

The Gulf Coast HIMSS Chapters invite you to respond to a Call for Speakers for the 2016 GC3 Conference.   The 2016 Conference will be **November 3-4, 2016** at the **Beau Rivage in Biloxi, MS.** If you or someone you know would like to present, please submit the attached speaker information by ***June 30, 2016***. Submissions should be emailed to [nrobin@lhcqf.org](mailto:nrobin@lhcqf.org) with subject line “GC3 Speaker”.

The theme of this year’s conference is “As the Healthcare World Turns”. With many competing areas of focus for healthcare organizations and providers including meaningful use, ACOs, telehealth, and more, the health IT professional’s daily life is much like a daytime drama with competing storylines and a new plot around every corner. This year’s conference will explore the many ‘plots’ facing today’s industry professionals. Some ideas include:

* ACO/Value Based Payment topics
* Engaging Patients and Families
* MACRA/MIPS
* Telehealth
* Meaningful Use
* Precision Medicine

The conference planning committee will review and make topic selections by July 15. Speakers will be provided with complimentary registration for the conference, but are responsible for their own travel expenses.

Thank you for your support of the Gulf Coast HIMSS Conference. We appreciate your commitment to presenting relevant and informative information to the members of the Alabama, Louisiana, and Mississippi Chapters of HIMSS. We hope to see you in Biloxi!

# GC3 Call for Speakers Form

Only complete proposals will be reviewed/accepted. Please ensure that all required forms are included in the submission.

* Speaker Identification form (one for each speaker)
* Speaker Introduction/Bio (100 words or less)(one for each speaker)
* Nursing Attachment A (one for each speaker) This allows GC3 to have sessions approved for Nursing Continuing Education credits.
* Ochsner Clinic Foundation CME Disclosure Form (one per speaker) This form allows for the program to be approved for Continuing Medical Education credits.
* Headshot for conference program (one for each speaker)

*Vendors and consultants are invited to present where the vendor's level of knowledge provides value to the attendees. We greatly value the knowledge that vendors bring to our conference, and stress that these sessions are in-depth educational sessions, not opportunities for sales presentations. Vendors are encouraged to have a healthcare professional co-present to strengthen their presentation.*

**All presentations must be submitted by October 3, 2016 to allow for sufficient time for review by the Education Committee. Late presentations, those that do not reflect the approved proposal, or those that include promotional content may be removed from the conference agenda.**

**Presentation**

Title of Presentation: Click here to enter text.

Topic of Presentation: Click here to enter text.

Presentation format:

* Panel
* Lecture
* Other Click here to enter text.

Learning Objectives :

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.

Intended audience: Introductory  Intermediate  Advanced

Length of presentation: Click here to enter text.  
 (Please allow at least 15 minutes at the end of your presentation for questions from the audience.)

Title of Presentation: Click here to enter text.

Speakers Name: Click here to enter text.

Credentials: Click here to enter text.

Employer: Click here to enter text.

Employer’s address:

Street: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip code: Click here to enter text.

Phone: Work number: Click here to enter text.

Cell number: Click here to enter text.

Email: Click here to enter text.

Bio:

Click here to enter text.

Presentation title: Click here to enter text.

Second Speaker’s name: Click here to enter text.

Speaker’s credentials: Click here to enter text.

Employer: Click here to enter text.

Employer’s address:

Street: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip code: Click here to enter text.

Phone: Work number: Click here to enter text.

Cell number: Click here to enter text.

Email: Click here to enter text.

Bio:

Click here to enter text.Presentation title: Click here to enter text.

Third Speaker’s name: Click here to enter text.

Speaker’s credentials: Click here to enter text.

Employer: Click here to enter text.

Employer’s address:

Street: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip code: Click here to enter text.

Phone: Work number: Click here to enter text.

Cell number: Click here to enter text.

Email: Click here to enter text.

Bio:

Click here to enter text.

**CME Disclosure of** **Relevant Financial Relationships**

As a sponsor of continuing medical education (CME) activities accredited by the Accreditation Council for Continuing Medical Education (ACCME) it is the responsibility of the Ochsner Clinic Foundation Department of Continuing Medical Education (OCME) to establish a mechanism to identify and resolve conflicts of interest (COI) with necessary interventions implemented prior to the activity taking place. It is our policy to ensure balance, independence, objectivity and scientific rigor in all sponsored CME activities.

Therefore, any individual who is in a position to control the content, development, management, presentation or evaluation of an educational activity designated for Category 1 credit in accordance with ACCME’s Standards for Commercial Support must disclose all relevant financial relationships with any relevant commercial interest to the OCME. An individual who refuses to disclose relevant financial relationships will be disqualified from a CME role that will give them the opportunity to affect the development, management, presentation or evaluation of the CME activity. Summary details are provided on the reverse side of this form.

|  |  |
| --- | --- |
| **Name:** |  |
| **Name of Activity:** |  |
| **Date of Activity:** |  |
| **Role: (i.e. activity director, course faculty, planning committee member, speaker, author of CME, other)** |  |

­□ I, my spouse or partner, has no actual or potential conflict of interest in relation to this program or presentation

□ I, my spouse or partner, has a financial interest/arrangement of affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this program and/or presentation. Summary details are provided on the reverse side of this form.

**I agree that I­­­­­­­­­­­­­­ shall not influence the content relevant to products or services of financial relationships. I understand that as a planner, speaker or author, who may present a current financial relationship, that I have an opportunity to affect content relevant to products or services of that commercial interest. My presentation materials will be free of commercial bias before and during the presentation. If necessary, I agree to have my materials go through a peer review, by the CME Activity Director, prior to the CME Activity, should I posses financial interests relative to the activity content.**

|  |  |
| --- | --- |
| **Signature:** | **Date:** |

|  |  |
| --- | --- |
| **Affiliation/Financial Interest** | **Name of Organization(s)** |
| **Grant/Research Support** |  |
| **Consultant** |  |
| **Speaker’s Bureau** |  |
| **Stock/Shareholder** |  |
| **Other financial or material support:** |  |
| **Summary details of the affiliation/Financial Interest:** | |
|  | |
|  | |

Please contact the CME at OCF office for further directive.

Please return form to: CME Department

1514 Jefferson Highway, New Orleans, LA 70121

fax: 504-842-8287 or call 504-842-3702

**CME Disclosure of** **Relevant Financial Relationships**

**Continued**

The ACCME defines “commercial interest” as any proprietary entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

The ACCME defines “relevant” financial relationships as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options, or other ownership interest, excluding diversified mutual funds) , or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contract (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership and other activities for which remuneration is received or expected.

ACCME considers relationships of the person involved in the CME activity ***to include financial relationships of a spouse or partner.*** The ACCME considers financial relationships to create actual **conflicts of interest** in CME when individuals have **both** a financial relationship with a commercial interest **and** the opportunity to affect the content of CME about the products or services of that commercial interest.

OCME must identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

Please contact the CME at OCF office for further directive.

Please return form to:

CME Department

1514 Jefferson Highway, New Orleans, LA 70121

fax: 504-842-8287 or call 504-842-3702

CNE Attestations for Presenters/Planners Biographical/Vested Interest

**FORM 2 ATTACHMENT A**

**Name:** Lead Nurse Planner (Administrator)

**Title of Activity:** Planner (target audience expert )

**Date of Presentation:** Presenter

**Biographical Data:**

Degree Year Institution

Present Employer Title Description

**Vested Interest**

I. Have you received anything of value from a commercial supporter, which may be perceived as direct or indirect interest in the subject(s) you are addressing in this education activity?

NO OR YES (IF yes, list the commercial supporter: ) describe your relationship:

Speaker’s bureau major stockholder shareholder consultant

Large gift(s) grant/research support no relationship

Other (describe )

How will conflict of interest be resolved?

III. Describe professional experience or areas of expertise (including publications) related to the involvement in continuing nursing education.

IV. Identify how you took part in the planning and evaluation of this activity:

Planned objectives/content reviewed evaluation summary planned time frame

Will utilize evaluation to revise presentation as needed planned teaching strategies

Received up-to-date ANCC Accreditation standards attended committee meetings

**Presenter:** During your presentation, will you include discussion of an unlabeled or the investigational

use of a product, device or drug that has not been approved by the FDA, for the use being presented in this education activity?

NO OR YES (IF yes, Explain: )

\*If yes, you must disclose this information during your presentation. Select which method:

Verbally during presentation handouts audiovisuals other

\*How will conflict of interest be resolved?

**Signature** of Planner/Presenter **Date**

**CNE Attestations for Presenters/Planners with**

**Vested Interests**

Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the office at 601-898-0850 as soon as possible.

1. I have disclosed to the MNF all relevant financial relationships, and I will disclose this information to learners verbally and in print. Agree \_\_\_\_\_\_ Disagree \_\_\_\_\_\_\_

2. The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence based and unbiased.

Agree Disagree \_\_\_\_\_\_\_

3. If I am presenting at a live event, I understand that a MNF monitor will be attending the event to ensure that my presentation is educational, and not promotional, in nature.

Agree Disagree

4. I will use generic names to the extent possible when discussing specific health care products or services. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.

Agree Disagree

5. If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.

Agree Disagree

6. If I have been trained or utilized by a commercial entity or its agent as a speaker for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.

Agree Disagree

7. If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company. All scientific research referred to, reported or

used in the activity in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis.

Agree Disagree

8. I understand that MNF may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.

Agree Disagree

***I have carefully read and considered each item in this attestation form, and have completed it to the best of my ability.***

***Signature Date***