Oklahoma Primary Care Association  
Rural Health Association of Oklahoma  
Oklahoma Office of Rural Health  
2012 Joint Rural and Underserved Health Conference & Golf Tournament  
“Getting Better Together”  
Strengthening the Healthcare Safety Net for Rural and Underserved Oklahomans  
September 19-21, 2012  
Embassy Suites Hotel and Conference Center, Norman, OK

Sponsored by:

[Logos of various sponsors]
Rural healthcare is generally disjointed, undercapitalized, and underutilized. Despite outcomes data that reaffirms the quality of rural healthcare compared to many urban centers, healthcare providers, services, and patients are rapidly migrating out of rural Oklahoma. This leads to a negative cycle that can ultimately strip a community of all access to health services.

To combat this trend we will introduce a model that brings community health centers and rural hospitals together to begin a collaborative process of enhancing quality and breadth of rural health services.

At the end of this presentation the audience should have gained a better understanding of the underlying troubles leading to the decline in rural health services and will have an understanding of innovative strategies to reverse this trend.

Recent statistics reflect that, even in rural areas, the use of mobile devices is growing rapidly and these devices are becoming a major tool for obtaining “just in time” information for both healthcare providers and the patients and families they care for. In this interactive workshop, experienced health sciences librarians will highlight useful mobile technologies and resources for healthcare providers, health administrators, educators, and health consumers. In addition, the session will focus on maximizing mobile device functionality and organizing resources and activities for quick and easy access to and delivery of health information. This workshop offers something for everyone, regardless of participants’ current level of mobile device use or connectivity; come explore the possibilities!

Oklahoma leads the nation in terms of the percentage of residents with mental health disorders, and disparities in psychiatric service provision hit rural areas especially hard. This presentation will describe findings from a state-wide pilot study on how rural primary health care providers experience and manage mental health problems in a variety of clinical settings with different geographies, cultures, and clinic organizations (including tribal clinics). This qualitative study explores the challenges confronted by providers in rural Oklahoma who face limited possibilities for referring their mental health care patients to specialists. We discuss the diversity of special organizational, resource, and public health challenges faced by primary care providers who care for patients with mental illnesses in rural areas. Primary research questions include: 1) How community/cultural understandings of mental illness in these settings impact the provision of mental health care; and 2) How primary care physicians and mid-level providers (nurse practitioners and physician assistants) identify, diagnose, treat, and manage individuals with mental illnesses. These questions lead us
to explore how primary care providers define for themselves what a “mental illness” is, what counts as “mental illness” in patients’ lives, and what obstacles they face in providing treatment for these disorders. Finally, we discuss providers’ recommendations for improving care for patients with mental illness in rural primary care settings; what interventions they see as most useful; and what organizational/structural changes they believe would help patients receive better care. The presentation will also include an interactive activity derived from research findings.

12:00pm—1:15pm  
**Networking Lunch** — With vendors and Attendees sponsored by Oklahoma F

1:15pm—2:00pm  
**Concurrent Sessions**  
**Community Health Centers 1**: David Kendrick, MD, MPH  
“Meaningful Use” Sooner Room

Two years ago, MyHealth Access Network was chosen as one of 17 Beacon Communities across the nation by the Office of National Coordinator of Healthcare Information. MyHealth was specifically chosen for this distinction due to its efforts to build and strengthen health IT infrastructure and testing innovative approaches to make measurable improvements in health, care, and cost. Working with over 200 health-related organizations and stakeholders, MyHealth is leveraging technology to enhance individual patient and population care, support providers in meeting Meaningful Use Stage I and Stage 2, and support important clinical and business processes such as care coordination, clinical decision support, individualized risk guidelines, and advanced health analytics.

**Rural Health 1**: Speaker TBD  
“How to Save a Dying Hospital” Boomer Room

This session will present a conceptual discussion of the signs and symptoms of a distressed hospital, as well as a broad range of potential actions that can be employed by management and/or advisors to combat organizational decline. Included in the presentation will be a discussion of broad industry trends that are driving hospital stress, specific financial and organizational indicators that will aid participants in evaluating the “continuum of distress”, potential turnaround tools and techniques to address declining hospitals, and a brief discussion of outside resources available to help effectuate a successful turnaround. The presentation will explore both financial and operational aspects of a turnaround, as well as the requirements for capital and management resources. Material is presented at a summary level, and no prerequisite coursework is required.

2:05pm—2:50pm  
**Concurrent Sessions**  
**Community Health Centers 2**: Ed Long  
“Effective Outreach in the Health Care Reform Environment” Sooner Room

Discuss implications of the U S Supreme Court decisions about PPACA, Medicaid expansion efforts and the impact on rural providers; outline outreach & enrollment (O&E) implications and best practices/ available resources to reach rural residents; review the forecasted schedule of events of PPACA; Provide online enrollment update and SoonerSilver implications; and explore the possibility of federally facilitated or partnership insurance exchange in the state and the impact to rural health care in Oklahoma.

**Rural Health 2**: Kathryn Weldon  
“Creating Winning Cultures” Boomer Room

Creating Winning Cultures is a program for rural hospital executives and managers who desire to enhance employee engagement and create great places to work. Kathryn Weldon, Director of Leadership Development and Culture Alignment of NewLight Healthcare, will talk on building a hospital culture that drives initiative and excellence. As a forward-thinking trainer, speaker and coach, she has successfully helped facilitate change in organizations for over the last 20 years. Participants will walk away with new insight into: characteristics of high performing organizations; misaligned low performing organizations; the critical link between culture and performance, and actions to take toward creating winning organizations.
Disaster training and education for rural facility staff is essential. Teenagers made a chemical bomb based on a YouTube video and released it on a school bus contaminating more than 30 children. It is imperative that rural facilities have drills in place for such accidents even though they have no expectations of this type of disaster.

Pipeline and workforce development initiatives for health care professions training programs seem bountiful. Early admission or 3+1 academic programs in universities are not uncommon. Primary care medical residencies in non-academic health center setting are becoming more mainstream and various financial incentives and loan repayment programs have been around for some time. BUT FOR OKLAHOMA, which ranks near the bottom in the number of primary care providers per capita, it is critical that all of the above come together to produce an effective conduit that will result in an adequate future physician workforce for rural and underserved areas. Over the past four years the OSU Center for Health Sciences has developed a training model to increase the rural primary care physician workforce. The training model is transitioning from an elective rural curriculum to a more comprehensive rural medical track that incorporates early clinical experiences including interdisciplinary simulation experiences with Career Tech and Community College partners and more extensive clinical training in rural/underserved areas.
• Methods that CAH’s and CHC’s can extend the work force as the doctor shortage accelerates.
• Physician recruitment strategies for the post reform environment.

9:15am – 10:00am  **Friday** Gerard Clancy, MD
"Accountable Care Organizations in Rural Oklahoma"

Discuss the progress of ACO planning and implementation across states and innovative approaches to ACO development; Discuss Oklahoma-specific efforts (e.g., Tulsa ACO) and how rural health care providers can replicate model to meet the needs within their communities that promotes better patient outcomes.

10:00am – 10:30 am  **Break – Exhibits – Networking Opportunities**

10:30am – 11:15am  **Plenary VI**  -- Ken Miller, Oklahoma State Treasure
“Oklahoma Economic Update”

State Treasurer Ken Miller, Oklahoma’s chief elected financial officer, will present Information on the state of Oklahoma’s economy. His presentation will include details on Oklahoma’s emergence from the worst recession since World War II, our current condition and the outlook for our future.

11:15am – 12:00pm  **Plenary VII**  -- Katy Smith, MS
“Integrating Primary Care Practices and Community-Based Programs to Manage Obesity”

Preventing and managing obesity is a difficult clinical task. Clinicians note many barriers to behavior change in patients, among them, inadequate connection to community resources. Cooperative Extension Service’s Community Nutrition Education Programs (CNEP) have been effective at changing food behaviors in their participants. CNEP programs are available in many rural and underserved locations across the state of Oklahoma. Creating linkages from primary care practices (PCPs) to community resources, like CNEP, increase options for prevention and management of obesity in patients.

This project linked practices to CNEP through use of a typical PCP referral process. Practice Enhancement Assistants worked with clinics and CNEP to implement the referral linkage. In the second year of the project, with feedback from the original practices, a step-by-step guidebook to enable any clinic to effectively implement the PCP/CNEP linkage was developed.

PCPs and CNEP units expressed enthusiasm for the project. All PCPs in the original study referred patients to CNEP. Private clinician practices referred less over all, but had higher rates of enrollment in the program compared to FQHCs or Residency Program Practices (RPPs). Private clinician practices also had a higher rate of program completion among patients who enrolled vs. FQHCs or RPPs. The key to adherence may be the patient clinician relationship as this may be more established in a private clinician practice. Once enrolled approximately 1/3 of patients from any clinic type did complete the program.

We are focusing our efforts to determine what works to convince patients to attend Community Nutrition Education Programs for positive behavior changes.

12:00pm – 1:30pm  **2011 Rural/Underserved Health Awardees Luncheon**

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1:30pm  **Adjournment**