



**CALL FOR PRESENTATIONS**  
**IQL 2010: AMGA National Summit on ACOs**  
September 29 - October 1, 2010  
Westin Diplomat, Hollywood, Florida

To support reform efforts that foster the creation of community-based entities accountable for comprehensive healthcare services, the American Medical Group Association is bringing together the leaders of high-performing, healthcare delivery systems to show you a roadmap to becoming an Accountable Care Organization (ACO).

Under the theme “Creating High-Performing Care Organizations,” this year’s Institute for Quality Leadership Annual Conference will feature presentations that will provide healthcare leaders with the information needed to implement care coordination best practices; align governance, structure, and incentives; and establish performance improvement, measurement, and monitoring systems to become a high-performing care organization that qualifies as an ACO. In addition, we will explore how virtual and vertical integration and other partnership strategies may facilitate your group’s evolution toward this model. If your group has an innovative strategy that is moving it toward an ACO, we invite you to submit a proposal for consideration to be included on the agenda. To secure your spot, please review this information and submit your proposal by **Friday, January 31, 2010**.

**What We Are Looking For**

The Summit sessions are designed to provide practical tools for medical group leaders who are on the road to becoming an ACO. AMGA has found that the most well-received presentations have an interactive component, so we encourage you to develop presentations that do not rely solely on a lecture format. In addition to question-and-answer portions, speakers should consider workshop formats, exercises to engage the attendees, or other methods that promote lively participation.

Presenters will be allotted 45 - 60 minutes per session. Below are some broad topics that members have expressed interest in:

**Organizational Structure**

- Strategic partnerships, mergers, acquisitions
- Integrated care networks
- Creating and sustaining a culture of quality
- Engaging physicians – primary care and specialties
- Cost-sharing strategies
- Creating appropriate IT infrastructures
- Role of the physician group in an integrated system structure
- Restructuring, redefining, and retraining for new roles

**Governance**

- Antitrust issues associated with clinical integration
- Governance structures and board composition
- Aligning mission, values, and goals
- Handling disruptive behaviors
- Culture, compacts, and organizational change

### **Coordinated Care Models**

- Population health/episode management approaches
- Chronic care management and improvement
- Patient activation and self-care
- Enhancing patient adherence and compliance
- Redesigning staff roles and training for efficiency
- Patient registries and their uses
- Redesigning care processes and patient flow to improve coordination of care
- Creating optimal transitions of care
- Staging the evolution of clinical integration

### **Aligning Incentives**

- Pay-for-performance models
- Negotiating with payers
- Physician compacts
- Compensation mechanisms and payment models
- Joint contracting among provider organizations
- Shared services models
- Supply chain management

### **Performance Improvement, Measurement, and Monitoring**

- Establishing value-based improvement models
- Demonstrating ROI for quality including cost/benefit analysis
- Measuring and understanding efficiency
- Using your EMR optimally for public and internal reporting
- Community-wide measurement, benchmarking, reporting, and transparency
- Dealing with competing demands for performance monitoring (JCAHO, CMS, NCQA, etc.)
- Choosing a framework for quality improvement
- Creating a culture of accountability for clinical outcomes

### **Using Technology to Improve Quality and Efficiency**

- Transitioning from paper to electronic records
- Transitioning from one EMR to another
- Capturing, extracting, and analyzing data
- Standardizing EMR metrics
- Improving patient safety through safe medication prescribing and medication reconciliation
- Using technology to standardize processes and promote accountability throughout all sites in the organization

## **The Review Process**

The proposals will be reviewed by AMGA's conference planning team, which is comprised of your peers—physicians, administrative leaders, and quality improvement professionals from AMGA's member medical groups. When selecting topics and speakers, AMGA's planning team will be asking the question, "How can attendees use this information when they return to their jobs after the conference?"

### **How to Submit**

- Proposals must be received by the close of business (5:00 p.m. Eastern) Friday, **January 31, 2010**. Submissions via e-mail and/or diskette are encouraged.
- Materials that are not complete and do not follow the guidelines risk not being accepted and may be returned to you.
- If proposals are sent with more than one presenter, we encourage at least one physician leader and one non-physician administrator/leader as presenters.
- Notification of receipt of submissions will be e-mailed only. Please provide an accurate e-mail address for all speakers (and proposal coordinator, if applicable) to receive this message.
- Accepted proposals are not necessarily selected to be assigned to a specific day or time.

### **Important Dates**

- Completed proposals must be received by the close of business (5:00 p.m. Eastern) **Friday, January 31, 2010**
- Timeline of Review Process (approximate and subject to change)
  - February 1-3: Initial review by AMGA staff to make sure that proposals are complete and follow stated guidelines.
  - February 3-17: Phase I review and rating by AMGA Planning Team
  - February 17-24: Phase II review of rated proposals by AMGA Education Committee and AMGA staff
  - February 24-26: AMGA will confirm speakers by e-mail. AMGA will also notify those who were not selected for the 2010 conference program.

### **Questions**

Please feel free to contact Andi Bartolomeo if you have any questions or concerns during the submission process.

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## **PROCEDURES FOR PROPOSAL SUBMISSION**

### **General Submission Rules**

- Proposals must be received by the close of business (5:00 p.m. Eastern) **Friday, January 31, 2010**. Submissions via e-mail are encouraged. Hard copy submissions will not be accepted.
- Proposals must be submitted in Microsoft Word (PDF not accepted); please use Times New Roman font, size 12.
- Your organization must be an AMGA member in good standing for your proposal to be accepted for review.
- AMGA encourages proposals submitted by a vendor organization to include a medical group co-presenter.
- Proposals that are not complete and do not follow the guidelines may not be accepted and may be returned to you.
- Return completed proposals to Andi Bartolomeo, Director of Education & Meetings, at [abartolomeo@amga.org](mailto:abartolomeo@amga.org) and send a copy to Cathy Clifton, Education & Meetings Assistant, at [cclifton@amga.org](mailto:cclifton@amga.org).

### **Submission Information Required**

Your proposal must address ALL of the following items:

#### **1. Full Contact Information for Each Speaker**

Provide the name, degree, title, company, address, phone, fax, and e-mail address of each speaker. If applicable, please also include the name, phone, fax, and e-mail of those assisting you with the preparation of your proposal and presentation. Absolutely no substitutions will be allowed once proposals have been accepted.

#### **2. Speaker Biography**

In 50 words or less, describe your background, current position, and expertise as it relates to your presentation. Include biographies of all speakers.

**3. Full Disclosure Statement**

Please read the attached American Medical Group Association Full Disclosure Policy and then complete and state the following:

- A. I have no actual or potential conflict of interest in relation to this presentation.
- B. I have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as an actual or potential conflict of interest in the context of the subject of this presentation. Please include a list of the commercial interest or organization and your role and/or financial relationship below (see definitions below).

<b>What I Received:</b> Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stock options or other ownership interest, diversified mutual funds), or other financial benefit.	<b>My Role(s):</b> Employment, management position, independent contractor (including contracted stocks, research), consulting, speaking and teaching, excluding membership on advisory committees or review panels, Board membership, and other activities.
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- C. My presentation will include discussions of off-label, experimental or investigational use of drugs or devices. (circle one) Yes No

*Your cooperation in complying with these guidelines is appreciated.*

**4. Are You an AMGA Member and What Is Your Organization Type?**

Group Practice, IPA, IDS, Academic/Faculty Practice, etc.

**5. Brief Description of Your Organization:**

In 100 words or less provide background information of your organization as it pertains to your presentation. Also, please include your company’s mission and vision.

**6. Title of Presentation**

Please provide a brief, descriptive title for your presentation.

**7. Presentation History**

Have you given this presentation before? If yes, list the date, location, and for what organization or group.

**8. Presentation Format**

Please select from the following presentation formats: Lecture, interactive seminar, or case study

### **9. Presentation Learning Objectives**

AMGA learning objectives are introduced by stating: *Upon completion of this activity, participants should be able to...* (complete this sentence)

### **10. Presentation Summary**

In 50 words or less describe your presentation. This synopsis will be used in the promotional brochure for the conference and will determine your audience. It should be clear, concise, and specific.

### **11. Presentation Description**

Attach a description of your presentation. The description should be no longer than two typed pages, one-sided. This detailed description should provide the education committee with as much information about your presentation as necessary.

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#### ***AMGA Education Mission Statement***

*The American Medical Group Association's continuing medical education program strives to develop high quality learning activities to respond to the educational needs of group practice physicians in leadership positions. The Association's continuing medical education activities enable its members to share information and innovations in order to remain current and continually improve patient care by advancing the group practice model as the preferred method of health care delivery. The Association accomplishes this goal by offering timely, unparalleled learning activities including an annual conference, regional meetings and distance learning tools. Medical group leaders who participate in activities offered by the Association can apply for credits to complete their requirements in CME, CPE, ACMPE, ACHE and continuing education credits for nurse administration*



## **FACULTY DISCLOSURE POLICY**

As an accredited provider of continuing medical education activities, it is the policy of the American Medical Group Association® (AMGA) to insure balance, independence, objectivity, and scientific rigor in all its educational activities. AMGA is required to identify and resolve all potential conflicts of interest with any individual (or their spouse/partner) in a position to influence and/or control CME activities.

A conflict of interest will be considered to exist if the individual has received financial benefits (e.g., grants, research support, honoraria, employee, consultant, board of directors, stockholder) in any amount from a commercial interest (any propriety entity producing healthcare goods or services consumed by, or used, on patients) within the past 12 months and that individual is in a position to affect the content of CME regarding the products or services of the commercial interest.

All individuals in a position to influence and/or control the content of AMGA-sponsored CME activities are required to disclose to the AMGA and subsequently to learners that the individual either has no relevant financial relationship or any financial relationship with the manufacturer(s) of any commercial product(s) and/or providers of commercial services discussed in CME activities. All disclosure information provided to AMGA will be reviewed to ensure that no conflicts of interest exist prior to the confirmation of the individual for the educational assignment. Additional information may be requested. It is the responsibility of the individual to notify AMGA of any changes in the disclosure information provided to AMGA.

The intent of this policy is not to prevent a speaker with a potential conflict of interest from making a presentation, but to insure that any potential conflicts are identified openly so that the learners may form their own judgments regarding possible bias. In keeping with this policy, CME faculty relationships shall be disclosed to participants prior to educational activities in brief statements in conference promotional materials, handouts and also in post-meeting publications. Refusal to disclose relationships will disqualify the speaker from the planning and implementation of the activity.

It is also the policy of the American Medical Group Association to maintain complete independence in the use of contributed funds. All funds from commercial sources will be in the form of educational grants made payable to AMGA for the support of programming. The terms, conditions, and purposes of such grants will be documented by an agreement signed by the commercial supporter and AMGA. No funds from a commercial source shall be paid to the director of the CME activity, faculty, or others involved with the supported activity. Further, AMGA will provide upon request, information concerning the expenditure of funds provided by each commercial supporter.



## **SPEAKER REIMBURSEMENT POLICY**

The Executive Committee of AMGA's Board of Directors has established the following reimbursement policy for speakers at the AMGA 2010 Institute for Quality Leadership Annual Conference:

- One complimentary conference registration
- The maximum travel and hotel reimbursement is \$800

*Please note that this is per session, NOT per person. If you have determined that there will be more than one speaker for your session, this reimbursement may be distributed as you see fit. You may use the travel and hotel allotment for airfare, ground transportation, incidentals (meals and snacks) incurred during travel and hotel room & tax charges. All receipts must be provided for reimbursement.*

### **Non-reimbursable Personal Expenses**

AMGA does NOT reimburse presenters for audiovisual materials such as slides, overheads, copying expenses, etc., incurred before or during the conference. Other items that will NOT be reimbursed are phone calls, Internet connections, gym/spa fees, movies, and group meals.

### **Forfeiture of Reimbursement**

Please note, in order for AMGA to produce attendee materials in a timely fashion, attention to deadlines must be enforced. If materials and forms are not returned by the stated deadlines, your reimbursement request will not be honored.

In addition, AMGA will adjust the requested reimbursement amount for any changes to audio/visual equipment orders made less than 24 hours before confirmed presentation based on a pricing schedule to be determined at the time of the speaker's confirmation.

AMGA will reimburse all speakers upon receipt of a completed speaker reimbursement form following the annual conference.

*AMGA will solicit industry support through educational grants for many sessions. No speaker should solicit or accept corporate support directly from any company.*