GUIDELINES FOR SUBMITTING PLATFORM PRESENTATIONS FOR ALCÁLDÉ:

The following steps should be followed when submitting your platform presentation for Alcáldé.

1. **Intent to Present: (DEADLINE JANUARY 15, 2017)**

   Your Intent to Present at Alcáldé will be submitted online using the following link:

   [https://form.jotform.com/TSHP/Alcalde-Intent](https://form.jotform.com/TSHP/Alcalde-Intent)

   You will be asked to include the following information in your Intent to Present submission:

   a. Name of Resident
   b. PGY1, PGY2 or Fellowship
   c. Title of Residency Project
   d. Topic Category
      i. Ambulatory Care
      ii. Critical Care
      iii. Emergency Medicine
      iv. Geriatric Pharmacy
      v. Health-System Pharmacy Administration & Management
      vi. Infectious Diseases/HIV
      vii. Internal Medicine/Pharmacotherapy (Cardiology, Diabetes, Nephrology, Neurology, etc.)
      viii. Medication-Use Safety, Pharmacy Systems & Operations
      ix. Pediatrics/Neonatology
      x. Nuclear Pharmacy
      xi. Nutrition Support
      xii. Oncology
      xiii. Palliative Care/Pain Management
      xiv. Pharmacoeconomics & Outcomes Research
      xv. Pharmacogenetics
      xvi. Pharmacy Informatics/Drug Information
      xvii. Psychiatry
      xviii. Solid Organ Transplant
      xix. Transitions of Care
Please see the document, Alcáldé Criteria for Learning Objectives, for guidance in developing learning objectives. The Financial Disclosure Statement may be downloaded at the link given above.

2. **Abstract Submission**: *(DEADLINE FEBRUARY 28, 2017)*

   Your Abstract Submission should be sent via e-mail to Linda Albrecht at: laalbrech@yahoo.com. This submission will include:

   a. E-mail Text - Included in your e-mail should be your name, work address, work phone, e-mail address and title of the submission.
   b. Attachments - You must attach the following items to your e-mail text:
      i. Abstract - A 1-page, typed single-spaced (9-point, Times New Roman font) abstract. Leave a 2-inch margin at the top and on each side; leave a 1 1/2 inch margin at the bottom. Type the title in **BOLD CAPITAL LETTERS**, no underlining, followed by the names of all authors in upper and lower case letters - omit titles and degrees, and underline the presenter's name. List the name of the resident's or fellow's institution, city and state (no street address, titles, or degree). (Sample provided below.) Please name this attachment last name.first name.abstract.docx, i.e. albrecht.linda.abstract.docx.
      ii. Self-Assessment – Two to three self-assessment questions with answers must be provided for the presentation in order for the presentation to be accepted. Please use 9-point, Times New Roman font and format as shown in the attached example. Name your attachment last name.first name.assessment.docx, i.e. albrecht.linda.assessment.docx.
      iii. Bio – A brief one-page bio should be submitted for moderators to use to introduce each presenter. Please use 12-point font or larger and format as shown in the attached example. Name you bio last name.first name.bio.docx, i.e. albrecht.linda.bio.docx.

3. **POWER POINT SLIDES SUBMISSION**: *(DEADLINE APRIL 14, 2017)*

   Your PowerPoint Slides Submission should be sent via e-mail to Linda Albrecht at: laalbrech@yahoo.com. This submission will include:

   a. E-mail Text - Included in your e-mail should be your name, work address, work phone, e-mail address and title of the submission.
   b. Attachment – The FINAL version of your PowerPoint slides should be attached to your e-mail. Please label your file last name.first name.powerpoint.pptx, i.e. albrecht.linda.powerpoint.pptx.
IMPLEMENTATION OF AN OUTPATIENT CLINIC COPAYMENT PLAN:
EFFECT UPON EMERGENCY DEPARTMENT AND HOSPITAL
UTILIZATION. Duann L. McIlvain, Kenneth L. McCall III, H.Glenn Anderson Jr.,
Texas Tech University School of Pharmacy, Amarillo, TX.

PURPOSE: To examine the frequency of emergency department visits and hospital
utilization at Northwest Texas Health System after implementation of a copayment
system for outpatient physician and pharmacy services. These services had previously
been provided free of charge to patients with a family income between 150% and 200%
of the federal poverty level.

METHODS: Using data retrospectively collected from the institution’s electronic
records, we compared emergency department and hospital utilization six months before
versus six months after the change.

RESULTS: An interim analysis of 300 patients was performed. There were five more
ER visits prior to the institution of the copayment policy than after (p = 0.839) and there
were sixty-four more hospital days accrued after the institution of the copayment policy
than before (p = 0.374). Patients with the following payers were found to be more likely
to go to the ER than patients with the copayment plan only: no payer (OR=16.39, CI95
5.26-50.91), Wyatt insurance plan (OR=4.06, CI95 1.97-8.33), or other 3rd party
insurance (OR=2.77, CI95 1.12-6.89). Patients with a history of ER utilization were
significantly more likely to go to the ER after plan implementation than were patients
without a history of ER utilization (OR=2.40, CI95 1.38-4.14). Patients with the following
payers were found to be more likely to be hospitalized than patients with the copayment
plan only: other 3rd party insurance (OR=4.05, CI95 1.49-11.02), Medicare (OR=2.44,
CI95 1.16-5.16), or Medicaid (OR=3.26, CI95 1.43-7.39).

CONCLUSION: Based on the interim data, requiring indigent patients to pay a
copayment for outpatient care has not adversely affected ER or hospital utilization.