Summary of the 2008 - 2013
Consumer Leadership Conference Series

Including Findings of the
"Healing Spirits of Kilauea"
December 4-6, 2013 ~ Hilo, Hawaii

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Summary of the 2008–2013 Consumer Leadership Conference Series

Including findings of the
"Healing Spirits of Kilauea"
December 4-6, 2013 ~ Hilo, Hawaii

Background

On December 4-6, 2013, Bay Clinic, Inc. of Hilo, Hawaii hosted the "Healing Spirits of Kilauea" consumer leadership conference at the Kilauea Army Rest Camp located in the town of Volcano on the Big Island of Hawaii. The conference was the last in a series of six leadership conferences over six years that focused on engaging Federally Qualified Health Centers (FQHC) consumers in the development of healthcare policy in the current healthcare transformation environment. The six conferences are listed below.

Journey to an Island Healthcare Home
December 1-3, 2008 ~ Ko Olina, Hawaii
Hosted by Waianae Coast Comprehensive Health Center

***The Rising Stars of Healthcare Reform (Consumer Board Members*)**
August 23-25, 2010 ~ Imiloa Astronomy Center
Hosted by Bay Clinic, Inc.

The Mission: Consumer Leadership in Healthcare Transformation
August 25-26, 2011 ~ San Ysidro, California
Hosted by San Ysidro Health Center

The Journey Continues: Consumer Leadership in Healthcare Transformation – Finding the Value & Sharing the Savings
March 19, 2012 ~ Washington, D.C.
(Conducted as a component of AAPCHO's 25th Anniversary Leadership Conference)

Journey Back to Your Island Healthcare Home
November 28-30, 2012 ~ Ko Olina, Hawaii
Hosted by Waianae Coast Comprehensive Health Center

Healing Spirits of Kilauea
December 4-6, 2013 ~ Volcano, Hawaii
Hosted by Bay Clinic, Inc.

The 2008 Consumer Leadership Conference was organized as a response to the early initiatives in "pay for performance" and the desire by a founding group of health center leaders to engage consumers from low-income communities in this process. At the time of the first conference in December 2008, the NCQA healthcare home standards were newly formulated and rather narrow in focus when applied to the high-poverty, underserved populations served by community health centers. The "Healing Spirits of Kilauea" conference held in Volcano, Hawaii in December 2013 concluded this series.

This report is intended to identify key findings that evolved over time and were adopted by FQHC consumer attendees during their consumer caucuses. Key findings carried over from previous conferences are also identified in this report as "Reaffirmation of Previous Conference Findings" along with new findings made by Volcano conference attendees.

The Healing Spirits of Kilauea

The December 2013 conference was limited to 100 participants and was intended to build on the findings of the November 28 – 30, 2012 "Journey Back to Your Island Healthcare Home" held in Ko Olina, Hawaii. Participants included both consumers and healthcare professionals and represented 13 community health centers, the Hawaii Primary Care Association, AAPCHO and several health plans. Attendees were asked to respond to the specific recommendations of the 2012 report (available online at www.aharo.net) and to discuss concepts that would further the potential of health centers to succeed under payment reform and the emerging healthcare home environment.

The conference agenda (Appendix A) was divided into technical assistance related to the roles and responsibilities of FQHC board members, keynote presenters focusing on key healthcare transformation issues, and breakout sessions intended to engage health centers in policy development. Keynote speakers and areas of expertise included the following:

Value Based Community Development
Dr. Doug Jutte, Assistant Adjunct Professor, Division of Community Health & Human Development, School of Public Health, University of California, Berkeley

The Important Role of Consumers in Healthcare Transformation
Kauila Clark, 2nd Vice Chair, Waianae Coast Comprehensive Health Center and outgoing Chair of the National Association of Community Health Centers

Risk Adjustment
Todd Gilmer, Professor of Health Economics, Division of Health Policy, Department of Family and Preventive Medicine, University of California - San Diego

Health Care Reform: Challenges and Opportunities for Community Health Centers
Ignatius Bau, Health Policy Consultant

(Brief biographies for these and other speakers are provided in Appendix B.)

Breakout Group Reports

The series of conferences used consumer-driven games and breakout sessions to define supplemental standards that were not emphasized in national models but were relevant to healthcare homes in medically underserved communities. These supplemental standards were identified as cultural proficiency, community engagement, and job creation/economic development.

The 360º evaluation of health plans scoring concept was also developed and concepts of shared savings and virtual accountable care organizations (ACOs) were discussed. These concepts became the foundation for the AHARO Payment Reform Model (www.AHARO.net) which is now a part of several Medicaid managed care contracts in Hawaii.

The task for attendees of the "Healing Spirits of Kilauea" conference was to produce the framework for this final report on the series through the following four breakout groups.

Group #1: Supplemental Healthcare Home Standards

Beachfront homes are not all created equal and…

…the most reliable predictor of population health is the zip code lived in.

Group #1 - Reaffirmation of Previous Conference Findings

Group #1 reaffirmed the supplemental standards that healthcare homes located in Medically Underserved Areas (MUAs) should aspire to attain. Previous leadership conferences had established the following four areas for which standards need to be formally adopted that relate to proficiencies valued by healthcare homes in high-poverty communities:

Care Enabling	***Cultural Proficiency***	***Community Involvement***	***Workforce & Economic Development***
Patients of healthcare homes in medically underserved areas often face access barriers that exceed those in less challenged communities. There must be standards for evaluating the effectiveness of reducing access barriers.	Healthcare homes in low-income communities often serve a cultural subset of the population. There must be standards for measuring the effectiveness of health-care homes in addressing cultural norms.	There must be standards for the level of community engagement healthcare homes afford their consumers and the level to which they engage a network of agencies within their community.	As healthcare homes in high-poverty communities are often one of the largest employers, they must be accountable to the community they are active in, creating job opportunities and providing job training for its service area residents.

Supplemental Healthcare Home Standards scoring templates were developed for each of these four areas that provide an effective means of measuring a healthcare home's level of accomplishment (see www.AHARO.net). The following lists the measurement criteria for each area.

Care Enabling Services	
The practice evaluates patients' abilities to receive services and has systems in place to overcome potential access barriers through the following:	
1.	Assesses on an ongoing basis the self-reported and actual access barriers experienced by patients in the PCMH.
2.	Has appropriate programs, staffing, and resources to provide these care enabling services.
3.	Offers patients the eight basic enabling services identified by AAPCHO and NACHC.
4.	Codes and tracks these enabling services on charge tags or electronic records.
5.	Measures the impact of enabling services on performance metrics.
6.	Develops and utilizes enabling protocols on electronic health record templates.
7.	Has an established patient and family feedback system for appropriateness, effectiveness and improvement of care enabling services

Cultural Proficiency	
The practice addresses the cultural background of consumers in its policies, procedures and practices through the following:	
1.	Assesses the diversity of consumers and trains staff, providers, and others about the diversity.
2.	Has a panel of cultural advisors engaged in developing and evaluating cultural practices.
3.	Has an established plan for cultural sensitivity training and professional development for staff.
4.	Providers follow culturally specific protocols based on patient background and demographics.
5.	Buildings and facilities that reflect the patient population's culture and background (e.g. male family planning clinic design to make men feel welcome).
6.	Provides and/or promotes complementary and/or alternative healing practices in alignment with primary and preventive health services.

Community Involvement	
The practice is an integrated part of the community, encouraging participation and elevating the level of health education and organization through the following:	
1.	Has a panel of patients or Consumer Board that reviews and approves an annual plan that identifies health care needs and disparities within the community; establishes an action plan to address these issues.
2.	Reviews adequate data to measure performance to promote access, quality, cost effectiveness and makes recommendations for consideration.
3.	Has a systematic process in place to measure patient satisfaction and performs any remedial actions deemed necessary.
4.	Has a volunteer program that involves community members and various activities to promote a healthier community.
5.	Conducts outreach with community participation through health fairs, etc.
6.	Engages in Community Based Participatory Research with patients trained as the investigator (PI).
7.	Has patients sitting on internal committees, (for example, Quality Improvement Committee or Cultural Competency Committee.)

Workforce and Economic Development	
The practice is a center of economic opportunity for the community through the following:	
1.	Has a protocol in place to refer unemployed patients to job training activities within the service area.
2.	Offers an "on the job" training program for workers to improve job competencies that are aligned with healthcare transformation needs.
3.	Has a plan in place to promote a continuum of job training activities for service area residents that ranges from entry level careers to professional education with preparatory or "pipeline" services identified.
4.	Offers programs to support staff development activities, e.g. tuition reimbursement, flexible scheduling, job-sharing, telecommuting, and other training programs.
5.	Programs to attract workers from other industries with transferable skills to work at a healthcare home.
6.	Programs to share labor resources with other healthcare homes as needed.
7.	Acts as a training site for at least 3 different health care disciplines, ex. medical assistants, nurses, nurse practitioners, physician's assistants, social workers, medical students, psychology interns, or medical or dental residents.

Group #1 - New Conclusions/Recommendations from Volcano Attendees

1. Payment reform can be a catalyst for economic development in our communities. Shared savings and economic development as a standard for an MUA healthcare home can be factors.

2. To best understand what a community needs, conduct a community needs assessment that includes focus groups comprised of community organizations and consumers.

3. As a component of the healthcare home, build institutional partnerships within your community, including relationships with schools.

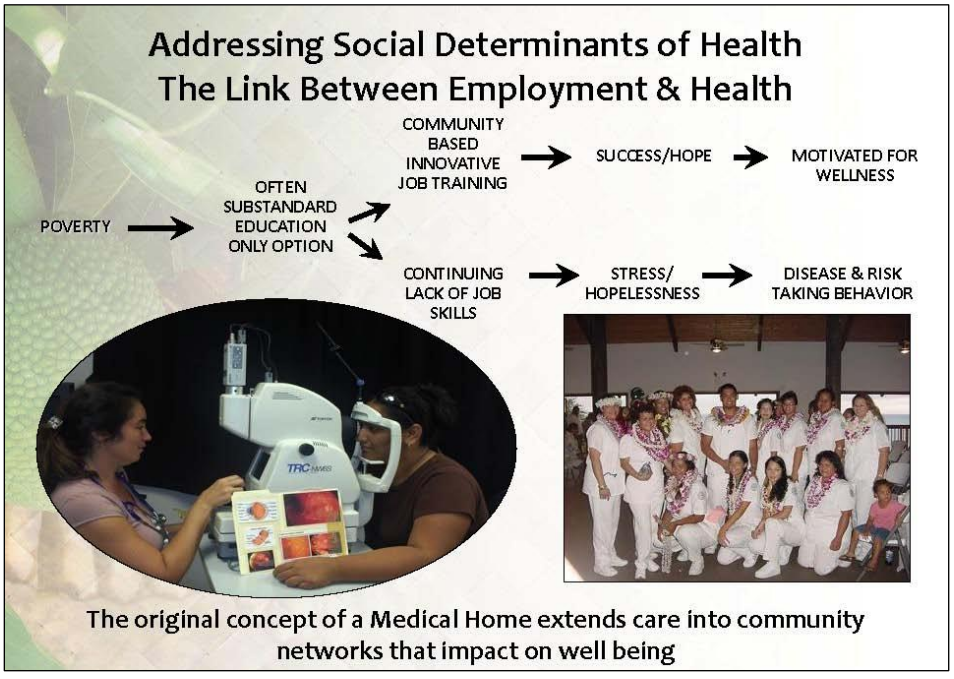
4. To address cultural issues, we must better understand cultural issues such as language and values that affect access to care. Communications is the key in culturally diverse areas. Word-of-mouth (referred to as "the coconut wireless" in Hawaii) plays a very important role in the communication process.

5. Healthcare homes in high poverty communities need to identify and foster homegrown leadership early on so their skills can be developed. Careers education should begin no later than kindergarten level and continue lifelong. Including career education for mothers participating in pre-natal counseling should be considered.

6. Community integration should include partnerships with employers and developers that may want to invest in a wellness environment and community economic development (as described by Dr. Jutte in his presentation, "Purpose Built Communities"). Workforce development fairs and job counseling should be brought to health center sites.

7. Case management for behavioral health services and integration of behavioral health into primary care is essential. Care coordination should include a link to behavioral health.

8. Health centers should use Affordable Care Act (ACA) outreach opportunities to identify additional consumer needs and help to coordinate those services.



Group #2: Community Applications of Health Information Technology

Group #2 - Reaffirmation of Previous Conference Findings

1. Care coordination and health information technology (HIT) must be developed by each community health center as key functions necessary under health information technology.

2. Every health center should develop an HIT/care coordination work plan and determine what scope of this functionality will be performed directly by the health center, by a network, or by a health care payer.

3. Databases administered by health centers can play an essential role in identifying preventable costs in health care and proving the value health centers provide in addressing those costs.

4. The most significant health care costs are associated with hospitalizations. Thus preventable costs need to address preventing hospitalizations, reducing length of stay and preventing re-hospitalizations. Health centers need to take the initiative to co-manage hospital care transitions by hiring appropriate care coordinating staff who are involved in discharge planning to the community outpatient setting. Best practices templates need to include advance health care directives.

5. Inappropriate emergency room (ER) visits must be identified and monitored. The key to decrease inappropriate ER visits lies with improving access to primary care services. Hospital-based ER services and perhaps even hospital admissions could be reduced if primary care providers extended their hours into the late evenings, weekends and holidays. Health centers need to be incentivized to develop after-hour acute care services. Nurse advice lines could provide information to patients to prevent them from seeking high cost emergency room care. Electronic-based visits should also be explored.

6. Immediate, accurate data exchange between hospitals and community health centers is fundamental in the reduction of preventable costs. Community health centers ought to initiate the development of direct relationships with hospitals, not waiting for health plans to facilitate the process.

7. Patients with behavioral health needs as well as those with chronic pain diagnoses are key population groups served by community health centers. Their needs must be appropriately addressed through an integrated approach in order to avoid inappropriate emergency room utilization. Community based pain management services must be developed and supported.

8. Patient navigators, health educators and wellness coaches are key personnel in reducing preventable costs. Lifestyle education and community-based campaigns to address chronic disease prevention needs to be supported through extended healthcare homes. Patients can be empowered to play an active role in their own health care with home-based technology.

9. Health plans have to support investments in HIT and care coordination at the community health center and patient centered healthcare home level.

10. Medications, radiology and laboratory diagnostic services are another significant health care cost driver. Data exchange can be used to avoid duplication in these services between hospitals, emergency rooms, specialists and primary care providers. The use of clinical pharmacists for patient education in medication adherence and medication reconciliation could be incentivized. The utilization of 'lock-down' restricted recipient programs to avoid narcotic abuse would also curb costs.

11. To effectively address preventable costs associated with highly complex patients, community health centers must develop new strategies for integrating behavioral health and primary care services. Improved methods for diagnosing the Serious Mentally Ill (SMI) populations and the assignment of these patients to the appropriate level of care need to be developed.

12. Models of care coordination should be: a) available directly through those community health centers that choose to offer these services; b) offered by care coordinators employed directly by these health centers; and c) supported by health care plans.

13. Care coordination and related services ought to be provided through one set of community-based care coordinators. Duplication of effort including having care coordinators from all health plans at a single site must be avoided.

14. State Health Exchanges, including the Hawaii Health Connector, need to provide information on the level of care coordination services and means of delivery of such services offered by competing health plans.

15. Board of directors of community health centers should be regularly updated on the status of care coordination at the facilities they oversee. Board member advocacy for care coordination services is fundamental.

16. Standardized templates should be developed for care coordination in cooperation with hospitals that specify responsibilities and procedures assigned to each group.

17. Care coordination should be provided within a cultural context. Translation services must be provided. Patient satisfaction needs to be measured in this area.

18. A major emphasis must be placed on transitions of care from hospital to the community setting.

19. Health Information Technology should be considered an essential component of healthcare transformation for every community health center. An HIT plan needs to be developed by each health center and presented to their boards.

20. Key components of an HIT plan for health centers must include practice management, electronic health records, patient and care management systems, data exchange software, a patient portal and predictive analytics identifying families with potential preventable costs.

21. Customized HIT systems that some health centers should consider include backend patient navigation software, patient engagement and utilization software, public and private kiosks to engage patients and patient information on encrypted devices.

22. Data exchange should occur at the point of care and be linked to care coordination programs at the health center level.

23. Risk adjustment systems identifying medical complexity and social determinants need to be improved and adopted throughout the delivery system in order to make performance based incentives fair.

24. Health center-owned management services organizations could be developed to help health centers develop self-sufficient HIT capability.

25. HIT system development should be based on collaboration; however when health center networks have advanced HIT capabilities, their efforts should be built upon by state HIT system developers in order to avoid duplication.

New Healthcare Technology will lead to the measurement of the relative value healthcare providers offer payers and patients.

(Reimbursement will then be associated with this measured value.)

Key Questions:
Will we be fairly valued?
Who picks the measures?
Who shares the savings?

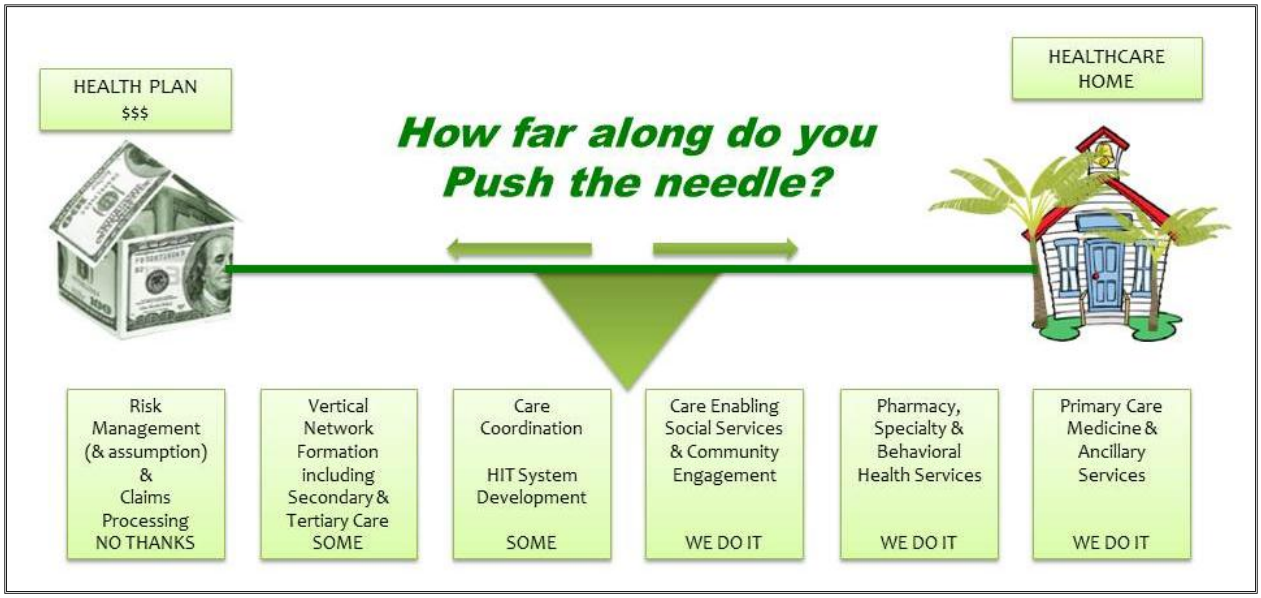
Group #2 - New Conclusions/Recommendations from Volcano Attendees

1. Health information technology should evolve to be able to track social determinants of health so these conditions can be incorporated into risk adjustment and care coordination.

2. Developing HIT capability is a potential community economic development issue and provides an opportunity to train our youth to aspire to a career in the HIT workforce.

3. Another way for health centers to address social determinants of health is by working with new funding structures such as community banks, the Federal Reserve, and tax credit programs.

Breakout Group 3: Building Partnerships with Payers and Hospitals



Group #3 - Reaffirmation of Previous Conference Findings

1. Performance-based healthcare should be a 360 degree evaluation process where the performance of payers is measured and factored into aligned incentives.

2. Performance data needs to be shared with FQHC governing boards with true meaningful engagement of community and community leaders.

3. The incentives provided by the state to health plans (currently HEDIS-type measures) need to be restructured to align incentives effectively in order to fairly value the performance of health centers.

4. The role of state insurance commissioners needs to be reconsidered with some oversight on the fairness of performance metrics related to health plans. In some states elected insurance commissioners have produced more responsive results.

5. New performance incentives that flow from healthcare home to health plan need to be negotiated including data capability, claims processing capability and specialty network performance. The format for current evaluation of health plans adopted by one health center network is posted at www.AHARO.net as Appendix C of the AHARO Payment Reform Model.

6. Efforts should be made to reduce the coding inconsistencies between plans. More clarity needs to be provided in how future ICD-10 coding will be accomplished.

7. The effectiveness of plan-coordinated behavioral health services needs to be more clearly monitored. Specific plan capabilities in addressing problems of substance abuse and pain management need to be measured.

8. Plan risk pools need to be more transparent and shared with healthcare home partners. Co-management of risk pools should be undertaken by community health centers seeking to enter this arrangement.

9. There is a need to embed value-added services into healthcare homes such as engaging community, cultural proficiency, workforce and job training, and care enabling services. Plans that deliver these services should be incentivized by the state.

10. Shared savings models such as the one developed by the Accountable Healthcare Alliance of Rural Oahu (see www.AHARO.net) should be facilitated as a part of accountable care organization development.

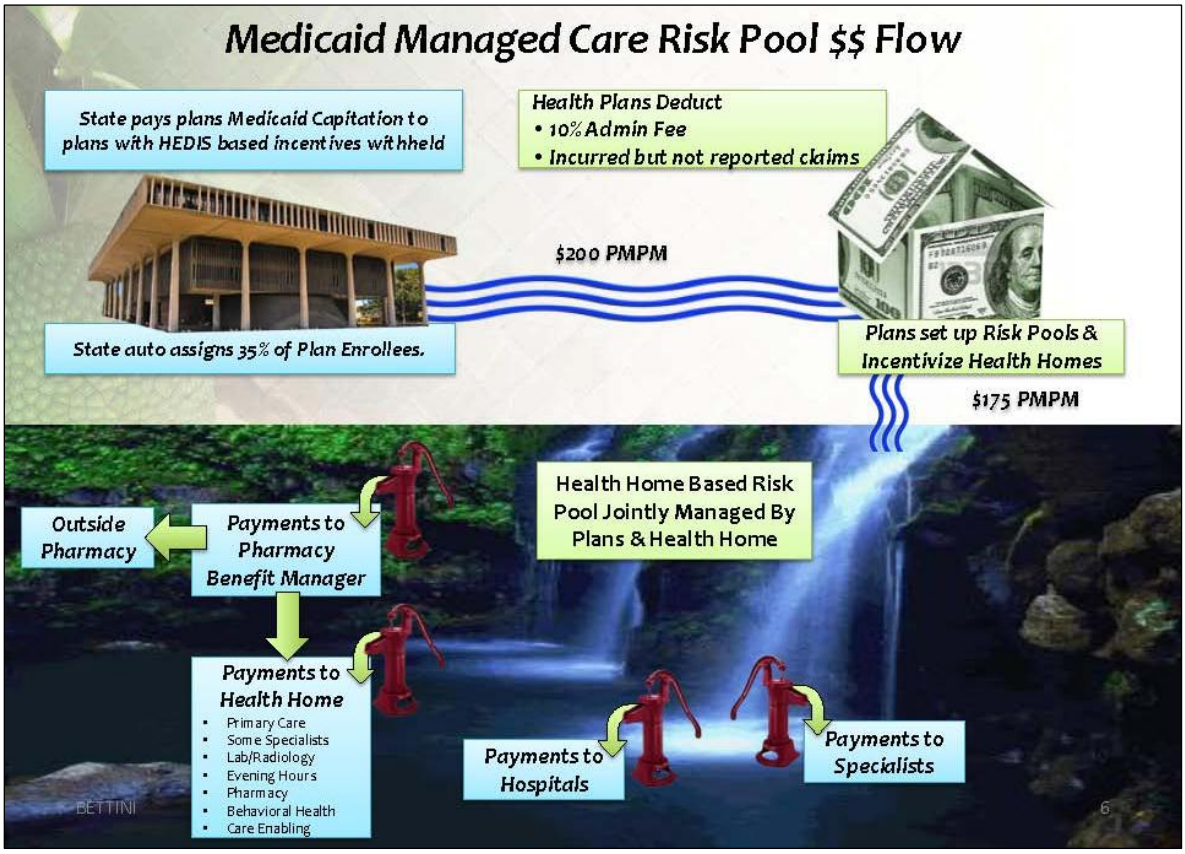
Group #3 - New Conclusions/Recommendations from Volcano Attendees

1. We need to avoid redundancy in the community and build on existing health center services and capability.

2. Health center providers need quick access to care management information from both the health payer and health center HIT systems.

3. Health center boards should engage in a process where they actively evaluate the relative capability each health plan contributes to producing value in their community. Once this has been accomplished, they can identify for their communities those plans that produce the greatest value for addressing identified community needs.

4. Processes required by individual health plans need to be integrated at the community level to avoid duplication of effort.



Group 4: Community Advocacy Issues

Group #4 - Reaffirmation of Previous Conference Findings

1. Consumer health center boards should be partners in developing healthcare policy and not only advocates of policies developed by others.

2. A strong consumer governing board along with an alliance of such boards is critical to the continuing success of health centers.

3. As the health center movement has become broader in scope, there is an increasing danger that the consumer component of the movement will be marginalized.

4. HEDIS evaluation measures are not effective in describing the value produced by health centers in addressing preventable costs or the quality of their services, particularly those for Aged, Blind and Disabled patients. New performance metrics need to be developed.

5. FQHC care enabling services need to be clearly defined in state Medicaid bid documents and contracts with health plans. With the Aged, Blind and Disabled patients, care enabling services are extremely important in producing a positive care outcome.

6. Eligibility requirements must be aligned with patient needs and with identified high risk populations.

7. Medicaid healthcare home provisions need to allow the reimbursement of separate service coordination fees by health plans.

8. The gap group between 133% and 200% of the federal poverty level is an important group in healthcare transformation. A decision on a benefit package for this population should be established only after an analysis of their needs is reviewed. In Hawaii, this gap group shares many of the same economic and care enabling needs of the poverty level population.

9. The Prospective Payment System (PPS) must be employed for patients in the gap group categories as many of them seek the full set of services provided by community health centers.

10. Health centers and the Hawaii Primary Care Association should present data-supported justification for the service delivery needs and payment system utilized for the gap group.

11. Incentives need to be built into the Hawaii delivery system that support addressing preventable costs in healthcare. Incentives must be fair and aligned correctly along the entire continuum of the healthcare delivery system.

12. Risk adjustment between the State of Hawaii and health plans needs to be discussed transparently and in depth. State adjustment of health plans with high risk patients including those with behavioral conditions and those with early onset of chronic disease is essential. Social determinants of health including census tract-based risk adjustment should also be considered.

13. It should be recognized that health centers are the entry point into the Medicaid QUEST plan for many high risk/high cost patients and for patients that migrate between uninsured status and Medicaid coverage.

14. HEDIS measures are not an accurate means to determine the effectiveness of a health plan in addressing poverty level patients. An alternative to HEDIS needs to be explored such as those developed in the "360º Health Plan Evaluation Templates" (posted at www.AHARO.net).

15. The auto assignment of QUEST patients to health plans needs to be reconsidered. It should be noted that at least one third of QUEST patients are auto assigned and this is a huge incentive to health plans. Value-added services offered by health plans should be important criteria in determining auto assignment. This may include supplemental healthcare home payments and levels of reinvestment back into the communities they serve.

16. Consumers need to be more actively educated and engaged in the current state planning efforts towards healthcare transformation. Currently there is only token engagement and no effective process of community-based education.

17. In Hawaii, Native Hawaiians experience a much earlier onset of chronic disease than the overall Medicaid population yet there is no chronic disease risk adjustment for health plans serving Native Hawaiians. At a minimum this must be addressed through some form of chronic disease adjustment. This adjustment should flow through to the service level.

Group #4 - New Conclusions/Recommendations from Volcano Attendees

1. There is a need to develop a statewide consumer council.
2. Hawaii consumers need to be more active on the NACHC consumer committee. In order to take on leadership roles, both the health center and the consumer as an individual must be members of NACHC.
3. Hawaii's Consumer Council model should be promoted in other states.
4. Ongoing funding support should be secured for consumer councils in Hawaii and other states.
5. Consumers need to advocate for risk adjustments that take into account social determinants of health.
6. Once provided with additional information (through briefing sessions and workshops), consumer board members will be better positioned to support the AHARO payment reform model (see www.AHARO.net).

Consumer Caucus Report

The consumer caucus of attendees met on the final day of the conference and reached the following conclusions:

1. Adopted the recommendations of individual breakout sessions detailed in the previous sections of this report.

2. Reaffirmed that there is a need to strengthen the role of consumers in the FQHC movement, recognizing that consumer governance is fundamental to the community health center model and essential to its continued success.

3. Affirms that health center consumers should be engaged not only in *advocating* health policy, but also actively engaged in the *development* of such health policy.

4. The consumer caucus also reached consensus to establish the Community Health Council HI (CHCHI), an association of community health center board members. Its purpose is "to empower the consumer voice by unifying and strengthening community health center leadership." The caucus agreed to find funding support and seek cooperation from the Hawaii Primary Care Association. See Appendix C for more information.

COMMUNITY HEALTH COUNCIL HI
Community Voices for Better Choices.
CONNECT. EDUCATE. UNIFY. EMPOWER.

Summary/Conclusion

This series of consumer-designed leadership conferences closes with this report. These conferences have been provided at little or no cost to participants. The payment reform model that was produced by this series of conferences is now operational in the state of Hawaii. Multiple health plans are participating, including national for-profit plans. This has led to a shift in payment methodology that now realizes 30% of reimbursement is designed to come from performance and gain sharing. The model builds in a contribution to community economic development if preventable costs are addressed by participating health centers.

Increasing consumer engagement, facilitating community service integration, and more precisely measuring the levels of community involvement and governance in medically underserved healthcare homes remains a challenge. To this end the Hawaii consumer caucus will be firmly established. They will seek to work through the NACHC consumer board committee and will offer collaboration to similarly minded organizations in other states.

This series of consumer leadership conferences would not have been possible without the support and efforts of countless individuals and organizations. Please see Appendix D for a special *Mahalo* ("thank you") section.

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2013 Hawai'i Healthcare Leadership Conference

'Healing Spirits of Kilauea'

HOST:
The Bay Clinic, Inc.

December 4 - 5, 2013, Volcanoes National Park, Hawai'i Island

Wednesday, December 4

	KOA Room	LEHUA Room
7:30 am - 4:00 pm	**Registration**	
7:00 am - 8:30 am	Guided hike to Kīlauea Caldera (optional) *Depart from KMC Front Desk Lobby*	
8:00 am - 9:00 am	Continental Breakfast (Lava Lounge)	
9:00 am - 9:15 am	**Opening Ceremony** (KOA Room)	
9:15 am - 9:30 am	**Welcoming Remarks** (KOA Room)	
9:30 am - 10:00 am	**Keynote Address**: Kauila Clark, 2nd Vice Chair, Wai'anae Coast Comprehensive Health Center (WCCHC) (KOA Room)	
10:00 am - 10:45 am	**Topic: Risk Adjustment** (KOA Room) **Presenter:** Dr. Todd Gilmer, Professor of Health Economics, Chief, Division of Health Policy, Department of Family and Preventive Medicine, University of California, San Diego (UCSD)	
10:45 am - 11:00 am	Break	
11:15 am - 12:00 pm	**Topic: Risk Adjustment for Special Populations & Financial Strategies for CHC Survival** (KOA Room) **Facilitator**: Jeff Caballero, AAPCHO **Panel:** Dr. Gilmer, USCD Dr. Ashish Abraham, President & Chairman, Altruista Health John McComas, AlohaCare Mike Schnake, BKD, LLP	**Topic: Health Care Reform: Challenges and Opportunities for Community Health Centers** **Presenter**: *Ignatius Bau*, Health Policy Consultant
12:00 pm - 1:30 pm	Buffet Lunch in the (LAVA Lounge)	Board Member Networking Lunch with Ignatius & Pamela (LEHUA Room)

Thursday, December 5

TIME	KOA Room$_2$	LEHUA Room$_2$
7:30 am - 4:00 pm	**Registration**	
7:15 am - 8:30 am	Guided walk to Halema'uma'u Crater (optional) *Depart from KMC Front Desk Lobby*	
7:30 am - 9:30 am	One-on-One 30 Minute Chats with Pamela Byrnes *(Board Members)*	
8:00 am - 9:30 am	Continental Breakfast & Hawai'i Primary Care Association Film Viewing (LAVA LOUNGE)	
9:30 am - 10:30 am	**Keynote Address:** Dr. Doug Jutte, Assistant Adjunct Professor, Division of Community Health & Human Development, School of Public Health, University of California, Berkeley **"Value Based Community Development"** (KOA Room)	
10:30 am - 10:45 am	*Break*	
10:45 am - 12:00 pm	**Topic: Hawai'i Health Connector, Hi'Ola Program** (Insurance Marketplace) **Presenter:** *Ku'u Makuakane-Salave'a*, Program Specialist, Hawai'i Health Connector	**Topic: Why Your Story Matters - Shaping Your Testimony** **Video Booth** (provided by AAPCHO): Share Your Story Panel: *Josh Green, MD*, Hawai'i State Senator, District 3, West Hawai'i *Nani Medeiros*, Policy and Public Affairs Director, HPCA *Kauila Clark*, *2nd Vice Chair*, WCCHC *Paula Arcena*, Director of Public Policy, AlohaCare

2013 Hawai'i Healthcare Leadership Conference

'Healing Spirits of Kilauea'

HOST:
The Bay Clinic, Inc.

1:30 pm - 2:15 pm	**Topic: Community Applications for Health Information Technology** **Facilitator**: Dr. Vija Sehgal, Chief Quality Officer & Associate Medical Officer, WCCHC **Panel:** Research & Policy Uses: *Mary Oneha*, CEO, Waimānalo Health Center & AAPCHO Board Member Population Management: *Dr. Ashish Abraham*, President & Chairman, Altruista Health Predictive Analytics: *Michael Meucci*	**Topic: Health Center Program Requirements; The Board's Role** **Presenter**: *Pamela Byrnes*, Consultant
2:15 pm - 2:30 pm	*Break*	
2:30 pm - 3:30 pm	**Topic: Hawai'i Oral Health Topics** **Presenter:** *Pat Dozier*, Chief Oral Health Officer, Ko'olauloa Health Center **Q&A Panel**: TBA	
4:30 PM - 6:30 PM	**One-on-One 30 Minute Chats with Pamela Byrnes** (Board Members - KOA Room)	
6:00 pm - 9:00 pm	**Cocktails & Heavy Hors d'oeuvres** **Jazz Entertainment** (LEHUA Room)	

12:00 pm - 1:30 pm	Buffett Lunch in the LAVA LOUNGE	
1:30 pm - 2:15 pm	**Topic: Patient Centered Medical Home Recognition Process** **Presenter:** HPCA Representative *Dr. C. Glenn Dundas*, Medical Director, Bay Clinic, Inc. *Christine Gosse*, PCMH Coordinator, Bay Clinic, Inc.	**Topic: Encouraging Consumer Leadership Informal Roundtable Discussions** **Facilitators:** Tanya Aynessazian, Bay Clinic, Inc., Board Member Kathy Conner, Waimānalo Health Center, Board Chair **Roundtable Leads:** Ignacious Bau Pamela Brynes Paula Arcena Nani Medeiros
2:15 pm - 2:30 pm	*Break*	
2:30 pm - 4:00 pm	**AHARO Payment Model Overview & Group Discussion** (KOA Room)	
4:00 pm - 4:45 pm	**Consumer Caucus** (KOA Room)	
4:45 PM	**Closing Remarks & Closing Ceremony** (KOA Room)	

APPENDIX B
SPEAKERS' and PANELISTS' BIOGRAPHIES
"Healing Spirits of Kilauea" - December 4-5, 2013

Ashish Abraham, MD, MBA is a physician-consultant and health management executive with more than 16 years of diversified experience in direct clinical care, managed care operations and strategic consulting for government sector and commercial clients. Currently Dr. Abraham is the President and Co-Founder of Altruista Health, a niche analytics and care management technology solutions company serving community-based health plans and clinical organizations in ten states across the country. Dr. Abraham also provides strategic consulting services to State and County governments in the design and evaluation of innovative care coordination programs for Medicaid and uninsured programs. In the past, Dr. Abraham served as Senior Vice President and Chief Medical Officer of United Health's Medicaid Management Services Organization (MSO). At United Health Group, Dr. Abraham was directly responsible for the creation, operational oversight, clinical outcomes and financial performance for care and disease management programs in seven states with a special emphasis on Medicaid, aged, blind and disabled (ABD) populations, Medicare-Medicaid dual eligible, and individuals with special needs. He was also instrumental in obtaining NCQA accreditation for multiple disease management programs at United Health Group.

Prior to his work at United Health Group, Dr. Abraham was a Principal and Physician-Leader at Mercer Consulting where he led consulting projects for commercial clients and for 15 state and county governments, and was nationally recognized for his work in developing innovative care management solutions for vulnerable specialty care populations with long-term care needs served through both employer-sponsored and government health programs. Apart from his medical degree, Dr. Abraham also holds post-graduate degrees in business and healthcare services administration.

Paula Arcena has 13 years of legislative advocacy and healthcare policy experience. She currently serves as AlohaCare's Director of Public Policy and was formerly the Executive Director of the Hawaii Medical Association. Paula holds a B.A. in American Culture from the University of Michigan.

Tanya Aynessazian is a board member of Bay Clinic, Inc., Hawaii Island's largest nonprofit healthcare service provider and one of fourteen federally qualified health centers in the State of Hawaii. Tanya joined the board of Bay Clinic in November of 2005 and has served two terms as Board Chair, both during times of executive transition. Tanya spent over fifteen years working on the mainland as a consultant and project manager, primarily in business development, national medical marketing and marketing research, with emphasis on clinical trial design, marketing new-to-market pharmaceuticals to consumers, physicians and insurance plans, and patient reported outcomes research. Her experience in patient reported outcomes ultimately led her to engage in a healthier lifestyle, which began with leaving the pharmaceutical industry to explore natural healing, indigenous and complementary healing practices, and yes, stand-up comedy! Tanya and her husband Jon live in Pahoa in the Puna district of Hawaii County with their two children, ages 12 and 15, all of whom are patients of Bay Clinic.

Tanya writes and performs stand-up comedy as Tanya Anne. Performing allows her to enjoy positive, stressful experiences, which she feels are critical to staying present and young at heart. In 2012, she founded *the Punachicks*, a group of women in Puna dedicated to making fun of themselves and the world we live in.

Ignatius Bau is an independent health policy consultant working with organizations to advance patient-centeredness and equity in health care. He has provided consulting services for dozens of organizations including the Association of Asian Pacific Community Health Organizations, Asian & Pacific Islander American Health Forum, and California Health Care Safety Net Institute, to name just a few.

Prior to establishing his consulting practice, he was a program officer and program director at The California Endowment for seven years, directing the statewide foundation's work on language access, cultural competency, health care disparities, health workforce diversity, and health information technology. He managed grants to national accreditation organizations, and to health professions education institutions, hospitals and health systems, health plans, physician associations, local health departments, community health centers, and community-based organizations throughout California.

Bau also previously worked at the Asian and Pacific Islander American Health Forum (APIAHF), directing health policy and programs for seven years, and at the Lawyers' Committee for Civil Rights of the San Francisco Bay Area, as a civil rights and immigration law attorney for ten years. The APIAHF led community efforts that resulted in the creation of the first White House Initiative on Asian Americans and Pacific Islanders. Bau was the principal author of the first report from the President's Advisory Commission on Asian Americans and Pacific Islanders.

Bau has also served as a member on numerous boards and expert advisory panels. For more information, visit his website at www.ignatiusbau.com

Richard Bettini, MPH, MS is the President and Chief Executive Officer of the Waianae Coast Comprehensive Health Center (WCCHC), Hawaii's largest Federally Qualified Community Health Center. WCCHC serves 28,000 annual users on Leeward Oahu with two-thirds of its patients having income below federal poverty level. The majority of our patients are Native Hawaiian.

Richard earned his MPH at the University of California, Berkeley and a Master of Science from San Jose State University. He is a Board Member and past President of AlohaCare, Hawaii's third largest HMO, and past President of the Association of Asian and Pacific Community Health Organizations (AAPCHO). In 2004, Richard was nominated and received the Non-profit Business Leadership Hawaii award.

Pamela Byrnes is a Senior Consultant with John Snow, Inc. She was previously the Director of the Health Center Growth and Development Program at the National Association of Community Health Centers. Dr. Byrnes has a Doctorate in Sociology of Health Care Systems from the University of Connecticut and a Master's degree in research methods and applied statistics. She has served as a consultant to health centers, primary care associations and community-based non-profit organizations for over twenty years. Dr. Byrnes served on the Connecticut Legislative Commission on the Uninsured and has provided extensive legislative testimony on health care policy and legislation. She has held an appointment as Assistant Clinical Professor in the Department of Community Medicine at the University of Connecticut Health Center.

Jeffrey Caballero, MPH is the executive director of the Association of Asian Pacific Community Health Organizations (AAPCHO) and has been with AAPCHO since 1993. Having more than 20 years of experience in community health, Mr. Caballero advocates for programs and policies that aim to increase access to quality, comprehensive community health care services that are culturally and linguistically appropriate. He has overall authority for all AAPCHO programs, finances, and operations, while also serving as chief spokesperson for the association. In addition to his work with AAPCHO, Mr. Caballero serves on numerous national committees addressing health issues disproportionately affecting Asian Americans, Native Hawaiians and other Pacific Islanders, including diabetes, hepatitis B, tuberculosis and cancer. Mr. Caballero received his Bachelor's Degree in Biochemistry/Cell Biology from the University of California, San Diego, and his Masters in Public Health from University of California, Los Angeles. He is the proud parent of two young daughters with his wife Corrina.

Kauila Clark was named Chair of the Board of Directors of the National Association of Community Health Centers (NACHC) in August 2011 and is the first Native Hawaiian as well as the first consumer of community health center services to hold this position. He is now their outgoing Chair after completing his two-year term. Serving on the Board of Directors of the Waianae Coast Comprehensive Health Center for 21 years, Kauila has been an advocate for consumers of health services and firmly believes that consumers need to be full participants in governance and policymaking, and must assume the responsibility of articulating how they want to be medically served. Kauila's impact as a community health advocate is benefiting the Waianae community, the State, and the Nation, as he works on policy to strengthen and grow the role of community health centers and to facilitate the development of community leaders who will advocate for the health and wellness of their communities. A gentleman with many talents, Kauila is also an artist and a Native Hawaiian traditional healer. He has worked in Washington, D.C., participated at Congressional hearings as an invited speaker, taught at the college level, directed work-training programs, provided technical assistance in establishing community health centers, and conducted numerous Native Hawaiian blessings for a wide variety of events and organizations.

Kathy Conner became a patient of the Waimānalo Health Center 15 years ago. A few years later, her husband was diagnosed and successfully treated for cancer at Waimānalo Health Center. Kathy has volunteered in various capacities at the Waimānalo Health Center and has also served WHC as a heath care ambassador on a national level. "I became a board member because I wanted to give back to the health center for all the wonderful care that my family and I received. People deserve to get the care they need regardless of their ability to pay, whether they have insurance or not. I have dedicated myself to this wonderful place, it has become a calling."

Glenn Dundas, MD came to Bay Clinic as a medical provider in May of 2012. He has been the Medical Director of Bay Clinic since July of 2013. Prior to moving to Hawaii, he was in full-time private practice with three other family physicians in East Texas for twenty-one years. He attended medical school at Baylor College of Medicine in Houston, Texas and did his family practice residency at the John Peter Smith Hospital in Fort Worth, Texas. He and his wife live in Hilo, Hawaii.

Regarding the change in practice he says, "Healthcare transformation is blurring the line in what had been distinctions between private practices and community health centers. It is exciting to be at Bay Clinic where our various leadership backgrounds are moving us forward more fully into our mission and goals. I enjoy telling my providers that we are ideally situated for this gold age for CHCs."

Todd Gilmer, Ph.D., is a Professor in the Division of Health Policy, Department of Family and Preventive Medicine at the University of California, San Diego. He received his Ph.D. in economics from the University of Washington in 1997. His research has focused on three areas: health insurance and risk adjustment, diabetes care, and mental health services research. Dr. Gilmer specializes in research design and data analysis, the use of large data sets including those from Medicare, Medicaid, and commercial health plans, national surveys and census data, and mixed data sets that combine epidemiological data with health insurance claims, and the evaluation of community based interventions to improve chronic disease care to low-income populations.

Christine Gosse is Bay Clinic's PCMH Grants Coordinator. Bay Clinic, Inc. is seeking NCQA Level III recognition for its Hilo, Kea'au, and Pahoa sites. The Kea'au site has earned a Level III recognition as of September 2013. She has lived on the Big Island of Hawaii for 9 years and is originally from Wisconsin. Before moving to Hawaii, Christine earned an Associate Degree in supervisory management from Moraine Park Technical College. Her past work experience in the Midwest included marketing, manufacturing, small business and the construction industries. Since moving to Hawaii, Christine has worked primarily in the non-profit sector. She has a background working as an executive secretary to the director of a non-profit, management in durable medical equipment, and office management and direct service work in providing services for the developmentally and mentally challenged.

Senator Josh Green, MD is a physician and state Senator from the 3rd Senatorial District on the Big Island of Hawaii. Several years ago, Senator Green was part of a very impressive planning group on the Big Island to develop a community health center serving the Kona or west side of the island. This community health center is the West Hawaii Community Health Center. After that involvement, he successfully ran for office and was elected as a Representative in 2004 and in 2008 was elected Senator. Senator Green has been a solid advocate for health issues for all underserved communities.

Douglas Jutte, MD, MPH is an Assistant Adjunct Professor at the Division of Community Health & Human Development, School of Public Health, University of California, Berkeley and Associate Director of the UC-Berkeley/UC-San Francisco Joint Medical Program. He is a cherished mentor and thesis advisor who has received numerous teaching awards. His research interests include the interaction of biological and socioeconomic risk factors in early childhood and their relationship to long-term health and educational outcomes.

After finishing medical school at Harvard, he completed his residency training in pediatrics at Stanford University where he served an additional year as chief resident. He received his MPH with emphasis in epidemiology from UC Berkeley in 2003, followed by completion of post-doctoral training as a Robert Wood Johnson & Society Scholar in population health at the UCSF/UCB RWJ program in 2006.

Dr. Jutte is an experienced and gifted pediatrician who continues clinical practice as a neonatal hospitalist attending high-risk deliveries and caring for newborn infants. He is a sought-after speaker for his inspiring presentations on the influence of socioeconomic risk factors on health and creative approaches to addressing them.

Michael Meucci is the Director of Transformation and Improvement at Arcadia Healthcare Solutions. His primary focus is on production innovation and management and engagement support related to patient centered care transformation, population health management and quality improvement.

Michael combines a depth of experience in product development, marketing and strategic leadership with a focus on project and program management best practices. Michael has a deliberate focus in supporting the deployment of data-driven clinical transformation at scale. Michael was the primary lead on the development of Arcadia's Accelerator platform, a web-based transformation planning and management toolkit designed to provide transforming practices with task level planning and tracking of the activities required for successful transformation. Working at Arcadia, Michael has provided strategic oversight and guidance on the development of scalable, state wide patient centered transformation programs in California, Louisiana and Florida focused on the integration of trusted, real-time analytics into team based care models to enable improved care planning and coordination and more effective decision support. Michael also serves as a subject matter expert supporting direct clinical transformation initiatives in Maine, New York, California and Washington state, ensuring that knowledge and innovation in each project is captured and shared appropriately with current and future clients.

A two time Arcadian, Michael's previous experience includes serving as the Product Manager at Linkwell Health, a venture backed disease management and patient engagement company, where he supported the build, marketing and launch of Linkwell's online engagement platform and an internship at Monitor Group, an international strategy consulting firm now owned by Deloitte, building industry expertise with leading organizations in the pharmaceutical, medical device, and high-tech fields.

Michael holds a Bachelor of Arts in Economics and Entrepreneurial Leadership from Tufts University.

Charlyne (Pat) Mason-Dozier, D.D.S. is the Director of Oral Health at the Koolauloa Health and Wellness Center on Oahu. She is a recent transplant to Hawaii from Kansas City, Missouri. She is a graduate of the University of Missouri – Kansas City, School of Dentistry. She has also completed The Business of Medicine - Executive Graduate Certificate Program through Johns Hopkins University School of Medicine and School of Professional Studies in Business and Education.

Dr. Mason-Dozier has over 21 years of community health center experience. She has served as a staff dentist, Chief Dental Officer, and Interim Chief Medical Officer. She has executive leadership experience from a "specialty care model" health care system with 7 satellite clinics: rural and urban, migrant farm worker programs, and school based health centers (elementary and high school).

Dr. Mason-Dozier was chosen to participate in the National Association of Community Health Centers' Leadership Excel Program and the American Dental Association's Institute for Diversity in Leadership. Dr. Mason-Dozier currently serves on the Board of Directors of the National Network for Oral Health Access (NNOHA) and is the current co-chair for the Advocacy and Partnership Committee.

John E. McComas, MPH is the Chief Executive Officer for AlohaCare. For 30-plus years, John has dedicated his life to the betterment of public health for the underserved population. His commitment to helping those in need started as early as 1966, as a three-year volunteer in the Peace Corps, stationed in Nigeria following receipt of a degree in psychology from the University of California, Berkeley. In 1971, he received his Master's Degree in Public Health and a graduate certificate in Urban Planning from the University of Hawaii.

In 1996, John was appointed to the CEO position of AlohaCare, a non-profit health plan organized in 1994 by community health centers in Hawaii to ensure Hawaii's at-risk population would be served under Hawaii's managed care plan for Medicaid beneficiaries, called QUEST. John has been appointed to the Board of Directors for the Hawaii Health Information Exchange, Board of Directors for the Beacon Project, and by the Governor to the Hawaii Health Connector Interim Board. John serves as a board officer and board member, and advisor to various organizations including as a founder of the National Association of Community Health Center Health Plans; Hawaii Association of Health Plans; Association for Community Affiliated Plans (ACAP).

Mary Frances Oneha, APRN, PhD is the Chief Executive Officer at the Waimanalo Health Center. Dr. Oneha supports and advocates for supportive services to high risk populations. As a community-based researcher, her studies have focused on understanding cultural perceptions regarding intimate partner violence, implementing a perinatal risk reduction intervention with Native Hawaiian women, and working to prove the value of enabling services.

Vija Sehgal, MD, PhD is a Pediatrician and the Director of Health Care Policy and Associate Medical Director at the Waianae Coast Comprehensive Health Center. She is the Chairperson for both the Health Center's Quality Assurance and Peer Review Committees and the Physician Advocate for their Electronic Medical Record program. She is an Assistant Clinical Professor of Pediatrics at the John A. Burns School of Medicine in Honolulu, Hawaii as well. Dr. Sehgal graduated with a B.A. from the University of California, Berkeley with degrees in both Psychology and Zoology. After receiving her Masters of Public Health from the University of Michigan, she was awarded a Fellowship from the East West Center in Honolulu to pursue her PhD studies at the University of Hawaii at Manoa in Infectious Disease Epidemiology.

Dr. Sehgal's dissertation research was on the transmission of maternal immunity to malaria and was conducted at the Institute for Medical Research in Madang, Papua New Guinea. Dr. Sehgal received her Medical Degree from the University of Miami and completed her Pediatric residency training at the John A. Burns School of Medicine in Honolulu, Hawaii. Dr. Sehgal is board certified in Pediatrics and has been in clinical practice at the Waianae Coast Comprehensive Health Center for the past 17 years. She has two teenagers and a Labrador retriever. She enjoys the outdoor beauty of Hawaii where she runs, having successfully completed eight Honolulu Marathons. She has noticed many parallels between parenting children, training dogs, running marathons and getting providers to embrace and utilize electronic health records.

Mike Schnake is a partner at BKD, LLP, a CPA and advisory firm that works with more than 225 community health centers nationwide to help improve their financial health. They are active in the National Association of Community Health Centers (NACHC) and also consult with regional and state primary care associations. Some of their solutions include reimbursement strategies for Medicare/Medicaid PPS, grants and contributions, coding and billing, compliance, and strategic planning. As one of the 10 largest firms in the country (according to Public Accounting Report), the firm helps clients go beyond their numbers by applying technical expertise, unmatched client service and disciplined delivery of solutions to their management and financial needs.

Consumer board members from nine federally-qualified health centers across the state have come together to create CHCHI – The Community Health Council HI -- and represent healthcare consumers across the state. Supporting community health centers include: Bay Clinic, Inc., Hamakua-Kohala Health, Ko`olauloa Health & Wellness Center, Lanai Community Health Center, Wahiawa Center for Community Health, Waianae Coast Comprehensive Health Center, Waikiki Health, Waimanalo Health Center and West Hawaii Community Health Center.

COMMUNITY HEALTH COUNCIL HI
COMMUNITY VOICES FOR BETTER CHOICES

What is Public Health?

Public health is concerned with the health status of a population where they live, work and play. Public health professionals work to understand the social determinants of health, promote well-being, prevent illness, limit health disparities and improve health care equity, quality and accessibility. Many clinical professionals like doctors and nurses focus primarily on treating individuals after they become sick or injured. Community health centers are where public health initiatives meet community health needs face to face, person to person, through community-directed, patient-centered care and education. The overall public health of our state requires us to focus intently on how we deliver quality health and wellness care and education to families in the communities we serve.

Public Health is Community Health

The Community Health Council HI (CHCHI) is made up of active consumer board members from federally-qualified community health centers across the state. There are over 1,400 of these community health centers providing quality care at over 8,000 locations nationwide. The 15 federally-qualified community health centers in Hawaii serve over 144,000 patients. In Hawaii, 33,487 of our patients are uninsured; 101,029 live in rural areas, 28% are Native Hawaiian and 89% of our patients are living at or below 200% of the federal poverty level. These community health centers do not have shareholders- they are social-economic engines in the communities they serve. They are required to have a minimum of 51% of their board members as patients (consumers) of their health centers.

The purpose of the Community Health Council HI (CHCHI) is to empower the consumer voice by unifying and strengthening community health center leadership. CHCHI represents patients, consumers and caregivers from across the state who are dedicated to advocating for the best health and wellness outcomes for our communities by connecting, educating and empowering each other.

COMMUNITY HEALTH COUNCIL HI
COMMUNITY VOICES FOR BETTER CHOICES

Mahalo to supporting organizations

AlohaCare
For a healthy Hawaii.

HPCA
HAWAI'I PRIMARY CARE ASSOCIATION

Community Health Council HI
#CHCHI

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CONNECT. EDUCATE. UNIFY. EMPOWER.

com·m·unify

v. communifying, communifies n. communification

To self-actualize a common purpose and intent through meaningful discussion; to unify communities in mobilizing a collective voice

Our Vision

Optimal health is a right and responsibility of ours, individually and collectively.

CHCHI empowers the mobilization of our collective consumer voice through ***legucation***, thoughtful discussion and meaningful and effective compassionate action. The CHCHIs aim to ***communify***.

The Time Is Now

Nearly 132,000 of our state's residents live in poverty, including 41,230 children – that's 14% of our keiki! Hawaii has the 3rd highest homelessness rate among the states; 42% are children.* We cannot wait for others to prioritize our health and wellness. The time is now, and we are the people to make it happen.

*Statistics from The Hawaii Appleseed Center for Law and Economic Justice "The State of Poverty in Hawaii" 2012 Report

How Can I Help?

There are many ways to support the efforts of the CHCHIs:

- Join the CHCHIs and get our advocacy email alerts – Everyone is welcome
- Donate money or expertise
- Volunteer

Contact us to get involved! Call (808) 930-0499 today!

COMMUNITY HEALTH COUNCIL HI

COMMUNITY VOICES FOR BETTER CHOICES

CONNECT. EDUCATE. UNIFY. EMPOWER.

Photo by Sean King

CHCHI Encourages Informed Opinions, Effective Consumer Advocacy and Consumer Leadership Development

CHCHIs Goals for 2014 include

- Participating in ongoing advocacy at the state and national levels, including sending a consumer delegation to meet with US Representatives and Senators in Washington, DC during the National Association of Community Health Center's (NACHC) Policy & Issues Forum in March.
- Enlisting participation from all community health centers in Hawaii
- To connect and educate ourselves by meeting quarterly and taking an active role in consumer and board member/officer training and leadership development

leg·u·cate

v. legucated, legucating, legucates

To inform or educate legislators, government agencies, community groups and individuals about policies, issues and ideas that affect our quality of life

Mahalo **("Thank you")**

First and foremost, we wish to recognize the late Senator Daniel K. Inouye, who was responsible for launching the federal funding for these conferences. Senator Inouye spent his nearly fifty years in the Senate advocating for community health centers and supporting their vital role in meeting the needs of the medically underserved. He will always be greatly missed.

We wish to acknowledge the founding community health centers; Asian Health Services, Bay Clinic, Inc., Northeast Medical Services, and Waianae Coast Comprehensive Health Center. Their board members and staff saw the need for leadership conferences that would engage consumers from low income communities in "pay for performance" and other healthcare transformation initiatives.

Support and sponsorship was also provided over the years by several organizations including the National Association of Community Health Centers (NACHC), the Association of Asian Pacific Community Health Organizations (AAPCHO), the Hawaii Primary Care Association, AlohaCare and UnitedHealthcare.

The conferences were fortunate to attract accomplished keynote speakers and panelists who generously shared their knowledge, experience and insights. The list includes representatives from a wide range of healthcare organizations including community health centers, national nonprofit organizations, private industry and government.

Featured Speakers *(partial list)*
Ashish Abraham, MD – President and Co-Founder, Altruista Health
Bill Hagan, Chief Growth Officer – UnitedHealth Group (*Former President, UnitedHealthcare West Region & Senior VP National Clinic Operations, Community and State)*
Calvin C. J. Sia, MD, FAAP – Retired Pediatrician and Clinical Professor of Pediatrics at University of Hawaii School of Medicine *(Considered the "grandfather" of the medical home concept of care.)*
Douglas Jutte, MD – Assistant Adjunct Professor - Division of Community Health and Human Development, School of Public Health, University of California, Berkeley
Herb Schultz, Regional Director, Office of Governmental Affairs, U.S. Department of Health and Human Services (DHHS)
Joe Gallegos – Regional Coordinator, NACHC
Senator Josh Green, MD – Senate District 3 - Island of Hawaii
Kauila Clark – Chair of the National Association of Community Health Services (2011-2013) 2nd Vice Chair – Waianae Coast Comprehensive Health Center Board of Directors
Karen DeSalvo, MD, MPH, MSc – Current National Coordinator for Health Information Technology, U.S. Department of Health and Human Services *(Former City of New Orleans Health Commissioner and Senior Health Policy Advisor and Associate Dean – Tulane University Medical School)*
Marcie Zakheim – Partner, Feldesman Tucker Leifer Fidell
Robert Tagalicod – Director, Office of E-Health Standards – Centers for Medicare and Medicaid Services (CMS)
Todd Gilmore, PhD – Professor, University of California at San Diego / Director, Masters of Advanced Studies, Leadership in Health Care Organizations, Acting Chief - Division of Health Policy
Tom Tsang, MD, MPH – Medical Director, Meaningful Use Division, Office of Provider Adoption Support, Office of the National Coordinator for Health Information Technology
Tom Van Coverden – President & CEO, NACHC

Featured Panelists *(partial list)*		
Anita Monoian	Past Chair	NACHC
Anthony R. Guerrero, Jr.	Board Chair	Waianae Coast Comprehensive Health Center *(Retired First Hawaiian Bank Vice Chair)*
Ben Pettus	CEO	Koʻolauloa Community Health & Wellness Center
C. Glenn Dudas, MD	Medical Director	Bay Clinic, Inc.
Christina Lee, MD	Medical Director	Waimanalo Health Center
Christine Sakuda	CEO (former)	Hawaii Health Information Exchange
David Goodman, MD	Chief Medical Officer	First Vitals Health and Wellness
Denise Esper	Chief Revenue Officer	Lone Star Circle of Care
Dew-Anne langcaon	Co-founder and CEO	Hoʻokele Health
Ed Martinez	CEO	San Ysidro Health Center
Ed Phippen	Consultant	Robert Wood Johnson Foundation
Emmanuel Kintu	Board Chair	Hawaii Primary Care Association
Fred Fortin, MD	Senior Vice President	HMSA
Gary Cloud	Assistant Provost, Associate Dean for Financial Resources	A.T. Still University
Gervean Williams	Director	NACHC Community Health Center Finance and Operations, Training / Technical Assistance Dept.
Harold Wallace	CEO	Bay Clinic, Inc.
Heather Law	Research Association	AAPCHO
Hiroshi Nakano	Board President	International Community Health Services
James W. Hunt, Jr.	President and CEO	Massachusetts League of Community Health Centers
Jeff Caballero	Executive Director	AAPCHO
John McComas	CEO	AlohaCare
John Williams	Chief Information Officer	Waianae Coast Comprehensive Health Center
Joyce O'Brien	Executive Vice President	Waianae Coast Comprehensive Health Center
Julie Bodën Schmidt	Associate Vice President	NACHC – Training & Technical Assistance Dept.
Ken Welch	CEO	MediSense
Lyndsey A. Tyra	VP of Corporate Services	Lone Star Circle of Care
Mary Oneha	CEO	Waimanalo Health Center
Mike Schnake	Partner, Consultant	BKD, LLP
Mike Wurtsmith	Chair	NACHC Consumer Committee
Nolan Namba	Director of Strategic and Business Development	AlohaCare
Pamela Byrnes	Senior Consultant	John Snow, Inc. *(former Director of Health Center Growth and Development Program)*
Rachel Wolfe	Transitions of Care Progr. Mgr.	Salud Family Health Centers
Richard Bettini	CEO	Waianae Coast Comprehensive Health Center
Richard Taffe	Executive Director	West Hawaii Community Health Center
Robert Hirokawa	CEO	Hawaii Primary Care Association
Rosy Chang-Weir	Director of Research	AAPCHO
Roy LaCroix	CEO	PTSA of Washington
Samir Patel, MD	HIT Developer	Kaiser Permanente
Sarah Stollie	Asst. VP - Research and Analysis	National Committee for Quality Assurance (NCQA)
Sherry Hirota	CEO	Asian Health Services
Stephen Bradley, MD	Medical Director	Waianae Coast Comprehensive Health Center
Susan Hunt	CEO	Hamakua Health Center
Vija Sehgal, MD	Chief Quality Officer	Waianae Coast Comprehensive Health Center
Warren Wong, MD	Geriatrician and Consultant	Kaiser Medicare Transformation Team
Winston F. Wong, MD	Medical Director	Kaiser Permanente
William Shanks	CEO	Hawaii Patient Accounting Services

The success and value of these conferences is directly related to the hundreds of dedicated community health center consumer board members and staff who attended them over the years. Their commitment to the vision of creating a healthcare home for themselves, their families and neighbors is an example of the power that a dedicated consumer board has to make real change. That commitment clearly does not end with this conference series and will only grow stronger. The following is a list of the health centers represented at the conferences:

Name	Location
Adams County Health Center	Council, ID
Asian Health Services	Oakland, CA
Asian Human Services Family Health Center	Chicago, IL
Bay Clinic	Hilo, HI
Community Health Centers Inc.	Oklahoma City, OK
Community Health Centers of the Central Coast	Nipomo, CA
Community Health of Central Washington	Yakima, WA
Delaware Valley Community Health Center	Philadelphia, PA
East Boston Neighborhood Health Center	East Boston, MA
Golden Valley Health Centers	Merced, CA
Hamakua Health Center	Hamakua, HI
International Community Health Services	Seattle, WA
Kalihi-Palama Health Center	Honolulu, HI
Koolauloa Community Health and Wellness Center	Hauula, HI
La Maestra Community Health Centers	San Diego, CA
Lanai Community Health Center	Lanai City, HI
Lone Star Circle of Care	Georgetown, TX
Madison County Community Health Center, Inc.	Anderson, IN
Molokai Community Health Center	Kaunakakai, HI
North East Medical Services	San Francisco, CA
Open Door Family Medical Centers, Inc.	Ossining, NY
Pacific Islander Health Partnership	Huntington Beach, CA
Peninsula Community Health Services of Alaska	Soldotna, AK
PTSO of Washington	Seattle, WA
Salud Family Health Centers	Fort Lupton, CO
San Ysidro Health Center	San Ysidro, CA
South Cove Community Health Center	Boston, MA
Tri-City Health Center	Fremont, CA
Wahiawa Center for Community Health	Wahiawa, HI
Waianae Coast Comprehensive Health Center	Waianae, HI
Waikiki Health Center	Waikiki, HI
Waimanalo Health Center	Waimanalo, HI
West Hawaii Community Health Center	Kailua-Kona, HI