

## 2020 PCA and HCCN Conference Call for Abstracts Questions

1. Point of Contact:
  - a. Name
  - b. Title
  - c. Company/Organization
  - d. Email address
  - e. Phone number
2. Please select if you and any additional speaker(s) are able to present this session:
  - a. In-person
  - b. Virtual only
  - c. Either in-person or virtual
3. With the information available now, do you or any additional speaker(s) anticipate not being able to travel or present in person in November?
  - a. Yes
  - b. No
4. Proposed Session Title
5. Session Description
6. Possible Topic Areas:
  - a. Data/Clinical Informatics
  - b. Workforce Development
  - c. Financial Viability
  - d. Health Center Operations
  - e. PCA and Network Operations
  - f. Emerging Issues
  - g. Payment and Delivery Reform
  - h. Medicaid
  - i. Innovation
  - j. Partnership/State-level relationships
  - k. Communications
  - l. Telehealth
  - m. Health Equity
7. Which conference objective(s) does your proposed session meet? (check all that apply)
  - a. Provide a thoughtfully cultivated experience for PCAs and HCCNs to elevate state-level skills and highlight the essential role of PCAs and/or HCCNs.
  - b. Identify opportunities to further position PCAs, HCCNs and health centers as leaders and strategic partners in the future health care environment and reimagined care in the COVID-19 era.
  - c. Promote peer sharing and discussion of forward-thinking approaches to policy and advocacy in light of the national election, health center funding and accountability requirements.
8. Learning Objectives (3 required):
9. Knowledge level: (choose one)
  - a. Basic
  - b. Intermediate
  - c. Advanced
10. Prerequisite: (required for knowledge levels of Intermediate or Advanced)
11. Target Audience within PCAs and HCCNs: (choose all that apply)
  - a. Board Members
  - b. C-Suite
  - c. Clinical
  - d. Finance
  - e. HIT
  - f. Operations

- g. Policy
  - h. Other (please specify)
- 12. How will this session be presented?
  - a. Panel
  - b. Roundtable
  - c. Workshop
- 13. Session Duration Requested: (choose one)
  - a. 60 minutes
  - b. 90 minutes
- 14. Is this session being proposed in coordination with a member of NACHC's staff?
  - a. Yes
  - b. No
- 15. If yes, name of staff member:
- 16. Need the following information for each speaker/moderator. The PCA/HCCN Conference has a focus on peer sharing and collaboration, we recommend representatives from PCAs/HCCNs/NCAs/Health Centers.
  - a. Name
  - b. Credentials, if any
  - c. Title
  - d. Company/Organization
  - e. Address
  - f. City
  - g. State
  - h. Zip
  - i. Email address
  - j. Phone number
- 17. Role for speaker:
  - a. Moderator/Facilitator
  - b. Content Presenter
- 18. Organization type for speaker:
  - a. PCA
  - b. HCCN
  - c. NCA
  - d. Health Center
  - e. Other (please specify)