



RURAL HEALTHCARE PROVIDER TRANSITION PROJECT 2022 RURAL HEALTH EQUITY AND QUALITY SUMMIT

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Through the Rural Healthcare
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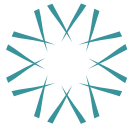
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PANELISTS:



Sarah Brinkman
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Working in rural health equity and quality is a merging of passions for me. I've always been passionate about social justice and equity related issues. I have 15 plus years of experience working in health care quality, much of that with a specific focus on rural communities. Some current examples of this work include: serving as program manager for the Federal Office of Rural Health Policy funded Rural Quality Improvement Technical Assistance team, serving as program director supporting health equity for the CMS funded Superior Health QIN-QIO team, supporting Stratis Health Culture Care Connection online learning and resource center, and serving on the National Rural Health Association Health Equity Council.



Jill Bullock
Flex Program Coordinator
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I think all rural areas suffer from health equity. Most independent CAHs can only provide basic services. It appears that CAHs need to be part of a system or network to be able to conduct or expand services in their communities. Independent CAHs are having a hard time with quality as they don't always have dedicated staff, or the turnover is so high that quality is not hard wired in their facilities. Most importantly IHS hospitals don't align CMS quality measures with IHS GIPRA measures. I have been trying to work with FORHP and the Federal IHS for more quality measure alignment. Also, Sovereign Nations typically don't like to share data.



Christina Campos
Administrator
Guadalupe County Hospital
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I've been a rural hospital administrator for 18 years. My entry into the healthcare field was in 1993 as a community liaison to help address our community health needs and create a dialog among the various stakeholders. I've served on numerous health equity panels and committees through ACHE, the NM Hospital Association, and the American Hospital Association. I also serve on several local boards that work toward improving social determinants of health, equity and quality.



Craig Caplan
Senior Advisor
Policy Research Division, FORHP
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As a Senior Advisor in FORHP for the past 7 years, I have focused on value-based care and health care financing, among other rural health policy subjects, and i have served on the FORHP health equity workgroup's data and research subgroup. Previously, i worked at the Centers for Medicare & Medicaid Services (CMS), where I developed Medicare physician and hospital value-based care payment policy in the Center for Medicare and, prior to that, evaluated value-based care initiatives in the CMS Innovation Center.



Ray Eickmeyer

Director EMS and Paratransit, Safety & Preparedness
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Using Community Paramedicine/Community Health Workers we have overcome barriers in reaching people living in rural areas with equity with services like Social Determinants of Health, mobile and mass vaccination, mobile testing, chronic disease management, acute care and post-discharge follow-up. Delivering services for the 'whole patient care' to the patients' home where health and well-being makes sense, healthcare does not occur only in the walls of a clinic or hospital it occurs in the patient's daily life and should be a part of our lives proactively.



Amy Elizondo

Chief Strategy Officer
NRHA, Border Health Program, Community Health Worker
Education, Equity Council

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As Chief Strategy Officer for the NRHA, I oversee our programming and initiatives for this association. This includes oversight of activities related to our Health Equity Council and our National Rural Quality Technical Assistance Center. I also previously served as the primary analyst on rural health issues for Medicare Part A in the CMS Office of Legislation, which included rural health equity and quality issues in my portfolio.



Wade Gallon
Consultant
Stroudwater Associates
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My experience consists of helping rural hospitals understand the shift in payment system from the fee-for-service environment to a system based on population health. To effectively manage a population, working towards health equity needs to be a priority.



Terry Hill
Senior Advisor for Rural Health Leadership and Policy
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I grew up in the interior of Alaska with an Athabaskan Native tribe that experienced very high rates of tuberculosis, addiction, and other acute and chronic health conditions. The closest health services were in Fairbanks 200 miles away, and once a month a public health nurse came through our village to see patients for a single day. As a teen, I marched in protest demonstrations on behalf of Dr. Martin Lutheran King, and after receiving my master's degree I worked as a social worker and developed health and legal services programs for migrant farmworkers in Pennsylvania. What I experienced in all of these activities, was a profound failure on the part of the existing health systems and governments to provide health equity and quality to disadvantaged populations. It was a primary reason that I went into healthcare, and it remains a motivating purpose for me today.



Brooke S. McDowell

Practice Administrator

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I have been the Practice Administrator for 24 years in a small rural health clinic. During my time as Administrator, I have seen the disadvantages that rural areas face in order to receive proper health care.



Shena Popat

Senior Research Scientist

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With NORC's Walsh Center for Rural Health Analysis, I have experience working on rural and frontier health program evaluation and policy analysis projects for federal agencies, state, and foundations. All of our research integrates health equity for rural communities. While we analyze secondary data to describe quality and outcomes, primary data collection in which we can listen to and learn from rural providers and patients is most important in driving a path forward. Previously, I served as Improvement Director for a critical access hospital and rural health clinic, where I led ACO implementation efforts and engaged medical staff in implementing process improvement projects. Even the small changes can make a difference!



Tim Putnam

President of Rural Health Consulting and Recovering
Hospital CEO

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I have been a CEO for rural hospitals for almost two decades; previously, I was the President of NRHA. I am also been a member of White House COVID Health Equity Task Force.



Peggy Wheeler

Vice President, Rural Healthcare and Governance
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I have worked in rural health care for over 30 years and addressed inequity and disparity in access to care in rural vs. urban communities. I have tried to use my platform to raise awareness and bring attention and resources to the issues.