

# *Crossing the Bridge*



## 2006 ANNUAL MEETING

February 22 - 24, 2006 Miami, Florida

*Call for Submissions*



**THE AMERICAN  
HEALTH QUALITY  
ASSOCIATION**

# AHQA 2006 ANNUAL MEETING

## Call for Submissions

The American Health Quality Association (AHQA) welcomes your Abstract, Concurrent Session or Poster Presentation submission for the 2006 Annual Meeting titled *Crossing the Bridge*, to be held February 22 - 24, 2006 in Miami, Florida.

The goal of the Annual Meeting is to share new ideas and best practices in health care quality improvement among those health care professionals seeking ways to generate substantial changes in the quality of care in America, including the Quality Improvement Organization (QIO) community, their partners, and other stakeholders. We invite you to be part of the premier health care networking opportunity as we bring together over 800 quality improvement experts, practitioners, informatics professionals, researchers, analysts, communications specialists, government representatives and health care leaders from local, national and international quality improvement communities.

The 2006 Conference, titled *Crossing the Bridge*, focuses on the critical challenges we face in improving processes and ensuring high quality care for a rapidly growing aging population, in the face of escalating expectations placed on the health care system to improve performance, reduce costs and save lives. AHQA's 2005 meeting, *Building the Bridge to Transformational Change*, focused on national efforts to redefine the way in which the Centers for Medicare & Medicaid Services (CMS), the leading health care payer, and Medicare's Quality Improvement Organizations (QIOs) work in conjunction with local and national stakeholders to improve care for America's seniors. In 2006, the health care quality landscape will begin a dramatic shift as CMS redefines their expectations for how providers and practitioners in virtually every setting will improve the quality of care they provide.



### TRACK 1: NURSING HOMES

- Achieving dramatic gains on publicly-reported clinical measures.
- Retaining front-line staff.
- Techniques for boosting staff and resident satisfaction.
- Engaging nursing home leadership in quality.
- Using process-of-care data to improve quality.
- Engaging nursing homes on health information technology (HIT).

### TRACK 2: HOME HEALTH

- Effective approaches to reducing hospitalizations.
- Identifying and disseminating best practices in home care.
- Making the case for telehealth.

- Assessing and improving a home care agency's organizational culture.
- Enhancing performance on publicly-reported OASIS measures.
- Using the media to motivate community partners to reduce hospitalizations.



### TRACK 3: HOSPITAL

- Engaging hospital leadership to improve quality.
- Strategies for improving CMS' *Appropriate Care Measure*.
- Working with surgical teams on the new Surgical Complication Infection Prevention measures.
- Successful strategies to promote hospital data collection, reporting and validation.
- Making the business case for health information technology in hospitals.
- Leveraging consumer and media interest in hospital data.

## Potential Conference Topics

**New this year!** We have expanded the number and focus of our conference submission tracks (see below). The traditional “Health Care Quality Improvement” track has been broken out by topic and care settings. Submissions can focus on any payer setting, including: Medicare, Medicaid, private sector, fee-for-service, managed care, or grant work.

Successful presentations will address key quality challenges and focus on delivering **practical lessons learned** and solutions attendees can adapt for use in their day-to-day work. Presentations that provide measurable results are given priority. Authors are encouraged to consider the principles of adult learning when designing proposals for hour-long concurrent sessions.

Submissions will be reviewed by selected AHQA members in a double-blind process to ensure concurrence among reviewers.

Included below each track heading are suggestions that provide direction on the general scope of the session. Other ideas for session content related to the topics are welcome.

### TRACK 4: RURAL/CRITICAL ACCESS HOSPITALS

- Making the case for collecting and submitting quality data.
- Quality improvement projects that boost performance on new rural measures.
- Engaging rural hospital leadership.
- Creating a culture of safety in rural hospitals.
- Creating public demand for rural quality improvement.

### TRACK 5: PHYSICIAN OFFICE

- Effective methods for moving physicians along the continuum of health information technology.
- HIT adoption and effective use.
- Effective tools and examples for care process redesign.

## Criteria for Submission

### Abstracts

These presentations, generally scientific or analytic in nature, should be results oriented. They should include *very brief* project background information, and focus on specific information regarding lessons learned, including applicability to other project activities and organizations. Abstracts will be presented in rapid-fire succession, with five to six presentations during a 60-minute session, allowing for 10-12 minutes per presentation. Six criteria are used to evaluate abstracts:

1. Submission blinded: No identifying information included in title or text of submission, e.g., name of organization, state name, and author information.
2. Clarity and organization: Submissions should present topics/ideas in a logical, easy-to-follow format. Abstract titles should be brief, clearly indicating the nature of the investigation. Text should be proofread to ensure accuracy.
3. Relevance of topic to discipline: Presentations should address the immediate concerns of the discipline and advance the knowledge of attendees.



4. Innovation and originality: Information should be new to the audience, and offer functional solutions to real-life challenges. It is recommended that submissions submitted previously not be presented or published to ensure originality.
5. Practicality and value: Demonstrate quantified improvement: outcomes, lives saved, dollars saved, accidents prevented. Include successes, failures, **lessons learned, and practical strategies** that can be “taken home” and applied. Evaluate whether the measurable improvement was worth the resources committed.

# Crossin

- Innovative partnerships and strategies for HIT or health information exchange (HIE).
- Strategies for leveraging success and lessons learned in Doctor’s Office Quality Information Technology (DOQ-IT) projects.
- Supporting and creating incentives or pay-for-performance programs with Medicare Advantage plans.
- Achieving improvement on ambulatory statewide measures.

### TRACK 6: UNDERSERVED POPULATIONS

- Making the case and educating physicians on cultural competency.
- Health information technology and physicians serving underserved populations.
- Successful approaches to improving performance on statewide measures.

- Innovative partnerships to improve care for underserved populations.
- Implementing culturally and linguistically appropriate services.
- Community outreach campaigns to educate minorities on quality care issues.

### TRACK 7: MEDICARE PRESCRIPTION DRUG BENEFIT QUALITY IMPROVEMENT

- Addressing misuse, overuse and under-use of prescription drugs.
- Accessing and utilizing Medicare prescription drug claims data.
- Development of prescription drug quality measures.
- Creating and sustaining partnerships with drug plans and providers.

- Quality of data and methodology: Experimental and analytical methodologies and data should be defensible. Research should be complete or nearly complete.

### Concurrent Sessions

These presentations provide attendees the opportunity for in-depth interaction and discussion with experts and researchers, in full 60-minute concurrent sessions. They should be workshop-style presentations that offer ample opportunity for both dialogue and Q & A. Presentation emphasis should focus on practical lessons learned and solutions that attendees can adapt for use in their day-to-day work.

The lead panelist must submit a proposal that includes among other requirements, a list of potential panelists (no more than four), background information, session objectives and description, and any funding assistance required. Criteria 1-6 above are used to evaluate panel proposals. In addition, reviewers will be requested to provide unbiased judgment on the potential for a successful presentation.

### Poster Presentations

The Professional Poster Session is a dedicated opportunity for attendees to network and interact with peers and presenters. The Poster Session is an effective mechanism for disseminating both research findings and project-specific information. Criteria 1-5 above are used to evaluate poster presentations. Posters will remain on view in the exhibit area throughout scheduled exhibit hours. *Those poster presentations that are considered organizational promotion will not be accepted for presentation. This determination is made at the discretion of the AHQA Program Planning Committee.* Authors of all accepted posters will be sent detailed information with their letters of acceptance. There will be a \$25 fee for each poster presentation accepted.

*Abstract and Concurrent Session submissions not accepted for presentation may be selected for presentation during the Professional Poster Session.*



We invite you to be part of the premier health care networking opportunity as we bring together over 800 experts.

# ing the Bridge

#### TRACK 8: CASE REVIEW/HOSPITAL PAYMENT MONITORING PROGRAM (HPMP)

- Innovations in appeals, including BIPA and Grijalva.
- EMTALA reviews.
- Beneficiary complaint response program innovations.
- Results of special HPMP projects.
- Payment data analysis methodologies.

#### TRACK 9: FINANCE AND HUMAN RESOURCES

- Baldrige Certification, ISO Certification, URAC Certification, etc.
- Models for estimating project resource requirements.
- Cost management for quality improvement.
- Corporate compliance.
- Investments in the customer service experience.



#### TRACK 10: COMMUNICATIONS AND BENEFICIARY OUTREACH

- Effective strategies for communicating with hospital, physician office, home health agency and nursing home staff.
- Methods for elevating the quality improvement agenda in the media.
- Measurable results in innovative beneficiary education interventions.
- Successful strategies for achieving "brand" recognition.

#### TRACK 11: ANALYTIC METHODOLOGIES

- Application of analytic software.
- Innovative analytic methods, risk adjustment, etc.
- Outcomes assessment.
- Large-scale data analysis.

#### TRACK 12: QIO CORPORATE INFORMATION SYSTEMS & TECHNOLOGY

- Applications for e-commerce, content, services, and connectivity.
- Database and tracking system development.
- Development of electronic data collection and management tools.
- Planning for network security.



## Submission Process

To be considered for presentation, your submission must be received by **August 3, 2005**.

All abstract, concurrent session and poster proposals must be submitted online—**no exceptions**. The online abstract management system can be accessed by visiting <http://ams.cos.com/cgi-bin/login?institutionId=32944&meetingId=201> after May 31, 2005. Faxed or mailed submissions will not be accepted.

All forms have been pre-formatted to assist you in your submission. The abstract management system will include detailed instructions on the process. We encourage you to use the abstract management system to draft all submissions; this tool allows for collaborative online authoring.

The system includes both a telephonic and online help desk for questions regarding the process. The help desk is open Monday – Friday, 8:30 am – 5:00 pm EST. The site contains several online tools to assist you, or you may call 410-563-2378 and press 1 on the main menu.

## Presenter Info

*All presenters are required to pay meeting registration fees and all other expenses involved with attending the 2006 Annual Meeting, February 22 – 24 in Miami, Florida. Only select panel proposals will be reviewed and considered for funding requests.*

- ALL presenters must provide an electronic copy of handouts of their slides or overheads a minimum of 45 days before the conference, to allow time for reproduction and inclusion in the conference binder. Presenters should also bring a copy of their presentation on USB key or CD to the conference.
- Each presenter is required to complete and return all forms required for AHQA and Continuing Medical Education purposes by the dates stipulated, including a disclosure form indicating any financial arrangement or affiliation with any organizations that may have a direct interest in the subject matter of the presentation.

- Presenters may not use their conference presentations to market products or services; presentations constituting promotion and advertising are prohibited.
- Presenters must adhere to established time limits.

### DEADLINE

Submissions must be received online no later than **August 3, 2005**. Authors will be notified of results in October 2005.

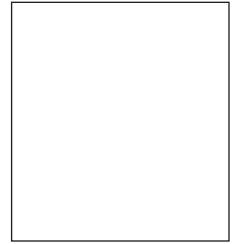
### QUESTIONS?

For more information regarding the Call for Submissions process or the 2006 Annual Conference, contact Amanda Scott, Manager, Membership and Administration, at (202) 331-5790, Extension 1567 or at [ascott@ahqa.org](mailto:ascott@ahqa.org).



THE AMERICAN  
HEALTH QUALITY  
ASSOCIATION

1155 21st Street, NW, Suite 202  
Washington, DC 20036



# *Crossing the Bridge*



## 2006 ANNUAL MEETING

February 22 - 24, 2006 Miami, Florida

*Call for Submissions*