RURAL HEALTH: ENGAGE

MINNESOTA RURAL HEALTH CONFERENCE

JUNE 24-25, 2013 | DULUTH, MINNESOTA

DEAR RURAL HEALTH COLLEAGUES,

Join us at the 2013 Minnesota Rural Health Conference to engage with your colleagues and learn about innovation and reform happening across our state. Engaging staff, patients, leadership, and community will be crucial to the long-term success of rural health organizations, and the Conference will explore its many forms.

Monday's speakers and sessions focus on Critical Access Hospitals and the communities they serve. The popular Rural Health Policy Forum follows and the day concludes with an informal networking gathering with fellow participants. Tuesday's keynotes and presentations feature creative local and state solutions to current challenges. The Conference wraps up with the annual rural health awards and a closing keynote from Minnesota's commissioner of health.

Please join us in Duluth to engage in rural health conversations and opportunities. We look forward to seeing you there.

MARK SCHOENBAUM
Director
Office of Rural Health and Primary Care, Minnesota Department of Health

LAURISSA STIGEN
President
Minnesota Rural Health Association

SALLY BUCK
Associate Director
National Rural Health Resource Center

OFFICE OF RURAL HEALTH & PRIMARY CARE
MINNESOTA DEPARTMENT OF HEALTH

MINNESOTA RURAL HEALTH ASSOCIATION
www.mnruralhealth.org

NATIONAL RURAL HEALTH RESOURCE CENTER

KEYNOTE SPEAKERS

ERIC K. SHELL, C.P.A., M.B.A.
Principal, Stroudwater Associates
Eric Shell has over 25 years of experience in health care financial management and consulting. Since joining Stroudwater in October 1997, his areas of responsibility have been to assist rural hospitals, rural health clinics, and physician group practices in improving financial and operational performance and developing strategic and operational plans. Eric has worked with the U.S. Department of Housing and Urban Development to implement a financing vehicle that enables rural hospitals access to capital markets, and also assisted in the development of a national program for rural hospital performance improvement and performance measurement. In addition, Eric has helped develop new rural demonstration payment programs for frontier clinics and hospitals. He currently serves on the National Rural Health Association's Rural Health Congress and Governmental Affairs Committee and recently served on the federal Office of Rural Health Policy's Rural Hospital Issues Group.

MAGGIE ELEHWANY, J.D.
Vice President, Government Affairs and Policy, National Rural Health Association (NRHA)
Maggie Elehwany joined the National Rural Health Association (NRHA) staff in 2007 and is the head lobbyist for its government affairs and policy department. She has nearly 20 years of federal legislative experience. She previously served as health counsel to U.S. Sen. Lisa Murkowski, a member of the Senate Health, Education, Labor and Pensions Committee, and to U.S. Sen. Frank Murkowski, a member of the Senate Finance Committee, where she worked on comprehensive Medicare and Medicaid legislation. Elehwany also served as counsel to former U.S. Senate Finance Committee Chairman Bob Packwood. From 1999 to 2005, she served as assistant director of congressional affairs for the American Medical Association, where she advocated on patient and physician issues. Elehwany earned a J.D. from the University of Oregon and a B.A. from Oregon State University.

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

EXHIBIT FAIR

The Exhibit Fair will be the hub of activity for the Networking Lunch and breaks. Last year's Conference attracted over 80 exhibitors and we anticipate an equally large number this year. Informational exhibits with program and resource information will be on display throughout the Conference. Exhibitor space will be reserved in the order payment is received and fills up fast. Exhibitor registration is online at https://secure.ruralcenter.org/conference/exhibitors.

SPONSORSHIP OPPORTUNITIES

If your organization would like to sponsor the Minnesota Rural Health Conference, complete online registration at https://secure.ruralcenter.org/conference/sponsors or contact Sally Trnka at 218-727-9390 ext. 233 or strnka@ruralcenter.org.

MINNESOTA RURAL HEALTH ASSOCIATION POLICY FORUM

Monday, June 24, 3:45 p.m. - 5:00 p.m.

Join state and national policy makers in a facilitated discussion on issues gathered from a pre-Conference participant survey.

MONDAY NETWORKING RECEPTION

Monday, June 24, 5:00 p.m. - 6:30 p.m.

Enjoy live entertainment, appetizers and networking with fellow Conference attendees.

NETWORKING BREAKFAST FOR CNOS AND LTC DIRECTORS

Tuesday, June 25, 7:00 a.m. - 8:00 a.m.

Sponsored by the Minnesota Organization of Leaders in Nursing (MOLN)

This networking breakfast is open to all Chief Nursing Officers and Directors of Long-Term Care. Please RSVP to Kim Nordin at 218-727-9390, ext. 237 or knordin@ruralcenter.org if you plan to attend.

MINNESOTA RURAL HEALTH AWARDS PRESENTATION

Tuesday, June 25, 12:45 p.m. - 1:30 p.m.

The Minnesota Rural Health Hero and Team Awards will be presented at the Awards Luncheon. Find out more and nominate an outstanding individual or team at https://secure.ruralcenter.org/conference/content/rural-health-hero-team-awards.

PRIZE GIVEAWAY

Participants who visit the Exhibit Fair and stay until the end of the Conference are eligible for exciting prizes. A special drawing will also take place at Monday's networking reception.

HIGHLIGHTS & CONFERENCE AT A GLANCE

MONDAY JUNE 24: Critical Access Hospital Focus

7:30 - 9:00	Registration & Breakfast
9:00 - 9:15	Welcome
9:15 - 10:15	Keynote: Eric Shell, C.P.A., M.B.A.
10:15 - 10:45	Exhibit Break
10:50 - 11:50	Breakout Session 1
12:00 - 1:00	Networking Lunch
1:00 - 2:00	Breakout Session 2
2:00 - 2:30	Exhibit Break
2:35 - 3:35	Breakout Session 3
3:45 - 5:00	MRHA Policy Forum
5:00 - 6:30	Networking Reception

TUESDAY JUNE 25: Community Focus

7:00 - 8:00	Registration & Breakfast/C.N.O. Networking
8:00 - 8:15	Welcome
8:15 - 9:15	Keynote: Maggie Elehwany, J.D.
9:15 - 9:45	Exhibit Break
9:50 - 10:50	Breakout Session 4
10:50 - 11:25	Exhibitor Break
11:30 - 12:30	Breakout Session 5
12:45 - 1:30	Awards Luncheon
1:30 - 2:00	Closing Keynote: Ed Ehlinger , M.D., M.S.P.H.
2:00 - 2:15	Closing Comments and Prize Giveaway

BREAKOUT SESSIONS

	TRACK A Access	TRACK B Delivery Models	TRACK C Community & Engagement	TRACK D Value	TRACK E Workforce	TRACK F Aging
SESSION 1 Monday 10:50- 11:50 a.m.	The Minnesota Accountable Health Model	Lessons Learned with Electronic Health Record Upgrades	Planning and Collaboration with Community Health Needs Assessments	Quality Reporting Measures for Critical Access Hospitals	Succession Planning for Critical Access Hospital Leadership	
SESSION 2 Monday 1:00- 2:00 p.m.	Alzheimer's in Rural Minnesota: Early Detection and Integrated Support	Partnerships for Patient Safety	Improving the Patient Experience in Rural Hospitals	CFO Roundtable: Opportunities and Challenges for Critical Access Hospitals	Hot Topics in e-Health	
SESSION 3 Monday 2:35- 3:35 p.m.	State Implications of the Affordable Care Act	Southern Prairie Community Care: The Development of a Rural Care Model	Using Technology to Support Frail Elderly in the Community	Performance Excellence Blueprint for Critical Access Hospitals	Critical Access Hospital CEO Roundtable on Health Reform	
SESSION 4 Tuesday 9:50- 10:50 a.m.	Access to Health Care for Migrant Farmworkers: Needs, Barriers and Remedies	Telehealth: A Key Solution	Engaging Patients as Partners to Design a Patient-Centered Primary Care Model	Grant Writing 201	Physician Assistants: Meeting Rural Health Care Workforce Needs	Is Health Care Ready for the Age Wave?
SESSION 5 Tuesday 11:30- 12:30 p.m.	Dentistry at a Distance: Engaging the Rural Health Professional	Necessity is the Mother of Invention: Health Care Innovation in the Upper Midwest	Prescription Drug Abuse Trends in Minnesota's Prescription Monitoring Program	Meaningful Use Incentive Updates for Critical Access Hospitals and Clinics	Providing Care to American Indians in Rural Minnesota	

SCHEDULE

MONDAY JUNE 24

CRITICAL ACCESS HOSPITAL FOCUS

REGISTRATION AND CONTINENTAL BREAKFAST
7:30 a.m. - 9:00 a.m.

WELCOME (Lake Superior Ballroom)
9:00 a.m. - 9:15 a.m.

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

Financial Sustainability in the New Health Care Environment

■ Eric K. Shell, C.P.A., M.B.A., Principal, Stroudwater Associates

Changes in the health care industry over the last 18-24 months have created new financial uncertainty for small and rural hospitals. Changes in payment systems, increased emphasis on quality as a market differentiator, and reductions in reimbursement have created a new market for health care providers. Learn specific strategies for rural hospitals to best position themselves for the new market challenges.

BREAK (Exhibit Hall)
10:15 a.m. - 10:45 a.m.

BREAKOUT SESSION 1
10:50 a.m. - 11:50 a.m.

1A— The Minnesota Accountable Health Model

■ Diane Rydrych, M.A., Division of Health Policy, Minnesota Department of Heath

■ Marie Zimmerman, MN Department of Human Services

In March, the State of Minnesota was one of only six states nationwide to receive a major federal grant award for a State Health Care Innovation Plan. The Minnesota Accountable Health Model will ensure that every citizen of the state has the option to receive team-based, coordinated, patient-centered care that increases and facilitates access to medical care, behavioral health care, long-term care, and other services. Hear about the new model and its goals to better integrate care and services for the whole person across the continuum of care.

1B— Lessons Learned with Electronic Health Record (EHR) Upgrades

■ Joe Wivoda, M.S., National Rural Health Resource Center, Regional Extension Assistance Center for HIT (REACH)

■ Daryl Kellevig, Riverwood Healthcare Center

■ TBD, Prairie Ridge Hospital and Health Services

As rural health care facilities implement and optimize use of EHRs, product upgrades are expected to meet new regulations and increase efficiency. Hear from a panel of REACH clients, including Critical Access Hospitals and rural clinics, that are using different EHRs. The panelists will discuss lessons learned through their meaningful use upgrades.

1C— Planning and Collaboration with Community Health Needs Assessments

■ Mary Hildebrandt, P.H.N., Nicollet County Public Health Director, St. Peter

■ Patrick Rioux, M.A., St. Gabriel's Hospital, Little Falls

■ Colleen Spike, R.N., River's Edge Hospital & Clinic, St. Peter

The Affordable Care Act requires every hospital to perform a Community Health Needs Assessment every three years. Two Critical Access Hospitals will describe how they worked with their local public health agencies and other community stakeholders to conduct community health needs assessments. Learn how the collaborative partners also worked to identify the roles and issues each stakeholder would tackle in the community through an action planning exercise. Hear about a unique initiative to engage community partners across the continuum of care to identify and analyze priority health needs to improve the quality of health for county residents.

1D— Quality Reporting Measures for Critical Access Hospitals

■ Vicki Olson, Program Manager, Stratis Health

Untangle the web of required and recommended hospital quality measures for state and federal programs. Learn how the Medicare Beneficiary Quality Improvement Project (MBQIP) for CAHs relates to other reporting initiatives. Identify types of reporting, resources for quality measurement and reporting assistance, and how data can help CAHs develop quality improvement initiatives.

1E— Succession Planning for Critical Access Hospital Leadership

■ Sue Plaster, Sue Plaster Consulting
■ Al Vogt, Cook Hospital
■ Pat Wangler, Essentia Health Fosston
■ Pam Williams, Minnesota Valley Health Care, Le Sueur

Learn how Minnesota's Critical Access Hospitals are preparing for and acclimating to leadership changes. Hear from a retiring, current and interim CEO about how their organizations are addressing succession planning.

NETWORKING LUNCH (Exhibit Hall)
12:00 p.m. - 1:00 p.m.

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

2A— Alzheimer's in Rural Minnesota: Early Detection and Integrated Support

■ Michelle Barclay, M.S., Alzheimer's Association of Minnesota-North Dakota
■ Cindy Conkins, ARDC Arrowhead Area Agency on Aging
■ Stephen Waring, D.V.M., Ph.D., Essentia Institute of Rural Health

The exponential growth of the elderly population in the United States over the next 40 years will cause a substantial increase in the number of people with Alzheimer's disease and other dementias. This represents a greater burden to individuals with disease, their families, caregivers, as well as local, regional, state, and national programs. There is an urgent need to better prepare our systems and communities for the impact this represents, particularly in rural settings. Hear from three panelists with different perspectives on the challenges and opportunities associated with integrating services to better serve people with dementia, with particular emphasis on rural populations.

2B— Partnerships for Patient Safety

■ Jason Breuer, LakeWood Health Center
■ Marilyn Grafstrom, R.N., B.S.N., Minnesota Hospital Association
■ Jennifer Wiik, M.A., R.N., Ortonville Area Health Services

In April 2011, the U.S. Department of Health and Human Services announced the creation of the Partnership for Patients program, a public-private partnership designed to help improve the quality, safety and affordability of health care for all Americans. The 2013 goals of the partnership are to decrease preventable hospital-acquired conditions by 40 percent, and decrease hospital readmissions by 20 percent. The Minnesota Hospital Association is one of 26 hospital engagement networks awarded a contract to spread best practice implementation statewide. Learn how rural hospitals are using this model to reduce hospital-acquired conditions.

2C— Improving the Patient Experience in Rural Hospitals

■ Dawn Plested, M.B.A., FirstLight Health System, Mora

To improve and increase delivery of quality care, FirstLight Health System engaged its community in focused, solution-based dialogue, and organizational improvement opportunities that resulted in improved patient experience. Learn about the activities FirstLight conducted, including a comprehensive survey incorporating results from Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), and Consumer Assessment of Healthcare Providers and Systems (CAHPS). Focus groups explored solutions to increase community engagement, including how to attract and retain local residents as consumers. Hear how the leadership team is using these findings to implement changes.

2D— CFO Roundtable: Opportunities and Challenges for Critical Access Hospitals

- Craig Baarson, Minnesota Department of Health, Office of Rural Health and Primary Care
- Eric Shell, Stroudwater Associates
- Critical Access Hospital CFO TBD

Critical Access Hospital CFOs and CEOs are invited to join a wide-ranging conversation featuring a panel that will share insights on the financial implications in planning for and responding to state, federal and other health reform changes facing hospitals and their communities. A great opportunity for open dialogue with other CAH financial and operational leaders.

2E— Hot Topics in e-Health

- Kari Guida, M.P.H., M.H.I., Minnesota Department of Health, Office of Health Information Technology
- Karen Soderberg, M.S., Minnesota Department of Health, Office of Health Information Technology

Learn about emerging and prominent e-health topics, including the state of e-health in rural Minnesota, the 2015 Interoperable EHR Mandate, consumer engagement in health information technology, health information exchange and more.

BREAK (Exhibit Hall)
2:00 p.m. - 2:30 p.m.

BREAKOUT SESSION 3
2:35 p.m. -3:35 p.m.

3A— State Implications of the Affordable Care Act

- Scott Leitz, M.P.A., Minnesota Department of Human Services
- Diane Rydrych, M.A., Division of Health Policy, Minnesota Department of Heath
- April Todd-Malmlov, M.P.H., MNsure

Explore the Minnesota response to health care market changes, financing and delivery system reform related to the Affordable Care Act (ACA). Learn about the Minnesota Health Insurance Exchange, a new online marketplace; hear about the ACA implementation on public health services through the Department of Human Services and the Department of Health; and examine the rural impact of health care reform initiatives.

3B— Southern Prairie Community Care: The Development of a Rural Care Model

- Mary Fischer, M.S.W., Southern Prairie Community Care
- Teresa Pearson, M.S., R.N., Halleland Habicht Consulting, LLC

Sharing common beliefs and a vision to improve the quality of life for residents in 12 counties of rural southwestern Minnesota is the driving force behind Southern Prairie Community Care (SPCC). SPCC seeks to better align the services and supports residents receive from providers, county services, and other community organizations. Key focus areas include developing a strong primary care system using Health Care Home concepts, using data to focus work and confirm outcomes, and engaging residents in ways that are culturally appropriate and understandable to them. Learn about the process, lessons learned, and vision behind this collaborative care model.

3C— Using Technology to Support Frail Elderly in the Community

- Kelly Besecker, AFrame Digital
- Eric Johnson, Cokato Charitable Trust
- Nancy Stratman, M.S., Cokato Charitable Trust

Understand the role technology and remote monitoring is playing in a rural Minnesota setting serving seniors. Hear how this solution was selected, the critical features it needs and the various ways the technology can support the safety, health of seniors and control chronic disease in community and facilities-based settings. Presenters will cover how providers are using such technology to improve occupancies, deliver higher-quality care, improve staff efficiencies and caregiver support, and allow participants to age in place.

3D— Performance Excellence Blueprint for Critical Access Hospitals

- Terry Hill, M.S., National Rural Health Resource Center
- Kathy Johnson, Johnson Memorial Health Services
- Eric Shell, M.B.A., Stroudwater Associates

Health care reform is requiring Critical Access Hospitals (CAHs) to make transformational changes in their financial and quality indicators. To manage the complexity of these changes, CAHs will need a blueprint for sustainable organizational excellence. Learn how this blueprint — modeled after

the Baldrige Framework and based on rural hospital models, best practices, current research, expert analyses and input from the highest performing hospitals around the country -— can support CAHs in managing this transformational change successfully.

3E— CEO Roundtable on Health Reform

- Mary Klimp, Queen of Peace Hospital
- Ben Koppelman, St. Joseph's Hospital
- Dan Odegaard, Bigfork Valley Hospital

This panel of Critical Access Hospital CEOs will share how they are planning for and responding to state, federal and other health reform changes facing their hospitals and communities. A great opportunity for open dialogue.

MINNESOTA RURAL HEALTH ASSOCIATION (MRHA) RURAL POLICY FORUM (Harbor Side Ballroom)
3:45 p.m. -5:00 p.m.

- State Legislative leaders invited

Join state and national policy experts in a facilitated discussion on issues gathered from a pre-conference participant survey.

NETWORKING RECEPTION & PRIZE GIVEAWAY
(Harbor Side Ballroom)
5:00 p.m. - 6:30 p.m.

SCHEDULE
TUESDAY JUNE 25

MINNESOTA RURAL HEALTH ASSOCIATION'S ANNUAL MEETING (Board Room)
7:00 a.m. - 8:00 a.m.
The election of officers for 2013-2014 will be conducted in conjunction with the board meeting agenda. Guests and observers welcome.

NETWORKING BREAKFAST FOR CNOS AND LTC DIRECTORS (St. Louis River Room)
7:00 a.m. - 8:00 a.m.
Sponsored by the Minnesota Organization of Leaders in Nursing (MOLN)
This networking breakfast is open to all Chief Nursing Officers and Directors of Long-Term Care. Please RSVP to Kim Nordin at 218-727-9390 ext. 237 or knordin@ruralcenter.org if you plan to attend.

REGISTRATION AND CONTINENTAL BREAKFAST
7:00 a.m. - 8:00 a.m.

WELCOME (Lake Superior Ballroom)
8:00 a.m. - 8:15 a.m.

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

The Federal Funding Crisis and its Impact on Rural Health Care Delivery

- Maggie Elehwany, J.D., Government Affairs and Policy Vice President of the National Rural Health Association (NRHA)

Maggie will outline federal changes and proposals by the Obama Administration and U.S. Congress affecting both Medicare and Medicaid, and their potential to harm the delivery of health care in rural Minnesota. Both looming cuts and proposals for cuts could force rural hospitals, rural physicians and other rural providers to cut services or staff or, worse, close their doors. Maggie will also outline advocacy

efforts and legislative proposals to protect rural patients and providers from this potential harm.

BREAK AND PRIZE GIVEAWAY (Exhibit Hall)
9:15 a.m. - 9:45 a.m.

BREAKOUT SESSION 4
9:50 a.m. - 10:50 a.m.

4A— Access to Health Care for Migrant Farmworkers: Needs, Barriers and Remedies

- Rachel Gunsalus, Minnesota Department of Health

Migrant farmworkers, a transient population in rural Minnesota, experience considerable health disparities. Both the migratory and agricultural aspects of their occupations contribute to poor health conditions, a dynamic further magnified by limited primary care attention. With the Affordable Care Act, however, health care access for migrant farmworkers is expected to broaden through federal grants to Migrant Health Centers and Medicaid expansion. Understand how recent research reveals current barriers to health care for Minnesota's migrant farmworkers, and the effects of increased health care access.

4B—Telehealth: A Key Solution

- Zoi Hills, Great Plains Telehealth Resource & Assistance Center (gpTRAC)
- Maureen Ideker, R.N., B.S.N., M.B.A., L.N.H.A, Essentia Health
- Marsha Waind, M.O.T., Altru Health System

Access to care is a challenge that many rural hospitals and clinics face, particularly access to mental health care. Two Minnesota health systems are using telemedicine technologies to improve this access. Essentia Health and Altru Health System will share their telemedicine experiences and models used to deliver services to rural hospitals and clinics across northern Minnesota and northeast North Dakota. Hear their lessons learned, success stories, and how telemedicine has helped to close the "gap." Learn how the Great Plains Telehealth Resource and Assistance Center (gpTRAC) serves as a key point of contact on "how to do telemedicine."

4C— Engaging Patients as Partners to Design a Patient-Centered Primary Care Model

- Matt Luedke, M.D., Essentia Health
- Amy Vanderscheuren, M.A., Essentia Health
- Patient Panel

Through the Patients and Families as Partners Program, Essentia Health has created 10 patient advisory councils in the area of primary care. These councils create a venue for patients to share feedback regarding their primary care experiences with Essentia's operational leaders, physicians, and other providers. Hear from their coordinator of patient- and family-centered care, a primary care physician, and a panel of three patient partners who serve on these primary care advisory councils. Presenters will share how patient advisory councils affect the organization; improve the patient experience; empower patients to be more active in their care; and aid in the design of a patient-centered primary care model.

4D— Grant Writing 201

- Kristyn Wicht, Johnson Memorial Health Services
- Will Wilson, Minnesota Department of Health

Grant writing is an acquired skill. For many rural hospitals and clinics, grant awards can make the difference between surviving and thriving. In this presentation, a seasoned grant writer and a funder will walk through specific examples of good and not-so-good components of a grant proposal, from problem statement to project description to financials to the "ask."

4E— Physician Assistants: Meeting Rural Health Care Workforce Needs

- Heather Bidinger, M.M.S., PA-C, St. Catherine University, Physician Assistant Studies Program
- Wallace Boeve, Ed.D., PA-C, Bethel University & Minnesota Academy of Physician Assistants
- Dawn Ludwig, Ph.D., PA-C, Augsburg College, Physician Assistant Studies Program

Use of physician assistants (PAs) in rural settings is a growing workforce issue for Minnesota. Understand the role of PAs, from education and training to their scope of practice and key employment facts. Learn how PAs can improve health care delivery and access, how PAs can be used in rural practice settings, and how rural health clinics can play a role in the clinical education of PA students as a recruitment strategy.

4F— Is Health Care Ready for the Age Wave?

■ Heather Divila, M.P.A., Schools of Nursing and Public Health, University of Minnesota
■ Todd Johnson, Rh., Pharm.D., Lake Region Healthcare
■ Laurissa Stigen, M.S., Central Minnesota Area Health Education Center

The number of Minnesotans over 65 will double to 1.4 million by 2035. Aging brings a number of high service needs in many sectors, especially in health care. High rates of health services utilization as a result of chronic diseases and vulnerability to injury and acute illness are expected to continue to rise in the coming decades. Despite the knowledge of increasing demand, the health care workforce remains largely unprepared. Understand key issues facing the health care workforce as a result of the aging population and initiatives to retool the existing workforce, educate incoming professionals, and more effectively connect consumers and professionals to community resources with the aim of improving individual and system outcomes.

BREAK AND PRIZE GIVEAWAY (Exhibit Hall)
10:50 a.m. – 11:25 a.m.

BREAKOUT SESSION 5
11:30 a.m. - 12:30 p.m.

5A— Dentistry at a Distance: Engaging the Rural Health Professional

■ Dave Andersen, D.D.S., Dr. David Andersen's Dental Office
■ Wayne Booze, The Leona M. and Harry B.Helmsley Charitable Trust
■ Jon Heezen, D.D.S., Prairie Lakes Family Dentistry
■ Deborah Jacobi, R.D.H., M.P.H.A., Apple Tree Dental

This session features a panel of rural dental professionals and Minnesota Dental Association staff discussing challenges and opportunities in rural dental practices. Learn how dental team members practice in rural settings, how the State Oral Health Plan goals apply to rural practitioners and how dental and medical professionals can collaborate for optimal patient care. Hear ways that rural health practitioners can engage in dental care and how referral relationships can improve care and access in rural areas.

5B— Necessity is the Mother of Invention: Health Care Innovation in the Upper Midwest

■ Rural Provider TBD

The upper Midwest has some unique health care delivery challenges. The geography, infrastructure, less densely populated areas, and workforce issues are obstacles for health care access - obstacles that also exacerbate challenges common throughout the health care industry. Nevertheless, some of these obstacles can actually be a benefit to spur innovation and implementation of new ideas and models. See the innovation getting national and international attention through the work of the Helmsley Charitable Trust. Learn about the work of rural health care pioneers. Hear why if we can do something in Baudette, Minnesota, we can replicate it elsewhere. Share your innovative approaches and ideas.

5C— Prescription Drug Abuse Trends and Minnesota's Prescription Monitoring Program

■ Barbara Carter, Minnesota Board of Pharmacy, Prescription Monitoring Program
■ Carol Falkowski, Drug Abuse Dialogues

Abuse and diversion of controlled prescription drugs is a significant and persistent problem in the United States. Approximately 7 million individuals aged 12 or older are non-medical users of controlled prescription drugs. While the number of non-medical users has remained relatively stable over the past five years, the number of treatment admissions and deaths from overdose of controlled prescription drugs has increased significantly. Understand the current status of prescription drug abuse in both Minnesota and nationally. Learn how the Minnesota Prescription Monitoring Program (MN PMP) database is affecting drug use and how to expand the impact of this new tool.

5D— Meaningful Use Incentive Updates for Critical Access Hospitals and Clinics

■ Paul Kleeberg, M.D., Stratis Health, Regional Extension Assistance Center for Health Information Technology for Minnesota and North Dakota (REACH)

The timeline for Stage 2 Meaningful Use of electronic health records has been set. Understand these new Stage 2 requirements, the implications for your clinic or hospital and how to prepare. Learn about Centers for

Medicare and Medicaid Services (CMS) changes to incentive eligibility for Critical Access Hospitals that use provider-based billing.

5E— Providing Care to American Indians in Rural Minnesota

■ DeAnna Finifrock, R.N., P.H.N., M.S.N., Fond du Lac Human Services Department

■ Marjorie Johnson, American Cancer Society

This session will provide an overview of the strengths, challenges and complexity of American Indian health care in Minnesota, with a specific focus on cancer. Understand how comorbidities and other factors contribute to American Indians having the highest cancer rates in Minnesota. Hear perspectives from an American Indian public health nurse managing the Centers for Disease Control-funded Comprehensive Cancer Program on the Fond du Lac Reservation and a Caucasian American Cancer Society health educator working with multiple tribes. Learn about culturally appropriate, evidence-based interventions and how tribal sovereignty relates to health care delivery.

AWARDS LUNCHEON (Harbor Side Ballroom)
12:45 p.m. - 1:30 p.m.

CLOSING KEYNOTE
1:30 p.m. - 2:00 p.m.

SIMCity: Building the Minnesota Accountable Health Model to Transform Rural Health Care

■ Ed Ehlinger, M.D., M.S.P.H., Commissioner, Minnesota Department of Health

CLOSING COMMENTS AND PRIZE GIVEAWAYS
2:00 p.m. - 2:15 p.m.

LOCATION AND LODGING

DULUTH ENTERTAINMENT AND CONVENTION CENTER (DECC)

350 Harbor Drive, Duluth, MN 55802
218-722-5573
www.decc.org

WEATHER

In June, temperatures in Duluth range from 56 to 78 degrees and the Conference center can be chilly. We recommend that you dress in layers!

DULUTH, MN

CANAL PARK LODGE

www.canalparklodge.com
250 Canal Park Drive
Duluth, MN 55802
800-777-8560

Group Name: MN Rural Health Conference
$129/night (plus 13% tax)
Special rate held until May 24, 2013

HOLIDAY INN & SUITES

www.hiduluth.com
200 West First Street
Duluth, MN 55802
(218) 727-7492

Group Name: MN Rural Health Conference
$94/night (plus 13% tax)
Special rate held until May 24, 2013

INN ON LAKE SUPERIOR

www.theinnonlakesuperior.com
350 Canal Park Drive
Duluth, MN 55802
888-668-4352

Group Name: MN Rural Health Conference
$109/night (plus 13% tax)
Special rate held until May 24, 2013

REGISTRATION FEES

Conference attendees can register online here:
https://secure.ruralcenter.org/conference/register
Questions contact: Kim Nordin, 218-727-9390, ext. 237
or knordin@ruralcenter.org.

EARLY REGISTRATION

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

AFTER MONDAY, JUNE 3, 2013

$190	full conference registration
$100	one-day registration
$130	full conference registration for speakers ($55 discount)
$130	full conference registration for those who travel more than 250 miles one-way to Duluth
$50	full conference registration for students

CONTINUING EDUCATION CREDITS (CEUs and CMEs)

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

CANCELLATIONS/SUBSTITUTIONS

Registration fees, minus a $40 processing charge, will be refunded if written cancellation is received by June 10, 2013. If a registered person cannot attend, a substitute is welcome. Please email the name of the substitute to ruralhealthconference@ruralcenter.org, so the attendee list can be updated.

SPECIAL NEEDS

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

2013 Minnesota Rural Health Conference Planning Committee

- Aging Services of Minnesota
- Healthcare Education - Industry Partnership
- Minnesota Academy of Family Physicians
- Minnesota Academy of Physician Assistants
- Minnesota Association of Community Health Centers
- Minnesota Dental Association
- Minnesota Department of Health, Minnesota Office of Health Information Technology
- Minnesota Department of Health, Office of Performance Improvement
- Minnesota Hospital Association
- Minnesota Medical Association
- Minnesota Nurses Association
- Minnesota Pharmacists Association
- Minnesota Rural Health Advisory Committee
- Minnesota Rural Hospital Flexibility Committee
- Stratis Health
- The College of St. Scholastica
- University of Minnesota School of Medicine, Duluth
- University of Minnesota Rural Health Research Center

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