

# Clinical Conference on Quality & Chronic Disease

## April 8-10, 2020

*Draft Program – as of March 9, 2020*

### Wednesday, April 8, 2020

|                    |                                |
|--------------------|--------------------------------|
| 9:00 AM – 10:00 AM | Continental Breakfast          |
| 10:00AM – 12:00PM  | Plenary Session I (topics TBD) |
| 12:00PM – 1:00PM   | Lunch                          |
| 1:00PM – 2:30PM    | Plenary II (topics TBD)        |
| 2:30PM – 2:45PM    | Break                          |
| 2:45PM – 4:00PM    | Plenary III (topics TBD)       |

### Thursday, April 9, 2020

|                 |   |                     |
|-----------------|---|---------------------|
| 7:30 AM–4:00 PM | Registration Desk Open (Closed for plenaries)   |                     |
| 7:30 AM–8:00 AM | Breakfast   | University Ballroom |
| 8:00 AM–8:15 AM | <b>Welcome Remarks</b><br><i>Chris Shank, Interim President &amp; CEO, Vice President of Operations and Business Development</i><br><i>North Carolina Community Health Center Association</i>   | University Ballroom |
| 8:15 AM–9:15 AM | <b>Opening Plenary</b><br><b>The Surgeon General's Report on Oral Health</b><br>The Surgeon General of the U.S., Vice Admiral Jerome Adams, has developed five priorities that he believes should be the focus in improving the Nation's Health. These include (1) substance misuse including opioids, tobacco, and e-cigarettes; (2) community health and economic prosperity; (3) health and national security in terms of military readiness and deployability; (4) vaccinations and other emerging public health threats; and (5) oral health. As we talk about the integration of oral health and primary care, we should also see how oral health is intertwined with each of these national priorities. This presentation will delve into how oral health professionals are involved in the substance misuse problem, how oral health affects the economy, how oral health can potentially affect national security, how oral health professionals can help with vaccination issues, and will provide a follow-up discussion of the second-ever Surgeon General's Report on Oral Health. | University Ballroom |

After this session, participants will be able to:

1. List at least one example of how oral health is related to each of the Surgeon General's five priorities.
2. Describe the persistent oral health disparities that exist in the U.S. based geography, race/ethnicity, age, and income level.
3. Explain some of the influences on oral health over the past 20 years that will be addressed in the second-ever Surgeon General's Report on Oral Health.

*Rear Admiral Timothy L. Ricks, DMD, MPH, FICD – Chief Dental Officer, U.S. Public Health Services*

9:15 AM–9:30 AM

Transition Break

Trinity Prefunction

9:30 AM–10:45 AM

Concurrent Sessions

**Session 1**

**Behavioral Health Track - CUES Intervention: Intimate Partner Violence, Human Trafficking, and Health**

*Cassandra Rowe*

*Alice Pollard*

Salon A/B

**Session 2**

**Colorectal Cancer Collaborative**

*Molly Black, American Cancer Society*

Salon C

**Session 3**

**Oral Health Track - HIV and Oral Health**

*Jennifer Webster-Cyriaque, DDS, PhD*

Empire Ballroom

**Session 4**

**Patient-Centered Diabetes Self-Management**

This session will detail the results of the MONITOR trial, a randomized controlled trial conducted out of UNC by Dr. Katrina Donahue and her team that looked at the impact of glucose self-monitoring among people with non-insulin dependent diabetes on glycemic control and health related quality of life. The results of the trial were published in JAMA Internal Medicine in 2017 and showed no difference in glycemic control or health related quality of life for those who engaged in testing versus those that did not. We will discuss how these results apply to health center patients, how to translate these findings into primary care practice, and how to discuss this evidence with patients. Additionally, we will discuss an opportunity to participate in an ongoing project to translate this evidence into your health center practice, which may support priorities to develop HRSA diabetes QI action plans.

After this session, participants will be able to:

1. Understand evidence of the impact of glucose self-monitoring among patients with non-insulin dependent diabetes on oral agents.
2. Identify the potential impact of glucose self-monitoring on financial stress among FQHC patients.

Salon D

Anne Gaglioti, MD, MS, FAAFP - National Center for Primary Care at Morehouse School of Medicine

**Session 5**  
**FTCA**  
TBD

Trustees

10:45 AM-11:15 AM

Networking Break – Mingle with Sponsors and Exhibitors!

Trinity Prefunction

11:15 AM-12:30 PM

Concurrent Sessions

**Session 1**

Salon A/B

***Behavioral Health Track* - Models of Integrated Care**

This session provides a review of the prevailing models of integrated care and the criteria clinics can use to determine which model(s) to focus on based. The session will be interactive, providing space for participants to discuss their implementation questions as they consider integrating physical and behavioral health care in their settings.

After this session, participants will be able to:

1. Identify the prevailing models of integrated care.
2. Name criteria which can be used to identify which models fit which goals and conditions.
3. Identify resources they can use to further their learning about models of integrated care.

*Neftali Serrano, CEO – Collaborative Family Healthcare Association*

**Session 2**

Salon C

**Colorectal Cancer Screenings**

*Molly Black, American Cancer Society*

**Session 3**

Empire Ballroom

***Oral Health Track* - Teledentistry**

*Zachary Brian, DDS*

**Session 4**

Salon D

**Tactical Care Management 101**

In this session participants will learn about care management planning using a tactical approach utilizing the triple aim with a focus on safety net providers.

After this session, participants will be able to:

1. Define Care Management
2. Understand the triple aim approach
3. Identify care management tools for your program
4. How to plan for your tactical care management approach

*Lavondia Alexander, RN, MSN, MBA, Chief Quality Officer - Gaston Family Health Services*

*Leann Richard, Director of Population Health and Care Management – Gaston Family Health Services*

## Session 5

Trustees

### Advocacy: Ensuring Elected Officials "Do No Harm" Part I

As private, for-profit entities begin entering the primary care landscape, it is essential that the health center movement strengthen our advocacy initiatives to uphold the unique mission and vision of community health centers. Advocacy can be overwhelming when it feels like a crisis management tool, and NACHC's advocacy team wants to help make it an easy and familiar practice. Join us in these interactive sessions that will identify strategies and tools for clinicians to integrate advocacy into your vocational practices.

After this session, participants will be able to:

1. Effectively share patient stories to communicate your health center's impact.
2. Understand the legal do's and don'ts of advocacy.
3. Understand your role as a health center ambassador to local, state, and federal elected officials

*Susan Burton, National Association of Community Health Centers*

*Marie Macaulay, National Association of Community Health Centers*

12:30 PM–2:00 PM

### Lunch Plenary Keynote & Awards Ceremony

University Ballroom

*Manny Lopes, MBA, EBNHC*

Janet Reaves Community Achievement Award

*Foundation for Health Leadership and Innovation, North Carolina Oral Health Collaborative*

*Kelsey Ross Dew, Program Coordinator, NC Oral Health Collaborative*

2:00 PM-2:15

### Transition Break

Trinity Prefunction

2:15 PM-3:30 PM

### Concurrent Sessions

#### Session 1

Salon A/B

#### Behavioral Health Track - Behavioral Health Under Medicaid Managed Care

*Kelsi Knick*

#### Session 2

Salon C

#### Identifying and Addressing Unmet Social Needs

Beginning in late 2017 Lincoln Community Health Center in Durham, NC developed and implemented a protocol to screen patients for social drivers of health (SDOH) and connect them to community resources. Specifically, we used the PRAPARE tool (Protocol for Assessing and Responding to Patients' Assets, Resources, and Experiences) and created a template to document SDOH data in our Epic electronic health record. We collaborated with Duke University researchers to characterize our patients' health-related social needs and the resources available to help address those. Additionally, in partnership with a "help desk" of Duke student volunteers, we have evaluated our efforts to connect patients to social service agencies and to internal and community-based resources, and identified factors facilitating and impeding a successful connection. In this presentation we will share these findings and discuss implementation challenges we have overcome

After this session, participants will be able to:

1. Identify the most prevalent health-related social needs among an urban community health center population
2. Provide examples of resources available to help address identified needs
3. Explain how volunteer navigators can help facilitate connection to helping resources
4. Explain key implementation considerations in systematic screening and response to unmet social needs

*Howard Eisenson, MD - Lincoln Community Health Center*  
*Sahil Sandhu - Duke University*  
*Connor Drake*

**Session 3** **Empire Ballroom**  
**Oral Health Track - Grant Writing Panel Part I**  
*Laura Ridgeway*

**Session 4**  
**TBD** **Salon D**  
*Manny Lopes*

**Session 5** **Trustees**  
**Advocacy: Ensuring Elected Officials "Do No Harm" Part II**  
 As private, for-profit entities begin entering the primary care landscape, it is essential that the health center movement strengthen our advocacy initiatives to uphold the unique mission and vision of community health centers. Advocacy can be overwhelming when it feels like a crisis management tool, and NACHC's advocacy team wants to help make it an easy and familiar practice. Join us in these interactive sessions that will identify strategies and tools for clinicians to integrate advocacy into your vocational practices.  
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*Susan Burton, National Association of Community Health Centers*  
*Marie Macaulay, National Association of Community Health Centers*

**3:30 PM–4:00 PM** **Networking Break – Mingle with Sponsors and Exhibitors!** **Trinity Prefunction**

**4:00 PM–5:15 PM** **Concurrent Sessions**

**Session 1** **Salon A/B**  
**Behavioral Health Track - Collaborative Care Model**  
*Nate Sowa*

**Session 2** **Salon C**  
**Tactical Care Management 102**

Lavondia Alexander, RN, MSN, MBA, Chief Quality Officer - Gaston Family Health Services

Leann Richard, Director of Population Health and Care Management – Gaston Family Health Services

**Session 3**

**Empire Ballroom**

**Oral Health Track - Grant Writing Part II – Panel Discussion**

Jessica Scott - Moderator

Dr. Amanda Stroud

Wanda Wright

Deanna Billings

**Session 4**

**Salon D**

**Pediatric Obesity**

Chris Esperson

**Session 5**

**Trustees**

**Compliance & Risk Management**

Clifton Gray, AGAPE

5:30 PM-7:30 PM

Directors' Dinner: Medical, Dental, Behavioral Health **(BY INVITATION ONLY)**

**Friday, April 10, 2020**

7:30 AM-12:00 PM

Registration Desk Open (Closed for plenaries)

8:30 AM-9:00 AM

Breakfast

**University Ballroom**

9:00 AM-10:00 AM

Plenary Keynote

**Addressing the HIV/AIDS Epidemic**

Jacquelyn M. Clymore, NC DHHS

**University Ballroom**

10:00 AM-10:30 AM

Networking Break - Mingle with Sponsors and Exhibitors!

**Trinity Prefunction**

9:00 AM-3:00 PM

**Oral Health Track - Medical Emergencies in the Dental Office for Public Health Dental Hygienists**

Jessica Scott, DHSc, MS, RDH

**Empire Ballroom**

10:30 AM-11:45 AM

**Concurrent Sessions**

**Session 1**

**Salon A/B**

**Behavioral Health Track - Opioid Use Disorder Treatment for Pregnant and Parenting**

Elisabeth Johnson, PhD, NP

Sonya Longest, MD

**Session 2**

**Salon C**

**What's New in Diabetes Care and Education?**

This session will cover the revision to the AAE7 Self-Care Behaviors, the ADA 2020 Standards of Diabetes Care and the name change of the specialty to Diabetes Care and Education Specialists and the Association of Diabetes Care and Education.

After this session, participants will be able to:

1. List the AAE7 Self-Care behaviors
2. Review the ADA Summary of 2020 Standard Revisions

*Joanne Rinker, MS, RDN, CDCES, LDN, FADCES - Association for Diabetes Care and Education Specialists*

### **Session 3**

**Salon D**

#### **Trauma Informed Care and CHCs: Health Center Approaches**

*Elizabeth Childs*

*Jan Freeman*

*Carolyn Crowder*

**11:45 PM–12:30 PM**

**Lunch**

**University Ballroom**

**12:30 PM–1:30 PM**

#### **Closing Plenary Keynote**

##### **Leadership in Times of Uncertainty**

When change is constant, and the environment is uncertain people and systems get stretched to their limits. Great leaders can master the skills that help build resilience in teams and organization so that they can not only survive in the face of challenge but grow stronger and thrive. This engaging talk will help listeners diagnose challenges, predict possible outcomes, and prescribe solutions that set them up for lasting success. Expect to walk away with new insights and ideas that can be put into practice right away.

After this session, participants will be able to:

1. Understand how to cultivate resilience
2. Diagnose organizational challenges
3. Predict possible outcomes
4. Prescribe effective solutions

*Jennifer Simpson, CEO - Integrated Work Strategies*

**1:30 PM–2:00 PM**

**Q&A/Wrap-Up/Closing and Final Raffles**