FQHCs: THE KEY TO A HEALTHIER FUTURE
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Dear Friends of Primary Care and Community Health,

Welcome to CHCANYS’ 2017 Statewide Conference and Clinical Forum. This year we are gathering at an especially challenging time. Over the past five years, the ACA supported the tremendous growth of FQHCs throughout New York State. The number of health center sites has increased by over 100, and the number of patients served has grown by nearly one million. We have demonstrated the value of primary care and the community health center network in providing high quality health care to underserved populations and supporting system transformation. But now, this growth is at risk. At the federal level, the contentious political environment has led to inaction and dysfunction, threatening the incredible gains that have been made in health care coverage and access. Even as elected officials from both parties re-affirm their support for FQHCs, their lack of action has delayed re-authorization of the federal Community Health Center Fund. Even more concerning is the current federal administration’s stance towards health care, which threatens to reverse the amazing gains that have been achieved by expanding access to high quality health care for all Americans. But even in the midst of this uncertainty, we have much to celebrate in our accomplishments. We draw strength from our commitment to our mission, the integrity of our programs and services, and the diversity and resiliency of our communities. And we are making our voices heard. This year’s conference theme, FQHCs: The Key to a Healthier Future, highlights the central role that FQHCs play in ensuring the wellbeing of our nation’s most vulnerable residents during this time of change and specifically in New York, how increased access to community-based primary care has led to measurable improvements in the health of the populations we serve.

Our schedule of workshops and plenaries this year supports the on-going work of community health centers to move towards a value-based care delivery and reimbursement system. We are drawing on lessons learned in the past and looking to the future to navigate the evolving health care landscape. Even as we move in new directions, we continue to focus on the importance of fundamentals: leveraging data tools to facilitate care coordination and quality improvement; recruiting and retaining a well-trained workforce; and telling our stories to demonstrate our impact.

We look forward to spending the next few days together as we learn new things, challenge ourselves to think differently, and enjoy each other’s company. Thank you to everyone joining us this year as participants, presenters, partners, sponsors and exhibitors. Have a great conference!

Rose Duhan
President & CEO
CHCANYS

CHCANYS 2017 STATEWIDE CONFERENCE & CLINICAL FORUM 1

WELCOME

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Community Health Care Association of New York State
Working together for better health

At Quest Diagnostics, we believe in the value of foresight, the power of prediction, and, above all, the impact of information. That's why Quest provides the cutting-edge diagnostics, life-changing data, and integrated services necessary to optimize health.

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Thank you for taking a few moments each day to complete a brief conference evaluation. Your valuable feedback will help us to improve future conferences, trainings and webinars. Submit your comments electronically through the CrowdCompass app or fill out a paper form.
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For more information about LabCorp, visit our booth.

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# CONFERENCE SCHEDULE SUMMARY

## MONDAY 10.23.17

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>7:00 AM</td>
<td>Registration Opens</td>
<td>Lower Lobby</td>
</tr>
<tr>
<td>9:00 AM</td>
<td>Welcome</td>
<td>City Center D</td>
</tr>
<tr>
<td>9:45 – 11:15 AM</td>
<td>Morning Workshops</td>
<td>See page 7</td>
</tr>
<tr>
<td>11:15 AM</td>
<td>Exhibit Hall Opens</td>
<td>City Center ABC</td>
</tr>
<tr>
<td>11:45 AM – 12:45 PM</td>
<td>Jeffrey T. Latman Scholar Luncheon</td>
<td>Saratoga I</td>
</tr>
<tr>
<td>11:45 AM – 12:45 PM</td>
<td>Networking Luncheon</td>
<td>City Center D</td>
</tr>
<tr>
<td>1:00 – 2:30 PM</td>
<td>Keynote Address: Dr. Donald Berwick</td>
<td>City Center D</td>
</tr>
<tr>
<td>2:30 – 2:45 PM</td>
<td>Coffee / Tea Break with Sponsors &amp; Exhibitors</td>
<td>City Center ABC</td>
</tr>
<tr>
<td>2:45 – 4:15 PM</td>
<td>Afternoon Workshops</td>
<td>See page 9</td>
</tr>
<tr>
<td>4:45 – 5:30 PM</td>
<td>Workforce Committee Meeting</td>
<td>Saratoga I</td>
</tr>
<tr>
<td>4:45 – 6:00 PM</td>
<td>Clinical Committee/Reimbursement Task Force Meeting</td>
<td>Saratoga II &amp; III</td>
</tr>
<tr>
<td>5:30 – 7:30 PM</td>
<td>Welcome Reception with Sponsors &amp; Exhibitors</td>
<td>City Center ABC</td>
</tr>
<tr>
<td>6:00 – 6:30 PM</td>
<td>Poster Session</td>
<td>City Center Foyer</td>
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## TUESDAY 10.24.17

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<tr>
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<tbody>
<tr>
<td>6:15 – 7:00 AM</td>
<td>Sunrise Stretch</td>
<td>Alabama/Travers</td>
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<tr>
<td>7:00 AM</td>
<td>Registration Opens</td>
<td>Lower Lobby</td>
</tr>
<tr>
<td>7:00 – 8:45 AM</td>
<td>Breakfast with Sponsors &amp; Exhibitors</td>
<td>City Center ABC</td>
</tr>
<tr>
<td>7:30 – 8:45 AM</td>
<td>QTI Breakfast Meetings</td>
<td>See page 13</td>
</tr>
<tr>
<td>9:00 – 10:30 AM</td>
<td>Regulatory and Reimbursement Mega Session</td>
<td>City Center D</td>
</tr>
<tr>
<td>10:45 AM – 12:15 PM</td>
<td>Morning Workshops</td>
<td>See page 14</td>
</tr>
<tr>
<td>12:15 – 12:30 PM</td>
<td>Coffee / Tea Break with Sponsors &amp; Exhibitors</td>
<td>City Center ABC</td>
</tr>
<tr>
<td>12:30 – 2:30 PM</td>
<td>CHCANYS17 Awards Luncheon</td>
<td>City Center D</td>
</tr>
<tr>
<td>2:30 – 2:45 PM</td>
<td>Coffee / Tea Break with Sponsors &amp; Exhibitors</td>
<td>City Center ABC</td>
</tr>
<tr>
<td>2:45 – 4:15 PM</td>
<td>Afternoon Workshops</td>
<td>See page 17</td>
</tr>
<tr>
<td>4:30 – 5:30 PM</td>
<td>Federal Policy Update</td>
<td>City Center D</td>
</tr>
<tr>
<td>5:30 – 6:15 PM</td>
<td>Poster Session</td>
<td>City Center Foyer</td>
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<tr>
<td>8:00 – 10:00 PM</td>
<td>Dessert Reception and DJ</td>
<td>City Center ABC</td>
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## WEDNESDAY 10.25.17

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<td>7:00 AM</td>
<td>Registration Opens</td>
<td>Lower Lobby</td>
</tr>
<tr>
<td>7:00 – 8:45 AM</td>
<td>Breakfast with Sponsors &amp; Exhibitors</td>
<td>City Center ABC</td>
</tr>
<tr>
<td>7:30 – 8:45 AM</td>
<td>CPCI Breakfast Meeting</td>
<td>Saratoga II &amp; III</td>
</tr>
<tr>
<td>9:00 – 10:30 AM</td>
<td>General Session: Sam Quinones</td>
<td>City Center D</td>
</tr>
<tr>
<td>10:30 – 10:45 AM</td>
<td>Coffee / Tea Break with Sponsors &amp; Exhibitors</td>
<td>City Center ABC</td>
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<tr>
<td>10:45 AM – 12:15 PM</td>
<td>Morning Workshops</td>
<td>See page 21</td>
</tr>
<tr>
<td>12:30 - 1:30 PM</td>
<td>Luncheon &amp; Medicaid Update: Jason Helgerson</td>
<td>City Center D</td>
</tr>
<tr>
<td>1:30 – 1:45 PM</td>
<td>Coffee / Tea Break with Sponsors &amp; Exhibitors</td>
<td>City Center ABC</td>
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<tr>
<td>1:45 – 3:15 PM</td>
<td>Afternoon Workshops</td>
<td>See page 24</td>
</tr>
<tr>
<td>2:15 PM</td>
<td>Exhibit Hall Closes</td>
<td>City Center ABC</td>
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Please remember to visit our sponsors and exhibitors in City Center ABC to learn how their products and services can meet your organization’s needs.
CONFERENCE SCHEDULE
MONDAY, OCTOBER 23

7:00 AM
REGISTRATION OPENS
Lower Lobby

9:00 AM
WELCOME
City Center D

9:45 – 11:15 AM
MORNING WORKSHOPS

QTI
Rapid HIV Treatment Initiation and Quality Initiatives:
Challenges and Opportunities to Improve Care
Anthony Fortenberry, Chief Nursing Officer, Callen-Lorde Community Health Center
Peter Meacher, MD, Chief Medical Officer, Callen-Lorde Community Health Center

Callen-Lorde Community Health Center is an LGBT-focused center in New York City that predominantly serves HIV-infected and at-risk clients. The HIV Rapid Treatment Pilot is an experimental program that seeks to close the gap between HIV diagnosis and linkage to care by initiating newly infected patients on antiretroviral therapy upon HIV diagnosis. Thus far, patients who have enrolled in the new Rapid Treatment Pilot have an average time to viral suppression of 44 days. In comparison, the Center’s overall average time to viral suppression is 53 days. The operational components of program execution and the clinical concerns related to rapid treatment were initial considerations prior to implementation. Determining the success of the program is dependent on data collection and measurement. Since quality monitoring and improvement related to new services can be challenging, lessons learned from Pre-Exposure Prophylaxis implementation are being utilized. In this workshop, presenters will share results of the pilot to date and discuss how FQHCs that serve HIV-infected clients can implement procedures to increase linkage to care.

WF
Opioid Roundtable: Opportunities and Barriers to Implementing Opioid Prevention and Treatment Programs at FQHCs
Facilitator: Dennis Romero, Regional Administrator for Region II, Substance Abuse and Mental Health Services Administration
Joan Buckley-White, LCSW-R, Director, Behavioral Health Services, Syracuse Community Health Center
Bill Hines, MD, Medical Director, Outpatient Addiction Treatment Services, Syracuse Community Health Center
AnnMarie Zimmermann, MD, Medical Director, Southern Tier Community Health Center
Regina Olasin, DO, FACP, FAAP, Chief Medical Officer, Care for the Homeless
Opioid treatment and prevention programs are a “new frontier” for many FQHCs. During this roundtable discussion, we will engage in an interactive conversation that will focus on the nonclinical aspects of developing and implementing opioid addiction programs, such as workforce, operations, reimbursement, and regulatory considerations, among other topics. The session will involve a facilitated discussion about the resources, partnership, and training needs for these nonclinical considerations. Input gathered will inform the development of training resources to support New York FQHCs with the development of opioid prevention and treatment programs.

Tools, Tricks, and Trainings: Developing a Suicide Prevention Plan for Your Community Health Center

Sarah Bernes, MPH, LMSW, Director of Suicide Prevention, Institute for Family Health

Over 80 percent of people who die from suicide have contact with health and behavioral health care providers in the year prior to their death, making these settings ideal for intervention. The Zero Suicide framework, supported by the 2012 National Strategy for Suicide Prevention, offers guidance about how health and behavioral health care providers can further suicide prevention by providing better clinical care for suicidal patients. This workshop chronicles the suicide prevention strategies adopted by the Institute for Family Health, a large FQHC network. The presenter will discuss key steps taken by the Institute for Family Health toward better identification and treatment of suicidal patients, recommend how other organizations could implement them, and share modifications that have been made to the electronic health record to support better suicide care.

Communicate your Impact: Storytelling for Community Health Centers

Natalie Finstad, Executive Director, Leadership Development Initiative
Phillip Miner, MLS, Director of Grants and Communications, Apicha Community Health Center
William J. Nazareth Jr., Director of Creative Media, Callen-Lorde Community Health Center
Hope Glassberg, Vice President, Strategic Initiatives and Policy, Hudson River Healthcare

Storytelling is one of the oldest tools used to affect change in our society. It can also be an effective method of communicating the impact that health centers have on their communities and within the broader healthcare landscape. This session will focus on how storytelling enables health centers to communicate in a way that shares hope, urgency and conviction. Participants will identify and practice articulating their calls to leadership and commitment to community-based healthcare through storytelling, as well as hear directly from peers about how they are integrating storytelling into their work.

FQHC Finance Department Survival Guide

Ira J. Rothblut, CPA, President, IJR Consulting Corp
Maria Mazzotta, CPA, Chief Financial Officer, Open Door Family Medical Centers
Evan Zuckerman, CPA, Chief Financial Officer, Brightpoint Health
In today’s highly regulated health care landscape, health centers are struggling to effectively manage their finance departments with the right combination of accounting expertise, operational skills, and in-depth knowledge of the complex regulatory environment. Too often, FQHCs become overwhelmed by the multitude of demands upon them and lose sight of the part of the work that is “running a business.” Ideally, we find a livable balance between compliance, achieving positive financial results, and operational best practices so that we can continue to fulfill our core missions of providing quality healthcare. This session will help participants understand fiscal compliance issues and provide them with effective tools to help monitor and improve the financial health of their FQHCs.

11:15 AM
City Center ABC

EXHIBIT HALL OPENS

11:45 AM – 12:45 PM
Saratoga I

JEFFRETY T. LATMAN SCHOLAR LUNCHEON

11:45 AM – 12:45 PM
City Center D

NETWORKING LUNCHEON

1:00 – 2:30 PM
City Center D

Keynote Address: A New Era for Health Care Reform
Donald Berwick, MD, MPP, President Emeritus and Senior Fellow, Institute for Healthcare Improvement

Please see page 30 for more information on this speaker.

2:30 – 2:45 PM
City Center ABC

COFFEE & TEA BREAK WITH SPONSORS & EXHIBITORS

2:45 – 4:15 PM
QTI

FINANCIAL WORKSHOPS

QTI

Enabling older adults to age in community-based settings is now recognized as a top priority among public policy and health leaders. Recent changes through the Affordable Care Act and the continued increase of the dual (Medicaid and Medicare) eligible population raises new questions for community health centers about how to address the needs of vulnerable older adults. Panelists will share and discuss key market trends, opportunities, and innovative partnerships, including a detailed discussion of a multidisciplinary, team-based care model, the Center for Healthy Aging (CFHA), which was developed and implemented by Urban Health Plan. Participants will learn how the model successfully addresses the needs of frail seniors using
proactive screening (fall risk, activities of daily living, nutrition, depression, etc.),
team-based case conferences, and quality improvement data to ensure high-quality
clinical and support services.

**OFC**

**Board Members: A Discussion about Current Training and Technical Assistance Needs**

Suzanne Rossel, Senior Vice President of Health Center Support & Development, CHCANYS
Liliana Heredia, Senior Director of Health Center Support, CHCANYS

During this FQHC board-focused conversation, CHCANYS staff will present the key
takeaways from the results of an FQHC Statewide Board and Governance survey and
facilitate a discussion about current training opportunities, educational resources, and
training and technical assistance to support board members in their organizations.

**QTI**

**Behavioral Health Leadership Summit**

Behavioral health staff from FQHCs across New York State will gather to discuss
ongoing needs related to the delivery, reporting, and integration of behavioral health
care services at community health centers. Attendees will have the opportunity to
network with peers, share best practices, and hear from a panel of speakers repre-
senting medical and behavioral health concerns at the FQHC level, as well as a
representative from the New York State Office of Mental Health.

**QTI**

**Pediatric and Adolescent Oral Health Initiatives in Community Health**

**Part 1: Pediatric Dental Exam for the Non-Dental Provider**

Gregory Taddeo, DDS, Chief Dental Officer, Community Healthcare Network
JP Gonzalez-Torres, DDS, Director of Dentistry, Calen-Lorde Community Health Center

Part one of this session on pediatric oral health will provide medical practitioners and
other non-dental staff with the skills needed to conduct a basic yet comprehensive
dental exam for pediatric patients. Topics will include how to identify caries, soft
tissue lesions, developing occlusion, malocclusion, and more. Content can serve as
groundwork for school-based programs, and attendees will leave with ideas on how
to establish an in-house referral-based system that can benefit medical and dental
programs. Caries risk assessment (CRA), currently required by New York State, will
also be presented as the foundation for determining need for fluoride placement.
Proper techniques for delivery of fluoride varnish and sealant placement will be
reviewed, as well as proper coding and billing processes for these procedures.

**Part 2: Establishing a Fluoride Varnish Program in Primary Care**

Kimberly Jackson, MD, FAAP, Associate Chief Medical Officer, Neighborhood Health Center
James Wieland, DDS, Associate Chief Dental Officer, Neighborhood Health Center

Dental caries is the most frequent chronic disease in children (42% of children aged
2–11 have decay in their primary dentition) and result in 51 million hours of lost school
time annually, as reported by the AAP. In part two of this session, Neighborhood
Health Center staff will demonstrate their PDSA to investigate the feasibility of applying fluoride varnish to children’s teeth during primary care well visits from the time of tooth eruption to 5 years of age. Results include provider training and credentialing, implementing workflows for application, documentation, and billing. Presenters will discuss negotiation with payers to obtain reimbursement, as well as how education about the importance of oral health care and the availability of integrated dental services has resulted in increased utilization of dental resources.

Part 3: Implementing Preventive Dental Services in School-Based Medical Clinics
Katherine Austin, MD, MPH, FAAP, FRCP(C), Medical Director, Community Based Services, Morris Heights Health Center
David Tepel, DMD, Dental Consultant, Division of Family and Child Health, NYC Department of Health and Mental Hygiene (NYC DOHMH)
Talia Rubin, DDS, MPH, NYC DOHMH

Morris Heights Health Center's School-Based Health Program, in collaboration with New York City’s Health Department, launched an innovative pilot program that leverages medical providers for preventive dental services in school-based health centers. This pilot includes dental screening, fluoride varnish application, oral health education, dental referrals, and tracking. In part three of this session, presenters will describe the activities of the pilot, discuss their EHR integration, and summarize the program’s health benefits, cost effectiveness, ease of implementation, and ability to generate results.

New Federal Model for Integrated Care: Certified Community Behavioral Health Clinics
Trisha R. Schell-Guy, Deputy Counsel, New York State Office of Alcoholism and Substance Abuse Services
Don Zalucki, Director, Bureau of Program and Policy Development, New York State Office of Mental Health

In late 2016, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced that New York was one of eight states chosen to participate in the Certified Community Behavioral Health Clinic (CCBHC) demonstration program, which aims to improve the State’s behavioral health system through the integration of mental health and substance use disorder treatment with physical health care. As of July 2017, when the program began operating, there are thirteen CCBHCs in New York State providing comprehensive, coordinated behavioral health, substance abuse and physical health care services to anyone needing them, with a specific focus on people with serious mental illness, serious emotional disturbance, and chronic substance use disorders. Like community health centers, CCBHCs receive a special bundled Medicaid rate, have Uniform Data System reporting requirements, and are led by consumer-majority boards. In this session, presenters will discuss the CCBHC model, their alignment with FQHCs and efforts to expand primary care, and their role in New York’s healthcare delivery transformation efforts.
4:45 – 5:30 PM  WORKFORCE COMMITTEE MEETING
Saratoga I

4:45 – 6:00 PM  CLINICAL COMMITTEE/REIMBURSEMENT TASK FORCE MEETING
Saratoga II & III

5:30 – 7:30 PM  WELCOME RECEPTION WITH SPONSORS & EXHIBITORS
City Center ABC
Enjoy a networking reception with hors d’oeuvres, spirits, and live music by The Healers.

6:00 – 6:30 PM  POSTER SESSION
City Center Foyer

COMPLETE CHCANYS’ T/TA SURVEY
You could win a $100 Gift Card!

Complete the Training and Technical Assistance and Satisfaction Survey included with your registration materials, bring it to the information table located in the Gallery, and participate in a 5-10 minute follow-up interview for a chance to win one of five $100 American Express gift cards. All current staff of New York State FQHC and FQHC Look-Alikes who have participated in CHCANYS’ programs and training sessions are eligible to submit feedback in exchange for a raffle ticket. Winners will be announced at 9:00 AM in City Center D, prior to the start of the General Session (you do not need to be present to win).
TUESDAY, OCTOBER 24

6:15 – 7:00 AM
SUNRISE STRETCH
Alabama/Travers

Bring your yoga mat!

7:00 AM
REGISTRATION OPENS
Lower Lobby

7:00 – 8:45 AM
BREAKFAST WITH SPONSORS & EXHIBITORS
City Center ABC

7:30 – 8:45 AM
QTI BREAKFAST MEETINGS
City Center

Behavioral Health
Sexual and Reproductive Health
HIV
Oral Health
Nursing

7:30 – 8:45 AM
Broadway I
Broadway II
Broadway III
Broadway IV
Phila

9:00 – 10:30 AM
REGULATORY AND REIMBURSEMENT MEGA SESSION
City Center D

Peter R. Epp, CPA, Partner, Community Health Centers – Practice Leader, CohnReznick LLP
Jacqueline C. Leifer, Esq., Senior Partner, Feldesman Tucker Leifer Fidell LLP

The presenters will discuss recent federal and state developments pertaining to health center programmatic and reimbursement regulations and requirements in the ever popular Mega Session. Jacki Leifer will kick off the session with a discussion on the new Health Center Program Compliance Manual. She and Peter Epp will also touch on health center billing and reimbursement, federal grant-related rules and requirements, enforcement activities, and other hot topics affecting FQHCs—from the big picture policy concerns to the critical details.

Topics to be addressed include:
• Health Center Program Compliance Manual
• Potential changes to federal Medicaid policy, including 1115 waivers
• Existing federal protections for FQHCs
• 340B Compliance
• HIPAA Compliance
• ADA litigation at health centers
• New York State Safety Net Pool
• Core financial and clinical competencies in Value Based Payment
• Capital funding and rate appeals
• New York State Collaborative Care Medicaid Program
• … and more!
**QTI**

**Morning Workshops**

**Saratoga I**

**Doing our Part to End the Epidemic: Facility-Level HIV Treatment Cascades at an FQHC**

Rebecca Green, LMSW, *Regional Director of COMPASS Programs, Institute for Family Health*

Natana Cruickshank, MPH, *HRSA Associate Program Director, COMPASS, Institute for Family Health*

In this session, presenters will discuss the development and use of HIV treatment cascades at the Institute for Family Health, which provides HIV services in the Bronx, Manhattan and the Mid-Hudson Valley. The HIV treatment cascade or care continuum outlines the stages of care for HIV+ individuals, from initial diagnosis to viral load suppression, and drives the identification of targeted interventions for gaps in care. The Institute for Family Health developed its first facility level cascade in 2014, and used it to drive quality improvement projects in its HIV programs. The development of treatment cascades is time intensive and requires collaboration between clinical, administrative and IT teams; however, it is an essential process for identifying specific treatment gaps in order to target relevant areas for quality improvement. Participants will leave this workshop with increased awareness of New York State’s progress towards Ending the Epidemic, issues to consider when developing facility level cascades, and suggested interventions for filling gaps in care.

**Saratoga II & III**

**Information Technology Strategy, Quality Improvement, and Data**

**Part 1: IT Budgeting for the Health Center of the Future**

Mark Marco, *Sales Manager, BlueNovo*

In this era of value-based purchasing, declining reimbursement rates, and reduced federal funding, FQHCs must continue to deliver on their mission to provide health care to the underserved with a renewed focus on long-term financial viability and success. Never has it been more important for FQHCs to consider the underlying infrastructure that supports them. Rather than viewing healthcare technology as a burden, today’s successful FQHCs are developing strategies and using technology as a springboard to higher provider satisfaction, higher patient engagement, and most importantly, higher quality care. This presentation will help participants understand the true cost of health IT and how developing effective health IT budgeting strategies and choosing the right applications will help health centers to position themselves for payment reform and value-based care.

**Part 2: Leveraging Grant Dollars to Implement Lean Management Practices in a Community Health Setting**

Elizabeth DuBois, DNP, FNP-BC, AAHIVS, *Deputy Chief Medical Officer, Community Healthcare Network*

Grace O’Shaughnessy, LMSW, *Associate Director, Community Healthcare Network*

In line with its systematic approach to eliminating inefficiencies and waste within clinical operations, Community Healthcare Network (CHN) successfully obtained
grant funding for the implementation of new technologies. Through the utilization of lean management practices—a set of principles and tools used to continuously improve processes in a system—CHN identified specific areas of waste within its clinical operations and determined the most cost-effective and logistically feasible solution. This involved the integration of clinical technologies that could be directly interfaced with CHN’s Electronic Medical Records system. While initial implementation costs are high, CHN is on-track to see long-term cost savings in addition to improved medical services and increased access to care. Participants will learn how to leverage available public and private funding to improve clinical efficiency through the elimination of waste, specifically as it pertains to provider time.

Part 3: A Comprehensive Approach to Improving Data Capture for Continuous Quality Improvement

Hema Santhanam, MSN, FNP, Chief Clinical Officer, VIP Community Services

Continuous Quality Improvement (CQI) has become vital to the success of community health centers. Factors including the internal drive to improve quality, government incentives, regulatory consequences, and the need for quality recognition have all coalesced to motivate health centers to adopt robust CQI programs that support sustained change. The simplest and most commonly used tools for performance improvement have been the IHI Model for Improvement, the mainstay of which is the Plan-Do-Study-Act (PDSA) method of rapid cycle improvement. However, plowing through discrete PDSA cycles without an overall plan has not always yielded sustained improvement or resulted in practice transformation. To achieve these larger goals, there must be an overarching framework that includes the successful implementation and utilization of health information technology. This workshop will present an approach that emphasizes the planning phase of the PDSA improvement process to enhance data capture—a cornerstone to continuous quality improvement.

Are Health Centers a Home for Opioid Users in our Communities?
Strengthening Models of Care to Respond to the Opioid Epidemic

Barbara Zeller, MD, Chief Clinical Officer, Brightpoint Health
Diane Arneth, B.S.N., M.P.A, Executive Director, Community Health Action of Staten Island and Chief Community-Based Services Officer, Brightpoint Health
Jonathan Zellan, MD, Associate Medical Director, Brightpoint Health
Kate Kozeniewski, RN, Buprenorphine Nurse Coordinator, Brightpoint Health

Patients with substance use and mental health disorders comprise a growing percentage of the populations served by FQHCs. To meet their needs and respond to the opioid crisis, Brightpoint has strengthened its models of care and workforce skills development, obtaining OMH and OASIS licenses to integrate behavioral health and primary care and operate two outpatient drug treatment programs. They also co-located a clinic in BOOM Harm Reduction Center and their affiliate, CHASI, opened a 24-hour recovery center on Staten Island. A pain management program was initiated in 2014 and a medical marijuana pilot has been initiated in the Bronx. Within each community health center, Brightpoint has physicians and NPs who can prescribe buprenorphine, and all providers are trained in MATS and harm reduction.
Narcan kits are available to staff and patients. In this workshop, participants will hear about these efforts and discuss lessons learned about overcoming barriers to care and how FQHCs can play an increasing role in responding to the opioid epidemic.

**QTI**  
**City Center I**

**Proven Strategies to Increase Cancer Screening Rates in FQHCs**

Heather Dacus, DO, MPH, Director, Bureau of Cancer Prevention and Control, NYS Department of Health  
Vanessa Rodriguez, Senior Practice Coach, Urban Health Plan  
Christina Faber, MS, RD, Senior Director—Primary Care Systems, American Cancer Society  
Sheila Conklin, MBA, MPH, PCMH CCE, Vice President, Quality, Hudson River HealthCare  
Alison Gold, MPH, RD, Manager of Nutrition and Operations, Hudson River HealthCare

In this session, a diverse group of presenters from New York FQHCs and partner organizations will present multiple initiatives designed to increase cancer screening rates. NYS Department of Health and CHCANYS staff will describe a practice facilitation model of technical support implemented in a year-long project with a group of partner FQHCs. The model targets operational efficiency and systems-level change through implementation of HIT-enabled clinical care with CHCANYS’ Center for Primary Care Informatics (CPCI) and aims to enable FQHCs to successfully deliver high-quality, patient-centered and cost-effective primary care while positioning them for value-based payment arrangements. Urban Health Plan staff will present a performance improvement project implemented across multiple sites to increase colon cancer screening using fecal immunochemical tests (FIT). Utilizing the Model for Improvement (PDSA cycles) and the Care Model, QI team leaders employed a data-driven practice coaching strategy to achieve sustained improvement across sites. Finally, staff from Hudson River HealthCare and the American Cancer Society will present on FLUFit, an innovative and proven approach to pair patients’ annual flu shot visits with the opportunity to reach those who need colorectal cancer screening. Participants will learn strategies for implementation and identifying next steps to improve cancer screening rates within the community health center setting.

**OFC/PA**

**City Center II (A+B)**

**The New Frontier of Health Center Compliance**

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

The Health Resources and Services Administration’s Bureau of Primary Health Care released the new Health Center Program Compliance Manual on August 28, 2017. Join the National Association of Community Health Centers’ general counsel as she highlights the key changes found in the Compliance Manual; identifies PINS, PALS and other resources that have been superseded and those that remain in effect; and recommends strategies for ensuring compliance. The presentation will also include an overview of the increased federal and state oversight audits and investigations of health centers by several agencies of the U.S. Department of Health & Human Services, including HIPAA investigations and 340B Drug Pricing Program audits.
12:15 – 12:30 PM
COFFEE & TEA BREAK WITH SPONSORS & EXHIBITORS
City Center ABC

12:30 – 2:30 PM
CHCANYS17 AWARDS LUNCHEON
City Center D

2:30 – 2:45 PM
COFFEE & TEA BREAK WITH SPONSORS & EXHIBITORS
City Center ABC

2:45 – 4:15 PM
AFTERNOON WORKSHOPS

QTI Assessing and Addressing the Needs of Unique Patient Populations: Refugees and Veterans

Katrina Adams, Practice Administrator, Community Healthcare Network
Elizabeth DuBois, DNP, FNP-BC, AAHIVS, Deputy CMO, Community Healthcare Network
Grace O’Shaunessy, LMSW, Associate Director, Program Development, Community Healthcare Network
Matthew Weissman, MD, MBA, FAAP, CMO/VP of Medical Affairs, Community Healthcare Network
Joe Squitieri, DO, Deputy Director of Psychiatry, Community Healthcare Network
Susan Yee, DrPH, MHA, AVP of Clinical Operations, Community Healthcare Network

Providing quality care for refugees involves specialized tools, and screening for behavioral health conditions is critically important when working with this population. In the first part of this session, presenters will demonstrate a validated screening tool implemented for eligible refugee patients, review results, and discuss lessons learned and opportunities for next steps. The discussion will include the integration of this tool with the EHR and the incorporation of screening reminders in morning huddles.

Patients who have served in the military are not always guaranteed benefits through the Veterans Administration, and Community Healthcare Network devised a plan to address the gap in care for this population. In the second part of this session, presenters will describe a systemized approach used to specifically address the needs of these patients, which can be applied to other special populations across community health centers. This approach includes expert site assessment, needs assessment, training and education, EMR and intake form review, and overall system review. Participants will learn how to better identify gaps in care, determine workforce readiness, and implement a system to prepare organizations to serve special populations.

QTI Pregnancy and Addiction

Jacob Samander, MD, Psychiatrist, Open Door Family Medical Centers
Karen Murray, MD, OB/GYN, Open Door Family Medical Centers

There are many barriers to care for pregnant women who are addicted to drugs or alcohol. Understanding addiction during pregnancy and the risks involved go a long way toward resolving clinicians’ reluctance to treat and ultimately improve overall outcomes for both babies and mothers. There are special criteria protecting the
provision of care for diagnosing and treatment with medication (MAT) in this special sub-population. This workshop will review the parameters for caregiving in order to help make physicians more comfortable and confident providers of care.

QTI/OFC
Regional Health Information Organization Roundtable
Saratoga II & III

Moderator: Lisa Perry, Senior Vice President, Quality & Technology Initiatives, CHCANYS
Valerie Grey, Executive Director, New York eHealth Collaborative
Tom Check, President and Chief Executive Officer, Healthix
Denise DiNoto, Director of Community Services, Rochester RHIO
Christina Galanis, Chief Executive Officer HealthlinkNY

This workshop will begin with a panel discussion on the Statewide Health Information Network for New York (SHIN-NY) and individual Regional Health Information Organization (RHIO) strategies to support Value-Based Payment, interoperability, and innovation. The current state of the SHIN-NY and plans for the future will be discussed, as well as tools available from the RHIOs, including summaries of care, predictive risk analytics, customized alerts, and care plans to support improved care management. The presentation will include a case study of RHIO collaboration with an FQHC to increase provider utilization of RHIO services. The session will end with Q&A.

QTI/WF
Improving Care for Our LGBTQ Patients
Broadway I–III

Part 1: Addressing Marginalization in Community Health Centers
Sarah Bernes, MPH, LMSW, Director of Suicide Prevention, Institute for Family Health
Deena Levine, MPH, LMSW, Associate Program Director, Institute for Family Health

Members of the Institute for Family Health’s (IFH) Lesbian Gay Bisexual Transgender and Queer/Questioning (LGBTQ) Health Task Force will provide an overview of LGBTQ marginalization within the health care system and give examples of multi-level changes that are possible within health care organizations. The presentation will review the structure and content of the current IFH LGBTQ Health Task Force Work Plan, including progress made on projects such as: creating and delivering a training curriculum intended for all staff about providing quality and affirming LGBTQ healthcare; revising patient registration procedures to ensure that they are sensitive to sexual orientation and gender identity; and developing and implementing a protocol to care for patients requesting to begin hormone therapy.

Part 2: Using Sexual Orientation and Gender Identity Data to Refine Interventions and Target Specific Populations
Peter Meacher, MD, Chief Medical Officer, Callen-Lorde Community Health Center

HRSA now requires FQHCs to collect Sexual Orientation & Gender Identity (SOGI) data. This information is valuable in many ways, not least because it enables health centers to identify sub-populations that can be targeted with interventions tailored for maximum impact. For example, there are many reasons that a trans man might be less likely to get a cervical pap test than a cis woman. Something as simple as
changing the name of the service from “Women’s Health” to “Cancer Screening” may be extremely effective in increasing the rate of screening for trans men. By examining quality data through a SOGI lens, this session will consider the disparities revealed and examine the effectiveness of tailored interventions to improve health outcomes.

**FQHC Alternative Payment Methodology 101: A New York State Perspective**

Peter R. Epp, CPA, Partner, Community Health Centers–Practice Leader, CohnReznick LLP
Art Jones, MD, Partner, Health Management Associates
Kersten Lausch, Deputy Director, State Affairs, National Association of Community Health Centers

As fiscal pressures on health care expenditures continue to build, payers are actively moving towards a system that links payment to quality and outcomes. State and federal programs such as Medicaid and Medicare are seeking to redesign reimbursement methodologies with an emphasis on “value.” Adequate Medicaid reimbursement is fundamental to FQHCs’ ability to continue to provide comprehensive primary care services to anyone seeking care, regardless of insurance status or ability to pay. Although the Prospective Payment System (PPS) is the underpinning of Medicaid reimbursement for the majority of FQHCs, including health centers in New York State, over 20 states rely on an Alternative Payment Methodology (APM) to reimburse FQHCs. The presenters in this session will explain what an APM is, highlight examples of APM models developed by other states, discuss how a capitated APM both aligns with and differs from New York State’s efforts to move to value-based payment, and review financial and clinical implications for developing and implementing a successful APM. The session is recommended for executive, financial and clinical health center leadership.

**Thinking Strategically about Debt: Borrowing 101 for Community Health Centers**

Al Shehadi, MPA, Chief Lending Officer, Vital Healthcare Capital
William O’Brien, MA, MBA, Chief Lending Officer, Capital Investment, Primary Care Development Corp.
Brenda Loya, MBA, Senior Business Development Officer, Nonprofit Finance Fund
Matthew Bernardo, MSW, Executive Director, Housing Works

In an era of both rapid growth and change, health centers need to plan for expansion. Prudent and strategic borrowing can help health centers navigate health system reform and expand in order to reach more patients in their communities. Community Development Financial Institutions (CDFIs) are mission-driven, nonprofit lenders that can provide flexible capital and technical assistance to health centers. CDFIs have traditionally provided facility financing to health centers, but they also offer a range of financing tools that extend beyond bricks and mortar, including loans for working capital, business expansion, growth capital, practice acquisition, and bridging both capital and operating funds.

This panel discussion will present the experience of three CDFIs that are working to meet the financing needs of health centers, as well as the experience of Housing
Works, an FQHC borrower that recently completed a loan with two of the CDFI lenders. Panelists will discuss “big picture” issues involved with any financing, including leveraging grant funds such as the New York State Health Care Facility Transformation Program, the basic process for borrowing, and the specific example of Housing Works’ recent financing projects. Workshop participants will be able to ask questions to better understand how specific financing options might work for their health centers.

4:30 – 5:30 PM The Latest from the Hill: Federal Policy Update
City Center D

Michaela Keller, Manager, Federal Affairs, National Association of Community Health Centers

Please see page 31 for more information on this speaker.

5:30 – 6:15 PM POSTER SESSION
City Center Foyer

8:00 – 10:00 PM DESSERT RECEPTION AND DJ
City Center ABC

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WEDNESDAY, OCTOBER 25

7:00 AM  REGISTRATION OPENS
Lower Lobby

7:00 – 8:45 AM  BREAKFAST WITH SPONSORS & EXHIBITORS
City Center ABC

7:30 – 8:45 AM  CPCi BREAKFAST MEETING
Saratoga II & III

9:00 – 10:30 AM  General Session: Dreamland: America’s Opiate Epidemic and How We Got Here
City Center D
Sam Quinones, Journalist and Author
Please see page 32 for more information on speaker.

10:30 – 10:45AM  COFFEE & TEA BREAK WITH SPONSORS & EXHIBITORS
City Center ABC

10:45 AM  – 12:15 PM  MORNING WORKSHOPS

QTI/OFC
Developing a Primary Care Procedure Clinic
Alabama/Travers
Matthew Weissman, MD, Chief Medical Officer, Community Healthcare Network
Elizabeth DuBois, DNP, FNP-BC, AAHIVS, Deputy Chief Medical Officer, Community Healthcare Network
Grace O’Shaughnessy, LMSW, Associate Director, Community Healthcare Network
With a national focus on reducing emergency department visits, many health centers are identifying ways to manage even more care within the primary care setting. Community Healthcare Network (CHN) utilized an advisory committee of healthcare professionals to identify common outpatient procedures that can be taught and practiced in the FQHC setting. Examples include: ingrown toenail removal; basic suturing; and splinting and casting, to name a few. A curriculum of hands-on practice and comprehensive didactics was developed and then used to train staff over the course of four days. CHN purchased equipment utilizing a grant, but also created practice models using common products such as hot dogs, gloves, and glue. Credentialing policies were developed and are now being implemented and evaluated. In this workshop, presenters will review the list of procedures, curriculum, equipment and supplies used for this project and highlight best practices for implementation.

QTI
Quality Improvement and Chronic Disease Management
Saratoga I
Part 1: Integrating PCMH and DSRIP Goals with Quality Improvement: A Model to Improve Pediatric Asthma Care in the Era of Value-Based Payment
Marion Billings, MD, MSc, Pediatrician, NYC Health and Hospitals/Gouverneur
Pediatric asthma was a focus of 2014 PCMH re-certification at NYC Health and Hospitals/Gouverneur. National Heart, Lung, and Blood Institute (NHLBI) guideline-based management and reliable use of an Asthma Care Plan were implemented. Nursing staff were certified as Asthma Educators, and a health literacy-smart patient education tool was designed. A Public Health Advisor (PHA) began follow-up calls to assess barriers and improve care coordination. In 2016, NYC Health and Hospitals/Gouverneur began working through DSRIP to reduce preventable ER visits and hospitalizations of this cohort. A working group aligned PCMH initiatives with DSRIP goals. Providers and nurses were retrained in guideline-based management (PACE). Staff began routine administration of the Asthma Control Test (ACT). The organization aligned the work of its PHA with a new Community Health Worker program and also implemented asthma quality data collection and reporting at Department huddles. By December 2016, Care Plans were documented in 86% of visits, 86% of asthmatics had received Flu shots, and the PHA had reached 72% of patients in post-visit outreach. In this session, NYC Health and Hospitals/Gouverneur staff will share details about the implementation of these changes and how they can be replicated at community health centers in order to improve pediatric asthma care.

Part 2: Using a Team-Based Care Model to Better Serve Patients with Complex Needs

Natasha Van Wright, RN, BSN, MA, CCM, Director of Care Management, Urban Health Plan
Haydee Maldonado, Director of QI Data Analysis and Reporting, Urban Health Plan

Research has shown that addressing medical, behavioral, and social needs is necessary for improving population health. As health care increasingly focuses its attention on patients with complex needs, emerging efforts to address this population must focus on medical complexity, behavioral health, and the social determinants of health. Urban Health Plan has developed an interdisciplinary team-based care model that targets patients with uncontrolled diabetes (HbA1c >9). This model utilizes interdisciplinary case conferencing to enhance team collaboration, reduce cross functional silos, and develop individualized care plans that improve patient outcomes. In this session, Urban Health Plan staff will review successes and challenges in implementing this model.

Politics and Healthcare in NYS: Looking to 2018

Moderator: Bob Bellafiore, Principal, Stanhope Partners
Moderator: Steve Greenberg, Principal, Greenberg Public Relations
Dan Goldberg, Senior Health Care Reporter, PoliticoNY
Caroline Lewis, Health Care Reporter, Crain’s New York Business
Benita Zahn, DPS–Bioethics, News Anchor and Health Reporter, WNYY, Albany

The healthcare system is increasingly influenced by federal, state and local politics. Federal efforts over the past year to repeal the Affordable Care Act and amend the Medicaid program would invariably alter the current healthcare delivery system, but changes to immigration, tax, housing and other policies may also impact how and
where patients can access care in New York State. This panel will focus on the current New York State political landscape, including State responses to federal proposals and what safety net providers and patients may be able to expect as we head into a gubernatorial election year. Topics covered may include Medicaid financing, health insurance coverage, innovations in service delivery, the opioid epidemic, and addressing the healthcare workforce shortage.

**QTI/OFC**

**CPCI for the C-Suite**

Warria Esmond, MD, Chief Medical Officer, Settlement Health
Barbara Hood, MBA, Chief Information Officer, William F. Ryan Community Health Center
LuAnn K. Kimker, RN, MSN, Director of Clinical Innovation, Azara Healthcare
Lisa Perry, MBA, MPP, Vice President, Quality and Technology Initiatives, CHCANYS

This workshop will address the value to providers individually and in networks of a shared data warehouse and analytics platform. The challenges and investment required to run an effective data program, including tips and real-life examples from the experiences of peers who have successfully promoted data quality and adoption, will be a key topic. Presenters will explain how to break the work down into bite-sized approaches and the value of doing so. Features of CPCI that support success under value-based payment will be highlighted. The session will end with Q&A.

**OFC**

**22 Days Until the CMS Emergency Preparedness Rule Compliance Deadline: Are You Ready?**

Molly S. Evans, JD, Partner, Feldesman Tucker Leifer Fidell LLP

Centers for Medicare and Medicaid Services (CMS) established emergency preparedness requirements (aka the Emergency Preparedness (EP) Rule) that went into effect on November 16, 2016. Medicare and Medicaid participating providers and suppliers, including FQHCs, must comply with the EP Rule requirements by November 17, 2017 as a condition of participation in the Medicare program. The new rule is far-reaching and requires providers to conduct annual risk assessments and develop emergency plans. In addition, providers must develop and implement policies and procedures to successfully execute their emergency plans, while addressing risks identified during their most recent assessment phase. Providers must also establish communications plans to coordinate patient care within and outside of their facilities during an emergency. Finally, providers must demonstrate ongoing training and testing of their emergency management programs, including conducting exercises. With only 22 days to go before the implementation deadline, this workshop will provide an overview of the EP Rule requirements for FQHCs and highlight compliance areas of particular interest.

**12:30 – 1:30 PM**

**LUNCHEON**

**12:30 – 1:30 PM**

**MEDICAID UPDATE: FQHCs and the Future of NYS Medicaid**

Jason Helgerson, MPP, Medicaid Director, State of New York

Please see page 30 for more information on this speaker.
1:30 – 1:45 PM
City Center ABC

COFFEE & TEA BREAK WITH SPONSORS & EXHIBITORS

1:45 – 3:15 PM

AFTERNOON WORKSHOPS

WF
Saratoga I

Workforce Analysis and Development in the Healthcare Setting

Elizabeth DuBois, DNP, FNP-BC, AAHIVS, Deputy Chief Medical Officer, Community Healthcare Network
Grace O’Shaughnessy, LMSW, Associate Director, Community Healthcare Network
Kelly Sabatino, MSc, Program Coordinator, Community Health Workforce Initiative, Community Healthcare Network

This workshop will discuss the development of an analytic process to assess an organization’s workforce capacity, demonstrating the use of both qualitative and quantitative data collection to develop a robust analysis of trends in provider recruitment, retention, utilization, onboarding, training, and engagement. Presenters will review workforce trends across various healthcare settings and highlight best practices gathered at Centers of Excellence throughout the country. Attendees will learn the value of diverse assessment methods, how to select meaningful metrics, and ways to incorporate results into actionable plans. Attendees will also have the opportunity to discuss common challenges in provider workforce development and ways in which workforce development projects can have an impact on provider productivity, satisfaction, and quality of care.

QTI/WF
Broadway I-III

Homelessness: A Panel Presentation on Outreach and Outcomes

Raquel Morel, Outreach Program Manager, Care for the Homeless
Tracy Mack, Peer Program Supervisor, Care for the Homeless
Rodney A. Brown, Case Manager, Care for the Homeless
Heather Garber, LCSW-R, Director of Social Services, Care for the Homeless
Lena Peterson, BSN, Nurse Manager, Care for the Homeless
Regina Olasin, DO, FAAP, FACP, Chief Medical Officer, Care for the Homeless

Care for the Homeless (CFH) provides integrated, medical home primary care, substance abuse, social service, and psychiatry services to 7,700 homeless and unstably-housed individuals at CFH Health Centers located throughout the Bronx, Brooklyn, Queens and Manhattan. In this session, panel members from across the organization will describe initiatives and practices through the continuum of care to increase outreach and improve patient outcomes for the homeless population. Topics covered will include a peer outreach program, an integrated model of care with access to counseling services and referral to psychiatric care, and a nurse-directed disease management program, among others. Presenters will discuss obstacles, key assets, and actionable solutions. Audience participation is encouraged.

Tag us! Please remember to use the #CHCANYS17 hashtag when posting from the event on Facebook and Twitter!
**Behavioral Health Initiatives in the Primary Care Setting**

**Part 1: Promotion of Early Childhood Health: A QI Partnership to Standardize Developmental Screening and Maternal Depression Screening**

Suanne Kowel-Connelly, MD, *Director of Pediatric Quality, NuHealth Long Island FQHC*
Melissa Passarelli, MA, *Director of Programs, Docs for Tots*

Docs for Tots, in partnership with NuHealth Long Island FQHC and Nassau University Medical Center, implemented a model of technical assistance using a QI approach across six separate child health provider settings that successfully integrated standardized developmental screening into practice. A whole team approach led to 95–100% screening in each clinic, over one thousand screens administered (and counting), increased referrals of high-risk families to Early Intervention services in the county, and improved partnerships with community organizations. Due to the model's success, maternal depression screening has been implemented and the county was selected as a place-based community for a federal grant. During this session, presenters will discuss the unique approach, barriers, and opportunities, including potential replication and implication for child health value-based payments and quality measures that highlight the early childhood medical home.

**Part 2: Collaborative Care 101**

Zachary Bodenweber, LMSW, *Implementation Specialist/Collaborative Care Clinician, Institute for Family Health*
Eric Gayle, MD, *Regional Medical Director, Institute for Family Health*

Collaborative Care is an evidence-based model of integrated care that treats common mental health conditions, such as depression and anxiety, with a systemic primary care approach. It focuses on measurement-based practice, treatment to target, and defined patient populations tracked in a registry. Trained primary care providers and embedded behavioral health professionals provide evidence-based medication and psychosocial treatments, supported by regular psychiatric case consultation and treatment adjustments for patients who are not improving as expected. Based on principles of effective chronic illness care, this approach has been proven to increase patient engagement and reduce health disparities in preventive care. This workshop will provide a comprehensive overview of Collaborative Care and its potential for delivering more integrated, clinically-effective, and population-based care. Attendees will learn why Collaborative Care is now supported by Medicare payments and is the chosen model of depression care in many states.

**Part 3: Offering Primary Care Psychiatric Services in School-Based Health Centers**

Mikal Finkelstein, MD, MPH, FAAP, *Supervising Physician, School-Based Health Program, Morris Heights Health Center*
Katherine Austin, MD, MPH, FAAP, FRCP(C), *Medical Director, Community Based Services, Morris Heights Health Center*
Sandra Denis, MD, *Chief Behavioral Health Officer, Morris Heights Health Center*

There is an unmet need for child psychiatric services in the Bronx. School-Based Health Centers (SBHC) are uniquely positioned to offer these services. Morris Heights
Health Center runs SBHCs with a core staff of midlevel providers, social workers and medical assistants. Each SBHC has a supervising physician who oversees four clinics. The health center developed a model in which the supervising physician works closely with schools, families, and clinics to assess, diagnose and treat students with mental health disorders, and the clinic social worker functions as the case manager. Morris Heights Health Center’s physicians received training from the Child and Adolescent Psychiatry for Primary Care (CAP-PC) program of New York State, which trains primary care providers to assess and manage mild to moderate mental health disorders in children. The service has been well received by families, clinic staff and school officials and has resulted in many patients receiving services in their SBHCs rather than being referred out for psychiatric care. In this workshop, participants will learn more about the model from Morris Heights Health Center staff.

**Update from the New York State Department of Health Office of Primary Care and Health Systems Management**

Dan Sheppard, Deputy Commissioner, Office of Primary Care and Health Systems Management, New York State Department of Health

Jennifer R. Treacy, R.Ph., Associate Deputy Director, Office of Primary Care and Health Systems Management, New York State Department of Health

One of the Office of Primary Care and Health Systems Management’s recent areas of focus is streamlining New York’s complex healthcare regulatory system to better align with the quickly changing healthcare landscape and support the State’s ambitious healthcare delivery system transformation goals. Topics to be addressed in this session include the State’s Regulatory Modernization Initiative, particularly in relation to the integration of primary care, behavioral health, substance abuse services, and support for telehealth services; the Certificate of Need process; and capital funding. Take this opportunity to hear directly from the Department of Health about current health systems planning efforts, priorities for health delivery system transformation, and the future of primary care in New York State.

**TELL YOUR HEALTH STORY**

Every health center story is unique and reflects the needs and aspirations of its community. CHroniCles (chchronicles. org), a multi-media website dedicated to the living history of the health center movement, celebrates the distinctive history and the significant role that CHCs fulfill in the lives of millions across the country. CHroniCles aims to honor the rich heritage and ongoing work of community health centers by having each health center document its own story to create an on-line, web-based tapestry. The site, a special project of the RCHN Community Health Foundation developed in conjunction with NACHC and the Geiger Gibson Program in Community Health Policy, Milken Institute School of Public Health, showcases contributed narratives, photos, data and other materials to advance an understanding and awareness of the vital role that community health centers have played in the American health care system for over fifty years. Stop by the CHroniCles table in the CHCANYS Lounge/Gallery to learn more.
POSTER SESSIONS

Posters may be viewed in the City Center Foyer. Sessions will take place on Monday from 6:00 – 6:30 PM and on Tuesday from 5:30 – 6:15 PM. A winner will be announced at 9:00 AM in City Center D, prior to the start of the General Session.

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<td>Intervention to Improve Family Planning Services in Primary Care</td>
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<td>FluFIT: An Innovative and Proven Approach to Increase Colorectal Cancer Screening in a Community Health Center Setting</td>
<td>American Cancer Society and HRHCare</td>
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<tr>
<td>Implementation of a Best Practice Fluoride Varnish Program in a Primary Care Setting</td>
<td>Neighborhood Health Center</td>
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<tr>
<td>“If You Build It, They Will Come:” Using a Strong QI Foundation to Close Care Gaps</td>
<td>William F. Ryan Community Health Network</td>
</tr>
<tr>
<td>Improving Rates of HIV Viral Load Suppression among Community Health Centers in New York State through a Quality Improvement Learning Network</td>
<td>New York State Department of Health AIDS Institute</td>
</tr>
</tbody>
</table>
### HEALTH INDUSTRY ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AAAHC</td>
<td>Accreditation Association for Ambulatory Health Care</td>
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<tr>
<td>AAFP</td>
<td>American Academy of Family Physicians</td>
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<tr>
<td>ACA</td>
<td>Affordable Care Act</td>
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<tr>
<td>ACO</td>
<td>Accountable Care Organization</td>
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<tr>
<td>ACOG</td>
<td>American College of Obstetricians and Gynecologists</td>
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<tr>
<td>ACSW</td>
<td>Academy of Certified Social Workers</td>
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<tr>
<td>ADA</td>
<td>Americans with Disabilities Act</td>
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<tr>
<td>AHEC</td>
<td>Area Health Education Center</td>
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<tr>
<td>AHIP</td>
<td>America’s Health Insurance Plans</td>
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<tr>
<td>AHRQ</td>
<td>Agency for Healthcare Research and Quality</td>
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<tr>
<td>AMA</td>
<td>American Medical Association</td>
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<tr>
<td>APC</td>
<td>Advanced Primary Care</td>
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<td>APHA</td>
<td>American Public Health Association</td>
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<tr>
<td>ARRA</td>
<td>American Reinvestment and Recovery Act</td>
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<tr>
<td>ASPR</td>
<td>Assistant Secretary for Preparedness and Response</td>
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<tr>
<td>BHPR</td>
<td>Bureau of Health Professions</td>
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<tr>
<td>BPHC</td>
<td>Bureau of Primary Health Care</td>
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<tr>
<td>CAC</td>
<td>Certified Application Counselor</td>
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<tr>
<td>CCHS</td>
<td>Community Clinics and Health Centers</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>CDFI</td>
<td>Community Development Financial Institution</td>
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<tr>
<td>CEEP</td>
<td>Community Health Center Capital Enhancement and Equipment Program</td>
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<tr>
<td>CFPR</td>
<td>Code of Federal Regulations</td>
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<tr>
<td>CHC</td>
<td>Community Health Center</td>
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<tr>
<td>CHIP</td>
<td>Children’s Health Insurance Program</td>
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<tr>
<td>CMMI</td>
<td>Center for Medicare &amp; Medicaid Innovation</td>
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<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
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<tr>
<td>CON</td>
<td>Certificate of Need</td>
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<tr>
<td>COPC</td>
<td>Community Oriented Primary Care</td>
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<tr>
<td>CPCI</td>
<td>Center for Primary Care Informatics</td>
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<tr>
<td>CQI</td>
<td>Continuous Quality Improvement</td>
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<tr>
<td>DCMH</td>
<td>Division of Community and Migrant Health</td>
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<tr>
<td>DHHS</td>
<td>Department of Health and Human Services</td>
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<tr>
<td>DMD</td>
<td>Doctor of Dental Medicine</td>
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<td>DO</td>
<td>Doctor of Osteopathy</td>
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<tr>
<td>DSRIP</td>
<td>Delivery System Reform Incentive Payment</td>
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<tr>
<td>EHB</td>
<td>Electronic Handbook</td>
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<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
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<tr>
<td>EM</td>
<td>Emergency Management</td>
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<tr>
<td>EMCA</td>
<td>Expanded Medical Capacity</td>
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<td>EMR</td>
<td>Electronic Medical Record</td>
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<tr>
<td>EPLS</td>
<td>Excluded Parties List System</td>
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<tr>
<td>EPSDT</td>
<td>Early and Periodic Screening, Diagnosis, and Treatment</td>
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<tr>
<td>EVD</td>
<td>Ebola Virus Disease</td>
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<tr>
<td>FAPIIS</td>
<td>Federal Awardee Performance and Integrity Information System</td>
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<tr>
<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
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<tr>
<td>FFR</td>
<td>Federal Financial Report</td>
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<tr>
<td>FLSA</td>
<td>Fair Labor Standards Act</td>
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<tr>
<td>FPG</td>
<td>Federal Poverty Guidelines</td>
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<tr>
<td>FPL</td>
<td>Federal Poverty Level</td>
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<tr>
<td>FQHC</td>
<td>Federally Qualified Health Center</td>
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<tr>
<td>FTCA</td>
<td>Federal Tort Claims Act</td>
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<tr>
<td>FY</td>
<td>Fiscal Year</td>
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<tr>
<td>GME</td>
<td>Graduate Medical Education</td>
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<tr>
<td>GPO</td>
<td>Group Purchasing Organization</td>
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<tr>
<td>HCCN</td>
<td>Health Center Controlled Network</td>
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<tr>
<td>HDC</td>
<td>Health Disparities Collaborative</td>
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<tr>
<td>HHS</td>
<td>U.S. Department of Health and Human Services</td>
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<tr>
<td>HIE</td>
<td>Health Information Exchange</td>
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<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
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<tr>
<td>HIT</td>
<td>Health Information Technology</td>
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<tr>
<td>HMO</td>
<td>Health Maintenance Organization</td>
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<tr>
<td>HPSA</td>
<td>Health Professional Shortage Areas</td>
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<tr>
<td>HRSA</td>
<td>Health Resources Services Administration</td>
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<tr>
<td>ICD</td>
<td>International Classification of Diseases</td>
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<tr>
<td>IDS</td>
<td>Integrated Delivery Service</td>
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<tr>
<td>IHI</td>
<td>Institute for Healthcare Improvement</td>
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<tr>
<td>IPA</td>
<td>Independent Practice Association</td>
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<tr>
<td>ISDI</td>
<td>Integrated Service Delivery Initiative</td>
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<tr>
<td>LAL</td>
<td>Look-Alike</td>
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<tr>
<td>LEIE</td>
<td>List of Excluded Individuals/Entities</td>
</tr>
<tr>
<td>LGBT</td>
<td>Lesbian, Gay, Bisexual and Transgender</td>
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<tr>
<td>LIP</td>
<td>Licensed Independent Practitioner</td>
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<tr>
<td>MA</td>
<td>Medical Assistant</td>
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<tr>
<td>MCH</td>
<td>Maternal and Child Health</td>
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<tr>
<td>MCO</td>
<td>Managed Care Organization</td>
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<td>MGMA</td>
<td>Medical Group Management Association</td>
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<tr>
<td>MH/SA</td>
<td>Mental Health/Substance Abuse</td>
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<tr>
<td>MHC</td>
<td>Migrant Health Center</td>
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<tr>
<td>MLP</td>
<td>Medical-Legal Partnership</td>
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<tr>
<td>MOU/MOA</td>
<td>Memorandum of Understanding/Agreement</td>
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<td>MSO</td>
<td>Management Service Organization</td>
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<tr>
<td>MU</td>
<td>Meaningful Use</td>
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<tr>
<td>MUA</td>
<td>Medically Underserved Area</td>
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<tr>
<td>MUP</td>
<td>Medically Underserved Population</td>
</tr>
<tr>
<td>NACHC</td>
<td>National Association of Community Health Centers</td>
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<tr>
<td>NAP</td>
<td>New Access Point</td>
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<td>NCQA</td>
<td>National Committee for Quality Assurance</td>
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<tr>
<td>NAPH</td>
<td>National Association of Public Hospitals and Health Systems</td>
</tr>
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HEALTH INDUSTRY TERMS

The terms Health Center Program Grantee, FQHC, FQHC Look-Alike (FQHC LA), Health Center and Community Health Center have different meanings in relation to the Health Center Program.

- Health Center Program Grantee(s) are organizations that receive grants under the Health Center Program as authorized under section 330 of the Public Health Service Act, as amended.

- FQHC is defined in Medicare and Medicaid statutes and is used by CMS to indicate an organization approved to be reimbursed under Medicare and Medicaid using specific methodologies.

- FQHC LAs are health centers that have been certified by CMS, based on recommendations provided by HRSA/BPHC, as meeting all Health Center Program requirements. FQHC LAs do not receive funding under the Health Center Program.

- Health Center is a general term that does not specifically indicate whether an entity is a Health Center Program grantees, FQHC or FQHC LA.

- Community Health Center is not defined in the section 330 statute. It is commonly used to refer to Health Center Program grantees who receive funding to target a general underserved community or population and may also include FQHC LAs.

Subrecipient
A non-federal entity that receives a sub-award from a passthrough entity to carry out part of a federal program but does not include an individual that is a beneficiary of such a program. A subrecipient may also be a recipient of other federal awards directly from a federal awarding agency.
Donald Berwick, MD, MPP
Donald Berwick is the United States’ leading advocate for high-quality healthcare. He is currently President Emeritus and Senior Fellow at the Institute for Healthcare Improvement—IHI. From July 2010 to December 2011, Dr. Berwick served as Administrator of the Centers for Medicare and Medicaid Services. For 22 years prior to that, he was the founding CEO of the Institute for Healthcare Improvement, a nonprofit dedicated to improving healthcare around the world. A pediatrician by background, he has also served on the faculties of the Harvard Medical School and the Harvard School of Public Health.

In 2005, he was appointed “Honorary Knight Commander of the British Empire” by Her Majesty, Queen Elizabeth II in recognition of his work with the British National Health Service. He is the recipient of many awards, including the Ernest A. Codman Award, the American Hospital Association’s Award of Honor, the Heinz award for Public Policy, and the Institute of Medicine’s Gustav O. Lienhard Award. He has been named as a Fellow of the Royal College of Physicians (London) and a Fellow of the Royal College of General Practice. His over 160 articles have appeared in professional journals on such topics as healthcare policy and healthcare quality management, and his books include Promising Healthcare: How We Can Rescue Health Care by Improving It; Curing Health Care, and New Rules: Regulation, Markets and the Quality of American Health Care.

Peter R. Epp, CPA
Peter Epp is a partner with CohnReznick and serves as Leader of the firm’s Community Health Centers Industry Practice. With over 30 years of experience, he is a nationally recognized expert in ambulatory healthcare reimbursement and financing and is a frequent lecturer at seminars and workshops on Value-Based Payment and payment reform, third-party reimbursement maximization, strategic business planning, cost report preparation, federal grantsmanship, financial operations assessments, and managed care.

Peter has been actively involved with health reform and the implementation of reimbursement systems for FQHCs across the country. He has been active with the implementation of Delivery System Reform Incentive Payment (DSRIP) programs and Value-Based Payment (VBP) models in many states. His in-depth knowledge of the interaction between third-party reimbursement and grants management enables his clients to tap into ancillary services, including operational reviews, strategic planning, health reform readiness, cost containment and revenue enhancement studies, litigation support, and related technical assistance.

Jason Helgerson, MPP
Jason Helgerson became New York’s Medicaid Director on January 5, 2011. He also serves as the Executive Director for New York’s Medicaid Redesign Team, nationally recognized as a 2015 Innovation in American Government Finalist by the Harvard Kennedy School of Government. In this capacity, he leads Governor Cuomo’s effort to fundamentally reshape the state’s Medicaid program in order to both lower costs and improve health care quality. Additionally, Mr. Helgerson is a Clinical Associate Professor at the State University of New York at Albany, School of Public Health. He was recognized as a Public Official of the Year by Governing magazine in 2015.
Prior to his arrival in New York, Mr. Helgerson was Wisconsin’s Medicaid Director. In that capacity, he administered the state’s nationally recognized BadgerCare Plus program for children and families (Wisconsin’s Medicaid, and SCHIP); BadgerCare Plus Core Plan; SeniorCare (Pharmacy Plus Waiver); FoodShare (Supplemental Nutrition Assistance Program); and Wisconsin’s Chronic Disease Program. He was also the principal project sponsor for BadgerCare Plus, former Wisconsin Governor Jim Doyle’s signature health care initiative. Through this program, 98% of Wisconsin residents have access to affordable health care, including all children.

Mr. Helgerson also formerly served as Executive Assistant/Policy Director to the Secretary of the Wisconsin Department of Health and Family Services (DHFS), as the Executive Assistant for the Wisconsin Department of Revenue, and as the Senior Education Policy Advisor for Mayor Ron Gonzales of the City of San Jose, CA.

Michaela Keller

Michaela Keller joined the National Association of Community Health Centers (NACHC) in 2015 as the Manager of Federal Affairs. She is NACHC’s lead staffer on legislative issues related to the 340B Drug Discount Program, Health IT and Telehealth, ACA Qualified Health Plan (QHP), Migrant Farmworker and Immigration issues, Emergency Preparedness, and Veterans’ health-related issues.

Prior to joining NACHC, Michaela worked at the national headquarters of the American Red Cross as the Legislative Assistant for State and Federal Relations. She began her work in D.C. as a Staff Assistant with the Presidential Inaugural Committee. Before moving to DC, Michaela worked in various positions within the Massachusetts House of Representatives, in both the office of the Speaker and the Committee on Ways and Means. She began her career as an AmeriCorps Fellow at Health Care for All, a consumer-based health care advocacy organization.

Jacqueline C. Leifer, Esq

Jacqueline Leifer counsels national, regional and state primary care associations and serves as General Counsel to the National Association of Community Health Centers. She also advises hundreds of federally qualified health centers and other community-based healthcare providers, health center–controlled networks and managed care companies. She handles a variety of corporate matters, including corporate formation and restructuring, consolidations and affiliations between and among FQHCs, local health departments, health systems, hospitals, rural health clinics, private group practices, oral health providers and behavioral health providers. She is also recognized for her work in healthcare compliance, advising on a broad range of high risk issues, including Federal grants management, 340B, FTCA, tax, anti-kickback and false claims.

Ms. Leifer helped create the graduate healthcare compliance certificate program at George Washington University, where she is a Professorial Lecturer. Prior to joining the law firm in 1980, she was an Attorney Advisor in the Office of General Counsel of the United States Department of Health and Human Services, where she served as principal counsel to the Bureau.
Sam Quinones

Sam Quinones is a Los Angeles-based freelance journalist and author of three books of narrative nonfiction. His latest book is *Dreamland: The True Tale of America’s Opiate Epidemic* (Bloomsbury, 2015), for which he traveled across the United States. Dreamland recounts twin stories of drug marketing in the 21st century: a pharmaceutical corporation flogs its legal new opiate prescription painkiller as nonaddictive. Meanwhile, immigrants from a small town in Nayarit, Mexico devise a method for retailing black-tar heroin like pizza in the US and take that system nationwide, riding a wave of addiction to prescription pills from coast to coast. The collision of those two forces has led to America’s deadliest drug scourge in modern times.

*Dreamland* won a National Book Critics Circle award for the Best Nonfiction Book of 2015. It was also selected as one of the Best Books of 2015 by Amazon.com, Slate.com, the Daily Beast, Buzzfeed, Seattle Times, Boston Globe, St. Louis Post-Dispatch, Entertainment Weekly, Audible, and in the Wall Street Journal and Bloomberg Business by Nobel economics laureate, Professor Angus Deaton of Princeton University. Mr. Quinones’ previous two highly-acclaimed books grew from his 10 years of living and working as a freelance writer in Mexico (1994-2004). *True Tales From Another Mexico: The Lynch Mob, the Popsicle Kings, Chalino and the Bronx* was released in 2001. It is a cult classic of a book from Mexico’s vital margins: stories of drag queens and Oaxacan Indian basketball players, popsicle makers and telenovela stars, migrants, farm workers, a narcosaint, a slain drug balladeer, a slum boss, and a doomed tough guy. In 2007, Mr. Quinones released *Antonio’s Gun and Delfino’s Dream: True Tales of Mexican Migration*, in which he narrates the saga of the Henry Ford of Velvet Painting, how an opera scene emerged in Tijuana, and how a Zacatecan taco empire formed in Chicago. He tells the tale of the Tomato King, of a high-school soccer season in Kansas, and of Mexican corruption in a small LA County town. Woven throughout the book are three tales of a modern Mexican Huck Finn. The collection ends with a chapter called “Leaving Mexico,” which recounts Quinones’ harrowing tangle with the Narco-Mennonites of Chihuahua. Mr. Quinones is formerly a reporter with the L.A. Times, where he worked for 10 years (2004–2014).
AWARDEES

The Elizabeth H. Swain Memorial Award
Joanne Haefner
Chief Executive Officer
Neighborhood Health Center

Joanne Haefner joined Neighborhood Health Center as a Clinical Coordinator and Nurse Practitioner in 2006. She was promoted to Executive Director in 2008 and again to CEO in 2016. As CEO, Joanne has propelled the organization from the brink of closure to the $19 million health center it is today, with four sites that serve more than 23,000 patients in the Buffalo-Niagara region annually. In addition to her leadership role, Joanne continues to serve as a Family Nurse Practitioner on a weekly basis, demonstrating her strong sense of connection and obligation to Neighborhood Health Center’s patients.

Joanne has expanded the staff at Neighborhood Health Center from 43 employees in 2006 to over 220 in 2017, making it the largest FQHC in the Greater Buffalo-Niagara region. Notable additions include behavioral health and nutritional service providers, as well as a Healthcare for the Homeless program. Her leadership has also led to an expansion of medical providers in areas including family and internal medicine, pediatric care, obstetrics and gynecology, dental health, pharmacy, podiatry and endocrinology.

A well-respected leader in the region, Joanne has volunteered and served on several community boards throughout her career, including the Safety Net Association of Primary Care Affiliated Providers of WNY (SNAPCAP), West Buffalo Charter School, Ronald McDonald House Charities of Western New York, and Millennium Collaborative Care Board of Managers.

*The Elizabeth H. Swain Memorial Award was established in 2017 in honor of Elizabeth Swain, President and CEO of CHCANYS from 2005 until her passing in 2016. During her tenure, Ms. Swain transformed CHCANYS from a small advocacy organization into one of the nation’s leading Primary Care Associations and helped to position FQHCs as critical partners in state and federal health reform efforts. The award honors a healthcare leader in New York State who has demonstrated a firm, longstanding commitment to expanding access to high-quality, affordable, community-based primary and preventive care to all New Yorkers, regardless of income level or insurance status.*

The Catherine Abate Memorial Advocacy Award
Elizabeth DuBois
Deputy Chief Medical Officer
Community Healthcare Network

Elizabeth DuBois, DNP, FNP-BC, AAHIVS, is a clinician, mentor, teacher, teammate, and administrator. Elizabeth has paved a pathway for Nurse Practitioners within Community Healthcare Network through the creation of the first New York State NP Primary Care Fellowship Program, which has expanded this year from four to 10 fellows. She also started the first New York State Psychiatric Fellowship Program and received a grant from the New York State Health Foundation to provide consultation services to identify strategies for Nurse Practitioner workforce development in community health settings.
Additionally, she continues to contribute toward the overarching strategy and advancement of Community Healthcare Network through development and funding objectives, integration of behavioral health and primary care, leading the roll-out of buprenorphine at two health centers, and improving service delivery to unique populations such as geriatrics and less-than-honorably discharged veterans.

Elizabeth completed her Bachelors of Science in Nursing at Arizona State University prior to beginning her career. Following school, she practiced at Georgetown University Hospital in Washington, D.C. as a registered nurse in several intensive care units. While there, she also chaired the Practice Council Committee. She completed her Masters of Science in Nursing at Columbia University, and served as a clinical instructor at Columbia University during this time. Here, she taught undergraduate nursing students and functioned as the Nursing Coordinator for New York Presbyterian Hospital. Elizabeth holds a Doctorate of Nursing Practice from Yale University.

The Catherine M. Abate Memorial Award was established in honor of Catherine Abate, a visionary leader with a lifelong commitment to protecting the rights and dignity of the underserved, particularly the reproductive rights of women. Ms. Abate was President and CEO of Community Healthcare Network (CHN) from 1999 until her passing in May 2014. During her tenure, CHN expanded its offerings from family planning and women’s health services to a full range of primary care programs for people of all ages, including holistic care and services for teens, LGBT individuals, and people with multiple chronic illnesses.

The Philip W. Brickner MD Advocacy Award

Doug Berman
Vice President for Policy
Coalition for Behavioral Health

Doug Berman has devoted two decades to increasing access to high-quality healthcare for New York City’s homeless population through advocacy, policy, program development and leadership. He was instrumental in the formation of New York Providers of Health Care for the Homeless, the coalition of the 14 330H grantees in New York City and CHCANYS members and partners. Doug has led the coalition through many challenges, including ensuring homeless health centers were recognized as FQHCs and eligible for the Prospective Payment System; the carve-in of homeless people to managed care; crafting facilities guidelines that allow for the co-location of licensed clinics within shelters; and navigating DSRIP and planning for the continuing rollout of Medicaid reform.

Doug has held senior positions at Care for the Homeless, Harlem United, and Amida Care, and he now serves as Vice President for Policy at The Coalition for Behavioral Health, where he provides guidance on the organization’s policy portfolio and directs the advocacy agenda.

The Dr. Philip W. Brickner Advocacy Award was established in honor of Dr. Brickner, a staunch advocate and champion for the medical needs of those who are homeless and vulnerable. Dr. Brickner’s work to address the medical needs of the homeless became the basis for the McKinney-Vento Homeless Act of 1987, an initiative that mandated comprehensive services in shelters and food lines. That law, since amended and now part of other initiatives, finances programs in over 200 cities today.
The Paul Ramos Memorial Award
Ana Taras
Chief of Strategic Development
William F. Ryan Community Health Network

Ana Taras is currently the Chief of Strategic Development at the William F. Ryan Community Health Network, where she has provided leadership for almost 25 years. Ana is responsible for more than $15 million in annual private/public sponsorships and government contracts that support the organization’s mission each year.

She has provided leadership for Ryan’s NYS Article 28 facility licensure and both NCQA and Joint Commission accreditation. Her expertise further extends to strategic planning, working closely with Ryan’s CEO and engaging its Board of Directors in furtherance of this initiative. Ana also oversees corporate compliance, FQHC regulation compliance, and external relations, including advocacy and public affairs.

The Paul Ramos Memorial Award was established in 2002. Mr. Ramos dedicated his life’s work to health care and social improvement and was the founder of the Betances Health Center, a leader in community-based primary care on the Lower East Side of Manhattan.

The Rosemarie Forstner Award
Barbara DiMarco
Director of Compliance
Trillium Health

Barbara DiMarco has been an employee of Trillium Health (formerly Community Health Network) for 24 years. She began her career as an Executive/Medical Secretary reporting to the C-level and now serves as Director of Compliance, maintaining the organization’s compliance work plan and chairing the organization’s Compliance Committee. Barbara oversees regulatory requirements for all of Trillium Health’s programs, including their Needle Exchange and Opioid Overdose programs, Adult Day Health program, and the Ryan White Part B and C programs. She also coordinated the center’s first Ora-Quick HIV Testing Day and Trillium’s participation in the NYS Department of Health Refugee Program. Barbara was the first recipient of Trillium’s Charles Gerhardt award, presented to an employee who continually goes above and beyond to serve patients.

The Rosemarie Forstner Award is presented in memory of a project officer of the Public Health Service who was a humanitarian for poor and medically underserved patients.

The Dorothy Kartashevich Consumer Award
Laura Jacobs
Chair, Board of Directors
Callen-Lorde Community Health Center

Laura A. Jacobs, LCSW, has been a client of Callen-Lorde Community Health Center since 2001, has served on the Board since 2011, and recently became the first trans and genderqueer-identified Board Chair in the organization’s history. She is a member of Callen-Lorde’s Clinical Care and Executive Committees, bringing a unique perspective and passion as a member of the LGTBQ community as well as a health care provider.
Laura is a psychotherapist in New York, New Jersey and Westchester who works extensively with transgender and gender-nonconforming, LGBTQ, and sexual/gender minority populations. She has lectured extensively on gender and sexuality at conferences, organizations, and schools, including the New York City Department of Health and Mental Hygiene, New York State Society for Clinical Social Work, Mt. Sinai School of Medicine, Weill Cornell Medical College, Rutgers University, and the NYU Silver School of Social Work.

The Dorothy Kartashevich Consumer Award was established as a tribute to a Sunset Park Health Center Network board member who was distinguished by her unwavering commitment to the health center movement.

The Dr. Jack Geiger Award

Clifford Hames, DDS
Chief Dental Officer
Hudson River HealthCare

As a National Health Service Corps Scholar, Clifford Hames, Chief Dental Officer of Hudson River HealthCare, Inc. (HRHCare), has been with the health center for more than 28 years and has led the dental department for 24 years. Dr. Hames has led HRHCare’s efforts to expand access to affordable oral health care for populations most at risk during a time of dramatic growth for the health center—since his appointment as Dental Director (the position which would evolve into Chief Dental Officer), HRHCare has expanded its services from seven chairs to a current 65 chairs serving nearly 23,000 predominantly low-income patients through more than 39,000 annual visits. This significant expansion was made possible by Dr. Hames’ dedicated leadership and strategic vision, as well as the considerable role he has played in securing grant funding—since 2002, Dr. Hames has helped HRHCare to secure more than $4.5 million in grant funding to build dental capacity and support the ongoing operation of numerous innovative oral health care programs.

In addition to leading this dynamic internal growth for HRHCare, Dr. Hames has worked to enhance oral health service capacity in other high-need communities, providing support to improve the quality of care for HRHCare’s subrecipient community health centers by guiding their implementation of an electronic health record (EHR) for dental services.

Dr. Hames is a passionate advocate for school-based programs and continues to provide onsite exams at schools for nearly 900 students each year who would otherwise lack access to preventive dental services.

The Dr. Jack Geiger Award is presented to a licensed provider in New York State for outstanding clinical service. This award was established in honor of Dr. Geiger, who has devoted most of his career to the problems of health, poverty and human rights. He initiated the community health center movement in the United States by founding and directing the nation’s first two community health centers in the Mississippi Delta and in Columbia Point, Boston. This award distinguishes a provider from his/her peers for demonstrating the same commitment to the health and well-being of patients in the communities he/she serves.
IN MEMORIAM

Rebecca Gaige-Troxell

Longtime CHCANYS employee Rebecca Gaige-Troxell passed away in July of this year. A member of the Health Center Support team, Rebecca was beloved by CHCANYS and health center staff alike. She was a fountain of knowledge about the FQHC program and assisted numerous health centers across New York State during her nine years of service. A great listener, she helped others to feel understood and respected. Health center staff knew to go to Rebecca with their questions on federal/state compliance issues, their upcoming Operational Site Visits, or other operational and finance-related concerns. If she did not know an answer, she persevered until she found it.

During the past several years, Rebecca insightfully pressed for an increased focus and targeted supports around state and federal compliance issues, which led CHCANYS to offer a series of webinars and in-person trainings in this area. CHCANYS’ recent Finance Boot Camp can be credited to Rebecca as well. She took new health centers (or “newbies,” as she called them) under her wing with an almost maternal ferocity, working hard to ensure that they got what they needed to successfully develop and grow. Perhaps she was most proud of her efforts to cultivate the Latman Scholarship program, shepherding it over the course of many years into the valuable resource it is today for new and developing health center finance staff.

Rebecca was an asset to CHCANYS and to community health centers statewide. We mourn her loss, and she is greatly missed.
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