

Conference on Practice Incremental Conference on Practice Incremental Conference on Practice Incremental Conference on Practice on Practic

December 6-9, 2018 • Marriott Tampa Waterside • Tampa, FL



Register by November 5 and save \$75

www.stfm.org/cpi







Register Now for the Conference on Practice Improvement

Health care delivery is changing. Residency programs are transitioning to competency-based education. Business models are evolving as an increasing number of physicians and other providers become employed by large health systems. Payers and the public are demanding better outcomes at a lower cost. And physicians and other providers are trying to deliver on expectations, often to the detriment of their personal well-being.

The Conference on Practice Improvement brings together providers, researchers, educators, and practice administrators to reimagine health care delivery, education, and technology.

Attend the 2018 Conference on Practice Improvement and come home with practical skills, information, and resources to transform your practice to achieve the quadruple aim. Learn to create interprofessional, high-functioning teams that improve efficiency and provide better patient care, and network with others who are committed to continuous practice improvement and innovation.

Educational sessions will cover:

- Practice Management and Innovation
- MACRA and other Pay-for-Performance Programs
- Advanced Primary Care and other Delivery/Payment Models
- CPC+ Implementation
- Risk Assessment and Management
- Leading Change
- Outcome Measurement
- Patient Centeredness
- Practice-Based Team Care
- Health Information Technology
- Behavioral Health Integration
- Population Health
- Health Equity/Social Determinants of Health

Who should attend?

The Conference on Practice Improvement is for anyone who wants to reimagine health care, particularly those in an academic setting:

- Physicians
- Residents
- Physician Assistants
- Nurses
- Behavioral Medicine Professionals
- Dieticians
- Health Educators
- Pharmacists
- Practice Managers
- Residency Faculty
- Quality Improvement Managers
- Medical Assistants
- Administrators

Bring your practice or residency team and save! Details on page 23.

NEW for 2018 Resident Attendees...

- Reduced Registration Fee
- Educational Track
- Networking Events
- Dedicated Poster Presentations
- ...and more!



Thursday, December 6

11 am-6:30 pm Conference Registration

Noon-6:30 pm Computer Café

1-5 pm **Preconference Workshops**

> Extreme Makeover: Ambulatory Practice Edition; Achieving the Quadruple Aim Through Transfor-

mational Practice Redesign

1-5 pm Cooking Up the Alphabet Soup:

> TCM, CCCM, ADP, PsyCCM, E&M, MACRA, APM, MIPS, and HCC's

Advanced registration and additional fee required for preconference workshops

5-5:30 pm Conference Orientation

5:30-6:30 pm Welcoming Reception With

Conference Partners

Friday, December 7

7:30 am-5:30 pm Conference Registration

7:15-8 am Networking Breakfast

7:15-8 am Resident Breakfast

8-8:30 am MACRA Payment Reform Update

> Amy Mullins, MD, CPE, FAAFP, Medical Director for Quality Improvement at the American Academy of Family Physicians,

Leawood, KS

8:35-8:45 am Greetings From STFM President

Beat Steiner, MD, MPH

8:45-9:30 am **Opening General Session**

> Creating a Manageable Cockpit for Clinicians: A Shared Respon-

sibility

Christine Sinsky, MD, American Medical

Association, Chicago, IL

9:30-10 am Refreshment Break With Poster

Presentations (dedicated time; pgs.

8-10)

10-11am Lectures

11:10 am-12:10 pm Lectures

12:15-1:30 pm Networking Luncheon With Award

and Scholarship Presentations

Lectures 1:45-2:15 pm

Lectures 2:25-3:25 pm

Refreshment Break With Conference 3:25-4 pm

Partners and Poster Presenters

4-4:30 pm Lectures

Friday, December 7 cont.

4-5:30 pm Seminars

4:40-5:10 pm Lectures

6:30 pm Dine Out Groups

6:30 pm Resident Dine-Around

Saturday, December 8

7:30-8:30 am Networking Breakfast

8-9:30 am Seminars

8:30-9:30 am Lectures

Refreshment Break With Conference 9:30-10 am

Partners

10-11am Lectures

11:10-11:40 am Lectures

11:40 am-1 pm Lunch on Own

1-1:30 pm Lectures

1:30-1:40 pm Transition Break

Lectures 1:40-2:10 pm

Refreshment Break With Conference 2:10-2:30 pm

Partners

General Session Panel 2:30-3:45 pm

> From Good Intentions to Action: Tools and Systems Approaches to Address Social Determinants and

Injustice in Health

Facilitator: Arthur Kaufman, MD, University of New Mexico; Heather Bleacher, MD, MPH, University of Colorado Family Medicine Residency, AF Williams Family Medicine Clinic: Jerry Kruse, MD, MSPH, Southern Illinois University; Viviana Martinez-Bianchi, MD, Duke University Medical Center Family Medicine Residency; Danielle Jones, MPH Manager, Center for Diversity and Health Equity, American Academy of Family Phy-

sicians

(Transition to discussion break-out 3:45-4 pm

rooms.)

4-5 pm **Audience Discussions With Panel**

Experts

Sunday, December 9

7:30–9 am Conference Registration

7:30–8 am Coffee Service (with light continental

breakfast)

8–9 am Closing General Session

Slaking Tantalus: Reducing Burden for Supporting Advanced Clinical

Practice

Robert Phillips, MD, MSPH, American Board

of Family Medicine, Lexington, KY

9 am Conference Adjourns

Presentation abstracts are available online at **www.stfm.org/cpi.** This information will also be available at the conference in the mobile app.

This preliminary brochure is for planning purposes and does not include all presentation content. Abstracts and learning objectives for all educational sessions are available at www. stfm.org/cpi.

Educational Session Formats:

Seminar – Provides practical information and methods to enhance practice improvement. Seminars include a combination of presentation and active involvement of participants. 90 minutes.

Lecture – Provides a forum for focused didactic presentation and discussion of a topic. These topics may include clinical, research, administrative, or education issues. 30 and 60 minutes.

Poster - Display and discussion of:

- Completed Project in education, process of care, patient-oriented outcomes, and quality of care studies.
- Work In Progress Project related to teaching, education, curricular or clinical intervention, management innovation, or quality improvement.
- Student & Resident Project related to teaching, education, curricular or clinical intervention, management innovation, or quality improvement.
- STFM Leading Change Institute Project: The yearlong Leading Change fellowship offers leadership teams of two an experiential curriculum providing skills and resources to enable transformation of a family medicine teaching practice. These poster presentations are part of the required curriculum for the fellowship.







thursday, december 6

Preconference Workshops

1-5 pm

PR1: Extreme Makeover: Ambulatory Practice Edition; Achieving the Quadruple Aim Through Transformational Practice Redesign

Kathy Cebuhar, MA, LPC, Colleen Conry, MD, Corey Lyon, DO, Aimee English, MD, Bethany Kwan, MSPH, PhD, Peter Smith, MD, University of Colorado

In 2014, the University of Colorado (CU) developed APEX: an advanced team-based care model based on the University of Utah's CareByDesign. The goal was to simultaneously improve clinical quality, access to care, and patient, staff, and provider experience, including caregiver burnout. Our mixed-methods evaluation has demonstrated improvements in all these domains without negative financial implications.

Since winning the 2016 STFM Performance Improvement Award for APEX, CU has hosted several academic delegations who wanted to learn from our success as they begin their own transformations. Five high priority themes have emerged from these visits: What is your model and how did you choose it? How did you get permission from your sponsoring institution to proceed? How did you pay for it? What were the operational challenges to implementation and how did you overcome them? How did you sustain change and spread the innovation?

In this interactive workshop, you'll work with others in small groups to address these essential questions in your own institutional contexts, guided by the CU experience. Expect to end the day energized to build your own transformed medical home with a strategic blueprint in hand.

Additional Fee: \$150; includes training materials and refreshments.

1-5 pm

PR2: Cooking Up the Alphabet Soup: TCM, CCCM, ADP, PsyCCM, E&M, MACRA, APM, MIPS, and HCC's Tom Weida, MD, University of Alabama

The payment environment is transitioning from payment-for-visit to payment-for-value. Understanding how to use codes for transitional care management, complex chronic care management, advanced directive planning, psychiatric collaborative care management, and evaluation and management coding is critical for a practice's financial viability as well as for improved patient care. Medicare has added additional complex chronic care management codes and created a new psychiatric collaborative care management code. Practices will also need to prepare for the operational challenges and financial opportunities of the Medicare Reform and CHIP Reauthorization Act of 2015 (MACRA) legislation as well as use hierarchal condition categories to maximize value payment.

The workshop will be interactive and utilize an interactive audience response system to engage learners. Participants are required to bring a laptop computer to the workshop for hands-on training.

Additional Fee: \$150; includes training materials and refreshments.

7:30 am-5:30 pm

Conference Registration

7:15-8 am

Networking Breakfast

7:15-8 am

Residents' Networking Breakfast

8-8:30 am

MACRA Payment Reform Update

Amy Mullins, MD, CPE, FAAFP, Medical Director for Quality Improvement at the American Academy of Family Physicians, Leawood, KS

8:35-8:45 am

Greetings From STFM President

Beat Steiner, MD, MPH

8:45-9:30 am



Opening General Session

Creating a Manageable Cockpit for Clinicians: A Shared Responsibility

Christine Sinsky, MD, American Medical Association, Chicago, IL

For many clinicians, the work of health care has become undoable. The "cockpit" where physicians and other health professionals work now consists of a cacophony of warning alerts, pop-up messages, mandatory tick boxes, a

Sisyphean inbox, and maddening documentation. Paradoxically, many interventions intended to improve quality, safety, or value, when taken in totality, may in fact contribute to health system dysfunction by virtue of the cumulative impact on workload and consequent burnout.

In this session, we will discuss the science supporting the quality, safety, and business cases for focusing on creating a manageable cockpit for physicians. We will also demonstrate practical leadership and workflow and teamwork interventions that can improve professional satisfaction and reduce burnout. We will demonstrate the AMA practice transformation modules (StepsForward) that can help physicians and staff reengineer their practice.

Moderator: David Ehrenberger, MD, Conference Chair

Presentation abstracts are available online at **www.stfm.org/cpi.** This information will also be available at the conference in the mobile app.

9:30-10 am

Refreshment Break With Poster Presentations

dedicated time

Poster Presentations

9:30 am-4 pm (dedicated time: 9:30-10 am)

The poster hall will be open for poster viewing on Friday, December 7 from 9:30 am-4 pm, with dedicated time to speak with poster presenters during the morning refreshment break.

Completed Project Posters

P01: Inpatient Rounds With a Behavioral Scientist: A Tried and True Means of Behavioral Health Integration to Teach Family-Oriented Care

Jerry Authier, PhD; Dale Agner, MD; Timothy Reid, MD, Nebraska Medical Center/Clarkson FMR, Omaha, NE

P02: Incorporating the Patient Voice and Assessing Provider-Patient Concordance for Quality Improvement: A Role for Medical Trainees

Kristie Hsu; Victor Contreras; Kathan Vollrath, MD, MPH; Nancy Cuan, MD, MS; Steven Lin, MD, Stanford University School of Medicine, CA

P03: PACER Progress Report: Quality Improvement Module

Elisabeth Righter, MD, Wright State University FMR, Dayton, OH; Fran Angerer-Fuenzalida, MPH, PhD, PA-C, Kettering College, Dayton, OH; Tim Crawford; Michelle Spurlock; Harriet Knowles; Todd Pavlack, MEd; Deanne Otto, PhD, Wright State University, Dayton, OH

P04: Development and Implementation of a Social Needs Screener in Primary Care Practice

Beth Careyva, MD; Cathy Coyne; Roya Hamadani; Deborah Bren, DO, Lehigh Valley Health Network, Allentown, PA

P05: Implementation for Best Practice Tools to Improve HEDIS Scores Across a Large Diverse Outpatient Network

Judella Haddad-Lacle; Lori Bilello; Charles Haddad; Christopher Scuderi, DO, University of Florida, Jacksonville, FL

9:30 am-4 pm (dedicated time: 9:30-10 am)

Completed Project Posters cont.

P06: Positive Screenings for Substance Misuse, Depression, and Anxiety in a Family Medicine Residency Clinic: Factors Impacting Brief Behavioral Health Interventions

Christian Shue, DO; Jake Benn, BSC; Sean Jones, PhD, Indiana University Health Ball Memorial Hospital FMR, Muncie, IN; Carolyn Shue, PhD, Ball State University, Muncie, IN

P07: Patients' Insights on Missed Appointments in a Family Medicine Residency Clinic: A Qualitative Evaluation

Samuel Ofei-Dodoo, PhD, University of Kansas School of Medicine-Wichita, Wichita, KS; Emily Manlove, MD, Indiana University, Bloomington, IN

P08: Improving Hospice Consultations in the ICU Using a Modified Screening Tool

Nicole Bentze, DO; Divya Aickara; Erica Heinrichs; Stuart Brown; Alexandra Johnston, Florida State University, FL Tallahassee, FL

P09: Family Medicine Prenatal and Obstetric Documentation Improvement Initiative

Laura Heinrich, MD, University of Michigan, Ann Arbor, MI

P10: PACER Progress Report: Stewardship of Resources

Deanne Otto, PhD; John Hughes, MD, Wright State University, Fairborn, OH; Christopher Bugnitz, MD, Dayton Children's Medical Center; Tim Crawford; Todd Pavlack, MEd; Harriet Knowles; Michelle Spurlock, Wright State University, Fairborn, OH

P11: A Pilot Study to Assess Impact of a Clinical Decision Support Tool on Treatment of Uncomplicated Urinary Tract Infections in a Family Medicine Resident Clinic

Sarah Eudaley, Knoxville, TN; Shaunta Chamberlin, PharmD, University of Tennessee Graduate School of Medicine; Alexandra Foster; Rebecca Higdon; Julie Jeter, MD, University of Tennessee Knoxville FMR

P12: Faculty Dashboard—Consolidating Key Metrics and Clarifying Expectations

Margaret Day, MD, University of Missouri-Columbia, Columbia, MO

P13: Reducing No-Show Rates and Increasing Patient Care Access in a Family Medicine Center

John Malaty, MD, University of Florida FMR, Gainesville. FL

P14: Provider-Driven Panel Management: Improving Quality in a Feefor-Service Environment

Michael Bryan, MD, Mayo Medical School, Scottsdale, AZ

P15: PACER Progress Report: Self-Management Module

Paul Hershberger, PhD, Wright State University; Thaddeus Franz, PharmD, Cedarville University, Cedarville, OH; Angela Castle, MA; Todd Pavlack, MEd; Tim Crawford; Deanne Otto, PhD; Harriet Knowles; Michelle Spurlock, Wright State University, OH

Work In Progress Posters

P16: A Collaborative Approach to Transitional Care in a Family Medicine Residency Program

Amber Porter, DNP, FNP; Jason Leubner, MD, Banner Good Samaritan Medical Center FMR, Phoenix, AZ; Isaac Hensleigh, BSN, RN, Banner Health, Phoenix, AZ

P17: Evaluation of Longitudinal, Integrated ACLS Training in Education Curriculum for Family Medicine Residents

Natalia Galarza Carrazco, MD, Yuma Regional Medical Center FMR, Yuma, AZ

P18: Developing an Ambulatory Patient Safety Reporting Structure: Pilot Program Results

Brian Stello, MD; Nicole Burgess; Lori Izzo; Melanie Johnson, MPA; Kyle Shaak, MPH; Megan Snyder, Lehigh Valley Health Network, Allentown, PA

P19: A New Structure for Precepting Patients in Clinic

Alethea Turner, DO; Andrea Darby-Stewart, MD, Scottsdale Healthcare-Osborn FMR, Scottsdale, A7

P20: Bridging the Gap: Improving Transitions of Care

Victor Catania, MBA, MD; Grant Greenberg, MD, MA, MHSA; Deborah Bren, DO, Lehigh Valley Health Network, Allentown, PA

P21: Chart Audit as a Means of Prenatal Population Management and Provider Education in an Underserved Residency Clinic

Megan Harper, MD; Kelly McMullen, MD; Megan Sankey, DO, Saint Joseph Hospital Family Medicine Residency, Denver, CO

P22: Integrating Food Insecurity Screening With Community Resources

Michelle Cangiano, MD; Alicia Jacobs, MD, University of Vermont, Burlington, VT

P23: Obesity Research at an Academic Institution in Mississippi

Tobe Momah, MD, University of Mississippi Medical Center, Jackson, MS

P24: Transitional Care Management

Zangeetha Perinpanathan; Sherly Abraham, MD, Brooklyn Hospital Center FMR, Brooklyn, NY

P25: Practice Transformation: Improving Quality and Safety—Using a Team-Based Care Approach

Christopher Scuderi, DO; Charles Haddad; Lori Bilello; Edward Shahady, MD; Charles Lorbeer, University of Florida, Jacksonville, FL

P26: Integrating and Sustaining Behavioral Health in Primary Care Settings

Stephen Davis, MA, Wake Forest School of Medicine; Britney Leonard; Brittany Swain, Wake Forest Baptist Health, Winston Salem, NC; Edward Ip, Wake Forest School of Medicine; Gail Marion, PhD, PA;Julienne Kirk, PharmD, Wake Forest University FMR, Winston Salem, NC

P27: Increasing Breastfeeding Education of Prenatal Patients in the Family Health Center

Sandraliz Hernandez-Banchs, New York Medical College Phelps FMR, Bronx, NY

P28: Want to Learn English? An FQHC Addresses Social Determinants of Health and Language Barriers Through English Class

Juan Robles, MD; Daniel Alicea; Erika Gonzalez; Bryant Meythale; David Polanco, Montefiore Family Health Center, Bronx, NY

P29: Planned Care for Asthma

Mary Duggan, MD; Victoria Gorski, MD; Casey Browder, Albert Einstein College of Medicine, Bronx. NY

P30: A Central Repository for Research and Improvement Activities

Shruti Varadarajan, MD; Malvika Juneja, MD; Angie Sung, MD; Kenneth Barning, MD, Roger Zoorob, MD, MPH, Baylor College of Medicine, Houston, TX

P31: Using Prerecorded Lectures to Enhance Resident and Care Team Education

Alicia Markley, MPAS; Sara Malone, MD, Southern Illinois University Carbondale FMR, Carbondale, IL

P32: Development of Medical Spanish Curriculum in a Primary Care Residency Program

Geethi Abraham, MD, MPH; Laura Kahn; Anuj Shah, MD, MPH, Erie Family Health Center, Chicago, IL

P33: "I'm Listening:" Patient-Centered Communication Enhancement at Northwest Clinic

Jo Anna Fields-Gilmore, MD, MPH, MSc; Lisa Danek, MD; Eloy Glavan; Suvama Mahadasyam, MD; Amanda Patterson; Jason Salemi, MPH, PhD; Shruti Varadarajan, MD; Eric Warwick, MD, Baylor College of Medicine, Houston, TX

P34: A Simple and Effective Way to Streamline Medication Refills

John Malaty, MD; Danielle Nelson, MD, MPH, University of Florida FMR, Gainesville, FL

P35: Interventions at Offutt Air Force Base to Expand Colon Cancer Screening

Carl Bryce, MD, University of Nebraska Medical Center, Bellevue, NE

P36: Patient Use of Nurse Triage Lines Prior to ED Visits and Consistency With Protocol Recommendations

Aimee English, MD, University of Colorado FMR, Denver. CO

P37: Implementation of HEEADSSS Adolescent Screen in a Family Medicine Residency

Stacey Bartell, MD, Providence Hospital FMR, Plymouth, MI; Monica Kandola; Danielle Konja; Kristin Renwick; Jamila Taylor, MD, Michigan State University, MI

P38: Teaching Billing and Coding in a Residency Program With a Plan for Improvement

Jacquelene Childs; Kristin Renwick; Brittney Riggs, BA, Ascension-St. John Providence, South Lyon, MI; Jamila Taylor, MD, Michigan State University Stacey Bartell, MD, Providence Hospital FMR, Plymouth, MI

P39: Killing Four Birds With One Stone: Standardization of Depression Screening

Smriti Ohri, MD, University of Connecticut, Hartford. CT

P40: Implementing a Group Visit Model to Improve Glucose Screening in Pregnancy

Hannah Schreiber, DO; Austin Fain, DO; Kristin Andreen, MD, Poudre Valley Hospital/Fort Collins FMR, Fort Collins, CO

P41: Increasing Revenue by Utilizing Registries for Chronic Diseases

Sara Malone, MD; Janice Farmer; Alicia Markley, MPAS, Southern Illinois University Carbondale FMR, Carbondale. IL

P42: Quality Improvement Project: HTN Timely Follow-up

Rebecca Fujimura; Omeed Jazayeri-Moghaddas; Elisabeth Righter, MD; Mamle Anim; Ramona Langston; Austin Williams, Wright State University, Dayton, OH

P43: Putting Your Foot Down: Improving Diabetic Foot Exam Rates

Victor Catania, MBA, MD, Oxford, NJ; Grant Greenberg, MD, MA, MHSA; Deborah Bren, DO, Lehigh Valley Health Network, Allentown, PA

P44: MACRA Standards for Depression Screening in a Family Medicine Residency Clinic

Samuel Waling; Collin St. Clair, University of Kentucky, Lexington, KY

P45: Quality Improvement Project: HTN Standardized Nurse Visit

Vaama Patel; Elisabeth Righter, MD; Mamle Anim; Ramona Langston; Austin Williams, Wright State University FMR, Dayton, OH

P46: Quality Improvement Project: HTN Treatment Algorithm

Austin Williams; Steven Platko; Elisabeth Righter, MD, Wright State University FMR, Dayton, OH

P47: The Comprehensive Chronic Pain Management in Primary Care Practice Improvement Project

Erin Smith, Emmaus, PA; Kevin McNeill, MD; Stephen Denton; Gloria Robinson, LPC, , Lehigh Valley Health Network, Allentown, PA

P48: Wisdom in Wellness

Elizabeth Keegan Garrett, MD, MPH, University of Missouri-Columbia, MO

P49: Improving Health Maintenance at a Primary Care Clinic: Instituting a Resident Wellness Clinic

Brittani Gierisch; Stuti Nagpal, MD; Miguel Palacios, MD, Michelle Rodriguez, MD, University of Texas HSC at San Antonio, TX

P50: Leaders in Family Medicine: Creating a Longitudinal Quality Improvement Curriculum for Family Medicine Residents

Anna Laurie, MD; Christina Chiang, MD, Canton, MI; Jenna Greenberg, University of Michigan, Dexter, MI

P51: Mind the Gap: Integrated Care Approach to Diabetes Management

Ann Thomas, MD; Molly Frazee, Lynchburg, VA, Centra Health FMR, Lynchburg, VA

P52: Meaningful Measurements for Behavioral Health Integration

Anne McGuire, MS, LMHC, St Peter Hospital FMR, Olympia, WA

Resident and Student Posters

P53: Improving the Efficacy and Documentation of Diabetic Eye Exams

Shalini Thomas; Deepa Iyengar, MD, MPH, University of Texas HSC at San Antonio, TX; Michelle Klawans, MPH; Thomas Northrup, PhD, The University of Texas Health Science Center-McGovern Medical School, Houston, TX

P54: Oral Health in Pregnancy

Caitlin Suilmann, MD; Jennifer Eddy, MD; Joan Hamblin, MD, University of Wisconsin Eau Claire FMR, Eau Claire, WI

P55: Integrating Diabetes Self-Management Support Into an Existing Clinical Workflow

Raye Reeder; Syeachia Dennis, MD, University of Oklahoma, Tulsa, OK

P56: Antibiotic Stewardship for Acute Rhinosinusitis: Quality Improvement for the Clinic

Joshua Koerner; Mirtha Aguilar Alvarado; Justin Yoon, Gwinnett Medical Center, GA

P57: Raising Healthy Families Takes a Village: Promoting Maternal and Newborn Wellness Through Group Visits

Maggie Chun-Allen, DO; Neeraja Peri, MD, Lehigh Valley Health Network, Easton, PA

P58: A Novel Approach to Improving Clinic-Related Communications at the Point of Care in a Residency Clinic

Claire Bovet, MD; Alexandra McCarty, MD, University of Colorado, Denver, CO; Megan Harper, MD, St Joseph Hospital FMR, Denver, CO; Tara Lyer, MD, University of Colorado, Denver, CO

P59: Does Type of Primary Care Experience Affect HPV Immunization Rates in Central Minnesota?

Dennis Peterson, MD, University of Minnesota/ St Cloud Hospital FMR, Saint Cloud, MN; Sujitha Yadlapati, Centracare, Saint Cloud, MN; Anna Krieger, University of Minnesota, Minneapolis, MN

P60: De-Feeting Diabetes

Jodi Wilder; Kristo Curi; Chris Zowtiak, MD, St. Elizabeth Healthcare, KY

9:30 am-4 pm (dedicated time: 9:30-10am)

Resident and Student Posters cont.

P61: Standardizing Result Management at a Residency Clinic

Elise Gelston, MD, University of Washington FMR, Seattle, WA; Sonali Sheth, MD, University of California, San Francisco, CA

P62: Team-Based Approach to Reduction in Hospital-Acquired Clostridium Difficile Infections

Joshua Farley, SCL Health, Broomfield, CO

P63: A Simplified Behavioral Management Strategy to Treat Obesity in Primary Care

Jorge Capo; Aimmee Chin; Saida Hardoon; Dana Mirza; Andrew Nguyen; Andrew Odle

P64: Reduce Your Administrative Workload, Avoid Duplicate Tasks

Greta Gonzalez-Rios, Southern Hills FMR, Las Vegas, NV; Darren Rahaman, Nevada Heath Centers, NV

P65: Does Improving Education About Tdap Increase the Number of Women Receiving the Tdap Vaccination During Pregnancy?

Carly Rabinowitz; Amy Bearison; Chanlir Segarra, Florida State University, Sarasota, FL

P66: Establishing Standardized Goals of Care Documentation in the Electronic Medical Record

Charlotte Venious; Ryan Brinn; Westley Mullins, Columbus, OH

P67: Improving HPV Vaccination Rates in Young Adults

Jodi-Ann Heath, MD; Tashinea Bernadin, DO, Lawrenceville. GA

P68: Improving Birth-Cohort Hepatitis C Screening in a Family Medicine Residency Clinic

Sunil Momin, MD; Chiricke Orisakwe, MD; Andrew Stevenson, MD; Christopher Saito, Fort Smith, AR

P69: Depression Screening and Lifestyle Intervention in Mild to Moderate Depression

Michelle DiCostanzo, MD; Violet Mwanje, MD, Wayne State University, Waterloo, IA

P70: Don't Sugar Coat It: Preventing T2DM in Gestational Diabetic Mothers

Jon Montemayor; Ann Aring, MD; Miriam Chan, PharmD, Riverside Methodist Hospitals FMR, Columbus, OH

P71: Improving Management of Patients on Chronic Opiates at Thomas Hart Family Practice

Christian Bengtson, MD; Tatiana Dalton, York, PA

P72: Resident Hepatitis C Screening Project Leads to Patient Registry and Targets for New Clinic Treatment Program

Alexander Zweig; Timothy Herrick, MD, Oregon Health & Science University FMR, Portland, OR

Leading Change Institute Posters

P73: Using Team-Based Clinic Processes to Improve Quality of Care

John Malaty, MD, University of Florida FMR, Gainesville, FL; Mindy Halbrook, University of Florida Health, Gainesville, FL

P74: Using LEAN Tools to Reinvigorate a Residency Clinic

Mary Stock Keister, MD, Leigh Valley Health Network, Allentown, PA

P75: Finding a New Path: Moving a Clinic Toward Behavioral Integration to Improve Patient Care and Resident Teaching

Thomas Bishop, PsyD; Jill Fenske, MD, University of Michigan FMR, Ann Arbor, MI

P76: Advance Practice Provider and Physician Care Teams

Sarah Redemann; John Hawkins, MD

P77: Creating an Interprofessional Educational Experience on the Inpatient Medicine Rotation for Family Medicine Residents

Octavia Jones, MEd, AET, Truman Medical Center, Kansas City, MO

10-11am

Lectures

L001: BRIGHT SPOT TOPIC: A Model for High Value, Accountable Primary Care Finance and Delivery Jed Constantz, DBA, HealthTeamWorks, Golden, CO

L002: Application of Lean Methodology to Quality Improvement Projects in Primary Care

Beata Labunko, MA; Rebecca Andrews, MD, UConn Health, Farmington, CT

L003: Leveraging PCMH and CPC+ as a Foundation for Succeeding in Value-Based Care Contracts

Sandra Selzer, MSHQ, Trenton, NJ; John Metz, MD, JFK Medical Center FMR, Edison, NJ

L004: Home Is Where the Health Is

Kay Kelts, DO; Donald Foster; Terry Bird; Richard Capener; Victoria Chew; Sean Stryker, Arnot Medical Services, Elmira, NY

L005: Building a Culture of Engagement and Wellness in an Academic Family Medicine Practice

Ann Tseng, MD; Karen Aiello, CMPE; Amanda Miller, PA-C, Oregon Health and Science University, Portland, OR

L006: Patient-Reported Outcome Measures (PROMs): Capturing the Voice of Patient and Measuring What Really Matters

Miriam Chan, PharmD, Riverside Methodist Hospitals FMR, Columbus, OH

L007: Using the Psychiatric Collaborative Care Management Model to Address Behavioral Health Issues

Thomas Weida, MD; Jane Weida, MD; Robert McKinney, Jr, PhD; Kelly Breen, BSW, The University of Alabama, Tuscaloosa, AL

L008: Clinical Performance Feedback: Development and Implementation of a Scorecard in the Family Medicine Residency Setting

Jason Leubner, MD, Jacob Anderson, DO; Susanne Wild, MD, Banner Good Samaritan Medical Center FMR, Phoenix, AZ

L009: Using the AAFP Social Needs Screening Tool

Julia Fashner, MD, MPH, UCF/HCA GME Consortium (Ocala) Program, Ocala, FL

L010: Opioid Improvements—One Practice at a Time

Bryan Goddard, MD, CapitalCare Family Practice Ravena, NY

L011: Improving Diabetic Outcomes With Team-Based Care

Adriana Linares, MD, MPH, DrPH; Marilyn Darr, MD, PharmD; Natasha Ingvoldstad O'Neal, MD; Luke Vander Weide, PharmD; Chris Wheelock, MD; Carolyn Wong, PharmD, PeaceHealth Southwest Medical Center, Vancouver, WA

11:10 am-12:10 pm

Lectures

L012: BRIGHT SPOT TOPIC: Making a Business Case for Policies That Support Growth of High-Performing Primary Care

Ann Greiner, Patient-Centered Primary Care Collaborative, Washington, DC

L013: BRIGHT SPOT TOPIC: A New VISION of Primary Care-Helping Physicians Do What They Do Best

Peter Anderson, Team Care Medicine, Yorktown, VA

L014: Integration of Consistent Clinic Days Into Team-Based Care at an FQHC: A Hybrid Model

London Muse, MD; Lidymar Ruiz, New York Medical College, Tarrytown, NY

L015: Building a Strong Foundation to Sustain Your Transformation Efforts

Emily Glynn, Tulsa, OK

L016: Clinic First: A New Scheduling Model 3:1 and 2:2

William Lovett, MD; Nipa Doshi, MD, Reading Hospital FMR; Cristhian Ramirez, DO; Rose Reeser, Tower Health, West Reading, PA

L017: Psychiatric E-Consult: Advancing Behavioral Health Integration via EHR Consultation

Patricia McGuire, MD, Allison Park, PA; Jiayun Lu, MD, UPMC St. Margaret, Pittsburgh, PA

L018: Next Generation MAT: Integrated Care for Opioid Use Disorder

Alicia Jacobs, MD; Michelle Cangiano, MD, University of Vermont, Burlington, VT

L019: Purpose-Driven Care

Alexandra Lane, MD; Jennifer Abraczinskas, MD, Cooper University Health Care, Camden, NJ

L020: Developing a Patient Safety Curriculum

Stephanie Calkins, Maine General Health, Oakland, ME

L021: Impact of Integrated Behavioral Health on Resident Education

Carlie Nikel, PsyD; Beth Rosemergey, DO, Truman Medical Center Lakewood, Kansas City, MO

12:15-1:30 pm

Networking Luncheon with Award and Scholarship Presentations

1:45-2:15 pm

Lectures

L022: Maximizing Annual Wellness Visits (AWVs): An Interprofessional Approach to Improving Medicare AWV Rates, Reimbursing Home Visits, and Coordinating Chronic Care Management

Marianne Koenig, PharmD; Niladri Das, MD; Sara Weinstein, PharmD, UPMC St Margaret Hospital FMR, Pittsburgh, PA

L023: Early Childhood Caries: A Predictive Model Using Accessible Variables Regularly Documented During Well-Child Visits

Leola Royston, MPH; Paul Casamassimo; Diane Dooley, MD; Arthur Nowak; Robin Wright, American Academy of Pediatric Dentistry, Chicago, IL

L024: Obstacles to Health Care Access Among Racial and Ethnic Minorities and Development of the Same-Day Clinic System

Fabrizia Faustinella, MD, PhD; Roger Zoorob, MD, MPH, Baylor College of Medicine FMR, Houston, TX

L025: Making MAT Available: Opioid Addiction Treatment in the Primary Care Setting

Erin McNeely, MD; Brian Lombardo, MD, Alice Peck Day Hospital, Lebanon, NH

L026: Photo Documentation: Practicalities, Protocols, and Practice

Matthew Gordon, MD; Jennifer Eddy, MD, Prevea Family Medicine Residency, Eau Claire, WI; Joan Hamblin, MD, University of Wisconsin Eau Claire FMR, Eau Claire, WI

L027: Can We Really Care for Patients 7 Days a Week Without Increasing Burnout? An Innovative Approach to Weekend Patient-Centered Care

Kathy Mariani, MD, MPH, University of Vermont, Burlington, VT

L028: Team-Based Care Assessment

Stacey Bartell, MD, Providence Hospital FMR, Plymouth, MI; Victoria Cohen-Bradford; Kristin Renwick; Jamila Taylor, MD, Michigan State University, Southfield, MI

L029: Family Home Visits: A Model for Primary Care Delivery

John Lowery, DO, PhD; UNECOM/University of New England College of Osteopathic Medicine Lewiston, ME

L030: Quality Improvement Focus in Patient-Centered Medical Home Curriculum for Third-Year Medical Students

Mariquita Irene Belen, MD, Aultman Hospital FMR, Canton, OH

L031: Improving Rates of Breast and Colorectal Cancer Screening Among Patients at an Academic Family Medicine Clinic

Deepa Iyengar, MD, MPH, University of Texas HSC at San Antonio; Olasunkanmi Adeyinka, MD, University of Texas at Houston FMR; Rachna Khatri, MBA, MPH, University of Texas, Houston. TX

L032: A Model for Longitudinal Patient Safety Curriculum

Kenyon Weidle, MD, HealthONE Swedish Medical Center FMR, Denver, CO

2:25-3:25 pm

Lectures

L033: Front Lines of the Crisis: Treating Opioid Use Disorder in a Family Medicine Clinic

Tanner Nissly, DO; Kacey Justesen, MD; Robert Levy, MD, North Memorial Hospital FMR, Minneapolis, MN

L034: Improving Care for Patients With Diabetes: Methods and Outcomes of Large Practice Group-Level Implementation of a Clinical Pathway and Standard Work Principles Throughout Primary Care Practices

Janelle Sharma, Nazareth, PA; Frank Sperrazza, DO, Lehigh Valley Health Network, Allentown, PA

L035: If You Build It They Will Come, But Who Will Provide the Care? A Brief Online Training Program for Licensed Professionals in Integrated Behavioral Health

Cindi Stone, DBH, LMHC, NCC, Community Care Physicians, Latham, NY; Lesley Manson, PsyD, Arizona State University, Phoenix, AZ; Holly Cleney, MD, Community Care Physicians, Latham, NY

2:25-3:25 pm

Lectures cont.

L036: Comprehensive Primary Care Plus Year 2, Lessons Learned and Progress

Stacey Bartell, MD, Providence Hospital FMR, Plymouth, MI; Diane Riddle; Brittney Riggs, BA, Ascension-St. John Providence, South Lyon, MI; Jamila Taylor, MD, Michigan State University, Southfield, MI

L037: Ambulatory Depression Pathway Implementation for Improving Documentation and Enhancing Specialty Referrals

Deborah Bren, DO; Kevin Cowell, DO, MPH; Janelle Sharma, PA, Lehigh Valley Health Network, Allentown, PA

L038: Innovative Approach to Improving Hypertensive Control in Patients in Primary Care Practices

Margaret Baumgarten, MD; Richard Bikowski, MD, Eastern Virginia Medical School Portsmouth FMR, VA

L039: Design and Development of Teams for Practice Transformation

Mary Duggan, MD; Victoria Gorski, MD; Casey Browder, Bronx, Albert Einstein College of Medicine, Bronx, NY

L040: Getting Things Done: The Benefit of Site-Based Project Management

Kathryn Harmes, MD; Anne Kittendorf, MD, University of Michigan FMR, Dexter, MI

L041: You Get a Volunteer, and You Get a Volunteer, and You Get a Volunteer! The Whole Clinic Gets a Volunteer!

Corey Lyon, DO; Kathy Cebuhar, MA, LPC; Aimee English, MD, University of Colorado FMR, Denver, CO

L110: An Opioid Toolkit For Safe and Appropriate Prescribing and Deprescribing

Brianna McQuade, PharmD, University of Illinois at Chicago, Chicago, IL

3:25-4 pm

Refreshment Break With Conference Partners and Poster Presenters

4-4:30 pm

Lectures

L042: Patient Satisfaction and Self-Efficacy After Completion of the Medicare Wellness Visit

Robert Bradshaw, MD, MPH; Daniel Bluestein, MD, MS, CMD, AGSF; Kelsie Persaud, MD, Eastern Virginia Medical School, Norfolk, VA

L043: Brighter Futures: Changing Office Flow to Improve Well-Child Care

Niladri Das, MD; Mary Pat Friedlander, MD; Sarah MacGregor; Elizabeth Meck; Monica Schaffer, MD; Allison Vogl, UPMC St Margaret Hospital FMR, Pittsburgh, PA

L044: The BEST You Program: How a Mobile Clinic Transports Chronic Disease Self-managment Into Homes, Churches, and Community Centers Near You!

Jonathan Harrell, MD, University of Florida FMR; Dominique Montrose, UF Mobile Outreach Clinic; Elizabeth Leja; Courtney Desrosiers, University of Florida FMR, Gainesville, FL

L045: How Modified Early Warning Systems (MEWS) and Family Medicine Resident-Led Rapid Response Teams Influence Outcomes of In-Hospital "Code Blue" Events

Margaret Baumgarten, MD, Eastern Virginia Medical School Portsmouth FMR; Robert Bradshaw, MD, MPH, Eastern Virginia Medical School; Satara Brown, Eastern Virginia Medical School; Paulina Mirovski, University of Virginia School of Medicine, Charlottesville, VA

L046: Readmission Rates and Quality Improvement: Residency Efforts

Adriana Linares, MD, MPH, DrPH; Marilyn Darr, MD, PharmD; Natasha Ingvoldstad O'Neal, MD; Jeanene James; Luke Vander Weide, PharmD; Chris Wheelock, MD; Carolyn Wong, PharmD, PeaceHealth Southwest Medical Center, Vancouver, WA

L047: Lane Scheduling: An Innovative Approach to Improve Resource Utilization Efficiency in Academic Practices

Jennifer Leiser, MD; Holly Bynum, MBA; Bernadette Kiraly, MD; Susan Pohl, MD; Susan Terry, MD; Charles White, MD, University of Utah

L048: How Do I Talk About Vaccines? And Other Lessons From the AAFP Vaccine Science Fellowship

Kimberly Stump, MD, MSc, Corpus Christi, TX; Amra Resic, MD, BayCare Medical Group, Palm Harbor, FL

L049: Behavioral Health Integration: Impact on Chronic Disease Outcomes

Sarah Coles, MD; Jeffrey Wolfrey, MD, Banner Good Samaritan FMR, Phoenix, AZ

4-5:30 pm

Seminars

S01: BRIGHT SPOT TOPIC: Building the Primary Care Office of the Future: From Innovative Ideas to Implementation, Lessons Learned Along the Way

Thomas Agresta, MD, MBI, Rebecca Andrews MD, Smriti Ohri MD, Beata Labunko MA, University of Connecticut, Hartford, CT

S02: BRIGHT SPOT TOPIC: A Calculated Approach to the Value of Primary Care

Thomas Weida, MD, The University of Alabama, Tuscaloosa, AL; Stan Borg, DO, Chicago, IL

4:40-5:10 pm

Lectures

L050: Standardizing a Clinic Medication Reconciliation Process for Staff and Physicians

Jennifer Budd, DO, St John's Family Medicine Residency University of Minnesota; Katherine Montag Schafer, PharmD, University of Minnesota/St John's Hospital, Saint Paul, MN

L051: Team Management of Diabetes in a Resident-Run Primary Care Clinic

Nathaniel Miller, MD, Rochester, MN; Benjamin Meyerink, Sioux Falls, SD; Kari Mongeon Wahlen, MSN, RN; Lisa Ruehmann, RN, Mayo Clinic

L052: Using the AAFP Office Champions Quality Improvement Model to Improve Adult Immunization Rates

Pamela Carter-Smith, MPA; Jennifer Frost, MD, American Academy of Family Physicians, Leawood, KS; Margot Savoy, MD, MPH, CPE, Temple University School of Medicine, Media, PA; Bellinda Schoof, MHA, CPHQ, American Academy of Family Physicians, Leawood, KS

L053: Augmenting Patient Engagement Through Previsit Patient Scorecards

Sara Malone, MD; Alicia Markley, MPAS, South-

ern Illinois University Carbondale FMR

L054: Polypharmacy and Fall Risk in the Elderly: Teaching Residents Geriatric Quality Improvement Using the CDC STEADI Toolkit

Payal Gaba, MD; Jeremy Dayrit, MD; Jamie Hagestedt, MD; Katherine Hale, PharmD, Kadlec Family Medicine Residency, Richland, WA

L055: Physician Wellness: Building a Supportive Culture to Enhance Resiliency During a Crisis of Burnout

Grant Greenberg, MD, MA, MHSA, Lehigh Valley Health Network, Allentown, PA; Deborah Bren, DO, Lehigh Valley Health Network, Allentown, PA

L056: Partnering With Local Established Medical Practices to Create Longitudinal Continuity Care Tracks for Residents to Meet the Quadruple Aim and ACGME Requirements

Carol Mendez, MD; Jamilett Aguirre; Harini Kumar, MD, Hoboken University Medical Cente FMR, New York, NY

6:30 pm

Dine Out Groups

Presentation abstracts are available online at **www.stfm.org/cpi.** This information will also be available at the conference in the mobile app.



saturday, december 8

7:30-8:30 am

Networking Breakfast

8-9:30 am

Seminars

S03: Quantitative Quality Improvement Methodology 101

Joseph Teel, MD, University of Pennsylvania, Philadelphia, PA

S04: Motivational Data: A Structured Approach to Practice Transformation

Saria Saccocio, MD; Andrew Albano, DO, University of South Carolina, Greenville, SC

8:30-9:30 am

Lectures

L109: BRIGHT SPOT TOPIC: ACO – "The New Rave"

Garth Vaz, MD, The Vaz Clinic, PA, Gonzales, TX

L057: BRIGHT SPOT TOPIC: Practical Health IT Innovations for Family Medicine

Ryan Mullins, MD, CPE, CPHQ, Overland Park, KS

L058: Cultivating Behavior Change

Paul Hershberger, PhD; Dean Bricker; Katharine Conway, MD, MPH; Angela Castle, Wright State University, MA

L059: Improving Population Health Through Community Engagement: A Successful Medical Home Model

Sweety Jain, MD; Maggie Chun-Allen, DO, Lehigh Valley Health Network, Bethlehem, PA

L060: Diagnosing and Treating Patients With Medically Unexplained Symptoms in Integrated Primary Care: A Team-Based Training Program for Physicians and Clinicians

Cindi Stone, DBH, LMHC, NCC; Kristine Campagna, DO; Holly Cleney, MD; Elizabeth Locke, Community Care Physicians, Latham, NY

L061: A New Team-Based Model to Care for Complex Patients

William Buselmeier, MD; McKenzie Calhoun, PharmD; Jesse Gilreath, DSW, LCSW; Eric Hadley, DO; Jodi Polaha, PhD; Maggie Porambo, LPN; Caleb Smith, DO, ETSU Kingsport FMR, Kingsport, TN

L062: The EveryONE Project: Transforming Family Medicine to Advance Health Equity

Bellinda Schoof, MHA, CPHQ, American Academy of Family Physicians, Leawood, KS

L063: Common Pitfalls in the Implementation of Behavioral Health Integration and Practical Strategies to Avoid or Overcome Them

Wendy Bradley, Nolensville, TN

L064: Continuing Telemedicine in the Patient-Centered Medical Home: Further Integration of Video Visits

Anna Laurie, MD; Katherine Gold, MD, MSW, MS; Kathryn Harmes, MD, University of Michigan FMR, Dexter, MI

9:30-10 am

Refreshment Break With Conference Partners

10-11 am

Lectures

L065: BRIGHT SPOT TOPIC: Pharmacist Integration Into Family Medicine Practice: Practical Pearls

Brianna McQuade, PharmD, University of Illinois at Chicago, Chicago, IL

L066: Food is Health: An Innovative Care Model to Reduce Food Insecurity Among Patients With Diabetes

Miriam Chan, PharmD; Melissa Jefferis, MD; Laurie Hommema, MD, Riverside Methodist Hospitals FMR, Columbus, OH

L067: Health Literacy: Communicating So Patients Can Understand

Michelle Cardona, MD, MPH, Middlesex Hospital FMR, Middletown, CT

L068: Use of Alternative Sites of Care to Increase Access and Satisfaction

Kathryn Harmes, MD; David Serlin, MD, University of Michigan. Ann Arbor. MI

L069: Improving Team Indigestion: Interdisciplinary Teams Target Polypharmacy—One Pill at a Time

Mallory Knapp; Nabila Ahmed-Sarwar, PharmD; Katie Lashway, RN; Mathew Devine, DO; Robyn Phipps, Rochester/Highland Hospital FMR, NY

L070: Practice Made Perfect: Application of the Air Force 8-Step Problem-Solving Method

Carl Bryce, MD, Bellevue, University of Nebraska Medical Center, NE

L071: Fake News: "Empanelment is Easy," #TeamBasedCareinaTeachingFQHC

Thomas Staff, MD, MPH; Jessica Bull, MD, University of Colorado FMR, Denver; Barbara Smith, MA, Denver Health & Hospital Authority, Denver. CO

L072: Ready or Not, Here it Comes: SDOH Screening in Primary Care

Heather Bleacher, MD, Anowara Begum; Kathy Cebuhar, MA, LPC; Corey Lyon, DO, University of Colorado FMR, Denver, CO

L073: Avoiding the Dilbert Trap: How to Successfully Lead Change in Your Clinical Practice by Utilizing Corporate Business Strategies of Change

Ravi Grīvois-Shah; Jamie Dromgoole-Hernandez; Andrea Heyn, MD, Loma Linda University, Tucson. AZ

L074: Behavioral Health Integration Beyond Colocation: Practical Implementation of New Medicare Services in Family Medicine Practice

Karen Fitzpatrick, MD; Umama Sadia, MD, West Virginia University, Morgantown, WV

L075: What Makes Patients CLICK? Web-Based Opportunities for Patients to Help Themselves (And You!)

Mark McNeill, MD, Trillium Family Medicine, Asheville, NC

11:10-11:40 am

Lectures

L076: Development and Use of a Locally-Specific Risk Score to Identify Patients at High Risk for Readmission

Peter Carek, MD, MS; Frank Gonzalez; Arch Mainous, III, PhD; John Malaty, MD, Maribeth Porter, MD, MS; Yang Yand, PhD, University of Florida FMR, Gainesville, FL

L077: Utilizing Complex Care Plans: Implementing Patient-Centered ED Care Plans for Patients With Recurrent ED Visits in a Family Medicine Residency

Niladri Das, MD; Bridget Foley; Ashley Hall, UPMC St. Margaret Family Medicine Residency Program, Pittsburgh, PA

L078: Integrating the Social Determinants of Health Into Routine Patient Care: How a Mobile Clinic for the Underserved Uses an SDOH Screening Tool to Advance Health Equity

Jonathan Harrell, MD; Benjamin Borgert, Alachua, FL; Samantha Bodner; Matthew Anderson; Maria Bolanos, University of Florida, Gainesville, FL

L079: Incorporating Population Management and Registry Data in the Critical Path of the Patient Visit David Voran, MD, Truman Medical Center Lakewood, Kansas City, MO

L080: Integration of a Clinical Pharmacist Into an Academic Family Medicine Practice

Jeffrey Tingen, PharmD, MBA; Rebekah Compton, FNP-C, University of Virginia FMR, Charlottesville, VA

L081: Primary Care Treatment of Hepatitis C: The Clinic Champion Model in an Urban Academic Family Medicine Practice

Timothy Herrick, MD, Oregon Health & Science University FMR, Portland, OR

L082: Improving Advance Care Planning and Advance Directives

David Serlin, MD; Kathryn Harmes, MD; Devon Kinney, MSQM, University of Michigan, Ann Arbor, MI

L083: Improving Colorectal Cancer Screening Rates in the Rural Community

John Waits, MD, Lacy Smith, MD; Daniel Hurst, PhD, Cahaba Medical Care, PC, Centreville, AL

L084: +20 Patient Visits: An Innovative Strategy to Facilitate Practice Improvement

Jessica Sass, APRN; Ginny Gottschalk, MD, University of Kentucky FMR, Lexington, KY

L085: Make Your Quality Measures Do Triple Duty

Julie Jeter, MD; Shaunta Chamberlin, PharmD, University of Tennessee Graduate School of Medicine, Knoxville, TN

L086: Cutting the Tether: Piloting Scribes in an FQHC Residency Practice

Thomas Kim, MD, MPH, PCC Community Wellness Center, Chicago, IL

11:40 am-1pm

Lunch on Own

1-1:30 pm

Lectures

L087: Strengthening Interdisciplinary Improvement Teams to Develop Leaders, Improve the Health Care Workforce and Enhance Quality of Care

Lindsay Hunt; Jennifer Azzara; Kathleen Dwiel, Chenelle Adebisi, Harvard Medical School

L088: Department Volunteer Day: Improving Whole Practice Well-Being Through Community Service

William Dabbs, MD, University of Tennessee Knoxville FMR; Maylea Arthur, Wake Forest School of Medicine; Robert Ford, MD, University of Tennessee Medical Center at Knoxville; Kelly McDaniel, MPH; Lisa Stephens; Lucky Morton; Lauren Thoma, University of Tennessee Knoxville FMR; Justin Jenkins, DO, MBA, University of Tennessee Graduate School of Medicine-Knoxville

L089: Screening for Colorectal Cancer: Pilot Project to Increase Rates of Screening Among Patients at Average Risk for Colorectal Cancer

Adriana Linares, MD, MPH, DrPH; Marilyn Darr, MD, PharmD; Natasha Ingvoldstad O'Neal, MD; Jeanene James; Chris Wheelock, MD, PeaceHealth Southwest Medical Center FMR, Vancouver, WA

L090: But Wait, There's More! The Art of Balancing Your Deliverables

Robyn Phipps; Mathew Devine, DO, Rochester/ Highland Hospital FMR, Rochester, NY

L091: Providing Comprehensive Family Planning Services in a Teaching Health Center

Lucy Loomis, MD, MSPH, University of Colorado FMR, Denver, CO

L092: The Dynamic Duo: A Nurse and Pharmacist Team Improving the Delivery of Transitional Care Management

Samantha Leistman; Nabila Ahmed-Sarwar, PharmD; Elizabeth Jester; Katie Lashway, RN; Susan Vandervoort, University of Rochester, NY

L093: Transforming Health Care Delivery Through a Family Medicine Residency and Community Paramedicine Partnership

Nicole Bentze, DO; James Crutchfield; Brian Melcher, Manatee Memorial Hospital Family Medicine Residency Program, Bradenton, FL

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L094: Optimizing the EHR to Drive Quality Performance Tied to Physician Compensation Metrics

Jason Connelly, MD; Robin Hahn, Novant Health, Charlotte, NC

L095: Making an IMPACT: Interprofessional Management of Patients With Accessible, Comprehensive Treatment

Shaunta Chamberlin, PharmD, University of Tennessee Graduate School of Medicine; William Dabbs, MD; Julie Jeter, MD, University of Tennessee Knoxville FMR; Rebecca Robbins, University of Tennessee Graduate School of Medicine, Knoxville, TN

L096: Achieving Relevant Outcomes *London Muse, MD; Rose Puthiyamadam, New*

London Muse, MD; Rose Putniyamadam, New York Medical College, North Tarrytown, NY

L097: That Can't Be My Data: An Approach to Improving Patient Quality Metrics

Margaret Day, MD, University of Missouri-Columbia, Columbia, MO

1:30-1:40 pm

Transition Break

1:40-2:10 pm

Lectures

L098: Project ECHO: Virtually Weaving Together Psychiatry and Primary Care to Improve Behavioral Health Patient Care

Caitlin Moore, Scottdale, GA

L099: FMAHealth Wrap-Up: How the Interactive Resource Center Can Work for You

Jason Marker, MD, MPA, Memorial Family Medicine Residency, South Bend, IN

L100: Improving Comprehensive Behavioral Health Screening and Treatment in a Rural Integrated Primary Care Clinic With Tablet Technologies

Warren Yamashita, Hilo, HI

L101: Advancing Integrated Care by Cotraining of Residents and Post-doctoral Psychology Fellows

Victoria Gorski, MD; Nancy Ruddy, PhD; Mary Duggan, MD, Albert Einstein College of Medicine, NY; Eliana Korin, DiplPsic; Alison Gurley, PsyD, Montefiore Medical Center, Bronx, NY

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L102: MACRA—Leveraging the Quality Payment Program as a Successful Tool for Patient-Centered Care

Rose Langdon, MBA, RN, CPHQ, FNAHQ; Elaine Gillaspie, MHA, MSc, CPHQ, TMF Healthcare Quality Institute, Austin, TX

L103: Join the Circle: Integrating the Centering Group Model Into Family Medicine

Mary Fitzmaurice, Boston, MA

L104: Expanding a Wellness Curriculum to Cultivate Culture Change for the Whole Patient Care Team

Alicia Markley, MPAS; Jennifer Hammonds, Southern Illinois University, Carbondale, IL

L105: Understanding the Impact of Scribes on Clinical Encounters in Primary Care

Timothy Guetterman, PhD; Melissa Plegue; Shivang Danak; Heather Holmstrom, MD; Alexander Duthler; Anne Yoo; Reema Kadri; Lorraine (Laurie) Buis, PhD, University of Michigan, Ann Arbor, MI

L106: Building an Infrastructure for LARC Services in a Mobile Health Unit in Alachua County. FL

Michelle Nall, MPH, MSN; Jonathan Harrell, MD; Hanna Peterson, University of Florida, Gainesville, FL

L107: Clinic Patient Relations Committee: Risk and Practice Management

Sarah Coles, MD, Banner Good Samaritan Medical Center FMR, Phoenix, AZ; Shari Pressley, MD, University of Arizona, Phoenix, AZ

L108: Reducing ED Visits in Two Clinics Utilizing Health Coaches— Lessons Learned

John Malaty, MD; Elvira Mercado, MD; Lisa Chacko, MPH; Reathea Felder, RN; Cindy Lasley, RN, MS, BSN; Peter Carek, MD, MS, University of Florida, Gainesville, FL

2:10-2:30 pm

Refreshment Break With Conference Partners

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2:30-3:45 pm

General Session Panel

From Good Intentions to Action: Tools and Systems Approaches to Address Social Determinants and "Injustice in Health"









Heather Bleacher, MD, MPH, University of Colorado Family Medicine Residency, AF Williams Family Medicine Clinic; Danielle Jones, MPH, Center for Diversity and Health Equity, American Academy of Family Physicians; Jerry Kruse, MD, MSPH, Southern Illinois University School of Medicine; Viviana Martinez-Bianchi, MD, Duke University Medical Center Family Medicine Residency

In 1966, Martin Luther King, Jr. said "Of all the forms of inequality, injustice in health is the most shocking and inhuman." Yet taking action as primary care providers to understand health inequity—health injustice—and impact the health-related context of people's lives can seem overwhelming. In this panel discussion, you'll hear from those who have developed and/or implemented systems approaches and practical tools to provide comprehensive, coordinated care to complex patients within the context of their "social determinants" and their communities. Following the panel presentation, each panelist will join attendees in separate rooms to share national best practices and exploration of these important topics.

Facilitator: Arthur Kaufman, MD, University of New Mexico School of Medicine

3:45-4 pm

(Transition to discussion break-out rooms)

4-5 pm

Audience Discussions With Panel Experts:

(choose a topic room; space is limited; first-come, first-seated)

- 1. Team-Based Approaches to Social Determinants of Health in Advance Primary Care: Purpose Driven Care Heather Bleacher, MD, MPH
- System Approaches to Managing Social Determinants of Health in Primary Care

Jerry Kruse, MD, MSPH

- 3. Community-Clinical Linkages to Impact Health Outcomes

 Viviana Martinez-Bianchi, MD
- Practical Tools for Identifying Social Determinants of Health and Providing Care within That Context

Danielle Jones, MPH

7:30-9 am

Conference Registration

7:30-8 am

Coffee Service (with light continental breakfast)

8-9 am



Closing General Session

Slaking Tantalus: Reducing Burden for Supporting Advanced Clinical Practice

Robert Phillips, MD, MSPH, the American Board of Family Medicine, Lexington, KY

Meaningful use requires that electronic health records enable data solutions for informing and improving care have not only been toothless but the burden was shifted

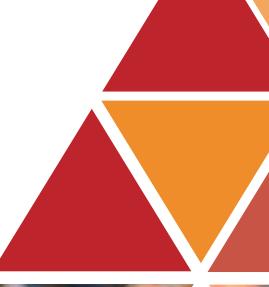
to clinicians. Like Tantalus of Greek mythology, we are immersed in data that we painstakingly collect but cannot use to satisfy our need to measure and improve care, to report quality or share data, or integrate with other data to understand our patients and their needs. For more than a decade, the ABFM has asked its Diplomates to use their clinical data to assess their practices and choose quality improvement activities. The Federal Quality Payment Program has adopted a similar process for value-based payments. There is growing pressure to use data from other sources, claims data and social determinant data, for example, to assess patient risks, adjust payments, and assess outcomes.

The ABFM PRIME Registry currently pulls data from more than 130 EHRs for all types of primary care clinicians in 49 states, turning the data into quality measure dashboards and population health management tools. The Population Health and Assessment Engine (PHATE) brings social determinant data to PRIME, enabling risk assessment and, eventually, payment adjustment. The ABFM aims to add meaningful primary care measures to PRIME such that reporting requirements, payment adjustment, certification, and clinical quality improvement are aligned and with reduced burden. These efforts are meant to be exemplary of what primary care needs to support advanced clinical practice.

Moderator: Kyle Knierim, MD, Conference Cochair

9 am

Conference Adjourns







sessions by topic area

Sessions by Topic Area

Interested in a specific track or topic? The conference steering committee has identified sessions within the following topic areas. Use the session code to search online (www.stfm.org/cpi) or in the mobile app for the session date/time/presenters/abstract.

High Functioning Teams:

L004: Home Is Where the Health Is

L011:Improving Diabetic Outcomes With Team-Based Care

L014: Integration of Consistent Clinic Days Into Team-Based Care at an FQHC: A Hybrid Model

L016: Clinic First: A New Scheduling Model 3:1 and 2:2

L019: Purpose-Driven Care

L022: Maximizing Annual Wellness Visits (AWVs): An Interprfessional Approach to Improving Medicare AWV Rates, Reimbursing Home Visits and Coordinating Chronic Care Management

L024: Obstacles to Health Care Access Among Racial and Ethnic Minorities and Development of the Same-Day Clinic System

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L105: Understanding the Impact of Scribes on Clinical Encounters in Primary Care

L107: Clinic Patient Relations Committee: Risk and Practice Management

P07: Patients' Insights on Missed Appointments in a Family Medicine Residency Clinic: A Qualitative Evaluation

P08: Improving Hospice Consultations in the ICU Using a Modified Screening Tool

P13: Reducing No-show Rates and Increasing Patient Care Access in a Family Medicine Center

P16: A Collaborative Approach to Transitional Care in Family Medicine Residency Program

P18: Developing an Ambulatory Patient Safety Reporting Structure: Pilot Program Results

P25: Practice Transformation: Improving Quality and Safety—Using a Team-Based Care Approach

P27: Increasing Breastfeeding Education of Prenatal Patients in the Family Health Center

P34: A Simple and Effective Way to Streamline Medication Refills

P36: Patient Use of Nurse Triage Lines Prior to ED Visits and Consistency With Protocol Recommendations

P37: Implementation of HEEADSSS Adolescent Screen in a Family Medicine Residency

P40: Implementing a Group Visit Model to Improve Glucose Screening in Pregnancy

P45: Quality Improvement Project: HTN Standardized Nurse Visit

P47: The Comprehensive Chronic Pain Management in Primary Care Practice Improvement Project

P57: Raising Healthy Families Takes a Village: Promoting Maternal and Newborn Wellness Through Group Visits

Team Wellness:

L005: Building a Culture of Engagement and Wellness in an Academic Family Medicine Practice

L027: Can We Really Care for Patients 7 Days a Week Without Increasing Burnout? An Innovative Approach to Weekend Patient-Centered Care

L039: Design and Development of Teams for Practice Transformation

L088: Department Volunteer Day: Improving Whole Practice Well-being Through Community Service

L104: Expanding a Wellness Curriculum to Cultivate Culture Change for the Whole Patient Care Team

L055: Physician Wellness: Building a Supportive Culture to Enhance Resiliency During a Crisis of Burnout

sessions by topic area

Practice and Payment Models:

PR1: Extreme Makeover: Ambulatory Practice Edition Achieving the Quadruple Aim through Transformational Practice Redesign

L002: Application of Lean Methodology to Quality Improvement Projects in Primary Care

L003: Leveraging PCMH and CPC+ as a Foundation for Succeeding in Value-Based Care Contracts

L008: Clinical Performance Feedback: Development and Implementation of a Scorecard in the Family Medicine Residency Setting

L015: Building a Strong Foundation to Sustain Your Transformation Efforts

L016: Clinic First: A New Scheduling Model 3:1 and 2:2

L029: Family Home Visits: A Model for Primary Care Delivery

L030: Quality Improvement Focus in Patient-Centered Medical Home Curriculum for Third-Year Medical Students

L036: Comprehensive Primary Care Plus Year 2, Lessons Learned and Progress

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L076: Development and Use of a Locally-Specific Risk Score to Identify Patients at High Risk for Readmission

L079: Incorporating Population Management and Registry Data in the Critical Path of the Patient Visit

L084: +20 Patient Visits: An Innovative Strategy to Facilitate Practice Improvement

L085: Make Your Quality Measures Do Triple Duty

L090: But Wait, There's More! The Art of Balancing Your Deliverables

L091: Providing Comprehensive Family Planning Services in a Teaching Health Center

L093: Transforming Health Care Delivery Through a Family Medicine Residency and Community Paramedicine Partnership

L094: Optimizing the EHR to Drive Quality Performance Tied to Physician Compensation Metrics

L097: That Can't Be My Data: An Approach to Improving Patient Quality Metrics

L102: MACRA—Leveraging the Quality Payment Program as a Successful Tool for Patient-Centered Care

L105: Understanding the Impact of Scribes on Clinical Encounters in Primary Care

L107: Clinic Patient Relations Committee: Risk and Practice Management

S03: Quantitative Quality Improvement Methodology 101

\$04: Motivational Data: A Structured Approach to Practice Transformation

P07: Patients' Insights on Missed Appointments in a Family Medicine Residency Clinic: A Qualitative Evaluation

P03: PACER Progress Report: Quality Improvement Module

P07: Patients' Insights on Missed Appointments in a Family Medicine Residency Clinic: A Qualitative Evaluation

P10: PACER Progress Report: Stewardship of Resources

P12: Faculty Dashboard—Consolidating Key Metrics and Clarifying Expectations

P13: Reducing No-show Rates and Increasing Patient Care Access in a Family Medicine Center

P14: Provider-Driven Panel Management: Improving Quality in a Fee-for-Service Environment

P33: "I'm Listening": Patient-Centered Communication Enhancement at Northwest Clinic

P38: Teaching Billing and Coding in a Residency Program With a Plan for Improvement

P41: Increasing Revenue by Utilizing Registries for Chronic Diseases

P44: MACRA Standards for Depression Screening in a Family Medicine Residency Clinic

P50: Leaders in Family Medicine: Creating a Longitudinal Quality Improvement Curriculum for Family Medicine Residents

P61: Standardizing Result Management at a Residency Clinic

P66: Establishing Standardized Goals of Care Documentation in the Electronic Medical Record

sessions by topic area

Sessions by Topic Area

Interested in a specific track or topic? The conference steering committee has identified sessions within the following topic areas. Use the session code to search online (www.stfm.org/cpi) or in the mobile app for the session date/time/presenters/abstract.

Health Equity:

P02: Incorporating the Patient Voice and Assessing Provider-Patient Concordance for Quality Improvement: A Role for Medical Trainees

P22: Integrating Food Insecurity Screening With Community Resources

P28: Want to Learn English? An FQHC Addresses Social Determinants of Health and Language Barriers Through English Class

P33: "I'm Listening": Patient-Centered Communication Enhancement at Northwest Clinic

L005: Building a Culture of Engagement and Wellness in an Academic Family Medicine Practice

L018: Next Generation MAT: Integrated Care for Opioid Use Disorder

L024: Obstacles to Health Care Access Among Racial and Ethnic Minorities and Development of the Same-Day Clinic System

L059: Improving Population Health Through Community Engagement: A Successful Medical Home Model

L066: Food is Health: An Innovative Care Model to Reduce Food Insecurity Among Patients With Diabetes

L067: Health Literacy: Communicating So Patients Can Understand

L072: Ready or Not, Here it Comes: SDOH Screening in Primary Care

L075: What Makes Patients CLICK? Web-Based Opportunities for Patients to Help Themselves (And You!)

L076: Development and Use of a Locally-Specific Risk Score to Identify Patients at High Risk for Readmission

L078: Integrating the Social Determinants of Health Into Routine Patient Care: How a Mobile Clinic for the Underserved Uses an SDOH Screening Tool to Advance Health Equity

L107: Clinic Patient Relations Committee: Risk and Practice Management

Resident Interest:

L005: Building a Culture of Engagement and Wellness in an Academic Family Medicine Practice

L007: Using the Psychiatric Collaborative Care Management Model to Address Behavioral Health Issues

L014: Integration of Consistent Clinic Days Into Teambased Care at an FQHC: A Hybrid Model

L019: Purpose-Driven Care

L029: Family Home Visits: A Model for Primary Care Delivery

L033: Front Lines of the Crisis: Treating Opioid Use Disorder in a Family Medicine Clinic

L044: The BEST You Program: How a Mobile Clinic Transports Chronic Disease Self-managment Into Homes, Churches, and Community Centers Near You!

L051: Team Management of Diabetes in a Resident-Run Primary Care Clinic

L055: Physician Wellness: Building a Supportive Culture to Enhance Resiliency During a Crisis of Burnout

L056: Partnering With Local Established Medical Practices to Create Longitudinal Continuity Care Tracks for Residents to Meet the Quadruple Aim and ACGME Requirements

L058: Cultivating Behavior Change

L059: Improving Population Health Through Community Engagement: A Successful Medical Home Model

L066: Food is Health: An Innovative Care Model to Reduce Food Insecurity Among Patients With Diabetes

L069: Improving Team Indigestion: Interdisciplinary Teams Target Polypharmacy—One Pill at a Time

L072: Ready or Not, Here it Comes: SDOH Screening in Primary Care

L073: Avoiding the Dilbert Trap: How to Successfully Lead Change in Your Clinical Practice by Utilizing Corporate Business Strategies of Change

L084: +20 Patient Visits: An Innovative Strategy to Facilitate Practice Improvement

L088: Department Volunteer Day: Improving Whole Practice Well-being Through Community Service

L093: Transforming Health Care Delivery Through a Family Medicine Residency and Community Paramedicine Partnership

L098: Project ECHO: Virtually Weaving Together Psychiatry and Primary Care to Improve Behavioral Health Patient Care

Resident Interest (cont.):

L101: Advancing Integrated Care by Cotraining of Residents and Postdoctoral Psychology Fellows

L103: Join the Circle: Integrating the Centering Group Model Into Family Medicine

L104: Expanding a Wellness Curriculum to Cultivate Culture Change for the Whole Patient Care Team

S01: BRIGHT SPOT TOPIC: Building the Primary Care Office of The Future: From Innovative Ideas To Implementation, Lessons Learned Along The Way

P19: A New Structure for Precepting Patients in Clinic

P31: Using Prerecorded Lectures to Enhance Resident and Care Team Education

P37: Implementation of HEEADSSS Adolescent Screen in a Family Medicine Residency

P47: The Comprehensive Chronic Pain Management in Primary Care Practice Improvement Project

P58: A Novel Approach to Improving Clinic-Related Communications at the Point of Care in a Residency Clinic

P64: Reduce Your Administrative Workload, Avoid Duplicate Tasks

P71: Improving Management of Patients on Chronic Opiates at Thomas Hart Family Practice

2018 Conference Steering Committee

STFM extends its thanks to the conference steering committee for their time and expertise in planning this year's conference.

David Ehrenberger MD, Conference Chair

HealthTeamWorks, Golden, CO

Stacey Bartell, MD

Providence Family Medicine Residency, Plymouth, MI

Stacy Brungardt, MA, CAE

Society of Teachers of Family Medicine, Leawood, KS

Tina Burch, BSN

Community East Family Medicine Residency, Indianapolis, IN

Jorge Duchicela, MD

Youens & Duchicela, Weimar, TX

Charles Eaton, MD, MS

Memorial Hospital of Rhode Island/Brown University, Department of Family Medicine, Pawtucket, RI

Kyle Knierim, MD, Conference Co-Chair

University of Colorado, Denver, CO

Amy Mullins, MD, FAAFP

American Academy of Family Physicians, Leawood, KS

2018 Conference Partnerships

If you or someone you know would like to be a 2018 Conference Partner, please visit this site for more information: www.stfm.org/Conferences/cpi/PartnershipOpportunities

Additional Learning Opportunity: The International Conference on Practice Facilitation

Designed for current and future practice facilitators, their mentors, leaders and researchers in the field, the International Conference on Practice Facilitation will be held December 10-11, following the Conference on Practice Improvement. For additional information, and to register, visit: www.napcrg.org/icpf

general conference info

Conference Location

Marriott Tampa Waterside Hotel & Marina 700 S Florida Ave Tampa, FL 33602

Conference Rate: \$189 single/double (plus taxes) Reservation Deadline: November 14, 2018

Reservations (Online): https://book.passkey.com/go/STFMConference Phone/Reservations: (888) 789-3090 (Request the STFM group rate.) Hotel Phone: 813-221-4900 (For general questions and to contact

guests; NOT for reservations.)

Be sure to make your reservations before November 14 to receive this discounted group rate. Rooms at this rate may sell out quickly, so book early. Rates do not include state and local sales tax. Reservations for late arrival must be guaranteed with a credit card. Cancellations must be made at least 72 hours prior to arrival date. Check-in time is 3 pm; check-out time is Noon. The conference rate may be available 3 days prior to and 3 days following the conference, based on space availability at the time the reservation is made. If conference attendance exceeds expectations, rooms in the conference block may sell out prior to the cut-off date. Make your reservations as soon as possible to ensure your preferred accommodations. Request a confirmation number when making your hotel reservation. In the unlikely event that you have to cancel your reservation, ask for a cancellation confirmation. A portion of the room rate is rebated to STFM to offset general meeting and information technology expenses.

Hotel Fitness Facilities

The Tampa Marriott Waterside fitness facilities are free to all guests of the hotel and feature state-of-the art Life Fitness Equipment. The fitness center is open 24-hours/day.

Ground Transportation

The Tampa Marriott Waterside does not provide shuttle service to and from Tampa International Airport. "Super Shuttle" is available between the airport and hotel with rates beginning at \$10/person one-way. For more information, call 800-258-3826 or visit www.supershuttle.com/Locations/TPAAirportShuttleTampaBay.aspx

Taxi and Uber service is also available. Please confirm fares before hiring.

Air Travel

For assistance in making your airline reservations for the conference, call Reward House, Inc., at 877-353-6690 or 816-295-3131. You can also email your questions or travel preferences to jhilburn@rewardhouseinc.com for online assistance. Office hours are 9 am–5 pm (central time) Monday through Friday.

CME and CNE Credits

Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending and will be available at www.stfm.org/cpi in November. Preconference workshops on Thursday, December 6 are included in the conference CME and CNE.

AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 Credit™ toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed credit, not as Category 1.

CME activities approved for AAFP credit are recognized by the AOA as equivalent to AOA Category 2 credit.

AAFP Prescribed credit is accepted by the following organizations. Please contact them directly about how participants should report the credit they earned.

- American Academy of Physician Assistants
- National Commission on Certification of Physician Assistants
- American Nurses Credentialing Center
- American Association of Nurse Practitioners
- American Academy of Nurse Practitioners Certification Program
- American Association of Medical Assistants
- American Board of Family Medicine
- American Board of Emergency Medicine
- American Board of Preventative Medicine
- American Board of Urology

(Determination of credit is pending and will be available at www.stfm.org/cpi in November.)

Registration

Register by November 5 and save \$75. Your registration fee includes all educational sessions (except preconference workshops), receptions, breakfasts, refreshment breaks, and lunch, according to the conference schedule. To register online, visit: www.stfm.org/cpi

Registration Refund Policy

If a registrant cannot attend a conference for personal or work reasons, requests for refunds must be received in writing by STFM by November 5 to receive a 50% registration fee refund. No refunds will be issued after November 5 except for those emergencies addressed below. Refund requests due to medical or weather emergencies at time of conference may be eligible for a 50% refund. If registrant is unable to attend because of a weather emergency, registrant must show that they attempted to re-schedule their travel arrangements but could not get to the conference during the official conference dates. In the event of such cancellation request by a conference registrant, the registrant must provide STFM with official documentation to support their request. In the unlikely and extreme event that STFM is forced to cancel a conference, STFM is not responsible for fees or penalties that conference registrants may incur for nonrefundable airline tickets or hotel deposits.

Photo/Video Permission

We will be taking photos and video throughout this conference. By attending, you give STFM permission to use images taken at the conference in any electronic or printed communications by STFM for any advertising and promotional purposes. You agree to release STFM and their employees, agents, and designees from liability for any violation of any personal or proprietary right you may have in connection with such use.

Questions?

Call 800.274.7928, Ext. 5415 or email stfmoffice@stfm.org

Registration Form

Conference on Practice Improvement December 6-9, 2018

Register online at www.stfm.org/cpi Copy this form for team registrations. Please print or type all information.

Name (for badge):			Degree(s):	
Institution:				
Address:				
City, State, Zip:				
Phone:		Fax:		
Email:				
Professional Role (Check all that app	oly.)			
☐ Behavioral/Social Science Specialist☐ Fellow☐ Health Educator/Dietician☐ Medical Student Education Faculty☐	☐ Coordina ☐ Medical S ☐ Nurse Pra ☐ Residence	Student Education actitioner Nurs by Director Re	se/Medical Assistant □ Pharmacist □ Physician Assistant sidency Faculty □ Resident □ Student	
Primary Work Setting (Please check only one.)			Please check ALL appropriate responses.	
Medical School Department Residency Program Private Practice Association Government Agency Other: (requires response)			☐ First-time Attendee ☐ Special Dietary Requirement: ☐ Vegetarian ☐ Gluten-free ☐ Disability that requires special assistance (you will be contacted by conference staff)	
Registration Fee	By Nov. 5	After Nov. 5	Preconference Workshops: Thursday, December 6, 1-5 pm	
	,	& Onsite	□ PR1: Extreme Makeover: Ambulatory Practice Edition Achieving the Quadruple Aim Through Transformational Practice Redesign Fee: \$150; includes training materials and refreshments. See page 6.	
Practicing or faculty physician	\$470	\$545		
Other educator/clinician/administrator/ staff	\$420	\$495		
Team member (each; 3 or more from same practice or residency; does not include physicians or reside	\$320 ents)	\$395	☐ PR2: Cooking Up the Alphabet Soup: TCM, CCCM, ADP, PsyCCM, E&M, MACRA, APM, MIPS, and HCC's Fee: \$150; includes training materials and refreshments. See page 6.	
Resident	\$320	\$395		
Student	\$320	\$395		
One-day registration	\$250	\$325		
TOTAL REGISTRATION FEE: \$(Registration + Preconference Works	shop)		Mail this form with payment to: Conference on Practice Improvement c/o STFM	
Method of Payment:			11400 Tomahawk Creek Parkway	
☐ Check enclosed, payable to Conference on Practice Improvement ☐ Mastercard ☐ Visa ☐ AMEX			200.1000, 1.0 002.1. 20.2	
Card number:			Or fax this form with credit card information to 913.906.6096.	
Expiration date:			If you have any questions about your registration, contact the STFM office at 800.274.7928, ext. 5415 or stfmoffice@stfm.org.	
Name on card:				

