



Partnerships in Progress

June 29 & 30, 2015 // Duluth, MN

HOSTED BY

- The Minnesota Department of Health—
Office of Rural Health and Primary Care
- Minnesota Rural Health Association
- National Rural Health Resource Center

Together with their partners

MINNESOTA
RURAL
HEALTH
CONFERENCE

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Dear Rural Health Colleagues,

The 2015 Minnesota Rural Health Conference, "Partnerships in Progress," invites rural health stakeholders to discover the promising partnerships and reform happening in health care and rural communities. This year's conference will include sessions on health equity, workforce, emergency medical services, value-based care, mental health and care coordination.

The Minnesota Rural Health Conference features innovative local and state solutions to challenges, while encouraging informed and visionary collaborations for the future.

We welcome everyone interested in rural health to join us June 29 and 30, 2015 at the Duluth Entertainment and Convention Center (DECC).



MARK SCHOENBAUM

Director

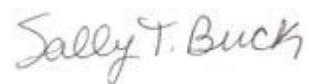
Office of Rural Health &
Primary Care, Minnesota
Department of Health



KAMI NORLAND

President

Minnesota Rural
Health Association



SALLY BUCK

Chief Executive Officer

National Rural Health
Resource Center

KEYNOTE SPEAKERS



Ed Ehlinger, M.D., M.S.P.H.

Minnesota Commissioner of Health, Minnesota Department of Health

Minnesota Governor Mark Dayton appointed Edward Ehlinger, M.D., M.S.P.H. to serve as Minnesota Commissioner of Health in January 2011. Dr. Ehlinger directs the work of the Minnesota Department of Health, the state's lead public health agency, which is responsible for protecting, maintaining and improving the health of all Minnesotans. Commissioner Ehlinger was director and chief health officer for Boynton Health Service at the University of Minnesota (1995-2011). He has also served as an adjunct professor in the Division of Epidemiology and Community Health at the University of Minnesota School of Public Health and director of Personal Health Services for the Minneapolis Health Department.



Al Franken

United States Senator and Co-Chairman of the bipartisan Senate Rural Health Caucus

Senator Al Franken was born on May 21, 1951, and grew up in St. Louis Park, Minnesota. In 1973, he graduated from Harvard, where he met his wife Franni. They've been married for 39 years, and have two grown children, Thomas and Joe, and one grandson, Joe. Before running for the Senate, Al spent 37 years as a comedy writer, author, and radio talk show host and was elected to the Senate in 2008. Senator Franken sits on the Health, Education, Labor, and Pensions (HELP) Committee; the Judiciary Committee; the Energy and Natural Resources Committee, and the Committee on Indian Affairs. As Co-Chairman of the bipartisan Rural Health Caucus, Senator Franken has used this new post to make rural health care a top priority in the current Congress to ensure people have access to quality, affordable health care regardless of where they live. For the past six months, he and his office have held dozens of meetings in rural communities across the state as part of the Senator's "Rural Health Tour" learning from rural health experts, providers, lawmakers, and patients on the unique challenges providers and patients face in rural America, and the work and innovation being done to address them.



Paul Muraca

Regional Executive at American Hospital Association

Paul is the Association's primary contact and executive liaison to CEOs of 650 member hospitals and health systems in Region 6 (IA, KS, MN, MO, ND, NE, SD) with oversight of member recruitment, retention and maintaining member satisfaction. Paul has over 20 years of experience in health care, including a strong focus on policy, congressional and regulatory advocacy, and building relationships with key executives in the hospital industry.



Therese M. Zink, M.D., M.P.H.

Professor and Chair of Wright State University School of Medicine, Department of Family Medicine

Therese M. Zink, M.D., M.P.H., professor and chair of family medicine, earned her M.D. from the Ohio State University College of Medicine and served her residency in family medicine at Ramsey (Regions) Medical Center in Minnesota. She earned a Master of Public Health degree at the University of Minnesota. During her career she has taught medical students and family medicine residents, and cared for patients in both urban and rural settings. Her research interests include better care of families living with violence in primary care. A variety of medical and social science journals have published her research, and she has presented at both national and international meetings. Dr. Zink's recent honors and awards include the President's Award from the Minnesota Academy of Family Physicians (2013) and the Minnesota Rural Health Hero from the Minnesota Rural Health Association (2011). She served on the Minnesota Governor's Health Reform Task Force (2012-13), where she chaired the Workforce Committee.

CONFERENCE APP

In our never-ending quest to make the Minnesota Rural Health Conference as engaging and valuable as possible, this year we are offering a mobile app through CrowdCompass. You may access the app from any smartphone or tablet at <https://crowd.cc/s/4BRy>. This will take you to the app available in iTunes or Google Play. You may view the event at <https://crowd.cc/mrhc2015>. The event can be viewed in any web or mobile browser using this link.

EXHIBIT FAIR

The Exhibit Fair will be the hub of activity for the networking lunch and breaks. Each year, the exhibit hall fills up with over 80 exhibitors in less than a month. Informational exhibits with program and resource information will be on display throughout the exhibit hall. Exhibitor space will be reserved in the order payment is received and fills up fast. Exhibitor registration is online at:

<https://minnesotaruralhealthconference.org/exhibit>

SPONSORSHIP OPPORTUNITIES

There are a number of new sponsorship opportunities this year in all price ranges, some of which include a complimentary exhibit booth and registration. If your organization would like to sponsor the Minnesota Rural Health Conference, complete online registration at: <https://minnesotaruralhealthconference.org/sponsor> or contact Kim Nordin at 218-727-9390 ext. 237 or knordin@ruralcenter.org.

PRIZE GIVEAWAYS

Participants who visit the Exhibit Fair and stay until the end of the conference are eligible for exciting prizes. A special drawing will also take place at Monday evening's reception as well as Tuesday's walk/run on the Lakewalk.

ICD-10 NAVIGATORS: YOUR ONE-STOP SHOP FOR ICD-10 READINESS

*Monday, June 29, 8:00 a.m. - 9:00 a.m. and
Tuesday, June 30, 7:00 a.m. - 8:00 a.m.*

The required deadline for the transition to ICD-10 is October 1, 2015. This special session will link you with ICD-10 subject matter experts. Think of this as a one-stop shop, with opportunities for individual or small group meetings to answer your questions and provide tools and resources to help meet your needs for transitioning to ICD-10.

MINNESOTA RURAL HEALTH ASSOCIATION POLICY FORUM

Monday, June 29, 3:30 p.m. - 5:00 p.m.

Join state legislative leaders in health and finance in a facilitated discussion on issues gathered from a pre-conference participant survey.

MONDAY EVENING RECEPTION

Monday, June 29, 5:00 p.m. - 6:30 p.m.

Enjoy music from one of Duluth's favorite local bands, appetizers, and networking with conference attendees.

MINNESOTA RURAL HEALTH AWARDS PRESENTATION

Tuesday, June 30, 12:10 p.m. - 12:45 p.m.

The Minnesota Rural Health Hero and Team Awards will be presented at the Awards Luncheon. Find out more and nominate an outstanding individual or team on the conference website.

WELLNESS ACTIVITIES

This year, the conference will offer several opportunities for physical activity and relaxation. Pending a sponsor, professional massage therapists will offer chair massages during different times at the conference. A yoga class will offer a relaxing end to Monday. A pre-conference walk/run will be held Tuesday morning on the beautiful Duluth Lakewalk, minutes from the conference center.

JUNE 29th

- 7:30–9:00** Registration & Breakfast
- 9:00–9:15** Welcome
- 9:15–10:15** Keynote: Therese Zink, M.D., M.P.H.
- 10:15–10:45** Exhibit Break
- 10:45–11:45** Breakout Session 1
- 12:00–1:00** Networking Lunch
- 1:00–2:00** Breakout Session 2
- 2:00–2:20** Exhibit Break
- 2:20–3:20** Breakout Session 3
- 3:30–5:00** MRHA Policy Forum
- 5:00–6:30** Reception & Prize Drawing

JUNE 30th

- 6:30–7:15** Lakewalk Run/Walk
- 7:00–8:00** Registration & Breakfast
- 8:00–8:15** Welcome
- 8:15–8:35** Federal Policy Update
- 8:35–9:15** Keynote: Senator Al Franken
- 9:15–9:45** Exhibit Break
- 9:45–10:45** Breakout Session 4 and Learning Stations
- 10:45–11:00** Exhibit Break
- 11:00–12:00** Breakout Session 5
- 12:10–12:45** Awards Luncheon
- 1:00–1:45** Closing Keynote: Commissioner Ed Ehlinger, M.D. M.S.P.H.
- 1:45–2:00** Closing Comments, Prize Drawing, CEU Certificate Pickup



* Sessions that will demonstrate outcomes or impact through evaluation or research

MONDAY 1
10:45 a.m. – 11:45 a.m.

Primary Care Provider Teams: Developing a Collaborative MD and APN/ PA Model

* Meeting Health IT Workforce Needs In Rural Minnesota

A Team-based Model to Treat Patients with Mental and Medical Conditions in Primary Care

* Addressing Health Inequity in Greater Minnesota: Building Community Health Worker Capacity

Successful Care Transitions Initiatives

* The Lived Experience of Pre-Hospital ECG in Rural Emergency Care

MONDAY 2
1:00 p.m. – 2:00 p.m.

Include Always: An Innovative Model for Authentic Patient and Family Engagement

* Bridging the Gap Between Education and Practice: Nurse Practitioners in Critical Access Hospitals

Aligning Physicians in Value-Based Care

* Partnering to Address Food Insecurity: The Choose Health Collaborative

Medication and Pain Management in Rural Health Patients

* Connecting Rural Communities to Support Accountable Care: Critical e-Health Lessons Learned

MONDAY 3
2:20 p.m. – 3:20 p.m.

* Improving Hypertension Control through Public Health and Primary Care Collaboration

* Community Paramedic Year 1: Outcomes and Lessons Learned

* Engaging Communities in Collaborative Research to Improve Health in Rural Populations

Legislative Update: Health Workforce Initiatives

Coordinating Dental Care through Community Partnerships

* Pandemic Preparedness: Collaborative Planning for Mass Vaccination

TUESDAY 4
9:45 a.m. – 10:45 a.m.

Working Together to Face the Future: Why an Independent Group of Providers Formed a Regional Collaborative

* Workforce Solutions for Careers in Aging Services

Learning Stations

Enjoy a Healthy Life: Everyone with Diabetes Counts

TUESDAY 5
11:00 a.m. – 12:00 p.m.

Managing an Information Technology Disaster: How Tri-County Health Care Survived its Apollo 13 Moment

The Benefits of Dyad Leadership in Health Care

* The Northern Lights Clubhouse: The Benefits and Challenges of the Mental Health Recovery Model in a Rural Setting

To Be Announced

* Morrison County Community Coordinated Care

Monday, June 29



Registration & Continental Breakfast

7:30 a.m. - 9:00 a.m.

ICD-10 Navigators: Your One-Stop Shop for ICD-10 Readiness

8:00 a.m. - 9:00 a.m.

The required deadline for the transition to ICD-10 is October 1, 2015. ICD-10 compliance will be critical to get paid, paid correctly and paid timely. It will be essential to high-quality patient relationships and care. This special session will link you with ICD-10 subject matter experts. Think of this as a one-stop shop, with opportunities for individual or small group meetings to answer your questions and provide tools and resources to help meet your needs for transitioning to ICD-10. This special session is designed particularly for smaller providers and those who may feel overwhelmed or confused about meeting requirements to use ICD-10. Come meet with the experts to help answer your questions, and to discuss a variety of ICD-10 related topics-of-most-interest to you in a relaxed, informal setting.

Welcome (Lake Superior Ballroom)

9:00 a.m. - 9:15 a.m.

Opening Keynote

Therese Zink, M.D., M.P.H.

9:15 a.m. - 10:15 a.m.

Break (Exhibit Hall)

10:15 a.m. - 10:45 a.m.

Breakout Session 1

10:45 a.m. - 11:45 a.m.

1A-Primary Care Provider Teams: Developing a Collaborative MD and APN/PA Model

- *Joseph Bianco, M.D., F.A.A.F.P., Essentia Health*
- *Christie Erickson, R.N., C.P.N., Essentia Health*
- *Roberta Maughan, Essentia Health*

To achieve the Triple Aim in an Accountable Care Organization (ACO) environment, the future of health care depends on the utilization of team-based care and better stewardship of resources. This session will describe the principles of a collaborative physician/advanced practice nurse (APN)/physician assistant (PA) model in primary care. Presenters will discuss principles, analysis and tools for determining optimal physician panel sizes, provider capacity vs. patient demand, financial modeling, medical doctor/advanced practice nurse/physician assistant (MD/APN/PA) staffing ratios, and operational guidelines for the team model.

1B-Meeting Health Information Technology (IT) Workforce Needs In Rural Minnesota

- *Sunny Ainley, Normandale Community College*
- *Kathy Johnson, Johnson Memorial Health Services*
- *Tracy Mastel, Normandale Community College*

Rural providers are often challenged in ways that urban communities are not to create solvent, sustainable models for providing care and meeting federal mandates. Health IT is a critical success factor for rural health care providers to provide better care, greater access, lower costs and improved patient experience. This session will highlight how the Modeling Effective Network Training Opportunities for Rural (MENTOR) Health IT program is meeting these needs and overcoming health IT challenges in rural Minnesota. It will demonstrate real-life examples of how people are transitioning into health IT roles, and highlight the "HIT 2.0 Workforce" skills necessary to ensure continuous movement toward the Triple Aim.

1C—Team-Based Model to Treat Patients with Mental and Medical Conditions in Primary Care

- **Tani Hemmila, B.S.W., Institute for Clinical Systems Improvement**
- **Carrie Petsinger, R.N., B.S.N., Mayo Clinic Health System**
- **Timothy Van Gelder, M.D., Mayo Clinic Health System**

Patients with multiple co-morbidities face significant challenges in accessing co-morbidities care. The Institute for Clinical Systems Improvement (ICSI) led a consortium of 10 health care organizations to integrate the COMPASS (Care of Mental, Physical And Substance Abuse Syndromes) model into nearly 200 primary care clinics in eight states. The COMPASS collaborative care management model brings together the primary care physician, a care manager, a consulting psychiatrist and a consulting family physician/internal medicine physician to treat patients with depression and diabetes and/or heart disease. Learn what patient outcomes have resulted, and hear from a primary care physician and care manager from one of the rural clinics implementing the COMPASS model about lessons learned.

1D—Addressing Health Inequity in Greater Minnesota: Building Community Health Worker Capacity

- **Louise Anderson, R.N., M.S., Carlton-Cook-Lake-St. Louis Community Health Board**
- **Ricky DeFoe, Community Health Worker Student**
- **Deborah Hernandez, Community Health Worker Student**
- **Wendy Potratz, Ph.D., A.T.C., C.H.E.S., Northwest Technical College**

Explore innovative strategies used to train Community Health Workers (CHWs) in northeast Minnesota. Learn about pilot partnerships to embed CHWs in public health, health care and community services, as a bridge to support health and wellness for individuals and communities experiencing greater health inequity in Minnesota. Hear about research that supports using CHWs in health promotion and disease prevention.

1E—Successful Care Transitions Initiatives

- **Kim McCoy, M.P.H., M.S., Stratis Health**
- **Rural Partner - TBD**

Between 2011 and 2014, Stratis Health facilitated four care transitions initiatives: 1) the Reducing Avoidable Readmissions Effectively (RARE) campaign; 2) Care Transitions Communities; 3) Care Coordination Toolkit for Rural Accountable Care Organizations; and 4) the Health Information Technology for PostAcute Care Providers (HITPAC) project. Hear about these initiatives, the lessons learned and the evidence-based best practices that emerged to improve care transitions and reduce hospital admissions.

1F—The Lived Experience of Pre-Hospital Electrocardiogram (ECG) in Rural Emergency Care

- **Jason Lenz, A.P.R.N.C.N.P., M.S.N., Essentia Health**
- **Ann Vreeland, A.P.R.N.C.N.P., D.N.P., E.M.T.B., Essentia Health Northern Pines; Hoyt Lakes Ambulance Service**

This session will provide an overview of the establishment and ongoing use of a transmitted prehospital electrocardiogram (ECG) in rural emergency care. Learn about implementation in a volunteer Basic Life Support service, and the challenges of implementation, ongoing training and technology. Hear about the role of a prehospital ECG in streamlining the care of a STEMI (ST segment elevation myocardial infarction) or other critically ill patient in a rural setting. Includes a case study.

Networking Lunch (Exhibit Hall)

12:00 p.m. - 1:00 p.m.

Breakout Session 2

1:00 p.m. - 2:00 p.m.

2A—Include Always: An Innovative Model for Authentic Patient and Family Engagement

- *Lisa Juliar, Minnesota Hospital Association*
- *Patty Henderson, R.N. B.S.N., M.B.A., Glencoe Regional Health Services*

Patient and family engagement is not always clearly defined and can be difficult to implement in authentic, sustainable ways without a strategic plan. Engaging patients and families includes – but is so much more than – patient-centered care, patient experience and patient activation. An innovative toolkit has been created and piloted in five rural Minnesota hospitals to create a spark, and inspire hospitals to engage patients and families at all levels of care, at all times by embedding their voice into everything they do. Rural hospitals are in a unique position to leverage the inclusion of patient and family perspectives in hospitals and beyond, as a means of increasing quality and safety. Come and learn how this new approach is changing the way hospitals can include patients and families, always.

2B—Bridging the Gap Between Education and Practice: Nurse Practitioners in Critical Access Hospitals

- *Nancy Stock, D.N.P.(c), M.S., A.R.N.P.C.N.P., Sanford Health*

Primary care shortages in rural areas create access-to-care challenges. Some Critical Access Hospitals are staffing their emergency departments with family nurse practitioners without an on-site physician. Learn about a transition-to-practice program to enhance nurse practitioner skill and competency that has helped deliver quality patient care, increased job satisfaction and reduced turnover.

2C—Aligning Physicians in Value-Based Care

- *Heather Cain, Stewart Memorial Hospital*
- *Greg Paris, StuderGroup*

Hospital payments continue to move to a system based more on quality than volume. Critical Access Hospitals (CAHs) face ramifications of that shift

already, even as they continue to be paid on a cost basis. As CAHs realize the need to demonstrate value, each must consider how to align the goals, behaviors and outcomes of the most influential associates in their organization: the medical staff. This presentation will provide tips and tactics, as well as a case study from a CAH that is on the leading edge of physician alignment.

2D—Partnering to Address Food Insecurity: The Choose Health Collaborative

- *Arlene Jones, The Farm on St. Mathias and SPROUT MN*
- *Katherine Makadanz, M.P.H., Todd County Health & Human Services*
- *Katie Polman, Lakewood Health System*

Food insecurity can negatively affect a child's future physical and mental health, academic achievement, behavior, social skills and economic productivity. Despite the strong link between food and health, hunger is rarely discussed when families visit their doctor. Acknowledging this gap, Lakewood Health System piloted a new program called Choose Health, to screen and refer food insecure families in the Staples community. Learn how Lakewood used a standardized screening process to identify families who were food insecure, and how those families participated in the Choose Health program.

2E—Medication and Pain Management in Rural Health Patients

- *Dawn Carlson, Pharm.D., Normandale Community College*
- *Megan Undeberg, Pharm.D., B.C.A.C.P., University of Minnesota College of Pharmacy and Cloquet Memorial Hospital*

Managing chronic pain and medication is challenging in any health care setting, but is often especially difficult in rural health care. Join us for an interactive, problem-based session on the needs, frustrations, and provider issues in the management of chronic pain patients. Hear from pharmacists and practitioners from two rural Critical Access Hospitals and rural clinics in northern Minnesota. Learn strategies for interprofessional relationship building, coordination of care, and addressing formulary and insurance challenges.

2F—Connecting Rural Communities to Support Accountable Care: Critical e-Health Lessons Learned

- **Cassandra Beardsley**, *Wilderness Health*
- **Melissa Larson**, *Integrity Health Network*
- **Anne Schloegel, M.P.H.**, *Minnesota Department of Health*

As part of Minnesota's \$45 million State Innovation Model (SIM) testing grant, 12 community collaboratives were awarded grants to use e-health to promote health and improve care coordination. Learn how these collaboratives, which each include at least one partner from local public health, long-term and post-acute care, behavioral health and social services, are incorporating health information exchange into their communities and figuring out how to exchange medical and health information.

Break (Exhibit Hall)

2:00 p.m. - 2:20 p.m.

Breakout Session 3

2:20 p.m. - 3:20 p.m.

3A—Improving Hypertension Control through Public Health and Primary Care Collaboration

- **Marsha Green, R.N.**, *Essentia Health*
- **Sarah Nelson, M.D.**, *Carlton Cook Lake St. Louis Community Health Board*
- **Dan Schletty**, *Riverwood Healthcare Center*

The Million Hearts Learning Collaborative was a public health and primary care project in northeastern Minnesota that worked to improve hypertension identification. Hear how collaborative partners learned to use aggregated data to improve population health outcomes; make changes to clinic flow; activate patients in self-management through non-physician team members; and use home blood pressure monitoring. Learn about the procedures, protocols and best practices developed by these clinics, and how this approach can serve as a model for other chronic conditions.

3B—Community Paramedic Year 1: Outcomes and Lessons Learned

- **Jenny Steinkopf, R.N.**, *Tri-County Health Care*
- **Allen Smith, N.R.E.M.T.P.**, *Tri-County Health Care*

Community Paramedicine (CP) is an evolution in community-based health care that addresses the decrease in access to primary care services in urban and rural areas. Hear about the experience and outcomes of a rural community paramedic program that has been in place for over a year at Tri-County Health Care. Learn what the program has achieved both clinically and financially, and its expansion into Tri-County's Medical Home program.

3C—Engaging Communities in Collaborative Research to Improve Health in Rural Populations

- **Sarah Beehler, UMD**, *Department of Biobehavioral Health & Population Sciences*
- **Kathleen Call**, *University of Minnesota, (Facilitator)*
- **Heidi Favet, C.H.W.**, *Essentia Health Ely*
- **Jennifer Lundblad**, *CTSI/Stratis Health*

The Clinical and Translational Science Institute (CTSI) Populations and Community Engagement team works to develop, fund and support community-university partnerships to advance research that adds real value to the lives of Minnesotans. Learn about two Community Health Collaborative grantees whose research focuses on rural health opportunities and challenges. Join a conversation about such collaborative models and how to refine the approach to ensure rural relevance. Learn insights about pressing rural health equity issues and priorities for future research.

3D—Legislative Update: Health Workforce Initiatives

- **Moderator: Mark Schoenbaum**, *Office of Rural Health & Primary Care, Minnesota Department of Health*
- **Panelists To Be Determined**

Rural health, and health workforce issues in particular, received significant attention in the 2015 Minnesota Legislature. Join us for a panel discussion

on what legislation ultimately emerged and the implications and opportunities for rural health care.

3E—Coordinating Dental Care through Community Partnerships

- **Bridgett Anderson, L.D.A., Minnesota Dental Association (MDA) (Facilitator)**
- **David Andersen, D.D.S., Private Practice MDA Member, Park Rapids**
- **John Lueth, D.D.S., Private Practice MDA Member, Bemidji**
- **Alex Lund, D.D.S., Private Practice MDA Member, Hibbing**

There is an ongoing need for dentists to collaborate with other medical professionals to deliver the best, holistic patient care. This involves dentists collaborating with physicians, hospitals and long-term care. Learn about current collaborations and pilot projects that have worked in rural areas in other states. Hear from dentists with experience in rural dentistry, community clinic settings and medical-dental collaboration. Learn how to raise awareness of dental disease among rural patients and the impact of Medicaid expansion and other aspects of the Affordable Care Act, especially in rural areas.

3F—Pandemic Preparedness: Collaborative Planning for Mass Vaccination

- **Jennifer Heath, D.N.P. M.P.H. R.N., Minnesota Department of Health**
- **Jessica Metzger, R.N. P.H.N., Otter Tail County Public Health**
- **Gloria Tobias, R.N., Countryside Public Health**

The landscape of public health preparedness has changed dramatically since the H1N1 pandemic. New and innovative ways to respond to a pandemic are needed. New school immunization requirements have given public health departments in Minnesota an opportunity to exercise pandemic plans and test new avenues for mass vaccination. Learn how a collaboration between 52 local agencies and the Minnesota Department of Health helped provide these needed vaccinations and gave local communities real life opportunities to practice mass vaccination plans. Hear how these counties served adolescents and gained mass vaccination capacity using a variety of

approaches, including using the state's immunization information system (MIIC), and partnerships with local health care providers, private businesses.

Minnesota Rural Health Association (MRHA) Rural Policy Forum (Harbor Side Ballroom)

- **Senator Michelle Benson**
- **Representative Matt Dean**
- **Representative Tina Liebling**
- **Senator Tony Lourey (invited)**
- **Representative Tara Mack (invited)**
- **Representative Joe Schomaker**
- **Senator Kathy Sheran**

Join state legislators representing health care, human services and finance leadership in the Minnesota Legislature in a facilitated discussion on issues gathered from a pre-conference participant survey. Kevin Jacobsen, News Anchor/Producer for KBJR 6 & Range 11 News, will facilitate. The Policy Panel will include:

Reception and Prize Drawing (Harbor Side Horizon Foyer)

5:00 p.m. - 6:30 p.m.

Tuesday, June 30



Duluth Lakewalk Walk/Run (begins on lakewalk, behind the Inn on Lake Superior)

6:30 a.m. - 7:15 a.m.

Minnesota Rural Health Association Annual Meeting (Board Room)

7:00 a.m. - 8:00 a.m.

The election of officers for 2015-2016 will be conducted in conjunction with the board meeting agenda. Guests and observers are welcome.

ICD-10 Navigators: Your One-Stop Shop for ICD-10 Readiness

7:00 a.m. - 8:00 a.m.

The required deadline for the transition to ICD-10 is October 1, 2015. ICD-10 compliance will be critical to get paid, paid correctly, and paid timely. It will be essential to high-quality patient relationships and care. This special session will link you with ICD-10 subject matter experts. Think of this as a one-stop shop, with opportunities for individual or small group meetings to answer your questions and provide tools and resources to help meet your needs for transitioning to ICD-10. This special session is designed particularly for smaller providers and those who may feel overwhelmed or confused about meeting requirements to use ICD-10. Come meet with the experts to help answer your questions, and to discuss a variety of ICD-10 related topics-of-most-interest to you in a relaxed, informal setting.

Registration & Continental Breakfast

7:00 a.m. - 8:00 a.m.

Welcome (Lake Superior Ballroom)

8:00 a.m. - 8:15 a.m.

Keynote Presentation

Paul Muraca, American Hospital Association

Federal Policy Update

8:15 a.m. - 8:35 a.m.

Senator Al Franken

8:35 a.m. - 9:15 a.m.

Break & Prize Drawing (Exhibit Hall)

9:15 a.m. - 9:45 a.m.

Breakout Session 4 and Learning Stations

9:45 a.m. - 10:45 a.m.

4A-Working Together to Face the Future: Why an Independent Group of Providers Formed a Regional Collaborative

- *Cassandra Beardsley, Wilderness Health*
- *Mike Delfs, Mercy Hospital*
- *John Strange, St. Luke's*
- *Melissa Larson, M.B.A., Integrity Health Network*

Wilderness Health is a collaborative of independent health care providers in northeastern Minnesota and northwestern Wisconsin. Many of its members are located in some of the region's most remote areas and cover large geographical areas, with great distances between providers. Like all rural areas, these communities face unique health care challenges. By working together, the group is advancing patient and community health outcomes, improving the patient experience and lowering costs. Hear from a panel of Wilderness Health members as they describe the collaborative's governance structure, and how they work together to achieve the Triple Aim and maintain quality facilities within their communities.

4B–Workforce Solutions for Careers in Aging Services

- *Steve Mork, Augustana Moose Lake Health Care Center*
- *Adam Suomala, LeadingAge Minnesota*

Using strategies and partnership examples collected from around Minnesota, as well as a case study from a rural older adult services organization, this session will provide a review of the workforce challenges facing Minnesota's aging services field and practical solutions being undertaken by rural providers and community stakeholders to ensure an adequate supply of well-trained caregivers for the future.

4C–Learning Stations (Participants select four to attend) (Lake Superior Ballroom)

Learning Stations will be set up for participants to cycle through every 15 minutes during the 60-minute session time. **Sessions that will demonstrate outcomes or impact through evaluation or research*

- Cardiology Close to Home: The Minneapolis Heart Institute & New Ulm Medical Center TeleHeart Program
- Chest Pain Management and eCare Services: Exceeding Expectations
- Collaborating for Improved Community Health: Health Providers and Researchers in Partnerships
- Create an LGBTQ Inclusive Waiting Room in 15 Minutes
- ** Do it Now! Making the Most of the Time Left to Comply with ICD-10*
- Experience Telemedicine
- Minnesota Oral Health Project: An Exercise in Community Education and Engagement
- Patient-Mediated Health Information Exchange with VA Patients
- Practical Tools for Ensuring Privacy and Security of Patient Information
- Promoting Safe Transitions: Interdisciplinary Care Coordination to Prevent Readmission
- ** Tele-Behavioral Health: Learn How to Replicate Three Working Models*
- Triple Aim Quality Plan

- ** University of Minnesota Medical School Duluth: Building the Pipeline of Rural, Family Physicians for Minnesota*
- Using the Minnesota All-Payer Claims Database to Examine Rural Health and Healthcare

4D–Enjoy a Healthy Life: Everyone with Diabetes Counts

- *Mary Beth Dahl, R.N., C.P.C., C.P.H.Q., Stratis Health*
- *Deb Laine, Arrowhead Area Agency on Aging*

Everyone with Diabetes Counts is an exciting new program that offers community-based diabetes self-management education to Medicare consumers (with diabetes or pre-diabetes) while staying connected to the primary care setting. Learn how participants are guided, with their peers, to effectively understand their diabetes by learning about healthy recipes, being active, self-monitoring, and other diabetes resources and support. Hear how the first program is progressing in northeastern Minnesota, including successes, barriers, opportunities and lessons learned. Learn about the benefits to participating providers, including increased patient compliance, technical assistance in areas such as quality data benchmark reports, electronic health record standardization, and quality improvement initiatives.

Break (Exhibit Hall)

10:45 a.m. - 11:00 a.m.

Breakout Session 5

11:00 a.m. - 12:00 p.m.

5A–Managing an Information Technology Disaster: How Tri-County Health Care Survived its Apollo 13 Moment

- *Joel Beiswenger, M.H.A., C.P.A., Tri-County Health Care*
- *Bill Blaha, Ph.D., Tri-County Health Care*

In April 2014, Tri-County Health Care in Wadena experienced a critical, multi-system breakdown of a key component of its information technology infrastructure that shut down several systems in the facility and jeopardized long-term storage and recovery systems, including the Radiology PACS

backbone. Hear how a team-oriented approach including collaboration with vendors and advisors, and the engagement of new technology advisors and international experts in data recovery, helped Tri-County achieve a positive recovery.

5B–The Benefits of Dyad Leadership in Health Care

- *Kevin Gish, Essentia Health Fosston*
- *Charles Winjum, M.D., Essentia Health Fosston*

In dyad leadership, operations and physicians can combine their efforts to lead in a unique way that more effectively drives clinical and operational excellence. The dyad model reduces the “us-them” perspective that plagues many of our health care organizations. Learn how such partnerships can allow for true alignment and movement toward shared goals both clinical and organizational.

5C–The Northern Lights Clubhouse: The Benefits and Challenges of the Mental Health Recovery Model in a Rural Setting

- *Cassie Eggebraaten, Northern Lights Clubhouse*
- *Chantel Fezette, Northern Lights Clubhouse*
- *Jenny Uhrich, M.P.A., Well Being Development and Northern Lights Clubhouse*

The Northern Lights Clubhouse (NLC) was launched with a mission to help people with severe and persistent mental illnesses achieve hope, dignity and their own vocational, educational, financial, and personal goals. NLC follows the Clubhouse International Model of Rehabilitation, an evidence-based practice that is community-based and member-driven. Learn how Clubhouses aid in recovery of their members through structured work-ordered days, transitional employment services, and educational opportunities. Hear NLC staff and members describe the impact of NLC on the access to and impact of mental health recovery services in rural Iron Range communities. Learn best practices for rural Clubhouses and explore the benefits and challenges of implementing a mental health recovery program in a rural setting.

5D–Session to be announced

5E–Morrison County Community Coordinated Care

- *Kathy Lange, CHI St. Gabriel's Health*
- *Patrick Rioux, M.A., CHI St. Gabriel's Health*

Catholic Health Initiatives (CHI) St. Gabriel's Health received one of the 12 Accountable Health Model grants from the Minnesota Department of Health. The Morrison County Community-based Care Coordination Initiative revolves around the overuse and abuse of prescription narcotics. Hear how the initiative emerged from a community health needs assessment (CHNA), the progress being made in the first year of implementation and how it will move forward. Learn why recruiting a physician champion was so important and how it can heighten the success of implementation.

Awards Luncheon (Harbor Side Ballroom)

12:10 p.m. - 1:45 p.m.

Closing Keynote

Ed Ehlinger, M.D. Commissioner, Minnesota Department of Health

1:00 p.m. - 1:45 p.m.

Closing Comments and Prize Drawing

1:45 p.m. - 2:00 p.m.

LOCATION & LODGING



DULUTH ENTERTAINMENT & CONVENTION CENTER (DECC)

350 Harbor Drive
Duluth, MN 55802
218-722-5573

www.decc.org

WEATHER

In June, temperatures in Duluth range from 56 to 78 degrees. The conference center can be chilly; we recommend that you dress in layers!

LODGING GROUP NAME

MN Rural Health Conference
Special rate will be held until May 23.

A. CANAL PARK LODGE

\$139/night (plus 13% tax)
250 Canal Park Drive
Duluth, MN 55802
800-777-8560

B. HAMPTON INN

\$159 Cityview/night
\$179 Lakeview/night
(plus 13% tax)
310 Canal Park Drive
Duluth, MN 55802
(218) 720-3000

C. INN ON LAKE SUPERIOR

\$111/night (plus 13% tax)
350 Canal Park Drive
Duluth, MN 55802
888-668-4352

D. COMFORT SUITES

\$139 Cityview/night
\$159 Lakeview/night
(plus 13% tax)
408 Canal Park Drive
Duluth, MN 55802
(218) 727-1378

REGISTRATION

REGISTER ONLINE

Conference attendees may register online here:
<https://minnesotaruralhealthconference.org/register>

EARLY REGISTRATION FEES

- \$170 full conference registration
- \$90 one-day registration
- \$115 full conference registration for speakers (\$55 discount)
- Travel Discount: \$115 full conference registration for those who travel more than 250 miles one-way to Duluth
- \$40 full conference registration for students

AFTER MONDAY, JUNE 1, 2015

- \$190 full conference registration
- \$100 one-day registration
- \$135 full conference registration for speakers (\$55 discount)
- Travel Discount: \$135 full conference registration for those who travel more than 250 miles one-way to Duluth
- \$50 full conference registration for students

*Add \$25 to early registration fees for on-site registration

CONTACT

Questions, contact: Kim Nordin, 218-727-9390, ext. 237 or ruralhealthconference@ruralcenter.org

CONTINUING EDUCATION CREDITS

(CEUs and CMEs)

Application has been made for 9.45 continuing education hours for health care executives, nurses, nursing home administrators, pharmacists and physicians.

SCHOLARSHIPS

A limited number of conference registration scholarships are available on a first come, first available basis – to potential participants or speakers – who encounter challenges in paying the registration fee to attend. Please email ruralhealthconference@ruralcenter.org, with your organization name and a brief paragraph on how participation at the Minnesota Rural Health Conference will benefit your organization and/or yourself. The deadline to submit is June 1, 2015.

CANCELLATIONS/SUBSTITUTIONS

Registration fees, minus a \$40 processing charge, will be refunded if written cancellation is received by June 8, 2015. If a registered person cannot attend, a substitute is welcome. Please email the name of the substitute to ruralhealthconference@ruralcenter.org, so the attendee list can be updated.

Reasonable accommodations are available (e.g., dietary needs or sign language). Contact Kim Nordin, National Rural Health Resource Center, 218-727-9390, ext. 237.

THANK YOU!

The Minnesota Department of Health—Office of Rural Health and Primary Care, Minnesota Rural Health Association and National Rural Health Resource Center thank members of the Planning Committee who contributed time and resources to develop the program, provide networking opportunities and promote the Conference.