



HIMSS GULF COAST CHAPTERS

7th Annual Regional Conference
November 13-15, 2019
Biloxi, Mississippi

The Gulf Coast HIMSS Chapters invite you to respond to a Call for Speakers for the 2019 GC3 Conference.

The 2019 Conference will be November 13-15, 2019 at the Beau Rivage Resort and Casino in Biloxi, MS.

If you or someone you know would like to present, please submit the attached speaker information by June 28, 2019. Submissions should be emailed to GC3Speakers@gmail.com with subject line "GC3 Speaker".

The conference planning committee will review and make topic selections by July 19, 2019. 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!

2019 GC3 CONFERENCE CALL FOR SPEAKERS

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

Complete Proposals Checklist

- One session submission form
- Sessions must be 60 minutes in length (including 10 minutes of Q&A)
- One introduction/bio (100 words or less) per speaker
- One Mississippi Nurses Foundation attachment per speaker (allows session approval for Nursing Continuing Education credits)
- One Ochsner Clinic Foundation CME Disclosure Form per speaker (allows program approval for Continuing Medical Education credits)
- One headshot per speaker for conference program

Do you give HIMSS GC3 permission to use your presentation on the GC3 website?

- Yes, I give permission for GC3 to use my presentation
- No, I do not give permission for GC3 to use my presentation

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.

PLEASE NOTE:

All presentations must be submitted by COB June 28, 2019 to allow for sufficient time for review by the Programs Committee. Late presentations, those that do not reflect the approved proposal, or those that include promotional content may be removed from the conference agenda.

Notification of selection will be sent by July 19, 2019.

Session Title

Topic of Presentation (select all that apply)

- Advanced Analytics
- Artificial Intelligence & Machine Learning
- Bio-surveillance
- Cybersecurity
- Health Data & IT Governance
- Health Data Management
- Health Information Exchange
- Health self-monitoring
- Interoperability
- Leadership
- Legislation & Compliance
- Mobile Computing
- Population Health
- Social Determinants of Health
- Telehealth
- Value-based care
- Other:

Presentation Format

- Panel
- Lecture
- Other:

Learning Objectives (min. 2 needed for Continuing Education credits)

- 1.
- 2.
- 3.

Desirable Attributes Addressed by Presentation (select all that apply)

- Apply quality improvement
- Evidence-based practice
- Financial Management
- Healthcare Innovation
- Interpersonal and communication skills
- Medical knowledge and skills
- Operations
- Practice-based learning and improvement
- Professionalism/leadership
- Patient-centered care
- System-based practice
- Informatics
- Interdisciplinary teams

Intended Audience

- Administration/Healthcare Executives
- Financial Management
- Health IT
- Informatics
- Leadership & Management
- Marketing
- Operations
- Organizational Governance
- Personal/Professional Development
- Physician/Non-Physician Providers
- Risk Management/Compliance

Level of Knowledge

- Introductory
- Intermediate
- Advanced

Primary Literature References (please provide at least one)

- 1.
- 2.
- 3.

First Speaker

Name:

Credentials:

Employer:

Employer's address (street, city, state, ZIP):

Work phone:

Cell phone:

Email:

Bio:

Second Speaker (optional)

Name:

Credentials:

Employer:

Employer's address (street, city, state, ZIP):

Work phone:

Cell phone:

Email:

Bio:

Third Speaker (optional)

Name:

Credentials:

Employer:

Employer's address (street, city, state, ZIP):

Work phone:

Cell phone:

Email:

Bio:

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 possess financial interests relative to the activity content.

Signature:	Date:
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<u>AFFILIATION/FINANCIAL INTEREST</u>	<u>NAME OF ORGANIZATION(S)</u>
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.

CME DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS

CONTINUED

The ACCME defines “commercial interest” as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organization and non-health care related companies.

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.

MISSISSIPPI NURSES FOUNDATION
ATTACHMENT 4 A- Conflict of Interest Form
FOR PLANNERS AND PRESENTERS

Title of Educational Activity: _____ Education Activity Date: _____
 Role in Educational Activity: _____ Name: _____
 Phone Number: _____ Email Address: _____
 Current Employer and Position/Title: _____

Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. **All information disclosed must be shared with the participants/learners prior to the start of the educational activity.** Relevant relationships, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

_____ Yes _____ No

If yes, complete the following table for all actual, potential or perceived conflicts of interest**

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

**** All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.**

Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

 Typed or Electronic Signature: Name and Credentials (Required) Date