

Critical Access Hospital Conference Call for Presentations



Your voice. Louder.

Please check all boxes below to confirm your acceptance of NRHA requirements:

- I understand that all presenters will be required to pay a registration fee.
- I understand that I must provide my own computer the day of the conference, with my presentation loaded.
- I understand no honoraria or travel expense reimbursement will be provided, and that I must make my own travel and hotel arrangements.
- I understand that this submission requires a complete slate of speakers, including each speaker's individual contact information.
- I have read the submission requirements, general information and terms of agreement sections located at the end of this document and agree to comply with all guidelines contained therein. [\[see actual form, as these change from year to year.\]](#)

Proposed Session Information

Please complete the following submission form in order to be considered for an educational session at NRHA's CAH Conference. Presentations not submitted through this form will not be considered.

Session title (8 words or less and PLEASE SPELL OUT ALL ACRONYMS)

Session Description

Provide a brief overview in 50 words or less. PLEASE SPELL OUT ALL ACRONYMS. Indicate how your session will impact rural populations. NRHA reserves the right to edit session descriptions for size, clarity, and marketing purposes.

Learning Objectives: Please list three and express them in behavioral terms:

At the end of this session, attendees will be able to...
At the end of this session, attendees will be able to...
At the end of this session, attendees will be able to...

Is this topic broad enough to appeal to attendees of the Rural Health Clinic Conference, as well? (Please note that your answer will not affect the probability of being selected for presentation).

- Yes
- No

Please select the track for this presentation:

ALTERNATIVE PAYMENT MODEL (APM) – APMs [i.e., Accountable Care Organizations (ACO), bundled payments and Patient Centered Medical Homes (PCMH)] are designed to shift the U.S. Health Care system to population health strategies. Submissions in this category should address RHC/CAHs successful participation in APMs in one or more of the following five areas: Using data and analytics to identify patient groups and measure quality; Coordinating clinical care for population health; Engaging patients in their care outside the clinical setting and/or local/regional organizational models that creatively make APMs effective in rural communities.

FINANCIAL - Submissions which inform attendees on current finance-oriented processes as well as featuring technological advances used to achieve proven successful financial outcomes.

LEADERSHIP - Submissions which highlight the imperatives of facilitation, integration of a clear organizational vision, provision of information, knowledge and innovative methods to realize that vision, and coordinating and balancing the conflicting interests and priorities that exist within a health care community.

QUALITY - Submissions pertaining to the measurement of quality in a health care facility with specific attention to clinical appropriateness of medical tests and treatments, reducing variations in care and cost, and measures to continually improve innovative methods that address measuring the health of a population, while using technological tools that enable all of these activities, including performance improvement, through technological innovations.

TOP 20 CAHs - NO VENDORS ARE ELIGIBLE in this category. Reserved category for Hospital-based submissions, with preference given to those having achieved NRHAs current "Top 20 status," which highlight methods, systems and technology used to achieve proven successful outcomes.

This session is geared for the following types of attendees:

- Board Members
- Executive Management
- Financial Management
- Clinical Management

Learning Level:

- Introductory
- Intermediate
- Advanced

Session Format:

- Panel Presentation
- Hands-on Workshop
- Roundtable
- Didactic Lecture

Primary Contact Information

The primary contact is not necessarily a speaker, but will be the person that NRHA coordinates with regarding speaking times and logistical information. If the primary contact is also the speaker, please

complete this section plus the brief biography, publications and education sections under the "Speaker 1" heading. The slate of speakers submitted must be complete, including the specific contact information for each individual. Entries of "TBA," etc. will not be considered.

First Name:

Last Name:

Credentials (doctorates only):

Title:

Organization:

Street Address:

Address Line 2:

City, State, Zip Code:

Phone Number:

Fax Number:

Email Address:

Will the primary contact be speaking as well? If "yes" please complete the brief biography, publications and education sections under the "Speaker #1" heading.

Yes

No

Speaker Information

If the primary contact is also a speaker, there is no need to re-submit contact information. However, please make sure to complete the brief speaker biography below. In addition, please include complete information for all other speakers below. This slate of speakers must be complete. No entries of "TBA" will be considered.

[There are forms for a maximum of 4 speakers]

Speaker #1:

First Name:

Last Name:

Credentials (doctorates only):

Title:

Organization:

Street Address:

Address Second Line:

City, State, Zip Code:

Phone Number:

Fax Number:

Email address:

Brief Speaker Biography:

Please limit biography to 100 words or less. If selected, this will appear in the NRHA mobile app. Briefly describe your professional experience or areas of expertise which contribute to this continuing education activity. PLEASE SPELL OUT ALL ACRONYMS. NRHA reserves the right to edit biographies for size, clarity, and marketing purposes.