



all
that
JAZZ
NEW ORLEANS
APRIL 16 - 19, 2013

19th Annual Educational Conference
National Cooperative of Health Networks
Association, Inc.



NCHN
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since 1995*



PRESIDENT'S WELCOME

Heather Fuller, NCHN President 2012 - 2013

Welcome to the NCHN 19th Annual Conference. We're so glad you are here. Each year, conference participants look forward to the opportunity to network, reconnect with peers and colleagues, make new friends, hear about the exciting work that health networks are doing across the nation, and learn about the latest innovations in healthcare delivery accomplished through health networks. And yes, of course, have some fun!

Special thanks to the 2013 Conference Planning Committee for the outstanding job they have done coordinating the event you are about to experience. Their dedication and commitment to serve the NCHN membership through their participation on this committee is outstanding. This year's Committee has planned an exceptional conference agenda. You will participate in interactive workshops, experience informative educational sessions, and learn from masterful network leaders.

This year NCHN is offering a great opportunity to learn more about evaluation through the Pre-Conference Workshop: Got Outcomes? What's Your Evidence? This interactive workshop will take participants through the what, why, how and when of program evaluation outcomes with an emphasis on evidence-based outcomes. Participants will also be able to work on examples from their own health network.

We are excited to announce that 11 networks have donated funds to sponsor our keynote speaker, Jessica Lipnack. Jessica has written several books on the topics of collaboration and the importance of networks including "The TeamNet Factor and The Age of the Network," "The Strange Beauty of Virtual Teams," "The Easier Way to Work: Collaborating in World-Class Virtual Teams," and "Communicate, Collaborate, Coordinate, Decide: How IT Achieves Strategic Leadership." Jessica will offer a new perspective on the *Power of Networks*.

The conference agenda includes something for every type of network, regardless of the development stage of your organization. You will be immersed in the world of networks. Take advantage of the opportunity to engage as many people as possible in discussions and exploration of network topics. Be prepared to learn:

- How to support your members through HIT
- Unique strategies for communication
- The impact of federal antitrust laws on network operations
- How to craft value propositions for vertical networks
- How to utilize the I-Star method for network development and strengthening
- Strategies to establish primary care Telemedicine in a rural environment
- Cooperative business opportunities to support care giving in rural America

- How to keep board members engaged outside of the board room
- Strategies to improve access to specialty care networks
- How to develop a marketing plan for your network
- The latest information relevant to health networks from HRSA
- Best practice models and how to implement the strategies into your network
- The benefits of a successful wellness program including cost management and increased productivity.

I hope you will also take the opportunity to learn about how you can become more involved in NCHN through its many committees and work groups such as the conference planning committee, the program development committee, leadership learning communities, and much more!

As you all know, every network is unique. That's why this year's conference theme "All That Jazz" is so fitting. We strive to support and strengthen health networks through a variety of activities, including the annual educational conference. I encourage you to review the conference program and plan your personal strategy to obtain the most information, to develop a network of peers for future knowledge exchanging, to discover at least one new strategy or technique that you can implement when you return to your network, and to have some fun over the next two and a half days. Speaking of fun, don't forget about the Steamboat Natchez Dinner Jazz Cruise on Wednesday evening. The cost of the dinner cruise is included in your registration and is a great opportunity to network and get to know your fellow network leaders in a more informal setting!

On behalf of our staff and Board of Directors, welcome to New Orleans and our 19th Annual Educational Conference!



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About NCHN

NCHN is the only professional membership organization comprised exclusively of health networks, alliances, and consortiums dedicated to supporting the success of health networks. NCHN's mission is to support and strengthen health networks through collaboration, networking, leadership development and education.

Founded in the late 1980s, NCHN was incorporated in 1995. In the beginning, NCHN was comprised of 5-7 members representing newly formed networks. Today the membership is approximately 60 network organizations across the nation and growing. NCHN is a dynamic, progressive, and nationally recognized professional organization that is relevant for health networks regardless of their stage of development. For more information about the organization, visit www.nchn.org

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2013 Conference Planning Committee

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 Toniann Richard (MO)
 Sally Trnka (MN)

The 19th NCHN Annual Educational Conference is sponsored by the following Silver Level Sponsors



AGENDA AT A GLANCE

TUESDAY, APRIL 16

12:30 PM	4:00 PM	Pre-Conference Workshop: Got Outcomes? What's Your Evidence?	Center Salon	6-7
4:30 PM	6:30 PM	2013 NCHN Board of Directors Retreat	West Salon	
6:30 PM	8:00 PM	Welcome Reception	Royal Garden Terrace	

WEDNESDAY, APRIL 17

8:00 AM		Registration Opens	Foyer	
8:00 AM	9:00 AM	Networking Breakfast & NCHN Annual Membership Meeting	Esplanade	
9:00 AM		NCHN Board of Directors Meeting	Esplanade	
9:15 AM	11:30 AM	Opening Session: Welcome & Keynote Presentation	East Salon	8-9
11:30 AM	12:45 PM	5 th Annual NCHN Awards Luncheon	Esplanade	
1:00 PM	3:00 PM	HIT — It's Not Going Away! Find Out How to Support Your Members	East Salon	9
		Frontier Community Based Partners Contribute to Local Health Systems	East Salon	10
3:00 PM	3:30 PM	Break & Exhibits <i>Sponsored by Georgia Health Policy Center</i> <i>Silver Level Sponsor</i>	Foyer	
				
3:30 PM	5:00 PM	Breakout Groups by Network		
		Network Sharing Discussion 1	Promenade	
		Network Sharing Discussion 2	West Salon	
		Network Sharing Discussion 3	Center Salon	
6:30 PM	9:00 PM	Steamboat Natchez – Dinner Jazz Cruise Located 2 blocks from the hotel at Toulouse Street & the River in the French Quarter		

THURSDAY, APRIL 18

7:30 AM	8:15 AM	President's Breakfast	Esplanade	
8:30 AM	10:30 AM	An Interactive Workshop on the Impact of Federal Antitrust Laws on Network Operations AKA "But officer, I didn't really mean to conspire!"	East Salon	11
10:30 AM	10:55 AM	Break & Exhibits <i>Sponsored by Hylant</i> <i>Silver Level Sponsor</i>	Foyer	
				

AGENDA AT A GLANCE

THURSDAY, APRIL 18

11:00 AM	12:00 PM	Network Leader Sharing Session	East Salon	13
		Crafting Value Propositions for Vertical Networks	East Salon	13
		The I-STAR Method for Network Development and Strengthening	East Salon	13
		Growing our Mission through State and Local Networks	East Salon	14
12:00 PM	1:00 PM	Networking Lunch	Esplanade	
1:15 PM	2:30 PM	Concurrent Session: Primary Care Telemedicine in Montana	Chartres	14
		Concurrent Session: Cooperative Business Opportunities to Support Care Giving in Rural America	Toulouse	15
2:30 PM	3:00 PM	Break	Royal Garden Terrace	
3:00 PM	4:15 PM	Concurrent Session: Board Communication: Keeping them Engaged Outside the Board Room	Chartres	16
		Concurrent Session: Improving Access to Specialty Care through Network Collaboration	Toulouse	16
4:20 PM	5:30 PM	Strategic Development: Marketing for Network Sustainability	Esplanade	17
		Dinner on Your Own		

FRIDAY, APRIL 19

7:00 AM	8:45 AM	NCHN Leadership Learning Communities Workshop (BULLS & Transformers)	Rib Room	18
7:30 AM	8:30 AM	Networking Breakfast	Promenade	
8:45 AM	10:30 AM	<i>Wellness?</i> That is so 2012! Reframing our Conversation about Well-Being for 2013 and Beyond	Esplanade	19
10:30 AM	10:45 AM	Break		
10:45 AM	11:45 AM	Federal Update: Legislative & Regulatory	Esplanade	19
11:45 AM	12:00 PM	Closing of 19th NCHN Conference Door Prizes	Esplanade	

GOT OUTCOMES? WHAT'S YOUR EVIDENCE?

Gwen Martin, Ph.D., Evalytics LLC
Becky Melzer, M.A., Evaluation Edge LLC
Leticia Manning, HRSA/ORHP
Toniann Richard, Healthcare Coalition of Rural Missouri

This interactive pre-conference workshop will take participants through the what, why, how and when of program evaluation outcomes with an emphasis on evidence-based outcomes in the first half. During the second half of the workshop, participants will work on examples from their own health network of creating and incorporating appropriate outcomes. At the conclusion of this workshop, participants will be able to define evaluation outcomes, evidence-based outcomes and the difference between the two; know the process of creating and incorporating appropriate outcomes into their programs and organization; and, understand the value of measurement in improving and growing their health network.

Both Martin and Melzer are nationally recognized evaluators with many years of experience in program evaluation and research and are currently working in health care and health network areas. The workshop will be highly interactive, use examples from health networks, and provide ample time for questions and discussion.

Participants will learn:

- What program evaluation outcomes are and how to create appropriate ones.
- What evidence-based outcomes are and how they are differentiated from traditional outcomes.
- Why evidence-based outcomes are important and why outcomes in general are critical to sustaining and growing a health network.
- How to create and incorporate appropriate outcomes for one of their programs (the process).
- When to begin thinking about program evaluation outcomes.

Participants will be presented with:

- Information from HRSA about the move toward evidence-

based outcomes in their grant-making.

- Information and examples of technological tools – dashboards – that can bring multiple programs' outcomes together strategically.

Facilitators: [Donna Newchurch, LA](#) & [Toniann Richard, MO](#)



Gwen Martin, Ph.D. leads EVALYTICS LLC, a research, program evaluation and consulting company. She has 20+ years' experience in research, program evaluation and program development. Prior to founding EVALYTICS, she was Executive Director and Director of Research for the Center for Women's Business Research in Washington, D.C; Director of Community Enterprise & Entrepreneurial Development and the Director of Business Research & Information Development Group with the University of Missouri; and Manager of Research & Evaluation for the Ewing Marion Kauffman Foundation. Dr. Martin's research and evaluation spans substantive areas including Health Care, Business, Entrepreneurship, Organization Development, Technology and Innovation, Leadership, Education, Economic Development, Community Development, Product Market Research, Customer Relationship Marketing and social issues. Findings from her work have been instrumental in program, product, and service creation and enhancement.

Becky A Melzer, M.A. leads Evaluation Edge LLC, a research and evaluation company. She has 15 years' experience in research, evaluation and methods. Prior to founding her own company, Melzer was Senior Research Analyst for the Center for Women's Business Research and Project Manager and Research Analyst on a



number of governmental contracts through Johnson, Basin & Shaw and COSMOS. Melzer's evaluation and research experience spans policy, child health, gender, business, advanced statistics and methods. She has provided leadership and expertise on a variety of governmental grants, including: OSHA (DOL), National Minority Council, TIPS (HHS), Agency for Healthcare Research and Quality, National Women's Business Council, SBA, AID, and DoED, DHS; as well as a number of privately-funded

contracts and grants from United States Pharmacopeia, State of Maryland, Walmart Foundation, Verizon Foundation, UPS Foundation, American Express, Wells Fargo, KeyBank and others.

Melzer has an MA from George Washington University in Sociology – Quantitative Track and a B.A. in Sociology – Concentrations in Psychology and Organizational Processes from the University of Maryland.



Leticia Manning is the Program Coordinator for the Rural Health Network Development Program and a Project Officer for the Rural Health Outreach Program for the Health Resources Services Administration's (HRSA) Office of Rural Health Policy (ORHP). Leticia joined HRSA in 2008 and the ORHP team in 2009. Prior to joining HRSA, she worked at the Health and Disability Working Group in Boston, Massachusetts as a research associate on developing financing strategies for children with special health care needs and other special populations. She also spent 5 years in Tanzania as a Public Health Educator with a primary focus on HIV/AIDS prevention, health promotion, reproductive health, nutrition and maternal and child health. She has a Master's in Public Health from Boston University's School of Public Health with a concentration focus on International Health and a Bachelor of Science in Neuroscience from the University of Rochester.

Toniann Richard, Executive Director of the Health Care Collaborative of Rural Missouri, a Rural Health Network funded by the Health Care Foundation of Greater Kansas City and Health Resource Services Administration (HRSA). Toniann's career goals for the organization are to successfully develop a rural Health Information Technology Network for the providers and is working with the Network to develop highly effective service delivery models for vulnerable populations. Toniann firmly believes that organizations are more successful when they partner with others and she aspires to teach others how to learn from their successes and challenges. Toniann has over 12 years of experience in non-profit, and as many years experience working with community networking. In the last four years, her expertise as been instrumental in successfully implementing and launching the following funded programs, many of which were introduced to the County for the very first time: Community Health, Health Information Technology and Telemedicine and Access to Insurance.



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THE POWER OF NETWORKS

Jessica Lipnack, CEO & Co-founder, Netage

In the long history of organizations, beginning when we first formed small tribes to survive, the network is the newest, the most powerful, and, at the same time, the oldest form of organization. How can the network motivate people - and organizations - to take risks and do what they cannot do alone? How can networks become powerful magnets to attract others and spur participation? How can members of networks compete and cooperate at the same time? How can everyone - and every organization - in the network become a leader? And how can we think differently about evaluating and measuring networks? In this talk, combined with question and answer, we'll put our heads together to address these issues and leave the morning session with a new understanding of the power of networks.

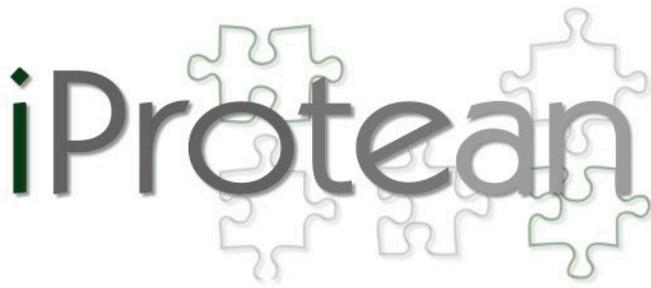
Jessica Lipnack is CEO and co-founder of NetAge, a Boston-based consultancy. For three decades, Jessica and Jeff Stamps (1944-2011), the company's founders, have provided expertise and tools that allow their clients to collaborate more effectively in virtual teams, cross-boundary organizations, and networks. NetAge's pioneering initiatives are in use in global companies, public sector organizations, non-profits, governments, and religious denominations. Jessica's research and practical experience have taken her around the world. Among the clients for whom she has delivered training, seminars, and consulting: Alberta Health Services, American Management Association, Assurant, Apple, AT&T Universal Card Services, BankBoston, The Brookings Institution, Cisco, Credit Suisse, Digital Equipment Corporation, Dudley Street Neighborhood Initiative, General Electric, Fidelity Investments, Fiserv, Hewlett-Packard, Hyatt Hotels, IBM, Intel, Kerr-McGee, Marriott, National Association of Corporate Directors, National Education Association, NCR, Omgeo, PeopleSoft, Pfizer, Presbyterian Church (U.S.A.), Qantas, Roche, Royal Dutch Shell, Steelcase, Tetra Pak, The United Nations, The White House, U.S. Army, U.S. Joint Forces, Visiting Nurse Service of New York, Volvo, and the Wisconsin Technology Initiative.

With Jeff, Jessica literally wrote the book on Networking (Doubleday) and on Virtual Teams (Wiley)—along with four other books, including The TeamNet Factor and The Age of the Network—that have been translated into many languages. Noted writing includes “Why BP Crashed and Killed the Gulf” (Harvard Business Review Blogs); “The Virtual, Networked Organization” (in The Handbook of High Performance Virtual Teams, Jossey-Bass); “The Strange Beauty of Virtual Teams;” “The Easier Way to Work: Collaborating in World-Class Virtual Teams;” and “Communicate, Collaborate, Coordinate, Decide: How IT Achieves Strategic Leadership.” The landmark article, “Can Absence Make a Team Grow Stronger?,” Harvard Business Review, which Jessica and Jeff wrote with two business school professors, reported on best practices in “far-flung” teams and is included in HBR's 10 Must Reads on Teams. Jessica and Jeff also served as mentors for the Harvard Business Press Pocket Mentor Leading Virtual Teams. And, Jessica served as subject-matter expert for American Management Association's course on leading virtual teams.



THE KEYNOTE SPEAKER IS SPONSORED BY THE FOLLOWING NCHN MEMBER NETWORKS:

- Arizona Rural Women's Health Network (Kimberly Zill, AZ)
- HCC of Rural Missouri (Toniann Richard, MO)
- Montana Health Network (Chris Hopkins, MT)
- Northcentral Montana Healthcare Alliance (Jack King, MT)
- Partners in Health Network (Bob Whitler, WV)
- Santa Cruz Adolescent Wellness Network (Cassalyn David, AZ)
- Southeast Texas Health System (Shannon Calhoun, TX)
- Sunflower Health Network (Heather Fuller, KS)
- Tennessee Rural Partnership (Cindy Siler, TN)
- The Hospital Cooperative (Jon Smith, ID)
- Western Healthcare Alliance (Jessica Taylor, CO)



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WELCOME FROM THE LOUISIANA BUREAU OF PRIMARY CARE & RURAL HEALTH

Gerrellda Davis, MPH



Gerrellda Davis, MBA, has been the Director of the Louisiana Department of Health and Hospitals – Office of Public Health's Bureau of Primary Care and Rural Health since 2007. As director, Gerrellda is responsible for the management and oversight of more than 40 professional and support personnel, as well as the administration of four service units, including the Chronic Disease Prevention and Control Unit; the Health Systems Development Unit; the Operations Support Unit; and the Practice Management Consulting Unit. These units and their respective programs have a major impact on the emergence, growth and continued viability of healthcare providers, critical access hospitals, federally qualified health centers, parish health units, private and publicly funded primary health care clinics, public hospitals, rural health clinics, rural hospitals, school-based health centers, and small rural hospitals. Gerrellda has an MBA with a concentration in health care management and a BA in English. Gerrellda is a strong advocate for quality and accessible healthcare for all.

Facilitator: [Chris Hopkins, MT](#)

HIT: IT'S NOT GOING AWAY! FIND OUT HOW TO SUPPORT YOUR MEMBERS

Marcia Green, HRSA/ORHP

Joe Wivoda, National Rural Health Resource Center

Health information technology (HIT) is consuming the work plans and budgets of healthcare organizations across the country. Networks are in a strategic position to help their members meet the myriad of IT-related requirements, including Meaningful Use Stages 1 and 2, health information exchanges (HIE) and patient and community engagement, to name a few. Join us as we discuss how networks across the country are dramatically enhancing the implementation of health IT into rural facilities across the country.

Learning Objective 1: After this presentation, attendees will gain awareness of strategies used by successful HIT networks in the development their networks.

Learning Objective 2: After this presentation, attendees will understand how to communicate the rules and regulations surrounding health IT to their membership, and plan how they can best support members.

Learning Objective 3: After this presentation, attendees will have heard from their peers and fellow NCHN members about the work they are doing to meaningfully impact health IT adoption in their rural communities.

Facilitator: Sally Trnka, MN



Marcia Green is currently the Program Coordinator for the new Rural Health Information Technology Network Development (RHITND) Program. The purpose of the RHITND program is to improve health care and support the adoption of health information technology (HIT) in rural America by providing

targeted support to rural health networks. Prior to working in ORHP, Marcia was a Public Health Analyst in the Bureau of Health Professions, Division of Student Loans and Scholarships, supporting the American Recovery and Reinvestment Act (ARRA) Scholarships for Disadvantaged Students Program. She has worked in public health for over 20 years with responsibilities including coordinator of youth and family services, project director for federal grants as well as providing technical assistance for federal contracts. Marcia obtained her Bachelor's degree in Sociology from Morgan State University, Baltimore, MD. and Master's in Social Work from Adelphi University, Garden City, N.Y.

Joe Wivoda is the Chief Information Officer at the National Rural Health Resource Center in Duluth, MN. He has been working in Information Technology since 1990 and with Health Information Technology since 1993. He has been IT Manager, Director of IT, and CIO at several Hospitals, clinics, and other healthcare organizations, and has also assisted Healthcare IT



vendors with business planning and product improvement. In addition to his healthcare experience, he has worked in several other industries including manufacturing, engineering, education, and legal. Joe's expertise is in IT leadership, strategy, service delivery, and the process of innovation. He has led several selections and implementations of various HIT systems. His work with Regional Extension Centers includes Meaningful Use assessments, readiness assessments, workflow analysis and redesign, project management, quality reporting, and tool design. Along with National Rural Health Resource Center staff, he also provides technical assistance to 41 Rural HIT Network Development grantees nationwide, including several Health Information Exchanges. Joe received his B.S. and M.S. in Physics from the University of Minnesota – Duluth and is currently pursuing a Ph.D. in Business Administration from Northcentral University. You can read his blog entries at on-center.blogspot.com

FRONTIER COMMUNITY BASED PARTNERS CONTRIBUTE TO LOCAL HEALTH SYSTEMS

Chrysanne Grund, Greeley County Health Services
Chris Baber, EMT
Dr. Wendel Ellis, Greeley County Health Services
Lisa Moritz, RN

Our rural and frontier community based network impacts our residents in many ways. We will share our methods for communication and cooperation. The rural communities in far western Kansas are geographically isolated from major metropolitan areas. What they lack in population is made up in cooperation as community based healthcare providers from different services work together to care for patients. The network includes a critical access hospital, two rural health clinics, a local pharmacy, health department and volunteer EMT groups. The implementation of health information technology will enhance work processes but it is the existing relationships that really make the partnership work. Representatives from our multidisciplinary team will share strategies and best practices for working together effectively with limited manpower and multiple obligations.

Learning Objectives:

- Unique strategies for communication – email, internet, text, web based strategies

- Cooperative strategies to removing duplicate work processes
- Manage Community events and special projects – health fair, county fair, recruiting, mentoring, school physicals, Healthy moments, Integrated Behavioral health
- Your regulation is my regulation – how can we work together to share the burden of regulations with a limited work load? - CHNA, meaningful use, disease reporting, heart safe community

Facilitator: **Toniann Richard, MO**



Chrysanne Grund, Project Director with Greeley County Health Services, has worked with Greeley County Health Services for the last eighteen years. During this time, she's worked in a number of roles including insurance billing, office management and most recently as Project Director. Chrysanne was recognized for

her work and years of community service by the Robert Wood Johnson Foundation and was named as a Community Health Leader in 2011. GCHS has been involved with national programs such as the National Health Service Corps, Healthy Communities Access Program and was designated as a National Community Center of Excellence in Women's Health in October 2004. GCHS is one of 40 programs across the nation working with the Rural Health Information Technology Network Development grant. Chrysanne's commitment to healthcare does not stop at the office. She is also a founding member of an independent healthcare foundation in Wallace County and serves as a member of the Sunflower Foundation's 2008 Health Advocacy Fellowship class. Chrysanne has consulted with other rural health systems and specializes in program development and grant writing and has accumulated over \$4,800,000 in grants for GCHS and other organizations.

Chris Baber, EMT, is a long time volunteer for the local emergency medical technicians in addition to her full time job as physical education instructor at the local school. She brings tremendous dedication to a difficult job and is not satisfied by simply contributing in this role. She has helped the EMT's and the



community gain status as Heart Safe Community and is helping to pilot a state electronic records.



Dr. Wendel Ellis has been with Greeley County Health Services since 1993. He is Board Certified in Family Practice as well as a doctor of osteopathy certification. Dr. Ellis is a past president of the Midwest Clinician's Network and a founding member of the Kansas Clinician's Network. He has also served

as the President of the Joint Medical Executive Committee in addition to many community roles. Dr. Ellis is the current Medical Director for Wallace County and the Good Samaritan Prairie Manor Nursing Home. He is the Medical Director for the all volunteer Wallace County Emergency Medical Technicians and was instrumental in writing protocols for this group. Additionally, Dr. Ellis is a deputy district coroner for Wallace County as well. He graduated from Greenville College in 1986 and then from the Southeastern College of Osteopathic Medicine in 1990. Dr. Ellis completed an internship at Phelps County Regional Medical Center in Rolla, Missouri in 1991 and a Family Practice Residency at Smoky Hill Family Practice in 1993 where he served as co chief resident.

Lisa Moritz is a dedicated member of the Greeley County community. She has served as the County Health Nurse for the last six years and incorporates her energy and love of a healthy lifestyle into her work as a county and school health nurse. She is responsible for the annual health fair and frequently collaborates on multiple projects across the county.



AN INTERACTIVE WORKSHOP ON THE IMPACT OF FEDERAL ANTITRUST LAWS ON NETWORK OPERATIONS AKA "BUT OFFICER, I DIDN'T REALLY MEAN TO CONSPIRE!"

Heman A. Marshall, III, Principal, Woods Rogers Attorneys at Law

The Sherman Act, Clayton Act, and other federal Antitrust Laws prohibit business conduct that harms competition. While this

is a laudable goal, the “Devil’s in the details”. Seemingly benign conduct can sometimes inadvertently cross the line from “legal” to “illegal”. This is particularly true when otherwise separate competing organizations come together to undertake joint activity. The typical healthcare network is, however, just such an arrangement. Therefore, both networks and their members need to be aware of the antitrust “Do’s” and “Don’t’s” to avoid crossing the line. We are also in a period when mergers, consolidations, and similar steps to integrate previously separate healthcare organizations are on the rise. A side effect of this trend has been increased federal antitrust scrutiny and enforcement. Combining any two previously independent competitors increases the market power of the combined entity, and can have potentially anticompetitive effects, and thus trigger antitrust challenges.

In short, healthcare networks and their members can unwittingly find themselves “targets”. The best protection is knowledge of the laws and the specific conduct that needs to be avoided.

The purpose of this Interactive Workshop is to arm you with

the knowledge to avoid “risky” conduct and to provide practical “best practices” to avoid inadvertent mistakes and assure that your organization doesn’t need to say, “But officer, I didn’t really mean...” to cross the antitrust line.

Facilitator: Deena Dodd, IN



Heman A. Marshall III, Principal, Woods Rogers Attorneys at Law, practices primarily in the areas of health law, general corporate and antitrust. His areas of concentration include, but are not limited to, assisting his clients in the complex area of federal and state regulatory schemes such as Stark II, state and federal anti-kickback laws, Medicare and Medicaid reimbursement issues, managed care negotiations, physician-hospital contracting, joint venture efforts, and antitrust issues. He has served as the Coordinator of the firm’s Health Law Practice Section since its inception in the early 1980’s, and was the initial Chairman

BEAUCOUP SAVINGS

beau•coup also boo•coo or boo•koo

Chiefly Southern U.S. French derivative - Cajun

adj. Many; much: *Working with EMTS and NCHN brought us beaucoup money.*

n. pl. beau•coups also boo•coos or boo•koos

An abundance; a lot. adv. In abundance; galore: *EMTS saved us beaucoup money.*



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Andy Hunt

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of the Virginia Bar Association Health Law Section upon its founding. He has also served as the Chairman of the Virginia State Bar Health Law Section and the Virginia State Bar Antitrust, Franchise and Trade Regulations Section, and is currently a member of the Governing Counsel of the Virginia Bar Association Health Law Section. He is currently a member of the Virginia State Bar and Virginia Bar Association, the American Bar Association, the ABA Health Law Section serving on several of its special committees, and the American Health Lawyers Association. He is listed in the “Best Lawyers in America” under the categories of both Health Care Law and Antitrust, “Virginia’s Legal Elite,” “Virginia’s Super Lawyers” and numerous Who’s Who publications including Marquis’ Who’s Who in American Law. He was recently made a member of “Outstanding Lawyers of America” and is a fellow of both the Virginia Bar Foundation and the American Bar Foundation.

CRAFTING VALUE PROPOSITIONS FOR VERTICAL NETWORKS

Cassalyn David, MPH, Santa Cruz County Adolescent Wellness Network

Value propositions help health networks forge meaningful, sustainable partnerships with their members. This mini-workshop will be beneficial to integrated vertical networks because we will reflect on the value we provide our members and how we can communicate it effectively. Using an interactive format, this mini-workshop will engage participants around the following learning objectives:

1. What are value propositions and why are they important to integrated vertical health networks?
2. What are the challenges to developing value propositions for integrated vertical health networks?
3. Participants will review and experiment with a step-by-step worksheet they can use to create value propositions in their own network.

The key take-away from this mini-workshop will be a step-by-step outline networks can follow to craft their own value propositions to members, funders, or any audience.

Facilitator: [Stephen Stoddard, ID](#)



Cassalyn David, MPH, serves Southern Arizona as the Director of the Santa Cruz County Adolescent Wellness Network. Cassalyn received her BA in Interdisciplinary Studies/International Studies from the University of Arizona and Public Health Master’s Degree from the University of Washington.

She studied social policy in the Czech Republic, assisted newly resettled refugees with finding employment, served as an AmeriCorps VISTA with Habitat for Humanity, and worked as a Ranger in Denali National Park, Alaska before returning to her home state of Arizona. She belongs to the American Public Health Association, Arizona Public Health Association, and the National Cooperative of Health Networks Association.

THE I-STAR METHOD FOR NETWORK DEVELOPMENT AND STRENGTHENING

Gail Emrick, Executive Director, Southeast Arizona Area Health Education Center (SEAHEC)

Hear directly from a fellow network leader about a standards-based method to examine organizational performance of networks in key areas. The I-STAR method (Integrated System for Transformation, Appreciation, and Renewal) developed by the Center for Educational Development and Project Concern International helps networks examine proficiency, motivation, and utilization across these key competencies for sustainability. Established and emerging networks can benefit from I-STAR’s methodology, designed to assess network core competencies including: network learning, planning, administrative quality, advocacy, resource generation, and leadership. Gail Emrick, Director of the Southeast AZ Area Health Education Center (SEAHEC), has used this method with Networks as diverse as the binational Arizona Border Communities Health Network to rural Latin American reproductive health and development agencies. She discusses its value as a Network and organizational capacity building tool.

Learning objectives:

- Why is it important for networks to engage in self-evaluation ?
- What is the I-STAR methodology and how can it be

adapted to my network?

- How the I-STAR's standards for highly functioning organizations and networks can clarify strengths and challenges and lead to consensus around priorities and action steps.
- Participants will gain an understanding of I-STAR and how they might adapt it for their network as well as an example of one of I-STAR's tools.

Facilitator: [Stephen Stoddard, ID](#)



Gail Emrick is the Executive Director of the Southeast Arizona Area Health Education Center (SEAHEC), a health workforce development agency serving rural and underserved communities and health service agencies in three border counties of Arizona. She also serves as Adjunct Faculty of the University of

Arizona, College of Public Health. Firmly believing that health and community well-being are linked to the larger issues of social and economic well-being (and inversely linked to social, political and economic discrimination), Gail's studies and work integrate social and economic development issues with health. At Columbia University, in the city of New York, she earned her joint Masters Degree in Public Health and International Affairs, with a focus on Latin America's economic and political development. Her lifetime passion for international health began with the initiation of the Mayan Women's Health Network (Guatemala 1987-1990) and continues today with the Arizona Border Communities (ABC) Health Network, originally HRSA-funded (FY2010). The ABC Health Network promotes collaboration for improved health service delivery among Arizona and Sonoran border communities.

GROWING OUR MISSION THROUGH STATE AND LOCAL NETWORKS

Natalie Roy, MPH, AgriSafe Network, National Nonprofit

Rural health professionals must engage in evidenced based practices that directly improve the health of farm families. Recognizing their critical role, health professionals joined forces in 2003 to create a national non-profit network known as the AgriSafe Network. AgriSafe aims to shift the quality of health

care towards an occupational approach so that farmers can receive the same occupational care afforded to other industries.

AgriSafe formed a formal network so that services could be seamlessly adapted at the local, state and national level. During the last three years, AgriSafe launched a state-based initiative to prepare a workforce of rural providers in the field of occupational agricultural health. Clinical resources, advanced training programs, outreach services and distance education are core components of this innovative occupational health initiative.

AgriSafe fosters partnerships with universities, agribusiness, media organizations, church & civic organizations, agricultural extension, mental health practitioners, and other service professionals. AgriSafe's collaborative approach to public health care delivery demonstrates how critical it is for diverse organizations to work together to bring the best preventive services to at-risk populations and should be considered a model for agriculturally-based communities throughout the nation.

Objectives of the session:

- Identify state and local champions who can retain their organizational identity while supporting your mission.
- Maintain creative brand identity among a competitive non-profit environment
- Recognize funding opportunities that support national movements with state affiliations

Facilitator: [Stephen Stoddard, ID](#)



Natalie Roy, Executive Director of AgriSafe Network, has dedicated her public health career to the field of rural health. In 2003 she lead a steering committee to develop the AgriSafe Network. AgriSafe is a national non-profit serving the health care needs

of agricultural producers through training and provision of educational resources. Today, she serves as Executive Director of AgriSafe and works with local, state and national stakeholders to advance the mission of AgriSafe. Utilizing her prior work experience both in the academic and public health arena, Natalie develops innovative strategies to advance the field of occupational agricultural health.

PRIMARY CARE TELEMEDICINE IN MONTANA

Chris Hopkins, VP Strategy, Montana Health Network

MHN will highlight the use of a planning grant to establish primary care Telemedicine in a rural environment to support sole community providers. Montana was an early adopter of telemedicine but current structures are limiting progress in the state. The presenter can discuss the pluses and minuses of telemedicine implementation from a state perspective.

Secondly MHN has taken a planning grant and been able to move it forward and can discuss what that took to achieve the stated goal for the planning grant.

Third MHN will discuss its primary care telemedicine program which has been set up in a rural environment (on a shoestring budget) based on part time people supporting sole community providers.

Facilitator: Heather Fuller, KS



Chris Hopkins, a native of San Diego, CA has worked in Healthcare for over 23 years. His healthcare career started out in the finance department at University of Utah Health Sciences Center in Salt Lake City where he managed the CDM and Decision Support Departments. In 2000

Chris went to work for the Sisters of Charity Leavenworth Health Systems in their Montana affiliates as Associate Administrator of Ancillary Services at St. James Healthcare in Butte and VP of Operations at Holy Rosary in Miles City. Chris also served for one year as interim CEO of Ruby Valley Hospital, a Critical Access Hospital in Sheridan Montana. Chris has been Vice President of Strategy and Business Development for Montana Health Network since 2008. Chris is responsible for bringing in new service lines and providing increased services at reduced costs for the rural facilities in Montana. Chris sits on the advisory board for Montana State University, Billings and for Montana AHEC. He has worked closely with hospital CEO's, educational leaders and healthcare providers across the state. Chris has a bachelor's degree in history from Humboldt State University in Arcata California and a Master's Degree in Business Administration from the University of Utah.

COOPERATIVE BUSINESS OPPORTUNITIES TO SUPPORT CARE GIVING IN RURAL AMERICA

Diane Gasaway, Executive Director, Northwest Cooperative Development Center

Innovative applications of the cooperative business model can help rural America by helping seniors stay in their communities and provide ancillary services. The Northwest Cooperative Development Center works with cooperatives and community economic developers to help build the capacity necessary to undertake cooperative business ventures. Stakeholders in NCHN can be the glue that holds communities together. This presentation will introduce how fostering cooperatives in their communities can potentially improve the quality of life for their clients in a number of ways. By encouraging the development of cooperative access to resources and services NCHN can help people take control of their futures. NWDC will share its strategies and tools for supporting semi- grassroots initiatives.

The presentation will discuss innovative cooperative solutions such as mobile home community conversions to cooperative ownership, the multi-stakeholder approach to cooperative home care, and shared service cooperatives.

Facilitator: Jon Smith, ID



Diane Gasaway has been Executive Director of Northwest Cooperative Development Center since 2003. She is responsible for fulfilling the Center's mission to foster community economic growth through the cooperative business model. Diane provides guidance and

oversight on a wide range of projects, from home care to online food co-ops; from housing to transportation, from agriculture to sustainable forestry; technical assistance skills include strategic planning, co-op education, co-op development, grant administration, and budget management for multiple projects funded by several sources. Diane has 13 years of financial employment background and a Master of Public Administration degree with a policy emphasis.

BOARD COMMUNICATION: KEEPING THEM ENGAGED OUTSIDE THE BOARD ROOM

Dave Johnson, Rural Wisconsin Hospital Cooperative

The focus of this presentation is board communication strategies; tips and tactics to keep your board members engaged when they are away from your board meetings.

Board communication can be a challenge for any network. How much is too much? What if I'm not giving them enough? How can I get my board members to respond to my requests when they are not in a board meeting? Providing the right information, the right way, at the right time is key to keeping your board engaged outside of your boardroom.

Participants will learn some strategies for effective board communication, including;

- Understanding the basics
- Implementing a communication plan
- Keeping it meaningful and consistent
- Fostering two way communication
- Examples of documents, formats, etc.

Facilitator: Sally Trnka (MN)



Dave Johnson currently serves as the Director of Member Relations & Business Development for RWHC (Rural Wisconsin Health Cooperative). In this roll Dave is responsible for; working with the 34 Member Hospitals to build upon their existing relationships with RWHC

and one another, and aligning resources and opportunities for shared service development among the Members. Dave has been working for RWHC since August of 2009. Prior to joining RWHC, Dave worked in community based long term care services in a number of differing capacities. During a 17 year stint in long term care, Dave worked his way up from a part time habilitation specialist to become the Senior Director of one of the largest private for profit long term care organizations operating in Wisconsin. His particular areas of interest and expertise are in organizational leadership and business development. Dave holds a Bachelor of Science in Management and Marketing from Appalachian State University in Boone, NC and a Master of

Business Administration from the Edgewood College School of Business in Madison, WI.

IMPROVING ACCESS TO SPECIALTY CARE THROUGH NETWORK COLLABORATION

Eileen Tremaine, MPA, 299 Health Collaborative
Dave Jones, Mountain Valleys Health Centers

This session will highlight the process one rural health network, the CA299 Health Collaborative, is taking to improve their patients' access to specialty care services. The speaker will outline how the Collaborative is merging the recruiting, contracting and scheduling functions into one process to develop a system of care that meets the needs of the primary care providers for patient access, the hospitals' need for increased utilization, right along with the specialty care providers' needs of financial viability and guarantees, ease of scheduling, and collective contracting. Six rural health programs, two FQHCs, one RHC, and three CAHs, are developing a system of care that increases their patients' access to specialty care providers through the development of a regional health collaborative, the CA299 Health Collaborative. The Collaborative has worked to: collectively identify the specialty care needs of their community members; seek input from the regional specialty care providers on systems of providing care that would structurally work, that would meet the patients' needs and area health care organizations' needs; establish joint contracting with all organizations; and collaboratively schedule with the specialists. This system of care incorporates the primary care providers' desire for patient access, the hospitals' financial incentives for increased utilization, and the specialty care providers' business demands of financial viability and guarantees, ease of scheduling, and collective contracting.

The presentation will outline the steps one group of health care providers is taking to develop a specialty care program to improve access for their patients in addition to increasing the utilization of the area's hospitals. Learning objectives include: needs assessment and referral projections; funding sources for this planning process; steps taken to establish the program including the Request For Information (RFI), attorney and financial consultant services; contracting and scheduling structures; and preliminary program outcomes.

Facilitator: [Mary Ann Watson, TN](#)

Eileen Tremaine, MPA, has over 23 years of progressive health care experience in assisting rural health centers and hospitals meet the ever growing and changing needs of their communities through needs assessments; program and resource development; and community collaboration. This successful experience includes Federally Qualified Health Center management, Corporate Compliance program development and management, HIPAA program management, multi-agency collaborative program development, and over \$11 million in direct grant awards. Eileen currently serves a grant reviewer for the U.S. Department of Health and Human Services Office (HRSA) and the Centers for Medicare and Medicaid Services (CMS). Ms. Tremaine has a B.A. in Business Management from Seattle Pacific University, Seattle, WA, and a Masters in Public Administration from Walden University.



Dave Jones has served as CEO for Mountain Valleys Health Centers since 1987. There he oversees all phases of the business including human resources, budgeting, marketing, fundraising, and delivering quality health care. He reports to the Board on all matters

concerning long range planning and company policy. Among his achievements are the following: Nurtured local dream into reality by arranging funding for and constructing of a modern, million dollar medical facility; Merged with another clinic corporation in July 2001 bringing total sites to three; Annexed three site private practice group bringing total corporate sites to six in October 2002 making this corporation the only primary care health provider over a 6,000 square mile area; Increased annual corporate revenues from \$224,000 to over \$5,000,000 through expansion of services and corporate mergers.

STRATEGIC DEVELOPMENT: MARKETING FOR NETWORK SUSTAINABILITY

Randy (RJ) Jacobs, TAG Healthcare Marketing
 Sally Trnka, Senior Program Coordinator, NRHRC
 Stacie Pace, Southeast Oklahoma Rural Health Network

“Marketing” is a key component for building a sustainable organization. Do you have a plan to build sustainability beyond grants and donations? Does your organization offer benefits that you have or could turn into revenue streams? Regardless of which category you fall in to, come join us at this session as we walk through how to create and implement an effective network marketing plan.

The session will include a discussion of the critical components of a marketing plan, including: competitive analysis, competitive advantage, defining your target market, and developing a value proposition. The work required to complete each component will also be covered. Handouts and activities will be provided to participants so they can begin to create their own strategic marketing plan for their network.

This will be an interactive session from which participants can take the concepts they learn and apply them, with the provided tools, directly to completing/rejuvenating their own marketing plan.

Facilitator: [Carolyn Witherspoon, TX](#)



Randy (RJ) Jacobs, TAG Healthcare Marketing, has been vital to the marketing success and business growth of many clients for over 30 years. RJ has a BA from Augustana College, MA from Claremont Graduate University, ongoing graduate studies at University of Iowa Tippie College of Business. Randy is among the

TAG Communications senior leadership team; President of TAG Healthcare. His marketing strategy and creative management expertise has resulted in major contributions to clients such as KONE Elevator-Global, Hill-Rom, GE Major Appliance, Kimball Office, Lee Enterprises, Iowa Health System, Monoxivent, Whiteco Industries, PCT Engineered Systems, Medicap

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Pharmacies, Genesis Health System and Trinity Regional Health System (Quad Cities).



Sally Trnka, Senior Program Coordinator, has been with The National Rural Health Resource Center since 2009. Sally provides support and educational resources to networks nationwide including strategic and business plan development, marketing plan development and sustainability planning, and provides technical assistance to the Rural Health Information Technology Network Development (RHITND) grantees. She works with the Veteran’s Administration at the state, regional and national level. She also coordinates educational events, including conferences and workshops and develops and distributes communication materials for programs and assists with public relations and marketing of The Center’s services. She received degrees in political science and Spanish from the University of Wisconsin, Eau Claire and is pursuing her M.B.A. from the College of St. Scholastica.

Stacie Pace, Director, of Southeast Oklahoma Rural Health Network, grew up in a small rural town in southeast Oklahoma. After attending college she moved to Dallas, Texas where she worked in marketing and advertising. Feeling the pull of hometown, Stacie moved her children back to southeast Oklahoma where she started her own entertainment business in the local music industry. Since Stacie Pace joined Little Dixie Community Action Agency, Inc. (LDCAA) in 2001, she has been assisting Southeastern Oklahoma communities build capacity and assisting with development as an economic/community developer. Stacie currently serves LDCAA as the Southeast Oklahoma Rural Health Network Director. Being involved in several community organizations and part of their boards keeps Stacie in touch with the needs of the communities in Southeast Oklahoma. She attended Southeastern Oklahoma State University for a bachelor of arts in music and is currently attending classes and working toward a Nursing degree.



NCHN LEADERSHIP LEARNING COMMUNITIES WORKSHOP

Mary Kay Chess, Ph.D., Bainbridge Graduate Institute

Network leaders spent the last seven months in NCHN Learning Communities examining leadership models and tools. The two Leadership Learning Communities come together at the NCHN annual conference to take practical action on the following:

- What are leadership models that reflect my unique strengths and preferences?
- What are leadership models that encourage me to “stretch” and grow my capacity as a facilitator?
- How do others view my leadership strengths?
- What are my learning opportunities for the next seven months and what specific choices will I make to continue to lead in unique communities?

At the end of this session, leaders may expect to understand leadership more deeply through the conversations that emerge around “best leadership practices”. Network leaders will also enjoy valuable feedback on their focused and intentional growth and reflection on what is required to lead in complex and adaptive situations. And, there will be opportunities for storytelling and laughter around: what worked as you sharpened your leadership skills and, what would you never attempt again?

Facilitator: [Cindy Siler, TN](#)

Mary Kay Chess, Ph.D., is faculty at Bainbridge Graduate Institute, an MBA program in the NW and at Saybrook University. She teaches system thinking and complexity, adaptive change strategies and leadership and personal development in these vibrant learning communities. Dr. Chess also consults with foundations and organizations as well as their boards on building the leadership capacity necessary for thriving in our complex world. In addition, she serves as a leadership coach to executives and faculty teaching teams. Many of you know Mary Kay from the NCHN Coffee & Tea chats facilitated by Dr. Chess. She also designs and leads the Association’s Leadership Development Program. Mary Kay held executive roles in rural and urban hospitals and healthcare systems including Gundersen Lutheran and Kaiser



Permanente as well as in shared services networks of medical groups and hospitals. She delights in bringing perspectives from diverse stakeholders to the table to create innovative options and opportunities. Mary Kay lives on an island in the Pacific Northwest and a ferry is part of her commute time. Dr. Chess also serves as the CEO and Board member of the Northwest Institute of Literary Arts, an accredited and “low impact” program offering an MFA, in classrooms with a water view for inspiration.

WELLNESS? THAT IS SO 2012! REFRAMING OUR CONVERSATION ABOUT WELL-BEING FOR 2013 AND BEYOND!

Jay Seifert, Co-founder, WellStartNow

This presentation is for everyone who knows they need to address the abstract, complex and generally unpleasant topic of wellness (both personal and organizational), but, given the choice, would rather have a root canal without any anesthetic because it would be less painful and probably more productive. This surprising and entertaining interactive presentation will change the way you think about personal health and organizational wellness and will provide you with high-value take-away tools and techniques to share with your networks and partners. Today, NCHN member networks and their strategic partners are asked to accomplish more with less. And like all employers, you need to find ways to manage costs, boost productivity and improve overall efficiency. Your single best strategy to meet today’s challenges and achieve these outcomes is to improve the health and well-being of your most important resource, your human capital—the real people living real lives who enable you to fulfill your mission.

Sustainable lifestyle behavior change occurs when individuals and organizations are actively engaged in honest, positive and empowering conversations about health and well-being. This isn’t just theory. For the past seven years, LoneStart Wellness has partnered with the Texas Organization of Rural & Community Hospitals to promote these conversations in rural communities across Texas. We’ve shown that most people will join a voluntary movement to improve their health and that of their families so long as they believe they are receiving valid information, have genuine organizational support and can have the realistic expectation of success. Improving the health status of the providers and recipients of our finite healthcare resources is now an imperative. This is an opportunity to learn how we can take a

leadership role on this critically important issue—and have some fun while we’re at it.

Facilitator: [Stacie Pace, OK](#)



Jay Seifert is a pioneer in applying established principles of social neuroscience and behavioral economics to individual and organizational “wellness.” His strategy is specifically designed to improve the health and well-being of those individuals most at risk for preventable chronic illness but least likely to participate in traditional “diet and exercise” programs. In 2005, Jay Co-founded LoneStart Wellness and began implementing the LoneStart Team Esteem Challenge, a hands-on behavioral initiative designed to inculcate the essential sense of self-belief necessary for enduring behavior change. This is accomplished through careful messaging, instilling a realistic expectation of success and creating a new culture within the organization that fosters well-being so healthier behaviors are learned, adopted, shared and sustained. When this occurs, multiple benefits beyond cost savings and a healthier workforce accrue to the organization. These include pronounced improvements in employee morale, communication, engagement, team-building and sense of mission. Jay earned his Bachelor’s degree in Psychology at Miami University; and his Master’s degree in Social Psychology at Tulane University.

FEDERAL UPDATE

Leticia Manning, Federal Office of Rural Health Policy – Community Based Division

This session will provide information regarding major rural related priorities for the Department of Health and Human Services (DHHS) and the Health Resources Services Administration (HRSA). The session will also provide detailed information regarding the new approach for the Rural Health Network Development Grant Program and the role of networks in implementation of the Affordable Care Act. To view Leticia Manning’s bio, go to page 5.

Facilitator: [Darcy Czarnik-Laurin, MI](#)

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ANNUAL REPORT to the NCHN MEMBERSHIP

Rebecca J. Davis, Ph.D., Executive Director

NCHN is a membership organization and without the support and dedication of each of you, the list of accomplishments outlined below would not have been possible. We thank the members that have volunteered their time and energy to serve as Directors and Officers of the Association for 2012-2013. We thank the many, many members that have given of their time and expertise by serving on NCHN Committees, participating in the monthly Coffee/Tea Chat Program; volunteering to serve as Executive Coaches; supporting other network leaders through the sharing of information and examples; and for attending the 2013 Annual Educational Conference, *All that Jazz*, here in New Orleans! It has been an exciting 12 months for NCHN since we met last April in Denver.



The Board of Directors and Officers have strived to provide programming that meets the needs of our diverse membership. Here's a summary of NCHN programming designed to support health network leaders and network organizations during 2012-2013:

1. Membership Summary: We currently have fifty-nine (59) network members, including eleven (11) new members, representing thirty (30) states; and twelve (12) individual Associate Members and (2) organizational Associate Members. The NCHN total membership as of April 1, 2013 was seventy-three (73) members.

2. Leadership Development: The 2012 Leadership Summit was held in September in Kansas City, MO. Total attendance for the Leadership Summit was twenty-five (25), with nineteen (19) network leaders representing thirteen (13) states. In addition to the Summit, a half-day special interest workshop, "Partnership Strategies for Network Leaders Seeking Foundation Funding" was offered the day after the Summit. Ten (10) network leaders participated in the workshop.

3. Leadership Learning Community Program expanded into two communities, the TRANSFORMER Leadership Learning Community, which was comprised of participants from the 2011 Leadership Summit, and the BULLS Leadership Learning Community, which was formed from first time attendees at the 2012 Leadership Summit. Both Communities met throughout the year to explore leadership skills and strategies under the direction of Dr. Mary Kay Chess. They will be holding a joint meeting here in New Orleans. It is anticipated that seven (7) TRANSFORMERS and nine (9) BULLS will complete the program. The two-year pilot will be completing with the joint meeting. The program is being evaluated and opportunities explored to expand the leadership curriculum to include network board members.

4. Executive Coaching Program continued with a team of twelve (12) experienced network leaders available to provide Executive Coaching. In 2013, this program will be expanded to include the HRSA Rural Health Network Development Grantees.

5. Informational & Technical Assistance Calls were provided on a regular basis, addressing such topics as Meaningful Use, 2014 Edition CEHRT Standards and Criteria; Affordable Care Act; The Impact of Federal Anti-trust Laws on Network Operations; FCC's new Health Connect Program; and regular updates from NRHA on legislation affect rural health and networks. Average attendance

was twelve (12).

6. Coffee/Tea Chats were held monthly. The one-hour, once a month call is the opportunity for network leaders to connect with their peers to discuss whatever is on their minds. Average attendance has been seven (7).

7. 2012 Network Leader Salary & Benefit Survey was completed and distributed in September to members that participated in the survey. Thirty-eight (38) responses were received and thirty-six (36) were usable.

8. Listserv: Twenty-seven (27) questions/requests were posed to the Listserv. Forty-six (46) documents were shared in response to the questions.

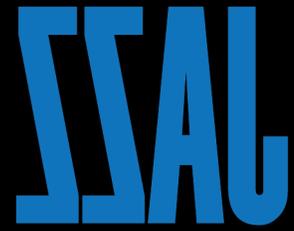
9. Sharing of Information: Seven (7) Best Practice Models/Success Stories were shared with the Rural Assistance Center (RAC) and are posted on their NCHN Success Stories section.

10. Electronic Presence: A new interactive website was launched in July. The Weekly Digest and e-News electronic publications were distributed on a weekly basis until February 2013, when a change was made to a bi-monthly distribution schedule. All publications are archived on the NCHN website. Daily news and happenings are distributed through Facebook, Twitter, and Linked-In Group. If you are not following your Association on one or all of these electronic formats, please sign up to do so in 2013 - 2014.

11. Business Partners Program continues to expand with the addition of five (5) new Business Partners: Web Impakt Medical; EMTS; LoneStart Now; Virtual Care Works, and Woods Rogers, PLC. Four of the new partners are attending the conference.

12. NCHN partnered with the **National Rural Health Association (NRHA)** and participated in their Policy Institute in February 2013.

The Officers, Directors and NCHN staff encourage you to take advantage of your membership benefits in 2013 - 2014 and look forward to working with you to support your leadership development and the success of your network!

A large, stylized blue logo consisting of thick, blocky letters that resemble 'NCHN'. The letters are interconnected and have a slightly irregular, hand-drawn feel.

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