Join Your Colleagues and Collaborate in Transforming Health Care

An Official Conference by NCQA

PCMH Congress

September 14–16, 2018
San Diego Convention Center
San Diego, CA

Plus! Thursday Pre-Conference on PCMH Recognition Annual Reporting

pcmhcongress.com
Whether your organization is already PCMH recognized, considering recognition, or you are a consultant focused on guiding others through the process, you’ve made a big step in the commitment to improved care delivery.

There’s one more important step you should take: Join us for the PCMH Congress.

This is integrated learning for those involved with patient-centered care. Receive tips, tools, and ideas to apply right away through interactive conference sessions tailored to your organization’s needs; engage one-on-one with leading PCMH experts who can assist in answering critical questions; and network with peers from around the country who can share insight into common challenges and offer potential solutions.

Who will benefit from PCMH Congress?

- Practice Managers and Staff
- Quality Managers
- Administrators
- Health Care Consultants
- Physicians, Nurses, Nurse Practitioners, and Allied Health Professionals
- Federally Qualified Health Centers
- Pharmacists
- Health IT Professionals
- PCMH Certified Content Experts
- Medical Residents, Fellows, and Emerging Clinicians
- And anyone else engaged in the NCQA Recognition process

It was just an outstanding opportunity to learn what is currently going on with PCMH and a wonderful opportunity to network.”

FRIDAY, SEPTEMBER 14

- WELCOME AND OPENING REMARKS from NCQA President Margaret O’Kane, MHS
- OPENING SESSION: Return on Investment: Show Me the Dollars in the Value of PCMH
- KEYNOTE: Together Everyone Achieves More: How Teamwork Impacts Patient Care presented by Greg Bell
- GRAND OPENING: Exhibit Hall Reception with Complimentary Refreshments

See pages 6–7 for the complete lineup.

SATURDAY, SEPTEMBER 15

- PCMH as the Foundation for Global Health Care Transformation with the “godfather” of the PCMH movement, Paul Grundy, MD, MPH, FACOEM, FACPM
- FEATURED SESSION: Addiction Intervention: Addressing the Opioid Epidemic within the Medical Home with Andrey Ostrovsky, MD, former CMO of the Center for Medicare & Medicaid Services
- EXHIBIT HALL RECEPTION: Join us for networking, festivities, and prize announcements.

See pages 8–9.

SUNDAY, SEPTEMBER 16

- Legislating the PCMH: What You Need to Know About Federal Regulations
- Culture Shock: How to Start Working Together Toward Transformation
- CLOSING SESSION: Value-Based Payment: A Case-Model Presentation and Panel Discussion

See pages 12–13 for the full details.
On behalf of the entire PCMH Congress Steering Committee, welcome and thank you for your support and interest in advancing the PCMH model of care.

The knowledge you will gain at PCMH Congress—from lectures and information discussions with colleagues—will lead to immediate improvements in patient care when brought back to your practice.
FRIDAY, SEPTEMBER 14
7:00 AM–8:00 AM
Registration and Complimentary Breakfast
8:00 AM–8:15 AM
Welcome and Opening Remarks from NCQA President Margaret O’Kane, MHS

O P E N I N G  S E S S I O N

8:15 AM–9:15 AM
Return on Investment: Show Me the Dollars in the Value of PCMH
Advocates of the PCMH model of care are often asked to show the value in transformation. Although developing and implementing a PCMH requires a number of investments— including time and capital—understanding the return on investment (ROI) is instrumental in creating a path toward success. This session will explore the potential ROI in PCMH transformation, including a real-world case from Advocate Physician Partners in Illinois.

Ashley Ligue, RMA, PCMH CCE; Beth Ann Marootian, MPH; Alvia Siddiqi, MD, FAAFP

WORKSHOPS (Select 1 of 3) 10:35 AM–11:35 AM
Lessons Learned from Implementing the School-Based Medical Home Model
This presentation will share lessons learned from the implementation of SBMH framework in a multisite school-based health program in New York City. This presentation will compare the similarities and differences between transformation in a traditional primary care setting and a school-based setting. We will address the unique challenges SBMH faces in their vital role as part of the medical neighborhood.

Janice Magno, MPA; Natasha N. Rishi-Bohra, MPH; Hilary Pauli, MPH, PCMH CCE

Unique Practice Settings

Effective Use of Health Information Technology within the Patient-Centered Medical Home Model
The purpose of this session is to provide information about Health IT product management methodologies that are critical for delivering high-quality primary care services. The utilization of these methodologies results in a greater chance of organizational success and solutions that are well suited to meet provider and practice needs. This session will educate practice administrators on how properly utilizing their HIT can benefit their practice’s operations and care delivery.

Deborah Johnson Ingram; Angelo Marciano, MHA, PCMH CCE, CPC

Health IT

Optimizing Geriatric Care Using a Patient-Centered Medical Home Framework
With a rapidly growing geriatric population, primary care practices need to identify specific, sustainable initiatives that care teams can use to provide best-in-class care for geriatric patients. The goal of this session is to explore specific benefits that PCMH-recognized practices provide to geriatric patients.

Tammy D. Daniels, MBA, PCC in CCE, PHR; Stephanie Selby, RN, CPHQ, PCMH CCE

Collaborative Care

A Successful Blueprint for Integrating Behavioral Health into Primary Care
The primary care practice team needs to learn new skills and workflows in order to apply a targeted approach to systematically identify patients with behavioral health needs and use this information to develop team-based strategies for improving clinical and financial outcomes. This presentation will provide attendees with a tested framework for integrating behavioral health into primary care using population health and performance improvement approaches.

Susanne Campbell, RN, MS, PCMH CCE; Kristin David, PsyD; Martin Kerzer, DO

Behavioral Health Impact MACRA: Essential Strategies for the PCMH
The goal of this presentation is to help attendees master the complexities associated with economic reform, as well as gain an understanding of how to leverage NCQA PCMH and health IT to actualize measurable quality and value in care delivery. In doing so, providers will secure their economic future, one that is focused on managing and rewarding patient health status over production-based health care.

Adele M. Allison, BSPS

Payment Models

12:45 PM–2:05 PM
Industry-Supported Lunch Symposia

Lunch in the Exhibit Hall

WORKSHOPS (Select 1 of 3) 2:15 PM–3:15 PM
Addressing Behavioral Health Needs in the Primary Care Setting: The Behavioral Health Consultant Model
With an estimated 40% of all premature mortalities being attributed to behavior, there is a clear unmet need in the primary care setting. As such, Kaiser Permanente Northwest developed a Behavioral Health Consultant model, enabling them to address mental health and substance abuse issues in a patient’s primary care medical home. This session will cover the current state, successes, challenges, and lessons learned from implementation.

John Custer, LCSW; Jackie Ryan, MPH; Sharon Smith, LPC

Behavioral Health

A Practical and Team-Based Approach to Risk Stratification for the Entire Patient Panel
Risk stratification for an entire patient panel can be a daunting challenge. The goal of this presentation is to describe a two-stepped risk stratification process involving the entire care team. This risk-stratified patient panel is then the starting point around which longitudinal care management is built. Learn how to customize a risk-stratification process to best fit your practice, and also how risk stratification can be used to help smaller practices decide how to deploy their limited resources.

Richard J. Dom Dera, Jr., MD, FAAFP, PCMH CCE

PCMH Transformation

A Volunteer Team-Based Approach to Patient-Centric Care in a Unique Practice Setting for the Working Poor
Non-traditional outreach programs and leveraging community volunteers provide incentives for citizens to contribute to their health and wellness. The goal of this presentation is to understand how non-traditional practices provide patient-centric population health to the working poor.

Brigid Byrne, EdD, ARNP-BC, CPHQ, PCMH CCE

Unique Practice Settings

Reducing Socioeconomic Barriers to Health and Health Care for High-Risk and High-Cost Populations
Despite a wealth of evidence on the impact of social and economic needs on health outcomes, health care systems currently lack the necessary tools and strategies to systematically identify and document these needs within electronic health records. This session will show how addressing social determinants of health has been operationalized within patient-centered primary care to provide an enhanced level of care to a high-risk patient population through comprehensive case management and a community resource referral system. By addressing non-medical social and economic needs, patients may be able to focus on their health needs and engage in appropriate health care use that reduces preventable emergency department visits and health care costs.

Briar Ertz-Berger, MD, MPH; Nicole Friedman, MS

PCMH Transformation

Data-Driven Decision-Making to Catalyze PCMH Transformation
With the onset of MACRA and other value-based payment programs, up-to-date and actionable quality and cost data on clinicians are critical to achieving better performance and aiding PCMH transformation. To perform meaningful analyses that enable informed decisions by executive leadership, a combination of traditional and non-traditional sources of provider analysis is needed to fully understand how the data intersects and correlates. This session will provide a detailed overview of how to think creatively about data sources, propose innovative ways to join and visualize the results to answer critical questions, and operationalize the answers that the data provide to achieve practice transformation in both quality improvement and high-risk care management efforts.

Shrujan Amin, MS; Scott Hultstrand, JD

Health IT

Mind the Gap: The Quality Improvement Journey of Grand Junction’s Frailty Workgroup to Impact Social Determinants of Health
The electronic frailty index has shown the strongest predictive value of adverse outcomes for the elderly population. Most PCMH systems and governmental quality improvement metrics are disease-focused and do not account for social determinants of health. This session will describe the accumulated deficit theory of frailty, its predictive power, and impact on care plans for the elderly; assess the medical neighborhood’s obstacles to planned patient-centered care for the frail population; and identify local collaboration partners to improve quality of care across the spectrum of care for the frail population.

Patrick W. Page, MD

Collaborative Care

K E Y N O T E

4:35 PM–5:35 PM
Together Everyone Achieves More: How Teamwork Impacts Patient Care
Teams are the foundation of organizational life. Yet any leader knows that building and leading high-performing teams is one of today’s most complex challenges. A strong team-building plan is critical for growing organizations. Giving organizations an under-the-hood look at the characteristics of high-performing teams, Greg Bell explores how to build and nurture teams that consistently perform better, innovate more, and achieve collaborative success.

Greg Bell

5:35 PM–7:05 PM
Exhibit Hall Grand Opening
Unique Practice Settings

This presentation focuses on the integration on the culture and language change of our clinic's capacity.

Michael Attanasio, DO; Megan Santanna, MA, PCMH CCE
Collaborative Care

Medication Adherence: A Toolkit for Clinicians and Care Teams

Join NCQA as they explore the new medication adherence toolkit and the role of the PCMH in improving patient adherence to treatment.

PCMH Transformation

WORKSHOPS (Select 1 of 3)
10:20 AM–11:20 AM

Practice Facilitation: Creating Sustainable Transformations
Driving change requires a unique skill set.

In this session, practice facilitators will learn key skills and activities necessary to create true and sustainable practice transformation, such as motivational interviewing, engaging team members, and building practice capacity.

Nicole Harmon, MBA, PCMH CCE
PCMH Transformation

Integration of Behavioral Health into a Family Medicine Residency Clinic

Utilizing the various stakeholders of integration of behavioral health into primary care, we will explore the decision-making process associated with initial integration of a psychologist into a family medicine residency continuity clinic. This session will focus on the costs and benefits, as well as the barriers and future goals, of integration from the viewpoint of a psychologist, clinical medical director, administrator, and family medicine resident. In addition, we will analyze the impact of integration on the culture and language change of our clinic's resident physicians.

Carlie Nickel, PsyD; Beth Rosemergy, DO, FAAP
Unique Practice Settings

Leveraging PCMH as a Foundation for Succeeding in Value-Based Care Programs

This session is designed to show how a family medicine residency practice leveraged its six-year PCMH certification journey to prepare them for recent value-based payment opportunities, such as CPC+ and the Medicare Shared Savings Program (MSSP). The session will describe their high-level use of PCMH structure as a foundation for organizing the practice and will also dive into their process of addressing two areas of transformation: care coordination and care coordination via ED/hospital discharge management.

Joshua Marx, MPH, PCMH CCE; John P. Metz, MD, CAQSM
Payment Models

11:30 AM–12:30 PM
PCMH as the Foundation for Global Health Care Transformation
“What patients want is that deep relationship with a healer; this is the foundation upon which we need to build health care.” This is not just true here, but around the world. Hear from the godfather of PCMH, Paul Grundy, as he shares what is happening in the field on a global scale and introduces the organizations driving this worldwide change.

Paul Grundy, MD, MPH, FACOE, FACP
12:30 PM–1:50 PM
Industry-Supported Lunch Symposium
Lunch in the Exhibit Hall

WORKSHOPS (Select 1 of 3)
2:00 PM–3:00 PM

Achieving Better Access, Care Coordination, Patient Experience, and Operational Efficiency Through Patient-Centered Specialty Practice Transformation

This session will include a discussion on PCSP standards and share real-world experiences with strategic planning, operational improvement, and project management. With specialty practices being slow to adopt PCSP and care coordination continuing to be a challenge for primary care and specialists alike, the goal of this session is to help motivate and inform other specialty practices to embark on systematic practice improvement in specialty care.

Xiaoyan Huang, MD, MHCM, FACC; Lesley Jonson Larson, MHA, FACHE
Collaborative Care

Improving Primary Care Using Point-of-Care, Technology-Driven Enhancements

Primary care practices are continually challenged to achieve more with fixed resources. Providers need better tools to support practice transformation to a PCMH. Many current electronic health record systems provide access to an abundance of data, but this data is not always presented in a comprehensive or efficient way. This session will present technological enhancements to provide an improved experience for the patient, provider, and staff, which will result in improved quality of care.

Antonella Bojanich; Nancy LaVine, MD; Jeffrey S. Musmacher, MBA
Health IT

From 1 to 100: PCMH for All Practice Sizes
Not all PCMH-recognized practices are able to approach transformation and optimization of patient-centered care in the same way. Each practice requires a custom approach based on a variety of factors, including size and resources. From an independent single-site practice to a large multi-site health care organization, hear how the same challenges have been approached from different perspectives.

Brenda Jenkins, RN, D.Ay, CDOE, CPEHR, PCMH CCE; Angel Perez, BSN, PCMH CCE
PCMH Transformation

WORKSHOPS (Select 1 of 3)
3:10 PM–4:10 PM

Developing a Patient-Centered Plan of Care to Meet Multiple Payer and NCQA Requirements

The most efficient way to implement Medicare and Medicaid Care Coordination requirements within a multiple-payer context is unclear. In this session, attendees will increase their knowledge of Payer Care Coordination requirements and how they can operationalize these requirements to meet PCMH guidelines, as well as be able to develop a business plan to implement Care Coordination models in their practices that are financially self-sustaining.

Maria Casaverde Marin, PCMH CCE; Lucy Loomis, MD, MSPH, FAAP; Stephanie Philibbs, PhD, MPH
Payment Models

Establishing a PCMH in an Inner-City Pediatric Resident Clinic

Being a PCMH is ideal for an inner-city population. To educate the next generation of providers in delivering excellent primary care well into the future, the health care systems need more successful PCMH practices in which to train residents. This session will detail many of the steps necessary to develop and maintain a successful PCMH home in an academic, pediatric, inner-city office with almost 50 residents and 15 faculty.

Steven D. Blatt, MD; Jenica O’Malley, DO; Lisa Winkle, RN
Unique Practice Settings

Population Health Meets Integrated Behavioral Health within an FQHC

To better understand and serve patients accessing care at an urban multisite, multi-lingual FQHC, an interdisciplinary team engages in universal depression, anxiety, and substance abuse. This program will explore the rationale behind standardized screening for core behavioral health conditions within a busy primary care clinic, as well as the lessons learned during a large-scale implementation of the program.

Nelly Burdette, PsyD; Andrew Saal, MD, MPH
Behavioral Health

F E A T U R E D  S E S S I O N

4:20 PM–5:20 PM
Addiction Intervention: Addressing the Opioid Epidemic within the Medical Home

According to the U.S. Department of Health and Human Services, 11.5 million Americans misused prescription opioids in 2016. The medical home model has the potential to help clinicians risk stratify, identify, and monitor those at risk for opioid abuse and provide effective intervention when abuse occurs. Join Dr. Ostrovsky as he provides his unique perspective on the opioid epidemic drawing from his experience as a clinician, former Chief Medical Officer of CMS, and his own personal family experience.

Andrey Ostrovsky, MD

5:20 PM–6:50 PM
Exhibit Hall Reception
CONFERENCE HIGHLIGHTS
Join Us in Transforming Health Care

**Bring a Colleague**
Call now! Organizations can receive $100 or more off each subsequent colleague registration.

**PCMH Education**
See the full agenda designed with NCQA, including sessions on payment models, unique practice settings, behavioral health, and more.

**CCE Session Topics**
Look for this icon next to can’t-miss sessions for CCEs.

**Pre-Conference**
PCMH Recognition Annual Reporting: Succeeding Through Continued Transformation

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**NCQA Medical Neighborhood Recognition**
_Closing the Loop Between Primary & Specialty Care_

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**More Than 15,200 Total Sites Recognized**
PCMH & PCSP

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Map & statistics provided by NCQA

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Primary Care (PCMH) SITES
- 0 Sites
- 1-20 Sites
- 21-60 Sites
- 61-200 Sites
- 201+ Sites

Specialty (PCSP) SITES
- 1-9 Sites
- 10+ Sites

As of 3/31/2018
Incorporating Cost and Value into Practice Assessments Though traditional PCMH assessment tools can readily identify practice workflows, staff roles, and patient populations for the transformation work plan, these assessments do not capture vital information regarding practices financial, budgeting, and coding processes, resulting in a gap in understanding a practice’s readiness to participate in value-based payment (VBP) contracts. In this session, we will share the development process and framework for an enhanced assessment tool we created, including how the tool has helped practices understand their readiness for VBP and lessons learned from the implementation of the enhanced assessment tool. Matt Gannon, PCMH CEO; Jameson King, MHA, PCMH CEO; Gila Stadler, MPH, PCMH CEO Payment Models Assessing Opioid Overdoses in Population Health Through Data Validation Data collection in opioid deaths is not uniform; the Centers for Disease Control, state departments of health, and local departments of health all utilize different monitoring, classification, and analysis techniques. In order to compare and analyze the data, it is necessary to standardize data collection. This session will discuss the need for a unified approach to data collection and monitoring at the national, state, and local levels, to ensure that the data provided can be utilized effectively. Jennifer McCloskey, MPH, PCMH CCE; Vipul Shukla, MS Health IT Bringing the Medical Neighborhood to Life: Key Drivers of High Performing Delivery Networks Advanced Network Integration is the foundation of high-performing, regional delivery networks and the primary driver of success and performance. It requires formal provider engagement, collaboration, and accountability. This session will describe the four pillars and key drivers of performance for Advanced Network Integration: Network Referral Management Systems; Advanced Systems of Primary Care; Specialty Care and Advanced Team Work; and Community-Integrated Primary Care Structure, Systems, and Resources. Attendees will learn what’s working in delivery networks around the country, including models of advanced integration and their impact. Kristi Bohling-DaMeitz, RN, BSN, MBA; David Ehrenberg, MD; Paul Grundy, MD, MPH, FACOEM, FACPM PCMH Transformation 11:00 AM–12:00 PM Industry-Supported Brunch Symposia To Save a Life: Integrating Behavioral Health in a West Texas FQHC Integrating behavioral health providers into the same facility as primary care providers shortens the length of time between a positive screening test and an appointment with a LCSW or LPC, possibly preventing a loss of life, suicide attempt, or overdose. This session will discuss the barriers in implementation of a behavioral health program at a federally qualified health center (FQHC) transformed, optimized PCMH care cannot be achieved without a cohesive team. This session, which will include a diverse panel of a physician, nurse, and administrator, will explore the challenges faced by the PCMH team and how to overcome these conflicts and create the ideal PCMH team. Kimberly Combohee-Reeves, CMPE; Thomas W. Wells, MD, FACP PCMH Transformation 12:10 PM–1:10 PM How We Built Our Medical Neighborhood: Our Story Narrated by Champions of PCMH, PCC, and PCSP This session will educate clinical staff on how to implement PCMH, Connected Care, or PCSP recognition within their health care systems and what benefits they may receive as a result of that recognition. Thinking beyond what can be offered in the patient-centered medical home and looking at what care the patient needs from their medical neighborhood is where our thinking needs to shift. Nathan Fleming, MD, MPH; Robert T. Rohloff, MD Collaborative Care

MacA: Road Map to Physician Payment Reform Physician payment reform will require shifting from fee-for-service to value-based payment. MACRA and the Quality Payment Program (QPP) provide a framework for alignment in managing cost and improving quality of care. This presentation will discuss strategies to apply participation in MACRA/QPP to population management across attributed patients. Emily Fisk, MHA, PCMH CCE; Carmen Francavilla, MBA, BSN, RN-BC, PCMH CCE Payment Models

Making Practice Transformation Simple for Solo and Small Community-Based Practices Practice transformation can be daunting to any practice, but imagine if you are a solo or small community-based practice in an urban or suburban setting with a large Medicaid patient population. By working with a large number of these primary care practices through the Delivery System Reform Incentive Payment (DSRIP) program, making things simple was a key to success in achieving recognition. In this session, attendees will learn techniques and strategies that will assist in a successful transformation. Stacey Mallin, MPA, CPHQ, CLSSBB, PCMH CCE Unique Practice Settings
Choose from Our San Diego Hotels!

Reservations are available in limited room blocks, now through September 8, 2018.

Please note that a non-refundable deposit equal to the cost of one night’s stay is required to hold your reservation.

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From $229 per night

For more information on hotel reservations, airline discounts, and ground transportation options, please visit pcmhccongress.com/hotel-travel.

**THE 2018 PCMH CONGRESS WILL BE HELD AT THE SAN DIEGO CONVENTION CENTER.**

**USE PROMO CODE PCMHMVP**
**FREE SYLLABUS + ON-DEMAND**

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<th>Early Bird 7/21/18 to 8/17/18</th>
<th>Last Chance 8/18/18 to 9/13/18</th>
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*Additional discounts do not apply. For student, resident, fellow, and active military rates, please call 800-218-3185.

**REGISTRATION**

First Name: __________________________ Last Name: __________________________ Degree/Credentials: __________________________

Position/Title: __________________________ Company/Organization: __________________________

Business Address: __________________________ City: __________________________ State: __________________________ Zip: __________________________ Country: __________________________

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Affiliation:

☐ General Registration ☐ Federally Qualified Health Center
☐ Non-Health Care Provider

I am an NCQA PCMH-Recognized

☐ PCMH ☐ PCCM ☐ PCSP ☐ PCMH CCE ☐ PIQ ☐ GRIP

☐ HIT ☐ Distinction in Behavioral Health Integration

☐ Oncology Medical Home Recognition
☐ Not part of any NCQA-Recognized Program
☐ In the process of NCQA Recognition
☐ Other __________________________

Professional Category:

☐ Administration ☐ Business Development ☐ Director

☐ MD ☐ DO ☐ HIT ☐ Nurse (MSN) (BSN) (RN) (LPN)

☐ NP ☐ Quality ☐ Pharmacist ☐ PA ☐ Manager

☐ Population/Health ☐ Practice Consultant

☐ Other __________________________

Number of Clinicians in Your Practice:

☐ Single-site; 1–12 clinicians ☐ Multi-site; 1–12 clinicians

☐ Multi-site; 13+ clinicians ☐ Independent Consultant ☐ N/A

PCMH Familiarization:

☐ New to the Role ☐ PCMH CCE Consultant ☐ Very familiar

☐ Somewhat familiar ☐ Other __________________________

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☐ $349 Thursday Pre-Conference per Attendee

☐ $75 Optional Syllabus

☐ $200 Optional On-Demand Recordings of the 2018 PCMH Congress Sessions

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Cancellation Policy: Please note that the cutoff date for cancellation is July 31, 2018. All cancellations must be received in writing and postmarked by that date. Full registration fees (less a $100 processing fee or full registration amount, whichever is less) will be refunded only to cancellations received in writing before the above date. No refunds will be issued after July 31, 2018; no exceptions. Registrations are transferable at any time.

Payments made may not be applied toward tuition for future PCMH Congress conferences, or other meetings or products offered by HMP, NACCME, or NCQA.

Questions? For additional registration information, please contact Sheila Donato at 800-218-3185 or sdonato@hmpglobal.com.
September 14–16, 2018
San Diego Convention Center
San Diego, California

JOIN YOUR COLLEAGUES AND COLLABORATE IN TRANSFORMING HEALTH CARE.

Offer Inside!
Free Syllabus & On-Demand

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