



CALL FOR PRESENTATION PROPOSALS

AREAS OF EMPHASIS:

The committee is seeking proposals from a wide variety of professionals in the areas of home health, home care, hospice and palliative care. The instructional level may be beginning, intermediate or advanced. Suggested topics include:

- Administration/Management/Human Resources
- Advance Care Planning/Advance Directives
- Audits/RACS/ZPICS/UPICS
- Benefits Integrity
- Bereavement Services
- Advance Illness Management/Bridge Programs/Transitional Care
- Care in Diverse Settings (VA Facilities, Nursing Homes, Corrections Based Facilities, Assisted Living Facilities)
- Care in Rural Settings
- Caregiver Issues
- Compliance
- Cyber Security/HIPAA/HITECH
- Data Collection Strategies
- Data/Informatics
- Documentation
- Emergency Preparedness
- Ethics
- Evidence Based/Best Practice
- Fall Risk Assessments/Infection Control
- Family caregiving
- General In-patient
- Geriatric Medicine, Practice & Research
- Patient Driven Grouping Models (PDGM)
- ICD 10 Coding
- Legal Issues/Elder Law and Protections
- Legislative/Advocacy/Public Policy Issues
- Marketing/Community Outreach/Sales
- Medicare/Medicare Advantage/Medicaid
- Mental Health Issues (Caregiver & Family)
- Natural/Holistic Medicine
- OASIS
- Outcome Based Spiritual Care
- PPS 2019
- Pain and Symptom Management
- Palliative Care
- Pediatric Care
- Pharmacology
- Quality Reporting/QAPI/Quality of Life Assessment
- Rehab Medicine (PT, ST, OT)
- Regulatory Compliance
- Research
- Revenue Cycle Management
- Review Choice Demonstration
- Self-Care/Personal Growth
- Medical Social Workers
- Staff Resilience
- Stress Management/Humor
- Transcultural Diversity
- Wound Care
- Value Based Purchasing
- Volunteer Recruitment, Retention and Management

JW MARRIOTT HOTEL, NEW ORLEANS

614 Canal Street • New Orleans, LA 70130

The Louisiana~Mississippi Hospice & Palliative Care Organization (LMHPCO) and the HomeCare Association of Louisiana (HCLA) are joining together for another exciting 2019 leadership conference. This is a great opportunity to share your unique talents and expertise that are vital to the professional growth of hospice, palliative care and home care providers.

The Joint Conference Planning Committee (LMHPCO/HCLA) is looking forward to a robust selection of presentations addressing home health, home care, hospice, and palliative care. Presenters can focus either on home health or hospice/palliative care or both.

The Joint Conference Planning Committee encourages proposals from:

- ▶ Accountants
- ▶ Administrators or Managers
- ▶ Clinicians or Ethicists
- ▶ Coders
- ▶ Legislators, Regulators or Policy Makers
- ▶ Physicians, Nurses, Nurse Practitioners, Social Workers or Pharmacists
- ▶ Therapists: Speech, Occupational, Physical
- ▶ Chaplains or Counselors
- ▶ Researchers or Academicians
- ▶ Volunteer Coordinators or Bereavement Coordinators
- ▶ Community Liaisons
- ▶ Motivational Speakers
- ▶ Geriatricians
- ▶ Health Informatics
- ▶ Data Security Experts
- ▶ Organizational Development Specialists
- ▶ Healthcare Futurist
- ▶ Palliative Care Providers
- ▶ Lawyers
- ▶ End of Life Visionaries
- ▶ Veterans Affairs
- ▶ C Suite Leaders
- ▶ Experts in the home care and hospice industry

TYPES OF PRESENTATIONS:

The Joint Conference Planning Committee is seeking proposals in the following categories:

CONCURRENT SESSIONS:

60 minute Presentations provide brief overviews, suggest new ideas or strategies for further exploration or highlight successful programming that can be replicated. Allows time for questions/answers.

90 minute Presentations demonstrate in-depth exploration and application of a topic.

CONFERENCE SCHEDULE:

To achieve a balanced conference program, the Joint Conference Planning Committee will determine the days and times that sessions are scheduled.

IMPORTANT!

Submission of a proposal implies your availability to present on any day of the conference. **The Joint Conference Planning Committee is unable to accommodate preferences for specific presentation days.**

SUBMISSIONS OF TOPICS:

In order to allow an independent evaluation of the relevance and potential effectiveness of the presentation, and to afford the Joint Planning Conference Committee the opportunity to apply for continuing education credit for professional disciplines, submissions ***must*** include the following:

- **Presenter Profile**
- **Presenter Directed Activity Content Outline**
- **Brief Abstract listing Description of Presentation, 25 words or less**
- **Type of Session**
- **Instructional Level**
- **Equipment Request**
- **Signed Agreement**
- **Conflict of Interest/Disclosure Statement**

FACULTY HONORARIA:

The goal of the conference is to continually advance the skills and expertise of home health, hospice and palliative care professionals as we share our knowledge and learn from one another. LMHPCO and HCLA provides qualified presenters with a forum for presenting their ideas and recommendations for improving the continuum of care. We are grateful and honored to have presenters step forward to share their knowledge at our educational events, providing a valuable contribution to the the continuum of care. Equally, being chosen as an educator for our conference is a privilege and as such, **there is no honorarium or reimbursement of expenses to those selected to present a concurrent session.**

Presenters are required to pay the registration fee if attending the full conference and desiring education credit. Complimentary registration is offered to presenters on the day of their presentation.

This call for proposals allows us to reach this goal by encouraging the sharing of home health and end-of-life care knowledge without increasing the cost of the conference to attendees.

Please send Completed Packet* to:

LMHPCO Education Director

PO Box 1999 • Batesville, MS 38606

FAX: 504-948-3908 or via e-mail to: Nancy@LMHPCO.org

Please call if you have any questions or need assistance in completing your application: 888-546-1500, Ext. 1

SUBMISSION DEADLINE: FRIDAY, JANUARY 18, 2019

TARGET AUDIENCE:

- Physicians
- Nurses
- Nurse Practitioners
- Clinical Managers
- Social Workers
- Chaplains
- Volunteer Managers/ Coordinators,
- Bereavement Coordinators
- Administrators
- Community Liaisons
- Speech Therapy, Physical Therapy, Occupational Therapy
- Agency Leadership/Agency Owners
- Director of Nurses

This includes Home Health, Hospice and Palliative Care and related fields such as Nursing Homes, Veterans Associations, Corrections, Pharmacists, Geriatricians, Owners of agencies, and Advocates interested in the continuum of care.



Type of Session:

_____ 60 Minute Concurrent

_____ 90 Minute Concurrent

Instructional Level:

_____ Beginning

_____ Intermediate

_____ Advanced

Category:

_____ Home Health Care

_____ Hospice/Palliative Care

_____ Both (*time MUST be divided equally between home care and hospice*)

Equipment Request: (*A screen and LCD projector will be provided for you*)

Agreement:

As the primary or sole presenter, I accept the conditions identified in the Call for Proposals. If the submitted proposal is accepted for presentation at the 2019 conference, I agree to commit to presenting the concurrent session. **I agree to notify Nancy Dunn (Nancy@LMHPCO.org) as soon as known if I or any of the presenters identified in the accepted proposal cannot fulfill the commitment.**

Primary or Sole Presenter's Signature _____ Date: _____

***Completed Packet includes:**

- | | |
|--|---|
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| • Presenter Directed Activity Content Outline | • Instructional Level |
| • Brief Abstract listing Description of Presentation, 25 words or less | • Equipment Request |
| | • Signed Agreement |
| | • Conflict of Interest/Disclosure Statement |

SUBMISSION DEADLINE: FRIDAY, JANUARY 18, 2019



PRESENTER PROFILE: BIOGRAPHICAL DATA FORM

Check the appropriate Category(ies)

- ☐ 1. Person administratively responsible
 ☐ 3. Planning Committee Member
(specify all roles)
☒ 4. Presenter
- ☐ 2. Planning Committee Chair
 ☐ A) Target Audience _____
 ☐ 5. Nurse planner
- ☐ B) Content Expertise _____
 ☐ 6. Other: _____
- ☐ C) Administratively responsible person _____

PRESENTER INSTRUCTIONS:

Type information directly on a copy of this form. Do not attach any additional material.

Name: _____
(Name, Degrees and Credentials)

Home or Business Address: _____
(Number and Street) (City, State, Zip)

Daytime Phone _____ Email Address: _____

Present Position (title) & Employer: _____

Position Description: _____

EDUCATION (including basic preparation through highest degree held)

Degree	Institution (Name, City, State)	Major area of study	Year degree awarded

PRESENTER: Describe your expertise in this topic: *(typical audience; previous related presentations)*



EDUCATION COMMITTEE

Presenter Directed Activity Content Outline

TITLE of PRESENTATION:

OBJECTIVES	CONTENT OUTLINE	TIME FRAME	PRESENTER	TEACHING METHODS
<i>At the end of this activity the learner will be able to:</i>	<i>Provide an outline of the content for each objective. Number each content area with corresponding objective.</i>	<i>State the time frame (in minutes) for each Objective</i>	<i>List the faculty for each objective.</i>	<i>Describe the teaching strategies: materials, delivery methods, resources, and learner feedback.</i>
I				
II				
III				
IV				
V				
Evaluation				

Brief Abstract Listing Description of Presentation (*This information is what will appear in the registration brochure to describe your presentation*): _____

FULL DISCLOSURE FOR CME ACTIVITIES

The following policy governs all LMHPCO produced CME activities:

Any individual in a position to control content must disclose, in writing to the LMHPCO, the existence of any financial relationships with a commercial interest within the past 12 months. The ACCME defines a commercial interest as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Disclosure information must be received and reviewed by LMHPCO prior to confirmation of the individual's participation. Any conflicts of interest must be identified and resolved by the LMHPCO prior to the individual's confirmation as an activity planner, faculty author, or other content controlling role. The ACCME's definition of conflict of interest is when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship. It is necessary to update disclosure information should the status change during the course of the CME activity.

The intent of this policy is not to prevent individuals from participating, but

RESOLUTION OF CONFLICTS OF INTEREST

- A. Should no conflict of interest be identified, the individual's role in the activity may be established.
- B. Should a conflict of interest be identified, the individual will be contacted and asked for clarification or additional information. Upon receipt and review of this additional information, methods of resolution will be identified and discussed with the individual. Resolution methods may include, but not be limited to, one or more of the following:
- Peer review of content prior to the activity to ensure evidence-based, un-biased content using best available, highest strength of evidence. The activity faculty or authors must be responsive to revision requirements.
 - Assigning a different topic for the individual
 - Assigning a different faculty for a topic
 - Cancellation of the faculty
- C. The resolution process and outcome will be documented in the CME activity file.

CME Conflicts of Interest Form for CME Activities

Please check where applicable and sign below. Provide additional pages as necessary.

Date: _____

Name: _____

Address, City, State, and Zip Code: _____

Phone Number: _____

E-mail: _____

Name of CME Activity: **LMHPCO/HCLA 2019 Leadership Conference "Navigating the Evolving Changes in Healthcare"**

Date(s) and Location of CME Activity: **July 24-26, 2019 • JW Marriott Hotel, New Orleans**

Presentation Title: _____

Name of Presenter: _____

Address, City, State, and Zip Code: _____

Phone Number: _____ E-mail: _____

DISCLOSURE OF FINANCIAL RELATIONSHIPS WITHIN 12 MONTHS OF DATE OF THIS FORM

A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

A. Neither I nor an immediate family member (spouse or partner) has a financial relationship with or interest in a commercial interest.

B. I have or an immediate family member (spouse or partner) has a financial relationship with or interest in a commercial interest. Please check the relationship(s). (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Research Grants | <input type="checkbox"/> Stock/Bond Holdings (excluding mutual funds) |
| <input type="checkbox"/> Speakers' Bureaus* | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Ownership | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Receipt of Equipment or Supplies | <input type="checkbox"/> Honorarium |
| <input type="checkbox"/> Consultant or Advisory Board | <input type="checkbox"/> Other (please list) _____ |
| <input type="checkbox"/> Manuscript Preparation** | |

Please indicate the names of the organization(s) with which you have a financial relationship or interest, and the topic areas that correspond to the relationship. If more than four relationships, please list on separate piece of paper:

Organization with which Relationship Exists	Type of Relationship	Topic Area(s) Involved
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

*Continue with this section only if you checked "Speakers' Bureaus" in item B:

- | | | |
|---|------------------------------|-----------------------------|
| • Did you participate in company-provided speaker training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Did you participate in company-provided speaker training related to your proposed topic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Did you travel to participate in this training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Did the company provide you with slides of the presentation in which you were trained as a speaker? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Did the company pay the travel/lodging/other expenses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Did you receive an honorarium or consulting fee for participating in this training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Have you received any other type of compensation from the company? Please specify: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • When serving as faculty for LMHPCO, will you use slides provided by a proprietary entity for your presentation/handout materials? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Will your topic involve information or data obtained from commercial speaker training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I have read the LMHPCO Policy and Procedures for Managing Conflicts of Interest. If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information. I understand that failure or refusal to disclose, false disclosure, or inability to resolve conflicts of interest will require LMHPCO/HCLA to identify a replacement.

DISCLOSURE OF UNLABELED/INVESTIGATIONAL USES OF PRODUCTS

A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

A. The content of my material(s)/presentation(s) in this CME activity will not include discussion of unapproved or investigational uses of products or devices.

B. The content of my material(s)/presentation(s) in this CME activity will include discussion of unapproved or investigational uses of products or devices as indicated:

Signature: _____ Date: _____

RETURN BY: **January 18, 2019** TO: **LMHPCO Education Director, Nancy@LMHPCO.org • P.O.Box 1999, Batesville, MS 38606 • Fax 504-948-3908**