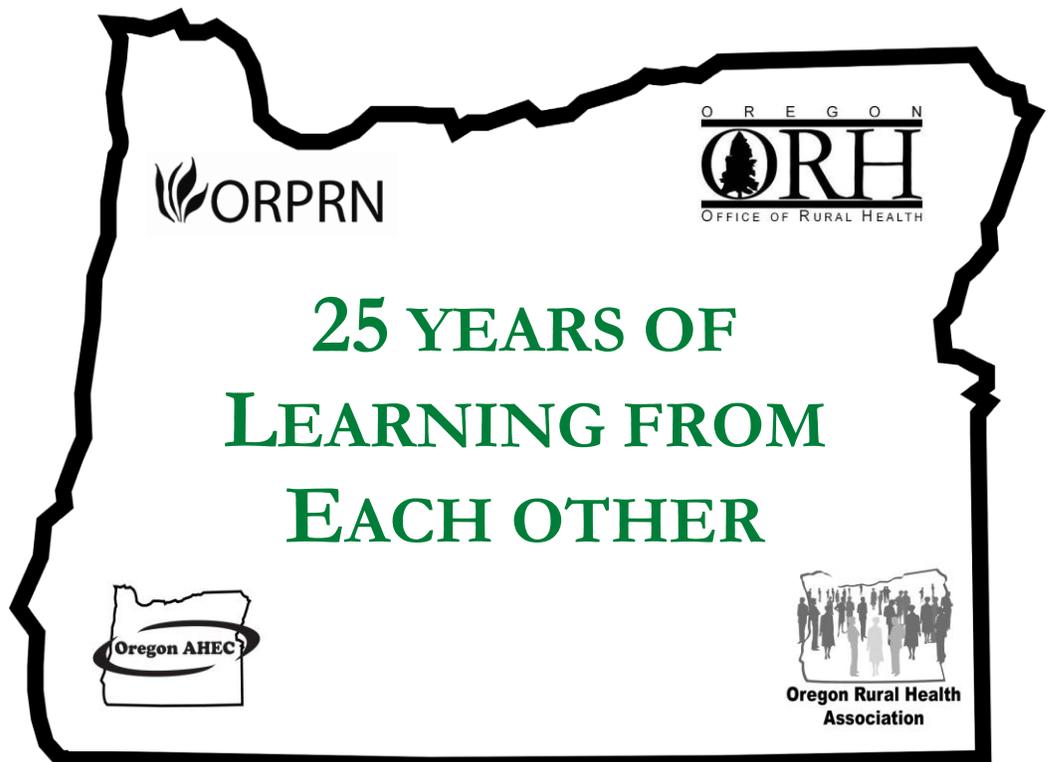


25TH ANNUAL OREGON RURAL HEALTH CONFERENCE

September 25 – 27, 2008
The Riverhouse Hotel – Bend, Oregon



Sponsored by
Oregon Office of Rural Health
Oregon Rural Health Association
Oregon Rural Practice-based Research Network
Oregon Area Health Education Center

EARLY-BIRD GOLD-LEVEL SPONSORS
FAMILY CARE, INC. • LIFE FLIGHT NETWORK
NW HEALTH FOUNDATION • TRIWEST

ABOUT THE CONFERENCE

The 25th Annual Oregon Rural Health Conference, “25 Years of Learning from Each Other,” highlights the road traveled, success stories of current innovative programs and future plans for rural healthcare delivery in Oregon. Conference sessions include presentations on the medical home model, health care reform in Oregon, rural health resources, student loan repayment, philanthropic support opportunities, recruitment and retention, research, student project presentations, successful integrated care models, rural dental needs, town hall with legislators, Oregon’s new osteopathic medical school, CHIP presentations, the rural health clinic survey data, and the Oregon Health Network. Oregon Health and Science University Provost, Dr. Lesley Hallick, will present the conference opening address, “Lessons Looking Back, Vision Looking Forward.” OHSU President, Dr. Joseph Robertson will deliver a conference welcome by video.

The conference is jointly sponsored by the Office of Rural Health (ORH), the Oregon Rural Practice-based Research Network (ORPRN), Oregon Area Health Education Center (AHEC), and the Oregon Rural Health Association (ORHA).

Pre-Conference Sessions

Rural Health Clinic Workshop participants will be presented with a national policy update for RHCs, the latest & greatest at DMAP, Electronic Health Records and an open forum discussion. The *Flex Advisory Committee Meeting* (open only to Flex program participants) will focus on issues particular to Critical Access Hospitals (CAH) and other Flex activities. The *AHEC Advisory Board Retreat* is an invitation-only meeting.

Conference Program

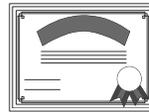
A synopsis of each conference session is described in the following pages. This conference traditionally provides a place to exchange ideas, information, and expertise among individuals and organizations engaged in or concerned with rural health care issues. This is a *great* networking opportunity. If you are involved in rural health care, this conference is for you!

QUESTIONS

For more information, contact Linda Pepler toll-free at 1-866-674-4376 or peplerl@ohsu.edu.

HIGHLIGHTS

Awards Luncheon



This year’s awards luncheon will honor the Outstanding Rural Health Program, and Outstanding Achievement in Community Education.

Welcome Reception



A wonderful opportunity to catch up with old friends, get acquainted with new ones, talk about issues from the day's sessions, or just mingle and munch - always a great time! Also an excellent time to leisurely check out the exhibits without having to rush to the next session!

Fun Activities



Bring the family and plan to spend the whole weekend and relax or sight-see after the conference. Go to the Bend Chamber of Commerce website for fun, educational, entertaining activity suggestions: <http://www.bendchamber.org/visitor/>

LODGING

Guest rooms are available at the Riverhouse Hotel and Resort at the following group rates until August 24, 2008:

Rates are for single or double occupancy:

<u>Room Type</u>	<u>Rate</u>
One Queen	\$95.00
Double Queen or One King	\$105.00
Two Queen, Riverview	\$115.00
One King, Riverview	\$115.00
Two Queen with full kitchen	\$115.00

For reservations, call 1-800-547-3928. Please request the group rate for the Oregon Rural Health Conference.



You must make reservations prior to August 24, 2008 to guarantee the group rate as well as room availability.

AGENDA AT A GLANCE

Thursday, September 25 th , 2008 8:00a.m. – 3:30 p.m.	Pre-conference meetings and workshops, networking lunch, & exhibit setup
Thursday, September 25 th , 2008 3:30 – 9:00 p.m.	Conference opening session, reception & board meetings
Friday, September 26 th , 2008 7:30 a.m. – 5:30 p.m.	Conference, ORHA annual meeting, awards luncheon, exhibit breakdown
Saturday, September 27 th , 2008 8:00 – 11:45 a.m.	Conference, adjourn

DETAILED AGENDA

Thursday, September 25, 2008

- 8:00 a.m. **Registration Table Opens** — Lobby
- 8:00 a.m. – 3:00 p.m. **Statewide Area Health Education Centers (AHEC) Advisory Board Meeting** — Cascade H
(Open to AHEC board members and staff by invitation only)
- 9:00 a.m. – 10:00 a.m. **Flex Advisory Committee Meeting** — Three Sisters
(Open to Flex program participants only)
- Kassie Clarke, Community Grants Coordinator in the Oregon Office of Rural Health, will provide an update on the Flex program and discuss funding opportunities for the '08-'09 grant year. She will present results from the Rural Health Plan CAH survey and provide a poster presenter of the AMI project. In addition, this meeting provides a great opportunity to shape the development of future Flex program activities in Oregon.
- 10:00 a.m. – 3:30 p.m. **Oregon Rural Healthcare Quality Network (ORHQN)** — Three Sisters
- The Oregon Rural Healthcare Quality Network is an independent network of Critical Access and small Rural PPS hospitals committed to working together to share and develop resources to achieve high quality outcomes in rural communities.
- The agenda for this session will feature a presentation by Greg Paris of the Studer Group who will provide an insightful presentation on how to create a culture of excellence. Also included will be Oregon's outstanding Peer Review program; Colonoscopy in Rural Practices; and work sessions for patient satisfaction; service excellence; CMS core measures; and data collection/benchmarking within the Oregon Rural Healthcare Quality Network hospitals.
- 10:00 a.m. – 3:30 p.m. **Rural Health Clinic Workshop** — Cascade B/C/D
Topics will include an update on Rural Health Clinic Policy and the new CMS rule changes for RHCs presented by the Executive Director of the National Association of Rural Health Clinics (NARHC). As well there will be updates on Department of Medical Assistance Programs (DMAP) and Medicaid rules, sharing of the 2008 Oregon Federally

Certified RHC report from the Office of Rural Health, and information on Electronic Health Records. In addition, clinics will have the opportunity to network with other rural health clinics from around the state.

12:00 noon – 1:30 p.m. **Networking Lunch** — Deschutes Ballroom

12 noon – 3:00 p.m. **Exhibit Setup** — Cascade A/J/I

Conference Kick-off

3:30 p.m. – 5:30 p.m. **Rural Health Resources** — Cascade B/C/D
Scott Ekblad, Lisa Dodson, MD, L.J. Fagnan, MD

Representatives from the organizations that sponsor the conference will discuss new and existing programs and resources available to Oregon's rural hospitals, clinics, and practitioners.

6:00– 7:30 p.m. **Conference reception and unveiling of exhibits**

6:30– 8:30 p.m. **Cascades East AHEC Board meeting** — Cascade G

7:30– 9:00 p.m. **Oregon Rural Health Association Board Meeting** — Deschutes A

Friday, September 26, 2008

7:00 a.m. **Registration Table Opens** — Lobby

7:30 a.m. **Breakfast and Annual ORHA Meeting** — Cascade C/D/B

8:00 – 8:15 a.m. **Announcements and Welcome Address** — Cascade C/D/B

The Role of Rural Health in Vision 2020 — Cascade C/D/B
Lesley M. Hallick, PhD



Lesley M. Hallick was named OHSU's first Vice President for Academic Affairs in 1989 and OHSU's first Provost in 1993. A Professor of Microbiology and Immunology, Dr. Hallick joined OHSU as an Assistant Professor in 1977 and progressed through the ranks to tenured full Professor.

Before coming to OHSU, Dr. Hallick was a postdoctoral fellow in the departments of molecular biology and chemistry at the University of California, Berkeley, as well as a lecturer and instructor in molecular biology there. As Provost, Dr. Hallick serves as OHSU's chief academic officer.

Dr. Hallick graduated magna cum laude from Pomona College in Claremont, California and earned her Ph.D. degree from the University of Wisconsin. A Woodrow Wilson Fellow, Dr. Hallick has conducted an extensive research program in molecular virology with grants from the National Institutes of Health (the "NIH"), the National Sciences Foundation, the March of Dimes, the US Army, the Advanced Genetics Research Institute and other agencies.

She has also received the University Award for Excellence in Teaching (twice), the Oregon Women's Political Caucus HERO Award, the School of Medicine Alumni President's Award and the OSU College of Pharmacy Honorary Alumnus Award.

8:15 – 9:15 a.m.

An Unwritten 25-year Plan: Lessons Learned in Oregon Rural Health

— Cascade C/D/B

Paul McGinnis, MPA

What have we learned in the past 25 years to help us inform our decisions for the future? Using Harney County's transformation into a state-of-the-art Rural Health System as an example, a plan for the future will be shared.

9:15 – 10:15 a.m. **Health Care Reform in Oregon: The Work of the Oregon Health Fund Board**

— Cascade C/D/B

Barney Speight, Bill Thorndike, Chuck Hofmann, MD

The Oregon Health Fund Board was created by the state legislature in 2007. The Board was tasked with creating a comprehensive plan to ensure access to health care for Oregonians, contain health care costs and address issues of quality in health care. The plan is due in November; what will it contain? How will it impact the delivery of health care in rural Oregon?

10:15 – 10:45 a.m.

Refreshment Break and View Exhibits — Cascade A/J/I

10:45 – 11:30 a.m.

CONCURRENT SESSIONS

Building a Medical Home in Rural Oregon — Cascade C/D

Bob Marsalli, Esteban Miller, MD

The practical implications and experiences of designing and building a primary care home for the underserved.

Loan Repayment Changes and the Community's Role — Cascade B

Scott Ekblad

NW Health Foundation: Opportunities for Philanthropic Support

— Cascade E/F

Speakers: Nancy Findholt, RN, PhD, Beth Ann Beamer, BSN, Chris Kabel, MPH

How can rural health organizations and advocates compete more effectively for private and public resources? This session will explore this question from the viewpoint of a small community hospital, a rural nursing professor, and a regional grantmaker. Learn how to frame your case for support to a variety of grantmakers, many of whom may not see themselves primary as health funders. This session will also include an overview of the grant programs offered by the Northwest Health Foundation, and an opportunity for interactive discussion.

11:30 – 11:45 a.m.

Mini-Break

11:45 a.m. – 1:15 p.m.

An Opportunity to Lead in the Era of Health Care Reform

Chuck Kilo, MD, MPH

The plight of US healthcare is tightly coupled to the plight of primary care, but primary care remains in jeopardy for a variety of reasons despite the abundance of healthcare reform activities. While we all recognize that its funding is inadequate, primary care suffers a host of other maladies as well, most notably the lack of cohesive, coherent and shared strategies, the lack of direct advocacy, a seeming unwillingness to exert its rightful clout, and more. The future of primary care is not at all secure and it is up to us to exert the necessary leadership toward a transformed health system that has patients and primary care at its core.

Oregon Rural Health Conference Awards (ORHCAs) Luncheon

1:15 – 1:30 p.m.

Mini-Break

1:30 – 2:30 p.m.

CONCURRENT SESSIONS

Team Care in the Medical Home: Care Management Plus Model

— Cascade C/D

David Dorr, MD, MS, Gail Elliott, RN, DeeAnn Davis, LMSW

In the Care Management Plus (CM+) model for primary care of older adults, nurse care managers and other clinicians help affect behavior change through a patient-centered, team-based approach with coordination across multiple services and settings. CM+ also uses supportive information technology software to help practices better care for patients with chronic conditions. The model helps the clinical team to prioritize health care needs and prevent complications through structured protocols and it provides tools to assist patients and caregivers to self-manage chronic diseases.

Currently, there is interest in the adoption of the Medical Home model by a growing number of practices. CM+ can be helpful in achieving the Medical Home for older adults and for those with complex illness by focusing on the provision of services like health coaching, active listening and motivational interviewing by the healthcare team. CM+ is beneficial, not only to the patient, but also to the primary care physician who can improve efficiency by offloading some complex care to a care manager.

Integrated Care that Works in the Real World — Cascade B

John Gardin, II, PhD

Integrated care models are in the forefront of discussion about health care in Oregon, especially given the renewed interest in the Medical Home model. However, most integrated care models are developed in and made for FQHC, RHC or HMO implementation. Through a HRSA grant, ADAPT has worked to develop an integrated care model that really works in the private medical practice environment. This presentation will address organizational, financial and therapeutic dimensions of the project.

Community-Based Dental Education — Cascade E/F

Mike Plunkett, DDS, MPH

Campus Community Partnering to Address the Oral Health Needs of Underserved Oregonians

2:30 – 3:00 p.m.

Refreshment Break and View Exhibits — Cascade A/J/I

3:00 – 4:00 p.m.

CONCURRENT SESSIONS

(3-3:30)

Unmet Dental Needs in Rural Oregon — Cascade C/D

Thomas Hilton, DMD, Melinda Davis

Oral health is an essential component of an individual's general health and well-being across the lifespan, affecting systemic health, economic productivity and quality of life. Yet many identify oral health as a top unmet need, and large disparities persist for underserved or vulnerable populations, including those who reside in geographically rural areas.

Baker City, a community of 10,035, located in a frontier county in eastern Oregon, is currently facing multiple oral health disparities. In 2007, Baker City medical, dental and

public health leaders partnered with ORPRN and PROH to explore collaborative approaches to address their community's oral health needs. The first step in this effort was a study to determine the prevalence of oral health conditions as they present in primary care practice, and to assess patient reported unmet dental needs in primary care practice and at the local health department. Data from the Patient Dental Access Survey and primary care provider-conducted patient Oral Health Screens were shared with community stakeholders in order to develop a community-based intervention to address oral health disparities in rural Baker City. This presentation will describe the initial efforts of this community-based participatory research project and the identified next steps will be highlighted.

(3:30-4)

Chronic Opioid Therapy and Preventive Services in Rural Primary Care Practice

— Cascade C/D

David Buckley, MD, MPH

Chronic non-malignant pain is a common and important public health issue associated with broad and profound effects, including decreased quality of life, disability, and increased use of health services. The use of chronic opioid therapy for non-malignant pain often presents primary care clinicians with a conflict between their desire to care for their patients' pain and fears of addiction, diversion of medication, and/or legal action. The resulting dilemmas can lead to "time-consuming activities" and "failures in patient-physician relationship". Such stresses on the clinical encounter, along with physician ambivalence about working with patients with chronic non-malignant pain, might be expected to adversely affect many aspects of the clinical care of these patients, including the provision of clinical preventive and screening services.

We conducted a study in seven rural clinics of the Oregon Rural Practice-based Research Network (ORPRN) to evaluate a possible association between chronic opioid therapy for chronic non-malignant pain and the receipt of Pap testing, colorectal cancer screening, lipid screening, and smoking cessation counseling. In this session, I will review the nature of the problem, describe the study we conducted, present our results, and discuss some implications for future research and improving the effectiveness of care for patients with this common chronic problem.

Oregon's New Osteopathic Medical School — Cascade B

Larry Mullins

Samaritan Health Systems is teaming up with Western University of Health Sciences in Pomona California to bring a new osteopathic medical school to Lebanon, Oregon. Larry Mullins, CEO of Samaritan Health Services, will talk about the vision and goals of this exciting new development and what it means for the rural healthcare workforce.

OHSU Medical Student Presentations — Cascade E/F

James Pate, other students TBA

Recruiting and Retaining Physicians in Coos Bay: Assessment of Medical Student Interest in Rural Medicine and Rural Physician Perspectives on Their Practice

4:00 – 4:15 p.m.

Mini-Break

4:15 – 5:15 p.m.

Town Hall with Legislators — Cascade C/D/B

Facilitator: Scott Ekblad

Speakers: Senator Bill Morrisette, Others TBA

5:30 p.m.

Exhibit Breakdown

Saturday, September 27, 2008

- 8:00 a.m. **Registration Table Opens** — Lobby
- 8:30 – 10:00 a.m. **Breakfast and CHIP Coordinators Presentation** — Cascade C/D/B
Nancy Kirks, Sharon Vail, Beth Ann Beamer, BSN, Karen Bondley
- Coordinators from Mt. View, Lincoln County, Lebanon and Crook County Community Health Improvement Partnerships (CHIPs) will discuss the projects in their communities.
- 10:00 – 10:30 a.m. **Break**
- 10:30 – 11:30 a.m. **CONCURRENT SESSIONS**
- Oregon Health Network (OHN)** — Cascade C/D
TBA
- Recruitment and Retention Strategies for Board Members** — Cascade B
Jo Johnson
- Rural Health Clinic Survey Results** — Cascade E/F
Troy Soenen, Emerson Ong
- 11:30 – 11:45 a.m. **Wrap-up and Prizes** — Cascade C/D/B