

The Ohio DPC Pipeline: Serving Patients Through the Pandemic and Beyond

PROGRAM

8:30-8:45 AM Registration

8:45-9:00 AM Welcome, Introductions and Overview - Pat Jonas, MD, ABFM

9:00 - 9:15 AM The Direct Primary Care Movement - Larry Bauer, MSW, MEd

9:20 - 9:40 AM Practice Network Essentials - Amy Mechley, MD

9:40 - 10:15 New DPC Practice Panel - John Murphy, DO; Michael Chunn, MD

10:15 - 10:30 AM Break

10:30 - 11:00 AM Nurse Practitioner DPC Practices

11:00 - 11:30 AM Starting a DPC Practice from Residency - Lilian White, MD

11:30 - 11:50 AM Mature DPC Practice Panel - Jason Hoke, MD

12:00 - 1:00 PM Lunch

1:15 - 2:30 PM Unsummiteering: Media and Marketing in DPC

Expanding and Hiring in DPC

Driving Your Dream with DPC

2:30 - 3:00 PM Pandemic Adjustments in Ohio DPC - Pat Jonas, MD, ABFM

3:00 - 3:15 PM Medical Students and DPC

3:15 - 3:30 PM Break

3:30 - 4:00 PM Resident and Academic Opportunities in DPC - Lilian White, MD; Kurt Stange, MD, PhD

4:00 - 4:30 PM Town Hall Q&A

4:35 PM Closing Waves and Hugs

Faculty and Moderators for the Meeting:

A. Patrick Jonas, MD, ABFM; Lilian White, MD; Laurence C. Bauer, MSW, MEd; Amy Mechley, MD; John Murphy, DO; Michael Chunn, MD; Jason Hoke, MD; Kurt Stange, MD, PhD

EVENT DETAILS



Where:

Dublin Integrated Education Center Ohio University at Dublin 6805 Bobcat Way
Dublin, OH

Registration:

Physician/NP/PA: \$150

Resident physician: \$75

Medical student: \$25

Online: \$75

Practice/Hospital administrators, group medical office staff: \$150

Exhibitor: \$300

Sponsor: \$500

Please make checks or money orders payable to CIFCH via registration form below.

Send to:

The DPC Ohio Unsummit

2633 Commons Blvd, Suite 120 Beaver Creek, OH 45431

Hosts:

Center for Innovation in Family and Community Health
(CIFCH)

Open Arms Health Clinic

Additional Details:

Meeting not eligible for CME credit

Attendance is limited

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Direct Primary Care Ohio Unsummit

Registration Form

Complete this form and send it with payment to the address below.

Contact Information:

Name: _____ Credentials: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____
Website: _____

Attendee Session Fees:

<u>Session Type</u>	<u>Cost/Person</u>	<u># Attending</u>	<u>Total Cost</u>
Physicians, NPs, or PAs	\$150	x _____	= \$ _____
Practice/Hospital administrators, group	\$150		
medical office staff	\$125 for 2nd person	_____	= \$ _____
Residents	\$75	x _____	= \$ _____
Medical Students	\$25	x _____	= \$ _____
Online/Remote Attendance	\$75	x _____	= \$ _____
Total Cost:			\$ _____

Organization Opportunities:

Click the box for your selection:

Exhibitors \$300

Sponsors \$500

Total Cost: \$ _____

Please list the name(s) that will be attending:

1. _____
2. _____

Submit Form & Payment To:

Make check payable to: CIFCH

Send to: The DPC Ohio Unsummit

2633 Commons Blvd, Suite120

Beavercreek, OH 45431

In addition, please email to RSVP: lilian.white1220@gmail.com