

Thursday, October 22

10:30 am – Noon

Applications of the Role of Communities in the National Landscape

BREAKOUT SESSIONS

Session 1 ~ Policy: When Strong Local Leaders Tap Into the National Scene

Texas 2-4

Moderator – Kristen West

The Value of Communicating with Congressional Offices

Kristen West, MPA, Executive Director, CHOICE Regional Health Network
Mary Conway, Outreach Director, Office of Senator Patty Murray

Healthcare Reform Update & Government Relations 101

Ed Berger, Vice President, Advocacy & Government Relations, Seton Family of Hospitals

Provide an update, to any extent possible on the national healthcare reform debate. Discuss the meaning and benefits of “government relations.” Discuss what advocacy “looks like” and how do you do it tactically.

**Session 2 ~ Policy: The Agency for Healthcare Research and Quality’s (AHRQ)
Health Care Innovations Exchange**

Texas 5

Moderator: Mark Redding (*overview of CCCLN*)

Mark Redding, MD, Medical Director, Community Health Access Project (CHAP)

Brenda Leath, MHSA, PMP, Senior Study Director, Westat

Lauren Reichelt, Executive Director Health and Human Services, Espanola, New Mexico

AHRQ through its Health Care Innovations Exchange sponsors the Community Care Coordination Learning Network. In this session you will hear about the Innovations Exchange, the learning network, the Ohio Community collaborative (Community Health Access Project) that is the model for this network. You will hear how communities are working together to link financing to confirmed connections to primary & preventive care, focusing on better outcomes. You will hear from Westat, the organization that AHRQ has asked to staff the project.

Federal Update: 340 B Program and HRSA Patient Safety & Clinical Pharmacy Services

Lisa M. Scholz, PharmD, MBA, Sr. Director, HRSA Pharmacy Services Support Center

The purpose of the workshop is to present the Health Resources and Services Administration (HRSA) Patient Safety and Clinical Pharmacy Services Collaborative (PSPC) and the work accomplished to date. Learn how the Collaborative improves patient safety and quality of care by spreading the leading practices of “high performers” in 1) clinical pharmacy services, 2) patient safety and 3) improved patient outcomes among HRSA-funded programs and their partners. Using the Institute of Healthcare Improvement (IHI) “collaborative care model,” safety-net communities send multidisciplinary teams of frontline healthcare providers to participate in an intensive series of Learning Sessions and Action Periods that are taking place from August 2008 to December 2010. In addition, learning objectives for 340B Pharmacy will be sharing of resource tools, government programs, and social network strategies developed by PSSC for 340B entities.

Health Information Exchange, A Texas Holler’ to Action

Gijs van Oort, Phd, Executive Director, The Healthcare Access San Antonio (HASA)
Ann Kitchen, JD, Chair, Texas Health Information Exchange (HIE), Austin

The objective of this session is to describe the growth of regional initiatives for Health Information Exchange (HIE) that grew into a State wide network and support system. The ability to exchange data across multiple health care providers has taken center stage as a critical component for Health IT and the AARA stimulus funding. This presentation will further describe the value proposition of HIE for local stakeholders and for state and federal entities. Experiences related to governance, patient privacy, community buy-in and financial sustainability will be addressed. Presentation will also address statewide actions and recovery action dollars.

Local Collaboration Using Federal Funding for Project Access

James Walton, DO, MBA, VP, Chief Equity Officer, Baylor Health Care System (Dallas)

The purpose of the presentation is to describe the process of obtaining agreement around pursuit of UPL funding and the implications for expanding community –based solutions of health care delivery improvement. Leaders in Dallas, Texas have successfully completed a complex negotiation among six different health care delivery systems, leveraging the federal Upper Payment Limit (UPL) funding program to bring new financial resources into Dallas and expanding access to health care for the uninsured. Coordinated by the Dallas County Medical Society, business, government and health care leaders developed a Dallas County Indigent Care Plan, increasing hospital and physician participation in providing primary and specialty health care services while simultaneously increasing professional volunteerism in Dallas. Over the first six months of the new program, Project Access Dallas has increased to include over 2000 physician volunteers and 16 hospitals, while growing the monthly patient enrollment to over 1,600.

Session 4 ~ Policy: Mental Health in the National State and Local Context ~Texas 7

Moderator: Camille Miller, President & CEO, Texas Health Institute

Urban: “Transforming Urban/Suburban Mental Health Systems”

Patsy Thomas, President, Mental Health Connection, Tarrant County Transformation Project
Annie Burwell, LBSW, Director, Williamson County Mobile Outreach Team

A panel discussion/roundtable will highlight stories and successes from three unique urban/suburban areas of Texas in transforming mental health services through the formation of sustaining community collaboratives to address specific needs. Discuss opportunities for community stakeholders to impact mental health services in their communities and address organization, political, and financial considerations.

BREAKOUT SESSIONS

Session 1 ~ Metrics ~ Measuring Local Outcomes

Texas 2-4

Linking Hospitalists and Safety Net Clinics

Eleanor Littman, MSN, MRP, Executive Director, Health Improvement Partnership of Santa Cruz Cty

The Health Improvement Partnership of Santa Cruz County (HIP) will share their achievement in adopting a community standard of care for the transition of safety net patients from the hospital to clinics, and how they measured and reported outcomes which included a combination of hospital data and clinic chart audits. In August, 2009 HIP joined the Institute of Healthcare Improvement's Triple Aim prototyping initiative and is now defining measures for population health, patient experience, and costs per capita.

Developing "Value Measures" and Tying Them to Your Strategic Plan

Eve Gardner, Executive Director, Healthy York Network, Pennsylvania

*Is there really any value provided to the community through local health access initiatives?
Is the program worth sustaining and something people see merit in wanting to fund?*

These are questions that community health collaboratives are being asked by their community partners. Healthy York Network will share how they have been challenged by its Board to answer these questions and how they developed a set of "value measures," tying them to its strategic plan. The plan is to enable its leaders, Board of directors and funders to evaluate the program and to determine whether there are some tangible improvements to access, cost, utilization and quality.

Return on Community Investment (ROCI) – A Model and its Application to a Healthcare Access Program

*Cynthia Taueg, DHA, MPH, RN, Vice President of Community Health, St. John Health
Joshua Brinkley, MHA, MBA, Project Manager, Finance Access Leadership, Ascension Health*

St. John Health, a member of Ascension Health, is located in southeastern Michigan and its service area includes Detroit. Community Health Investment Corporation (CHIC) is the organization of community health subsidiaries that support the healthcare objectives of St. John Health. One of CHIC's major initiatives is to enroll eligible, uninsured patient into primary care medical homes. Learn how CHIC leadership worked with a ROCI suite of analysis models developed by the Ascension Health Access Leadership department to analysis cost/benefit and to analyze the financial benefits gained through their medical home enrollment intervention.

Session 2 ~ Metrics ~ AHRQ ~ Community Care Coordination Learning Network

Texas 5

The Agency for Healthcare Research and Quality: Creating a Scorecard Prototype to Share Results Across Communities

Moderator: Sarah Redding, MD

*Sarah Redding, MD, Director of Evaluation, Community Health Access Project (CHAP)
Mary Overall, BS, MSN, Director, Health Care Systems & Compliance, Central Oklahoma
Integrated Network System (COINS)
Dan Rubin, Asst Director, Evaluation & Resource Development, CHOICE Regional Health Network*

AHRQ through its Health Innovations Exchange sponsors the Community Care Coordination Learning Network. In this session you will hear about the efforts of the committee to develop a scorecard prototype to measure results across communities.

Using Health Information Exchange (HIE) Data to Develop Community Interventions

Anjum Khurshid, Ph.D., MB BS, Director Clinical Research & Evaluation, ICC, Austin, Texas

The ICC is responsible for the ongoing development and management of the ICare system, a nationally recognized health information exchange, which is available for research, program analysis, and treatment support at the point of care. Studies show that a small number of patients in each community account for a disproportionately high utilization of healthcare resources. This presentation will show how the ICC analyzes emergency department (ED) use in ICare database, to study the profile and utilization patterns of uninsured patients who become ED frequent users (FUs) in Central Texas in order to develop focused coordinated interventions to help these patients.

Building a Community Health Collaborative: Strategies and Challenges in the Planning and Early Implementation Process

Alisha Hopper, MHA, MGH, Executive Director of HealthMatters of Central Oregon

HealthMatters of Central Oregon (HMCO) is a non-profit 501c(3) community health collaborative serving the Central Oregon region. This session will provide an overview of strategies developed and challenges encountered during the planning and early Implementation phases to build HealthMatters of Central Oregon Community Health Collaborative. Included is the development of a strategic plan, governance structure, identification and engagement of stakeholders, and developing strategies for leveraging resources and sustainability.

Program Evaluation: Initial Stages of a Collaborative Process to Design and Collect Process and Outcome Evaluation Data

Dana M. Perry, MA, Program Evaluator for HealthMatters of Central Oregon

Provide an overview and examples of materials to illustrate the strategies developed and currently being implemented to collaboratively design evaluation efforts, and collect process and outcome data for HealthMatters of Central Oregon (HMCO).

Using Data for Needs Assessment and Evaluation: Examples from Two Community Collaboratives***“The Canary in the Coal Mine”: Using Emergency Department Data for Community Medical Care Needs Assessment***

Robert A. Lowe, MD, MPH, Professor of Emergency Medicine; Senior Scholar, Center for Policy and Research in Emergency Medicine, Oregon Health & Science University

Dr. Lowe has substantial experience working with community-based organizations to use emergency department data for needs assessment. He will show how ED data can be used to learn about accessibility and quality of primary care providers and how regional variation in ED use may reflect differences in the medical care delivery systems in different communities. He will discuss the use of ED data to understand unmet needs for specific types of medical care, using behavioral health and dental ED visits as examples. He will discuss the issues of avoidable ED use and frequent ED users, pointing out some common misunderstandings and the associated policy pitfalls, and he will illustrate mapping of ED utilization patterns to help with resource planning.

“Evaluation strategies that position access coalitions and community collaboratives to demonstrate impact.”**Case Study #1: Use of emergency department data for planning community access programs**

Val Hoyle, Director, 100% Access Coalition, Oregon

Erin C. Owen, MPH, Associate Director, Health Policy Research Northwest (HPRN), Oregon

In 2006, the 100% Access Initiative commissioned HPRN to conduct an assessment of ED use in Lane County, Oregon. ED utilization trends were analyzed in Lane County over a three year period (2005-2007). The panel will focus on key results and discuss how the data were used to establish baseline population estimates and support the development of the Medical Access Program (MAP). The presentation will conclude with an overview of a two-staged approach to program evaluation, using the Lane County experience to highlight successes and limitations.

Case Study #2: A mixed-method approach to evaluating community access programs

Ryan C. Burke, MPH, Sr. Research Associate, Health Policy Research Northwest (HPRN), Oregon

Linda Nilsen-Solares, MPA, Executive Director, Project Access NOW, Oregon

HPRN has completed the first phase of program evaluations with two Coalitions in Oregon (Project Access NOW and the Medical Access Program). Individualized evaluations plans for the programs were developed which incorporate quantitative and qualitative measures and data from several sources. This presentation will briefly summarize evaluation results, how the results have been used in project planning, and discuss lessons learned in applying evaluation methodologies.

Session 1 ~ Best Practices ~ Texas Rural Mental Health

Texas 2-4

Moderator: Camille Miller, President & CEO, Texas Health Institute

Transforming One Community at a Time from the Coast, the Forest, and the Frontier

Barbara Giovannone, RN, Director of Essential Services, The Coastal Bend Rural Health Partnership, Rural South Texas

Nancy C. Speck, PhD, Presidential Appointee, President's New Freedom Commission on Mental Health, Chair, Burke Center, Nacogdoches County Mental Health Collaborative, Deep East Texas

Kay Brotherton, Project Director, Rural Children's Initiative, Llano Estacado Alliance for Families

This session will highlight stories and successes from three unique rural areas of Texas in transforming mental health services through the formation of sustaining community collaboratives to address specific needs. Discuss opportunities for community stakeholders to impact mental health services in their communities and address organization, political, and financial considerations.

Session 2 ~ Best Practices ~ Pharmaceutical Access

Texas 5

Access to Affordable Prescription Drugs

Cindy O'Connor, BA, Founder & President, The O'Connor Group LLC, a Marketing Services & Consulting Firm

With 8 million Americans with no prescription drug coverage, people need affordable access to prescription drugs. This session will describe an affordable direct-to-consumer prescription drug program available to anyone in the United States. Rx n' Go is a new direct-to-consumer prescription drug program. They will also share their research involving review of low cost retail programs, discount drug cards and patient assistant programs.

UPCYCLING: Innovations In Pharmaceutical Access

Dan Simpson, Chief Development Officer, Dispensary of Hope

Through a network of 1200 physicians and 38 dispensing sites in seven states, the Dispensary of Hope aggregates and distributes donated medications to patients who are uninsured with incomes less than 200% of the Federal Poverty Level. In 2008, the Dispensary provided medications for an estimated 75,000 prescriptions and is on track to provide more than 100,000 prescriptions in 2009 yielding an estimated hospital bad debt/ uncompensated care cost savings of \$18.6 million annually.

Session 3 ~ Best Practices ~ Care Coordination

Texas 6

Innovations in Care Coordination: Examples in Rural Health

Georgia Health Policy Center, Atlanta, Georgia

Margaret Morton, Sylacauga Alliance for Family Advancement

Kathy MacNeill, Associate Director, Diabetes Clinician Program, Heartland Rural Health Network

Diane Hughes, Executive Director, Access Health Adams County

The session will showcase examples of groups that have formed networks of coordinating agencies for the purposes of sharing patient information, unified strategies for patient education and engagement, reducing duplication of services, increasing service efficiency and improving health outcomes. These programs are funded by HRSA's Office of Rural Health Policy, fully operational and are collecting data to measure the impact of their work.

Session 4 ~ Best Practices ~ ROCI & Access to Medical Homes

Texas 7

Return on Community Investment (ROCI) – A Model and its Application to a Healthcare Access Program

Cynthia Taueg, DHA, MPH, RN, Vice President of Community Health, St. John Health

Joshua Brinkley, MHA, MBA, Project Manager, Finance Access Leadership, Ascension Health

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Southern Arizona Health Village for the Homeless

Tara Sklar, JD, MPH, Director of Access and Community Health, Carondelet Health Network

Donna Zazworsky, RN, MS, CCM, FAAN, Director of Diabetes Care at Carondelet Health Network

The challenge of providing healthcare services to homeless individuals is an issue that every community faces. Learn how Carondelet Health Network has partnered with health and social services agencies to improve clinical outcomes for homeless individuals and reduce inappropriate utilization of emergency department resources. The Southern Arizona Health Village for the Homeless includes a variety of services to help with access to both primary and specialty care, including providing patient visits throughout the City of Tucson and Pima County in the *Van of Hope*, which is staffed with a Nurse Practitioner, is Telemedicine equipped and has *Next Gen*, Electronic Health Record (HER) software to track medication adherence and lab results for chronic disease management.

Session 1 ~ Best Practices ~ Community Engagement

Texas 2-4

Sedgwick County/Wichita Kansas' Community Coverage Initiative: Experiences in planning, community engagement and the development of a health coverage model

Anne Nelson, MS, Associate Executive Director, Central Plains Regional Health Care Foundation
Jeanne Ripley, MBA, PAHM, Director, Public Programs Consulting, Halleland Health Consulting, Inc.

This session will focus on what did and didn't work well in the planning process. The opportunities for and challenges of engaging the community, how to stay focused during the 'long, hot summer,' how important it is to actively engage with key stakeholders and not allow them to be 'helicopter contributors,' the need for contracted experts and other lessons learned.

Just What the CFO Ordered – Achieve Funding Stability by Partnering with Hospitals and Health Plans.

Deb Holmgren, Executive Director and Co-Founder, Portico Healthnet

This session will focus on how Portico Healthnet brought multiple, competing hospitals together to address a community problem in a manner where both the community and the individual hospitals involved continue to "win" every day.

Building Community Primary Care Capacity via FQHCs – Milwaukee County Primary Care Access Study

Joy Tapper, *Executive Director, Milwaukee Health Care Partnership*

Cathy Marchiando, *BS, MBA, Managing Partner, Guidian Healthcare Consulting*

The Milwaukee Health Care Partnership (MHCP) is a public private consortium dedicated to improving healthcare for underserved populations. MHCP include five Milwaukee health systems, 4 FQHCs, Wisconsin Department of Health Services, Milwaukee County Department of Health and Human Services, the City Health Department and the Medical College of Wisconsin. Learn how through a Primary Care Access study a gap in access was identified, how they created a plan to address primary care capacity shortfalls, implemented a growth plan for the 4 FQHCs, and created a case for financial support and capital campaign. They will share data collection methodology, planning template for other communities, and FQHC cost structure evaluation.

Salud Para Todos (Health Care for All) Promotions Project

Ron Cookston, *Ed.D., Executive Director, Gateway to Care, Houston, Texas*

Carol Paret, *CEO of Community Benefits with Memorial Hermann Health System, Houston, Texas*

Craig Bland, *Senior Vice President, Regional Director of Univision, Houston, Texas*

Karin Dunn, *MSW, Manager of Navigation Services, Gateway to Care, Houston, Texas*

This session will focus on a local implication of health policy designed to provide culturally and linguistically competent access to a medical home for the Spanish speaking population in a large urban area. By promoting the importance of the use of a medical home the outcome was providing alternatives to the use of emergency rooms for nonemergency medical issues.

Community-Based Care Management for Chronically-ill Underserved: A Collaborative and Integrated Approach

Carlene Womack, *Executive Director, East Texas Health Access Network*

Kimberly Camp, *RN, MSN, Director, Community Care Management, Community Health, CHRISTUS Health*

CarePartners, a community-based navigation and management program with Community Health Workers is bridging the gap between the healthcare delivery system and the underserved. Learn how the two community networks with CHRISTUS Health are meeting the challenges of coordinating referrals between the hospital and the community, identification of clients, accurate contact information, and data collection methods, while helping chronically ill individuals and their families navigate a complex health care delivery system and teaching behaviors need to self-manage obesity, diabetes and hypertension.

Southern Arizona Health Village for the Homeless (SAHVH)

Tara Sklar, *JD, MPH, Director of Access and Community Health, Carondelet Health Network, Tucson, Arizona*

Donna Zazworsky, *RN, MS, CCM, FAAN, Director of Diabetes Care at Carondelet Health Network, Tucson, Arizona*

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Project Access San Diego – Optimizing Healthcare for the Safety Net

Kitty Bailey, MSW, Executive Director, San Diego County Medical Society Foundation

Tana Lorah, Associate Director, San Diego County Medical Society Foundation

Daniel “Stony” Anderson, MD, Kaiser Permanente; President, California Colorectal Cancer Coalition (C4)

Christy Rosenberg, Director/Administrator, Community Clinics Health Network

Project Access San Diego partnered with Kaiser Permanente to plan Surgery Day, an effective, unique way to serve low income, uninsured health center patients. Learn how they have developed a case management model with 100% show rate, selected surgery specialties to meet the health centers demand, and shared their tracked outcomes with the media and funders.

Maximizing the Function of Your Front Door: Access and Financial Stewardship Enrollment

Vondie Woodbury, Director, Community Benefit, Mercy Health Partners, Michigan

Stevi Riel, Pharmaceutical Assistance Coordinator, Muskegon Community Health Project

Liz Chala-Hidalgo, Outreach Navigator, Muskegon Community Health Project, Michigan

The Muskegon Health Project has worked to redefine community benefit programs by bridging the gap between the hospital system and the community, through outreach in federal and state programs, improving the way the people are accessing care, insuring access to pharmaceutical medications and leveraging every community benefit dollar. By aligning the community benefit parameters of the hospital with the work of the Health Project, this has resulted in identifying and expanding the work performed at both facilities.