

Wednesday, October 1

Pre-Conference Sessions

Wednesday, Oct. 1 8:30 am – 9:20 am	RHC session TBA
Wednesday, Oct. 1 9:30 am – 10:20 am	RHC Efficiency Patty Harper InQuiseek Consulting
Wednesday, Oct. 1 10:30 am – 11:20 am	All Things RHC-Related in Oregon Adrienne Cook Oregon Health Authority
Wednesday, Oct. 1 10:00 am – 10:50 am	CAH CEO meeting (invitation only)
Wednesday, Oct. 1 11:00 am – 11:50 am	CAH CEO meeting (invitation only)
Wednesday, Oct. 1 12:00 pm – 12:50 pm	CAH CEO lunch with legislators (invitation only)

Conference begins at 1:00 pm

Check-in opens at 8:00 am

Wednesday, Oct. 1 1:00 pm – 1:10 pm	Welcome and Introductions Robert Duehmig Oregon Office of Rural Health
Wednesday, Oct. 1 1:10 pm – 2:00 pm	National and Statewide Budget Policies and the Impact on Rural Oregon TBA

Concurrent Sessions

Wednesday, Oct. 1 2:10 pm – 3:00 pm	Organizing Compliance Efforts Tressa Sacrey, BA Health Services Associates, Inc. This session provides RHCs with practical strategies to organize and manage compliance across various clinic sizes and structures. Participants will review critical compliance dates, explore documentation options and learn how to address missed deadlines or previous non-compliance. The session also highlights key tools and resources that clinics can use to streamline compliance efforts. The focus is on building a flexible, audit-ready approach that fits each clinic's unique setup and resources.
Wednesday, Oct. 1 2:10 pm – 3:00 pm	Cybersecurity and Risk at Hospitals, Part One John Riggi American Hospital Association Scott Gee American Hospital Association

Wednesday, Oct. 1
2:10 pm – 3:00 pm

Pathways for Sustainability for Rural Labor and Delivery Programs

Jeffrey Sommer, MPP | Stroudwater Associates

This presentation will highlight mistakes to avoid when analyzing the performance of rural labor and delivery programs and the best-practice examples to follow for improving the sustainability of these programs. The session will help rural hospitals and health system leaders analyze the performance of obstetrics (OB) programs more effectively and identify strategies for program sustainability.

Wednesday, Oct. 1
2:10 pm – 3:00 pm

Assessing Risk for Suicide in Outpatient Health Care

Jonathan Betlinski, MD | OHSU School of Medicine

Oregon's suicide rate remains higher than the national rate. While systemic changes are showing some signs of reducing suicides in Oregon, health care providers across the spectrum should be familiar with the elements of appropriate risk assessment, Oregon revised statutes regarding suicide risk, and the available resources in our state.

Concurrent Sessions

Wednesday, Oct. 1
3:10 pm – 4:00 pm

Rural Health Clinic Reimbursement Updates and Opportunities

Katie Jo Raebel, CPA | Wipfli

Wednesday, Oct. 1
3:10 pm – 4:00 pm

Cybersecurity and Risk at Hospitals, Part Two

John Riggi | American Hospital Association

Scott Gee | American Hospital Association

Wednesday, Oct. 1
3:10 pm – 4:00 pm

Centering the Workforce in Trauma Informed Organizations

Lisa Ladendorff, LCSW, MSW | Northeast Oregon Network

Edna Murrieta, Med | Northeast Oregon Network

To truly implement trauma informed services, we need to have a trauma informed workforce that is healthy and well. Trauma informed organizations lead to staff wellness and retention, and support staff in providing true trauma informed services. This presentation will focus on an adaptation of the Vicarious Trauma Toolkit for direct health care workers that can guide and support organizations in step-by-step practices in how to become a trauma informed organization. You will have a chance to explore the tool by assessing your own organization for strengths and areas of growth during the session.

Wednesday, Oct. 1
3:10 pm – 4:00 pm

Exploring the Use of Community Care Hubs to Coordinate Health and Social Care in Oregon

Nancy Goff, MPH | Oregon Rural Practice-Based Research Network (ORPRN)

Bethany Linscott-Lowe, MPH | ORPRN

Erin Fessler | ORPRN

Community care hubs (CCHs) are being built across the nation to facilitate increased coordination of health and social care among organizational partners. CCHs are typically community organizations that coordinate referrals between

health care and social care, monitor service availability in a region, and support administrative functions like Medicaid billing on behalf of smaller community-based organizations without billing capabilities. To better understand the interest and readiness of community organizations in building CCHs, ORPRN conducted interviews and a survey with partners across the state. This presentation will share results from the survey, as well as an overview of the CCH landscape in Oregon, connections to parallel efforts like community information exchange and health-related social needs, the potential functions of CCHs in Oregon, and recommendations for next steps.

Wednesday, Oct. 1
4:10 pm – 5:00 pm

Role of Foundations in Today's Environment
TBA

Wednesday, Oct. 1
5:00 pm – 7:00 pm

Welcome reception and cocktail hour

Wednesday, Oct. 1
7:00 pm

ORHA board meeting

Thursday, October 2

Thursday, Oct. 2
8:00 am – 8:50 am

Breakfast and ORHA meeting (open to all)

Concurrent Sessions

Thursday, Oct. 2
9:00 am – 9:50 am

Survey Readiness
Janis McDowell

Thursday, Oct. 2
9:00 am – 9:50 am

Stronger Together: Building Community to Recruit and Retain Health Care Providers

Mona McArdle, MD | Valley Immediate Care, SOAPP

Leona O'Keefe, MD | Jackson Care Connect, SOAPP

Like many rural areas, Southern Oregon has an ongoing provider shortage that affects people's access to care. As the lack of primary care providers became a more acute issue, and recruiting efforts proved inefficient, this shortage attracted the attention of Jackson County's Medical Advisory Group, which created a subgroup to address it. This group became the Southern Oregon Alliance of Physicians and Providers (SOAPP) fall of 2023, focused on an innovative collaborative recruiting effort, with the common goal of attracting new PCPs to the region. SOAPP includes representatives from FQHCs, urgent care, hospital-based clinics, private practices, public health and coordinated care organizations. Their collaborative recruiting

approach is designed to bring external applicants to Southern Oregon to interview with multiple clinics or systems in one visit.

Thursday, Oct. 2
9:00 am – 9:50 am

Breaking Barriers to Access: Transforming MAT Services in Primary Care

Ginger Marsh, BS | Klamath Health Partnership

In the landscape of rural health care, primary care providers stand at a crucial intersection in addressing the pervasive challenge of substance use disorders. Traditional abstinence-only focused models often create barriers for individuals who are not currently abstinent, hindering their engagement in much needed care. A paradigm shift towards low-barrier care and harm-reduction therapy strategies is essential to support this population effectively. This session addresses these challenges by providing practical, actionable steps for engaging individuals hesitant to seek traditional abstinence-based care within the primary care setting.

Thursday, Oct. 2
9:00 am – 9:50 am

The Birth Doula Model: How Quality Measures Support Maternal Health in Rural Areas

Sofia Aiello, MHA | EOCCO

Hannah Briggs, MPH | EOCCO

The Eastern Oregon Coordinated Care Organization (EOCCO) has led the way in transforming maternal health in rural areas with its pioneering Birth Doula Program—the first of its kind in Oregon. This innovative initiative, developed through strategic partnerships with community organizations, healthcare providers, and public/private grants, has created a sustainable and replicable model to enhance maternal health resources in underserved regions. Join EOCCO's Traditional Health Worker Liaison and Quality Improvement Specialist to gain practical tools and insights into the development of the training program, focused support, quality measures, and preliminary, measurable outcomes to learn how to jump-start a quality-based initiative in your service area.

Concurrent Sessions

Thursday, Oct. 2
10:00 am – 10:50 am

RHC session

Sarah Hohman | National Association of Rural Health Clinics

Thursday, Oct. 2
10:00 am – 10:50 am

The Oregon AHEC Scholars Program: What a Decades-Worth of Data Can Tell Us About Workforce Development Education

Eric Wiser, MD, FAAFP | Oregon AHEC

Russell Nickels, BS | OHSU School of Medicine

The Oregon AHEC Scholars Program (OASP) is part of a two-year national program designed to better prepare health profession students for future practice in rural and urban underserved communities. In 2024, with a decades' worth of program graduates, Oregon AHEC launched a comprehensive alumni survey. Through this presentation, we'd like to share our findings. The audience will learn about the successes, outcomes and lessons learned to-date of our health professions training program. They'll hear what we've discovered as effective approaches in building a diverse, culturally competent health care workforce.

Thursday, Oct. 2
10:00 am – 10:50 am

Addressing Diabetes Care in Rural Oregon Through the Oregon Rural Practice-based Research Network

Briana Arnold, MPH | Oregon Rural Practice-based Research Network (ORPRN)
Nancy Goff, MPH | ORPRN
Martha Snow, MPH | ORPRN

The Oregon Rural Practice-based Research Network (ORPRN) is dedicated to improving diabetes care in rural communities across Oregon through its three distinct programs: the Research Program, Health Policy Program, and Education Program. Each program plays a crucial role in addressing unique challenges to providing appropriate diabetes care. In this presentation, a representative from each ORPRN program will present an overview of the work their program has done or is doing to address diabetes care in rural Oregon. Presentation attendees will learn about health programs that address multiple levels of the health system through the lens of diabetes-related interventions. This presentation will provide valuable insights for organizations looking to address diabetes care or other health conditions.

Thursday, Oct. 2
10:00 am – 10:50 am

How Nursing Students Can Enhance Public Health Preparedness Planning for Communicable Disease Response

Jennifer Little, MPH | Klamath County Public Health

Klamath County, like many rural areas, faces unique challenges in responding to public health emergencies. Limited resources, geographic dispersion, and cultural beliefs, such as distrust of government and vaccine hesitancy, can hinder effective response efforts. This presentation focuses specifically on public health response to communicable disease outbreaks and strengthening Point of Distribution (POD) plans, which could include testing, vaccines, treatments, or other resources. Klamath County Public Health hosted two senior nursing students from OHSU's School of Nursing for their leadership clinical placement. Their goal was to identify POD locations around the county, host pop-up vaccination events, and determine quality improvement opportunities, which would be used to enhance KCPH's emergency preparedness POD plan and future response efforts.

Thursday, Oct. 2
11:00 am – 11:50 am

Plenary **TBA**

Thursday, Oct. 2
12:00 pm – 12:50 pm

Lunch and awards

ORH's Oregon Rural Health Excellence Awards and NOSORH's Community Star

Concurrent Sessions

Thursday, Oct. 2
1:00 pm – 1:50 pm

What's New in the World of RHC Compliance **Kate Hill**

Thursday, Oct. 2
1:00 pm – 1:50 pm

Workforce Wins: Solving Rural Health Care Access with Bold, Local Solutions **Stephanie Hooper, BA | Age+**

Veronica Irwin, PhD, MPH | Oregon State University

Oregon's healthcare workforce faces growing barriers, particularly in rural and culturally responsive care. Social Determinants of Work (SDOW)—the challenges workers navigate to thrive—further limit economic mobility and workforce sustainability. As the state's aging population rises (24% of workers were 55+ in 2023), health inequities demand bold solutions. The answer: cross-sector collaboration with employers, post-secondary education institutions, healthcare providers, and communities. By embracing the 3 R's—retraining, retaining, and rehiring (not retiring!)—we can strengthen the workforce, improve health outcomes, and build resilient, age-friendly communities. This discussion will explore real-world strategies for lasting impact.

Thursday, Oct. 2
1:00 pm – 1:50 pm

Three Key Outcomes of Direct Pharmacist Involvement in the Rural Health Clinic

Keith LaHonta, MA | Medication Review

Sam Weldon, BS | Medication Review

Rural clinics are evermore challenged to do more with less available resources. Staffing is a challenge, navigating a complex and changing regulation environment is a challenge, and safety is vital. The National Library of Medicine reports, "integrating pharmacists into primary care may reduce GP workload and ED attendance". By having an in-person or remote pharmacist embedded into the clinic, physical and medical staff and patient care is significantly improved. This session will explore the outcomes of having a pharmacist in this role improves facility efficiencies, mitigates risks, and increases quality of care. We'll pull from real-life client examples to bring these outcomes to life.

Thursday, Oct. 2
1:00 pm – 1:50 pm

Inspiring Journey of Quality Improvement in a Rural CAH

Ali Khaki, MD | Samaritan North Lincoln Hospital

Samaritan North Lincoln Hospital, a CAH in Lincoln City, historically performed well but lacked structured outcome measurements to assess patient care quality of care. Over an eight-year period, the hospital enrolled in a quality improvement program with the American College of Surgeons to enhance patient outcomes and establish a culture of continuous improvement. A key initiative was the formation of an inclusive, diverse team committed to evidence-based medicine. By systematically analyzing adverse events through root cause analysis and benchmarking surgical outcomes against national standards, the hospital was able to identify areas for improvement and implement targeted interventions. This was expanded to non-surgical patients. The methods will be discussed. This presentation will detail the processes, strategies, and methodologies employed to elevate the hospital's performance, demonstrating how a small critical access hospital can achieve excellence and compete with larger healthcare systems.

Concurrent Sessions

Thursday, Oct. 2
2:00 pm – 2:50 pm

RHC Best Practices: What Do Successful RHCs Do to Excel?

Charles James, MBA | North American HMS

What do successful RHCs do to ensure patient satisfactions and financial strength? What are the critical best practices that ensure longevity and stability? This session explores the RHC best practices that determine success or failure. These include a conversation about work culture. Patient financial policies, the clinic fee schedule, charity care discounts, and sliding fee scales are an area that often create concern and confusion. Clinical and financial benchmarking is a fundamental tool for monitoring performance, setting goals, and improving outcomes. This session explores the best practices that set successful clinics apart.

Thursday, Oct. 2
2:00 pm – 2:50 pm

Public/Private Co-Investment: Building Workforce Housing Through Cross-Sector Partnership

Greg Wolf, BA | iSector

Deb Flagan, BA | Hayden Homes

Adventist Health Representative

Rural Oregon communities are facing a critical housing shortage that directly impacts their ability to recruit and retain workers. This session explores innovative co-investment strategies that bring together public, private, and nonprofit sectors to address the rural housing crisis. Attendees will learn about real-world models where employers, developers, and communities share risk, pool resources, and create housing solutions that otherwise wouldn't be possible. We'll spotlight Tillamook County, where a hospital, school district, and local businesses partnered to pre-lease units in a new housing development—dramatically improving the project's viability. We'll explore how similar partnerships can be replicated elsewhere, especially in areas where rural health providers are among the largest local employers.

Thursday, Oct. 2
2:00 pm – 2:50 pm

Sky Lakes Pipeline for Medical Assistants

Bryan Fix | Sky Lakes Medical Center

Jessica Gross | Sky Lakes Medical Center

Thursday, Oct. 2
2:00 pm – 2:50 pm

Building Cross-Sector Community Partnerships to Support Children in Rural Communities: A Look into the ACCESS Model

Karen Benson, MA | Oregon Center for Children and Youth with Special Health Needs (OCCYSHN)

Olivia Nomura, BA | OCCYSHN

Children in Oregon's rural communities experience greater adverse health outcomes due to workforce shortages, lack of care coordination, and distance to appropriate medical facilities. For rural families with young children seeking autism evaluation, delays in diagnosis can compound psycho-social stressors and increase overall service need. This presentation highlights the specific challenges faced by these families, and ways the ACCESS Project's cross-sector collaboration helps address long wait times to address equity of care across the state. In this session, participants will explore key benefits of cross sector-care collaboration, understand the ACCESS model as an example, and discuss opportunities for implementing strategies in their own rural communities.

Thursday, Oct. 2
2:50 pm – 3:20 pm

Snack break with our partners

Thursday, Oct. 2
3:20 pm – 4:10 pm

Legislative panel

Friday, October 3

Friday, Oct. 3
8:30 am – 9:30 am

Breakfast and student presentations

Concurrent Sessions

Friday, Oct. 3
9:40 am – 10:30 am

Well-being First: A Radical Vision for Oregon's Health Workforce

Orion Falvey, BS | Orchid Health

Nina Bianchi, BA | Colorado Health Institute

Do you feel like your health care organization is barely holding on? Does it feel like you're continuously adding on top of a broken system? Rural health care organizations across Oregon are grappling with a workforce crisis. This presentation introduces a shared vision that includes a new organizational operating model for rural health leaders to remove barriers to workforce innovation and operationalize wellbeing-first principles. Attendees will learn how they can join a movement to create a workplace where clinicians want to work, adopt practical, affordable solutions that drive better workforce retention and patient outcomes, and increase financial sustainability through strategies that align reimbursement with patient-centered care.

Friday, Oct. 3
9:40 am – 10:30 am

Coastal Resiliency: How a CAH Can Provide Community Refuge

Erik Thorsen, MBA | Columbia Memorial Hospital

Michelle Checkis, MBA | ZGF Architects LLP

Columbia Memorial Hospital (CMH) is establishing a first-of-its-kind tsunami vertical evacuation shelter and critical access hospital all in one structure. CMH is a 25-bed critical access hospital in Astoria, Oregon. The facility serves the Oregon North Coast and Lower Columbia Region, located within the Cascadia Subduction Zone XL Tsunami Inundation Area. In 2020, CMH landed on a plan to revitalize and expand on their existing hospital. CMH set exceptional goals: establish a tsunami resilient hospital in an inundation zone – and ensure the facility can operate as an official evacuation site. The project team has created a pathway for other healthcare organizations to follow, working without direct precedent to establish partnerships with emergency management entities, secure funding, and deliver unique solutions for coastal resilience.

Friday, Oct. 3
9:40 am – 10:30 am

CHWs Improving Primary Care for Older Adults in Rural Oregon

Elizabeth Foster, MD | Connected Care for Older Adults, Columbia Gorge Health Council

Kathryn Bayer, CHW | Columbia Gorge Family Medicine

Rosa Zavala Gonzalez, CHW | Columbia Gorge Internal Medicine

Connected Care for Older Adults is an innovative community health workers (CHW) model that uses CHWs in partnership with primary care providers (PCPs) to improve care for frail older adults in rural areas. Through Connected Care, specially trained CHWs conduct a series of home visits with patients and families and implement Connected Care protocols based on Age-Friendly Health Systems. As CHWs complete each protocol, they provide information and education to patients and families, connect them with existing community services, and relay important information about a patient's well-being and priorities back to the PCP. In this session, pilot developers and CHWs will share quantitative data and anecdotal findings about the power of this model to improve primary care services and outcomes for at-risk older adult patients.

Concurrent Sessions

Friday, Oct. 3
10:40 am – 11:30 am

Breaking the Cycle: How Rural Hospitals Can Take Control of Financial Sustainability

John Wadsworth, MS | REDi Health

Financial pressures are not only persisting—they're becoming more complex and harder to manage. Rural hospitals often feel backed into a corner, turning to reactive solutions like outsourcing revenue cycle management—frequently offshore—or adopting AI tools that don't align with their operational needs. But there's an alternative route: proactively integrating data-driven transparency into existing processes to regain financial control while preserving operational efficiency and community independence. This session offers practical, rural-focused solutions designed to move hospitals from defensive financial responses to proactive revenue management. Participants will leave equipped with actionable insights and practical training they can apply in their facilities, enhancing charge capture, optimizing denial management, and ensuring regulatory compliance without additional workload or reliance on expensive external solutions. This session supports long-term financial sustainability, enabling rural hospitals to reinvest in their communities and navigate ongoing economic pressures with confidence.

Friday, Oct. 3
10:40 am – 11:30 am

Creating an Action Plan for Rural Maternal Health in Oregon

Silke Akerson, MPH | Oregon Perinatal Collaborative

Leonardo Pereira, MD | OHSU

Maternal health can provide the foundation for strong, intergenerational community health in rural Oregon yet many hospitals, clinics, providers, and other partners struggle to sustain and improve their maternal health care. In this session, presenters will provide an overview of maternal health in Oregon, describe the findings from their 2024 visits with every birthing hospital in Oregon, and share

practical strategies and open-access resources to improve maternal health care in rural Oregon.

Friday, Oct. 3

10:40 am – 11:30 am

Integrating Incentives in Rural Provider Compensation

Opal Greenway, JD, MBA | Stroudwater Associates

Shad Ritchi, MHA | Stroudwater Associates

Rural hospitals face unique challenges when recruiting and retaining physicians and advanced practice providers (APPs). Implementing effective incentive compensation models is a key strategy to enhance provider engagement, align organizational goals, and improve patient care—yet many rural facilities struggle with limited resources, data constraints, and market variability. This session will provide rural hospital leaders with a practical framework for designing and implementing incentive compensation programs tailored to rural settings. Using real-world case studies from critical access and small PPS hospitals, we will explore how organizations have successfully developed compensation plans that drive performance, support provider satisfaction, and maintain financial sustainability.

Concurrent Sessions

Friday, Oct. 3

11:40 am – 12:30 pm

Reverse Integration: Embedding Primary Care within a Behavioral Health Center

Gabriel Andeen, MD, MPH | OHSU

Jen Reffel, PMHNP | Columbia Community Mental Health

Maria Palazeti, MD | OHSU

An extensive body of literature has described a wide range of health disparities faced by patients suffering from serious mental illness (SMI). This vulnerable population experiences poorer health outcomes mediated by inadequate service provision, patient factors, and other social factors. In rural settings inadequate access to care and care coordination can exacerbate these disparities and challenges. In 2019, Columbia Community Mental Health (CCMH), a Certified Community Behavioral Health Center (CCBHC) serving Columbia County, received federal grant funds to provide integrated on-site primary care for its SMI clients. Through an innovative community collaboration CCMH contracted with OHSU Family Medicine at Scappoose, a federally designated Rural Health Clinic, to provide on-site primary care. The “reverse integrated” primary care clinic at CCMH was launched as Creekside Primary Care Clinic. This presentation will describe the development of our integrated program, its operational structure, outcomes from the 2022 analysis, and facilitate discussion amongst stakeholders regarding the benefits and challenges of integrated primary care.

Friday, Oct. 3

11:40 am – 12:30 pm

A Revolutionary Idea to Save Our Health Care Workforce

Michael Erickson, MHA | Yellowhawk Tribal Health Center, CTUIR

On August 1, 2024, Yellowhawk Tribal Health Center apart of the Confederated Tribes of the Umatilla Indian Reservation after nearly a year in a half of research and preparation moved the whole organization to a 4-day 8hr shift work week or what we like to call the True 32. This momentous change came without any change to pay or benefits. This change was designed to achieve many different objectives and

outcomes. This presentation will detail the year and half of research and preparation, followed by the year of implementation and lesson learned from implementation. This presentation also will cover the difficulties of recruitment in rural areas and even more difficult in Indian country and how the True 32 has assisted Yellowhawk in recruitment and retainment of staff.

Friday, Oct. 3
11:40 am – 12:30 pm

Implementing Fruit and Vegetable Prescription Programs in Rural and Remote Oregon: Strategies for Community-Wide Success

Marcie McMurphy, AA | EOCCO and GOBHI

This presentation will explore the opportunities and challenges of implementing the Frontier Veggie Rx (FVRx) program in rural and frontier communities in Eastern Oregon. It will provide a comprehensive overview of the FVRx model, which enables healthcare providers to prescribe fresh and frozen produce to individuals who identify as food insecure, and focus on how these programs can be operationalized in rural and frontier settings.

Friday, Oct. 3
12:40 pm – 12:55 pm

Closing remarks and prize drawings

Robert Duehmig | Oregon Office of Rural Health