

SUBMISSION ENTRY FOR CALL FOR PRESENTATIONS or POSTERS - 2020

This form can be used as a template. Use it to cut and paste the data into the online form.

SUBMIT YOUR PRESENTATION PROPOSAL

* PLEASE READ CAREFULLY BEFORE YOU BEGIN YOUR SUBMISSION! *

1. The form will not save for you to return to later.
2. Copy and paste as PLAIN TEXT. Formatting commands such as table, bold, auto-numbering will not transfer. Symbols, such as "", will not transfer properly.
3. If your form is transmitted successfully, you will see a "Thank You" page with your submission information.

PART 1. PRIMARY CONTACT PERSON

The Primary Contact Person is the individual who consents to receive all communications from CFHA regarding this proposal, presentation, or poster.

EMAIL	
FIRST NAME	
LAST NAME	
PHONE	
ORGANIZATION	
CITY	
STATE/PROVINCE	

Part 2. PRESENTERS AT THE CONFERENCE

LIST ALL CONFERENCE PRESENTERS BELOW

Please include details below about the individuals who will attend and present this session at the Conference in Philadelphia.

Please list Presenters below using this FORMAT: John J. Smith, MD, Medical Director, ABC Organization, City, State

#1 LEAD PRESENTER (does not need to be same as primary contact person)	
#2 Presenter	
#3 Presenter	
#4 Presenter	
#5 Presenter	
Any additional presenters?	
Co-Authors (may or may not attend conference)	

Part 3. PARTNERS IN COLLABORATION

By its very nature, integrated behavioral healthcare is dependent on collaboration with families, community organizations, and other professionals. CFHA strongly encourages proposals that include collaborations between different provider types, those with diverse roles in integrated care, and/or patients and their families.

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PLEASE IDENTIFY ANY PROVIDERS, PATIENTS, OR COMMUNITY MEMBERS WHO WILL PARTICIPATE AS PRESENTERS FOR THIS SESSION.

3a. COLLABORATORS	
	Physician(s)
	Physician Assistant(s)
	Psychiatrist(s)
	Nurse(s)
	Nurse Practitioner(s)
	Physical or Occupational Therapist(s)
	Pharmacist(s)
	Dietician(s)
	Families and/or other community organizations
	Patients
	None of the above
	Other (describe):

3b. OTHER PROVIDERS	
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3c. How is interdisciplinary collaboration reflected in your presentation and mix of presenters?	
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Please keep response to 500 characters including spaces.

PART 4. PRESENTATION TITLE and ABSTRACT

Please include an engaging title for this presentation that will attract and entice our member audience. Include an abstract about this presentation that will be included in Conference marketing materials.

For this year’s conference, we specifically want to highlight the following topic areas as described in the call for proposals: **managing patients with complex care needs, providing opioid use disorder care, provider burnout care and prevention, health policy reform, implementation of evidence-based practices in IBH, OUD, and SDoH, training models to enhance provider skills, solutions to future challenges brought on by proposed health policy reform (M4All) that address care delivery and payment systems.**

CFHA encourages proposals reflecting all Integrated Care models (e.g., PCBH, SBIRT, bi-directional, IMPACT, and other programmatic variations of these).

4a. TITLE	
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Please keep response to 150 characters including spaces.

Please outline your presentation’s rationale - including how it addresses the conference theme, target audience and what attendees will learn/experience from your presentation.

SPECIAL INSTRUCTIONS

Please note special instructions below for abstracts for:

- (a) oral or poster presentations that include empirical data, and
- (b) oral presentations in the Research and Evaluation Training Track.

PLAIN TEXT ONLY. Formatting and symbols will not translate.

4b. ABSTRACT	
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Please keep response to 2000 characters including spaces.

WHAT TO INCLUDE IN YOUR ABSTRACT

(a) For presentations that include empirical data (that is, results from a demonstration project, pilot study, or any other type of research, quality improvement project, or program evaluation, please include:

- background/rationale
- description of population sampled (sample size, basic demographics)
- study design
- procedures and measures used to collect the data
- key results (analytic approach, e.g., descriptive statistics, t-test, ANOVA, regression) and conclusions

(b) For oral presentations in the Research and Evaluation Training Track that teach the audience practical, “how to” lessons to build research/evaluation/QI capacity, outline the specific ways you will teach the knowledge/methods/skills. The vast majority of the time should be devoted to training and interactive discussion/exercises (recommendations are 5-10 minutes to describe the project, 20-25 minutes to teach the skill, 20-25 to help the audience practice/apply the skill).

Your proposal should include:

- information in didactic lecture and/or illustrated via case example (e.g., planning a program evaluation)
- hands-on exercises that attendees will complete (e.g., worksheet to design your own program evaluation)
- resources that will be provided to attendees (e.g., handouts, templates)

PART 5. TRACK AND KEYWORDS

RESEARCH AND EVALUATION TRACK

This track is designed to provide technical training on planning and conducting rigorous research, quality improvement, and program evaluation in real-world health care settings. The primary focus of these presentations should be equipping attendees with practical knowledge and skills via “how to” lessons, rather than simply presenting study results. Data from studies/evaluations should be presented as a vehicle to illustrate and teach specific approaches to study design as well as data collection, analysis, and interpretation. Presentations must provide participants with a training experience that instructs them on the knowledge/methods/skills used to obtain any data presented and the ways the results can be applied to improve practice.

5a. Should this presentation be considered for the Research and Evaluation Training Track?	
	Yes
	No
	Not applicable (submitting as poster only)

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5b. KEYWORDS – Please identify up to 3 keywords that best describe this presentation.

Across the Lifespan
Administration
Adolescents
Assessment
Burnout
Behavioral Medicine Topics (e.g., insomnia, medication adherence)
Care Management
Chronic Care Model of Integrated Care
Co-morbidity
Collaborative Care Model of Integrated Care
Complex Patient Care
Cost Effectiveness/Financial sustainability
Cultural Humility
Early Career Professionals
Electronic Medical Record
Ethics
Evidence-based interventions
Family centered care/Family perspectives
Geriatrics
Implementation science
Innovations
Interpersonal violence
Interprofessional education
Interprofessional teams
Justice system
Medically unexplained symptoms
Mentorship
Mood (e.g., depression, anxiety)
Multi-generational care
Multi-sector partnerships
Opioid management
Outcomes
Patient-centered care/Patient perspectives

Payment models
Pediatrics
Policy
Population and public health
Prevention
Primary Care Behavioral Health Model
Professional Identity, including development of
Quality improvement programs
Research and evaluation (e.g. data analysis methods)
SBIRT Model of Integrated Care
School-based
Self-care/Self-management
Skills building/Technical training
Social determinants of health (SDoH)
Special populations (e.g. disability)
Substance abuse management (e.g., alcohol, tobacco, illicit drugs)
Suicide
Sustainability
Teaching family-centered care
Team-based care
Technical assistance/practice facilitation for integrated care
Technology (e.g. health informatics)
Tertiary care
Training Models
Training/Supervision – Supervision and evaluation of trainees, providing feedback
Underserved populations (e.g. LGBTQ)
Workforce development
Other

Part 6. CONNECTION TO EVIDENCE

CFHA is committed to quality programming that supports the current evidence base or builds upon it in rigorous program evaluation or research.

EMPIRICAL DATA

6a. Does this presentation include empirical data, that is, the results of a research study, quality improvement project, program evaluation, or other data-based study?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

EVIDENCE

* Select ONE of the following options in question 6b below *

6b. Evidence

	A. Based on an existing evidence-based intervention or program.
	B. Has pilot data to support its effectiveness.
	C. Supported by rigorous evaluation data.
	D. Well-controlled research study - builds upon the literature and produces generalizable knowledge.
	E. Not applicable. None of the above.

6c. Explain your answer.	
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Part 7. ACCREDITATION REQUIREMENTS

CFHA will apply for approval of continuing education credit with various accrediting agencies. Please provide LEARNING OBJECTIVES and BIBLIOGRAPHY information below. CE will be available only for oral presentations. However, poster presentations should also have clear learning objectives and be based on relevant literature, so we ask for this information for all presentations of either type.

7a. LEARNING OBJECTIVES

Three (3) behavioral learning objectives are required for each presentation. Begin each objective with an ACTION verb, such as IDENTIFY, LIST, DESCRIBE, DEFINE, DISCUSS, etc.

"AT THE CONCLUSION OF THIS PRESENTATION, PARTICIPANTS WILL BE ABLE TO..."

1-Objective	
2-Objective	
3-Objective	

7b. BIBLIOGRAPHY / CONTENT REFERENCES

Please cite at least FIVE (5) references or sources for this presentation content that are no older than 5 years.

Without these references, your session may NOT be eligible for CE credit and may not qualify for presentation at the Conference.

1-Reference	
2-Reference	
3-Reference	
4-Reference	
5-Reference	

Part 8. PRESENTATION TYPE

There will be two primary types of presentations at the conference: oral presentations and poster presentations. Only a limited number of submissions will be accepted as oral presentations for concurrent sessions. CFHA is offering the option for submissions to be considered for either type of presentation based off the same abstract submission. This will allow for submissions that are not accepted as oral presentations to be automatically considered as poster presentations without requiring an additional/separate poster presentation abstract submission.

8. Please consider this submission for:

	Oral presentation only
	Poster presentation only
	Either oral or poster presentation

Part 9. ORAL PRESENTATION INFORMATION

CONTENT LEVEL

Please indicate below the content level that is most applicable for this topic/presentation:

Advanced Session—Best benefiting persons who have direct knowledge of the topic; persons responsible for the outcomes of the topic on a routine basis; and/or persons confident with the background and language. This will not review any basic definitions or content around the topic.

Intermediate Session—Best benefiting persons with a general understanding of the topic and the language of the topic; persons with a professional or personal interest in the topic seeking to build skills; and/or persons with a goal to become more proficient in the topic area.

Novice Session—Best benefiting persons with limited understanding of the topic; and/or persons seeking to learn more about the topic in a general way. This will include basic definitions of language and content around the topic.

All Audience

9a. CONTENT LEVEL	
	Advanced Session
	Intermediate Session
	Novice Session
	All Audience Session
	Not applicable (being considered as a poster only)

SESSION LENGTH: Please indicate the MINIMUM amount of time necessary to deliver this presentation/content.

9b. MINIMUM LENGTH	
	30 minute session
	60 minute session
	Not applicable (being considered as a poster only)

ALTERNATE FORMAT

If the proposal is NOT selected as a 60-minute Concurrent Session, please let us know if you are willing to present the information as an abbreviated session or as a roundtable/discussion group.

9c. ALTERNATE FORMAT	
	30 minute session
	Discussion group (roundtable)
	None, I do not want to present if not allocated 60 minutes.
	Not applicable (being considered as a poster only)

Part 10. POSTER PRESENTATION INFORMATION

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NOTE: These questions apply to poster presentations only. If you are submitting for an oral presentation only, please click the not applicable response for each question on this page, then continue to the next page.

POSTER AWARDS

CFHA confers awards for the best student poster and the best research/evaluation poster. These questions help us determine whether your poster should be considered for either of these awards.

10a. Is the primary presenter of this poster a student or trainee?	
	Yes
	No
	Not applicable (being considered as an oral presentation only)

POSTER CATEGORIES

10b. Poster Categories	
	Research: systematic investigation exploring key issues related to integrated care, designed to produce generalizable knowledge, report on data collected and analyzed
	Program Evaluation: Program evaluation: report on data collected and analyzed, focused on integrated care program design, implementation, and/or evaluation
	Quality Improvement: Quality improvement: formal approach to performance assessment and improvement, designed specifically to improve process/outcomes within a local program/clinic
	Conceptual: early-stage development of and proposal for new idea, model, theory related to integrated care
	Policy: proposal of new or analysis of current integrated care strategies
	Not applicable (being considered as an oral presentation only)
	Other poster category

Part 11. ACCEPT AND SUBMIT

You must acknowledge and accept the following terms and conditions:

1. Each presenter will be required to
 - a. complete CFHA's 2020 Disclosure Form online
 - b. to provide a current bio
 - c. disclose any relevant relationships that may be perceived as a conflict of interest to learners. (A link to the online response form will be included in acceptance notice.)
2. Presenters must provide a copy of their presentation slides and handouts to the conference manager three weeks before the conference.
3. Presenters, co-presenters and panelists must REGISTER AND PAY to attend the CFHA Conference. There are NO free or discounted registrations offered for presenters. One-day registration options will be available.

Acceptance of Terms and Conditions* *	
	Yes; I/we agree to the terms and conditions for CFHA Conference presentations.
	No; I/we do not agree to the terms and conditions. This proposal will not be considered by CFHA.

COMMENTS	
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