2019 Spring Summit
and Annual Membership Meeting

heart • value • movement

Anchorage, Alaska
May 19–21, 2019

www.NWRPCA.org

CONFERENCE PROGRAM
Welcome to Anchorage
and to our first annual NWRPCA Spring Summit!

The Summit is a reconfiguring of our former Spring Primary Care Conference based on feedback from many of you who attended in the past. As such, it includes the same carefully curated content that our attendees have come to expect of all NWRPCA conferences, plus an innovative Mental Health First Aid workshop and other wonderful opportunities to learn from peers in Region X. We’re delighted to debut our Spring Summit here in Anchorage, with a host of novel and timely sessions on health center operations, workforce development, population health improvement, effective governance and more.

This year’s theme, “Heart, Value, Movement,” harkens back to the original mission of our nation’s community health centers while simultaneously highlighting our dramatic growth, transformation and innovation in recent years. The theme and session content is intended to call attention to the distinctively compassionate, patient-centered care for which health centers have long been known. We feel the offerings over these next two and a half days are exceptional and trust you’ll feel similarly by the time you leave.

We encourage you in particular to network actively with both your peers from across the region and our distinguished presenters and partners. The opening plenary will feature our annual membership meeting followed by an exciting panel discussion on addressing workforce issues in innovative and effective ways. Monday’s general plenary features an outstanding mix of speakers, including Reverend Dr. Michael J. Oleksa, who has spent the last 35 years in Alaska serving as village priest, university professor and consultant on intercultural relations and communications. You’ll also have an opportunity to hear from and dialogue with two of our most valued national partners: Joe Gallegos, Senior Vice President of Western Operations at NACHC, and Ernia Hughes, Director of the Office of Northern Health Services at HRSA’s Bureau of Primary Health Care.

As always, many thanks to those of you who are health center staff or board members for joining us and to all our wonderful presenters, sponsors, exhibitors and planning partners. And a special thanks to our wonderful board of directors and equally terrific NWRPCA staff for their dedicated efforts “behind the scenes” to make all this happen smoothly. We hope, while you’re here, that you’ll deepen long-standing friendships, make valuable new connections and encounter new ways of thinking that will energize your efforts back home for years to come. Enjoy and please feel free to reach out to our NWRPCA team if there’s anything we can do to help meet your conference needs!

Bruce Gray
CEO, Northwest Regional Primary Care Association

Heidi Hart
CEO, Terry Reilly Health Services
Board Chair, NWRPCA
**SUNDAY**

- **Conference Registration & Continental Breakfast** 7:30–8:30 a.m.  
  Ballroom Foyer
- **Mental Health First Aid Training** 8:30 a.m.—4:30 p.m.
- **Conference Sessions** 8:30–10 a.m.
- **Break with Exhibitors** 10–10:30 a.m.  
  Ballroom Foyer
- **General Plenary, Membership Meeting, Awards, and Lunch** 12–1:15 p.m.  
  Anchorage
- **Conference Sessions** 1:30–3 p.m.
- **Break with Exhibitors** 3–3:30 p.m.  
  Ballroom Foyer
- **Conference Sessions** 3:30–5 p.m.
- **Welcome Reception** 5–6:30 p.m.  
  Anchorage

**MONDAY**

- **Conference Registration & Continental Breakfast** 7–8 a.m.  
  Ballroom Foyer
- **General Plenary, HRSA & NACHC Updates** 8–10 a.m.  
  Anchorage
- **Break with Exhibitors** 10–10:30 a.m.  
  Ballroom Foyer
- **Conference Sessions** 10:30 a.m.–12 p.m.
- **Tour of Alaska Native Medical Center Hospital** 1:30–3:30 p.m.  
  Meet in the hotel lobby at 1:15 p.m.
- **Conference Sessions** 1:30–3 p.m.
- **Dessert Break with Exhibitors** 3–3:30 p.m.  
  Ballroom Foyer
- **Conference Sessions** 3:30–5 p.m.
- **Exhibitor Networking Reception & Raffle** 5–6 p.m.  
  Ballroom Foyer
- **Quiet Time with NACHC** 6–7 p.m.  
  Skagway

**TUESDAY**

- **Conference Registration & Continental Breakfast** 7:30–8:30 a.m.  
  Ballroom Foyer
- **Conference Sessions** 8:30–10 a.m.
- **Break** 10–10:30 a.m.  
  Ballroom Foyer
- **Conference Sessions** 10:30 a.m.–12 p.m.
- **APCA Annual Membership Meeting** 12:30 p.m.  
  Anchorage Meeting Room (2nd Floor)
Keynote Speakers

**SUNDAY, MAY 19**  General Plenary — 12-1:15 p.m. / Lunch provided

The General Plenary and Annual Membership Meeting will include official voting on NWRPCA’s Board of Directors and the announcement of the Legacy, Summit, and Helping Us Helping You Awards. Lunch will be provided, along with local Alaskan entertainment, and a $500 raffle! Get your raffle ticket as you enter the plenary. Everyone is eligible to receive one ticket. The raffle for the $500 gift card will be announced at the end of the plenary and you must be present to win!

**ACILUQ DANCE GROUP**
**WELCOME & OPENING REMARKS**
**MEMBERSHIP NEWS & UPDATES**
**AWARDS**
**“GROW YOUR OWN” WORKFORCE PANEL**

**MONDAY, MAY 20**  General Plenary — 8–10 a.m.

**ERNIA HUGHES**

_Director, Office of Northern Health Services (ONHS), Bureau of Primary Health Care Health Resources and Services Administration (HRSA)_

Ernia Hughes is director of ONHS at the Bureau of Primary Health Care, part of HRSA. Hughes oversees program monitoring and assistance activities for more than 700 Federally Qualified Health Centers, with a grant portfolio of about $2 billion. Hughes previously served as director in HRSA’s Bureau of Health Workforce, where she led the National Practitioner Data Bank. Prior to federal service, Hughes was the administrator of the Center for Maternal and Fetal Medicine at John Hopkins Medicine/Howard County General Hospital in Columbia, Maryland.

**JOE GALLEGOS**

_Senior VP of Western Operations, National Association of Community Health Centers (NACHC)_

Joe has been with NACHC for over 10 years, serving as the Senior Vice President of Western Operations. Prior to that, Joe has held a number of leadership positions in the state of New Mexico, including serving as the CEO of the Health Centers of Northern New Mexico for over 11 years.

**FATHER MICHAEL OLEKSA**

The Reverend Dr. Michael James Oleksa has spent the last 35 years in Alaska, serving as village priest, university professor, consultant on intercultural relations and communications, and authoring several books on Alaska Native cultures and history. A 1969 graduate of Georgetown University and of St. Vladimir’s Orthodox Theological Seminary, Father Oleksa earned his doctoral degree in Presov, Slovakia, in 1988. His four-part PBS television series, Communicating Across Cultures, has been widely acclaimed.

**Speaker Disclosures**

**BRYAN HANSEN**, Medical Practice Management Services

**RAY JORGENSEN**, PMG, Inc.
Acilquq Dance Group

Acilquq, Ah chee II kook Yup’ik. Plant Root or Foundation, was created in 2008 by P. “Aassanaaq” Ossie Kairaiuak (Chefornak) after singing and dancing under Ben Snowball and David Chanar. Its members have Village Roots from various villages in the Yup’ik Region of Southwestern Alaska, hence Acilquq honors that diverse root(s). They hold evening practices every Wednesday at the Alaska Native Medical Center (ANMC) lobby. Many of the patients are from rural villages and they come to ANMC to receive specialized care or treatment only available in Anchorage. Many in the community, who are also from villages, come just to enjoy the dancing and each others’ company and always an added bonus when they participate in the practice itself to give an uplifting entertainment to our most important audience: the patients.

They have performed at the Camai Festival, Festival of Native Arts, Alaska Federation of Natives Quyana Night, and various venues held in Anchorage.

Visit Our Exhibitors

Visit NWRPCA and A.T. Still University in Fairbanks room
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Colleen DiClaudio, President/Co-Founder
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American HealthCare Connect has over 20 years of experience working with FQHC’s & Rural practices across the country. Our goal is to level the playing field in medical recruiting for FQHC’s and Community Health Centers across the country. American HealthCare Connect’s (AHC) revolutionary recruitment model aims to overcome barriers to recruiting Physicians, NP’s, PA’s, Nurses and allied opportunities through honesty, integrity & full circle transparency. Our customized, consultative approach utilizes multiple job boards, targeted marketing & unlimited candidate sourcing. All of which are included in one low monthly fee with no additional marketing or placement fees. Visit us at Table 4.
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Brenda Rocha, RN, Medical Consultant
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BlueNovo provides a wide range of IT Infrastructure, Security and Electronic Medical Record (EMR) management and support services specifically for Community Health Centers. For over a decade, we have collaborated with health centers to ensure their IT infrastructure and EMR applications are positioned to improve provider productivity and satisfaction, reduce costs and meet the long-term clinical, operational and financial needs of their organizations. Our core services include Strategy & Risk, IT Managed Services, Cybersecurity, EHR Implementation & Optimization, Clinical Transformation & EHR Support, and Analytics. We are vendor-agnostic and have subject matter experts for the most widely used EMR applications in the CHC market including NextGen, Virence/athenaHealth Centricity, eClinicalWorks, athenahealth, Allscripts, Greenway, and Epic. Visit us at Table 1.

Roopak Manchanda, CEO
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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 5.

Kerry Bamrick, Director Postgraduate Residency Training
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Nici Feldhammer, Manager, Business Development
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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.

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**Danny Bado, Director, Community Health Center Development**

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**Eric Sasser, VP of Advertising**

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**Vivian Suarez, Client Relationship Manager**

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**Breelyn Young, Public Health Account Manager**

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**Nicole Licht, Communications & Engagement Manager**

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**Ajdin Camaga, SVP Sales**

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Mathew Hamlin, CPA
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Samantha.G.Landon@questdiagnostics.com
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Kiki Nocella, PhD, MPA, EHCI Lead Consultant
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<td>**BOARD</td>
<td>1 – Community Health Centers 101: Introduction to the CHC movement</td>
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<td>GOVERNANCE</td>
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<td>HEALTH</td>
<td>Arielle Goranson &amp; Cally Johnson, OCHIN</td>
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<td>WORKFORCE/HR</td>
<td>4 – Growing the Workforce Pipeline By Effectively Training Health</td>
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<td>Profession Students</td>
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<td>Amanda Schiessl &amp; Kerry Bamrick, Community Health Center, Inc</td>
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<tr>
<td>MENTAL HEALTH</td>
<td>Mental Health First Aid (8:30 a.m.–4:30 p.m.)</td>
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<tr>
<td>FIRST AID TRAINING</td>
<td>Teresa Novakovich, South Central Alaska AHEC; Mariko Selle, Alaska</td>
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<td>Primary Care Association</td>
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<td>KENAI</td>
<td>10–10:30 a.m. • Break with Exhibitors • Ballroom Foyer</td>
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<td>HAINES</td>
<td>10:30 a.m.–12 p.m. • Conference Sessions</td>
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<td>JUNEAU</td>
<td>5 – Alignment: Board’s Role in Strategic Planning</td>
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<td>Kimberly McNally, McNally &amp; Associates</td>
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<td>6 – 340B Program Updates and Audit Readiness</td>
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<td>Cheryl Hetland, CliftonLarsonAllen, LLP; Elizabeth Oseguera, California</td>
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<td>7 – Using the UDS Mapper for Mapping, Planning, and Population Health</td>
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<td>Jennifer Rankin, Health Landscape</td>
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<td>8 – Going Country: Insight into Recruiting Physicians in the Rural</td>
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<td>Cheyenna Villareal, Jackson Physician Search; Helo Hancock, Marimn</td>
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<td>Health; Mary Ferguson, Desert Sage Health Centers; Gail Alstrom &amp;</td>
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<td>Andrew Palm, Yukon-Kushkwim Health Corporation</td>
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<tr>
<td>FAIRBANKS</td>
<td>12–1:15 p.m. • General Plenary &amp; Lunch</td>
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<tr>
<td>(Membership Meeting, Awards, &quot;Grow Your Own&quot; Workforce Panel and Performance by Aci1q Dancers) • Anchorage (2nd Floor)</td>
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<td>1:30–3 p.m.</td>
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<td>9 – Accountability: Board’s Role in Oversight</td>
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<td>Kimberly McNally, McNally &amp; Associates</td>
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<td>10 – Session Cancelled</td>
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<td>11 – Addressing the Next Controlled Substance Crisis in Rural</td>
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<td>Juanita Sapp, Heritage Health Center</td>
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<td>12 – Creating Healthcare Career Training and Growing Your Own Hometown</td>
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<td>Mariko Selle, Alaska Primary Care Association; Teresa Novakovich,</td>
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<td>South Central Alaska AHEC; Ruth Michaelis, HealthPoint</td>
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<tr>
<td>FAIRBANKS</td>
<td>3–3:30 p.m. • Break with Exhibitors • Ballroom Foyer</td>
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<td>3:30–5 p.m.</td>
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<td>13 – Engagement: Collaborative Leadership between Board and CEO</td>
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<td>Kimberly McNally, McNally &amp; Associates</td>
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<td>14 – Keys to Successful CHC and Hospital Collaboration</td>
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<td>Bryan Hansen, Medical Practice Management Services</td>
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<td>15 – &quot;Just Do It&quot; — Starting a Homeless Medical Respite Program</td>
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<td>Rhonda Hauff, Yakima Neighborhood Health Services; Kat Ferguson-Mahan</td>
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<td>Latet, Community Health Plan of Washington; Julia Dobbins, National</td>
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<td>Health Care for Homeless Council</td>
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<td>FAIRBANKS</td>
<td>16 – The GMEI: Building Community Responsive GME with PCA Involvement</td>
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<td>SKAGWAY/VALDEZ</td>
<td>Mannat Singh, The GME Initiative</td>
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<tr>
<td>5–6:30 p.m.</td>
<td>Welcome Reception • Anchorage (2nd Floor)</td>
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### Monday, May 20, 2019

#### Session Schedule

<table>
<thead>
<tr>
<th>7–8 a.m.</th>
<th>Registration &amp; Continental Breakfast</th>
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<tbody>
<tr>
<td>8–10 a.m.</td>
<td>General Plenary with Keynote Speaker Rev. Dr. Michael J. Oleksa, HRSA updates with Ernia Hughes, NACHC updates with Joe Gallegos</td>
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<tr>
<td>10–10:30 a.m.</td>
<td>Break with Exhibitors</td>
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<tr>
<td>10:30 a.m.–12 p.m.</td>
<td>Conference Sessions</td>
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#### OPERATIONS

| 17 – Whole System Transformation: Insights from a Two-Time Baldrige Winner |
| David Lessens & Karen McIntire, Southcentral Foundation |

#### FINANCE

| 18 – Avoiding OIG Investigation & Pitfalls Around CHC Coding & Billing |
| Ray Jorgensen, PMG |

#### POPULATION/RURAL HEALTH

| 19 – Healing Hearts & Paws: Healthier People, Healthier Pets, Healthier Communities |
| Ellen Adlam, The Blue Moose Animal Assisted Therapy Center |

#### WORKFORCE/HR

| 20 – Build It and They’ll Stay: Creating Your Dream Retention Plan |
| Suzanne Speer, Association of Clinicians for the Underserved |

| FAIRBANKS | HAINES | JUNEAU | ANCHORAGE |
| 12–1:15 p.m. | Lunch on Your Own |
| 1:15–3:30 p.m. | Alaska Native Medical Center Hospital (Meet in Hotel Lobby @ 1:15 p.m.) |
| 3–3:30 p.m. | Dessert Break with Exhibitors | Ballroom Foyer |
| 5-6 p.m. | Exhibitor Networking Reception & Raffle |
| 6–7 p.m. | Quiet Time with NACHC | Skagway |

### Access Conference Materials Online

Access to session information, including supporting documents, can be found here: [www.nwrpca.org/my-events](http://www.nwrpca.org/my-events)

If you’re new to our Learning Vault, your log-in information is the email address used to register for the conference, along with the password NWRPCA. In order to keep your account secure, please reset this password as soon as possible.

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

NWRPCA will host the Exhibitor Raffle on Monday, May 20 during the Exhibitor Networking Reception and Raffle event, 5–6 p.m. Visit exhibitors to collect stars on your Lottery Card provided in your conference bag. You must be present at the Monday night event to win a prize.
**Tuesday, May 21, 2019**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>7:30–8:30 a.m.</td>
<td>Registration &amp; Continental Breakfast</td>
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<td>8:30–10 a.m.</td>
<td>Conference Sessions • Hot Topics</td>
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<thead>
<tr>
<th>Session</th>
<th>Presenters</th>
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<tbody>
<tr>
<td><strong>29 – Impacts Of State-based Health Reform Initiatives</strong></td>
<td>Kat Ferguson-Mahan Latet, Community Health Plan of Washington</td>
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<tr>
<td><strong>30 – Be Prepared: Alaska Earthquake Tabletop Exercise and Panel Discussion</strong></td>
<td>Kimberly Baldwin, Wipfii; Bonnie Bailey, State of Alaska; Shannon Savage, Anchorage Neighborhood Health Center; Kevin Munson, Chief Executive Office, Mat-Su Health Services, Liza Root, Alaska Primary Care Association</td>
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<tr>
<td><strong>31 – Attributes of Better Performing Billing Departments</strong></td>
<td>Ray Jorgensen, PMG</td>
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<tr>
<td><strong>32 – Understanding and Responding to Immigrant Families' Concerns Using Health Care</strong></td>
<td>Gabrielle Lessard, National Immigration Law Center; Elizabeth Osegquia, California Primary Care Association</td>
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<td>10–10:30 a.m. • Break</td>
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<td><strong>33 – Cahoots: An Innovative Approach to Mobile Crisis Intervention</strong></td>
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<td>Timothy Black &amp; Kate Gillespie, White Bird Clinic</td>
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<td><strong>34 – Are You Ready for Change? Then What?</strong></td>
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<td>Anitha Mullangi, St. John's Wellchild and Family Center</td>
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<td><strong>35 – Policy and Advocacy: Lessons Learned from Three Campaigns</strong></td>
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<td>Elizabeth Osegquia, California Primary Care Association; Gabrielle Lessard, National Immigration Law Center</td>
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<td><strong>36 – A Guide for Primary Care Providers: Suicide Safer Care</strong></td>
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<td>Tom McCary, The Institute for Family Health</td>
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<tr>
<td>12:30 p.m. • APCA Annual Membership Meeting (APCA members only) • Anchorage (2nd Floor)</td>
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**ALL ALASKA HEALTH CENTER LEADERS AND STAFF** are welcome to participate in the **APCA Annual Meeting and Strategic Planning Session** immediately following the close of the NWRPCA Spring Summit. We’ll convene in the Anchorage Meeting Room on the 2nd Floor of the Anchorage Marriott at 12:30 p.m. Please come and contribute to the APCA strategic plan for 2019–2022. Help shape the future of your association!

We’ll also celebrate some Alaska Health Center champions with our annual awards, and we’ll elect board officers for the next year.

Have lunch with your Alaskan colleagues — and meet some new friends!

**Thank You To Our Conference Planning Committee**

- JANINE CHILDS, Neighborcare Health
- JIM COFFEE, Cowlitz Family Health Center
- JESSICA COTTON, Kodiak Community Health Center
- TARA FERGUSON-GOULD, Alaska Primary Care Association
- LUIS LAGOS, Family Residency of Idaho
- ROBERT MAXWELL, Oregon Primary Care Association
- VICKIE MERCED, International Community Health Services
- LINDA REIMER, Mat Su Health Services
- LINDSEY RUIVIVAR, Community Health Association of Spokane
- EMILY SAMHAMMER, Montana Primary Care Association
- CAMERON SHROPSHIRE, Metro Community Provider Network
- JENNIFER YOUNGBERG, Peninsula Community Health Services of Alaska

**A Special Thank You To The Following:**

- ALASKA PRIMARY CARE ASSOCIATION
- MIGRANT CLINICIANS NETWORK
- NORTHWEST REGIONAL PRIMARY CARE ASSOCIATION
- STAFF & BOARD
- SOUTH CENTRAL AREA HEALTH EDUCATION CENTER
- SUNSHINE COMMUNITY HEALTH CENTER
- VISIT ANCHORAGE
Ellen Adlam, The Blue Moose Animal Assisted Therapy Center

The therapy dogs’ names are: Tulip (Black Lab Mix) and Buster (Dalmatian Terrier Mix). The dogs are scheduled to be at the conference during the following breaks:

**SUNDAY:** 3–3:30 p.m.

**MONDAY:** Session 19, 10:30 a.m.–12 p.m.; 12–1:30 p.m.; 3–3:30 p.m.

**TUESDAY:** 8–8:30 a.m.; 10–10:30 a.m.

**ELLEN ADLAM, CEO, BLUE MOOSE ANIMAL THERAPY CENTER**

Ellen Adlam has a passion for advocating for causes that she believes in. As a lifetime NACHC member, Ellen has been part of the CHC movement for over ten years, and sees the value of CHCs in communities across the country. Her involvement in the CHC movement exposed her to the need for safe community spaces for vulnerable populations to allow them to work on healing and recovery. Come join Ellen and her team and learn how The Blue Moose Animal Therapy Center is paving the way for healthier people, healthier pets, and healthier communities!!

**BUSTER ADLAM**

Buster is the first certified therapy dog at the Blue Moose Animal Therapy Center. He has been helping clients, both 2 and 4 legged since he came to the Center as a puppy in 2008. He holds both his Canine Good Citizen and Pet Partner certifications, so he truly is the Ambassador for the Therapy Center. On any given day, you may find Buster teaching children the value of a good friendship, or schooling a pup in how to socialize well with other dogs. If there is sunshine available, he is very good at demonstrating his sunbathing techniques at the drop of a hat! Buster loves to hold your hand while you pet him, and he is ready, willing, and able to make you smile at a moment’s notice.

**TULIP JONES**

Tulip came to the Blue Moose as a rescue, and found her forever home with Ms. Sarah Jones. As part of her training, Tulip discovered that she loved doing therapy work with her friend, Buster. She holds both her Canine Good Citizen and Pet Partner certifications, and will wiggle her way right into your heart (and lap if you aren’t careful!) She is the premier fetch machine with just about anything, but her trusty tennis ball is her very favorite. She can sense when someone needs a distraction, and she sacrifices herself for the cause, immediately laying down for a belly rub and some snuggles.
Continuing Education Units

CONTINUING EDUCATION PROCESS
In order to receive CEU, attendees are responsible to sign in and sign out at each session. We are unable to provide CEU's for attendees who do not sign in and sign out at each session. You can find sign in sheets with your session moderator.

National Association of Social Workers (NASW)
This conference 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 12 CME credit hours.

Continuing Nursing Education (CNE)
Continuing Nursing credit will be awarded through Migrant Clinicians Network. Migrant Clinicians Network is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Continuing Professional Education (CPE)
NWRPCA is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors through its website: www.nasbaregistry.org.

Go Green
Reuse:
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 after the conference. We encourage you to drop off your nametag holder at the registration desk for reuse at the next conference.

MENTAL HEALTH FIRST AID CONTINUING EDUCATION UNITS
In order to receive CEU and certification for this training, attendees will need to be present all 7 hours of training on Sunday, May 19.

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. This training can offer up to 7.0 NASW credit hours.

Continuing Medical Education (CME)
Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending. This training can offer up to 7.0 CME credit hours.

Continuing Nursing Education (CNE)
Continuing Nursing credit will be awarded through Migrant Clinicians Network. Migrant Clinicians Network is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This training can offer up to 7.0 CNE credit hours.
Sunday, May 19

8:30–4:30 p.m.
Mental Health First Aid Training
7.0, CME, CNE, NASW

In order to be eligible to receive a certification and CEUs at the end of the training, attendees need to be in the training from 8:30 a.m.–4:30 p.m.

Mental Health First Aid teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. This all-day training gives you the skills you need to reach out and provide initial support to someone who may be developing a mental health or substance use problem and help connect them to the appropriate care. Mental Health First Aid is appropriate for the health care workforce, employers, law enforcement workers, clinic staff, hospital staff, first responders, community members, and any caring individual.

Learning Objectives:

1. To introduce the role of a Mental Health First Aider.
2. To give an overview of the prevalence and impact of mental health problems in the United States.
3. To give an overview of the signs, symptoms, and possible risk factors and warning signs of depression and anxiety and demonstrate the Mental Health First Aid action plan.

Presenters: Teresa Novakovich, South Central Alaska AHEC; Mariko Selle, Alaska Primary Care Association

SUNDAY SESSIONS 1–4, 8:30–10 a.m.

1 – Community Health Centers 101: Introduction to the CHC movement

Track: Board Governance
1.5 GOV

New to the community health center (CHC) family? If you are a new grantee, employee or board member, please join us to learn the community health center system, including the history, patient demographics, and program requirements for CHCs. Also discuss the lead agencies and organizations that support and collaborate with CHCs and the legislation and policies that affect health centers.

Learning Objectives:

1. Explain the core history and mission of the CHC 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: Seth Doyle, NWRPCA

Mark Your Calendar

Western Forum for Migrant & Community Health
Sacramento, California
February 19-21, 2020
2 – Building Your Budget with a Collaborative Team-Based Framework

**Track:** Operations/Finance  
**Level:** Basic  
**Field of Study:** Business Management & Organization  
1.5 CPE

Building the budget can be a lonely process for the CFO, but it doesn’t have to be. Budgeting as a team, within a collaborative framework, can strengthen staff engagement and investment in positive performance. But where to start if your health center is used to budgeting as a top down process? We will discuss how CFOs can lead the budget process within a collaborative framework to engage and incentivize staff at all levels of the organization to accomplish the mission and vision while bringing trust, transparency and accountability into the process. People want to feel that they are contributing to a bigger purpose and the CFO can help them understand how their role fits into the budget and supports the mission. When staff understand where the organization is intent on going and the plan to get there, they will better understand and support budget decisions.

**Learning Objectives:**
1. Understand different budget styles and their strengths and weaknesses in a collaborative budget process.
2. Review skills needed of a CFO to successfully implement a collaborative budget.
3. Create an educational framework to move all stakeholders towards a collaborative, transparent budgeting process.

**Presenters:** Angela Robinson & Diana Surber, Wipfli, LLP

3 – Raising All Boats: Leveraging Data to Elevate Excellence

**Track:** Population/Rural Health  
1.5 CME, CNE, NASW

OCHIN, a nonprofit healthcare innovation center, launched a project to identify a shared definition of performance across collaborative member ambulatory care centers (e.g. community health clinics, public health departments, and other entities). In this session we will identify attributes of high performance in ambulatory care. Through quantitative and qualitative analysis we have identified that high performing organizations operate in varied environments, demonstrate elements of learning organizations, focus on leadership and staff development, rely on data analytics, spend more time interacting with the EHR, and have embraced the care team delivery system model. This presentation will describe the approach OCHIN took to characterizing high performance and explore factors related to organizational performance. Participants will be encouraged to think about how the factors we found to be strongly related to organizational performance are impacting them, and what strategies they have in place to support these factors.

**Learning Objectives:**
1. Learn the steps OCHIN is taking to identify its high performing health centers.
2. Review five characteristics common across OCHIN’s high performing organizations.
3. Understand how OCHIN is using these learnings to support health centers across the performance continuum.

**Presenters:** Arielle Goranson & Cally Johnson, OCHIN
4 – Growing the Workforce Pipeline By Effectively Training Health Profession Students

Track: Workforce/HR
1.5 HR

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.

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.

Presenters: Amanda Schiessl & Kerry Bamrick, Community Health Center, Inc.

SUNDAY SESSIONS 5–8, 10:30 a.m.–12 p.m.

5 – Alignment: Board’s Role in Strategic Planning

Track: Board Governance
1.5 GOV

A strategic plan or framework provides a high-level road map and ensures effective board governance for your health center. Working in partnership with the CEO, the board should play an active and meaningful role in developing, approving, and supporting the health center’s strategic planning.

Learning Objectives:
1. Define the roles of the board and management in developing a strategic plan.
2. Describe the components of a strategic plan for your organization: vision, mission, values, strategic priorities, and goals.
3. Learn 10 steps to successful strategic planning.

Presenter: Kimberly McNally, McNally & Associates

6 – 340B Program Updates and Audit Readiness

Track: Operations/Finance

Due to considerable growth and an intensifying lobbying effort, the 340B program is now facing unprecedented scrutiny with a focus on reducing the size and scope of the program. In the past year, congressional hearings have been held, multiple pieces of federal legislation introduced, a Medicare payment cut finalized, and a lawsuit filed. This session will provide you with the current legislative and regulatory landscapes along with the critical information you need to comply with the complex and evolving rules and guidelines. Additionally, this session will help entities gain tools needed to operate effective and efficient 340B programs. We will review the current HRSA audit process and provide audit readiness best practices.

Learning Objectives:
1. Describe the current legislative and regulatory activities impacting the 340B program.
2. Understand the key compliance and risk areas for 340B covered entities.
3. Learn audit readiness best practices.

Presenters: Cheryl Hetland, CliftonLarsonAllen, LLP; Elizabeth Oseguera, California Primary Care Association

7 – Using the UDS Mapper for Mapping, Planning, and Population Health

Track: Population/Rural Health

The UDS Mapper is an important health center tool for strategic planning and service area mapping, population health assessment, and combatting the opioid epidemic. Each year the functionality of the UDS Mapper improves; new data are added, and the user support tools are revamped to ensure users can find the information they need, when they need it. We will highlight basic uses of the UDS Mapper and show you how to access resources to enhance your map. In short, if you visited the UDS Mapper a couple of years ago, or even a couple of months ago, this session is for you to learn about new features and how more staff can benefit from using it.

Learning Objectives:
1. Access the UDS Mapper.
2. Select an area of interest to map or gather population health data, including opioid epidemic related data.
3. Pull maps and data out of the UDS Mapper.

Presenter: Jennifer Rankin, Health Landscape
8 – Going Country: Insight into Recruiting Physicians in the Rural Northwest

Track: Workforce/HR
1.5 HR

Millions of Americans never feel the reality of the physician shortage because they live in metropolitan areas and larger cities. Yet for about 20 percent of the population who live in rural and remote communities, the lack of coverage is causing severe consequences for health and quality of life. Key specialties on the front lines of the opioid crisis are in particularly short supply and require “outside the box” recruitment solutions.

The session will take a “workshop” approach with an interactive strengths, weaknesses, opportunities, and threats (SWOT) assessment that attendees can take back to their organizations to adapt and initiate practical steps that will improve their opportunity to attract and keep physicians and advanced practice providers in their rural communities. A panel of rural CHCs will provide relatable examples of recruitment incentives and operational strategies that rural health care organizations in Region X deploy to meet the challenge caused by the maldistribution of the physician workforce.

Learning Objectives:
1. Effectively articulate the advantages and transparently address the challenges that are part of practicing in their community with physician candidates.
2. Identify best practices for recruitment into rural communities that can be adapted and implemented to address their unique challenges.
3. SWOT analysis of individual organization.

Presenters: Cheyenna Villarreal, Jackson Physician Search; Helo Hancock, Marimn Health, & Mary Ferguson, Desert Sage Health Centers; Gail Alstrom & Andrew Palm, Yukon-Kushokwim Health Corporation

9 – Accountability: Board’s Role in Oversight

Track: Board Governance
1.5 GOV

Health center boards are responsible for overseeing and ensuring high quality services and financial stability. Learn some of the key elements in measuring and ensuring performance.

Learning Objectives:
1. Understand board’s fiduciary role in overseeing quality and finance.
2. Define key elements in measuring and ensuring performance.
3. Discuss governance “best practices” to ensure accountability.

Presenter: Kimberly McNally, McNally & Associates
11 – Addressing the Next Controlled Substance Crisis in Rural Communities

**Track:** Population/Rural Health  
1.5 CME, CNE, NASW

Benzodiazepine misuse has been overshadowed recently by the opioid epidemic. Yet benzodiazepine abuse and overuse contribute to substantial morbidity, and diversion is common. Rural communities often lack the mental health resources to identify those patients who may benefit from reduction or discontinuation of benzodiazepine. Heritage Health Center is a small rural clinic which has initiated an Integrated Controlled Substance Team to address this quiet epidemic. Participants will benefit from our mistakes and successes. Participation in case studies and small group discussions will help those attending identify knowledge gaps and resources available to make their team successful.

**Learning Objectives:**
1. Identify patients who may benefit from reduction of use of benzodiazepines.
2. Feel comfortable working in an integrated team to address safe reduction of benzodiazepam dose.
3. Feel confident in identifying resources to assist team in self education.

**Presenter:** Juanita Sapp, Heritage Health Center

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governance is strengthened, the CEO is empowered to lead the organization, and clinicians engage effectively in delivering care.

Learning Objectives:
1. Think about the different, yet mutually interdependent, roles of the board and CEO.
2. Learn ways to become a more effective leadership team.
3. Create an action plan for your health center.

Presenter: Kimberly McNally, McNally & Associates

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- Build strong, professional relationships with supervisors, leaders, peers, former peers, and direct reports
- Avoid common legal pitfalls when managing employees
- Create a culture of customer service

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12 – Creating Healthcare Career Training and Growing Your Own Hometown Providers

**Track:** Workforce/HR 1.5 HR

Learn about two training programs that will increase your professional and paraprofessional workforce, including the steps to creating them in your own organization. Alaska Primary Care Association/ South Central Alaska AHEC’s award winning PATH Academy prepares adults of all ages to enter the paraprofessional health care workforce and excel at their current entry level healthcare position. HealthPoint CHC’s pre-med internship program offers pre-med students volunteer and shadow opportunities and identifies mission driven students for the NACHC-sponsored ATSU School of Osteopathic Medicine in Arizona, which trains medical students for underserved primary care careers.

**Learning Objectives:**
1. Identify ways to increase the healthcare workforce in your community and/or organization.
2. List the benefits of healthcare career training in your community and/or organization.
3. Define the Hometown Applicant program at ATSU/SOMA.

**Presenters:** Mariko Selle, Alaska Primary Care Association; Teresa Novakovich, South Central Alaska AHEC; Ruth Michaelis, HealthPoint

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**SUNDAY SESSIONS 13–16, 3:30-5 p.m.**

13 – Engagement: Collaborative Leadership between Board and CEO

**Track:** Board Governance 1.5 GOV

Transformation efforts aimed to improve quality, enhance value and promote healthy communities require a collaborative partnership between the Board and CEO. Get practical guidance about how to create an effective leadership partnership so that the quality of...
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14 – Keys to Successful Community Health Center and Hospital Collaboration

**Track:** Operation/Finance
1.5 CME, CNE, NASW

It can be challenging to work with hospitals and healthcare systems for the greater good of your community. In this session, we will explore some of these challenges, and work to understand how the other party operates to form a mutually beneficial partnership.

**Learning Objectives:**
1. Identify the challenges of collaborating with your competition.
2. Understand how the opposite party operates and the benefits of a partnership.
3. Determine a mutually beneficial goal to extend health care to the community.

**Presenter:** Bryan Hansen, Medical Practice Management Services

15 – "Just Do It" - Starting a Homeless Medical Respite Program

**Track:** Population/Rural Health
1.5 CME, CNE, NASW

Medical respite care is a cost effective and compassionate alternative for homeless persons who are ill or injured and need a place to recover. Often homeless persons are cloistered in communal shelters and outdoor encampments, where personal items are frequently shared, and contagious environments are common. Many studies have shown that, when medical respite care is available, homeless persons are half as likely to return to hospitals after discharge than when medical respite care is not available. Clinical staffing provides transitional care from primary care and hospital settings, oversight of medications, wound care, behavioral health evaluations and treatment, coordination of follow up care, patient education, and discharge management. Successful medical respite programs reduce hospital utilization, improve health outcomes of acute conditions, and connect respite graduates to stable housing situations. This session will focus on the nuts and bolts of starting a medical respite program.

**Learning Objectives:**
1. Identify and substantiate the need for medical respite care in your community.
2. Learn how to tailor a respite program based on the needs and resources of your community.
3. Understand the staffing models and funding possibilities best suited for your community health center.

**Presenters:** Rhonda Hauff, Yakima Neighborhood Health Services; Kat Ferguson-Mahan Latet, Community Health Plan of Washington; Julia Dobbins, National Health Care for Homeless Council

16 – The GMEI: Building Community Responsive GME with PCA Involvement

**Track:** Workforce/HR
1.5 HR

The GME Initiative is a grassroots, volunteer group of roughly 150 members representing approximately 35 states and is comprised of health care learners, educators, advocates, and leaders who are passionate about reforming GME through payment reform, partnerships, state initiatives, legislation, advocacy, and education at the state, regional, and national level. Attend this workshop to see a path and a model to identify, propose solutions,
and advocate for the protection and advancement of primary care GME from community through state and federal levels. This workshop will include a discussion around the grassroots model, audience participation for solutions that have come up in their states/programs, identification of problems and solutions, sharing of resources, advocacy tools, priorities-alignment activities, a method for collaborating across a network of engaged stakeholders, and creating roadmaps for change.

Learning Objectives:
1. Use advocacy tools, organizing strategies, and best practices to protect and advance primary care GME in their programs, organizations, communities, and states.
2. Identify key GME problems within the current system, define potential solutions, collaborate with a network of engaged stakeholders, and create roadmaps for change.
3. Participate in an open communication channel with the GME Initiative to ensure priority alignment and a responsive feedback loop for major policy/advocacy actions.

Presenter: Mannat Singh, The GME Initiative

Monday, May 20, 2019

MONDAY SESSIONS 17–20, 10:30 a.m.–12 p.m.
17 – Whole System Transformation: Insights from a Two-Time Baldrige Winner

Track: Operations

Southcentral Foundation (SCF), an Alaska Native customer-owned health care system, implemented a whole system transformation in 1998, engaging the community to make the large-scale changes they wanted. SCF rebuilt the system around customer-ownership and relationships, creating an environment where providers work in partnership with patients (called “customer-owners” at SCF) to help them achieve overall wellness. Since making the changes, SCF has seen dramatically improved health outcomes for customer-owners, and has been nationally recognized for performance excellence, twice winning the Malcolm Baldrige National Quality Award. This session will cover the core elements of SCF’s system transformation, how it was accomplished, and the results SCF has seen after the system transformation.

Learning Objectives:
1. Describe the core elements of SCF’s system transformation.
2. Analyze the steps SCF took to transform the system, and how challenges surrounding the transformation were navigated.
3. Identify the ways in which SCF’s system transformation led to improved health outcomes and customer satisfaction.

Presenters: David Lessens & Karen McIntire, Southcentral Foundation

18 – Avoiding OIG Investigation & Pitfalls Around CHC Coding & Billing

Track: Finance
Level: Basic
Field of Study: Business Management & Organization
1.5 CPE

Community health center revenue cycle management (RCM), coding, and billing compliance is complex. Do you understand potential risks to your CHC? Are you familiar with the Office of the Inspector General (OIG) and CHC safe harbor around anti-kickback? Do you understand risk around provider enrollment/credentialing? Do you fully understand limitations on Medicare PPS “G” code billing as it pertains to certain CHC services including chiropractic and stand-alone procedures? Attend this session to learn about these and more as well as what you can do to evaluate potential yet avoidable risks.

Learning Objectives:
1. Learn OIG targets and how to evaluate internal risk.
2. Understand how/why CHCs exists as an anti-kickback “safe harbor” and how to optimize the opportunity for self-pay patients.
3. Understand Medicare compliance risk as it pertains to PPS “G” code billing and traditional CHC service offerings.

Presenter: Ray Jorgensen, PMG
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19 – Healing Hearts & Paws: Healthier People, Healthier Pets, Healthier Communities

**Track:** Population/Rural Health

1.5 CME, CNE, NASW

Our organization strengthens the health and well being of people and canines in a safe, supportive environment where they can learn and grow together. Learn how we have created a space where healing is promoted through gentle interactions with a variety of different dogs, and also how enhancing the human-animal bond can help create self worth, purpose, and value to those who need it most. Learn how we’ve combined evidence based practices with every day activities in a way that touches a wide variety of vulnerable populations within our community. Learn how our CHC plays a part in our center, and how we are working to help support other medical practices within our community. Come join us and see how we are changing lives one walk at a time!

**Learning Objectives:**

1. Understand the value of the human-animal bond helping those with symptoms of depression/anxiety and PTSD.

2. Understand how the Healing Hearts program can help bring patients to local CHCs.

3. Understand the correlation of using the “3 R’s of training” as a tool for dealing with PTSD.

**Presenters:** Ellen Adlam, The Blue Moose Animal Assisted Therapy Center

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20 – Build It and They’ll Stay: Creating Your Dream Retention Plan

Track: Workforce/HR
1.5 HR

Recruiting can be expensive and time consuming, so why not devote resources to retaining your staff? Retention of clinical staff is also key to maintaining a high-functioning team at your health center. For many organizations, retaining staff after their National Health Service Corp commitment can be a challenge, but it can be done! Creating a culture of retention at your health center begins during the recruitment process. Healthy retention plans include mission alignment, compensation, benefits, work schedules and professional development. During this session, participants will also learn the value of stay interviews, steps to engaging your workforce, and free tools and resources to help you on this path.

Learning Objectives:
1. Understand the impact of a retention plan on staff turnover.
2. Identify the elements of a healthy retention plan.
3. Access resources to assist in defining a retention plan.

Presenter: Suzanne Speer, Association of Clinicians for the Underserved

MONDAY SESSIONS 21–24, 1:30–3 p.m.

21 – Cybersecurity: Understanding the New Guidance from Health & Human Services

Track: Operations
Level: Basic
Field of Study: Business Management & Organization
1.5 CPE

On Dec. 28, 2018, Health & Human Services (HHS) released new (voluntary) guidance on implementing cybersecurity controls. This session discusses the merits of this new guidance and potential implementation solutions for small- to medium-sized providers. In addition, the session will explore real-world examples of how correctly implemented cybersecurity controls would have prevented or limited the scope and impact data breaches.

Learning Objectives:
1. Understand the intent of the cybersecurity guidance.
2. Gain an understanding of the benefits of implementing the controls.
3. Learn about real world data breaches that could have been prevented if the guidance had been in place and followed.

Presenter: Lee Painter, CliftonLarsonAllen, LLP

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22 – Create Your FQHC Financial Dashboard for Organizational Success

Track: Finance
Level: Basic
Field of Study: Business Management & Organization
1.5 CPE

Restructuring your financial reporting to communicate results through a dashboard can provide better visibility and insight to your team — even to those with limited finance backgrounds. It also can position your organization for superior decision-making and provide a framework for setting long-term financial goals. In this session, we will examine how a dashboard is a powerful tool for providing qualitative, summarized, and easily-digestible financial reports. Participants will learn how to create a dashboard that will identify their organization’s financial strengths and weaknesses, new opportunities and areas for improvement.

Learning Objectives:
1. Understand which performance metrics you should be monitoring and why they are important.
2. Learn how to create a dashboard and present it in a way that non-financial members of governance can understand.
3. Analyze how your FQHC is performing compared to best practices.

Presenters: Mathew Hamlin & Tevin Preston, Jones & Roth CPAs & Business Advisors

23 – Culturally Respectful Online Cancer Education for Alaska’s Community Health Aides

Track: Population/Rural Health
1.5 CME, CNE, NASW
Highlights from our National Cancer Institute award “Distance Education to Engage Alaskan Community Health Aides in Cancer Control” funded 9/2014-8/2019 will be shared. Findings guided collaborative development of a framework for culturally respectful online education which informed the creation of 12 interactive online cancer education modules. Results from over 1,500 online cancer education module evaluations completed by more than 200 unique learners will be presented.

Learning Objectives:
1. Describe characteristics of online cancer education developed with and for Alaska’s Community Health Aides and Community Health Practitioners.
2. Describe responses to a culturally-responsive online cancer education curriculum developed with and for Alaska’s Community Health Aides and Community Health Practitioners.
3. List a variety of modifiable outcomes that learners shared they were inspired to change as a result of the culturally-relevant cancer education curriculum.

Presenters: Melany Cueva, Laura Revels, & Michelle Hensel, Alaska Native Tribal Health Consortium; Katie Cueva, University of Alaska
24 – Cultivating a Coaching Culture

Track: Workforce/HR
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: Tammy Green, Anchorage Neighborhood Health Center

25 – How to Prepare for a CMS Emergency Preparedness Survey

Track: Operations
1.5 CME, CNE, NASW

This training will give a detailed overview of the four (4) core elements of compliance (Assessment, Policies and Procedures, Communication Plan, and Testing and Training) but takes a “deeper dive” of how to prepare for your emergency preparedness survey. In this session, Connect Consulting Service’s emergency management experts will provide you the skills and tools to prepare for your next CMS emergency preparedness survey. We will break down the survey process, give strategies to identify compliance gaps and mitigate them so that you are prepared for your survey, but more importantly for a disaster. Disasters tend to impact vulnerable populations such as seniors and disabled adults disproportionally and so as organizations are prepared for disasters, the community is safer.

Learning Objectives:
1. CMS health care providers will understand all required elements that CMS surveyors are looking for when they survey your Emergency Preparedness Program.
2. How to create a year long compliance calendar that will allow you to plan and track your trainings, annual reviews and exercises.
3. CMS providers will develop an understanding of their emergency preparedness compliance gaps, so they can mitigate them.

Presenter: Karen Garrison, Connect Consulting Services, Inc.
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26 – Fiscal Policy Considerations in Preparation for HRSA Site Visits

**Track:** Finance  
**Level:** Basic  
**Field of Study:** Business Management & Organization  
1.5 CPE

During this session, we will review the Financial Capacity Review document currently being utilized by the Division of Financial Integrity (“DFI”) of HRSA to analyze financial policies and procedures in place at Health Centers. This document contains 17 management control areas that HRSA believes will ensure that grant recipients have policies in place that are compliant with the Uniform Grants Guidance and the Department of Health and Human Services (“HHS”) Grants Policy Statement. Special consideration will be made for findings most commonly disclosed in single audit reports, HHS Office of Inspector General reports, HRSA Operational Site Visit reports, and DFI grant reviews which are designed to ensure that health centers have safeguards in place for the appropriate financial stewardship of federal funds.

**Learning Objectives:**

1. Identify language that HRSA feels “must” be included in financial policies.
2. Understand rules surrounding record keeping in the general ledger related to grant funds, time and effort reporting, and property and procurement standards.
3. Discussion of the revisions to the Uniform Grant Guidance Compliance Supplement for 2017, specifically sliding fee and UDS testing, along with common single audit findings.

**Presenter:** Justin Kensinger, BKD, LLP

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27 – Leaders in Community Health Worker Development

**Track:** Population/Rural Health  
1.5 CME, CNE, NASW

Arizona is a diverse state where Community Health Workers work with Native American communities as Community Health Representatives, in U.S.-Mexico border communities as promotoras de salud, with border residents, migrant farmworkers and refugee populations, and families living in inner-city neighborhoods and rural mining towns. Developing the CHW workforce and establishing a statewide licensure builds a stronger and more consistent field. The CHW model is effective, necessary, and vital to the healthcare field and serving our communities. The Summer Youth Institute integrates youth into the CHW workforce by training them to become Teen Health Facilitator in a 7-week public health leadership program. Growing the CHW workforce by targeting adolescents generates a stronger healthcare system. The two different approaches utilized in Arizona will provide participants a view of what it takes to organize, mobilize and develop a strong CHW/Promotores workforce at state and local level.

**Learning Objectives:**

1. Describe considerations of the Arizona CHW workforce in pursuing voluntary certification.
2. Identify the goals, objectives and process it takes to coordinate the Summer Youth Institute for program replication.
3. Discuss CHWs role in a statewide movement to recognize and strengthen their workforce at all levels.

**Presenters:** Floribella Redondo, Arizona Community Health Worker Association; Yanitza Soto, Arizona Department of Health Services; Ryann Elena Quick & Lizzie Garcia, Mariposa Community Health Center

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**Spring Summit**

**May 30-June 2, 2020**

Seattle, WA
Tuesday, May 21

SESSIONS 29–32, 8:30–10 a.m.

29 – Impacts of State Based Health Reform Initiatives

Track: Hot Topics
1.5 CME, CNE, NASW

Kat Latet, Director of Health System Innovation at Community Health Plan of Washington, will present on current health reform in Region X states and will also ask for any insights and additions from the audience, especially Region X participants. The presenter has been deeply engaged in reform efforts in Washington and, prior to that, Oregon and has done extensive research on reform across the country. The presenter will give a current status update around what is happening to achieve reform goals and will provide insight about how the reform initiatives are actually creating changes. The presentation will then shift to facilitated discussion using table activities and report-outs to share the most supportive and impactful health reform activities going on within Region X states and communities, as well as the challenges to reform.

Learning Objectives:

1. Receive updates on state based reforms within the region and across the country.
2. Learn how to achieve goals, such as whole person care, value based payment, clinical community linkages and addressing the social determinants of health.
3. Engage attendees in a discussion of how health reform has actually assisted them in reforming their practice.

Presenter: Kat Ferguson-Mahan Latet, Community Health Plan of Washington
Session Descriptions

30 – Be Prepared: Alaska Earthquake Tabletop Exercise and Panel Discussion

**Track:** Hot Topics

1.5 CME, CNE, NASW, HR

This interactive session features hands-on activities and discussion with a panel of expert CHC staff. Attendees will review their current emergency preparedness programs, develop strategies for improving plans, and gain skills for compliant documentation through participation in a scenario-based tabletop exercise focused on the recent Alaska earthquake. Panel presenters will share their experience responding to the recent Alaska earthquake, provide preparedness recommendations, and answer participant questions.

**Learning Objectives:**

1. Gain an understanding of how to facilitate a tabletop exercise.
2. Assess individual facilities’ emergency response readiness and preparedness plans.
3. Gain recommendations and resources for implementation at home health center.

**Presenters:** Kimberly Baldwin, Wipfli; Bonnie Bailey, State of Alaska; Shannon Savage, Anchorage Neighborhood Health Center; Kevin Munson, Chief Executive Office, Mat-Su Health Services; Liza Root, Alaska Primary Care Association.

31 – Attributes of Better Performing Billing Departments

**Track:** Hot Topics

1.5 CME, CNE, NASW, HR

**Field of Study:** Business Management & Organization

**Level:** Basic

How is Revenue Cycle Management different from billing only? Are you conducting pre-claim auditing? What is your measured benchmark for providers to submit charges? How many clearinghouses do you use? Who are your Medicaid, Medicare and other commercial payer experts? Are the CFO and billing/RCM leadership team on the same page in terms of defining successful work product/performance? Attend this session to look beyond the billing department to better understand the roles of all revenue cycle stakeholders —how to measure and improve billing staff productivity in charge capture, payment posting and denials management. Explore critical elements of EDI reporting (pre-clearinghouse transmission and post payer adjudication) to maximize performance. KPIs are critical, but learning what processes to modify (and how) will help your CHC become best of breed.

**Learning Objectives:**

1. Learn how to improve KPI performance vs. just what KPI numbers are optimal.
2. Measure your CHC’s current A/R by date and payer.
3. Identify issues that are delaying initial claim submissions and create an effective work plan to delineate and reduce A/R balances at your CHC.

**Presenter:** Ray Jorgensen, PMG

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32 – Understanding and Responding to Immigrant Families’ Concerns Using Health Care

**Track:** Hot Topics
1.5 CME, CNE, NASW

Recent changes in immigration policy and enforcement actions have resulted in immigrant families facing increased fear of obtaining health care services, and often disenrolling from programs for which they are eligible. This panel will provide an overview of existing immigration enforcement policies, the various rights that are available to both immigrant patients and providers under the existing climate, and insight into policies being adopted both at clinics and at the state level to strengthen immigrant patients’ access to health care.

**Learning Objectives:**
1. Understand the protections available to providers and patients during immigration enforcement actions.
2. Identify policies, procedures and gain tools to develop and implement safe space policies in health care setting to help protect patients’ access to health care.
3. Understand how public charge affects immigrants and which immigrants are exempt.

**Presenters:** Gabrielle Lessard, National Immigration Law Center; Elizabeth Oseguera, California Primary Care Association

**TUESDAY SESSIONS 33–36, 10:30 a.m.–12 p.m.**

33 – Cahoots: An Innovative Approach to Mobile Crisis Intervention

**Track:** Hot Topics
1.5 CME, CNE, NASW

As highlighted recently in the Wall Street Journal, White Bird Clinic’s CAHOOTS program has been providing mobile crisis intervention services in partnership with public safety since 1989. Working in teams of a crisis counselor and medic, CAHOOTS responds to over 20,000 requests per year via police radio dispatch in Eugene and Springfield, nearly 20 percent of the total public safety call volume. This unique approach to mobile crisis intervention has led to significant diversions from the ER and/or jail for countless individuals as well as cost-savings for the communities in which they live. Communities throughout the Pacific Northwest and across the country have recognized the need for behavioral health first response and are looking to the CAHOOTS service model as an alternative to law enforcement and EMS.

**Learning Objectives:**
1. Identify preventive and proactive measures to decrease Emergency Room utilization by patients for low-acuity and chronic health issues.
2. Understand this unique approach to mobile integrated health and its role in effective public health and community policing strategies.
3. Apply best practices for trauma-informed intervention in non-traditional settings, patient advocacy with law enforcement, and collaborative care.

**Presenters:** Timothy Black & Kate Gillespie, White Bird Clinic

34 – Are You Ready for Change? Then What?

**Track:** Hot Topics
1.5 CME, CNE, NASW, HR

Most of us know what needs to be done, but only some of us know how to bring in a change. We spend thousands of dollars to buy great products, but we fail to implement them properly, leading to failed outcomes. Change is a process that passes through several phases before we see the outcomes. Through this presentation the audience can understand and be ready to lead a change in their organizations.

**Learning Objectives:**
1. Understand the gap between knowing and doing.
2. Help identify the errors of implementation.
3. Understand the difference between leading and implementing a change.

**Presenter:** Anitha Mullangi, St. John’s Wellchild and Family Center
35 – Policy and Advocacy: Lessons Learned from Three Campaigns

**Track:** Hot Topics

1.5 CME, CNE, NASW

In this session the presenters will share their experiences and lessons learned from three health-related advocacy campaigns: the national Protecting Immigrant Families (PIF) campaign, which focused on proposed ‘public charge’ regulations that would make it more difficult for immigrants to obtain permanent resident status if they used Medicaid and other essential benefits; the affiliated California PIF campaign and the PIF Funded Coalition; as well as the California Health4All campaign. Presenters will address the essential elements of a campaign and the implications for 501(c)(3) status and Section 330 funding.

**Learning Objectives:**

1. Engage health center staff and patients in coordinated state and national campaigns.
2. Increase their advocacy efforts in the federal rule making process.
3. Share best practices for creating and leading campaigns and advocacy efforts around state legislation.

**Presenters:** Elizabeth Oseguera, California Primary Care Association; Gabrielle Lessard, National Immigration Law Center

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NWRPCA has traditionally linked community health center leadership and staff through job-role specific online peer-networking communities, allowing community members to communicate directly with their peers about the issues they face in their daily work. Our function-specific groups provide our members, as well as staff members at other health centers and PCAs, an opportunity to share knowledge and seek advice on topics critical to their work.

Individuals who work at any CHC or PCA in Washington, Oregon, Idaho, or Alaska (Region X) are eligible to apply for group membership. All NWRPCA Online Communities are private to CHC and PCA staff.
36 – A Guide for Primary Care Providers: Suicide Safer Care

Track: Hot Topics
1.5 CME, CNE, NASW

Primary care providers are in a pivotal position to provide suicide prevention measures to their patients. Health care contacts in the year before suicide death research has shown that 45 percent of people who had died by suicide visited their primary care physician within a month prior to their death (Ahemdni et al., 2014). The Center for Innovation in Mental Health developed a training program for primary care providers called Suicide Safer Care. We plan to offer a special version of this training during the conference that will focus on boosting provider’s knowledge, confidence, and with treating patients with suicide risk. Each session participant will receive a copy of the Suicide Safer Care Guide for Primary Care Providers.

Learning Objectives:
1. Identify patients at risk for suicide.
2. Assess patients at risk for suicide.
3. Care for patients at risk for suicide.

Presenter: Tom McCarry, The Institute for Family Health

Responding to the Opioid Epidemic: Leveraging Care Integration in the Health Center Setting

Join us for an intensive two-day training for clinical and behavioral health providers covering best practices for the treatment of pain, managing patients on chronic opioid therapy, and treating opioid use disorder in the health center setting.

- Friday, Nov. 15 and Saturday, Nov. 16
- Seattle Renaissance Hotel, Seattle, WA
- 7.0 CEUs offered per day (CME, CNE, and NASW)

Several sessions will be led by national experts Dr. Don Teater and Martha Teater. This training is presented by Sea Mar Community Health Center, Northwest Regional Primary Care Association, and the Washington Association for Community Health.

REGISTER ONLINE:
www.NWRPCA.org/event/opioidconference

Region X Recruitment & Retention
Perfect for HR Staff, Leadership and Management

This free training offers a variety of learning modalities and levels of engagement, including webinars, peer-to-peer discussion, application assignments, and personalized support from subject matter experts.

Choose between the Learning Collaborative (which includes the Regional Webinars), or the Regional Webinars only:

Regional Webinars: Building a Culture of Retention
- “Building a Culture of Retention: How Does the Mission Fit In?” 7/16
- “Building a Culture of Retention: What Skills Do Managers Need?” 9/17

Learning Collaborative: Mission Engagement & Managers
- Includes Regional Webinars (above)
- Collaborative Web Presentations
- Office Hours/Homework

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Open a webpage, and then enter the password.