COLORADO RURAL HEALTH CENTER

The State Office of Rural Health

Annual Conference

Presentation Line Up Preview

- Colorado Psychiatric Access and Consultation (C-PAC) Bridging the Behavioral Health Divide and Filling the Psychiatric Shortage – *Christine Anderson,* Beacon Health Options
  Primary care has traditionally and continues to be the primary entry point for most physical and mental health care needs. Learn how C-PAC can support primary care practices to meet their patient's psychiatric needs in "real time". Given that primary care is an entry point, providers have a real potential to identify patients at risk, connect them with the right services at the right time, possibly preventing future suicides.
- A Framework for Achieving Great Results–*Jane McLeod MSN RN,* Capstone Leadership Solutions
  Hear a Case Study from a fellow CEO as he presents the story of his organization and their incredible growth over the past 4 years. Dan Rorhbach, President, and CEO of Southwest Health Center in Platteville WI has led a transformation of his organization through the adoption of a Framework to Achieve Great Results. The Principles of Capstone Leadership Solutions will explain the " Why's and How's" of adopting a Framework for your organization.
- Bridging Physical and Behavioral Health in Rural Colorado–*Kari Snelson,* Northeast Health Partners, LLC
  This session will focus on the role of the Regional Accountable Entities (RAEs) in Phase II of the Accountable Care Collaborative (ACC), with a focus on the joining of physical and behavioral health in rural and frontier
- Developing Actionable Revenue Cycle Key Performance Indicators for Critical Access Hospitals– *Bryan Beaudoin,* Protiviti
  The presentation will focus on what metrics critical access hospital leaders should track to measure the health of it's revenue cycle and develop actions to optimize revenue. Key metrics to be discussed include: Average A/R days by payor, capture of complicating conditions, denial rates and reasons by payor, payor mix percentages and trends, DNFC and DNFB trends. The presentation will also discuss key interventional actions to improve associated metrics, such as: charge master reviews, business office and patient financial services process review, root cause analyses, and benchmarking resources that critical access hospital leaders can reference.
- 2018 Medicare Updates– *Kim Robinson,* Novitas
  Medicare Updates for RHC and CAH
- 2018 Healthcare Policy Updates– *Kelly Erb,* CRHC
  Join Colorado Rural Health Center Policy analyst for an update to all things healthcare policy. Kelly will discuss changes to both state and federal healthcare policy, and give an in-depth look into bills that may come to pass in 2019.

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- Out on the Range: Rural Medicine- Dr. Michael Gendel, *Colorado Physician Health Program*
  In Colorado, physicians and health providers in rural communities are a vital resource. However, the practice of medicine in these settings can be both rewarding and extremely challenging. Doctors, other medical providers, hospitals and their staff perform under pressure from a variety of sources which are unique from metropolitan locations. While both rural and urban practice settings both have their pros and cons; the distinctive environment of rural practice is not often spoke about, especially with regards to the health and well-being of the practitioners themselves. The Colorado Physician Health Program (CPHP) has been serving all 64 Colorado counties since its inception in 1986, and has a plethora of data and anecdotal evidence that rural practitioners face a unique set of obstacles when caring for themselves. The aim of this discussion is to address particular challenges in rural practice settings that can affect physician well-being, taking a look at the pressures and benefits unique to rural practice, and some applicable tools to better these essential medical professionals.
- Healthy Hospitals Healthy Communities– *Erik McLaughlin,* AB Med Healthcare Solutions
  Healthcare facilities and communities have a symbiotic relationship. Each needs the other to survive and when one thrives, the other has the ability to thrive as well. The incongruency begins to form when one of these entities becomes unhealthy or there is lack of cohesion between the two. When one begins to view the health of the community intertwined with their local healthcare facilities, we can clearly see that both pillars must support one another. Unfortunately, most think and act as if these entities are separate and unrelated. Fixing the problems of one often has dramatic positive impacts on the other.
  Healthy hospitals make healthy communities and healthy communities make healthy hospitals. Often times the interactions of healthcare facilities and its local community are more subtle but ubiquitous than believed. From patient interactions with ancillary staff in outpatient departments and Emergency Department level of care to Board of Director interactions and community outreach, the facilities and their representatives are embedded into the local community. Forming a bond of trust between the facility and the community is paramount. Empowering ownership of each other's futures, health and well being is critical. This has to be a two way street that gathers stakeholders from each camp, both community and facility. Staffing and running a healthcare facility that gives quality care, is fiscally responsible and provides care with compassion ensures community trust. A community that offers transparent feedback, participates in the facilities outreach programs and realizes the impact the facility has on their lives ensure not only healthcare worker buy-in but also empowers teamwork for better patient outcomes.

More to Be Announced Soon!