



Ninth Annual
**Native American
Healthcare
Conference**

June 4th-5th, 2018

**Disney's Grand Californian Hotel & Spa
Anaheim, CA**

7:30-8:30 AM

Registration & Continental Breakfast in Sequoia Ballroom D-H



8:30-8:45 AM

Welcoming Remarks & Opening Prayer in Sequoia Ballroom A-C



Justin O'Connor
President
Native Nation Events

8:45-9:45 AM

General Sessions in Sequoia Ballroom A-C
The Biggest Decision You Will Make in Your Life. Make it Now!

- Creating a “reality delusion” field that becomes your mindset.
- Flipping “target fixation” and reframing problems.
- Integrating a control template that recharges energy and productivity.
- What coaches are watching films that leaders miss?
- The three absolutes to becoming the best version of yourself.

Presenter:



Jim Stroker
Coach
NNE Leadership Solutions Group

9:45-10:15 AM

A Vision for Building a Tribal Economy "Building Blocks"

Growing and diversifying an economy requires tribal leaders to engage in critical deliberations to ensure economic growth will be financially successful. It is crucial to plan towards a progressive, diversified portfolio that allows tribes to spread the risk and development business ventures that will translate into jobs and economic security not only for tribal governments but also for their tribal members. Presentation will focus on the key "Building Blocks" necessary for Economic Development & Planning for Diversification.

Presenter:



Jamie Fullmer
Chairman/CEO
Blue Stone Strategy Group

10:15-11:00 AM National Opioid Crisis & What it can Mean for Native America

- The opioid epidemic is posing an ever increasing threat to Indian Country. This threat is not decreasing rather it is only escalating.
- The historical governmental response is not only woefully late in its execution, but has proven to be inadequate especially when it comes to the federal resources that are being made available to assist in providing prevention and addiction assets for Indian Country.
- What strategy should Indian Country pursue in order to protect its people during this crisis?
- Non-pharmacologic treatments for pain: Safe and effective alternatives to opioid analgesics.

Presenters:



Tom Rodgers
Principal
Carlyle Consulting



Dan Lewis
President & Chief Executive Officer
Native Insight, LLC



Dr. James Whedon
Director of Health Services Research
Southern California University of Health Sciences

11:00-11:30 AM

Morning Break in Sequoia Ballroom D-H



11:30 AM

Healthcare General Session in Trillium Ballroom

11:30-12:30 PM

**The Affordable Care Act Roundtable Discussion:
Healthcare Access & Delivery- Novel Models That Can Work in Indian Country**

- The Affordable Care Act (ACA) was created to increase access to healthcare, coverage, control costs, and improve quality.
- It is important for businesses, both large and small, to understand their obligations and keep current with updates on the ACA.
- Under the new health care law, everyone is required to have minimum essential coverage or pay a fee- being eligible for IHS services alone doesn't meet the minimum coverage requirement.
- American Indians and Alaskan Natives are provided opportunities for affordable health coverage through the Health Insurance Marketplace.
- Medicaid plays a key role in providing healthcare to American Indians and Alaskan Natives, but many facilities only provide primary care, and many members of tribes live in rural communities far from IHS facilities.

Moderator:



Brendan McKenna
Vice President
Tribal First

Presenters:



Dr. Pedram Salimpour
CEO & Chairman
Pierce Health Solutions



Dr. Melissa A. Nagare, DC, L.Ac, CCSP
Vice President for SCU Health System, Chief Clinical Officer
Southern California University of Health Sciences



Wilbur Woodis
Senior Policy Analyst for External Affairs
Indian Health Service

12:30-1:30 PM

Lunch in Sequoia Ballroom D-H



Healthcare General Session in Trillium Ballroom

1:30-2:45 PM

Utilizing Technology for Overall Better Healthcare Delivery, Including Management of Diabetic Eye Disease, & Outcomes in Rural Settings

- How can technology be utilized to aid rural medical healthcare delivery?
- What costs are associated and how can a process be implemented?
- Why data plus Doctor makes for better Patient outcomes and why it is indispensable to rural clinicians.
- How technology assists new generation physicians in the diagnostic process.
- Cutting cost by managing waste through “less is more” applications.
- Minimizing travel by Patients in rural markets through telehealth programs and Increasing Patient participation through Smartphone and Computer applications.
- Diabetic eye disease is a leading cause of blindness among working age adults, worldwide and historically has been particularly prevalent in American Indians.
- The Indian Health Service initiated the Joslin Vision Network (IHS-JVN)-- a clinically validated teleophthalmology program -- to support the identification and remote care management of diabetic eye disease, with a goal of preventing vision loss.
- Hear about the technology, intended workflow, growth of the program over time and number of patients accessed.

Moderator:



Scott Boore
Senior Vice President & Head of Sales
MORE Health

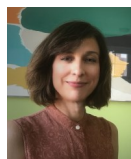
Presenters:



Dr. Kori Novak
Consultant/ Healthcare Thought Leader
MORE Health



Rob Huston
Consultant
MORE Health



Dr. Stephanie Fonda
Vice President – Research
Estenda Solutions

2:45-3:15 PM

Afternoon Break in Sequoia Ballroom D-H



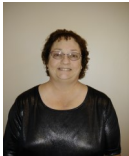
Healthcare General Sessions in Trillium Ballroom

3:15-4:15 PM

Diabetes: Prevention, Management & the Latest Technologies

- The Diabetes Prevention Program (DPP), a national study that included several American Indian communities, found that lifestyle changes, including a healthy diet, adequate exercise, and modest weight loss, can dramatically reduce a person’s risk for getting diabetes.
- Education programs for children and encouraging physical activity from a young age is key.
- What innovative approaches to diabetes prevention and awareness have come to life in Tribal communities?
- American Indians and Alaska Natives have the highest age-adjusted prevalence of diabetes among all U.S. racial and ethnic groups at nearly 16%, according to the American Diabetes Association, and the highest prevalence of diagnosed diabetes for both men (14.9%) and women (15.3%) among U.S. adults aged 18 and over.
- In response to the diabetes epidemic among American Indians and Alaska Natives, Congress established the \$150 million SDPI grant programs in 1997 which funds for diabetes treatment and prevention to IHS, Tribal, and Urban Indian health programs across the United States.
- What management programs, technologies and treatments have proven to be effective? Review different technologies and management devices that help people with diabetes manage their disease.
- Treatment options: western methodologies vs. traditional Native American healing.
- What funding programs have been successful? What federal funding is available for support programs?
- Complications and co-occurrences can arise from inadequate management of diabetes including cardiovascular events, renal disease, retinopathies, and amputations.

Presenters:



Cheryl Glover, RN
Diabetes Coordinator
Otoe-Missouria Tribe



Jonathan Nez
Vice President
Navajo Nation



Dr. Angie Sadeghi, MD
Southern California University
of Health Sciences

4:15-5:00 PM

Management of the Diabetic Foot and Amputation Prevention in Indian Country

- Diabetes has reached epidemic proportions among Native Americans. Prevalence of type 2 diabetes in Indian country is 12.2% for those over 19 years of age.
- Diabetes is the most common cause of non-traumatic lower limb amputations, as the risk for leg amputation is 15 to 40 times greater for a person with diabetes.
- The vast majority of diabetic patients with critical ischemia are never referred for evaluation for limb salvage, even though the majority are actually good candidates. This is most commonly due to misconceptions about the pathophysiology of the disease.
- Amputation rates in Indian country are 3-4 times higher than the general population.

Presenters:



Dr. Scott Brannan
President & Co-Founder
First Nations Limb Preservation
Foundation



Dr. Thomas J. Peters, MD
Chief of Orthopedic Surgery
Tuba City Regional Health Care Corporation

5:00 PM

Monday’s Sessions Conclude

7:30-8:30 AM

Registration & Continental Breakfast in Sequoia Ballroom D-H

Healthcare General Sessions in Trillium Ballroom

8:30-9:30 AM

Designing & Financing for Healthcare Needs & the Benefits of an Onsite Health Center & Pharmacy Solution

- Innovative design and partnerships for healthcare projects in Indian Country.
- Healthcare facility development.
- Financing opportunities and strategies.
- Through an onsite health center, implementing targeted evidence-based medicine strategies improves wellness outcomes and eliminates unnecessary tests and treatment resulting in lower healthcare costs for tribal employers.
- Learn how Coughatta Casino Resort has generated more than \$5.6 million in total net savings over the past three years with an onsite health center and Pharmacy. Since implementing a 340B Drug Pricing Program, onsite pharmacy prescription savings have risen to more than \$45,000 per month in 2017.

Moderator:

Presenters:



Ashley Bland
Director
Travois Design



Jackie Foy
Project Manager
BSA LifeStructures



Greg Baker
Vice President, Pharmacy
Premise Health

9:30-10:15 AM

Partnership Matters

Self-Funded Tribal Health Plans have the opportunity to take advantage of a variety of regulations to improve the cost of care provided to their members. From CHEF to Medicare Like Rates to the 340B program, opportunities for cost savings abound. To take full advantage, tribal health plans must build strong partnerships with their tribal clinics and health plan administration partners. In this session, you will learn:

- How you can partner with your clinic and health plan administrator to drive pharmacy spending to your clinic and their 340B program rather than through a standard PBM formulary.
- Best practices in how you partner with your clinic and health plan administrator to administer Medicare Like Rates and complete CHEF filings.
- What questions you should ask your health plan administrator about how they can help you to do the work associated with Medicare Like Rates, CHEF filings and coordination with your tribal clinic.

Presenters:



Rory Newcomb
Product Manager, Tribal and Cobra
HMA – Healthcare Management Administrators, Inc.



Carrie Brose, CSFS
Account Executive
HMA – Healthcare Management Administrators, Inc.

10:15-10:45 AM

Morning Break in Sequoia Ballroom D-H



Healthcare General Sessions in Trillium Ballroom

10:45-11:15 AM

Employee Health Centers for Indian Country Self-Insured Enterprise Groups - How to Save Money While Offering an Added Benefit to Your Employees

- Reduced Health Care Costs & Closing Gaps in Care
- Member Experience - Driving Member Engagement
- Reduced Absenteeism
- Proactive vs. Reactive HealthCare
- Holistic Population Health Management
- Patient Centered Medical Home Model

Presenter:



Roger Crown
Senior Director, Population Health Services
Cerner

Healthcare General Sessions in Trillium Ballroom

11:15-12:15 PM **How “Environmental” Factors Determine the Health of an Individual**

As health statistics in American are steadily changing for the better, within Native American communities they are dropping negatively. The environmental factors of lifestyle, economics, relationships, dietary habits, and social situations strongly suggests either a favorable atmosphere of growth or chaos.

The Strong Heart Study that was conducted from 1989 to 1991 compares the native American tribes of Arizona, Oklahoma, and South/North Dakota to the average American in Obesity, Diabetes, HTN, Smoking, Cholesterol, and Alcohol abuse and shows that the Arizona Native Americans were higher than those compared to.

According to the U.S. Department of Health and Human Services Office of Minority Health, American Indian or Alaskan Native adolescents are 30% more likely to be obese and adults are 50% more likely to be obese than non-Hispanic whites. Adults are also less likely to engage in regular leisure-time physical activity compared to other ethnicities. Obesity is a risk factor for several other diseases.

We will learn how to look at our own communities and clients to see how we can help refer them to the right organizations. Community collaboration is key in creating a holistic wellness program.

- Find barriers.
- You are a health coach not a judge.
- Collaborate with local wellness departments rather than stepping on toes.
- Finding innovative ways to promote wellness and get all generations involved.
- Looking into Mind, Body and Spirit of Wellness.

Presenters:



Thomas Yazzie
Master Fitness Specialist
San Carlos Apache Healthcare Corporation



OJ Fiander
Owner
Columbia Fitness



Dr. S. Prasad Vinjamury
Professor of Acupuncture and Ayurveda
Southern California University of
Health Sciences



Natalie Abeita
Administrator
Pueblo of Isleta Assisted
Living & Memory Care
Facility

Healthcare General Session in Trillium Ballroom

12:15-1:00 PM

Battling Substance Abuse & Addiction in Indian Country – What Needs to Be Done?

- What leads to drug and alcohol abuse? Poverty, unemployment, health concerns and historical trauma can all be factors.
- According to the Center for Behavioral Health Statistics and Quality, American Indians and Alaska Natives had the highest rate of substance dependence or abuse compared with other racial groups.
- Youth substance abuse- Past month usage among American Indian/Alaska Native adolescents aged 12-17 in the United States:
 - Marijuana use: 7.4% (U.S. 7.0%)
 - Illicit drug use: 8.3% (U.S. 8.8%)
 - Cigarette use: 4.8% (U.S. 4.2%)
 - Binge alcohol use: 3.0% (U.S. 5.8%)
- Substance use and misuse- Past year usage among American Indian/Alaska Native aged 12 or older in the United States:
 - Alcohol use disorder: 9.7% (U.S. 5.9%)
 - Illicit drug use disorder: 4.1% (U.S. 2.9%)
- Can adding or expanding prevention efforts focusing on alcohol among children help address substance use in AI/AN communities?
 - 17.3% of AI/AN who admitted to substance abuse said they began using alcohol or drugs at age 11 or younger according to the Treatment Episode Data Set.
- What types of prevention and support programs have been implemented and successful?
- A relatively low percentage of American Indians refer themselves for treatment, reflecting the need for more culturally sensitive programs for education, outreach, and treatment.

Presenters:



David "Joel" Beckstead, PhD
Acting Director
Division of Behavioral Health Services
Indian Health Service Headquarters



Karol Dixon
Health Services Director
Port Gamble S'Klallam Tribe

1:00 PM

Healthcare Conference Concludes

1:00 PM

EXHIBITOR RAFFLE DRAWING

Followed by

*****GRAND PRIZE DRAWING*****

In Sequoia Ballroom A-C

Three winners will each receive one free conference registration and a \$100 gift card!

*****Winners must be Present to Win*****