

Session Overviews

KEYNOTE SESSIONS

OPENING KEYNOTE Donna Wright, MS, RN, NPD-BC

PUTTING THE PATIENT 3RD: A COUNTERINTUITIVE PATH TO EXCEPTIONAL CARE

THURSDAY 06/11 • 06:00 PM - 07:00 PM

OVERVIEW Healthcare leaders talk about “putting the patient first.” This keynote offers a provocative reframe, suggesting that the most sustainable path to better patient outcomes begins with how leaders and teams show up for themselves and one another. By strengthening relationships and intentionally supporting the people who deliver care, organizations are better positioned to deliver exceptional care.

In this engaging and practical keynote, Donna Wright explores the core principles of relationship-based care and the influence of leadership behaviors, self-awareness, and team dynamics on performance. Through storytelling, humor, and real-world examples, participants will examine how everyday interactions, team dynamics, and intentional leadership choices shape outcomes. This session inspires leaders to see caring for themselves and their teams not as a distraction from patient care, but as a powerful way to strengthen it.

LUNCH KEYNOTE Amanda Pears-Kelly, Advocates for Community Health

HEALTH CENTER PROGRAM POLICY UPDATE

FRIDAY 06/12 • 12:30 PM - 01:30 PM

OVERVIEW Please join Amanda Pears-Kelly for a timely update on key policy developments impacting the Health Center Program. This session will review federal policy changes, legislative trends, and regulatory shifts and what they mean for your health center’s operations, funding, and strategic direction. Attendees will gain insights into current advocacy priorities, compliance considerations, and opportunities to influence policy at the local and national levels. Whether you’re a health center leader, clinician, Board member, or policy advocate, this session will equip you with the knowledge to navigate today’s ever-evolving policy landscape and prepare for what’s ahead.

Session Overviews



HEALTH CENTER BOARDS TRACK

FACULTY Malek + Malek

TRACK OVERVIEW This three-session Board of Directors track provides health center board members with a clear, practical understanding of the Health Center Program and the governance responsibilities necessary to support compliance, oversight, and organizational performance. Drawing from HRSA's Bureau of Primary Health Care (BPHC) guidance, the Health Center Program Section 330 requirements, and the Compliance Manual, these sessions equip board members with the knowledge and tools needed to fulfill their fiduciary and governance roles effectively.

Through structured learning and real-world examples, participants will strengthen their understanding of health center operations, board authority and accountability, and the essential role of the board/CEO partnership in advancing mission impact, growth, and long term sustainability.

At the conclusion of this track, participants will be able to:

- Describe the core requirements of the Health Center Program and the board's role in supporting compliance and oversight
- Explain the board's fiduciary duties and governance responsibilities under Section 330 and HRSA requirements
- Use HRSA guidance, including the Compliance Manual, to inform Board decision-making
- Strengthen effective board/CEO partnerships through role clarity, communication, and aligned expectations that support mission fulfillment and sustainable growth



UNDERSTANDING THE HEALTH CENTER MISSION, MODEL, AND FEDERAL EXPECTATIONS

FRIDAY 06/12 • 09:00 AM - 10:15 AM

This session provides a foundational overview of the Health Center Program and the federal requirements that govern community health centers. It will explore:

- Overview of the Health Center Program and Section 330 requirements
- The role of HRSA and BPHC in overseeing health center performance and compliance
- Key elements of the Health Center Program Compliance Manual and how they apply to governance
- Scope of project, patient eligibility, and required services
- The board's role in understanding and supporting compliance and program integrity



LEADING FROM THE BOARDROOM: EFFECTIVE GOVERNANCE IN THE HEALTH CENTER PROGRAM

FRIDAY 06/12 • 10:30 AM - 11:45 AM

This session focuses on the specific governance responsibilities of health center boards as defined by federal law and HRSA requirements. It will explore:

- Required board authorities under the Health Center Program, including oversight of finance, quality, and executive leadership
- Fiduciary duties of board members: duty of care, duty of loyalty, and duty of obedience
- Board responsibilities related to policies, strategic planning, and organizational oversight
- Understanding compliance expectations related to board composition, conflict of interest, and decision-making
- Using HRSA tools and guidance to support effective governance



THE BOARD-CEO PARTNERSHIP: LEADING TOGETHER TO ADVANCE MISSION, STRATEGY AND GROWTH

FRIDAY 06/12 • 01:45 PM - 03:00 PM

This session examines the critical partnership between the governing board and the Chief Executive Officer and how that relationship supports a strategic approach to organizational stability, performance, growth, and compliance. It will explore:

- Distinct but interconnected roles of the board and the CEO
- Board responsibilities related to CEO selection, evaluation, and support
- Board responsibilities for strategic planning
- Maintaining appropriate governance oversight while avoiding operational overreach
- Effective communication and decision-making practices between the board and CEO
- Managing transitions while maintaining compliance and organizational trust

Session Overviews



VALUE-BASED PAYMENT & SUSTAINABILITY TRACK

FACULTY Ann Loeffler and Michael Ceballos, Facktor

TRACK OVERVIEW This three-session series provides a practical, data-driven look at how payers and provider organizations use risk, financial targets, and business modeling to succeed in value-based care environments. Participants will explore how payer expectations are established, how value-based contracts are structured, and how organizations can design and evaluate business models that align total cost of care, quality performance, patient volume, and strategic investments.

Through real-world examples and structured modeling approaches, the sessions guide participants in understanding the financial mechanics of value-based care and applying actionable frameworks to support informed decision-making, prioritization, and long-term sustainability.

At the conclusion of this track, participants will be able to:

- Explain how payers use data and risk methodologies to set financial targets and structure value-based contracts.
- Identify key components of value-based business models, including total cost of care, quality incentives, investments, and patient volume.
- Apply financial modeling and if/then scenario analysis to support strategic decision-making and sustainability in value-based contracts.



DATA, RISK, AND FINANCIAL TARGET SETTING

FRIDAY 06/12 • 09:00 AM - 10:15 AM

This session explores how payers use data and risk methodologies to establish financial targets and how those targets influence value-based contracts and payment structures. It will explore:

- How payers use historical and comparative data to set financial benchmarks and targets
- The role of risk adjustment and attribution in value-based payment models
- How financial targets influence contract design, incentives, and payment methodologies
- The implications of payer target setting on provider performance, strategy, and risk exposure

BUILDING A VALUE-BASED BUSINESS MODEL – PART 1

FRIDAY 06/12 • 10:30 AM - 11:45 AM

This session introduces foundational components of value-based business modeling, focusing on how organizations account for total cost of care, quality incentives, required investments, and patient volume assumptions. It will explore:

- Core components of value-based business models and how they interact
- Modeling total cost of care and understanding financial sensitivity to utilization changes
- Incorporating quality performance incentives into financial projections
- Accounting for care management, infrastructure, and operational investments
- Evaluating patient volume assumptions and their impact on financial outcomes

BUILDING A VALUE-BASED BUSINESS MODEL – PART 2

FRIDAY 06/12 • 01:45 PM - 03:00 PM

Building on Part 1, this session advances participants' ability to use business models as decision support tools. It will explore:

- Refining models to assess trade-offs between cost, quality, and patient volume
- Using if/then prioritization to test strategic and operational decisions
- Identifying high impact levers for improving financial and performance outcomes
- Applying business models to support leadership decision-making and sustainability planning

Session Overviews



VALUE-BASED CARE TRACK

FACULTY Russ Kolski, RN, Health Initiatives Consulting

TRACK OVERVIEW Independent practices and clinically integrated networks (CINs) play a critical role in advancing patient-centered, value-based care by coordinating care delivery, leveraging data to guide decision-making, and aligning financial models to support long-term transformation. However, many practices and networks struggle to connect care delivery strategies, data infrastructure, and payment models into a cohesive operational approach.

This three-part session series explores how organizations operationalize patient-centered care, build the data and analytics capabilities needed to support population health management, and align those efforts with value-based payment models. Using an operational maturity roadmap, the series demonstrates how these capabilities evolve over time and how networks can strengthen care delivery, improve performance, and prepare for financial risk.

Participants will gain a practical understanding of how care team strategies, population health tools, and value-based payment models must work together to support sustainable performance across participating practices.

At the conclusion of this track, participants will be able to:

- Describe how patient-centered care delivery, population health data, and value-based payment models must be aligned to support practice and network performance
- Explain how operational capabilities within participating practices influence quality, utilization, and total cost of care outcomes
- Identify the key components of an operational maturity framework and how these capabilities evolve over time
- Apply a structured approach to assess current network capabilities and prioritize operational improvements to support value-based care success



PATIENT-CENTERED CARE AND CARE TEAM STRATEGIES

FRIDAY 06/12 • 09:00 AM - 10:15 AM

This session examines how practices and networks operationalize patient-centered care through coordinated, team-based care models. It will explore:

- The role of networks in patient-centered care delivery, coordinating providers, and aligning care across practices to move beyond visit-based care toward proactive, population-based approaches
- Care team models and care coordination infrastructure, including care managers, care coordinators, and clinical staff, and how team-based care supports longitudinal patient management
- Transitional Care Management (TOC) and high-risk patient management through structured workflows such as discharge follow-up, medication reconciliation, and risk-stratified care management
- Strategies to operationalize care gap closure, preventive care outreach, and whole person care, including chronic disease management, screening and referral workflows, community resource integration, and standardized patient-centered workflows across practices

DATA, ANALYTICS, AND TOOLS TO SUPPORT POPULATION HEALTH MANAGEMENT

FRIDAY 06/12 • 10:30 AM - 11:45 AM

This session explores how practices and networks use data, analytics, and technology to support population health management and improve performance. It will explore:

- The role of data in population health management to support patient-centered care and informed operational decision making, including the use of clinical data to understand and manage patient populations
- Population identification and prioritization strategies to focus care teams on patients with the greatest needs and opportunities for improvement
- Translating data into actionable workflows that support care gap closure, patient outreach, and care management activities embedded into everyday operations
- Tools and approaches used to track performance, monitor quality, reduce variation, and standardize workflows to improve consistency and outcomes across practices or networks

VALUE-BASED CARE MODELS, PAYMENT, AND SUSTAINABILITY

FRIDAY 06/12 • 01:45 PM - 03:00 PM

This session focuses on how value-based care models align with care delivery and data infrastructure to support sustainable performance in practices and networks. It will explore:

- An overview of value-based payment models across Medicare, Medicaid, and commercial payers, including shared savings, capitation, and risk-based arrangements
- How care delivery and data, explored in prior sessions, connect to payment models and support performance in value-based contracts
- The financial drivers of value-based care performance, including quality, utilization, and total cost of care, and how organizations align operational efforts to these drivers
- Strategies for managing multi-payer performance and sustaining long-term practice transformation, including aligning workflows, governance, and operational capabilities to support ongoing success across contracts

Session Overviews



LEADERSHIP TRACK

FACULTY Donna Wright, MS, RN, NPD-BC, Creative Health Care Management

TRACK OVERVIEW This three-session Leadership track focuses on building strong, accountable, and adaptable healthcare teams through practical frameworks for ownership, accountability, and capacity development. Together, these sessions provide leaders and team members with shared language, tools, and approaches to strengthen relationships, improve performance, and create healthy work environments that support sustainable success.

Through engaging discussion, real world examples, and reflective learning, participants examine how ownership, responsibility, authority, accountability, and learning cultures work together to support trust, collaboration, and continuous improvement across all levels of the organization.

At the conclusion of this track, participants will be able to:

- Describe the role of ownership in building accountable, engaged, and balanced healthcare teams and how it applies to all levels of the organization
- Explain how responsibility, authority, and accountability work together to support trust, collaboration, and effective delegation in day-to-day practice
- Apply practical frameworks, including the Ms-mS and R+A+A formulas, to communicate expectations clearly and promote accountability in everyday situations
- Identify the elements of healthy work environments that support strong interpersonal relationships, mutual commitment, and shared accountability
- Examine how learning cultures and just cultures contribute to individual and team capacity, performance, and resilience
- Utilize strategies for addressing mistakes, performance challenges, and growth in conversations in ways that build trust, clarity, and commitment
- Create and sustain learning-focused environments that support continuous improvement, professional growth, and long-term organizational performance



OWNERSHIP – THE BEST FORMULA FOR SUCCESS

FRIDAY 06/12 • 09:00 AM - 10:15 AM

We want people in healthcare to truly own their practice and their work. This fun-filled, engaging session takes a practical and reflective look at how ownership really works and how it can be embraced at all levels of the organization. It will explore:

- Ownership as a Leadership Concept, including what it means to take responsibility for one's role, decisions, and impact, and how ownership influences culture, engagement, and outcomes
- The Components of Ownership, focusing on the balance between management expertise and service experience, and how integrating both strengthens leadership effectiveness and trust across teams
- Balancing Ownership in Practice by exploring the art of aligning responsibility with empathy, clarity, and collaboration in everyday situations
- Applying Practical Ownership Frameworks, including the Ms–mS formula, to guide everyday conversations, decision-making, and professional practice across all roles in the organization

R+A+A: THE SECRET FORMULA TO GETTING THINGS DONE AND BUILDING TRUST ALONG THE WAY

FRIDAY 06/12 • 10:30 AM - 11:45 AM

Getting everyone on the same page and moving in the same direction is not always easy. This practical and engaging session explores how responsibility, authority, and accountability work together to support collaboration, trust, and follow-through in the real world of healthcare. It will explore:

- Shared Responsibility and Accountability, including an examination of the responsibilities and accountabilities we all share and the type of work environment where these elements are supported and sustained
- Defining Responsibility and Accountability by clarifying what each means in practice and how they influence behavior, performance, and trust within teams
- Elements of Healthy Work Environments and Strong Interpersonal Relationships, with a focus on communication, respect, and commitment to one another as coworkers
- Commitment to My Coworker Strategies that reinforce collaboration, mutual responsibility, and day-to-day accountability
- Applying the R + A + A Formula (Responsibility, Authority, and Accountability) to everyday situations, providing participants with practical tools to promote accountability and alignment across all roles and levels of the organization
- Teaching methodology for this session includes lecture, storytelling, discussion, question and answer, and humor to encourage reflection, engagement, and real-world application.



DEVELOPING CAPACITY—GROWTH AND PERFORMANCE

FRIDAY 06/12 • 01:45 PM - 03:00 PM

This session offers a creative and practical exploration of developing capacity within healthcare teams. It will explore:

- Developing Capacity Through Learning and Just Cultures, including the essential elements that support growth, safety, and accountability across teams and organizations
- Competency and Commitment as Foundations for Performance, examining how skill development and engagement work together to support sustainable growth
- Risk-Taking and Learning Environments, with a focus on creating spaces where learning from mistakes is encouraged and supported rather than feared
- Mistake-Making and Managing the Response, exploring how leaders and teams can respond to errors in ways that build trust, accountability, and learning
- Approaches to Performance and Growth Conversations, including navigating clarity and commitment challenges through performance discussions held with a “heart at peace”
- Creating and Sustaining Learning Environments that support continuous improvement, professional growth, and long-term performance