



Turning the VISION into REALITY:

**GROWING AND STRENGTHENING
COMMUNITY HEALTH CENTERS
IN NEW YORK STATE**

CLINICAL FORUM & STATEWIDE CONFERENCE

OCTOBER 3 – 5, 2010 THE DESMOND HOTEL • ALBANY, NY

WORKSHOP DESCRIPTIONS

SUNDAY, OCTOBER 3RD

11:00 a.m. – 5:30 p.m.

Registration

1:30 – 3:00 p.m.

Board Accountability

Daniel T. Dey, MBA, FACHE, CEO – Northern Oswego County Health Services

Community health center board members are guided through an accountability matrix that focuses on ensuring that they are meeting their oversight requirements. The accountability matrix identifies key sources and methods for the Board in familiarizing themselves and ensuring compliance with their FQHC oversight responsibilities. The matrix will include practical tools that cover governance, leadership and staff.

1:30 – 3:00 p.m.

Coding Mega Session Part I: Coding for Clinicians in 2011

Shawn R. Hafer, CCS-P, CPC, Senior Consultant and Co-owner – Brown Consulting

This session is part one of two essential sessions on coding for finance, operations and all staff involved in ensuring proper coding. The topics covered include:

- What Is Special About an FQHC?
- Diagnosis Coding Represents Your Patient Acuity
- CPT Visit and Procedure Coding Represents Your Work
- Two Techniques for Choosing Your Visit Level
- Coding Wellness and/or Illness Services
- Coding Minor Surgery
- ICD-9 – CMI Issues Today; ICD-10 is Coming

1:30 – 3:00 p.m.

Tales from the Trenches: A Community Health Center Network Moves Beyond EHR Implementation to Data Aggregation and Quality Improvement Transformation

Michele Hannagan, MS, FNP – Director of Clinical Operations Westside Health Services, HCNNY Clinical Co-Chair

Pam Ferrari, RN, Director of Performance Improvement and Clinical Knowledge Support – Open Door Family Medical Centers

Sandy Worden – Project Manager, Health Care Network of New York – HCNNY/CHCANYS

WORKSHOP DESCRIPTIONS

Implementing electronic medical records is only the first step, albeit a long one, to reaching the goal of improving the safety, efficiency and quality of care we provide to our patients. This session will touch on the value of initial implementation guided by a structured group of peers and dedicated staff in a health center controlled network environment, and will focus on the ongoing efforts of the clinical committee to achieve these goals.

Quality improvement must begin with an understanding of the quality you currently provide. Aggressive outcome measurement and benchmarking provides the foundation for launching improvement initiatives. Presenters will provide an overview of the clinical reporting system and discuss in detail the elements included in the data warehouse and the effort involved in ensuring data integrity. Challenges encountered will be reviewed, as well as typical challenges that were easily overcome and why. A sampling of quality measure benchmarking will be demonstrated real-time and clinicians will discuss how the data is used at the network level as well as within their own centers. Case studies of specific quality initiatives will be presented.

1:30 – 3:00 p.m.

These workshops will focus on behavioral and clinical aspects of child health.

Integrating Early Childhood Mental Health Services in the Primary Health Care Setting: A Model Demonstration Program

Gilbert Foley, EdD, Consulting Clinical Director – NY Center for Child Development (NYCCD)

Evelyn J. Blanck, LCSW, Associate Executive Director – NYCCD

Beth Kastner, PsyD, MPH, Clinical Psychologist – NYCCD

Warria Esmond, MD, Medical Director – Settlement Health

Primary care offers the unparalleled opportunity to address early childhood mental health issues in a non-stigmatizing and universally accessible setting. The presentation will focus on the research and a model for the integration of primary care and mental health services for young children. Objectives: Increase understanding of the impact of early childhood relationships on brain structure and infant mental health, acquire information about the status of infant mental health services in New York State, and gain knowledge about the model demonstration project that integrates infant mental health and primary care. An economic analysis of early identification and intervention will also be discussed.

Family Centered Approach for Promoting Health and Wellness Among Infants and Toddlers

Shamiza Ally, MD, Pediatrician – Urban Health Plan (UHP)

Justine Springer, Fit for Life Program Coordinator – UHP

Urban Health Plan will present its Fit for Life Initiative – an innovative program to address childhood overweight and obesity in children ages 0-3 years old. The program utilizes the Care Model, health literacy approaches, nutrition health educators, special weight check visits, telephone support and a behavioral health specialist. The presentation will highlight the use of EHR to capture data and assure monitoring of outcomes while assuring meaningful use by targeting children and families most at risk for childhood obesity.

WORKSHOP DESCRIPTIONS

1:30 – 4:00 p.m.

Workforce Mega Session – Provider Recruitment and Retention: Planning and Strategies

Captain Steven B. Auerbach, MD, MPH, Medical Epidemiologist – New York Regional Division, Office of Regional Operations, HRSA, DHHS
Carmen Chineza, MD, MPH, Chief Medical Officer – Hudson River HealthCare
Jean Moore, BSN, MSN, Director – Center for Workforce Studies at University of Albany School of Public Health
Sajjadur Rahman, MA, Director of Programs – CHCANYS
Caleb C. Wistar, Associate Director, Primary Care Office – NYSDOH

During the current and future primary care provider shortages, recruitment and retention requires an organized, short and long-term strategy. This workshop will focus on the workforce outlook, building alliances with multiple partners, including medical schools, residency programs, recruitment firms and other providers. It also includes short and long-term planning of current providers as a retention strategy including regular meetings about future plans, flexibility in the work environment, competitive salaries and bonus incentives, leadership opportunities and training on healthcare policy and issues. This session will also include important updates regarding the National Health Service Corps, Doctors Across New York and Community HealthCorps.

3:30 – 5:00 p.m.

Strategic Planning

Daniel T. Dey, MBA, FACHE, CEO – Northern Oswego County Health Services

Utilizing the strengths, weaknesses, opportunities, threats (SWOT) model, this workshop offers a strategy for conducting a strategic planning exercise for the Board and senior staff. Topics include governance, administration/finance and clinical. Guidance will be provided on formulating action plans.

3:30 – 5:00 p.m.

Coding Mega Session Part II: Why Coding and Documentation Matters to Health Centers

Shawn R. Hafer, CCS-P, CPC – Senior consultant and co-owner of Brown Consulting

This session is part two of two essential sessions on coding for finance, operations and all staff involved in ensuring proper coding. The topics covered include:

- Who's Responsible for Coding?
- Coding Folklore in Today's FQHC Environment
- Coding as a Value Indicator
- Examining Clinician Production
- Is Your EMR the Answer to Coding Problems?
- Training and Evaluating Your Coding for Compliance and Profit
- ICD-10: Steps for Preparing

3:30 – 5:00 p.m.

Behavioral Health and Primary Care Integration Models: Communicate, Collaborate, Refer and Reinforce

Lori Rotola, MA, LCAT – Institute for Family Health (IFH)
Joseph DiMaria, MD – IFH

WORKSHOP DESCRIPTIONS

The Institute for Family Health describes a model of integrated care that promotes cross-disciplinary communication between primary care, psycho-social and home visiting services. This collaborative approach promotes both comprehensive care and improved health outcomes. Objectives: How an integrated model can improve patient outcomes and increase compliance with treatment, strategies to increase communication between primary care and psychosocial disciplines.

Bringing Integrative Health and Wellness to the Forefront in a Community Health Center

Elvira Rella, MS, Director of Nutrition – Urban Health Plan, Inc. (UHP)
Mildred Casiano, MSW, LCSW-R, MPH – Director of Social Work, UHP

Urban Health Plan Inc. has had a unique opportunity to be the first pilot project with the Canyon Ranch Institute's Life Enhancement Program (CRI LEP). UHP has translated the Institute's four domains of health, physical, mental, emotional and spiritual, in a way that is culturally and linguistically appropriate to an adult population with chronic illness at UHP's main site in the South Bronx. Patient outcomes measuring BMI, BP, LDL, PHQ-9 (depression score) and HGB A1c (for patients with diabetes) are being evaluated by the University of Arizona's College of Public Health and preliminary analysis indicate improvements in health markers for program participants.

3:30 – 5:00 p.m.

The Joint Commission's Primary Care Home Initiative and Ambulatory Care Accreditation

Lon M. Berkeley, Project Director – Community Health Center Accreditation, The Joint Commission

The Joint Commission is developing a Primary Care Home Initiative that provides enhancements to its Ambulatory Health Care accreditation product for health centers to receive both accreditation and designation as a Primary Care Home. This enables the improvements in quality of care and patient safety achieved through accreditation to be combined with the potential for increased reimbursement. Objectives: understanding the implementation process of this Initiative; recent changes to the National Patient Safety Goals; standards and accreditation decision categories; how The Joint Commission is unified with HRSA/BPHC in statutory requirements; accreditation costs; resources for standards compliance and the on-site survey process; and The Joint Commission's Collaborative Agreement with NYSDOH and the process by which D&TCs can participate in order to waive their routine NYSDOH on-site state survey.

3:30 – 5:00 p.m.

Implementing a Quality Management Program to Improve Quality of Care for Individuals with Complex Needs

Margarita Morales, MS, Quality Management Associate – Harlem United Community AIDS Health Center (HU)
Stephane Howze, MPA, VP of Healthcare Division – HU

Given the complexity of HU's clients' needs, a Primary Care Quality Management (QM) Program has been developed to systematically maintain and improve the

WORKSHOP DESCRIPTIONS

delivery of care and clients' health outcomes by providing a blueprint for the planning, assessment and implementation of quality improvement (QI) activities: reporting structure and leadership; stakeholder participation; performance measurement; goal setting and evaluation.

Improving Quality and Finances in One Shot: The Encounter Reconciliation Project

Linda S. Muller, MS, President and CEO – The Greater Hudson Valley Family Health Center (GHVFHC)

Margaret Calero, Director of Operations – GHVFHC

Alan B. Bernstein, MD, MPH, FAAP, Chief Medical Officer – GHVFHC

In preparing for the implementation of Electronic Health Records and to ensure corporate compliance, the Greater Hudson Valley Family Health Center embarked on a quality improvement (QI) project to ensure that all encounters generated on primary care visits reflected the following:

- the actual services rendered by providers (all ICD 9/CPT codes reflect the actual care given);
- that services reflected on the encounter form are what is represented in the medical record;
- all demographic information is 100% accurate; and,
- relevant signatures are appropriately made in the medical record and on the encounter form.

Staff was assigned to complete a 100% chart audit each day. The first department identified was the Department of Internal Medicine. The second department receiving the audit was Pediatrics and finally the Department of OB/GYN. The chart audits have resulted in reducing the aggregate error rate of > 60% to < 5%. The center is able to chart this error rate by provider and department.

5:00 – 6:30 p.m.

Welcome Reception with Sponsors & Exhibitors *(All Invited)*

MONDAY, OCTOBER 4TH

7:30 a.m. – 5:30 p.m.

Registration

8:00 – 8:45 a.m.

Breakfast

Breakfast Meetings

- Behavioral Health Breakfast
- Health Information Technology (HIT) Breakfast

9:00 – 10:30 a.m.

Fort Orange Ballroom

General Session — Health Care Reform and Delivery System Reform: Opportunities and Challenges

Greetings

- *Jaime Torres, DPM, MS, Regional Director, NY Regional Office for HHS Secretary Kathleen Sebelius*
- *Ronald Moss, MSW, CSW, Regional Administrator, HRSA, Office of Regional Operations*

Overview of Health Care Reform's Impact on the FQHC Delivery System in NYS

- *Paloma Hernandez, Board President, CHCANYS*
- *Elizabeth Swain, CEO, CHCANYS*

WORKSHOP DESCRIPTIONS

Panel to include:

- *Dr. Paul Grundy, Director, IBM Health Care Transformation – to speak on Patient-Centered Medical Home*
- *David Manko, Partner, Rivkin Radler – to speak on Accountable Care Organizations and Community-Based Collaborative Care Networks*

10:30 – 11:00 a.m.

Break

Workshops

11:00 – 12:30 p.m.

Medicaid and Billing Education

Rita Guido, Outreach Supervisor – Computer Sciences Corporation (CSC)
Daniel Washington, Provider Association Outreach Representative – CSC

Representatives from Computer Sciences Corporation will address various hot topics relating to facility and provider enrollment for Medicaid as well as clinic billing. Learn the process to ensure your health center providers are properly enrolled to receive both Rx and Meaningful Use incentive payments; understand the importance of properly reporting your servicing facility address within your claim files; participate in detailed billing discussions relating to ordered ambulatory billing, delay reason codes, service authorizations, and other New York specific billing requirements.

11:00 – 12:30 p.m.

Telehealth

Mary Zelazny, CEO – Finger Lakes Community & Migrant Health (FLCMH)
Sandeep Krishnan, Director of Telehealth – FLCMH

The presenters will discuss how FLCMH and its partners developed a regional telehealth network to increase access for rural communities to specialty healthcare providers. The presentation will cover:

- Challenges in the delivery of care to rural communities and how telehealth can be a bridge;
- Funding opportunities and strategies for telehealth;
- Developing the infrastructure to support a telehealth program;
- The importance of partnering to build a robust program; and,
- Lessons learned and FLCMH's new National Farmworker Telehealth Network and its implications for Migrant Health Centers.

11:00 – 12:30 p.m.

Community Health Center and Academic Medical Center Residency Program Collaborations

Karen Westervelt, Executive Director – Ryan/Chelsea-Clinton Community Health Center (RCCHC), an affiliate of the William F. Ryan Community Health Network
Andrew Gotlin, Medical Director – RCCHC

Residency Program collaborations between community health centers and academic medical centers can be successful. This workshop covers the approaches necessary to ensure the partnership is indeed a successful one for the health center and its patient population. Additionally, we will identify the potential benefits of collaboration (increased revenue, improved access for an expanded patient population, enhanced

WORKSHOP DESCRIPTIONS

clinical capacity, and easier recruitment of qualified physicians). This session will explore the key considerations to determine if collaboration makes sense (i.e., financially, programmatically, legally).

11:00 – 12:30 p.m.

Depression Screening and Treatment: Integrated Primary Care Models

Virna Little, PsyD, LCSW-R, SAP, Vice President for Psychosocial Services/Community Affairs – The Institute for Family Health

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

Natasha Borrero, MPH, Coordinator, Depression Program – Urban Health Plan

IMPACT is a model of care that helps primary care physicians and practices deliver effective treatment for depression in primary care. The IMPACT model is based on the results of years of health services research and has been shown to double the effectiveness of usual care for depression in a large randomized clinical trial. IMPACT improves access to effective depression treatment in primary care without placing undue burden on the health care system or primary care providers and without incurring excessive additional cost.

Urban Health Plan, a Federally Qualified Health Center in the South Bronx and Corona Queens, has developed an integrated model of depression screening and treatment that has been spread to all sites and special populations, including HIV, Hep C, Prenatal, and Geriatric, and is now being piloted for Teens. UHP has achieved NCQA Patient-Centered Medical Home Recognition at Level Three in part because of its focus on quality improvement initiatives such as the depression program and implementation of its EHR incorporating meaningful use of the data maximizing care coordination aspects. UHP will highlight how the depression program and the EHR align with achievement of medical home certification, and allow for successful integration of depression screening and treatment even when faced with limited behavioral health resources.

11:00 – 12:30 p.m.

Incorporating Patient Self Management Goals in the Office Visit

Peggy Turner, RN, CDE – Family Health Network of Central New York (FHNCNY)

Tricia Lyman, Collaborative Coordinator – FHNCNY

The purpose of self-management goal setting is to aid and inspire patients to become informed about their conditions and take an active role in their treatment. Many patients do not understand what their doctors have told them and do not participate in decisions about their care, which leaves them ill-prepared to make daily decisions and take actions that lead to good management. Others are not even aware that taking an active role in managing their condition can have a big impact on how they feel and what they are able to do. Enabling patients to make good choices and sustain healthy behaviors requires a collaborative relationship, a new health partnership between health care providers and teams, and patients and their families; a partnership that supports patients in building the skills and confidence they need to lead active and fulfilling lives. Objectives: access the resources to create a self management goal sheet and action form; and use self management goals setting as a forum for teaching nurses, medical students, and residents.

WORKSHOP DESCRIPTIONS

11:00 – 12:30 p.m.

Facility Development – Evaluating and Harnessing Opportunities

Moderator: Nancy Lager, MSUP, MPH, Director of Project Planning – Primary Care Development Corporation

Trip Shannon, Chief Development Officer – Hudson Headwaters Health Network

Linda S. Muller, MS, President and CEO – The Greater Hudson Valley Family Health Center

Jon Denham, MPA, BSE, Principal – Denham Wolf Real Estate Services

How health centers evaluate opportunities and harness the most promising ones is vital to successful project development. Health Center panelists will share their experiences in considering the upsides and downsides of: (1) Community Collaboration in Project Development & Funding (Hudson Headwaters Health Network); and (2) The Use of Design to Promote Operating & Clinical Delivery Process Improvements (Greater Hudson Valley). In addition, a Project Management panelist will discuss generally how to plan for and manage risks and resources associated with real estate development opportunities. This session is the first of three sessions being offered on key aspects of successful facility development projects.

12:30 – 2:00 p.m.

Awards Lunch

Workshops

2:15 – 3:45 p.m.

Patient-Centered Medical Home & Meaningful Use Mega Session

Achieving PCMH & MU: Why It's Worth It?

Arlene Lozano Garcia, MIA, CPEHR, Senior Program Manager – Primary Care Development Corporation (PCDC)

Deborah Johnson Ingram, Senior Program Manager – PCDC

Jacqueline Delmont, MD, CEO, CMO – Primary Healthcare Plus

Initiatives such as the Centers for Medicare & Medicaid Services (CMS) Meaningful Use EHR Incentive Program and the National Committee on Quality Assurance (NCQA) Physician Practice Connections®-Patient-Centered Medical Home™ (PPC®-PCMH™) will provide form and substance in identifying quality health care as it relates to clinical and administrative performance measures. The financial incentives of these programs can have a significant impact on health centers' revenue.

Unfortunately, mapping out a plan to meet the PCMH and MU standards may expose the need to modify current practice level work processes, (which may include EHR system upgrades, workflow redesign and staff retraining) in order to achieve program standards. Those somewhat drastic modifications can result in a disillusioned team charged to perform a task that is overwhelming due to lack of resources and capacity. However the effort that it takes to transform your facilities in achieving these standards may yield immeasurable value, exceeding the immediate financial windfall in ways a health center may benefit from far into the future.

Opening with a brief background on PCMH and MU, this presentation will focus on the value (both non-monetary and monetary) of achieving these standards and the real-life experiences of providers who have received PCMH recognition.

WORKSHOP DESCRIPTIONS

A Practical Approach to Achieving Medical Home and Meaningful Use: The Process of Putting Principles into Practice

Adele Pereira, MPH, Program Manager – PCDC

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

Now that you know the “what” and the “why” of Patient-Centered Medical Home and Meaningful Use, this session will provide a practical, achievable roadmap for the “how” and the “when.” Based on their experiences running a PCMH-MU Learning Collaborative for 12 community health centers, the presenters will present educational materials, tools and methods for engaging your Board, staff, and patients, assessing your center’s needs and priorities, developing a customized work plan, and beginning the work. You will learn how to “Measure Twice, Cut Once” — to leverage your efforts to achieve both designations, as a Patient-Centered Medical Home and a Meaningful User of Health IT, as efficiently as possible.

2:15 – 3:45 p.m.

Managing Risk in a New Payment World

Adam J. Falk, Partner – Feldesman Tucker Leifer Fidell LLP, Health Care Law & Corporate & Business Law Practice Groups

This workshop will provide a review of the current risk management needs of community health centers and their boards, as well as the role of the FTCA. It will also cover the elements of transition to new risk management parameters for new models of care from Medical Homes to Accountable Care Organizations, including implications for liability and coverage needs.

2:15 – 3:45 p.m.

Adopting Best Practices in Diabetes Care

Kathy Alexis, Quality Improvement Manager, Clinical Programs – CHCANYS

Cynthia Nassivera-Cordes, Vice President of Medical Support – Hudson Headwaters Health Network

Tracy V. Mills, MPP, Coordinator of Program Development, Diabetes Prevention and Control Program, Bureau of Community Chronic Disease Prevention – NYSDOH

Caring for nearly 10% of the state’s diabetes patients, community health centers experienced a 93% increase in those patients from 2000 to 2007. According to data from the 2008 Uniform Data System, 19% of all health center patient visits were for diabetes care. The New York State Health Foundation launched a five-year, \$35 million campaign to reverse the diabetes epidemic in New York State — the New York State Diabetes Campaign — and selected CHCANYS as its first clinical partner. The goal of this partnership is to improve diabetes care in New York’s federally qualified community health centers (CHCs) and mobilize communities. CHCANYS has assisted health centers statewide to submit for The National Committee for Quality Assurance (NCQA) Diabetes Recognition Program (DRP) or the Bridges to Excellence (BTE) Diabetes Care Link program (DCL) — voluntary programs for practices to receive national recognition for delivering quality diabetes care. Recognized health centers enjoy benefits such as being distinguished as leaders in the community of practice and leveraging NCQA DRP data abstraction efforts for incentives such as that received through the Primary Care Medical Home (PCMH) Recognition. This workshop will offer participants insight about the Campaign.

WORKSHOP DESCRIPTIONS

2:15 – 3:45 p.m.

New York State Certificate of Need (CON): Review and Tips for Strategic Growth

Thomas M. Jung, RA, Director of the Division of Health Facility Planning – NYSDOH
Christopher Delker, Health Program Administrator – NYSDOH
Karen Madden, Director, Office of Rural Health – NYSDOH

The federal Patient Protection and Affordable Care Act presents health centers with an historic opportunity for growth. It includes \$11 billion in expansion funds for the FQHC program over the next five years. HRSA currently has a \$250 million RFP out for New Access Points (NAPs) and will soon release an RFP for Expanded Medical Capacity (EMC) grants, with these opportunities available to both existing grantees and brand new grantees. In New York State, this funding will expand the number of patients seen in community health centers from 1.4 million to 3 million by 2015.

This unprecedented opportunity for expansion in the primary care safety net will clearly mean an increase in CON applications. This session will review the CON process and is the second of three sessions being offered on key aspects of successful facility development projects.

3:45 – 4:00 p.m.

Break

Workshops

4:00 – 5:30 p.m.

Positioning Your Health Center in the Era of Health Care Reform

Libby Post, Communications Director – CHCANYS
Ivy Fairchild, Chief Development and Communications Officer – Urban Health Plan
Meredith Rutherford, Director of Marketing and Development – Anthony L. Jordan Health Center
Neal Gorman, Vice President, Public Relations – Lutheran HealthCare
Marcia Clark, Public Relations/Marketing Consultant – Open Door Family Medical Centers

As we plan to substantially increase the number of patients served by health centers in New York State, it is also important to make sure you have the tools you need to reach your potential new patients. This panel discussion will feature a number of health centers that have effectively marketed using traditional as well as new media (social marketing) and give you the ideas and resources you need to be ready for growth.

4:00 – 5:30 p.m.

Patient-Centered Medical Home & Meaningful Use Mega Session

Patient-Centered? Says Who? The Experience of Collecting and Measuring Patient Experience Feedback

Peter Cucchiara BSMIS, MBA, Director – Primary Care Development Corporation
Mark Dumoff, CEO – DocInsight
Paul Kaye MD, Executive Vice President for Practice Transformation – Hudson River Community Health
Frank Maselli, MD – PCIP Advisory Council

Patients across the nation want to be heard and while the payers, providers and other voices have weighed in, the discussion and the PCMH and MU agendas can only proceed by including the patient.

WORKSHOP DESCRIPTIONS

Patient Experience constitutes a principle central to both Medical Home and Meaningful Use. PCMH recognition and MU certification include patient experience elements. In a combination of presentations, demonstration and discussions, a panel composed of software developers, physicians and process improvement experts will present background, recent developments and various approaches to constructing and delivering patient experience surveys, and analyzing and reporting the data.

4:00 – 5:30 p.m.

Developing, Implementing and Maintaining a Successful Health Care Plan

Kameron L. Wells, ND, RN, Vice President of Clinical Quality Initiatives – CHCANYS and Panel of Health Centers

This workshop will review the necessary components for creating and/or revising a successful Health Care Plan (HCP). Those components include strategic objectives, core health indicators, outcome measures, program evaluation, and a process for continuous improvement that will assess progress on the overarching goals of the proposed two year New Access Point (NAP) project period. Focus will be on documentation and demonstration of time-framed and realistic goals that are responsive to the unique health needs within your service area. These clinical performance measures goals work towards improving quality of care and health outcomes and eliminating health disparities in the areas of diabetes, cardiovascular disease, cancer, prenatal and perinatal health, pediatric health, and behavioral and oral health. This workshop will also highlight how these measures serve as ongoing monitoring and evaluation tools of success for health center program grantees and HRSA. Objectives: Discuss tools to strengthen an organization's ongoing quality improvement/quality assurance (QI/QA) plan; and understand how HCPs will be scored by Objective Review Committee (ORC) for NAP applications.

6:00 – 7:30 p.m.

Reception (*All Invited*)

TUESDAY, OCTOBER 5TH

7:30 a.m. – 5:30 p.m.

Registration

8:00 – 8:45 a.m.

Breakfast

9:00 – 10:30 a.m.

General Session — Health Care Reform and Expanding the Safety Net

Remarks

- *Paloma Hernandez, President, Board of Directors – CHCANYS*
- *Elizabeth H. Swain, Chief Executive Officer – CHCANYS*

Speakers

- *James R. Knickman, PhD, President & Chief Executive Officer – New York State Health Foundation*
- *Rebecca Spitzgo, Associate HRSA Administrator – Bureau of Clinical Recruitment*
- *James J. Figge, MD, MBA, Medical Director – New York State Department of Health, Office of Health Insurance Programs*

10:30 – 11:00 a.m.

Break

WORKSHOP DESCRIPTIONS

Workshops

11:00 – 12:30 p.m.

Developing a Strong New Access Point Application

Moderator: Suzanne Rossel, Consultant

Kameron L. Wells, ND, Vice President, Clinical Quality Initiatives – CHCANYS
Matthew Ziemer, MPA, Emergency Preparedness Program Manager – CHCANYS
Stefanie Lindeman, Manager of Emerging Initiatives – CHCANYS
Scott Morgan, Director, Healthcare Services Group – McGladrey, Inc.
Robert Martiniano, MPA, MPH, Project Director – Center for Health Workforce Studies, University at Albany

A successful application for New Access Point (NAP) funding will include the following elements: reliable need-assessment data; strong and well thought out health care and business plans; demonstrated compliance with HRSA emergency preparedness standards; and, evidence that the project is supported by and includes collaboration with other providers and stakeholders. The panel will be made up of experts who will answer your questions about each of these key elements.

11:00 – 12:30 p.m.

Heart Health Part I: Measuring Blood Pressure Accurately

Carol D. Gold, ANP, MS, CDE, Director of Health Disparities Collaborative – Hudson River HealthCare

On a national level, health centers, agencies and organizations are examining the accuracy of blood pressure measurement. The risk of inaccurate blood pressure measurement has the potential for harm, including under or over treating patients. During this workshop, participants will learn about how health centers can create or work towards an organizational policy to ensure blood pressure accuracy, the key components needed for accurate blood pressure monitoring and developing staff training and competency.

11:00 – 12:30 p.m.

A Place to Call Home: Integrating HIV Testing in Primary Care Setting

Sophia McIntyre, MD, MPH, Associate Medical Director – Hudson River Health Care

Hudson River Health Care Incorporated has been awarded the designation of a medical home for over 65,000 patients in the Hudson Valley and Long Island with over 250,000 encounters a year. The center is meeting the challenges of providing comprehensive quality care specifically with incorporation of integrating HIV testing in primary setting.

Steps to implementation of integrated HIV screening can be readily done in a systematic method with great success. The systematic approach to implementation is to: (1) educate staff on importance of testing; (2) train staff in testing technique; (3) implement procedure for testing; (4) establish referral mechanism for individuals with positive results; (5) coordinate care of HIV positive patients; and, communicate to primary care providers and HIV specialists consistently.

Preventive Comprehensive Risk Counseling and Retention in Care

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

WORKSHOP DESCRIPTIONS

Community Healthcare Network saw a significant number of clients coming for testing of STIs and HIV. Many of them were diagnosed with co-infection for chlamydia, gonorrhea, syphilis and/or HIV. The main risk factor was unprotected sexual intercourse. CHN implemented a CRCS (Comprehensive Risk Counseling Services) aimed at identifying, diminishing risk, and enrolling clients in care during an 8 session cycle. All clients were enrolled in health services, appointment reminders were done through texting, calls and home visits. Clinical outcomes improved, and retention in care improved for those who were negative and patients who were co-infected. Objectives: Understand techniques to discuss high risk behavior in an open forum to help other participants on their own self-assessment and learn about an effective model for continuum of care after completion of an intervention cycle.

11:00 – 12:30 p.m.

The Practice Management Evolution: Now that You've Implemented, How do You Keep up?

Anita Wilenkin, MA, MPH, Chief Operating Officer – Open Door Family Medical Center

Judy Tidridge, Implementation Specialist/Trainer – Health Care Network of New York (HCNNY)/CHCANYS

Sandy Worden, Project Manager – HCNNY/CHCANYS

Your clinicians are suddenly billers, the regulatory agencies are working overtime, and incentive funds are beginning to blossom – How do you keep up?

Electronic medical records and their practice management systems should remain dynamic in order to keep current with changes in the health care field. The challenge is that now that you have devoted time to implementing the system and initially training the staff on its use, how do you develop training models to create advanced users of the system? For management staff, staying abreast of all the state, regional and national regulations and initiatives is critical to shaping the workflow for ongoing staff training as well as compliance and revenue maximization.

11:00 – 12:30 p.m.

Meeting the Emergency Preparedness Requirements for HRSA and The Joint Commission

Mary Lou Caprara, Emergency Program Coordinator – CHCANYS

Mario Gonzalez, MPA, EMT, Emergency Program Coordinator – CHCANYS

This presentation will review all 2010 HRSA and Joint Commission Emergency Management Standards and Elements of Performance. The session covers the rationale and insights into each standard and how health centers can incorporate the elements into a compliant emergency management program.

11:00 – 12:30 p.m.

The Health Center Growth Imperative: The Owner's Role in Facility Development

Moderator: Beverly Grossman, MSW, Assistant Director of Government Affairs – CHCANYS

Allison Coleman, MBA, Chief Executive Officer – Capital Link

Tom Manning, MBA, Director of Capital Access – Primary Care Development Corporation (PCDC)

Amber Randolph, Masters of Urban Planning, Project Finance Manager – PCDC

WORKSHOP DESCRIPTIONS

Health centers lead the way in providing access to primary and preventive care to communities that lack access. One component of this growth agenda is planning for new and expanded facilities. Health center leaders who are most successful in undertaking capital projects have a keen understanding of their oversight and decision-making responsibilities and of what can be delegated to the staff and consultants they have engaged to assist in getting the project done. Staff from Capital Link and the Primary Care Development Corporation (PCDC) will help attendees become such a leader. More specifically:

- Capital Link staff will illustrate how New York State's community health centers, in collaboration with CHCANYS, are aligning to meet the need to expand access to care. Staff will present the results from the initial cohort of centers that are preparing to move forward with new access point expansions. As a follow on to identifying the need to expand, Capital Link staff will also introduce the capital development process and discuss how owners can navigate and often accelerate this process.
- PCDC staff will address: (1) the decisions required and the responsibilities of the owner at each stage of project development; (2) the role of consultants and what they can and cannot do for you; (3) how to set expectations for development team members; and, (4) how to monitor project progress and deal with roadblocks.

This session is the third of three sessions being offered on key aspects of successful facility development projects.

11:00 – 12:30 p.m.

Recap of the Legislative Session and What to Expect in the Year Ahead

JoAnn Smith, Senior, Advisor Government & Regulatory Healthcare Industry – Manatt, Phelps & Phillips, LLP (MP&P)

Melinda Dutton, Partner, Healthcare Industry – MP&P

This session will provide an overview of action on budgetary and legislative changes resulting from the most recent New York State legislative session; brief health center leaders on the changing political climate; and discuss potential implications and strategies for promoting health center priorities in the year ahead.

12:30 – 1:45 p.m.

Networking Lunch

Clinical QI Lunch Seminar & Meet/Greet with Kameron L. Wells, ND, Vice President, Clinical Quality Initiatives – CHCANYS

Workshops

2:00 – 4:00 p.m.

Heart Health Part II: In-House CLIA Waived Point-of-Care Diagnostic Testing

Ann Hinson, MP (ASCP), Genesis Coordinator of Counseling and Testing – Hudson River HealthCare, Inc.

On a national level, health centers, agencies and organizations are examining the accuracy of Low-density Lipoprotein (LDL) Point-of-Care Testing (POCT). The risk of inaccurate LDL POCT has the potential for harm, including under or over treating patients. During this workshop, participants will learn about in-house Clinical Laboratory Improvement Amendments (CLIA) waived point-of-care diagnostic testing, what to consider before introducing/offering a waived test system and The Joint Commission accreditation for waived testing requirements.

WORKSHOP DESCRIPTIONS

2:00 – 4:00 p.m.

Reimbursement Task Force Update & Health Center Reimbursement

*Moderator: Karen Westervelt, Chair – CHCANYS Reimbursement Task Force and Executive Director, Ryan/Chelsea-Clinton Community Health Center
Peter Epp, Managing Director – McGladrey, Inc.*

This session will provide an update of CHCANYS Reimbursement Task Force and its critical work on behalf of health centers. Peter Epp, Managing Director, McGladrey, Inc. also brings his unparalleled knowledge and experience of health center reimbursement issues to the CHCANYS annual conference. Learn about recent developments and future prospects regarding health center billing and reimbursement. This is an overview of today's New York State health center reimbursement issues from the big picture policy concerns to the critical details.

2:00 – 4:00 p.m.

Finance for Clinicians

Scott Morgan, Director, Health Services Group – McGladrey, Inc.

This session focuses on the crucial information that clinical leaders must know to understand health center finance.