WHO SHOULD ATTEND:
- Rural Hospital CEOs, Administrators, Senior Executives and System Leaders
- Board Members
- Nursing and Physician Executives
- Public Health and Community Leaders
- Executives of Rural Health Care Associations, Networks and Clinics

STRATEGY SESSIONS TO HELP ATTENDEES:
- Gain practical tools for achieving peak operational, clinical and financial performance
- Understand what it means to be accountable for managing the health of your rural population
- Strengthen the hospital’s capacity to deliver value-based care through strategic partnerships
- Recruit top clinical talent through stronger physician/hospital alignment and an enhanced organizational culture
- Explore emerging strategies and technologies for improving care coordination and clinical integration
- Revitalize your leadership and improve board expertise and skills

29TH ANNUAL
Rural Health Care LEADERSHIP CONFERENCE

FEBRUARY 7–10, 2016 | ARIZONA GRAND RESORT & SPA | PHOENIX, AZ

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Rural health care leaders are actively transforming their organizations for a new world of accountable care marked by changing payment models, heightened expectations for physician alignment, and a greater need for collaboration.

They understand the imperative to compete on the value derived from high quality and low cost care delivery. Many rural hospitals are already improving outcomes, creating strategic alliances, engaging with consumers, and successfully managing the health of their rural populations.

The 2016 Rural Health Care Leadership Conference brings together top practitioners and thinkers to share strategies and resources for accelerating the shift to a more integrated, high performing, and sustainable rural health care system. We’ll examine the most significant operational, financial and environmental challenges and present innovative approaches that will enable you to transform your organization’s care delivery model and business practices. Senior executives, clinical leaders, and trustees will enhance their capacity to make the smart decisions that can lead to extraordinary outcomes.

Plan to arrive early to enjoy Phoenix and join us on Sunday to dive deeper into individual and organizational performance improvement topics through two pre-conference workshops. These workshops afford substantial opportunities for interaction between participants and faculty, adding great value to your conference experience.

The Rural Health Care Leadership Conference offers a powerful focus on innovative ideas, thoughtful insights, and tested strategies for responding to an ever changing world. We hope you’ll join us in Phoenix.
AGENDA

SUNDAY, FEBRUARY 7

1:00 – 5:00 pm
CONFERENCE REGISTRATION

2:00 – 4:00 pm
WORKSHOP #1
Governance of Collaborative Partnerships that Improve Community Health
John R. Combes, MD, Chief Medical Officer and SVP, American Hospital Association and President, Center for Healthcare Governance, Chicago, IL and Debra Stock, Vice President, American Hospital Association, Chicago, IL

Hospitals’ accountability and commitment to their communities are not only for the care provided within the hospital walls, but also for improving the overall health of the communities served. As evidenced by the 30-year history of the Foster G. McGaw Prize for Excellence in Community Service, the exceptional commitment of health care organizations to improving the health and well-being of the communities they serve is not new. But the transformations occurring in delivery and financing have spurred the acceleration of broad based partnerships of many types focused on community health improvement. This workshop will present the results of the AHAs Center for Healthcare Governance’s 2015 Blue Ribbon Panel project on “Governance of Collaborative Partnerships that Improve Community Health.”

By profiling how several recent Foster G. McGaw Prize for Community Health winners have evolved to formally oversee the population health initiatives they undertake with various partners, participants will gain insights into emerging governance structures, roles, and practices that facilitate community health improvement.

2:00 – 4:00 pm
WORKSHOP #2
The Most Dangerous Phase: Going Beyond Problem Solving to Creating What Our Patients and Organizations Really Need
Scott Adler, Principal, Insight Strategies, LLC, Northville, MI

It has been said that the struggle for change goes through various stages, from indifference to active resistance, before the effort reaches its most dangerous phase: respect. This is when we think we’ve found the answer to solve our problems, and where the performance improvement tools and efforts, such as Lean and Six Sigma, currently stand in health care. For many, these tools themselves have become the solution, which overlooks the fact that people are required to implement the solutions in conjunction with others in order to best care for those in need. This workshop challenges participants to consider how these tools should be used to truly change our organizations — the way we think about our work, how we genuinely engage those closest to the work, how process owners, not renters, are created. We will explore how to address organizational issues in all of their complexity because most of the deeply held, intransigent performance problems we face are complex and involve multiple departments (or silos). This complexity has different forms — dynamic, social and generative — which is what makes the challenge so difficult. Learn how to use these tools for more than solving the latest problem — rather to create what our patients and organizations really need.

8:15 – 9:30 am
GENERAL SESSION
High Velocity Leadership: Leadership, People and Innovation
Brian Muirhead, Project Manager, Asteroid Redirect Robotic Mission, Chief Engineer, NASA Jet Propulsion Laboratory, Author, Going to Mars and High Velocity Leadership

Few people in business today have formed and managed teams as high performance as those that Brian Muirhead has led for NASA. A recipient of two of NASAs Outstanding Leadership Medals, Brian recently completed his assignment as the Chief Architect of NASA’s Constellation project, a program with the objective of establishing a permanent base on the moon and preparing for human exploration of Mars. In that position, he provided leadership for developing and maintaining a viable architecture for human exploration beyond earth orbit. With passion and intelligence, he will share the challenges of exploring the unknown under daunting budget and schedule constraints, while providing practical, broadly applicable insights that you can use in your own organization for smart risk-taking, overcoming crises, and developing a winning team.

MONDAY, FEBRUARY 8

7:00 – 8:00 am
CONFERENCE REGISTRATION & CONTINENTAL BREAKFAST

8:00 – 8:15 am
CONFERENCE WELCOME

Presentation of the 2015 AHA Section for Small or Rural Hospitals Shirley Ann Munroe Leadership Award

8:15 – 9:30 am
GENERAL SESSION
High Velocity Leadership: Leadership, People and Innovation
Brian Muirhead, Project Manager, Asteroid Redirect Robotic Mission, Chief Engineer, NASA Jet Propulsion Laboratory, Author, Going to Mars and High Velocity Leadership

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innovative relationships and service lines that spurred growth, the mutually-beneficial strategic partnerships and affiliations with local and regional providers, successful physician recruitment strategies that depended on the creation of an excellent practice environment, advances in risk management and quality improvement, and the changes in organizational culture driven by being the employer of choice that put the patient first.

#2 A Tale of Small Cities: How 360 Degree Engagement Saved Franklin Hospital
Hervey Davis, Chief Executive Officer, Franklin Hospital, Benton, IL and Tammy Tiller-Hewitt, FACHE, Chief Executive Officer, Tiller-Hewitt Healthcare Strategies, Pocahontas, IL

How does a rural hospital thrive when serving a county where nearly 20% of residents live below the poverty level and that ranks in the state’s top five counties in bankruptcies and unemployment? By engaging effectively with constituents at every level to solve tough challenges together. This session will identify the critical success factors for “win/win” solutions that keep patients close to home, local physicians retained and busy, and specialists and tertiary care centers engaged as partners vs. competitors. Learn how to prioritize service lines that will show immediate results and drive sustainable growth, based on their unique payer mix and Medicaid-expansion status. Understand how to scale best practices deployed by larger, more resourced hospitals to fit the unique challenges of a CAH. See how a customized, well-structured system of data reporting, accountable outreach, and formalized retention strategies will win the hearts and minds of physicians and create a foundation for sustainable growth.

#3 Sell Our Rural Hospital? Not So fast!
Joe LeValley, Senior Vice President, Mercy Health Network, West Des Moines, IA, John Schon, Administrator and CEO, Dickinson County Healthcare System, Iron Mountain, MI, and Joseph Lupica, Chairman, Newpoint Healthcare Advisors, Phoenix, AZ

Rapidly evolving industry dynamics and unfavorable changes in demographics have had a profound impact on rural hospitals, prompting pundits, consultants, and the bond market to promote the easy but painful answer of sales and mergers, or even closures. But save your tears; it’s not all bad news. The demands of alternative payment models, value-based care, and population health management also create opportunities for rural hospitals to design strategies that strengthen their position. Learn how these institutions have taken strategic journeys guided by a rational options process, custom-building models of collaboration and affiliation that allowed both systems and rural hospitals to reach their goals without forcing the rural partner to abandon local control of its destiny. You will gain confidence in the value of rural hospitals under this new paradigm.

#4 Interactive Governance Clinic
James E. Orlikoff, President, Orlikoff & Associates, Inc., and Senior Consultant, Center for Healthcare Governance, Chicago, IL

Bring your thorniest governance issues to one of the nation’s preeminent health care governance experts, who will offer solutions to your real-life governance challenges and boardroom difficulties. Participants will learn practical solutions and proactive ideas for improving governance performance from managing conflict of interest to trustee recruitment to strategic use of board committees and the role of physicians on governing boards. This session will be very interactive and no issue is off the table, so come prepared to talk, to question and be challenged!

12:30 – 2:00 pm
Networking Lunch with Hot Topic Roundtable Discussions
2:00 – 3:15 pm
GENERAL SESSION
The Changing Landscape of Health Care: Why this is not a Drill
Jay Want, MD, Principal, Want Healthcare, LLC, Denver, CO

In this session, Dr. Want will discuss why health care change is inevitable, the macro forces that will inexorably change health care (as well as the rest of American life), and how successful communities will cope by building relationships and trust to navigate to a better place. Dr. Want’s views come from watching communities big and small try to manage the future in the same way they’ve managed in the past, and seeing that the old ways aren’t working any longer. Instead, he believes a significant shift in how we relate to each other as stakeholders and to our communities is taking place, and probably for the better. But it’s not for the faint of heart. Leading to a better place will take courage, persistence, and integrity.

3:15 – 3:30 pm
REFRESHMENT BREAK

3:30 – 4:45 pm
MORNING STRATEGY SESSIONS
#1–#3 REPEATED WITH NEW SESSION #4

#4 Nurse Practitioner Hospitalist Program: Decreasing the Call Burden, While Increasing Volume
Charissé Oland, Chief Executive Officer, Rusk County Memorial Hospital, Ladysmith, WI and Debra Frenn, Chief Patient Care Officer, Rusk County Memorial Hospital, Ladysmith, WI

Learn about the regulatory and practical implications of starting an Advance Practice Nurse hospitalist program in a Critical Access Hospital from one extremely successful model that has substantially improved operations after the loss of several primary care providers. Explore variations in models (APN/MD hybrid/other), wage/salary programs, and their impact on creating a team culture and understand the importance of the medical staff, collaborating physician, emergency room physicians, and the need for enabling bylaws. Consider the effects on quality outcomes, patient satisfaction, operations and finances, and gain implementation tools including a checklist for operations start up and a patient/community education brochure. Assess whether this model would be adaptable for your situation.

5:30 – 7:00 pm
NETWORKING RECEPTION

TUESDAY, FEBRUARY 9

6:45 – 8:00 am
CONTINENTAL BREAKFAST
7:00 – 8:00 am
SUNRISE SESSIONS

#1 Leading with Wellness—A Critical Access Hospital Reimagined
Alison Page, MHA, MSN, Chief Executive Officer, Baldwin Area Medical Center, Baldwin, WI and Eric Mayne, AIA, RIBA, Associate Principal, Architect, Designer, Kahler Slater, Milwaukee, WI

Baldwin Area Medical Center (BAMC) is changing the perception of its campus by integrating the total experience philosophy with their evolving wellness-focused model of care. The goal is to create a brand identity of a destination wellness community. Through innovative initiatives focusing on mind, body and soul, continued partnerships with local organizations, transforming workplace culture to heavily incorporate wellness, and creating a destination for rehabilitation services through market differentiation and recognition, BAMC is developing sustainable business practices for longevity and a strong continuum of care for the communities they serve. Learn about the steps BAMC is taking to evolve their campus into a successful wellness community, differentiating themselves in the marketplace and improving the health of their population.

#2 Bend but Don’t Break: Flexible Delivery Models for Rural Communities
Matthew Anderson, JD, SVP, Policy and Strategy, Minnesota Hospital Association, St. Paul, MN, Melissa Hungerford, SVP, Healthcare Leadership, Kansas Hospital Association, Topeka, KS, and Jacqueline Barton True, Director, Washington State Hospital Association, Seattle, WA

Even with specialized Medicare programs such as CAH, MDH or SCH that support hospital payment, many rural communities struggle to support a broad spectrum of care services, including acute inpatient care, but still need to ensure access to essential services for their residents. New models for delivering care are being discussed and designed across rural America to better meet community needs with available resources. Hear how leaders in three states are striving to address this challenge by modeling flexible delivery with inventive options.
As health care continues to search for ways to compete for every dollar, one measure that can assure a hospital’s survival and even set the foundation for long term growth is talent management and leadership appointment practices. Hospitals can increase their net operating margin up to 4% by implementing an evidence-based, structured approach to leadership alignment — unfortunately the vast majority of organizations lack just such a way to assist struggling front-line managers. Tom Olivo will share a disciplined approach to improve leadership alignment and leadership appointment success rates using talent and Degree of Difficulty measures, a program that can be achieved by any hospital, regardless of size. Leadership ultimately shapes every aspect of an organization, and getting the right people in the right roles can generate success in a difficult economic climate.

**REFRESHMENT BREAK**

11:00 am – 11:15 am

**GENERAL SESSION**

### The Rural Hospital Federal Update

**Sarah Macchiara**, Senior Associate Director, American Hospital Association, Washington, DC; and **Rich Umbdenstock**, Past President and CEO, American Hospital Association, Spokane, WA

This session will provide a federal regulatory update on recent regulations impacting Critical Access Hospitals and rural PPS hospitals. Learn what policies Congress is considering and what it means for rural community hospitals.

### #1 Innovative Ways of Achieving the Triple Aim: Lessons from a Rural Community Health System

**Roxanne Elliott**, Policy Director, FirstHealth of the Carolinas, Pinehurst, NC

FirstHealth is a Small Health Care Provider Quality Improvement Program grantees funded by HRSA that has established Transition Care Clinics with a Chronic Care Model structure. In two years, the system has seen readmission rates drop from 19.4% to 2.7% for transition care clinic patients while ED utilization has dropped 29%. Ms. Elliott will describe the scope of the project, the patient outcomes, and future plans for population health management. Hear how to integrate the chronic care model and incorporate a multidisciplinary approach with health coaches, behavioral coaches, pharmacists, dietitians, certified diabetes educators, nurses, providers and a medical legal partnership. She also will examine data tracking challenges and solutions, and describe how to implement shared care plans for this promising new model.

### #2 Controlling Your Destiny by Forming Regional Integrated Networks of Care Delivery

**Michael Hein**, MD, CEO, Regional Provider Network, LLC, Lincoln, NE; **William T. Richardson**, FACHE, President and CEO, Tift Regional Medical Center, Tifton, GA; **Michael Hansen**, FACHE, President/CEO, Columbus Community Hospital, Columbus, NE, and **John Supplitt**, Senior Director, AHA Constituency Sections, American Hospital Association, Chicago, IL

Preserving independence and keeping health care local while preparing for integrated delivery and transitions of care is the focus of emergent networks in Nebraska and Georgia. At Stratus Healthcare in Georgia, 16 health systems comprised of 30 community hospitals including six rural hospitals are collaborating on this ambitious strategy. In Nebraska three metro health systems and six rural hub community hospitals have joined forces and invited 57 affiliated hospitals including 52 critical access hospitals across three states to join the Regional Provider Network. Learn how the members of these networks work together to exchange best practices, combine resources, develop coordinated information systems, reduce costs and manage the health of populations.

### #3 Practical Examples on Identifying Trustee Leaders and Informing, Engaging, and Empowering Them in Community Hospital Governance

**Tim Putnam**, President & CEO, Mary Margaret Health, Batesville, IN; **George E. Junker**, President, ClearPoint Federal Bank & Trust, Chairman of the Board of Directors, Margaret Mary Health, Batesville, IN, and **John H. Dickey**, Sr. Vice President, Hill-Rom Holdings, Inc., Retired, Principle, John Dickey Consulting, LLC, Board of Directors Secretary, Margaret Mary Health, Batesville, IN

A disengaged or ineffective Board of Trustees has been frequently identified as a major factor leading to the weakening and even closure of community hospitals. In 2010, Margaret Mary Health’s Board of Directors started taking several purposeful steps to strengthen, educate and engage their Board of Directors. This session will be conducted by the Margaret Mary Health Trustees directly involved in this process who will explain their reasoning and the practical steps they have taken to make the best possible board for their community hospital.

### #4 Trends in Health Care Technology

**Mark Herzog**, President and CEO, Holy Family Memorial, Manitowoc, WI and **James Deren**, Healthcare IT Planning Specialist, CareTech Solutions, Troy, MI

A trend of declining inpatient admissions and the emergence of outpatient specialty and preventative care services motivated Holy Family Memorial (HFM) to redefine its business model to align with the new environment by reducing inpatient services and increasing connectivity and service throughout the community. Recognizing that patient and provider engagement was essential, HFM invested in technology by providing robust information systems, collaborating with other providers and retailers, providing system access and tools, and implementing a data analytics program. This session will address considerations in building a culture where IT is a strategic asset, fully leveraged to achieve business goals and engage patients, providers, and staff. Learn how to predict trends and pursue initiatives that will best engage multiple generations of consumers.

**NETWORKING LUNCH**

12:30 – 1:30 pm

1:30 – 2:45 pm

### STRATEGY SESSIONS #1 – #3 REPEATED WITH NEW SESSION #4

### #4 New Models for Rural Post-Acute Care: Critical Access Hospitals Optimize Patient Outcomes, Value, and Financial Stability

**Mark Lindsay**, MD, MMM, Assistant Professor of Medicine, Mayo Clinic College of Medicine, Mayo Clinic, Eau Claire, WI

Maintaining long term viability of Critical Access Hospitals is essential for rural health care delivery. Around the country, there are underutilized CAH beds and talented rural health care teams looking for opportunity and new models of care. An innovative post-acute care model creates a new niche for CAHs and provides a desperately needed solution to address
present gaps in our health care system. This session will demonstrate the value of developing high quality Transitional Care Programs in Critical Access Hospitals in response to a growing patient population and demands and challenges in acute care hospitals. Participants will learn about the key steps to initiate, implement and track progress in developing high quality Transitional Care Programs.

3:00 – 4:00 pm
**BUSINESS BRIEFING**

**The Pitfalls to Avoid in Any Integration/Acquisition/Capital Strategy**

Alan P. Richman, President & CEO, InnoVative Capital LLC, Springfield, PA and Michelle P. Madison, Partner, Morris, Manning & Martin, LLP, Atlanta, GA

Well planned integration strategies are key to the future survival of many rural hospitals. In today’s complex environment, a successful hospital integration can only be achieved with the right protocols, contracts and capital strategy designed to benefit both partners. This session will review the greatest areas of risk in negotiating and executing management and lease arrangements, mergers and acquisitions, and equity investments and loans. Understand what compliance areas rural hospitals should proactively tackle before contemplating an integration and examine where financial and manpower resources should be directed today to have a successful transaction and strategy in the future.

3:30 pm and on
**OPTIONAL RECREATIONAL ACTIVITIES**

Stretch your legs with a hike across the desert or explore the best of the West through art, food and shopping.

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**WEDNESDAY, FEBRUARY 10**

7:00 – 8:45 am
**CONTINENTAL BREAKFAST**

7:30 – 8:45 am
**STRATEGY SESSIONS**

**#1 Community Paramedicine – Lessons Learned in South Carolina**

Chris Oxendine, MD, Family Practitioner, AAMC BOT member, Co-Medical Director Community Paramedicine Program and Medical Director, United Christian Ministries of Abbeville County, Abbeville Area Medical Center, Abbeville, SC; Melinda Merrell, MPH, PCMH, CCE, Senior Program Director, South Carolina Office of Rural Health, Lexington, SC; and Will Blackwell, REMT-P, Director of Abbeville County Emergency Services, Abbeville, SC

Learn how collaborative relationships between a Critical Access Hospital, an EMS Program, a Wellvista program, a physician practice, a Medicaid state program, and the South Carolina Department of Health and Human Services resulted in the establishment of a successful Community Paramedicine (CP) program. Participants will understand the business case for implementing a CP program for a rural community and examine a robust process for establishing a program with multiple organizations, including policies, procedures, and training. Physician roles, protocols, and tracking outcomes will be discussed and a cost/benefit analysis and sustainability plan will be provided. Additionally, the South Carolina Office of Rural Health will describe how they assisted the CP program with federal funding and how philanthropic support drove change in this rural community.

**#2 Value-Based Care: What’s Your Strategy?**

Terry McWilliams, MD, FAAFP, Chief Clinical Officer, Healthcare Strategy Group, Louisville, KY and Jarom Bowman, Senior Consultant, Healthcare Strategy Group, Louisville, KY

This session will explore ways in which rural hospitals and health systems can manage the gradual transition from volume to value-based care by developing the essential capabilities to succeed under evolving payment models. Participants will understand a macro level the industry’s evolving transformation and learn to identify and assess key market drivers accelerating or decelerating the true pace of this transition in their rural market. We’ll consider what core organizational and operational functions are required to manage risk/value-based payment and explore the optimal strategic partnerships for collaborating on larger-scale accountable care initiatives. Learn how to educate employed and independent community physicians on the advantages of a value-driven model.

**#3 Succeeding at Your Strategies: A Framework, Structure and Solutions for Achieving Great Results**

Dan Rohrbach, CEO, Southwest Health Center, Platteville, WI; Sue Tetzliaff, Co-Founder, Capstone Leadership Solutions, Inc., Sault Ste. Marie, MI; and Jane McLeod, Co-Founder, Capstone Leadership Solutions, Inc., Sault Ste. Marie, MI

Successful change efforts require more than defining clear strategies; there must be a way to bring the strategies alive to guide everyone’s behavior and actions. Southwest Health Center has moved away from the mindset that the fulfillment of the organization’s mission, vision, and strategic plan is only the work of leaders. It is now the work of everyone in the organization. The presenters will describe an employee engagement Structure, a leadership Framework and several of the Solutions or high performance work practices utilized successfully by Southwest Health Center to achieve impressive operational results, such as an increase in volumes in new and existing service lines. You’ll learn tactics that are so practical that they can be implemented on Monday.

**#4 Moving from a Hospital-Centric Business Model to a “New Health Enterprise”**

Michael P. Connelly, FACHE, President & CEO, Huggins Hospital, Wolfeboro, NH and Jim Agnew, FACHE, Vice President, Finance and Transaction Advisory Services, The Camden Group, Boston, MA

In today’s era of industry reform and provider consolidation we are quickly moving from a hospital-centric business model to a “health enterprise” composed of diverse assets, strategic partnerships, and clinical service lines. Health systems need to begin a process of systematically analyzing how their clinical assets are deployed across the market, insuring the clinical and economic value of each is defined under a value-based industry landscape. In this session, we will provide a rationale for a new health enterprise model, examine examples of organizations moving in this direction, and explore the steps to make the transition from both a clinical and economic perspective. Learn how a new model of “systemness” allows for alignment of operating goals, effective deployment of resources, and positions the organization to be pro-active in adopting a value-based performance culture.

8:45 – 9:00 am
**REFRESHMENT BREAK**

9:00 – 10:15 am
**STRATEGY SESSIONS REPEATED**

10:15 – 10:30 am
**REFRESHMENT BREAK**

10:30 – 11:45 am
**GENERAL SESSION**

**The New Health Economy: Consumers at the Center**

Jane Sarasohn-Kahn, health economist, Philadelphia, PA

The new health economy is emerging – in the form of rapidly advancing digital technology, growing consumer empowerment enabled through that technology, the rise of health care companies growing out of the retail sector, and novel, non-traditional partnerships in care delivery and financing. Google, Apple, Walmart (with the new $40 doctor visit), Walgreens, CVS Health, and Cox Cable – all of these and other new entrants are disrupting the hospital business as we know it. Learn how the new consumer is looking for health @ retail — for the next Amazon, Uber, and Nordstrom-level experience in health care — and implications for your community and organization.

11:45 am
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<td>American Hospital Association institutional members and Center for Healthcare Governance members</td>
<td>$625</td>
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A limited number of partial tuition scholarships is available. Please e-mail Laura Woodburn at lwoodburn@aha.org for more information on how to apply.

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Online: Visit www.healthforum-edu.com/rural for a link to online reservations at the conference rate.

By phone: Call (877) 800-4888 – let them know that you are attending the Rural Health Care Leadership Conference to receive the discounted rate.

The cut-off date to receive this rate is January 15, 2016.

We recommend reserving your room early to ensure availability. Please note that a percentage of the room rate underwrites a portion of the conference.

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In you need any of the auxiliary aids and services identified in the Americans with Disabilities Act, contact Connie Lang at clang@healthforum.com with a written description of your needs.

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If you cannot attend the conference you can send a substitute, even at the last minute. If you must cancel entirely, your request for a refund – minus a $250 processing fee – must be made in writing to registration@healthforum.com no later than January 18, 2016. Cancellations made after January 18 are not eligible for a refund. In the unlikely event of a cancellation of the program, Health Forum is not responsible for non-refundable items.

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American College of Healthcare Executives: Health Forum is authorized to award 18 hours of pre-approved ACHE Qualified Education credit (non-ACHE) for this program toward advancement, or recertification in the American College of Healthcare Executives. Participants in this program wishing to have the continuing education hours applied toward ACHE Qualified Education credit should indicate their attendance when submitting an application to the American College of Healthcare Executives for advancement or recertification.

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Nursing Home Administrators: This conference may satisfy continuing education requirements for nursing home administrators, which vary from state to state. Check with your state agency to determine eligibility.
“The speakers provided pertinent, relative information for rural healthcare facilities. Great networking opportunities with colleagues in other rural states.”

Deb Tonn, VP of Patient Care, Campbell County Health, Gillette, WY

“This is such a wonderful forum for discussion. I had numerous in depth conversations with leaders in similar but unique situations and was able to gain valuable insight from their experiences.”

Hank Hanigan, CEO, Whitman Hospital, Colfax, WA

“I enjoyed the broad subject matter in presentations and the ample networking time.”

Bruce Richards, External Affairs/Marketing Director, Central Peninsula Hospital, Soldotna, Alaska

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