NEPAC

New England Patient Advocacy Conference

SECOND ANNUAL
WORCESTER, MASSACHUSETTS

Two days with the people who turn crisis into compassion.

Nineteen sessions of applied learning for board certified and independent patient advocates, nurses, care managers, and the clinicians who work beside them.

Oct 12–13
MONDAY & TUESDAY, 2026

Assumption
UNIVERSITY · WORCESTER, MA

12.0 hours
GENERAL, ETHICS & J.E.D.I. CONTENT

Included
BREAKFAST, LUNCH & NETWORKING BOTH DAYS

Monday, October 12

8:00	*Registration, breakfast & sponsor tables*
9:00	KEYNOTE From Tragedy to Triumph
10:05	Beyond Instinct / When the Bills Outlast the Diagnosis
11:10	ALL ATTENDEES Becoming a Professional Patient Advocate
12:10	*Lunch & networking*
1:10	Family Conversations / Ethics Navigation, Part One
2:15	Healthcare Customer Service / Ethics Navigation, Part Two
3:20	KEYNOTE Best Practices for Starting an Advocacy Practice

Tuesday, October 13

8:00	*Registration, breakfast & sponsor tables*
9:00	ALL ATTENDEES Ask an Advocate: Rapid-Rotation Roundtable
10:05	Closing Gaps in Care / At the Bedside: Advocacy with AI
11:10	Decoding the Bill / Health Literacy from Hospital to Home
12:10	*Lunch & networking*
1:10	Integrative Medicine & Whole Health / The Clarity Gap
2:15	Medical Complexity / Protecting Your Family Before a Crisis
3:20	ALL ATTENDEES Reframing Trauma: From Pain to Presence

REGISTER

patientadvocacyconference.com

Paired sessions run at the same time in Ballrooms A and B — choose one. Full session descriptions on the reverse.

The sessions

Monday, October 12

9:00 KEYNOTE · **From Tragedy to Triumph.** *L. Bradley Schwartz, Esq.*; *Katy Schwartz, M.Ed.*; *Sofie Schwartz, MBA.* Twenty years ago a medical error cost Brad Schwartz all four limbs; here he, his wife, and his daughter tell what that did to a family and how it became a mission. A candid hour on resilience, support systems, and why advocacy matters.

10:05 BALLROOM A · **Beyond Instinct.** *Lisa Berry Blackstock*; *Kayoko "Ky" Corbet, RN, MS, BCPA.* The five-stage Problem-to-Solution Pathways Framework gives independent advocates a repeatable method from intake through outcome review. Real clinical and billing cases show how shared process builds consistent results and credibility.

10:05 BALLROOM B · **When the Bills Outlast the Diagnosis.** *Dolores Mitchell*; *Peter Craig, CFP®*; *Nicholas Agnone, CPA.* The cost of care is now a clinical problem that decides whether patients stay in treatment. Learn a 90-second financial-strain screen, the tax cost of panic-driven decisions, and exactly where to refer.

11:10 ALL · **Becoming a Professional Patient Advocate.** *Blaire Flamand*; *Amber Straub, BSN, RN, CCRN, NC-BC, BCPA*; *Veronica "Roni" Gonzalez-Dunn, BCPA.* Three graduates of the Nurse Advocate Entrepreneur program on their first year in business. What worked, what hurt, and what they wish someone had told them.

1:10 BALLROOM A · **Family Conversations.** *Samantha Allen, Founding Attorney, Law Mom®.* How to start the hard conversations before a crisis: healthcare wishes, money, caregiving roles, documents, end-of-life preferences. Clear talk early spares families confusion and conflict later.

1:10 BALLROOM B · **A Framework for Ethics Navigation, Part One: Serious Illness, Values Conflicts, and the Advocate's Role.** *Shiella Dowlatshahi Radel, MSc, BCPA.* A practical framework for shared decision-making and goals-of-care conversations when prolonged serious illness creates values conflicts. Through a real case, see how advocates help families understand what is happening, voice concerns, and take part in hard decisions.

2:15 BALLROOM A · **Navigating Healthcare Customer Service.** *Adam Gross.* Insurance lines, member portals, provider directories, and billing departments were not built for patients. Practical tactics for productive calls, self-service tools, and how these operations actually work.

2:15 BALLROOM B · **A Framework for Ethics Navigation, Part Two: Shared Decision-Making and Goals-of-Care Conversations.** *Julie Rosenbaum, MD, FACP.* The framework continues, working through patient values, ethical principles, and uncertainty when families and care teams face difficult choices. Clear goals-of-care conversations and interdisciplinary communication become the guide.

3:20 KEYNOTE · **Best Practices for Starting an Advocacy Practice.** *Deb Gordon, MBA, BCPA.* Starting a practice feels overwhelming, and a sound foundation makes it manageable. Defining services, setting boundaries, pricing, finding clients, and the ethics that hold all of it together.

Tuesday, October 13

9:00 ALL · **Ask an Advocate: Rapid-Rotation Roundtable.** *Facilitated by Teri Frykenberg, RN, CCM, CDP, BCPA.* Five ten-minute rotations with advocates from the NEPAC roster, covering referrals, ethical marketing, peer leadership, billing navigation, and client intake and documentation. You leave with written takeaways and one commitment to act on.

10:05 BALLROOM A · **Developing Strategies to Close Gaps in Care.** *Maura Lessard, RN, CCM, Aging Life Care™ Advanced Professional, CDP.* Transitions and complex cases expose gaps in communication, planning, and patient understanding. Practical ways to find those gaps and close them, strengthening safety and continuity.

10:05 BALLROOM B · **At the Bedside: Strengthening Advocacy with AI.** *Erika Warren, MBA.* A responsible workflow for using AI at the bedside: verifying evidence, shaping the right questions, preparing for conversations with the care team. Limits, risks, and good practice get equal time.

11:10 BALLROOM A · **Decoding the Bill.** *Andrew Gordon, LSW.* A hands-on lab on reading itemized bills line by line, catching the errors that most often inflate charges, and writing appeals that get overturned. You will also learn who to escalate to, and in what order.

11:10 BALLROOM B · **Bridging the Gap: Health Literacy from Hospital to Home.** *Jason Kirchick.* Discharge instructions, medications, code status: understanding decides what happens once a patient is home. How advocates decode jargon, prepare clients for care conversations, and build trust from lived experience.

1:10 BALLROOM A · **Patient Advocacy, Integrative Medicine and Whole Health.** *Raymond Teets, MD.* Where integrative medicine meets advocacy: the whole person, patient autonomy, and a fragmented system. Leave with working vocabulary for whole-health and complementary care so you can support informed client choices.

1:10 BALLROOM B · **The Clarity Gap.** *CarolAnne Dube, MS, BCPA.* Families facing serious illness are handed plenty of information and still cannot decide. This session names the space between hearing and understanding, and the work advocates do to close it.

2:15 BALLROOM A · **Patient Advocacy in Medical Complexity.** *Shlomit Liberty, MS, MA, CCC-SLP, BCPA.* Dysphagia case studies open up the advocate's role in medically complex care. Transferable strategies for communication gaps, interdisciplinary coordination, and discharge planning.

2:15 BALLROOM B · **Protecting Your Family Before a Medical Crisis.** *Alexander Snyder.* The work worth doing before the emergency: essential documents, insurance review, beneficiaries, bill payment, access to financial information. Planning ahead spares families delay, conflict, and cost.

3:20 ALL · **Reframing Trauma: From Pain to Presence.** *Todd Angelucci, BSN, RN.* Trauma lives in the body and shapes how we lead, connect, and show up under pressure; this session opens with a short grounding practice before exploring how pain can harden into control or open into connection. Leave with a simple way to stay present to your own humanity and to others', even in high-pressure settings.