



**COASTAL  
MEDICAL**  
LEADERS IN HEALTHCARE



## **Sharing Best Practices in a Patient Centered Medical Home Model: Focus on Health Information Exchange, Peer Review in Pain Management and a PCMH Panel Discussion**

**Date: Tuesday, February 28, 2012**

**Location: The Crowne Plaza, Warwick, RI**

**Registration Begins: 7:00 am**

**Breakfast, Break and Lecture: 7:30-12:00 pm**

**Agenda:**

**7:00am Registration, Exhibits and Breakfast Served**

**7:45-8:45 am**

***How Health Information Exchange systems work in a successful environment***

**8:45-9:45 am**

***Opioid Prescribing and Pain Management in the Peer Review setting*** Jeff Gudín, MD

Director of Pain Management and Palliative Care, Englewood Hospital and Medical Center, Englewood, NJ

**9:45-10:30 am Break and Visit Exhibits**

**10:30 am-12:00 pm PCMH Panel Discussion**

10 Minutes Physician perspective

10 minutes Nurse Care Manager perspective

20 minutes:

- Office Staff perspective
- MA perspective
- Office Manager perspective

20 Minute Interdisciplinary Approach to Treating Patients:

Phil Clark, PhD (Speaker invited but not confirmed)

20 Minute Payer's perspective: Peter Hollman, MD BCBSRI & Neal Galinko, MD (Speaker invited but not confirmed)

10 minute Question and Answer Period

**Tuition:**

**\$75 physicians**

**\$50 allied healthcare professionals**

**Waived for residents and students**

**Please RSVP to Miriam Giles at (401) 421-4000 ext 270 or e-mail [mgiles@coastaldocs.com](mailto:mgiles@coastaldocs.com)**

**RHODE ISLAND PHYSICIANS CAN APPLY 2 CREDITS TOWARDS MANDATORY RISK MANAGEMENT CME REQUIREMENTS FOR RELICENSURE**

Coastal Care Medical Management fully intends to comply with the legal requirements of the Americans with Disabilities Act. Please indicate if you'll need special assistance in order to fully participate in this activity.

**Physicians:** Coastal Care Medical Management is accredited by the Rhode Island Medical Society to sponsor intrastate continuing medical education for physicians.

Coastal Care Medical Management designates this live educational activity for a maximum of 4.0 (four) AMA PRA Category 1 Credits™. Physicians only claim the credit commensurate with the extent of their participation in the activity.

Nurses: This educational activity is *pending approval* for 4 contact hours by the Rhode Island State Nurses Association, an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation.

***In order to receive full credit for this activity, participants must attend the activity in full and certify completion by submitting an evaluation and sign-in sheet at the conclusion of the activity.***

Coastal Care Medical Management has reviewed these activity's speaker disclosures and resolved all identified conflicts of interest, if applicable. The contents of this activity may include a discussion of off-label or investigative drugs uses. The faculty is aware that it is their responsibility to disclose to the audience this information.

**This activity is supported in part through an educational grant from Pfizer as part of our series titled: Continuing Medical Education for Providers Practicing in a Patient Centered Medical Home**



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Focus on Health Information Exchange, Peer Review in Pain Management  
and a PCMH Panel Discussion**

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Registration Form

**RSVP DEADLINE: February 24, 2012**

**TUITION: Physicians: \$75.00 per attendee Allied Healthcare Professionals: \$50.00 per attendee  
Waived for residents and students**

*Cancellations must be made in writing to Coastal Care Medical Management at least two weeks prior to the seminar date.  
A \$15.00 administrative fee will be charged for refunds and there will be no refunds for "no shows".*

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Name (please print)

\_\_\_\_\_  
Mailing Address

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City State Zip

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Day Phone Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Specialty

\_\_\_ Please register me for this activity. Enclosed is this registration form and my check in the amount of \_\_\_\$50 \_\_\_\$75 made payable to Coastal Care Management

Or

Enclosed is my credit card information:

Card No \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_  
\_\_\_VISA \_\_\_MC \_\_\_AMX

\_\_\_ I require special accommodations in order to fully participate in this activity.  
(Please check this section and a staff member will contact you to discuss your specific needs.)

Mail registration form and payment to:  
Coastal Medical, Inc.  
10 Davol Square, Suite 400  
Providence, RI 02903  
ATTN: CME Director

For more information, please contact Miriam Giles at (401) 421-4000 or [mgiles@coastaldocs.com](mailto:mgiles@coastaldocs.com)