Program Overview
The IHC Care Coordination Conference will bring together healthcare professionals from across the care continuum to drive partnerships and collaboration, learning about current transitions of care topics prevalent in today’s healthcare environment. Best practices will be shared and discussed to increase knowledge of those in attendance.

Target Audience
Physicians, nurse managers, critical care nurses, staff nurses, pharmacists, health coaches, care coordinators, risk managers, quality assurance professionals, case managers, long-term care and home health care providers and individuals working in the public health sector.

Program Agenda

8:00 am Registration/Continental Breakfast

8:30 am Welcome and Iowa Healthcare Collaborative Update  
Tom Evans, MD, President/CEO, Iowa Healthcare Collaborative, Des Moines

9:00 am Keynote: Moving from Volume to Value – The Changing Landscape of Healthcare  
Dale Bratzler, DO, MPH, Chief Quality Officer, OU Physicians Group, University of Oklahoma Health Sciences Center, Oklahoma City, OK

The costs of healthcare in the United States have been growing at non-sustainable rates. The Centers for Medicare & Medicaid Services and many other payers are moving to systems of provider reimbursement that promote value of care over the volume of care delivered. Beginning in 2017, providers are subject to the requirements of the Quality Payment Program which focuses on improving the quality and experience of care for patients, while reducing overall costs of care. This change to payment models requires health systems to coordinate care to promote health, over the delivery of more healthcare. These changes require the engagement and commitment of providers on the front line of care.

• Explain the drivers promoting change in payment methods.
• Summarize key components of the Quality Payment Program.
• Describe the practice role as systems become accountable for costs and quality of patient outcomes.
• Describe how to engage physicians in value-based payment initiatives.

10:00 am Break
Plenary - System-Style Care Coordination
Pamela M. Halvorson, Lead Executive, Next Generation ACO, UnityPoint Health Partners, West Des Moines; Brian Benson, PharmD, Executive Director of Pharmacy, UnityPoint Health, Des Moines

As healthcare systems assume risk for population health under value-based purchasing, effectively aligning resources through care coordination has never been more important. In this session, leaders from UnityPoint will explore their experiences in advancing system-style care coordination in the three dimensions of enterprise-wide strategy, local market applications and medication safety and effectiveness.

- Recognize the importance of strategy and coordination in aligning precious healthcare resources to promote community health and patient engagement.
- Describe UnityPoint’s local market experiences with care coordination across the continuum.
- Determine opportunities to improve care coordination through medication safety and effectiveness.

11:15 am  Lunch (Included)

12:15 pm  Breakout Sessions

1A Team-Based Care
Community Pharmacy Enhanced Services Networks: A Leading Edge in Medication Management
Ashley Loeffelholtz, PharmD, Pharmacy Manager, NuCara Pharmacy, Ames; Cheri Schmit, BS Pharm, Director of Clinical Pharmacy, GRX Holdings, West Des Moines; Jeff Olson, RPh, Pharmacist/Owner, Montross Pharmacy, Winterset; Matthew Maker, PharmD, Pharmacist, Donlon Healthmart Pharmacy, Decorah

In the changing tide of healthcare towards population health, the importance of integrated healthcare teams cannot be understated. The role of the pharmacist in this team is paramount. The Community Pharmacy Enhanced Services Network (CPESN) offers a model of community engagement and integration focused on supporting optimal experiences of care in medication therapy and improving health outcomes. During this session, the speakers will make a case for advanced pharmacy care and offer a look into the CPESN model in Iowa.

- Summarize the CPESN model including background, best practices and performance.
- Demonstrate the impact of enhanced pharmacy services on adherence and outcomes through quality indicators, total cost of care and overall performance indicators.
- Describe the potential of the CPESN model as part of a value-based healthcare system for ACOs, hospitals, clinics, providers, payers and patients.

1B Data in Action
Pursing Patient Safety: Using Data to Avoid Medication Errors and Drive Patient Safety
Cody Bell, BSN, RN, Medical Surgical Manager, Lucas County Health Center, Chariton; Jessica Goben, RN, RN and Clinical IT, Lucas County Health Center, Chariton; Jobeth Lawless, BSN, RN, Chief Nursing Officer, Lucas County Health Center, Chariton

In the world of data and analytics, it can sometimes be easy to see data as simply numbers and figures, numerators and denominators. In order to truly appreciate the purpose and value of data, one must remember that data represents patients. Each tally and calculation stands as a snapshot of the people who are receiving care in our facilities. One hospital, Lucas County Health Center, used this data to identify an opportunity to improve medication processes in order to reduce medication errors.

- Describe how the use of data facilitated in identifying a need to address medication errors and in demonstrating improvement from a rate of 13% to 4% in three years.
- List the specific medication safety interventions and processes that were undertaken to advance and sustain medication error avoidance, including actions with both patients and providers.
- Describe the role of a culture of safety in cultivating an environment of patient safety and performance improvement.
1C Transitions
IPOST Mercy Clinton: Community Coordination
Amy Lemke, MSW, LISW, Medical Social Worker, Mercy Medical Center, Clinton; Jan Thompson, RN, CHPN, CMSRN, Palliative Care/Pain Resource Nurse, Mercy Medical Center, Clinton; Kayla Brewer, RN, BSN, PCCN, Care Manager, Mercy Medical Center, Clinton; Neal Timmer, RN, BSN, Nurse Health Coach, Mercy ACO, Clinton

End-of-life is one of the greatest times of transition in life. Advance planning and coordination of care is pivotal in ensuring that appropriate care is received. The Iowa Physicians Orders for Scope of Treatment (IPOST) offers an opportunity to support patients, families and healthcare providers in discussing, defining and documenting patient care preferences. This presentation will feature speakers from Mercy Medical Center in Clinton who will offer insight into a comprehensive approach to end-of-life care and the role of IPOST in facilitating the process.

- Discuss the importance and role of end-of-life care as part of person-centered, value-based care, including unique considerations for care transitions and avoidance of unnecessary, unwanted readmissions.
- Summarize the utilization of IPOST, including initiation, implementation and execution.
- Describe the community approach to end-of-life care planning and execution of IPOST to ensure that appropriate and desired care is received in the appropriate and desired setting.

1:15 pm Break

1:30 pm Breakout Sessions

2A Team-Based Care
Engaging Patients and Families as Part of the Team: Strategies for Success
Kelly Smith, PhD, Director, Quality and Safety Research, MedStar Health, Columbia, MD

This session will provide an overview of successful strategies to engage patients and family members (or caregivers) as part of the care team. Strategies are part of the Agency for Healthcare Research and Quality (AHRQ) Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families. Practical applications and implementation guidance for each of the four strategies, teach-back, be prepared to be engaged, medication management and the warm handoff, will be presented.

- List key strategies to engage patients and families as part of the team to improve patient safety.
- Describe the key elements of each strategy for engaging patients and families to improve quality and safety outcomes.
- Describe challenges to implementation of the engagement strategies and discuss approaches to overcome them.
2B Data in Action

Data and Diabetes: Using Data to Move the Dial in Diabetes Care
Kari Jones, RN, BSN, Chief Nursing Officer, Stewart Memorial Community Hospital and McCrary Rost Clinics, Lake City; Amanda Johnson, LPN, Clinic Lead, McCrary Rost Clinic, Gowrie
Megan Huster, RN, Director of Cardiac Rehabilitation and Diabetes Nurse Educator, Stewart Memorial Community Hospital, Lake City; Adam Swisher, DO, McCrary Rost Clinic, Gowrie

Diabetes is a complex and progressive chronic disease that frequently presents challenges to both patients and providers in management and treatment. While difficult, achieving diabetes control is the lynchpin in ensuring quality of life for persons living with diabetes as well as being a significant measure of value-based, quality care on behalf of providers. In this session, a physician office clinic system will share their experience in identifying and implementing meaningful practices to improve experiences of care and outcomes for patients living with diabetes.

- Describe the process that McCrary Rost Clinics used to measure and track diabetes outcomes and improvement opportunities among their patient population.
- Discuss the targeted actions that the system took to improve diabetes care and coordination of patient care.
- Examine the impact of both clinical and operational interventions on overall patient outcomes, including experiences of care and clinical quality measures.

2C Transitions

Mind the Gap: Opportunities in Improving the Acute and Long-Term Care Interface
Eric Halverson, LNHA, Executive Director, Marian Home and Village, Fort Dodge; Jennifer Crimmins, MHA, LNHA, Executive Director of Operations and Post-Acute Strategy, UnityPoint, Fort Dodge

The care exchange between hospitals and long-term care facilities is one of the most frequent and perceived as “routine” transitions in care. It is also one of the most opportune moments to enhance coordination in efforts to ensure most appropriate care and avoid readmissions. This session provides a panel discussion focused on outlining the current landscape of transitions and deliberation on best and promising practices to advance interactions.

- Assess the current procedures for care transitions between hospitals and nursing facilities.
- Identify common barriers and challenges that influence quality transitions.
- Discuss recommendations to mitigate and overcome barriers and bolster transitions.
- Evaluate opportunities for standardization and systematic approaches to improved coordination throughout transitions.

2:30 pm Break

2:45 pm Breakout Sessions
3A Team-Based Care
Patient Navigation: Thinking Outside the Box: Care Coordination that Crosses Settings
Beth Frailey, MPH, Community Health Coordinator, Dallas County Public Health Nursing Services, Adel; Jocelyn Monzon, BSW, Care Coordinator, Dallas County Hospital, Perry; Ann Cochran, LMSW, Health Navigator, Dallas County Public Health Nursing Services, Adel; Melissa Stimple, Director, Waukee Area Christian Services, Waukee; Vivian DeGonzalez, Health Navigator, Dallas County Public Health Nursing Services, Adel

As the health and wellness of a patient is determined beyond their time spent in a clinic or hospital, it only stands to reason that the coordination of their care would need to expand beyond as well. Opportunities exist among healthcare providers and professionals throughout the community to come together to coordinate outreach, services and resources to best support patients in achieving their health goals. In this session, representatives from Dallas County will share their experience in developing clinical and community partnerships to reach patients where they are and meet their needs.

• Discuss the need for cross-setting care coordination and the shared perspectives from the traditional healthcare and broader community settings.
• Outline the model deployed in Dallas County, including roles, responsibilities and communication strategies.
• Examine the operational processes that facilitated connections and execution of shared coordination activities.
• Describe best practices and lessons learned, including patient and family stories.

3B Data in Action
Person and Family Engagement: Measuring Person-Centered Care Efforts
Martin Hatlie, CEO, Project Patient Care, Chicago, Il; Tom Workman, PhD, Principal Researcher, American Institutes for Research, Chapel Hill, NC; Kady Reese, MPH, CPHQ, Program Lead, Statewide Strategies, Iowa Healthcare Collaborative, Des Moines

Engagement of patients, families and caregivers is more than a feel-good strategy that is undertaken simply to improve patient satisfaction scores. Rather, it is the core component for how we must deliver care and design systems that will achieve our quality and safety goals, reduce costs and lead to a truly transformed system of health. Measurement and evaluation of our efforts to engage patients and families is essential in being able to build, advance and sustain person-centered care, whether in a hospital, a clinic or the community. This session will explore the landscape of measuring success in person and family engagement.

• Discuss the history of person and family engagement (PFE) in quality improvement and the advancing emphasis and commitment to PFE in a value-based system.
• Describe how PFE is currently being measured and promoted through the Hospital Improvement Innovation Network (HIIN) and the Transforming Clinical Practice Initiative (TCPI).
• Explore the potential to build off PFE foundations and early adopter experiences to improve PFE in all settings and create cross-system cultures of person-centered care.
Cultivating Coordination: Identifying Opportunity and Demonstrating Improvement

Suzanne Gwinn, Medical Home Coordinator, Broadlawns Medical Center, Des Moines
Darlene Jackson, LPN, Certified Health Coach, Chronic Condition Health Home Coordinator, Broadlawns Medical Center, Des Moines
Tina Reimer, Patient Navigator, Broadlawns Medical Center, Des Moines

Effective care coordination is one of the most determining factors of patient outcomes and experiences of care. This is especially true for patients who have recently had an acute care stay and are transitioning back into home and community and self-management of their condition(s). Successful coordination requires that all players across the continuum— the hospital, family practice clinic, and beyond – are equipped to share information, receive referrals, and work together to ensure smooth handoffs in care and support for patients to actively manage new and changing treatment plans. This session will share how a local county medical center was able to drive change to improve post-discharge care and overall care coordination.

- Discuss the role, use and impact of data to identify opportunities to improve care, including identification of gaps in care, processes and infrastructure.
- Identify valuable data sets, reports and alerts and their sources that have proved most meaningful and affecting.
- Outline the comprehensive transition of care process, highlighting the added or improved processes and roles implemented as a result of data-supported evaluation.
- Utilize real-life examples of improved clinical quality measures to demonstrate the transformative impact of coordinated transitions in care.

3:45 pm   Adjourn

Register Online
ihc.ihaonline.org

Speaker Biographies

Cody Bell, BSN, RN, has been the medical surgical nurse manager at Lucas County Health Center for more than two years. She served in the United States Army as a medic and realized her passion for nursing. Bell attended the University of Missouri-St Louis, obtained her bachelor’s degree in nursing and continued her career in the Army as a nurse on Active Duty. After her career in the Army she returned to Iowa and Lucas County Health Center.

Brian Benson is the executive director of pharmacy at UnityPoint Health-Des Moines. He received his bachelor’s degree in pharmacy from Drake University and his doctor of pharmacy from the University of Kansas. Dr. Benson joined UnityPoint Health Des Moines in 1993. He precepts the administration/management rotation and is an associate professor at Drake University. He is an active member of the American Society of Health-System Pharmacy, as well as Iowa Pharmacy Association and Central Iowa Pharmacists Association. Dr. Benson is also an active member of community involvement groups such as Iowa Disaster Medical Assistance Team.

Dale Bratzler, DO, is a professor in the Colleges of Medicine and Public Health at the Oklahoma University Health Sciences Center. He serves as chief quality officer for the OU Physicians faculty practice. Dr. Bratzler has worked in the field of quality measurement and improvement for many years, including the development and maintenance of national performance measures used to profile the quality of inpatient and outpatient healthcare. He is a past member of the National Advisory Council for the Agency for Healthcare Research and Quality and the Healthcare Infection Control Practices Advisory Committee for the Centers for Disease Control and Prevention.
Kayla Brewer, RN, BSN, PCCN, started her career as a nurse with a pediatric home care agency, then transitioned to a nurse on the Progressive Care Unit at Mercy Medical Center. She obtained a bachelor’s degree in nursing and certification as a Progressive Care Nurse and in 2015 became care manager of the Progressive Care Unit. She is currently working towards her certification in care coordination and transition management. Brewer has worked closely with the palliative care team to expand advanced directives in the hospital to include a conversation about IPOST.

Ann Cochran is a health navigator and a maternal child health social worker at Dallas County Public Health. She received a master’s degree in social work from the University of Iowa. Her health navigation work with individuals and families includes assessment of needs related to the social determinants of health during home visits. Cochran coordinates care with area clinics, hospitals, social service agencies, schools and home health care agencies. The Health Navigation program maintains an online resource directory, used both by community members and professionals serving them.

Jennifer Crimmins is the executive director of operations and post-acute strategy at UnityPoint, Fort Dodge. She is responsible for operational and strategic leadership for post-acute services including durable medical equipment, home care, palliative care, hospice and skilled nursing partnerships for UnityPoint in the Fort Dodge region. She previously served as vice president of campus development responsible for implementation of new business lines and projects, created and enhanced strategic and donor relationships and acted as strategic leader of the skilled nursing facility. As the licensed nursing home administrator, Crimmins acted as operational leader for nearly 200 employees and an approximately $9 million budget for the 96 apartment Simpson Health Center.

Vivian de Gonzalez has been a bi-lingual community health worker at Dallas County Public Health for more than 18 years. When beginning this role, she worked as an interpreter and parent educator, making home visits and providing parenting programs to support healthy families. Currently, as a health navigator, she connects clients of all ages to resources and social supports to allow them to overcome barriers and live long, healthy lives. DeGonzalez is a trusted member in her community and is able to bridge cultural and language barriers to build trusting relationships with her clients. She is a certified parent educator and holds a certificate from Iowa State University.

Tom Evans, MD, is president and CEO of the Iowa Healthcare Collaborative. He practiced family medicine for 13 years and served as chief medical officer for UnityPoint Health. Dr. Evans has served on the board for the National Patient Safety Foundation and on the delegations for both the American Medical Association and the American Academy of Family Physicians. He served as president of both the Iowa Medical Society and the Iowa Academy of Family Physicians. Dr. Evans is a faculty member with the Institute for Healthcare Improvement, the College of Medicine at Des Moines University and the College of Public Health at the University of Iowa.

Beth Frailey is community health coordinator for Dallas County Public Health. In this role, she builds partnerships with community and clinical leaders and manages the State Innovation Model (SIM) grant for Dallas County. For the past five years, Frailey has worked in a variety of public health settings, managing grants and connecting families to social services. This work has focused on addressing social determinants of health and care coordination. She received her master’s degree in public health from the University of Arizona.

Jessica Goben, RN, has been with Lucas County Health Center for 12 years. She is an obstetric nurse and clinical IT coordinator. Goben received a degree in nursing from Indian Hills Community College.

Suzanne Gwinn is the Medical Home coordinator for the Family Practice Residency Program at Broadlawns Medical Center. She has been at Broadlawns for more than 20 years and has had experience in primary care settings as well as employee health and specialty clinics. Currently, her main focus is to be the connection bridge between providers and nursing staff to incorporate the patient and their health maintenance needs. She provide reports reflecting patient populations to providers.
Eric Halverson, a licensed nursing home administrator, is executive director at Marian Home and Village in Fort Dodge. He has been in long-term care for 22 years, 14 of those years with ABCM Corporation. For the past eight years he has been with the Diocese of Sioux City overseeing operations at their Fort Dodge location. Halverson has an associate’s degree with an emphasis in health care administration from Des Moines Area Community College and a bachelor’s degree in business administration from Upper Iowa University in Fayette.

Pam Halvorson is lead executive, ACO, for UnityPoint Accountable Care. In addition to this primary role, she serves as the executive sponsor for connecting to community resources in the care model initiatives at UnityPoint. Halvorson consults, advises and assists UnityPoint Health regions by providing leadership in strategy and operations for both patient and non-patient care activities for the ACO aligned patients. Halvorson led the transformation of care in the Trinity Pioneer ACO. In the Next Generation ACO program, Halvorson is responsible for the development and monitoring of implementation strategies and progress, care coordination, culture change and team and community integration activities. Halvorson graduated from the University of North Dakota, majoring in occupational therapy, and has held leadership positions in the healthcare industry for more than 30 years. She is a former member of the North Dakota State Board of Occupational Therapy Practice, past secretary of the Iowa Rehabilitation Association and past president of the Iowa Occupational Therapy Association.

Martin Hatlie is CEO for Project Patient Care (PPC), the Chicagoland safety and quality improvement coalition, dedicated to using the voice of the patient to improve care. He also serves as director of the MedStar Institute for Quality and Safety, which integrates open and honest communication strategies, claims management, patient and family engagement and high reliability organization principles into quality and safety improvement. He is active in federal health system transformation work as a consultant on several projects funded by the Centers for Medicare & Medicaid Services, the Agency for Healthcare Research and Quality and the Patient-Centered Outcomes Research Institute. Hatlie is a former litigator, with a background in medical liability defense work early in his career. In the 1980s and early 90s, Hatlie was a lobbyist for the American Medical Association (AMA) focused on tort reform. He coordinated the AMA’s launch of the National Patient Safety Foundation in 1997 and served as its founding executive director from 1997-1999.

Megan Huster, RN, is director of cardiac rehabilitation and diabetes nurse educator at Stewart Memorial Community Hospital. She has been in her current position for 6 years and has worked at the organization for 9 years. She completed nurse training at Iowa Central Community College and training for diabetes education at the International Diabetes Center in Minneapolis, Minnesota. Huster, a clinical health coach, meets with diabetic patients in the hospital and clinic as outpatients.

Darlene Jackson, LPN, Certified Health Coach, currently the Chronic Condition health Home (CCHH) Coordinator for Broadlawns Medical Center. She has been at Broadlawns for over four years and has transitioned into the CCHH Coordinator role in the Case Management Services department over the past few months. She has over thirty years of nursing experience that includes working within the hospital in the ICU & Medical-Surgical inpatient setting as well as the outpatient clinic setting at Broadlawns Medical Center. She also has notable experience working with home healthcare and is a Certified Health Coach. Her main focus is to identify and bridge the gap between patients with multiple and complex chronic conditions and their assigned health care team.

Amanda Johnson is an LPN clinic lead in the McCrary Rost Gowrie Clinic. A nurse for 6 years, she has been with McCrary Rost Clinics for 4 years and been instrumental in the use of data and diabetic patients. Johnson graduated from Iowa Central Community College.

Kari Jones, RN, BSN, is chief nursing officer at Stewart Memorial Community Hospital and McCrary Rost Clinics. A nurse for 24 years Jones has nursing experience that includes inpatient, outpatient, homecare and hospice. She is now directly involved with the McCrary Rost Clinics day-to-day operations, with quality care and exceptional experiences the focus of her work. Jones received a bachelor’s degree in nursing from the University of Iowa.

Jobeth Lawless, BSN, RN, has been the chief nursing officer at Lucas County Health Center (LCHC) for 13 years. She has worked at LCHC for 23 years in the medical surgical unit, obstetrics and the emergency department. She received her degree in nursing from Mercy College, her EMT- B training from Indian Hills Community College and her bachelor’s degree in nursing from the University of Iowa.
Amy Lemke, MSW, LISW, has served as a medical social worker at Mercy Medical Center since 2001, her primary caseload being in the outpatient hemodialysis unit. Working closely with individuals who have coped with the impact of chronic illness on their quality of life has been one of her passionate interests. In 2012, an opportunity to expand her role at Mercy to include a palliative care caseload was presented. Over time working with patients and their families to anticipate future healthcare needs in the context of the individual’s personal values has clarified the true meaning of ‘advance directives’ in her clinical practice. A primary tool to officially record the outcome of these fruitful conversations is IPOST.

Ashley Loeffelholz, PharmD, is the pharmacist-in-charge at NuCara Pharmacy in Ames. NuCara specializes in compounding and clinical pharmacy services. She is currently working on a pilot project with a local physician group that aims to measure the impact of pharmacist intervention on patient care and the financial impact to patients and the accountable care organization. Loeffelholz received a doctor of pharmacy degree from the University of Iowa College of Pharmacy. She is active in the Iowa Pharmacist’s Association and strives to positively impact the profession of pharmacy through collaboration with prescribers.

Matthew Maker, PharmD, is the pharmacist at Donlon Healthmart Pharmacy in Decorah. He graduated from Creighton University School of Pharmacy with a doctor of pharmacy degree in 2008.

Jocelyn Monzon, BSW, is the care coordinator at Dallas County Hospital. The care coordination program is designed to provide support and case management services to patients. She provides care coordination for frequent emergency users to needed preventative, primary care, medical insurance, behavioral health or other social support services. Collaborating with community agencies and regularly attending community partner meetings have been a crucial element of the Care Coordination program. An important partnership has been formed with Dallas County Public Health’s Health Navigation Program by referring patients in need of social services.

Jeff Olson, RPh, is the Pharmacist/Owner of Montross Pharmacy in Winterset. He graduated from the University of Iowa College of Pharmacy with a bachelor’s degree in pharmacy. He has worked at Montross Pharmacy since 1994.

Kady Reese, MPH, CPHQ, serves as the program lead for statewide strategies with the Iowa Healthcare Collaborative. In this role, Reese helms statewide strategic operations aimed at development of cross-collaborative and multi-disciplinary standards for population health to address priority health issues and disease states. She also acts as a public health liaison. She holds a master’s degree in public health from Benedictine University, as well as certificates in health management and policy and health education and promotion. She is an active member of the American Association of Public Health, Society for Public Health Education, National Association for Healthcare Quality and the Iowa Department of Public Health.

Tina Reimer, CMA, BA, currently the Account manager for Broadlawns Medical Center for the past five months more specifically with the Managed Care Organization (MCO) United Healthcare (UHC) that is contracted with the Accountable Care Organization (ACO). Previously she has worked as and still presently is some areas of the organization as the Patient Navigator in Case Management Services department primarily with Outpatient Behavioral Health and encompassed all other specialty clinics at Broadlawns Medical Center. She is a Certified Medical assistant with her Bachelor’s degree from William Penn University and working towards her Masters of Public Administration (M.P.A) from Upper Iowa University with emphasis in Non-Profit Organizational Management. She currently is a candidate for Johns Hopkins Bloomberg School of Public Health for their Masters of Applied Science in Population Health Management.

Cheri Schmit, BS Pharmacy, director of clinical pharmacy for GRX Holdings, oversees all aspects of clinical services for more than 20 pharmacies in the central Iowa area. She also serves as Luminary for CPESN (Community Pharmacy Enhanced Service Network). Schmit has served on the Wellmark Pharmacy Advisory Committee and oversees all GRX pharmacies participating in the Wellmark Value Based Pharmacy Program. She oversees and coordinates the participation of two pharmacies in the New Practice Model which is a waiver of the Board of Pharmacy rules to allow for technician product verification for the purpose of increased pharmacist clinical services/direct patient care and improvement of patient outcomes.
Kelly Smith, PhD, is scientific director of quality and safety research at MedStar Health Research Institute and MedStar Institute for Quality and Safety. Her research focuses on identifying and overcoming lapses in patient safety and improving quality of patient care through innovation and collaboration. She is a leading investigator in patient partnerships in quality and safety research. Dr. Smith is the principal investigator of the AHRQ Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families. She receives research funding from the Agency for Healthcare Research and Quality, National Institutes of Health and the Association of American Medical Colleges.

Melissa Stimple has been working with Waukee Area Christian Services since 2005. In her role as director she began overseeing a small local food pantry partnered with area churches. Quickly learning that the needs went beyond feeding the hungry, services were expanded to include a free medical clinic and community garden. Recently she started a successful program that provides health navigation services and care for major life events, including case management, families facing eviction, people facing a medical crisis and other social barriers. Stimple is active in her community striving to create connections for lifelong wellness.

Adam Swisher, DO, specializes in family care, women’s health and geriatrics. He offers family medicine at the Gowrie McCrary Rost Clinic. Dr. Swisher earned his doctor of osteopathic medicine degree from Des Moines University Osteopathic Medical Center. He completed his family practice residency at Mercy Medical Center North Iowa in Mason City.

Jan Thompson, RN, CHPN, CMSRN, is the palliative care and pain resource nurse for Mercy Medical Center. She works with patients to assist them in understanding their disease process, symptom management and begin to develop both medical and personal goals. She has 37 years of nursing experience. Prior to this role, she worked primarily with surgical patients and in radiation oncology with cancer patients. This new role has brought a new understanding of Advanced Directives and the need for continued conversations regarding health care wishes. After completion of the Respecting Choices Advanced Care Planning Facilitator education, IPOST has been the tool to assist with the recording of these conversations. It has become apparent that these conversations need to be continued in all areas of the patient’s healthcare journey. Moving forward as a “team” has become the focus.

Neal Timmer, BSN, RN, has served as a nurse health coach/care manager at Mercy Medical Center since 2015. His primary case load is Medicare patients suffering from chronic health conditions. He works closely with them during their transition home after hospitalization. His goal is to empower patients to take control of their health through disease education and early risk factor identification. Timmer is also active as a firefighter/paramedic. IPOST serves as a valuable tool to pre-hospital personnel to quickly identify a patient’s healthcare wishes.

Thomas A Workman, PhD, is a principal researcher focusing on health policy and healthcare quality improvement through patient and family engagement at the American Institutes for Research (AIR). He is an advisor to AIR’s Center for Patient and Consumer Engagement, and has worked on a variety of projects related to involving stakeholders (including patients and caregivers) in health care research, service and policy decisions. Dr. Workman has more than 15 years of experience in coordinating, facilitating and evaluating stakeholder engagement in a variety of settings for health policy and program implementation. At AIR, he is involved in multiple projects for the Centers for Medicare and Medicaid Services, the Patient-Centered Outcomes Research Institute and the Agency for Healthcare Research and Quality. His doctorate in communication studies with an emphasis on health is from the University of Nebraska-Lincoln.

Registration
Register online at ihc.ihaonline.org.

Registration Fees
Individual– $189.00
Late Registrations – A $25 fee per participant will be charged for registrations received after June 1, 2017.
Conference Location
Sheraton West Des Moines Hotel
1800 50th Street, West Des Moines, IA 50266

Conference Lodging
A discounted guestroom rate has been secured at the Sheraton Hotel for $129.00 plus tax per night. Reservations can be made by calling 515-223-1800 and referencing the IHC Care Coordination Conference room block. In order to receive the discounted rate reservations must be made before May 22, 2017.

Continuing Education
0.66 Nursing CEUs will be awarded for this conference by IHA Iowa Board of Nursing provider #4. Note: Iowa Nursing CEUs will not be issued unless your Iowa license number is provided on the certificate completed the day of the conference.

NOTE: To receive CEUs or a certificate of attendance, you must attend the entire conference. No partial credit will be granted.

Handout Information
This is a paperless conference. You will be notified via email when the handouts are available online, with a direct link to access the files. Paper copies of handouts will not be available onsite at the conference.

Registration/Cancellation/Refund Policy
- If registering by mail attach a copy of the registration form when payment is sent.
- No-shows will be billed.
- Cancellations and substitutions welcome anytime. All cancellations and substitution requests must be sent to Ellen Waller (ihcregistration@ihaonline.org) by email.
- A full refund will be given to all cancellations received 10 or more business days prior to the conference.
- A $50 administrative fee will be charged to all cancellations received six to nine business days prior to the conference.
- No refunds will be given to cancellations received five or fewer business days prior to the conference.
- Refunds will be calculated by the date received and the IHC business days remaining prior to the conference.
- IHC reserves the right to cancel the conference due to insufficient enrollment, in which case pre-registered participants will be notified and full refunds provided.

ADA Policy
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