

CHCANYS

Defining New Directions for

40
Years

Community Health Care Association of New York State

STATEWIDE CONFERENCE & CLINICAL FORUM 2011

ACCESS | LEADERSHIP | COLLABORATION



TRANSFORMATION

Sunday, October 16 – Tuesday, October 18, 2011
The Saratoga Hilton Hotel & City Center | Saratoga Springs, NY

WELCOME

It is hard to believe that it has been just a year since New York's health center family last gathered at CHCANYS' Annual Statewide Conference to learn, share and celebrate. The past year has been a full and challenging one. There have been moments of great possibility and moments of deep disappointment. We have seen dramatic cuts to federal support for the community health center program, and more are threatened. Through it all, health center leaders, staff, patients, and supporters have never stopped demonstrating what makes health centers the special and vital places they are.

It seems fitting that in this, CHCANYS' 40th Anniversary year, we are returning to the passion and dedication that inspired the health center movement in its early days to rejuvenate our Grassroots Action Network and mobilize for the New York State Campaign to Save America's Health Centers. Throughout this year's conference, a CHCANYS staff member will be stationed at our registration table to sign you up to be a health center advocate. Please be sure to add your name to our Grassroots Action Network and, when you return home after the conference, encourage others to do the same (via the CHCANYS website).

We will not waver in our commitment to meeting the ever-growing demand for the high quality care community health centers provide. This year's conference workshops focus on key topics in clinical best practices, including integrating behavioral health and dental services with primary care, operations, reimbursement, and sustainability, among others.

And despite the current challenges, we are still celebrating. Please join us on Monday night for our 40th Anniversary Kickoff Gala Dinner to commemorate all we have accomplished and all we will continue to achieve, together.

Our thanks to all of you for joining us as participants, presenters, partners, exhibitors and sponsors. Enjoy the conference.

Paloma Hernandez
President, Board of Directors
CHCANYS

Elizabeth H. Swain
Chief Executive Officer
CHCANYS

CONFERENCE HIGHLIGHTS GENERAL SESSION SPEAKERS

in order of presentation

Monday, October 17, 2011



Gina Capra, MPA

Gina Capra, MPA, is Director, Northeast Division, Bureau of Primary Health Care, Health Resources and Services Administration, U.S. Department of Health and Human Services. Ms. Capra manages a staff of 30 federal project officers and a \$700 million federal grant budget to support the community health center program in the Northeast United States. This includes 300 grantee organizations with over 900 community sites serving approximately 4.7 million underserved patients in 16 states including New York. She and her colleagues work, from the federal level, to support

more accessible, comprehensive, culturally competent and quality primary health care delivery in communities where it is most needed. Ms. Capra also oversees the cooperative agreements awarded to 16 state-based Primary Care Associations including CHCANYS.



Tom Van Coverden

Tom Van Coverden is President & Chief Executive Officer of the National Association of Community Health Centers (NACHC). In his 35+ year tenure with the association, Mr. Van Coverden is credited with building a strong and effective organization which has become a powerful force—transforming the ideas of nonprofit community health providers into a compelling vision for the nation's health care. Community, Migrant and Homeless Health Centers are the third largest health provider network in the nation. They have become an integral part of the nation's health delivery system

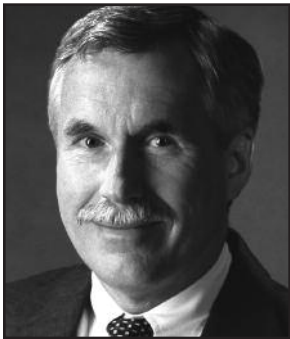
meeting escalating health needs and bringing doctors and needed health facilities into medically underserved communities. Health centers and their innovative programs in primary care and prevention today serve over 16 million of America's uninsured, medically underserved, and most vulnerable. Serving at the helm of NACHC, Tom Van Coverden has enhanced the stature and visibility of health centers. In the turbulence of a changing health world, his bold leadership and strategic focus have enabled health centers to meet challenges, strengthen resources, and move forward an aggressive agenda for growth and development. He is recognized as America's most ardent spokesman and advocate for the health center model of care—believing passionately in its vast potential to expand health care access and improve the quality of life in America's communities.

Tuesday, October 18, 2011



Nirav R. Shah, MD, MPH

Nirav R. Shah, MD, MPH, is the 15th New York State Commissioner of Health. As Commissioner, Dr. Shah heads one of the nation's leading public health agencies with a budget of more than \$50 billion. Under his leadership, the New York State Department of Health administers the state's public health insurance programs, which cover 5 million New Yorkers in the Medicaid, Family Health Plus, and Child Health Plus programs. The Department also regulates hospitals and other health care facilities, conducts research in a premier biomedical laboratory, and supports public health prevention initiatives related to HIV/AIDS, tobacco use, obesity and other public health priorities. A native of Buffalo, Dr. Shah is an honors graduate of Harvard College and received his medical degree and master's degree in public health from the Yale School of Medicine. Dr. Shah is board-certified in Internal Medicine and, prior to becoming Commissioner, was a primary care provider at Bellevue Hospital in Manhattan and researcher at New York University and the Geisinger Health System. His vision for New York is a state where every resident has access to affordable health insurance coverage, high quality care, early screening and other services to prevent chronic disease and improve overall health.



Michael F. Hogan, PhD

Michael F. Hogan, PhD, was confirmed in March 2007 as Commissioner of Mental Health in New York, and re-appointed in 2011 by Governor Andrew Cuomo. The New York State Office of Mental Health operates 25 accredited psychiatric hospitals, and oversees New York's \$5 billion public mental health system that serves 650,000 individuals annually. Dr. Hogan served as Director of the Ohio Department of Mental Health (1991–2007) and Commissioner of the Connecticut Department of Mental Health (1987–1991). He chaired the President's New Freedom Commission on Mental Health (2002–2003), and was appointed as the first behavioral health representative on the board of the Joint Commission in 2007, and as a member of the National Action Alliance for Suicide Prevention in 2010. He served on the National Institute of Mental Health's National Advisory Mental Health Council (1994–1998), as President of the National Association of State Mental Health Program Directors (2003–2005), and as Board President of the National Association of State Mental Health Program Directors' Research Institute (1989–2000). He has received leadership awards from the National Governor's Association, the National Alliance on Mental Illness, the Campaign for Mental Health Reform, the American College of Mental Health Administration and the American Psychiatric Association.

Tuesday, October 18, 2011 continued



Arlene González-Sánchez, MS, LMSW

Arlene González-Sánchez, MS, LMSW, was confirmed on March 1, 2011 as Commissioner of the New York State Office of Alcoholism and Substance Abuse Services (OASAS). Ms. González-Sánchez brings more than 30 years of experience in the fields of behavioral health administration, policy development, and medical research, and expertise integrating accessible systems of care for New Yorkers.

Commissioner González-Sánchez is a Cabinet-level Chief Executive Officer overseeing a premier addiction services system with more than 1500 programs and 35,000 paid and volunteer professionals which serve 110,000 New Yorkers daily. Commissioner González-Sánchez is authorized by statute (MHL 19.09) to establish, oversee and regulate one of the nation's largest prevention, treatment and recovery systems.

Under her executive leadership, the commitment is to maintain access to quality care for the 2.5 million New Yorkers in need of addiction services and preserve the core system of prevention, treatment and recovery services. Commissioner González-Sánchez's overall vision is to transform the fragmented system of care to a comprehensive, integrated, patient-centered, family-focused system that is accessible and responsive to the multiple and complex needs of the behavioral health population of today.

Commissioner González-Sánchez has begun implementing several priorities focused on high-quality care and services for the most vulnerable New Yorkers. These priorities include: establishing an effective, science-based system, which integrates prevention, treatment and recovery; developing a "Gold Standard" system of service provision; becoming the state resource on addiction and leading the nation in the field of chemical dependence and problem gambling prevention, treatment and recovery; becoming a "Profession of choice" for attracting, selecting and developing system-wide talent; and ensuring a system with strong return on taxpayer investment and stewardship of resources.

Commissioner González-Sánchez is appointed to various Governor's commissions, including the Medicaid Redesign Team (MRT) as Co-Chair of one of its subcommittees, the Health Disparities Workgroup. She also serves on the Spending and Government Efficiency Commission (SAGE), and the Not-For-Profit Task Force.

CONFERENCE INFORMATION

Grassroots Action Network

Please be sure to add your name to our Grassroots Action Network located near the Registration desk and, when you return home after the conference, encourage others to do the same (via the CHCANYS website).

The Jeffrey T. Latman Foundation

CHCANYS thanks the Jeffrey T. Latman Foundation for funding programs and scholarships to ensure the training of tomorrow's leaders in community health center finance. The Jeffrey T. Latman Foundation honors the memory of Mr. Latman, who was a Partner of the accounting firm Goldstein Golub Kessler & Company. He was a national visionary leader in community health center finance and a long-time friend and supporter of NACHC and CHCANYS.

Sponsors & Exhibitors

Please visit sponsors and exhibitors located in both the Hilton Hotel Gallery & the Saratoga Springs City Center Room 1 to learn how their products and services may meet your business needs. Receptions and activities will take place in both areas throughout the conference, including opportunities for networking and to win prizes. Details are posted in the schedule.

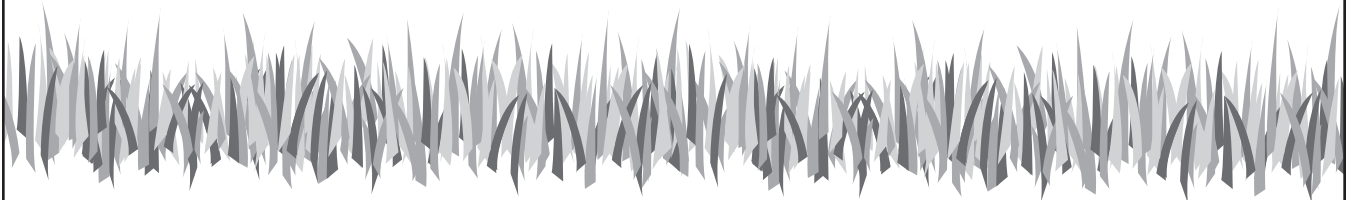
Conference Materials

In a continued effort to *Go Green*, CHCANYS will post presentations on its website shortly after the conference.

CHCANYS Staff

We are available at registration throughout the day and in each workshop to provide assistance to presenters and participants. Please provide feedback to us by completing a workshop evaluation at the end of each session as well as the overall conference evaluation. Your comments help us to consider appropriate content and presenters for future conferences and training.

I'M HELPING HEALTH CENTERS' GRASSROOTS GROW... ARE YOU?



WWW.CHCANYS.ORG

CONFERENCE SCHEDULE

SUNDAY, OCTOBER 16, 2011

10:30 AM – 1:30 PM
 City Center 2B

BRIDGET TRAINING
 Pre-conference training

11:00 AM – 5:30 PM
 Hilton Lobby

CONFERENCE REGISTRATION & INFORMATION
 Grassroots Action Network Sign-up

12:30 – 1:45 PM
 Saratoga 1

► WORKING LUNCH MEETINGS:

Discussion: CHCANYS Finance Focus Group
Sponsored by The Jeffrey T. Latman Foundation
 All Chief Executive Officers, Chief Financial Officers and Finance Directors are invited to give input regarding the design and development of the Jeffrey T. Latman Community Health Center CFO Boot Camp

Saratoga 2

Networking Lunch

Saratoga 2

AmeriCorps & VISTA Member Lunch: Orientation to Conference

2:00 – 3:30 PM

► AFTERNOON WORKSHOPS I:

Saratoga 3

BOARD DEVELOPMENT: The Board's Role in Corporate Compliance

Broadway 1 & 2

FINANCE & OPERATIONS: Implementing International Classification of Diseases (ICD-10)

Broadway 3 & 4

CLINICAL: Innovative Management of Chronic Disease in a Medical Home

1. ProjectRED (Redefining Education and Exercise for Diabetics): Getting the Poorly Controlled Under Control
2. Community Health Center Based Clinical Research, A Novel Paradigm of Collaboration
3. Healthy Living—Adopt a Zip Code

2:00 – 4:30 PM

SPONSOR & EXHIBIT HALL SET-UP

Gallery & City Center 1

All sponsors/exhibitors stop at Registration & Information Desk in Lobby

3:30 – 3:45 PM

BREAK (Afternoon Workshop Locations/Exhibit Hall)

3:45 – 5:15 PM

► AFTERNOON WORKSHOPS II:

Broadway 1

COMMUNITY STRATEGIC PARTNERSHIP: Collaboration for Systems Transformation & Health Service Delivery Improvement

Broadway 2

CLINICAL: School-Based Health Centers: Using the Patient-Centered Medical Home Model to Improve Population Based Care and Community Health

SUNDAY, OCTOBER 16 continued

- Broadway 3 **WORKFORCE: Integrating Students & Providers into Federally Qualified Health Centers**
1. Teaching Health Centers & Area Health Education Center Systems (AHECs): Health Center and AHEC Collaborations with HRSA to Build the Primary Care Workforce
 2. Provider Education & Advanced Nursing Practice: The Role of Medical Education in Workforce Development
- Broadway 4 **BOARD DEVELOPMENT: Emergency Preparedness for Community Health Center Board Members**
- 3:45 – 5:45 PM **FINANCE/POLICY: Reimbursement & Regulatory Mega Session**
 Saratoga 3
- 6:00 – 7:30 PM **WELCOME RECEPTION WITH SPONSORS & EXHIBITORS**
 Gallery & City Center 1

MONDAY, OCTOBER 17, 2011

- 7:30 AM – 6:00 PM **CONFERENCE REGISTRATION & INFORMATION**
 Hilton Lobby **Grassroots Action Network Sign-up**
- 7:30 – 8:45 AM **CONTINENTAL BREAKFAST, SPONSOR/EXHIBIT HALL**
 Gallery & City Center 1
- 7:30 – 8:45 AM **► BREAKFAST MEETINGS**
- Phila **WORKFORCE: Focus Group**
 Travers **HIT (User Groups)**
- Whitney **Clinical Subcommittee Meetings:**
 Whitney **Behavioral Health**
 Alabama **Oral Health**
 HIV/AIDS
- 9:00 – 11:15 AM **► GENERAL SESSION—NATIONAL ISSUES**
 Saratoga Ballroom **Welcome: Paloma Hernandez, Board President, CHCANYS**
 Remarks: Elizabeth H. Swain, Chief Executive Officer, CHCANYS
 Health Resources & Services Administration (HRSA) Update: Gina Capra, Director, Northeast Division, Bureau of Primary Health Care, HRSA
 Charting Our Course Through Turbulent Times: Tom Van Coverden, President & Chief Executive Officer, National Association of Community Health Centers

MONDAY, OCTOBER 17 continued

11:15 – 11:30 AM Gallery & City Center 1	BREAK, SPONSOR/EXHIBIT HALL
11:30 AM – 12:45 PM	► MORNING WORKSHOPS:
Phila	WORKFORCE: Focus Group
City Center 2A	FINANCE & OPERATIONS: Contracting and Community Partnerships
Broadway 1	CLINICAL/BEHAVIORAL HEALTH: Integration and Coordination of Behavioral Health Services in Primary Care 1. Integrating Behavioral Health into Patient-Centered Medical Home and Health Home 2. Use of Health IT to Integrate Behavioral Health Services
Broadway 2	CLINICAL/ORAL HEALTH: Strategies to Transform Pediatric Oral Health Care 1. Innovative Approaches to Testing Early Childhood Caries 2. Oral Health Among Children
Broadway 3 & 4	HIT: Health Center Redesign
12:45 – 1:45 PM Saratoga Ballroom	NETWORKING LUNCH
1:45 – 2:30 PM Gallery & City Center 1	SPONSOR/EXHIBIT HALL DEMOS & DESSERT
2:30 – 3:45 PM	► AFTERNOON WORKSHOPS I:
Broadway 1 & 2	HIT: Building the New York State Center for Primary Care Informatics: CHCANYS' Data Warehouse
Travers/Alabama	WORKFORCE: Building Workforce Capacity for Primary Care in Federally Qualified Health Centers (Recruitment & Retention Issues) 1. Building Workforce Capacity for Primary Care in Federally Qualified Health Centers: Findings from a Workforce Survey of Community Health Centers in New York 2. HealthMatch™ —A Community-Specific Healthcare Provider Recruitment and Retention Program 3. Long Term Strategies for Provider Workforce 4. National Health Service Corps Update
Broadway 3 & 4	FINANCE/POLICY: Everything You Wanted to Know About Diagnostic & Treatment Center (D&TC) Reimbursement but Were Afraid to Ask
Whitney	CLINICAL/BEHAVIORAL HEALTH: Ensuring Proper Documentation and Compliance Guidelines for Behavioral Health Providers
City Center 2A	CLINICAL: Honing Your Sexually Transmitted Disease (STD) Diagnostic Skills in Primary Care <i>Sponsored by Bio-Reference Laboratories</i>

MONDAY, OCTOBER 17 continued

4:00 – 5:30 PM	▶ AFTERNOON WORKSHOPS II:
Broadway 1 & 2	HIT: Implementing Clinical Decision Support Systems: A Path to Better Chronic Disease Management
City Center 2A	CLINICAL: Integrating New York State 2010 HIV Testing Law into Primary Care 1. Integrating HIV Testing into Primary Care: Opportunities and Challenges 2. Implementing the New NYS HIV Testing Legislation Through a Learning Collaborative Data Driven Model 3. Integrated HIV Testing as Elective Strategy for Access and Retention in Quality HIV Care
Broadway 3 & 4	FINANCE & OPERATIONS/POLICY: New York State Office of Medicaid Inspector General (NYOMIG) Update & Compliance Effectiveness Review Process
City Center 2B	CLINICAL: Delivering a Comprehensive Hepatitis C Treatment Program 1. Hepatitis C Treatment in the Primary Care Setting 2. Comprehensive Hepatitis C Treatment in the Urban Primary Care Setting
Whitney	CLINICAL/ORAL HEALTH/HIT: Integrating EMR to Improve Diagnosis and Treatment for Dental Health Services
Alabama	EMERGENCY PREPAREDNESS: Beyond Infectious Disease: The Role of Community Health Centers in Coordinated Emergency Response
6:00 – 7:00 PM	CHCANYS 40TH ANNIVERSARY KICKOFF GALA
Gallery & City Center 1	Cocktail Reception
7:00 – 10:00 PM	CHCANYS 40TH ANNIVERSARY KICKOFF GALA
Saratoga Ballroom	Dinner, Dancing and Award Presentations

TUESDAY, OCTOBER 18, 2011

7:45 AM – 1:30 PM	CONFERENCE REGISTRATION & INFORMATION
Hilton Lobby	Grassroots Action Network Sign-up
7:45 – 9:00 AM	CONTINENTAL BREAKFAST, SPONSOR/EXHIBIT HALL
Gallery & City Center 1	
7:45 – 9:00 AM	▶ BREAKFAST MEETINGS
Whitney	Clinical Committee (All Clinicians Welcome)
Alabama	AmeriCorps & VISTA Members
Travers	Board of Directors Breakfast: EHR for Board Members

TUESDAY, OCTOBER 18 continued

9:15 – 10:45 AM
 Saratoga Ballroom

► **GENERAL SESSION—STATE ISSUES**

Remarks:

Paloma Hernandez, Board President, CHCANYS

Elizabeth H. Swain, Chief Executive Officer, CHCANYS

Speakers:

Nirav R. Shah, MD, MPH, Commissioner, New York State Department of Health

Michael Hogan, PhD, Commissioner, Office of Mental Health, NYSDOH

Arlene Gonzalez-Sanchez, MS, LMSW, Commissioner, Office of Alcoholism & Substance Abuse, NYSDOH

11:00 AM – 12:30 PM

► **MORNING WORKSHOPS:**

Broadway 1

WORKFORCE: The Role/Position of the Community Health Worker in the Federally Qualified Health Center

1. Community Health Workers in Health Reform Innovations
2. The Role of the Patient Advocate
3. Community Health Workers—Scope and Impact
4. Community HealthCorps & the Community Health Worker

City Center 2A

HIT/CLINICAL/FINANCE & OPERATIONS: Health Homes

Broadway 2

DEVELOPMENT & GROWTH: Sustaining Improved Outcomes—How to Make Change Stick

Broadway 3

CLINICAL: Proactive Family Planning in the Patient-Centered Medical Home

Broadway 4

CLINICAL/BEHAVIORAL HEALTH: Problem Solving Therapy (PST): An Evidence Based Model for Treating Depression in Primary Care

Phila

CLINICAL/ORAL HEALTH: Continuity of Care for Chronic Disease Patients Within the Patient-Centered Dental Home

City Center 2B

HIT: Optimizing Healthcare Delivery Through Business Intelligence

12:45 – 1:30 PM

NETWORKING LUNCH

Saratoga Ballroom

1:45 – 3:00

► **AFTERNOON WORKSHOPS—Don't miss these hot topics!**

Broadway 1

CLINICAL: Substance Use Disorder (SUD) Services and the Integration of Opioid Dependence Treatment

1. Integration of Substance Use Disorder (SUD) Services with Primary Healthcare Delivered by Community Health Centers
2. Best Practices in Opioid Dependence Treatment

Broadway 3 & 4

FINANCE & OPERATIONS/DEVELOPMENT & GROWTH: Expanding Primary Care

WORKSHOP DESCRIPTIONS

SUNDAY AFTERNOON WORKSHOPS I 2:00–3:30 PM

BOARD DEVELOPMENT

THE BOARD'S ROLE IN CORPORATE COMPLIANCE

Jacqueline C. Leifer, Senior Partner, Feldesman Tucker Leifer Fidell LLP

New York State is the first state in the country to mandate that every health care provider implement a compliance program and threatens to exclude from participation in the Medicaid program any provider who fails to do so. Through Affordable Care Act provisions, this mandate will soon extend nationally to providers enrolling in the Medicare program, as well as the Medicaid program.

This workshop will focus on the Board's role in establishing and overseeing implementation of the health center's compliance program and will explore the delicate balance between governance oversight and day-to-day implementation of the compliance program by management. High risk exposures for non-compliance that are within the Board's special purview will be highlighted, including such sensitive matters as conflicts of interest, rogue conduct and according board members special treatment. Learn the "do's" and "don'ts" and take advantage of this opportunity to join your colleagues in asking the hard questions.

FINANCE & OPERATIONS

IMPLEMENTING INTERNATIONAL CLASSIFICATION OF DISEASES (ICD-10)

Linda Smith, CPC, CPC-I, CEMC, PCS, CAC, CMBS, MedOffice Resources

The Final Rule for Implementation of the ICD-10 coding system is set for October 1, 2013. To ensure a successful transition, healthcare organizations must take prompt action to prepare their implementation strategies. During this session, we will provide you with a foundation of understanding as to what the ICD-10-CM coding system is, why it is necessary and how it will affect all of us. We will focus on the implementation process, identifying the tasks that will be required, and the development of a timeline to keep the implementation process moving forward.

CLINICAL

INNOVATIVE MANAGEMENT OF CHRONIC DISEASE IN A MEDICAL HOME

I. PROJECTRED (REDEFINING EDUCATION AND EXERCISE FOR DIABETICS): GETTING THE POORLY CONTROLLED UNDER CONTROL

Azebe Etsubneh, Special Projects Coordinator, Morris Heights Health Center
Gary Chin, ACE certified, Health Educator, Morris Heights Health Center

This session will provide an in-depth look at Morris Heights Health Center's successful ProjectRED program—an interactive diabetes program for uncontrolled or newly diagnosed type II diabetics. Learn how participants in this innovative

program experienced a 1–2% reduction in A1C levels, a marked decrease in blood pressure and LDL values (22 pts), and a 19.8% improvement in test scores. The program consists of eight sessions over three months, with a specific topic discussion per session followed by an individual visit with a provider. Experts in the topics of Conversation Mapping, Glucose Monitoring and A1C Champion, Nutrition, Exercise, Foot, Eye and Dental Care, Smoking Cessation and Mental Health were invited and led discussions. Additionally, external organizations were contacted to provide additional resources and tools. The sessions were very interactive and presenters facilitated an active discussion while answering participant questions. Participants were highly engaged with an average retention of 85% from start to finish, and they were held accountable to their self-management goals during the course of each session. At the completion of each program, one to two educators were selected to be advocates.

Objectives:

1. Participants will be able to develop their own interactive diabetes group session;
2. Participants will understand how to engage and facilitate patient educational sessions for poorly controlled chronic disease patients;
3. Participants will learn how to increase patient retention for group sessions via internal marketing through provider involvement and direct patient calls; and
4. Participants will also learn how to effectively use EMR to focus on a targeted patient population.

2. COMMUNITY HEALTH CENTER BASED CLINICAL RESEARCH, A NOVEL PARADIGM OF COLLABORATION

William Pagano, MD, MPH, Senior Vice President, Medical Affairs and Operations, Lutheran Family Health Centers

Anne Rapin, MPH, Evaluation Coordinator, New York City Department of Health and Mental Hygiene

The Lutheran Family Health Centers in Brooklyn and the New York City Department of Health and Mental Hygiene have collaborated to conduct a large, randomized controlled clinical trial designed to evaluate the effectiveness of the use of home blood pressure monitors in patients with uncontrolled hypertension. The results of the trial will provide high quality evidence to inform clinical decisions and practice organizations for populations and settings not traditionally covered by research. This presentation will provide a brief overview of the trial and the use of an electronic smart form as a key part of identifying and enrolling study participants. The presentation will highlight how the two organizations, neither of which routinely conducts clinical trials, were able to complement one another in this successful project. Strategies for overcoming challenges, lessons learned and general recommendations for undertaking a large, multi-site research project in a community health center setting will be shared. Support for this project was provided by a grant from the Robert Wood Johnson Foundation's Finding Answers: Disparities Research for Change Program.

Objectives:

1. Recognize the benefits of undertaking a research project in a community health center;
2. Learn about some key recommendations for successfully collaborating on a clinical research project; and
3. Have an understanding of the key considerations and potential challenges of conducting a randomized controlled trial in a community health center.

3. HEALTHY LIVING—ADOPT A ZIP CODE

Dorothy Farley, LCSW-R, Vice President of Social Services & Mental Health, Community Healthcare Network

Luis Freddy Molano, MD, Vice President of HIV Programs & Services, Community Healthcare Network

This session will demonstrate how a patient-centered medical home can increase HIV testing, provide immediate linkage to care for individuals newly diagnosed with HIV and those who know their status but have not been engaged in care for more than nine months and aim to re-initiate/initiate treatment as a means of decreasing the infection rate to uninfected partner(s) through primary and secondary prevention. Learn how this project was approached in phases: 1) three HIV Prevention Specialists were to build a community map that identified key stakeholders, gate keepers, and leaders of high HIV prevalence communities in Brooklyn. The zip codes were mapped out and the teams planned to work on the area until all residents were aware of this strategy as part of the Brooklyn Knows Campaign; 2) the prevention specialists were to create linkages with identified partners (pharmacies, dental offices, housing projects, DMV, etc.) and made HIV counseling and testing available to the members of their communities; and 3) using CHN’s “Navigator’s Approach”, individuals that were identified as HIV+ were to be linked to care within 30 to 60 days and were tracked in order to ensure that they were maintained in care utilizing evidence-based best practices for early treatment and community viral load monitoring. This strategy was implemented zip code by zip code before moving to the next area in Brooklyn.

SUNDAY AFTERNOON WORKSHOPS II 3:45–5:15 PM

COMMUNITY STRATEGIC PARTNERSHIP

COLLABORATION FOR SYSTEMS TRANSFORMATION & HEALTH SERVICE DELIVERY IMPROVEMENT

Steven B. Auerbach, MD, MPH, FAAP, Captain, U.S. Public Health Service, Medical Epidemiologist, Office of Regional Operations—Region 2 (NY, NJ, VI, PR), Bureau of Clinician Recruitment & Service, Health Resources & Services Administration, U.S. Department of Health & Human Services

Douglas Berman, Director of Policy & Government Relations, Care for the Homeless

The Health Resources & Services Administration (HRSA) model of Community Strategic Partnerships was implemented through a collaborative effort among New York City Providers of Health Care for the Homeless (the city’s ten HRSA/ Bureau of Primary Health Care 330h grantees), HRSA, city and state agencies, and community-based health and social service groups focused on physical and behavioral health, homeless and housing services, corrections, veterans’ health, and other areas. This effort was an ambitious experiment to collaboratively identify the areas of greatest need and the challenges to improving care for a special population, and to develop prioritized, actionable solutions. The New York City Providers of Health Care for the Homeless emerged from this process prepared to enact an action plan that included responding to proposals of the New York State Medicaid Redesign Team and the Accountable Care Act. This workshop will explore from the perspectives of the major stakeholders how the work of the partnership provided an impetus for constructive change.

CLINICAL

SCHOOL-BASED HEALTH CENTERS: USING THE PATIENT-CENTERED MEDICAL HOME MODEL TO IMPROVE POPULATION BASED CARE AND COMMUNITY HEALTH

Joey Marie Horton, MBA, Co-Executive Director, New York State Coalition for School-Based Health Centers

Ellette Hirschorn, RN, Director of Clinical Services and Programs, Open Door Family Medical Centers

School-Based Health Centers (SBHCs) are considered one of the most effective strategies for delivering high quality, comprehensive, and culturally competent primary and preventive care to children and adolescents, a population that can be difficult to reach. Utilizing the chronic care model, SBHCs are an integral component of communities focusing on wellness and prevention. SBHCs provide critical services regardless of students’ ability to pay, and remove significant barriers to care by being located directly where students spend the majority of their time—in school. Given SBHC’s unique location they play witness to factors that impact student health and academic achievement, including bullying, school violence, depression and poor eating habits. Utilizing the PCMH model, technology and meaningful use, this presentation will demonstrate how SBHCs improve quality, safety and efficiency of care. By engaging the patients, their families and the school community, SBHCs ultimately improve the health of the community.

Objectives:

1. Learn about the unique role that SBHCs can play in the PCMH model;
2. Incorporate the basic attributes of a PCMH into their SBHCs;
3. Learn techniques to utilize technology and meaningful use information to improve population-based care to children and adolescents; and
4. Learn methods of partnering with community groups and school districts to promote the health of the students and families served.

WORKFORCE

INTEGRATING STUDENTS & PROVIDERS INTO FEDERALLY QUALIFIED HEALTH CENTERS

Moderators:

Bill Stackhouse, PhD, Director of Workforce Development, CHCANYS

Kameron Wells, ND, RN, Vice President, Clinical Affairs, CHCANYS

I. TEACHING HEALTH CENTERS & AREA HEALTH EDUCATION CENTER SYSTEMS (AHECs): HEALTH CENTER AND AHEC COLLABORATIONS WITH HRSA TO BUILD THE PRIMARY CARE WORKFORCE

Neil Calman, MD, President and Chief Executive Officer, Institute for Family Health, and Medical Director, Metropolitan Region AHEC

Mary Sienkiewicz, MBA, Director, New York State AHEC System

The purpose of this panel is to encourage community health centers to play an active role in training future health care professionals in an effort to recruit and retain these professionals. The Health Alliance of Hudson Valley, for example, reports that 30 of their 80 physicians are graduates of the local residency program sponsored by the Institute for Family Health. The Teaching Health Center Program was initiated by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) to enable community health centers to play an active role in the development of primary care physicians who are specifically trained to work in underserved communities. Residencies must be sponsored by the community health center (CHC), and residents must have continuity practices within the CHC, with a goal of retaining these doctors upon completion of their training.

The Student/Resident Experiences and Rotations in Community Health (SEARCH) Program, funded by HRSA, provides students with training experiences in multi-disciplinary health care teams in community health centers and other medically underserved community-based practice sites. A three-year New York State AHEC System and CHCANYS collaboration, the SEARCH program includes evaluation of students' interest/intent to work in an underserved area following training, knowledge/skills gained during the training experience, and tracking into practice following graduation.

Objectives:

1. Understand the Teaching Health Center and SEARCH programs;
2. Identify new and/or expanded opportunities for health professions students training in community health centers; and
3. Explore new/expanded strategies for AHEC and community health center collaborations.

2. PROVIDER EDUCATION & ADVANCED NURSING PRACTICE: THE ROLE OF MEDICAL EDUCATION IN WORKFORCE DEVELOPMENT

William Pagano, MD, MPH, Senior Vice President, Medical Affairs and Operations, Sunset Park Family Health Center

Olga Filipova, MD, Medical Director, Sunset Park Family Health Center Adult Medicine

Workforce development is essential for the success of a community health center (CHC). This presentation explores the role of medical education in workforce development. Sunset Park Health Council operates a network of primary care centers, the Lutheran Family Health Centers (LFHC), in four of the five boroughs of New York City. From its inception, LFHC has been involved in medical education in a variety of ways including Medical Students, Advanced Practice Nurse, Physician Assistant and Primary Care Resident Training. LFHC’s medical education affiliations are with a variety of academic institutions including AT Stills SOMA, and residency programs sponsored by LFHC and Mount Sinai School of Medicine. Medical education has enabled LFHC to recruit and retain attending physicians with an academic interest in teaching. LFHC’s medical school affiliation has served as a recruiting source for its affiliated primary care residency programs. LFHC’s affiliated providers and mid-level training programs have been a source to recruit graduating residents and mid-level practitioners. The providers LFHC recruits from its affiliate training programs know our systems, have a much shorter ramp up time to full productivity and are known to LFHC, minimizing the unknown for a new hire.

Objectives:

1. Describe various models of medical education in CHCs;
2. Evaluate the potential for and advantages of recruiting and retaining trainees and attending staff; and
3. Evaluate the impact of medical education on the operations and finances of a CHC.

BOARD DEVELOPMENT

EMERGENCY PREPAREDNESS FOR COMMUNITY HEALTH CENTER BOARD MEMBERS
Matthew Ziemer, Emergency Preparedness Program Manager, CHCANYS

As a component of Community Health Center requirements, emergency preparedness is often undervalued as precedence is given to other programs that are more directly in line with the mission of the health center movement. Recent events, however, from the H1N1 pandemic to Hurricane Irene, help to illustrate the importance of emergency preparedness as health centers strive to provide underserved populations with quality health care during times when this care is needed most.

Health centers can and do provide vital services to their communities before, during, and after disasters and the CHC’s Board of Directors plays a crucial role in ensuring that this is possible. This session will focus on critical organizational emergency preparedness concepts, CHC emergency preparedness requirements, and what role the Board of Directors plays in a prepared health center.

FINANCE/POLICY

REIMBURSEMENT & REGULATORY MEGA SESSION (3:45–5:45 PM)
Peter Epp, Managing Director, J.H. Cohn LLP
Jacqueline C. Leifer, Senior Partner, Feldesman Tucker Leifer Fidell LLP

Peter Epp and Jacki Leifer bring their unparalleled knowledge and experience of health center reimbursement and regulations to the CHCANYS annual conference.

Learn about recent developments and future prospects regarding health center billing reimbursement and compliance issues. This is an overview of today’s New York State health center reimbursement and compliance issues, from the big picture policy concerns to the critical details.

Highlights include:

- Cost Report changes
- Indigent care payments
- Incentive payments
- Medicare changes for FQHCs
- Claims submission timeliness
- Billing of offsite services

MONDAY MORNING WORKSHOPS 11:30 AM–12:45 PM

FINANCE & OPERATIONS

CONTRACTING AND COMMUNITY PARTNERSHIPS

Jacqueline C. Leifer, Partner, Feldesman Tucker Leifer Fidell LLP

Efforts by health centers to establish (or expand) community partnerships with other health care providers are particularly critical and timely in New York, in light of the Patient-Centered Medical Home Program and other current health care integration initiatives underway in the State and nationally. This session will provide participants with a road map for negotiating collaborative arrangements (from MOUs through definitive agreement phases). We will discuss the range of collaboration options that health centers can pursue with community partners including hospitals, primary care practices, community mental health centers, universities, and others. Those options include the following:

- Referral agreements
- Arrangements for the “co-location” of clinicians in each partner’s site
- Lease of personnel and services
- Transfer of primary care practices or clinics to the health center
- Formation of new entities
- Emergency room care coordination
- Residency program collaborations

CLINICAL/BEHAVIORAL HEALTH

INTEGRATION AND COORDINATION OF BEHAVIORAL HEALTH SERVICES IN PRIMARY CARE

I. INTEGRATING BEHAVIORAL HEALTH INTO PATIENT-CENTERED MEDICAL HOME (PCMH) AND HEALTH HOME

Kimberly Williams, LMSW, Director, Center for Policy, Advocacy and Education, Mental Health Association of New York City

This workshop will discuss ways to ensure appropriate access and integration of mental health and substance abuse services in Patient-Centered Medical Homes

(PCMHs). Given that many individuals get behavioral health treatment from primary care, the growing interest in expanding PCMHs offers a critically important opportunity for effectively integrating mental health and substance abuse treatment. The workshop will address the clinical, program design, operations management and financial elements of effectively integrated primary and behavioral health care.

Objectives:

1. Participants will be able to identify the role of medical homes in the provision of health/behavioral care; and
2. Participants will be able to identify factors that facilitate integration of services into medical homes.

2. USE OF HEALTH IT TO INTEGRATE BEHAVIORAL HEALTH SERVICES

David Cohen, MD, Maimonides Medical Center

Gerardo R. Valdez, RN, BSN, Assistant Vice President, QI and Clinical Systems Integration, Lutheran Family Health Centers

Patients with severe mental illness experience a disproportionate burden of chronic disease. They require well-coordinated mental health and general medical care services but often receive care that is fragmented, discontinuous and costly leading to poor health outcomes. In response, Maimonides Medical Center is leading a multi-stakeholder collaborative in Southwest Brooklyn (which includes Lutheran Family Health Centers) to design and implement a health IT-enabled, patient-centered medical and mental health home model of care with the objective of improving care and lowering costs. This presentation will describe the model, define outcome measures, feature information technology helping to drive the initiative and, finally, propose a mechanism for sustainability.

Objectives:

1. Describe the essential elements of a patient-centered medical and mental health home;
2. Enumerate the health information technology that was developed and/or has contributed to supporting this initiative; and
3. Define the outcome measures expected from a patient-centered medical and mental health home implementation.

CLINICAL/ORAL HEALTH STRATEGIES TO TRANSFORM PEDIATRIC ORAL HEALTH CARE

I. INNOVATIVE APPROACHES TO TESTING EARLY CHILDHOOD CARIES

Terry Yonker, RN, MS, FNP-BC, Telemedicine Clinical Coordinator, Finger Lakes Community Health

Early childhood caries (tooth decay) is a significant health problem for pre-school children from low income families. Many barriers exist in helping these children find a dental home where they can receive exams, preventive care, and access to

treatment. Finger Lakes Community Health has an innovative program that utilizes a mobile dental health team, bilingual/bicultural case managers, the patient-centered medical home, and health information technology to improve oral health outcomes for vulnerable children. One strategy that is employed to bridge the gap between pediatric dental specialists and rural providers is the use of real time teledentistry. These innovative strategies have resulted in positive outcomes for children of migrant and seasonal farm workers and in Head Start programs.

Objectives:

1. To discuss the etiology and prevalence of early childhood caries in children from low income families;
2. To identify innovative primary, secondary, and tertiary preventive care delivery methods to combat early childhood caries;
3. To demonstrate teledentistry applications in a patient-centered medical home; and
4. To share success stories of these innovative practices.

2. ORAL HEALTH AMONG CHILDREN

Tosan Oruwariye, MD, Medical Director of School-Based Health Centers, Morris Heights Health Center

Underserved communities have a high prevalence of oral health conditions. Increasing numbers of children have severe dental caries and the associated morbidity. The case of Deamonte Driver from Maryland, who died when a tooth infection spread to the brain, has made this issue more urgent. These communities have socio-economic conditions that contribute to poor oral health. MHHHC's school-based dental screening program documented that 75% of 503 students had dental caries, with students in kindergarten and 1st grade being mostly affected. Students and their families admitted to no dental visit in one year. With a high immigrant and illiterate community, families are ignorant about access and proper dental hygiene. Despite linkages to MHHHC dental programs and other community resources, providers are treating dental emergencies on an ongoing basis. MHHHC continues to see increasing morbidity that includes: 1) high levels of untreated caries; 2) high levels of poor oral hygiene; 3) limited oral health knowledge among children and parents; 4) high sucrose consumption; 5) high frequency of snacking; 6) low sealant prevalence; 7) surprisingly high substitution of non-fluoridated bottled water for New York City fluoridated water; and 8) low priority given to the importance of oral health. Preventive programs that include education of families and application of dental fluoride varnish by pediatricians will mitigate the morbidity and can be integrated into routine primary care, as families bring their children to see their pediatricians more often than they see a dentist. This session will demonstrate how clinicians can integrate dental education and application of fluoride varnish into their practice.

Objectives:

1. Learn about the oral health issues among children; and
2. Learn about strategies to promote oral health care among children, including the application of fluoride varnish.

MONDAY MORNING WORKSHOPS

11:30 AM–12:45 PM continued

HIT

HEALTH CENTER REDESIGN

Kathy Davey, MM, Director of Organizational Transformation, The Greater Hudson Valley Family Health Center (GHVFHC)

Linda Muller, MS, President & Chief Executive Officer, GHVFHC

Alan Bernstein, MD, MPH, Chief Medical Officer, GHVFHC

The Greater Hudson Valley Family Health Center, Inc. began an “organizational transformation project” in November 2010 in response to its relocation to a new facility and in anticipation of electronic medical records implementation. New positions were created including a Director of Organizational Transformation and Practice Managers for the main clinical areas (Internal Medicine, Pediatrics, OB/GYN). With the leadership of the Director of Organizational Transformation and the roll out of the new organizational structure, the process for patient flow was redesigned. The redesign improved wait time, patient satisfaction, staff morale and overall operations. To complement the organization’s redesign, a “dashboard” report was developed and used as a management tool to identify areas within the different clinical departments that needed improvement. This workshop will cover the use of the dashboard report as an effective tool to track and trend overall performance.

MONDAY AFTERNOON WORKSHOPS I 2:30–3:45 PM

HIT

**BUILDING THE NEW YORK STATE CENTER FOR PRIMARY CARE INFORMATICS:
CHCANYS’ DATA WAREHOUSE**

Andrew Principe, CPHIMS, Vice President, Health Care Solutions, Arcadia Solutions, Inc.

Lisa Perry, MBA, MPP, Vice President, Statewide Health IT, CHCANYS

Under health care reform, health care financing and delivery systems will change significantly in the next few years. These changes will require health care organizations to demonstrate improved quality and outcomes, while saving costs. To support its members in these efforts, CHCANYS has embarked on a project to build a statewide data warehouse (the Center for Primary Care Informatics) with Arcadia Solutions, a company that is currently working with 10 PCAs nationwide. The aggregation of clinical, operational and financial data is essential for community health centers to demonstrate the value they bring to patients and the health care system as cost-effective providers of high quality care. The panel will speak about what it means to be a part of the data warehouse pilot, what benefits this program will provide and what the overall process could look like for your organization.

Objectives:

1. Learn benefits of statewide data and why CHCANYS and many PCAs nationwide are establishing data warehouses;
2. View examples of reports from the Arcadia reporting platform; and
3. Learn about the pilot project and what it means for a participant health center.

WORKFORCE

BUILDING WORKFORCE CAPACITY FOR PRIMARY CARE IN FEDERALLY QUALIFIED HEALTH CENTERS (RECRUITMENT & RETENTION ISSUES)

Moderators:

Bill Stackhouse, PhD, Director of Workforce Development, CHCANYS

Jenny Tsang-Quinn, MD, Executive Director, New York Alliance for Careers in Healthcare

1. BUILDING WORKFORCE CAPACITY FOR PRIMARY CARE IN FEDERALLY QUALIFIED HEALTH CENTERS: FINDINGS FROM A WORKFORCE SURVEY OF COMMUNITY HEALTH CENTERS IN NEW YORK

Robert Martiniano, MPA, MPH, Project Director, Center for Health Workforce Studies, University at Albany School of Public Health

This presentation will review findings from a survey of federally qualified health centers (FQHC) and FQHC Look-Alikes conducted by the Center for Health Workforce Studies in conjunction with the City University of New York (CUNY) and CHCANYS. The presentation will include findings on CHC staffing levels, recruitment and retention difficulties, and vacancy rates. The overall purpose of the study was to inform CHCs, CHCANYS, CUNY, and other stakeholders about workforce issues and the possible assistance that CHCANYS could provide to CHCs around recruitment and retention of staff.

2. HEALTHMATCH™ —A COMMUNITY-SPECIFIC HEALTHCARE PROVIDER RECRUITMENT AND RETENTION PROGRAM

Kathryn R. Reed, MHA, CMPE, Executive Director, Catskill Hudson Area Health Education Center

In response to New York State's well documented difficulties in physician recruitment, Catskill Hudson Area Health Education Center (CHAHEC) developed HealthMatch™, a program focused on community-specific physician and health professional recruitment and retention. HealthMatch™ was established as a result of a feasibility study with key stakeholders across the CHAHEC 11-county region in the Hudson Valley. A demonstration project was funded by a HEAL NY 9 two year-grant, which commenced in March 2009. HealthMatch™ is a collaborative effort that brings the commitment of healthcare, business, and civic leaders together in order to provide increased local access to quality healthcare as a key component of the community's overall economic development strategy. In order for the HealthMatch™ service to be successful, communities need to be committed to active involvement in the recruitment and retention process. This presentation will provide an overview of the: 1) process of educating and involving community key stakeholders in their role of health professional recruitment; 2) establishment of local community-based financial incentive programs; 3) challenges and lessons learned; and 4) the successes of a two-year demonstration project conducted in a geographically isolated, economically distressed community in New York.

Objectives:

1. The need to develop innovative approaches to health provider recruitment vs. traditional methods;
2. The importance of the role that healthcare plays in a community's overall economic development strategy; and
3. The challenges of health provider recruitment as the current workforce ages out and retires.

3. LONG TERM STRATEGIES FOR PROVIDER WORKFORCE

Dr. Carmen Chinae, MD, MPH, Chief Medical Officer, Hudson River HealthCare

As a large, multi-site and growing organization in urban and rural locations, Hudson River HealthCare (HRHCare) has developed a long term program for provider retention and recruitment. Income and professional development are a priority, along with flexibility in different career stages. This workshop will cover HRHCare's partnerships with training programs, integrated financial incentive programs, and negotiated rates with recruitment firms.

4. NATIONAL HEALTH SERVICE CORPS UPDATE

Steven B. Auerbach, MD, MPH, FAAP, Captain, U.S. Public Health Service, Medical Epidemiologist, Office of Regional Operations—Region 2 (NY, NJ, VI, PR), U.S. Department of Health & Human Services

FINANCE/POLICY

EVERYTHING YOU WANTED TO KNOW ABOUT DIAGNOSTIC & TREATMENT CENTER (D&TC) REIMBURSEMENT BUT WERE AFRAID TO ASK

John W. Gahan, Jr., Director, Bureau of Primary and Acute Care Reimbursement, New York State Department of Health (NYSDOH)

The NYSDOH Bureau of Primary & Acute Care Reimbursement will present a session for Federally Qualified Health Centers on D&TC reimbursement issues. This session will provide an overview of answers to common questions and concerns the NYSDOH receives on reimbursement issues. The session will give FQHCs an opportunity for meaningful conversation with the Department of Health and a chance to review reimbursement regulations that effect health centers.

CLINICAL/BEHAVIORAL HEALTH

ENSURING PROPER DOCUMENTATION AND COMPLIANCE GUIDELINES FOR BEHAVIORAL HEALTH PROVIDERS

Virna Little, PsyD, LCSW-r, SAP, Vice President for Psychosocial Services/Community Affairs, The Institute for Family Health
Lauren Machin, LCSW, Vice President and Chief Behavioral Health Officer, Morris Heights Health Center

This workshop is designed for behavioral health managers in primary care settings. The workshop will review compliance requirements for behavioral health providers in areas of documentation, coding and billing. Best practices for clinical service

MONDAY AFTERNOON WORKSHOPS I

2:30–3:45 PM continued

delivery, review of Article 28 regulations for behavioral health services and an overview of Article 31 programs will be covered. There will be discussion around behavioral health provider productivity, scheduling, open access, utilization of electronic health records, job descriptions and workforce development.

CLINICAL

HONING YOUR SEXUALLY TRANSMITTED DISEASE (STD) DIAGNOSTIC SKILLS IN PRIMARY CARE

Jeffrey Gilbert, MD, Medical Director, STD Center for Excellence

Dr. Jeffrey Gilbert is a well-known local and national expert on the diagnosis and treatment of STDs. This robust case-based presentation will provide clinicians with an overview of commonly misdiagnosed STDs by using an extensive set of clinical slides showcasing discharges, lesions and rashes as the basis for diagnosing your patient correctly the first time. He will share his strategies, best practices and lessons learned from running the STD Center for Excellence in the Bronx. There will be a lively discussion around current screening trends and their cost effectiveness in the face of state and federal cuts while maintaining clinical responsibility for the thousands of New Yorkers that seek STD screening and treatment.

MONDAY AFTERNOON WORKSHOPS II 4:00–5:30 PM

HIT

IMPLEMENTING CLINICAL DECISION SUPPORT SYSTEMS: A PATH TO BETTER CHRONIC DISEASE MANAGEMENT

*Daren Wu, MD, Chief Medical Officer, Open Door Family Medical Centers
Helene Kopal, Director, Performance Improvement, Primary Care Development Corporation*

Hypertension is a major cause of preventable morbidity and mortality, yet adherence to effective guidelines for treatment remains low. Health information technology (HIT) has the potential to facilitate the translation of research into practice. Open Door Family Medical Centers and the Primary Care Development Corporation (PCDC) recently concluded an AHRQ-funded study to determine whether electronic medical records (EMR) with clinical decision support (CDS) and provider performance feedback would be more effective in improving blood pressure (BP) control than a standard EMR alone. The study demonstrated highly significant improvements in blood pressure control over time when assessed at either the encounter or patient level. It also led to the development of *Integrating a Clinical Decision Support System*, a new manual that provides step-by-step guidance to help providers develop and implement a clinical decision support (CDS) system for chronic disease management. PCDC, in collaboration with Open Door and New York University School of Medicine, developed the manual as a practical resource to primary care providers seeking to improve the quality of care they provide.

Objectives:

1. Explore the specific findings from the Open Door/PCDC study;
2. Learn how CDS and provider performance feedback can improve clinical outcomes; and
3. Learn the basic steps necessary to implement a CDS system for chronic disease management.

CLINICAL

INTEGRATING NEW YORK STATE 2010 HIV TESTING LAW INTO PRIMARY CARE

1. INTEGRATING HIV TESTING INTO PRIMARY CARE: OPPORTUNITIES AND CHALLENGES

Carolyn Boustani, MSW, Director, Positive Choices Program, The Greater Hudson Valley Family Health Center

The Greater Hudson Valley Family Health Center embarked on increasing their existing HIV testing activity by 100% with the goal of full integration of testing in the primary care setting. The HIV testing initiative began with a CQI PDSA pilot that included laying the ground work for various interventions. These interventions consisted of: 1) training staff on the new HIV testing law and skill building related to its implementation through storytelling experiences, skits and role plays; 2) data tracking of nursing testing rates and performance as well as a patient refusal log, which identified the patient's perception that their marital status placed them at low to no risk for HIV and their perception that they were tested for HIV when they completed their lab work as part of their annual physical exam; 3) updating the EMR progress note to include a prompt for HIV testing, which allowed check boxes for the three main reasons for not testing; and 4) staff incentives. Outcomes will be shared and next steps will focus on increasing concurrent STI and HIV testing and tracking systems for provider testing activity.

Objectives:

1. Review 2010 NYS DOH HIV Testing Law;
2. Discuss strategies used by our practice to improve integration of HIV testing into our primary care departments;
3. Share trending data on testing in the practice; and
4. Discuss barriers and future opportunities to testing in our practice.

2. IMPLEMENTING THE NEW NYS HIV TESTING LEGISLATION THROUGH A LEARNING COLLABORATIVE DATA DRIVEN MODEL

Debbie Lester, LMSW, Director, Institute for the Advancement of Community Health, Urban Health Plan

According to the 2007 CDC AIDS surveillance report, the New York City AIDS case rate is almost three times the U.S. average and nearly 37% higher than the healthy people 2010 target. Urban Health Plan (UHP) is a multi-site FQHC network that has been a leader in embracing health information technology and implementing innovative programs to improve quality of care and patient health outcomes. Many providers will find it challenging to adopt the 2010 NYS HIV testing legislation and implement routine HIV testing into their practices. Utilizing the Institute for

Healthcare Improvement (IHI) Learning Model, the Care Model and The Model for Improvement (PDSA: Plan, Do, Study, Act rapid improvement cycles), UHP received a grant from Gilead Sciences to implement an internal multi-site interdisciplinary team learning collaborative driven by the effective use of health information technology across its FQHCs to guide the implementation of the 2010 NYS HIV testing legislation. Attendees will learn a strategy for successfully implementing routine HIV testing across all sites. This strategy will include how to: 1) form an Expert Panel to engage in program planning for implementation of routine HIV testing, and set up a multi-site Learning Collaborative; 2) deploy a training program across all sites, and monitor the results through a provider data feedback system; and 3) standardize routine HIV testing across all sites through the development of policies and decision support tools in the EMR.

3. INTEGRATED HIV TESTING AS ELECTIVE STRATEGY FOR ACCESS AND RETENTION IN QUALITY HIV CARE

Luis Freddy Molano, MD, Vice President, HIV Programs and Services, Community Healthcare Network

Dorothy Farley, LCW-R, Vice President of Social Services & Mental Health, Community Healthcare Network

Community Healthcare Network’s approach to HIV testing and integration of quality HIV care enabled providers to achieve an outstanding 90% acceptance rate. This presentation highlights the successes and the challenges encountered when implementing universal HIV testing initiatives into primary care settings. The presentation also pinpoints how to promote access and retention in care utilizing HIV testing as a port of entry through a team approach that integrates case finding activities, enrollment in HIV programs and services, and health education tools.

FINANCE & OPERATIONS/POLICY

NEW YORK STATE OFFICE OF THE MEDICAID INSPECTOR GENERAL (NYOMIG) UPDATE & COMPLIANCE EFFECTIVENESS REVIEW PROCESS

Mark Hennessey, Assistant Medicaid Inspector General for Intergovernmental Affairs, NYOMIG

Matt Babcock, Assistant Medicaid Inspector General—Compliance, NYOMIG

In this session, NYOMIG will provide an overview to ensure that providers understand the latest developments in the federal Affordable Care Act and components of ongoing effectiveness reviews. This session will also provide information on the most current online tools and the opportunity to discuss questions you may have on New York State’s mandatory Compliance obligations.

CLINICAL

DELIVERING A COMPREHENSIVE HEPATITIS C TREATMENT PROGRAM

I. HEPATITIS C TREATMENT IN THE PRIMARY CARE SETTING

Yvette Walker, MD, MPH, Senior Vice President/Chief Medical Officer, Morris Heights Health Center

Julius Nwosu, PA-C, Morris Heights Health Center

Azebe Etsubneh, Special Projects Coordinator, Morris Heights Health Center

This session will discuss Morris Heights Health Center’s comprehensive approach to developing a robust Hepatitis C clinic in the Bronx. Participants will be guided through the clinic’s initial assessment and need for a Hepatitis C clinic in the community served. This will include: required training for providers; development of data tracking tools; and subsequent creation of a comprehensive and reportable electronic Hepatitis C template. The session will report on data collection processes to assist providers in managing long term treatment of eligible Hepatitis C patients. Additionally, the development and implementation of Hepatitis C group sessions led by a provider, chronic disease coordinator, and social worker will be reviewed. Evidence based guidelines will also be discussed, in addition to their inclusion in an electronic medical record to streamline clinical processes. Development and selection of a strong support staff to manage treatment of patients will be discussed at length, as it was critical to the success of the program.

Objectives:

1. Learn how to assess patients at risk for Hepatitis C;
2. Learn the necessary skills needed to set up a Hepatitis C clinic; and
3. Be able to determine the needed personnel and systems for a Hepatitis C clinic.

2. COMPREHENSIVE HEPATITIS C TREATMENT IN THE URBAN PRIMARY CARE SETTING
Mary Angerame, Family Nurse Practitioner, Clinical Coordinator of Hepatitis C Program, Anthony L. Jordan Health Center
Steve Sawicki, Prevention and Primary Care Program Director, Anthony L. Jordan Health Center

This session will describe Hepatitis C infection risk and screening strategies. It will describe how the epidemiology of the area, using data from the center’s opioid dependence program, has driven testing practices. The presenters will describe a comprehensive, nurse-driven screening program, including plans to incorporate the newly approved rapid test. The presenters will also describe a team approach to identifying treatment candidates, preparing and entering them into care and monitoring them throughout treatment. This session will utilize a case study demonstrating a multidisciplinary approach to treatment, including medical, nursing, psychological, educational and peer personnel to deliver highly efficient comprehensive Hepatitis C care.

Objectives:

1. Discuss the epidemiology of Hepatitis C in general and special populations and how it can affect testing decisions;
2. Identify risks for Hepatitis C and how risk assessment can be incorporated into a busy primary care setting;
3. Describe one method for case follow up and referral into care; and
4. Describe how Hepatitis C may be managed in the primary care setting leveraging the expertise of multiple team members.

CLINICAL/ORAL HEALTH /HIT **INTEGRATING EMR TO IMPROVE DIAGNOSIS AND TREATMENT FOR DENTAL HEALTH SERVICES**

Gregory Taddeo, DDS, Dental Director, Community Healthcare Network

With your unique needs as a dentist, it's important to select an electronic medical record (EMR) that is customized to your specialty. Many health centers are facing the dilemma of trying to configure the limited dental component of their EMR or purchasing dental software that can interface with their EMR. This session will address workflow management, meaningful use, image management, custom note templates and coding assistance, which will demonstrate how you can improve your revenue, but more importantly improve patient outcomes.

EMERGENCY PREPAREDNESS

BEYOND INFECTIOUS DISEASE: THE ROLE OF COMMUNITY HEALTH CENTERS IN COORDINATED EMERGENCY RESPONSE

*Matthew Ziemer, MPA, Emergency Preparedness Program Manager, CHCANYS
 George T. Loo, MPA, DrPH, Project Manager, Healthcare Preparedness Program, Office of Public Health, Office of Health Emergency Preparedness, New York State Department of Health*

Jean Paul Roggiero, MPA, CEM, Senior Program Manager, Emergency Preparedness Program, Primary Care Development Corporation

Recent events have shown that community health centers (CHCs) play a role in emergency response beyond vaccine distribution. Whether it is preparing for a hurricane or recovering from floods, CHCs can and do play an important role in preparedness, response, and recovery. This workshop will focus on the appropriate role of the community health center in emergency management at the community, local, and statewide level. Speakers will discuss CHC activities with regard to recent disasters and how we can work together in the future to create a more comprehensive and collaborative emergency management structure that is beneficial for the CHC and the community it serves.

BOARD OF DIRECTORS BREAKFAST

TUESDAY: 7:45–9:00 AM

EHR FOR BOARD MEMBERS

Facilitators:

Sandy Worden, Executive Director, Health Center Network of New York

Lisa Perry, Vice President, Statewide Health IT, CHCANYS

This informal breakfast meeting will include a brief presentation of the role of HIT in the many emerging initiatives affecting your health center today. Topics will include: Meaningful Use; Patient-Centered Medical Home; Health Home; and Health Information Exchange. There will be an opportunity for group discussion and Q&A.

TUESDAY MORNING WORKSHOPS 11:00 AM–12:30 PM

WORKFORCE

THE ROLE/POSITION OF THE COMMUNITY HEALTH WORKER IN THE FEDERALLY QUALIFIED HEALTH CENTER

Moderator: *Bill Stackhouse, PhD, Director of Workforce Development, CHCANYS*

1. COMMUNITY HEALTH WORKERS IN HEALTH REFORM INNOVATIONS

Sergio Matos, CHW, Executive Director, Community Health Worker Network of New York City

April Hicks, Director, Community Health Worker Initiative of New York State

Sally Findley, Professor, Columbia University Mailman School of Public Health

Community Health Workers (CHWs) help increase access to health care services, reduce health care costs, and improve health outcomes. Recent national campaigns spearheaded by the Community Health Worker Network of New York City and the CHW Section of the American Public Health Association (APHA), and regulations drafted by the U.S. Department of Labor, have provided a national CHW definition and recognition of CHW as a unique standard occupation classification (SOC 21-1094). Despite this national progress and mounting evidence of the cost-effectiveness of CHWs, and the promise of this workforce's ability to move the nation into more effective and efficient healthcare, there is much confusion about who a CHW is, what a CHW does, or what criteria might be used to qualify CHWs for statewide certification and sustainable financing. This session will consider ongoing efforts to advance the CHW workforce in New York State, including developments in establishing the CHW identity and scope of practice, emerging business case for CHW services and reporting on documented CHW outcomes. Lastly, the session will consider ways of integrating CHWs into emerging health reform innovations.

2. THE ROLE OF THE PATIENT ADVOCATE

Daren Wu, MD, Chief Medical Officer, Open Door Family Medical Centers

Taking care of a panel of patients is becoming increasingly complex. In the context of a Medical Home, coordinating both preventive and chronic disease care in a manner that is cost-effective and that improves patient safety and quality requires that physicians think out of the box. It is no longer feasible for individual physicians and their direct clinical support staff to manage all the needs of patients, and to realistically attend to all the administrative demands associated with such care. This workshop will outline the role of community health workers or, in the case of Open Door, Patient Advocates, as members of an expanded team-based model of care. Using Community Health Workers is one such strategy in the overall goal of providing excellent, cost-effective care.

3. COMMUNITY HEALTH WORKERS—SCOPE AND IMPACT

Debbie Lester, LMSW, Director, Institute for the Advancement of Community Health, Urban Health Plan

In this presentation, Urban Health Plan (UHP) will highlight the crucial role community health workers play in bridging the gap between the patient's home and the community health center. The presentation will outline the role of the community health worker, scope of practice, qualifications, skill set, training and supervision. UHP will highlight the impact of Community Health Worker services in regard to fulfilling National Committee for Quality Assurance patient-centered medical home certification and health home requirements.

4. COMMUNITY HEALTHCORPS & THE COMMUNITY HEALTH WORKER

David Davis, AmeriCorps Program Manager, CHCANYS

This presentation will inform participants of the services that the Community HealthCorps Program provides and discuss the similarities in regard to role and function between Community HealthCorps members and CHWs. The presentation will also highlight the impact the Community HealthCorps program has on community health centers and discuss the implications for Community Health Workers.

HIT/CLINICAL/
FINANCE & OPERATIONS

HEALTH HOMES

Moderator: *Lisa Perry, Vice President, Statewide Health IT, CHCANYS*
Karen Westervelt, Special Policy Advisor for Primary Care Development, New York State Department of Health
Lauren J. Tobias, Assistant Division Director, Office of Health Insurance Programs
David Whitlinger, Executive Director, New York eHealth Collaborative (NYeC)

New York State Medicaid health homes are the new frontier for our communities. Offering opportunities to collaborate with other providers in caring for our most complex patients—those with multiple chronic diseases and persistent mental illness—they present many challenges as we seek to find the most cost-effective ways to collaboratively plan and monitor care, exchange health information, cover the costs of care managers and communications, and improve our patients' outcomes.

Come hear a distinguished panel of experts, informed by their positions in New York State's health care system, discuss health homes from differing perspectives. Program development and current status, the role of primary care providers and Regional Health Information Organizations, and the future trajectory of reform in our state are among the topics to be discussed. Brief presentations will be followed by audience questions and answers.

TUESDAY MORNING WORKSHOPS

11:00 AM–12:30 PM continued

DEVELOPMENT & GROWTH

SUSTAINING IMPROVED OUTCOMES—HOW TO MAKE CHANGE STICK

Moderator: *Stefanie Lindeman, Director of Emerging Initiatives, CHCANYS*

Scott Thomas, PhD, Public Health Consultant

Kameron Wells, ND, RN, Vice President of Clinical Affairs, CHCANYS

Kathy Alexis, MPH, CHES, Clinical Quality Initiatives Manager, CHCANYS

Improving services and achieving better outcomes is a major focus among community health centers. However, sustaining those improved outcomes over time is often challenging. Part of that challenge is due to the limited number of models and tools that directly address sustainability. This interactive workshop will cover the various types of sustainability, a new framework for how to sustain improved outcomes, and ways to effectively use the tools available in *Sustaining Improved Outcomes: A Toolkit* (www.sustainingoutcomes.com). This session will appeal to a broad range of health center leaders and staff, including Chief Executive Officers, Chief Operating Officers, Medical Directors and Development Directors.

CLINICAL

PROACTIVE FAMILY PLANNING IN THE PATIENT-CENTERED MEDICAL HOME

Erin Hendricks, MD, Falencki Fellow in Reproductive Health and Advocacy, Institute for Family Health

Linda Prine, MD, Director of Women's Health, Institute for Family Health and Medical Director, Reproductive Health Access Project

Using a case-based format, the presenters will explore controversial areas in contraceptive practice and commonly held myths surrounding IUDs, including risk for pelvic inflammatory disease (PID) and ectopic pregnancy. Each case illustrates a traditional contraceptive practice pattern that can be improved by applying current evidence. The cases also provide examples of situations in which certain methods may be started promptly, but other methods must be delayed. They will describe contraceptive products' efficacy and adherence rates. They will introduce the evidence for advance prescribing of emergency contraception for use when oral contraceptive pills are missed or other methods are started late. Finally, presenters will review the importance of using the medical home model to address unintended pregnancy at every opportunity: e.g., asking high-risk teens about contraceptive needs at all office visits, and addressing mothers' contraception at well baby visits.

Objectives:

1. Evidence-based practice guidelines regarding initiation of contraception in a range of clinical scenarios;
2. Strategies to enhance adherence to contraception;
3. Increased sensitivity to issues surrounding unintended pregnancy;
4. Resources for obtaining low-cost IUDs for their patients;
5. Strategies to address system problems that impede access to contraception; and
6. Resources for teaching evidence-based contraception to learners at their own institutions.

CLINICAL/BEHAVIORAL HEALTH

PROBLEM SOLVING THERAPY (PST): AN EVIDENCE BASED MODEL FOR TREATING DEPRESSION IN PRIMARY CARE

Dorit Margalit, LCSW, Regional Director of Psychosocial Services, Institute for Family Health

Problem Solving Treatment in Primary Care (PST-PC) is an evidence-based treatment for depression that has been shown to be very effective. PST has been demonstrated to work in the treatment of depression with diverse populations and can be provided by behavioral health as well as medical and nursing providers in a community health setting. PST-PC helps patients understand the link between problems and symptoms, re-engage in life and social activities and develop a problem solving strategy. The workshop will also review Behavioral Activation (BA), another evidence-based treatment effective in primary care settings and helpful in the treatment of many chronic illnesses, improving care management outcomes and assisting providers of all disciplines with developing self-management goals with patients. Both PST-PC and BA can help improve outcomes for behavioral health providers in primary care settings as well as expand the utilization of evidence based practices.

CLINICAL/ORAL HEALTH

CONTINUITY OF CARE FOR CHRONIC DISEASE PATIENTS WITHIN THE PATIENT-CENTERED DENTAL HOME

Janet Bozzone, DMD, MPH, FAGD, Director of Dentistry, Open Door Family Medical Centers

Recognition of the oral manifestations of chronic disease are important tools in assessing a patient’s overall wellbeing as they are important indicators of disease progression and may provide a means of assessing the potential status of those at risk. This presentation will cover proper oral health management; recognition of oral complications for people living with chronic diseases; important lab data and infection control concerns; and strategies for effective coordination of care within the patient-centered dental home.

HIT

OPTIMIZING HEALTHCARE DELIVERY THROUGH BUSINESS INTELLIGENCE

Yvette Walker, MD, Senior VP, Chief Medical Officer, Morris Heights Health Center
Edgardo Nieves, Director of IT, Morris Heights Health Center

The presentation will guide participants through Morris Heights Health Center’s comprehensive utilization of its business intelligence (BI) platform that effectively leverages data to improve clinical and operational workflows. The business intelligence system extracts information from the center’s electronic medical records, practice management system, VoIP system, accounting software system and other disparate data sources to create comprehensive, standardized enterprise level reports. This workshop will describe how BI has resulted in a more data driven organization and how it has improved the quality of patient care.

TUESDAY MORNING WORKSHOPS

11:00 AM–12:30 PM continued

Objectives:

1. Understand the importance of utilizing business intelligence to improve care;
2. Describe standardized reports to track clinical, operational and/or financial indicators; and
3. Understand the benefits and/or challenges with implementing business intelligence and interfacing existing EMR systems.

TUESDAY AFTERNOON WORKSHOPS

1:45–3:00 PM

CLINICAL

SUBSTANCE USE DISORDER (SUD) SERVICES AND THE INTEGRATION OF OPIOID DEPENDENCE TREATMENT

I. INTEGRATION OF SUBSTANCE USE DISORDER (SUD) SERVICES WITH PRIMARY HEALTHCARE DELIVERED BY COMMUNITY HEALTHCARE CENTERS

Pamela Mattel, LCSW, CASAC, Chief Operating Officer, Basics Promesa

Federal healthcare reform, federal parity legislation, and state Medicaid reform, coupled with federal and state budget shortfalls, necessitate the meaningful integration of health and behavioral health services to reduce unnecessary hospitalizations, decrease costs, and improve health outcomes. The integration of Substance Use Disorder (SUD) services within primary health care offered by Community Health Centers is critical to ensure that individuals have increased access to appropriate, quality care for a range of physical and behavioral health needs. This workshop will focus on how SUD service providers and CHCs can leverage opportunities to work together and deliver patient-centered, coordinated, outcomes-driven, cost-effective care. A review of the federal and state landscape influencing healthcare systems change will be provided. Emphasis will be placed on why behavioral health is critical to the success of healthcare systems transformation and the ways CHCs and SUD providers can work together to achieve that success.

Objectives:

1. Gain an understanding of the environmental factors that are influencing a shift towards integrated, coordinated care and the specific roles of SUD and CHC service providers; and
2. Gain an understanding of how SUD and CHC service providers can better coordinate services to reach the goals of improved patient care, improved health outcomes, lower healthcare costs and reduced preventable hospitalizations.

2. BEST PRACTICES IN OPIOID DEPENDENCE TREATMENT

Linda Clark, MD, MS, Medical Director, Anthony L. Jordan Health Center

Alana Ramos, BA, Suboxone Clinic Manager, Anthony L. Jordan Health Center

The key to successful treatment of opioid-dependence is a structured program. Anthony L. Jordan Health Center has been very successful in growing its program using a dedicated clinic manager who screens potential patients, follows them through their treatment, contacts mental health professionals, and coordinates unannounced pill counts/drug screens. This workshop will describe the program and share forms and authorizations that were adopted or developed.

Objectives:

1. Understand the epidemiology of opioid addiction;
2. Describe DATA 2000 and how physicians meet qualification to treat;
3. Describe the mechanism of buprenorphine; and
4. Describe a model for treatment within the primary care setting.

**FINANCE & OPERATIONS/
 DEVELOPMENT &
 GROWTH**

EXPANDING PRIMARY CARE—CHCANYS, PCDC & A PANEL OF COMMUNITY HEALTH CENTERS

Moderator *Elizabeth H. Swain, Chief Executive Officer, CHCANYS*

Tom Manning, MBA, Director, Capital Financing, Primary Care Development Corporation (PCDC)

Anne Nolon, Chief Executive Officer, Hudson River HealthCare

Neil Calman, Chief Executive Officer, Institute for Family Health

Peter Nelson, Chief Executive Officer, Joseph P. Addabbo Family Health Center

A number of health care institutions may close or downsize in the coming years, putting the primary care they deliver at risk. As New York promotes the restructuring of the health care landscape, there are opportunities for stronger health centers that are more efficient and sustainable to take over weak and failing clinics and hospital outpatient departments to preserve and expand primary care. Yet there are significant challenges, including a cumbersome Certificate of Need process, unanticipated costs, and payment delays.

Each of the three health center panelists successfully acquired primary care capacity that was threatened with closure. PCDC assisted in three such acquisitions and conducted analyses of the merger and acquisition process in New York State. Each will discuss the challenges and lessons learned from their experiences and recommend changes that could lead to a more effective acquisition process.

Objectives

1. Identify best practices for acquiring primary care capacity;
2. Identify challenges and barriers that prevent such acquisitions; and
3. Recommend steps that can be taken, including policy changes, to facilitate successful acquisitions.

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that elected officials
understand the
fundamental role of
community health
centers in providing
high quality health
care to New York's
most vulnerable
residents.



**Together
we stand strong.**

MONDAY, MARCH 5, 2012