - COMMUNITY HEALTH CENTER 101: INTRODUCTION TO THE MOVEMENT

Track: Effective Governance

Joining the Community Health Center family? New grantees, staff, and board members, are invited to learn about the Community Health Center system, including history, organization, patient demographics, and program requirements. Presenters will discuss lead agencies and organizations that support and collaborate with CHCs and legislation and policies that affect their functioning.

Learning Objectives:
1. Explain the history and mission of the Community Health Center system.
2. List key legislation and policies related to the CHC system.
3. Identify lead agencies and organizations that collaborate with and support CHCs.

Presenter(s): Andrea Martin, CHAMPS; Seth Doyle, NWRPCA

22 - DATA-DRIVEN PRACTICE TRANSFORMATION & PERFORMANCE IMPROVEMENT STRATEGY

Track: Operational Excellence

In a landscape of changing payment models, provider burnout, and care team redesign, clinics need reliable business intelligence tools to ensure sound decision-making. Ranging from high-level strategy to offering practical ways to succeed in this new environment, presenters will discuss the central role of data in clinical and operational stability and success. Learn how to operationalize quality improvement using health center data to achieve higher level care delivery and outcomes in a team-based care environment. Hear about Salud Family Health Centers’ success integrating business intelligence into daily practice, intervention planning, outreach and care management. Learn how to leverage efforts to improve patient outcomes, meet or exceed performance targets, and increase staff satisfaction.

Learning Objectives:
1. Understand how business intelligence tools can be used for data driven quality improvement.
2. Discuss the central role of data in clinical and operational stability at FQHCs.
3. Achieve higher level care delivery and outcomes in a team-based care environment.

Presenter(s): Heather Budd, Azara Healthcare; Don Gutstadt, Salud Family Health Center

23 - FLIP THE SWITCH: REDUCING BURNOUT WITH HUMAN-CENTERED DESIGN

Track: Workforce Optimization

This session explores how a diverse primary care team is addressing burnout with human-centered design. Presenters will share an effective grassroots innovation based on prototypes for solution. Participants will have an opportunity to practice human-centered techniques.
Learning Objectives:
1. Understand the power of "asking the right questions" to solve problems.
2. Learn to involve staff in driving change through use of interviews and empathy exploration.
3. Understand the power of storytelling to create a foundation for change.

Presenter(s): Malia Davis, Amber Carlson, & Brittney Wilburn, Clinica Family Health

24 - ADDRESSING SUICIDE RISK IN PRIMARY CARE

Primary care patients who are at risk of suicide do not often disclose suicidal thoughts to providers and screening for risk is inconsistent. One study revealed that 45% of people who die by suicide have seen their primary care physician within a month of their death. This session will provide information about suicide risk assessment and care provision for primary care providers to implement.

Learning Objectives
1. Gain understanding of the public health problem of suicide.
2. Learn skills for suicide risk assessment, including appropriate language and micro interventions.
3. Learn skills to safety plan with at-risk patients.

Presenter(s): Virna Little, CUNY School of Public Health

25 - IMPROVING OUTCOMES THROUGH COLLABORATION WITH THE CRIMINAL JUSTICE SYSTEM

The Transitions Clinic Network (TCN) supports health systems in implementing the Transitions Clinic (TC) model of care - an evidence-based program that improves health and re-entry outcomes for chronically ill individuals following incarceration. This session will provide information on mass incarceration and its impact on health outcomes, introduce the TC program, and share strategies for program utilization across diverse communities.
systems and locations. Best practices for collaboration between health and correctional agencies, to include data sharing, improving service engagement, and positive health outcomes will be discussed.

**Learning Objectives:**
1. Identify health needs unique to individuals returning to the community following incarceration.
2. Identify strategies for improving health outcomes for formerly incarcerated patients.
3. Identify mechanisms for implementing a Transitions Clinic and funding a community health worker.

**Presenter(s):** Anna Steiner & Shira Shavit, Transitions Clinic Network; Laura Morgan, Country Doctor Community Clinic

**Sunday, October 21 - Sessions 26-30, 10:30 a.m.–12 p.m.**

**26 - BOARD TALENT: RECRUITMENT, RETENTION, & ENGAGEMENT**

**Track:** Effective Governance

**1.5 GOV**

Every health center wants a high-functioning board with fully engaged members who can lead the organization. How is such a board built? Using an intentional approach, boards can recruit and retain effective members who work together to fulfill their governance responsibilities and help their health center achieve its mission. This session will discuss the purpose and benefits of using a competency-based approach to recruitment, on-boarding, and retention. Best practices and tools will be shared.

**Learning Objectives:**
1. Learn how to apply a competency-based approach to board recruitment and retention.
2. Explore key considerations in strategically recruiting and retaining board members.
3. Develop a recruitment/retention action plan.

**Presenter(s):** Kimberly McNally, McNally & Associates

**27 - FROM ACCESS TO ACCOUNTABILITY: CHC LEADERSHIP TEAMS, SUSTAINABILITY, & CHANGE**

**Track:** Operational Excellence

**1.5 GOV, CME, CNE, NASW**

In an era of change fueled by payors and patients, the future of health centers necessitates transformation from access to accountability – accountability to patients, employees, payers, and communities. Health center leaders must consider multiple factors when identifying and employing effective business models, including governance, programming and services, workforce, financing, and community relations. This interactive session will review why Whitman-Walker Health made the decision to implement a major corporate restructuring in pursuit of long-term sustainability. Business strategies associated with a new non-profit community health system model will be explored.

**Learning Objectives:**
1. Explore mission and business complexities for governing bodies in response to payer and community need for increased accountability.
2. Learn best practices for reexamining community health centers’ operations and related financial cross-subsidization model.
3. Identify and assess options for achieving financial diversification.

**Presenter(s):** Don Blanchon, Whitman-Walker Health

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[www.NWRPCA.org/networking](http://www.NWRPCA.org/networking)
**28 - INTEGRATE COMMUNITY HEALTH WORKERS IN PRIMARY CARE - 5 BEST PRACTICES**

**Track:** Workforce Optimization  
1.5 HR

This session explores 5 best practices for integration of Community Health Workers (CHW) in primary care clinics. These practices were established through a pilot project involving community health centers across WA state and the Foundation for Healthy Generations. Learn about CHW program design and role clarification, care team communication, documenting and sharing successes, and sustainability. An interactive format will include discussion and group work to examine what your health center is doing well and identify steps for growth.

**Learning Objectives:**
1. List 5 best practices for successfully integrating CHWs into clinical settings.  
2. Assess organizational successes and areas for growth.  
3. Identify one practical step for implementation.

**Presenter(s):** Sarah Salomon, Foundation for Healthy Generations; Deanna Stark, CHAS Health

**29 - PEER LEARNING FOR CLINICAL LEADERSHIP**

**Track:** Clinical & Care Innovations  
1.5 CME, CNE, NASW

Back by popular demand, this facilitated, case-based small group discussion format invites clinical leaders to share challenges and ask questions relevant to their work. Topics may include implementation of team-based care models, addressing personnel issues, recruitment and retention, balancing quality and productivity, and partnership strategies. The small group discussions and large group sharing will foster networking and peer learning.

**Learning Objectives:**
1. Understand common challenges faced by clinical leadership.  
2. Describe a variety of strategies for dealing with challenging issues.  
3. Identify potential colleagues and/or mentors to call upon for support in the future.

**Presenter(s):** Eric Henley, LifeLong Medical; Mike Witte, California Primary Care Association

**30 - MEDICAL-LEGAL PARTNERSHIPS IN ACTION: LESSONS LEARNED FROM MONTANA'S MODEL**

**Track:** Healthy Communities  
1.5 CME, CNE, NASW

Curious about how a medical-legal partnership could benefit your patients but concerned about the cost of the service? This session will review the Montana Health Justice Partnership, a statewide medical-legal partnership that covers more than 90,000 square miles. The partnership includes the Montana Primary Care Association, six community health centers and Montana Legal Services Association. Presenters will discuss elements of starting, funding, and sustaining a medical-legal partnership in rural and frontier communities.

**Learning Objectives:**
1. Gain understanding of the medical-legal partnership model, including outcomes and implementation.  
2. Learn about potential funding sources for health center MLPs.  
3. Learn about the screening and data collection necessary to evaluate an MLP program.

**Presenter(s):** Olivia Riutta, Montana Primary Care Association; Maria Clemons, Northwest Community Health Center

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**Sunday, October 21 - Sessions 31-35, 1:30–3 p.m.**

**31 - CREATING & SUSTAINING A CULTURE OF LEADERSHIP CONTINUITY**

**Track:** Effective Governance  
1.5 GOV

In light of the current push for care system transformation, health center boards need to ensure effective leadership for the future. The next generation of leaders must be visionary, strategic, innovative, collaborative, emotionally intelligent, and adaptive to address technology advances and political uncertainty. These leadership competencies should drive how boards think about succession planning, CEO evaluation, recruitment, and retention. This interactive session is designed to help board members create and sustain a culture of leadership succession. Insights, tips, and tools will be shared to increase the board’s capacity to fulfill their fiduciary duty to foster leadership continuity.
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Learning Objectives:
1. Describe future-oriented leadership competencies.
2. Assess your health center’s current culture of leadership continuity.
3. Identify action steps to create and sustain leadership continuity.

Presenter(s): Kimberly McNally, McNally & Associates

32 - LEVERAGING EHR FOR PEER REVIEW

Track: Operational Excellence
1.5 HR, CME, CNE, NASW

For years, Shasta Community Health Center has utilized a paper process for Peer Review, including manually printing and de-identifying hundreds of chart notes and ensuring reviews are completed in a timely manner. In January of 2018, SCHC implemented a transparent and automated solution that uses the EHR in conjunction with Survey Monkey to allow for greater tracking, compliance, and analysis of Peer Review processes. Provider staff have widely accepted this project. This session will outline the approach and results of this process improvement.

Learning Objectives:
1. Evaluate the benefits and liabilities of a digitized Peer Review process.
2. Understand how SCHC successfully partnered with Survey Monkey to build a HIPAA-compliant solution.
3. Understand the functionality required to implement a similar process for your organization.

Presenter(s): Charles Kitzman, Shasta Community Health Center

33 - USING DATA TO MAKE WORKFORCE DREAMS A REALITY

Track: Workforce Optimization
1.5 HR

In today’s competitive market, health centers need to work smarter, not harder, to attract and retain quality talent. Do you have a workforce strategy in place for your organization? Diving into workforce data is simply a matter of identifying existing resources, learning to think strategically about information, and building a plan that allows for regular course correction based on new data. Join this session to explore the STAR² Center Data Profiles, identify the role of key HR metrics, and begin data-driven planning for the future.

Learning Objectives:
1. Understand the role of workforce data in building an effective staffing strategy.
2. Identify key workforce and HR metrics.
3. Begin analysis of health centers’ STAR² Center-provided Data Profile.

Presenter(s): Allison Abayasekara, Association of Clinicians for the Underserved

34 - SHARED MEDICAL APPOINTMENTS: A BEST-PRACTICE APPROACH TO MANAGING CHRONIC CONDITIONS IN PRIMARY CARE

Track: Clinical & Care Innovations
1.5 CME, CNE, NASW

Chronic conditions are among the most costly and preventable health challenges requiring ongoing medical care. Consideration of behavioral health in treatment is critical because of the difficulty associated with managing these conditions – diabetes in particular – and high mental/physical health comorbidity rates. This session will explore best practices for implementation of Shared Medical Appointments for chronic health conditions in a primary care setting, including strategies for whole-person care. Presenters will review the importance of addressing behavioral/emotional components of chronic conditions and provide useful tools for responding to needs.

Learning Objectives:
1. Identify best practices for treating chronic conditions in a group format in primary care.
2. Identify the components, benefits, and limitations of Shared Medical Appointments.
3. Identify strategies for providing whole-person care and addressing the behavioral/emotional components of Diabetes Mellitus management.

Presenter(s): Yajaira Johnson-Esparza & Jonathan Muther, Salud Family Health Centers
35 - ADDRESSING THE UNIQUE NEEDS OF PATIENTS EXPERIENCING HOMELESSNESS

Track: Healthy Communities
1.5 CME, CNE, NASW

Patients who are homeless consistently experience poorer health outcomes than those who are housed, including increased instance and severity of symptoms. Data suggests that homelessness is on the rise, with 44% of adult Community Health Center patients reporting “housing problems” in 2014. This interactive session will discuss resources that may be used to screen for homelessness, highlight some of the social determinants of health associated with homelessness, explore barriers to care and chronic disease management such as behavioral health issues, and demonstrate how Change Maps may be used to address this population’s unique health and health care needs.

Learning Objectives:
1. Identify a resource that may be used to screen for homelessness.
2. Describe at least one Social Determinant of Health associated with homelessness.
3. Develop a Change Map to identify steps to improve an identified Social Determinant of Health related to homelessness.

Presenter(s): Darlene Jenkins, National Health Care for the Homeless Council; Barbara Martin, Central City Concern

Sunday, October 21 - Sessions 36-40, 3:30–5 p.m.

36 - COMMUNITY ROOTS: NURTURING ENGAGEMENT & PRIDE

Track: Effective Governance
1.5 GOV

Stakeholder engagement and investment is crucial to board and health center success. Strengthening existing partnerships is as important as building new ones to ensure program sustainability. This session will review tools for community engagement, including mapping stakeholder groups, extending invitations, and celebrating successes.
Learning Objectives:
1. Learn framework for a streamlined health professions student (HPS) training program.
2. Learn best practices for efficient and effective HPS training programs.
3. Learn to develop and update a HPS Training Playbook to implement and/or improve training programs.

Presenter(s): Amanda Schiessl & Kerry Bamrick, Community Health Center, Inc.

37 - FOCUS ON DIABETES: UNIFORM DATA SYSTEM CLINICAL QUALITY MEASURE IMPROVEMENT

Track: Operational Excellence

Come ready to have fun with your favorite quality measures! 2018 HRSA site visits include root cause analysis methodology for diabetes. This session will give a high-level overview of measures your organization should monitor as a way to improve Uniform Data Systems. Explore patient experience, staff satisfaction, clinical measures, and utilization measures. An interactive format will address your questions.

Learning Objectives:
1. Develop sustainable QI processes for your organization.
2. Discuss best practices for your favorite quality measures.
3. Create methods to make data engaging for staff.

Presenter(s): Chris Espersen, Chris Espersen Consulting

38 - WORKFORCE PIPELINE: EFFECTIVELY TRAIN HEALTH PROFESSIONS STUDENTS

Track: Workforce Optimization

Looking to launch or advance health professions student (HPS) training? Health center education programs are essential to creating a pipeline of qualified providers but limited capacity and resources present challenges to working with students. In response to these challenges, Community Health Center, Inc. developed a playbook that helps organizations evaluate, replicate, and sustain HPS training. This session will provide steps for establishing a sustainable training program and review best practices for eliminating obstacles to improve student trainee processes.
40 - BECOMING A COMMUNITY-CENTERED HEALTH HOME

Track: Healthy Communities
1.5 CME, CNE, NASW

Healthcare systems are expanding to address social determinants of health, including exploring the role of home and community in well-being. Prevention Institute’s Community-Centered Health Homes model provides a strategic framework for healthcare that emphasizes partnerships between provider and community to impact policy and systems change. This session will review this model, introduce its relationship to high-performing primary care, and describe the correlation between common health conditions and community influences such as work, play, residence, and culture.

Learning Objectives:
1. Describe a Community–Centered Health Home, including the seven Principles & Practices.
2. Identify connections between population health and community conditions.
3. Utilize the CCHH model to prioritize action steps that will strengthen internal resources.

Presenter(s): Rea Pañares, Prevention Institute

MONDAY, OCTOBER 22

Sessions 41-45, 11 a.m.–12:30 p.m.

41 - NEXT LEVEL CARE MANAGEMENT: RISK STRATIFICATION & INTENSIVE INTERVENTION

Track: Quality Transformation
1.5 CME, CNE, NASW

Health center patients present with diverse levels of need. In order to successfully tailor care management, providers must establish a system for stratifying patient population to identify those at high risk for poor outcomes and develop corresponding treatment plans. This interactive session will present risk stratification and care management approaches being utilized in health centers. Participants will be invited to apply concepts to games and small group discussions related to identifying and addressing patients’ needs.

Learning Objectives:
1. Understand two approaches to risk-stratify a population.
2. Learn to interpret risk stratification data.
3. Increase knowledge of care management tools.

Presenter(s): Megan Littlefield & Scooter Gates, RiverStone Health; Matthew Mitchell, Central City Concern

42 - INVESTING IN LEADERSHIP TO CREATE A STRONG SAFETY NET

Track: Strategic Leadership
1.5 HR

Safety net organizations have played a vital role in providing primary care for over five decades, necessitating strong, sustained leadership. This session will showcase a leadership program designed to increase community health center organizational capacity. Presenters will discuss the environmental context for launching this program, program design and implementation, and the program’s relevance to current systemic pressures. Review participant feedback that reveals sustained commitment to working in the safety net and the impact of the program on professional growth.

Learning Objectives:
1. Understand the environmental context for developing a Clinic Leadership Institute.
2. Describe the program’s theory of change and training components.
3. Review feedback from program participants.

**Presenter(s):** Sunita Mutha & Marie Hubbard, UC San Francisco

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### 43 - FEDERAL POLICY & WORKFORCE UPDATES

**Track:** Policy & Environment

This session will provide current information on federal health policy, including implications for health centers and the communities they serve. Presenters will review NACHC’s policy priorities - emphasizing stable federal funding, Medicaid, telehealth, 340B, and Substance Use Disorder treatment. Learn more about HHS and HRSA policies, opportunities for community health centers, immigration policy developments, and the outlook for health policy following 2018 Congressional and state elections.

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### 44 - USING TECHNOLOGY TO BETTER IDENTIFY BEHAVIORAL HEALTH CONDITIONS

**Track:** Clinical Care & Innovations

1.5 CME, CNE, NASW

Statistics show that 25% of adults in the US struggle with a behavioral health condition each year. In 2017, Metro Community Provider Network referred nearly 15% of patients for behavioral health services - the highest percentage to date. This data indicates that a significant...
number of behavioral health and substance use needs are unaddressed. This session reviews a technology-based SBIRT behavioral health screening program implemented to more thoroughly identify patient needs. This program has been successful in fostering honest and confidential patient self-report, preventing human error, and reducing stigma.

Learning Objectives
2. Discuss how technology-based screening aligns with the Quadruple Aim of healthcare.
3. Review the positive impact of technology on patient response.

Presenter(s): Angela Green, Timothy Hermann, Kelly Shaffer, & Brooke Wagenseller, Metro Community Provider Network

45 - THE PAYER PERSPECTIVE: PROVIDERS THROUGH THE LOOKING GLASS

Track: Business Innovations
1.5 CPE; Basic; Business Management & Organization

As healthcare economics change, so must traditional health plan business models. Provider consolidation, team-oriented and accountable care delivery, and emerging alternative payment models are requiring plans to redefine and redesign their role. Using technology as a change agent, plans are shifting from resource-focused to member-focused, provider-aligned processes. This session will step through the looking glass to expose the world of the payer, introducing and investigating payer shared and owned technologies and processes that align with industry megatrends under consumer expectations of value-based care.

Learning Objectives
1. Explain the operations of a health plan as a counterpoint to the medical practice.
2. Identify emerging operations designed to transform payers into health value management organizations.
3. Advance the view of health care from provider-specific roles to harmonized objectives with health plans.

Presenter(s): Adele Allison, DST Health Solutions, LLC

Monday, October 22 - Sessions 46-50, 1:30–3 p.m.

46 - EMPATHIC INQUIRY: USING PATIENT-CENTERED PRINCIPLES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

Track: Quality Transformation
1.5 CME, CNE, NASW

Providing care to patients with complex medical and social needs calls for systematic screening for social factors affecting health. Care teams must seek to understand patients’ emotional and relational experience, as well as collect data to identify drivers of poor health. This presentation will review themes distilled from stakeholder focus groups and interviews. The resulting recommendations offer tactical guidance for developing patient-centered workflows, standardizing data collection using widely available tools (PRAPARE), and intra-team collaboration for social determinants of health screening and follow-up.
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**SESSION DESCRIPTIONS**

**Learning Objectives:**
1. Identify action-oriented principles for developing a patient-centered approach to screening for Social Determinants of Health.
2. Explore costs and benefits of existing Social Determinants of Health screening workflows.
3. Consider the application of Empathic Inquiry to Social Determinants of Health screening.

**Presenter(s):** Stephanie Castano & Carly Hood-Ronick, Oregon Primary Care Association

**47 - ADDRESSING BURNOUT IN AN ERA OF VALUE-BASED PURCHASING**

**Track:** Strategic Leadership  
**1.5 HR**

Value-based reimbursement systems are altering payment and care delivery within the health center business model. Providers are accountable for implementing team-based care, addressing chronic disease, and demonstrating health value through emerging payment models – all while attending to workforce challenges and stressors. This session will provide practical strategies for alleviating stress factors and cultivating a positive working environment. Identify tools for employing a care delivery process that ensures a sense of clinician control for a healthy, productive, patient-centered workplace in the era of value-based purchasing.

**Learning Objectives:**
1. Recognize the signs of and reasons for provider and care team burnout.
2. Understand a collaborative approach to designing processes and systems that accommodate value-based payment models.
3. Identify collaborative strategies for improved health and economic outcomes.

**Presenter(s):** Elizabeth Oseguera, California Primary Care Association; Nikki Marquez, Immigrant Legal Resource Center

**48 - THE IMPACT OF IMMIGRATION POLICY ON PATIENTS & HEALTH CENTERS**

**Track:** Policy & Environment

The threat of deportation is impacting patient engagement and health outcomes in Community Health Centers that have historically been safety net providers for underserved communities. In response, health centers are looking to implement policies and procedures that ensure the safety of immigrant patients and staff. California PCA has collaborated with advocacy and legal experts to develop materials to help health centers prepare for an encounter with immigration enforcement. This session will provide information on immigration legislation and policies, and inspire strategies for health center implementation of relevant procedures.

**Learning Objectives:**
1. Learn protocol for appropriately interacting with immigration officials, including designating staff as enforcement liaisons and maintaining privacy.
2. Gain understanding of the leaked proposal around public charge, including how changes could impact health centers and patients.
3. Develop understanding of federal immigration enforcement policies under the current administration.

**Presenter(s):** Erin Baurle, Angela Green, Heather Kelly, Kelly Shaffer, & Brooke Wagenseller, Metro Community Provider Network

**49 - CRISIS IN THE COMMUNITY: RESPONDING TO THE NEED FOR ADDICTION TREATMENT**

**Track:** Clinical & Care Innovations  
**1.5 CME, CNE, NASW**

Historically, addiction treatment has been siloed off from primary care and mental health services. With increased awareness of and response to the opioid crisis, treatment providers across disciplines are collaborating to support patients struggling with addiction. Metro Community Provider Network is addressing addiction with a Medication Assisted Treatment program. This session will review implementation of this program, which included a phased approach and inter-departmental communication strategies. Coding practices, selecting drug screen tools, and staff training will be discussed in this interactive presentation.

**Learning Objectives:**
1. Review criteria for Opioid Use Disorder.
2. Discuss treatment of OUD with Medication Assisted Treatment and behavioral health services in primary care clinics.
3. Understand how to implement a MAT program for integrated primary care, including review of resources.

**Presenter(s):** Adele Allison, DST Health Solutions; Anna Maria Izquierdo-Porrera, Bluenovo
50 - BUDGET PROCESS & MEASURING FINANCIAL SERVICES

Track: Business Innovations
1.5 CPE; Basic; Business Management & Organization

Creating the organizational budget does not have to be a lonely project. In fact, creating the budget as a team is a rewarding exercise. This session will provide steps for collaborative, inclusive budget processes, including holding others accountable to contribute and relieving sole responsibility from the CFO. In addition, there will be review of relevant financial indicators that can be added to monthly financial statements.

Learning Objectives:
1. Create an organizational budget process that includes management.
2. Understand various financial indicators, including how they can be applied to correctly formatted financial statements.

Presenter(s): Angela Robinson, Wipfli

Monday, October 22 - Sessions 51-55, 3:30–5 p.m.

51 - THE CLOSER: A NEW APPROACH TO PATIENT-CENTERED HEALTHCARE

Track: Quality Transformation

As a FQHC and Level III Patient-Centered Medical Home, First Care Clinic is dedicated to quality of care. Since the implementation of the “nurse closer” process in October 2017, the clinic’s quality measures, nurse utilization, and patient compliance have improved. The newly implemented process helps identify gaps in care related to patient communication. Presenters will review this means of empowering all staff to contribute to improved care quality.

Learning Objectives:
1. Identify ways to increase quality measures by utilizing non-provider staff.
2. Design a bonus program that focuses on quality and production.
3. Increase patient portal utilization.

Presenter(s): Bryan Brady & Christine Fisher, First Care Clinic, Inc.

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52 - CULTIVATING A COACHING CULTURE

Track: Strategic Leadership
1.5 HR

Successful organizations are those in which employees feel connected to their workplace. How do health centers foster this in the face of budget limitations and challenging workloads? The answer: by cultivating a culture of coaching. Learn to use your leadership role as a positive catalyst for influencing organizational culture through powerful coaching principles. Participants will be amazed by simple and actionable strategies that transform the way team members interact with one another and their patients.

Learning Objectives:
1. Define the concept of "coaching culture" as it applies to a workplace context.
2. Identify the benefits of a "coaching culture" in a workplace and articulate a clear business case for implementing one.
3. Identify three actionable strategies to cultivate a "coaching culture" within an organization.

Presenter(s): Tammy Green, Anchorage Neighborhood Health Center

53 - SOCIAL DETERMINANTS OF HEALTH PANEL

Track: Policy & Environment
1.5 CME, CNE, NASW

Addressing Social Determinants of Health (SDOH) is critical to promoting wellness. This session features three expert panelists who will share unique perspectives and lessons learned from health center partnership projects implemented to address SDOH. Explore how medical legal partnerships and collaboration with partners like the National Health Care for the Homeless Council and Prevention Institute can increase the effectiveness of services provided.

Learning Objectives:
1. Identify best practices for developing strategic partnerships at health centers.
2. Share creative ideas for developing strategic Partnerships.
3. Understand the impact of community-centered health homes, medical-legal partnerships, and combating homelessness in SDOH.

Presenter(s): Darlene Jenkins, National Health Care for the Homeless Council; Rea Pañares, Prevention Institute; Olivia Riutta, Montana Primary Care Association

54 - IMPROVING HEALTH OUTCOMES THROUGH VIOLENCE PREVENTION

Track: Clinical & Care Innovations
1.5 CME, CNE, NASW

Intimate partner violence is a key social determinant of health that impacts patient outcomes. In an effort to address this issue, Futures Without Violence developed an evidence-based approach to care that encourages partnership between health centers and domestic violence/sexual assault advocacy programs. This breakout session will explore collaboration that expands support for survivors of intimate partner violence and human trafficking using an online toolkit. CommuniCare Health Centers presenters will share a trauma-informed approach to supporting staff who work with survivors.
Learning Objectives:
1. Define the dynamics of Intimate Partner Violence (IPV) and Human Trafficking (HT).
2. Identify two possible health outcomes resulting from IPV and HT.
3. Identify two trauma-informed practices for workplace implementation.

Presenter(s): Melissa Marshall, CommuniCare Health Centers; Anna Marjavi-Futures Without Violence

55 - EVERYONE HAS A ROLE IN MANAGING REVENUE CYCLE

Track: Business Innovations
1.5 CPE; Basic; Business Management & Organization

According to the Healthcare Financial Management Association, revenue cycle includes "all administrative and clinical functions that contribute to the capture, management, and collection of patient service revenue." This is not often the reality, as siloed workflows can lead to duplication or oversight of critical steps. This interactive session will break-down FQHC revenue cycle steps to provide insight into each organization's processes and identify opportunities to streamline and optimize revenue cycle management.

Learning Objectives:
1. Describe critical steps and staff roles in FQHC revenue cycle management.
2. Analyze your health center’s current revenue cycle workflows and identify opportunities for improvement.
3. Review examples of revenue cycle metrics.

Presenter(s): Sherri Goemmer & Martha Wooten, ReVISION Partners

TUESDAY, OCTOBER 23

Sessions 56-60, 8:30–10 a.m.

56 - CREATE A CUSTOMIZED POPULATION HEALTH ROADMAP

Track: Quality Transformation

Starling Advisors examines the steps that every Federally Qualified Health Center can take to develop an individualized Population Health Management Roadmap. A Roadmap is a long-term plan to improve the organizations data management capabilities and the associated care workflows, ultimately leading to true team-based care models.

Learning Objectives:
1. Identify gaps in data management that prevent effective population health management.
2. Develop specific workflows for managing population health.
3. Develop a plan to improve organizational population health management competencies.

Presenter(s): Andrew Principe, Starling Advisors
57 - HUB-AND-SPOKE: DEVELOPING AN INTEGRATED TREATMENT NETWORK THAT FOSTERS RECOVERY

Track: Integrated Care
1.5 CME, CNE, NASW

In 2017, a record 1,012 Coloradans died due to Opioid-related overdose. In an attempt to curb the local Opioid epidemic, the Northern Colorado Opioid Prevention Work Group is adapting Vermont’s hub-and-spoke model of medication assisted treatment (MAT). An existing infrastructure of large population centers, MAT expertise, and patient-centered medical homes allows for successful hub-and-spoke programming. This session will provide an overview of the Opioid crisis and an introduction to Vermont’s hub-and-spoke model. Presenters will describe the Work Group’s efforts to develop a regional model. Practical and logistical barriers to implementation and funding considerations will be reviewed.

Learning Objectives:
1. Share Vermont’s hub-and-spoke model.
2. Identify elements necessary for the development of a hub-and-spoke model.
3. Identify barriers to implementation of a hub-and-spoke model.

Presenter(s): Kendall Alexander, North Range Behavioral Health; Lesley Brooks, Sunrise Community Health; JK Costello, Steadman Group; Cyndi Dodds, SummitStone; Yajaira Johnson-Esparza, Salud Family Health Centers

58 - FROM THE GROUND UP: GRASSROOTS ADVOCACY TO ADDRESS POLICY CHALLENGES

Track: Policy & Environment

Are health centers ready to engage a new Congress, address funding challenges, and tackle epidemics? This session will review the process of building a robust grassroots advocacy program to ensure preparedness for the future. From recruitment and education to engagement and mobilization, presenters will share best-practices and creative strategies for success. Learn from fellow advocates nationwide who will share information about how to achieve national recognition for advocacy efforts.

Learning Objectives:
1. Identify best-practices for developing and implementing a grassroots advocacy program within a health center.
2. Understand how to engage diverse advocates and leverage relationships within the community.
3. Share creative ideas for fostering an organizational culture of advocacy.

Presenter(s): Elizabeth Kwasnik, National Association of Community Health Centers; Fatima Groom, Sunrise Community Health

59 - SUPPORTING SUBSTANCE MISUSE RECOVERY IN PRIMARY CARE: WHAT PROVIDERS NEED TO KNOW

Track: Clinical & Care Innovations
1.5 CME, CNE, NASW

This session will provide an overview of SAMHSA’s Recovery Principles. A selection of SUD recovery programs will then be introduced, including Advocates for Recovery Colorado, Jefferson Center for Mental Health, Salud Family Health Centers, and an Office of Behavioral Health Strategies program with the City and

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County of Denver. Panelists will discuss recovery support strategies for primary care and review what providers need to know to support patients in the important process of recovery.

**Learning Objectives:**
1. Understand definition and principles of recovery, including how recovery differs from treatment.
2. Identify measurable Recovery Support Strategies employed in primary care settings.
3. Learn about four programs that foster recovery in a variety of settings.

**Presenter(s):** Jenny Hill, Office of Behavioral Health Strategies for City and County of Denver; Jonathan Muther, Salud Family Health Centers; Megan Swanson, Jefferson Center for Mental Health; Tonya Wheeler, Advocates for Recovery Colorado

**Moderators:** Charles Smith, SAMHSA; Kimberly Patton, HRSA

**60 - THE EVOLVING ALTERNATIVE PAYMENT MODEL LANDSCAPE**

**Track:** Business Innovations

There have been a variety of different innovations and payment models being tested across the country. Some of these have shown promise, while the jury remains out on others. This session will provide insights into key observations on alternative payment models being tested, an overview of successes and what to expect moving forward.

**Learning Objectives:**
1. Understand various payment models being tested across the country and the results to date.
2. Identify financial and operational opportunities associated with APMs.
3. Become familiar with additional initiatives being considered by HHS/CMS to drive innovation.

**Presenter(s):** Jennifer Boese, CliftonLarsonAllen, LLP
61 - TEAM-BASED CARE IN A TEACHING FQHC

Track: Quality Transformation

This session will relate a teaching FQHC’s journey to team-based care. Following Bodenheimer’s building blocks and lessons from experts at the MacColl Center and Leibig-Shepherd Group, presenters will share lessons learned with the first seven building blocks in Bodenheimer’s model: engaged leadership, data-driven improvement, empanelment, team-based care, patient-team partnership, population management, and continuity of care.

Learning Objectives:
1. Describe benefits of team-based care and address barriers to creating teams.
2. Learn strategies for utilizing residents to balance team FTE.
3. Use QI metrics to address care gaps and develop documentation strategies for continued process improvement.

Presenter(s): Thomas Staff & Jessica Bull, Denver Health and Hospital Authority

62 - PREPARING FRONT LINE HEALTHCARE STAFF FOR BEHAVIORAL HEALTH INTEGRATION

Track: Integrated Care

Showcasing an effective partnership between a college and Community Health Center, this session introduces a flexible educational model designed to prepare front line healthcare staff for behavioral health integration. Attendees will be invited to examine workforce readiness and skills gaps and provided with a menu of resources for staff.

Learning Objectives:
1. Assess front line staff readiness for behavioral health/primary care integration.
2. Discuss education and training best practices with fellow providers and subject matter experts.
3. Identify resources and review recommendations for addressing skills gaps.

Presenter(s): Jennifer Johnston, Highline College; Melissa Glenn, NWRPCA

63 - MEDICAID REIMBURSEMENT FOR SUBSTANCE USE DISORDER TREATMENT: BEST PRACTICE APPROACHES

Track: Policy & Environment

1.5 CME, CNE, NASW

This session will review South Dakota’s recent effort to develop a substance use treatment benefit based upon best practices in its Medicaid program. Presenters will discuss collaboration between health centers and share effective recommendations made to Medicaid in service of benefit implementation. Learn about the role of health centers in providing substance use treatment and overcoming common workforce challenges.

Learning Objectives:
1. Understand a recommended model for a substance use treatment benefit in Medicaid.
3. Gain tips about how to approach the Medicaid agency relative to substance use treatment.

Presenter(s): Shelly Ten Napel, Community HealthCare Association of the Dakotas

64 - ADDICTION TECHNOLOGY TRANSFER CENTER AS A RESOURCE FOR PRIMARY CARE PROVIDERS

Track: Clinical & Care Innovations

1.5 CME, CNE, NASW

This session will provide an overview of Addiction Technology Transfer Center – a Substance Abuse and Mental Health Services Administration (SAMHSA) funded resource that is available to assist primary care providers in addressing substance use disorders. Resources provided will enhance understanding of integrated care, addressing stigma, and treatment and recovery supports.

Learning Objectives:
1. Review resources for evidence-based practices that improve addiction treatment and recovery-oriented services.
2. Learn techniques for addressing stigma in community and health care settings.
3. Examine how integrated care can improve outcomes in a complex, diverse environment.
65 - DEVELOPING THE FUTURISTIC CFO

**Presenter(s):** Thomasine Heitkamp, Mountain Plains Addiction Technology Transfer Center Network; Nancy Roget, University of Nevada-Reno

**Track:** Business Innovations

The Chief Financial Officer role will continue to evolve as technology disrupts the business environment. Strategic thinking has become an essential skill for a CFO. This session will explore two important qualities of the futuristic CFO: 1) keeping current with technological innovations, and 2) developing "soft skills" to navigate the increasingly strategic role. Trends in technology and corresponding impacts on health center finance teams will be discussed and attendees will be invited to practice relevant soft skills.

**Learning Objectives:**
1. Discuss and practice techniques for strategic thinking.
2. Identify trends that will impact future financial operations.
3. Understand five key areas of necessary soft skills and learn evidence-based strategies for improving them.

**Presenter(s):** Angela Robinson & Diane Surber, Wipfli

**Tuesday, October 23 - Sessions 66-70, 1:30–3 p.m.**

66 - IMPROVING COLON CANCER SCREENING RATES: TWO STEPS FORWARD, ONE STEP BACK

**Track:** Quality Transformation

1.5 CME, CNE, NASW

This session will showcase how one Community Health Center improved colorectal cancer screening rates in the context of the Quadruple Aim and team-based care. Attendees will be invited to brainstorm ways to capitalize on care team member expertise and gain workflow ideas for implementation. Observe how small modifications can make large gains in reducing morbidity and mortality from colorectal cancer.

**Learning Objectives:**
1. Identify strategies to improve colon cancer screening rates in clinics.
2. Explore ways of using the health care team to engage patients in screening.
3. Design mechanisms to promote sustainable improvements.

**Presenter(s):** Jennifer Dailey-Vail, Sarah Versackas, & Tomas Bello Cedeno, Sheridan Health Services

67 - AN EVOLUTION OF INTEGRATED CARE: INNOVATIONS IN CLINIC FACILITIES LINKED TO CARE DELIVERY

**Track:** Integrated Care

Clinica Family Health opened its first clinic 40 years ago. In 2001, it remodeled its first building in Thornton, Colorado to accommodate integrated team-based care, a practice just being pioneered at that time. In partnership with Boulder Associates Architects, Clinica has developed 6 new and renovated clinics over the last 20 years. Each clinic iteration has offered an opportunity to innovate care practices and facility design. This session will review Clinica's journey of moving from a siloed, provider-centric care model to an integrated, team-based approach. Using this model, other organizations will be able to assess the value of an integrated care practice and utilize Clinica's approach to move toward implementation.

**Learning Objectives:**
1. Assess the value of establishing an integrated care practice.
2. Identify steps to implementing an integrated care model.
3. Translate care outcomes into supporting physical spaces.

**Presenter(s):** Meredith Banasiak & Paula Sullivan, Boulder Associates Architects; Jennifer Snyder, Clinica Family Health

68 - HUMAN TRAFFICKING, INTERSECTIONS OF VIOLENCE, & TRAUMA-INFORMED CARE

**Track:** Policy & Environment

1.5 CME, CNE, NASW

Human trafficking has a significant impact on individual and community health. This learning lab will offer resources to build and strengthen skills needed to address issues of exploitation and violence within clinical practice. Learn from health center experts and leaders who specialize in trauma and human trafficking. Presenters will engage participants in a mixed modality learning format to include didactics, case studies/role plays, and group discussions.
SESSION DESCRIPTIONS

Learning Objectives:
1. Identify the impacts of trauma and toxic stress on the neuroendocrine system.
2. Define human trafficking, including identify the intersections with other forms of exploitation and violence.
3. Identify strategies to create sustainable individual and health center means of addressing human trafficking.

Presenter(s): Deb LaMarche & Shannon Christensen, Northwest Regional Telehealth Training Center

70 - WORKFORCE BENCHMARKING & TRENDS: REGION 8 & 10 SALARY SURVEY RESULTS

Track: Business Innovations

The health centers of Region VIII and Region X (Region 18) make up a unique group of employers that benefit from analysis of their own workforce-related benchmarks and trends. In the spring and summer of 2018, CHAMPS and NWRPCA distributed surveys to community, migrant, and homeless health centers in these regions to collect salary, benefits, turnover, vacancy, and other workforce data. This session will highlight findings from the resulting reports, including regional comparisons of and trends for a variety of metrics. Participants will also have an opportunity to discuss the impact of these findings on health centers.

Learning Objectives:
1. Understand Region 18 health center salary/benefits data as a comparative resource for crafting compensation packages for executive, provider, and support staff.
2. Identify benchmarks and trends in current Region 18 health center workforce metrics, including new provider productivity expectations information.
3. Identify how health center staff are using workforce metrics to update and improve policies and procedures.

Presenter(s): Anna Marjavi, Futures Without Violence; Jessica Sanchez, Colorado Health Network; Kimberly Chang, Asian Health Services

69 - ADDRESSING SUBSTANCE USE DISORDERS WITH TELEHEALTH

Track: Clinical & Care Innovations

This interactive session will provide an overview of the Telehealth Resource Center program, including available services and means of accessing technical assistance in each state. Presenters will share essential considerations for launching a telehealth program and review programs currently utilizing telehealth for behavioral health and Substance Use Disorder treatment. Attendees will receive a comprehensive resource list.

Learning Objectives:
1. Identify available telehealth resources and how to access them.
2. Identify the steps for implementing telehealth in Primary Care and Behavioral Health.
3. Learn about programs currently utilizing telehealth to address Substance Use Disorders.

Presenter(s): Andrea Martin, CHAMPS
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*Original art by Victoria Brinigar, MS, LMHC, CDP from Seattle, WA.*