What will you and your team accomplish at the **AMGA 2018 Annual Conference**?

With countless opportunities to exchange ideas with the best and brightest minds in health care, you’ll gain insights that translate into actions for your organization.

Our conference offers you and your entire team the perfect venue to generate fresh, creative ideas alongside leaders from across the country. You’ll identify strategies to advance your organization while exploring ongoing changes to healthcare delivery, including new value-based models, discuss solutions to common challenges, and tap into the AMGA community’s wealth of knowledge and expertise.

**In Phoenix, your team will experience:**

- Real-world case studies and insights in nearly 40 peer-to-peer breakout sessions, led by AMGA member groups
- Inspiring keynotes that will challenge your thinking and share enlightening perspectives
  - 15 hours of free-flowing and structured networking with more than 2,000 of your peers
- Immersion sessions with leading experts who will provide indispensable tools and takeaways on population health, leadership and governance, physician well-being, and provider compensation

**Important Registration & Housing Dates:**

- **Friday, January 19**
  Last day to register at the Early Bird Rate
- **Friday, February 2**
  Last day to guarantee a hotel reservation
- **Friday, February 16**
  Last day to register at the Advanced Rate

Reserve your spot by **January 19, 2018**, for the lowest rate.

*See you in Phoenix!*
Who Attends AMGA’s Annual Conference?

Healthcare Leaders:
- CEO, President, Board Chair
- CAO, COO, Administrator, Executive Director
- CMO, CMIO, Medical Director
- Accountable Care Officer
- Physician Leader
- CFO
- Vice President, Department Director
- Board Member
- Chief Strategy/Innovation Officer
- CQO, Quality Director
- CNO
- Compliance Officer
- Chief HR Officer, Director
- Information Systems Manager
- Pharmacy Department Manager

From Healthcare Delivery Organizations:
- Group Practices
- Integrated Delivery Systems
- Accountable Care Organizations
- Hospital/Health Systems
- Academic/Faculty Practices
- Independent Physician Associations
- Management Service Organizations
- Physician Practice Management Companies

Conference attendees can earn CME, CPE, ACMPE, and ACHE credits.
For contact hours and complete learning objectives, visit amga.org/ac18
Wednesday, March 7
1:00 p.m. - 5:00 p.m. AMGA Leadership Council Meetings $  
5:00 p.m. - 7:00 p.m. AMGA Board and Leadership Councils Reception

Thursday, March 8
8:00 a.m. - 9:00 a.m. AMGA Leadership Councils Networking Breakfast  
9:00 a.m. - 12:00 p.m. AMGA Leadership Council Meetings $  
1:00 p.m. - 4:00 p.m. Women in Healthcare Leadership Council Meeting $  
1:00 p.m. - 4:00 p.m. Immersion Workshops  
• Population Health: Creating a Culture of Wellness – David Nash, M.D., M.B.A. $  
• Healthcare Trends and Their Impact on Leadership and Governance – James E. Orlikoff, M.A. $  
• Physician Well-Being: Strategies to Promote Engagement and Reduce Burnout – Tait D. Shanafelt, M.D. $  
• Compensation Techniques Used to Improve Provider Performance and Alignment – AMGA Consulting $  
5:00 p.m. AMGA Foundation Annual Silent Auction Opens  
5:00 p.m. - 7:00 p.m. Welcome Reception in Exhibit Hall

Friday, March 9
7:00 a.m. - 8:00 a.m. Networking Breakfast with Exhibitors  
8:00 a.m. - 10:00 a.m. Opening General Session: Jonah Berger, Ph.D. – Making Your Organization Disruption-Proof  
10:00 a.m. - 10:45 a.m. Refreshment Break with Exhibitors  
10:45 a.m. - 12:15 p.m. Networking Discussion Groups by Organizational Type and Size  
12:15 p.m. - 2:00 p.m. Networking Lunch with Exhibitors  
2:00 p.m. - 3:15 p.m. Peer-to-Peer Breakout Sessions  
3:15 p.m. - 3:45 p.m. Refreshment Break with Exhibitors  
3:45 p.m. - 5:00 p.m. Peer-to-Peer Breakout Sessions  
5:00 p.m. - 6:00 p.m. Happy Hour with Exhibitors

Saturday, March 10
7:30 a.m. - 9:00 a.m. Networking Breakfast with Exhibitors  
9:00 a.m. - 10:30 a.m. General Session: Abraham Verghese, M.D., MACP – The Pathology Within: Burnout, Wellness, and the Search for Meaning in a Professional Life  
10:30 a.m. - 11:00 a.m. Refreshment Break and Farewell to Exhibitors  
11:00 a.m. AMGA Foundation Annual Silent Auction Closes  
11:00 a.m. - 12:15 p.m. Peer-to-Peer Breakout Sessions  
12:15 p.m. - 1:45 p.m. Networking Lunch  
2:00 p.m. - 3:15 p.m. Peer-to-Peer Breakout Sessions  
3:15 p.m. - 3:30 p.m. Refreshment Break  
3:30 p.m. - 5:00 p.m. Closing General Session: Former Congresswoman Gabby Giffords, M.R.P., and Captain Mark Kelly – Endeavour to Succeed: A Story of Leadership, Courage, and Perseverance  
6:00 p.m. - 9:30 p.m. Farewell Event
Making Your Organization Disruption-Proof

Jonah Berger, Ph.D., New York Times and Wall Street Journal bestselling author, Contagious: Why Things Catch On and Invisible Influence: The Hidden Forces that Shape Behavior, and marketing professor at the University of Pennsylvania’s Wharton School of Business

We live in an age of disruption. Entire industries have been uprooted and displaced by new technologies and business models, and the most successful corporations out there didn’t exist just a few decades ago. When it comes to Silicon Valley titans such as Amazon, Uber, and Airbnb, you have to wonder whether incumbents in the consumer goods, automotive, and hotel industries could have gotten there first—and what’s coming next. How can health care stay ahead of this relentless innovation? How can we make sure we’re doing the disrupting, and not being disrupted ourselves?

In this energetic presentation, Wharton School Professor and disruption guru Dr. Berger explains how organizations can make themselves “disruption-proof.” Learn why some companies are more likely to get displaced, how executives ought to be reimagining their competitive set to better service evolving consumer needs, and what innovators do differently than everyone else that makes them so successful. From shifting mindsets and redefining your competitive set to “de-risking” innovation and why great companies cannibalize themselves, Dr. Berger demonstrates how we can survive, and win, in this new age.

The Pathology Within: Burnout, Wellness, and the Search for Meaning in a Professional Life

Abraham Verghese, M.D., MACP, bestselling author, and Linda R. Meier and Joan F. Lane Provostial Professor and Vice Chair for the Theory and Practice of Medicine at the School of Medicine at Stanford University

Burnout among physicians—estimated between 30% and 68%—exceeds that of any other professional group. In this compelling presentation, Dr. Verghese uses personal narratives and scientific data on physician wellness to suggest a strategy for healthcare leaders to address this crisis in the profession and for individual physicians to renew their faith in their practice of medicine.

Drawing on his experience with the nature of dysphoria and addiction as well as physician suicide described in his bestselling book The Tennis Partner: A Doctor’s Story of Friendship and Loss, and calling on his commentaries in Wall Street Journal and New York Times pieces on changes in health care, Dr. Verghese reflects on the core values of medicine and critical elements that are necessary for physician satisfaction and shares ways your organization can think differently about this growing issue.

Endeavour to Succeed: A Story of Leadership, Courage, and Perseverance

Gabby Giffords, M.R.P., Former Congresswoman, and Captain Mark Kelly, Commander of Space Shuttle Endeavour’s Final Mission

A retired American astronaut and U.S. Navy Captain and a former state legislator and U.S. Congresswoman, Mark and Gabby represent the very essence of American service and heroism. Ever since an assassination attempt severely wounded Gabby in 2011, the couple has inspired the world with their story of hope and courage in the wake of tragedy, serving as a symbol for the possibility of second chances.

Gabby and Mark radiate warmth and unity as they bring audiences inside their moving journey and share inspiration for summoning courage through tough times and embarking on the path to new goals. They leave you with a new appreciation for the tenacity of those who refuse to be defeated, and the motivation to face and overcome any challenge with passion, bravery, and your very best.
Conference Presenters

Bon Secours Health System, Inc.
Dan Hager, M.H.A., Program Manager, Physician & Ambulatory Services
Kyle Moore, C.P.A., Vice President, Ambulatory & Home Care
Ronnie Oestreicher, Enterprise Director, ConnectCare (Epic) Design/Build

CareMount Medical, P.C.
Alicia Beardsley, RPA-C, Senior Director for Population Health Initiatives
Fran Ganz-Lord, M.D., FACP, Deputy Chief Medical Officer, Chief Medical Value Officer
Christopher Sclafani, P.E., M.B.A., Chief Operating Officer

Centura Health
Phil Mitchell, M.D., Vice President, Medical Affairs, Medical Staff President, Centura Health - Parker Adventist Hospital

Christie Clinic, LLC
Kenny Bilger, Chief Executive Officer
Jason Hirshbrunner, M.B.A., Chief Operating Officer

Cleveland Clinic
Michael Michetti, J.D., Executive Director, Office of Professional Staff Affairs
Susan Rehm, M.D., Executive Director, Physician Health
Marianne Sumego, M.D., Medical Director, Shared Medical Appointment Program

Coleman Associates
Melissa Stratman, Chief Executive Officer

CTI
Mohamad S. Kasti, M.S., M.B.B., M.C.A., Chief Executive Officer

The Everett Clinic
Dianna Chamblin, M.D., Facility Medical Director Comprehensive Pain Center
Kent Hu, M.D., M.P.H., Associate Medical Director of Quality and Patient Safety

HealthPartners
Beth Averbeck, M.D., Senior Medical Director, Primary Care
Leslie Dockan, R.N., M.H.A., Vice President, Primary Care and Clinic Operations

Indiana University Health Physicians
Brian Kremer, M.B.A., Vice President, Practice Operations, Co-chair IUHP Operations and Practice Standards Committee
Lee McHenry, M.D., Medical Director Medicine Outpatient Clinics, Co-chair IUHP Operations and Practice Standards Committee
Michael Ober, M.D., Vice Chair of Clinical Affairs, Department of Medicine, Indiana University School of Medicine

Intermountain Healthcare
A. Marc Harrison, M.D., President and Chief Executive Officer

Lee Memorial Health System
Scott Nygaard, M.D., M.B.A., Chief Medical Officer for Physician Services and Network Development
Becky Pollins, System Director, Culture Transformation at Lee Memorial Health System, Lee Memorial Hospital

Lehigh Valley Health Network
Jennifer Schlegel, M.S.N., R.N., Senior Business Analyst, Enterprise Analytics
Michael Sheinberg, M.D., Medical Director, Medical Informatics

Mayo Clinic
Eric Crockett, M.B.A., FACMPE, Vice Chair of Provider Relations

Mercy
Jo Ellen Feugate, M.D., Ph.D., Rheumatologist
Randall S. Moore, M.D., M.B.A., President, Mercy Virtual

Mercy Medical Center
David Swieskowski, M.D., M.B.A., Senior Vice President and Chief Accountable Care Officer

MultiCare Health System
J. Scott Taylor, M.D., Medical Director of Service Excellence

Novant Health
Sherry Dunevant, M.S.N., Senior Director of Physician Services Education and Training
Tori King, M.D., Physician Lead for Clinician Onboarding Program

Ochsner Health System
Susan Montz, B.S.N., M.B.A., Director, Performance Improvement, Accountable Care
Philip M. Oravetz, M.D., M.P.H., M.B.A., Medical Director, Accountable Care

Oregon Health and Science University
Elizabeth Crabtree, Ph.D., M.P.H., Director, Clinical Integration and EBP, Assistant Professor, Department of Medical Informatics and Clinical Epidemiology
Thomas Yackel, M.D., M.S., M.P.H., Chief Value-Based Clinical Officer, and Professor, Department of Medical Informatics and Clinical Epidemiology

Premier Medical Associates, P.C.
Francis R. Colangelo, M.D., M.S.-HQS, FACP, Chief Quality Officer
Robert A. Crossey, D.O., President
Jennifer Obenrader, Pharm.D., CDE, Supervisor of Clinical Interdisciplinary Team

PriMed Physicians
Robert E. Matthews, Vice President for Quality
SA Ignite
Tom S. Lee, Ph.D., Chief Executive Officer and Founder

Sentara Medical Group
Robert “Doug” Culling, D.O., M.S., CPE, Corporate Vice President, Sentara Healthcare, President
Michael G. Charles, M.D., FAAFP, Medical Director – Clinical Quality
Mary Sue Easmeil, Director, Patient Experience
Donna E. Forrest, R.N., M.S., N.P.-C, Board Member
Michael Holtz, D.P.M., FACFAS, Clinical Chief, Musculoskeletal, Board Member & Chair of Compensation Committee

Simpler Healthcare
Paul DeChant, M.D., M.B.A., Deputy Chief Health Officer

Southeastern Integrated Medical
Daniel M. Duncanson, M.D., CPE, Chief Executive Officer
Susan K. Knowles, M.B.A., Executive Chief of Staff

St. Elizabeth Physicians
Hank Kerschen, M.H.S.A., Assistant Vice President, Clinical Transformation
Karl Schmitt, M.D., M.B.A., FAAFP, Physician Assistant Vice President, Clinical Transformation

State of Franklin Healthcare Associates, PLLC
David F. Moulton II, M.D., Medical Director, Clinical Integration
Richard Panek, ACMPE, Chief Executive Officer

Studer Group
Mike Nelson, M.D., Physician Coach

Summit Medical Group
Wesley Dean, M.D., Physician, Summit Medical Group, PLLC, Emory Family Practice
Kimberly Kauffman, M.P.H., Chief Value-Based Care Officer, Summit Strategic Solutions

UC San Diego Health
Mark Behl, M.H.A., M.B.A., Chief Operating Officer, Clinical Practice Organization

UnityPoint Health
Chris Butters, M.S., R.N., Manager, Post Acute Care Services
Amber Lenhardt, C.P.A., Executive Director, Finance and Network Development
Megan Romine, D.O., M.H.A., FACP, Medical Director, UnityPoint Health Accountable Care, Internal Medicine Provider, UnityPoint Clinic
Bryan Sanders, R.N., B.S.N., Director of Network Development
John Ubben, Manager, Network Services, UnityPoint Accountable Care

University of Colorado Health
Gregory Carlson, M.D., Medical Director, UCHealth Medical Group
Hilary Hoekenga, M.B.A., M.H.A., Director Clinic Operations
Shay Bright-Mouttet, Ph.D., Senior Organizational Development Consultant

University of Utah Community Physician Group
Julie Day, M.D., Medical Director Quality Improvement and Population Health
Annie Mervis, M.S.W., Director of Quality Improvement and Population Health

UW Health
Jennifer Kuroda, Quality Improvement Manager
Thomas Schiller, M.D., Chief Clinical Integration Officer, Chief Quality Officer, SwedishAmerican Health System – A Division of UW Health

Virginia Mason Medical Center
Gary Kaplan, M.D., Chief Executive Officer

Wilmington Health
Ronald L. George Jr., M.D., Ph.D., Rheumatologist
Jeff James, M.B.A., CPA, Chief Executive Officer
Pre-conference Activities

Our highly rated Leadership Council meetings and Immersion Workshops provide indispensable tools and takeaways before the conference officially kicks off. Leverage this time for shared learning and networking with your peers in an intimate setting. Participation in our pre-conference activities requires a separate fee from the general conference registration.

AMGA Leadership Council Meetings
We believe high performance health can be achieved by connecting the brightest minds to share ideas, strategies, and solutions. AMGA’s Leadership Councils are private forums designed to help executive leaders accelerate shared learning, discuss solutions to common challenges unique to your role, and develop an advisory network of peers.

The following Leadership Councils will meet at the 2018 Annual Conference, beginning on Wednesday, March 7 at 1 p.m. and continuing through Thursday, March 8 at 12 p.m.

- Chief Administrative Officers/Chief Operating Officers
- Chief Executive Officers/Board Chairs/ Presidents
- Chief Financial Officers/Finance Directors
- Chief Information Officers/Chief Medical Information Officers
- Chief Medical Officers/Medical Directors
- Chief Nursing Officers
- Human Resources Directors/Officers
- Marketing and Public Relations Officers
- Quality Directors/Officers

Due to the intimate nature of these meetings, participation is open only to AMGA member medical groups and health systems. To learn more about the Leadership Councils or to join, please visit amga.org/ac18 or contact Joe DeLisle, manager, membership and council relations, at 703.838.0033 ext. 355 or jdelisle@amga.org.

Women in Healthcare Leadership Meeting
This special program on Thursday, March 8 from 1 p.m. to 4 p.m., will focus on leadership development opportunities for female healthcare executives. Join this group of leaders as they tackle the challenges of leadership, creating more diverse workplaces in our health systems, and forging relationships that can propel your success. Due to the intimate nature of these meetings, participation is open only to AMGA member medical groups and health systems.

“Attending the Annual Conference and Leadership Council meetings are essential to being a forward-thinking leader in today’s dynamic healthcare environment. I always learn more than expected, but at the same time, get affirmation that our current efforts are on the mark, and come away re-energized with new strategies to implement in my own organization.”
— Frank Panzarella, M.H.S.A., Network Vice President and Chief Operating Officer, Bassett Medical Group
Pre-conference Immersion Workshops

Our pre-conference immersion workshops on Thursday, March 8 from 1 p.m. to 4 p.m., are designed to provide indispensable tools and actionable takeaways. Hear the leading experts in their fields address topics critical to your medical group or health system.

- **Population Health: Creating a Culture of Wellness**
  
  *David Nash, M.D., M.B.A., Founding Dean, Jefferson College of Population Health*
  
  Many medical groups and health systems have shifted their focus from treating patients who need immediate care to improving the overall health of their community. This model, known as population health management (PHM), not only produces better outcomes, but it also helps healthcare organizations deliver higher quality care and increase profitability. While the benefits of PHM are clear, implementation is anything but. There are countless strategies and solutions to consider, and success rates for each one vary from facility to facility. In this workshop, Dr. Nash will focus on population health in the context of the system’s transformation away from traditional fee-for-service and toward outcomes-driven, value-based health care. Discussing population management for improving community wellness, the role of healthcare providers, and how health reform is yielding new organizational structures and payment models, Dr. Nash will share his insights and tools providers need to change organizational culture in this evolving environment.

- **Healthcare Trends and Their Impact on Leadership and Governance**
  
  *James E. Orlikoff, M.A., President, Orlikoff & Associates, Inc.*
  
  In this interactive workshop, Orlikoff will explore the trends impacting health systems and medical groups, and discuss the many implications for leaders. He also will address the changing role of governance and the increased time demands on volunteer board members to fulfill missions that seem under siege from all quarters. One of Modern Healthcare’s 100 most powerful people in health care, Orlikoff has worked with governing boards to strengthen their overall effectiveness and their oversight of strategy and quality since 1985.

- **Physician Well-Being: Strategies to Promote Engagement and Reduce Burnout**
  
  *Tait D. Shanafelt, M.D., Chief Wellness Officer, Stanford Medicine*
  
  Health care is changing at such a rapid speed that organizations are struggling to keep up with the demands placed on them to keep their doors open to patients. Regulatory burdens, IT inefficiencies, and productivity demands are leading to a startling burnout rate across the nation. During this engaging session, one of the nation’s leading burnout experts, Dr. Shanafelt, will guide participants through several strategies and approaches to address a trend that he says is “eroding the soul of medicine,” including ways medical groups and health systems can create a culture and structure that promotes success across the organization. Dr. Shanafelt will share his expertise from years of research into physician wellness and its implications on quality of care, as well as insights from his previous role with Mayo Clinic, where he led a successful initiative to counter burnout and improve physicians’ sense of fulfillment and well-being.

- **Compensation Techniques Used to Improve Provider Performance and Alignment**
  
  *AMGA Consulting*
  
  Successful transformation from fee-for-service to value-based/risk payment arrangements requires a shift in physician compensation formulas, no matter the structure of your organization. This interactive session will feature case studies and best practices from AMGA member groups sharing their paths toward successful value-based arrangements. The workshop will also explore innovative approaches for designing provider compensation plans; strategies for aligning compensation to support the culture change needed to move to value-based plans; cutting-edge compensation models and when to implement those models; and models for compensating physicians for non-production activities.
Networking Discussion Groups
Join your peers from medical groups and health systems of similar type and size for structured networking and discussions on Friday, March 9. Participants in these popular sessions will be part of lively and free-flowing discussions, share common experiences, and find new solutions to challenges. Open to all full conference registrants.

Peer-to-Peer Breakout Sessions
Discover innovative strategies and groundbreaking processes from AMGA members that enable you to successfully engage patients, manage wellness, build partnerships, employ emerging technologies, and transition to new payment models. In addition to lectures and case studies, many of this year’s breakout sessions feature interactive discussions, group exercises, and problem solving to catalyze change.

Friday, March 9, 2:00 p.m. - 3:15 p.m.

Engaging Physicians: Increasing Trust, Strengthening Culture, and Building Resilience through a Multi-pronged Approach
Susan Rehm, M.D., Executive Director, Physician Health, and Michael Michetti, J.D., Executive Director, Office of Professional Staff Affairs, Cleveland Clinic
In 2015, Cleveland Clinic embarked on an effort to increase physician resiliency in response to national burnout rates and rapid industry change. Using engagement survey data and town halls, Cleveland Clinic developed a Staff Experience framework with over 30 programs in five focus areas: outreach, clinical enhancements, professionalism, well-being, and professional growth. Since implementation, Cleveland Clinic’s engagement survey data has demonstrated positive movement in every metric. During this engaging session, leaders from Cleveland Clinic will share the history and supporting data, review key programs, and conduct audience exercises on effective engagement.

Strategies to Engage Employees, Improve Internal Communication, and Develop Future Leaders
Daniel M. Duncanson, M.D., CPE, Chief Executive Officer, and Susan K. Knowles, M.B.A., Executive Chief of Staff, Southeastern Integrated Medical
Recognizing the important role of employees in the journey to improve the patient experience, Southeastern Integrated Medical (SIMED) launched a series of programs to engage more than 100 providers and 350 staff members across its 11 locations. By launching a leadership academy, revamping its new employee orientation, emphasizing employee communication, offering new recognition opportunities, and establishing a physician development group, SIMED dramatically improved its CAHPS results while lowering employee turnover and successfully promoting from within. In this session, leaders from SIMED will provide brief case studies of their programs and lead an interactive discussion with participants.

Key:
- Leadership and Culture
- Technology and Innovation
- Care Redesign and Patient Experience
- Efficient Operations and Finance
- Governance and Strategic Planning
- Health Care on the Hill
- Interactive Session
- Chief Executive Officer/President Presentation
Improving the Safety of Prescribing for a Medicare Advantage Population: Is There a Role for Genomics?
Francis R. Colangelo, M.D., M.S.-HQS, FACP, Chief Quality Officer, Robert A. Crossey, D.O., President, and Jennifer Obenrader, Pharm.D., CDE, Supervisor of Clinical Interdisciplinary Team, Premier Medical Associates, PC.
Adverse drug reactions and interactions contribute to nearly 800,000 annual deaths and injuries, despite the availability of computerized drug-drug interaction (DDI) software in electronic health records. Premier Medical Associates (PMA) launched a pilot project to improve prescribing safety among 3,000 Medicare Advantage patients who take five or more medications. Understanding the impact of genetic variations on individual responses to medications, PMA incorporated a proprietary program to explore drug-drug-gene interactions using pharmacogenetic screening. Leaders from PMA will summarize pilot project findings, describe patient and provider acceptance of genetic testing, and highlight the impact on utilization and costs.

ACO Collaboration: Driving Value through the Development of a National, Clinically Integrated Research Network
Jeff James, M.B.A., CPA, Chief Executive Officer, Wilmington Health; and Kenny Bilger, Chief Executive Officer, Christie Clinic, LLC
Clinical research can dramatically impact an ACO’s triple aim aspiration as well as its bottom line. Learn how Wilmington Health and Christie Clinic introduced a clinical research program to diversify revenue as part of their ACO collaborative, while using the program as an ACO countermeasure to improve outcomes, increase engagement, and lower costs for the healthcare system. The organizations have since established a clinically integrated national research network, in partnership with one of the world’s largest contract research organizations, to continue to reduce the time it takes to conduct clinical trials and reduce the cost of therapeutic development.

Innovative Care Models: Mitigating Downside Risk with Virtual Care Centers
Randall S. Moore, M.D., M.B.A., President, Mercy Virtual
Leaders today increasingly discuss moving their organizations into value and risk-based contracts, and the required components of care management and delivery. An often unspoken concern centers on how to migrate from current, dominant, volume-driven fee-for-service to value, without an end-of-term obligation to write a large check for failure to effectively manage utilization and costs. Discover how Mercy’s extensive Virtual Care Center, with the capacity to allow the 330-person care team to monitor patients wherever they are—hospital, physician office, or home—mitigates downside risk, while delivering market-differentiated clinical, operational, and financial performance.

“Improving the Safety of Prescribing for a Medicare Advantage Population: Is There a Role for Genomics?”
Francis R. Colangelo, M.D., M.S.-HQS, FACP, Chief Quality Officer, Robert A. Crossey, D.O., President, and Jennifer Obenrader, Pharm.D., CDE, Supervisor of Clinical Interdisciplinary Team, Premier Medical Associates, PC.
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The Path to High Performance: AMGA Acclaim Award

Speakers to Be Announced

Since 1999, the Acclaim Award, supported by AMGA Foundation, has recognized medical groups and other organized systems of care that are bringing the American healthcare system closer to the ideal delivery model—one that is safe, effective, patient-centered, timely, efficient, and equitable. Each year, AMGA honors members that have demonstrated successful system-wide change, delivered better patient outcomes, and embraced continuous learning and innovation that has led to improved quality and value-driven patient care. This session will spotlight the powerful initiatives of our 2018 Acclaim Award recipient(s). Representatives will describe their journey and explore their award-winning initiatives.

Built to Last: University of Utah’s Population Health Model

Julie Day, M.D., Medical Director, Quality Improvement and Population Health, and Annie Mervis, M.S.W., Director of Quality Improvement and Population Health, University of Utah Community Physician Group

Population health management requires a comprehensive approach to successfully advance healthcare quality, access, and outcomes. Speakers from the University of Utah Community Physician Group will detail the various aspects of their model, including mental and behavioral health integration. They will share meeting structures, team structures, EMR tools including risk stratification, population health metrics, and quality metrics. The approach, which can be adopted by other organized systems of care, has substantially decreased emergency department utilization, managed 77% of crisis interventions without higher level of care, and nearly tripled the number of quality measures meeting the goal.

**Key:**
- Care Redesign and Patient Experience
- Efficient Operations and Finance
- Health Care on the Hill
- Chief Executive Officer/President Presentation

**Acclaim Award**

*During Friday’s general session, AMGA leaders will present the 2018 Acclaim Award to prominent members that are bringing the American healthcare system closer to the ideal delivery model. A special breakout session on Friday afternoon will feature their accomplishments in creating high-performing health systems.*
Acute Care Clinic: Alternative to Extensivist Model
David F. Moulton II, M.D., Medical Director, Clinical Integration, and Richard Panek, ACMPE, Chief Executive Officer, State of Franklin Healthcare Associates, PLLC

Meeting the triple aim of health care and improving performance under value-based payer agreements are key objectives for the successful medical group in today’s healthcare environment. Payers are looking to providers to generate and deploy creative solutions which result in improved patient experience, increased efficiency, and effectiveness of care, and provide a benefit for the plan and employer in terms of better employee health care at a lower cost. State of Franklin Healthcare Associates initiated its Acute Care Clinic as an alternative to the extensivist clinic model and has treated more than 600 patients with a 30-day hospital admit rate of less than 20%, significantly improved patient experience while reducing ED visits and facility spend, and provided a nearly $2.2 million lift to value programs in less than a year.

Creating an Advanced Post-Acute Care Network Using Relationships, Tools, and Data
Chris Butters, M.S., R.N., Manager, Post Acute Care Services, Bryan Sanders, R.N., B.S.N., Director of Network Development, and Megan Romine, D.O., M.H.A., FACP, Medical Director, UnityPoint Health Accountable Care, Internal Medicine Provider, UnityPoint Clinic

Developing a high-performing post-acute care network that will contribute to better outcomes and efficiencies requires significant coordination within an ACO network. Leaders from UnityPoint Accountable Care, L.C. (UAC)—a Next Generation ACO and one of the largest ACOs in the nation with more than 200,000 patients covered in value-based arrangements—will describe its structure, focusing on UAC’s post-acute care network, which includes more than 80 skilled nursing facilities across Iowa and Illinois. The presentation will detail the network build, strategy, network criteria, resource structure, tools, dashboard utilization, and performance, as well as $50 million in shared savings and quality incentives.

AMGA Federal Legislative and Regulatory Update
Chet Speed, J.D., LL.M., Vice President, Public Policy, Grant Couch, Director, Government Relations, Darryl Drevna, M.A., Director, Regulatory and Public Policy, David Introcaso, Ph.D., Senior Director, Regulatory and Public Policy, Christina Lavoie, J.D., Assistant Director, Public Policy and Operations, and James Miller, M.B.A., Director, Government Relations, AMGA

What are the latest updates on CMS payment models, including MACRA? What’s happening with the Affordable Care Act, Medicare, and Entitlement reform under the administration and Congress? Join AMGA’s expert advocacy team as they highlight key items on AMGA’s 2018 healthcare agenda for Congress and regulatory agencies, as well as the critical need-to-know items that will affect your medical group in both the legislative and regulatory arenas.

Download the App
In an effort to reduce the amount of paper at our meetings, conference materials will be available via our app and website before, during, and after the conference. To download our app, search “AMGA” in the Apple App or Google Play store. You can use the app to create your own schedule, connect with colleagues, view presentations, evaluate sessions, and more.
“Accidental” Leadership: Leveraging Personal Perspectives
A. Marc Harrison, M.D., President and Chief Executive Officer, Intermountain Healthcare
A self-proclaimed “accidental leader,” Dr. Harrison has traveled the globe to lead teams in transforming healthcare delivery. Previously the CEO of Cleveland Clinic Abu Dhabi, Dr. Harrison became president and CEO of Intermountain Healthcare in October 2016. Hear firsthand how his personal experiences as a distinguished pediatric critical care physician and as an oncology patient have shaped his leadership and desire to carry out Intermountain’s mission of helping people live the healthiest lives possible. Dr. Harrison will share how this mission carries into safety, quality, patient experience, access, stewardship, and engaged caregivers across its 22 hospitals, 180 clinics, and 37,000 employees in Utah and Idaho.

Developing a Comprehensive One-Year Clinician Onboarding Program
Sherry Dunevant, M.S.N., Senior Director of Physician Services Education and Training, and Tori King, M.D., Physician Lead for Clinician Onboarding Program, Novant Health
To succeed as a high-performing healthcare system, strategic onboarding of physicians is paramount. No longer viewed as basic orientation, onboarding is a strategic endeavor for assimilating new providers into the organization’s culture and ensuring engagement and alignment. Learn how a medical group with over 470 clinics and 1,500 physicians across three states launched a one-year onboarding model to accelerate cultural alignment and empower a resilient physician team. Leaders from Novant Health will describe how this comprehensive program, built by physicians for physicians, transforms organizational culture and sets the course for Novant’s future.

Passion, Purpose, and Joy: Sentara Medical Group’s Journey to High Performance
Robert “Doug” Culling, D.O., M.S., CPE, Corporate Vice President, Sentara Healthcare; President, Michael G. Charles, M.D., FAAFP, Medical Director – Clinical Quality; Michael Holtz, D.P.M., FACFAS, Clinical Chief, Musculoskeletal, Board Member & Chair of Compensation Committee; Donna E. Forrest, R.N., M.S., N.P.-C, Board Member, and Mary Sue Easmeil, Director, Patient Experience, Sentara Medical Group
All large medical groups are facing similar challenges in determining how to navigate the complex and sometimes chaotic environment in health care today. Provider organizations must simultaneously develop the competences to be successful in value-based programs, such as MACRA, while sustaining productivity and financial success in a heavily fee-for-service payer environment. Leaders from Sentara Medical Group will articulate the specific and actionable strategies used to create its culture of high performance in clinical quality, service quality, employee and provider engagement, and mitigation of provider burnout. Specific examples from current initiatives, including the “I am Incredible” recognition program and RENEW provider wellbeing program, will be detailed.
Building a Winning Collaboration Between an ACO and Its Technology Partner

David Swieskowski, M.D., M.B.A., Senior Vice President and Chief Accountable Care Officer, Mercy Medical Center

As risk-based contracts become more prevalent in the market, medical groups and health systems must evaluate if their current IT systems will fully support the needs of managing an at-risk population. When the Mercy ACO launched in 2012, technology was a key priority to optimize the network and care management practices as well as to identify and reduce the amount spent on high-cost patients in its network of more than 300,000 managed patients. A leader from the Mercy ACO will describe their step-by-step process to collaborate with a technology partner to implement a system that can risk-stratify patients, identify and coach low-performing providers, measure efficiency of all care operations, enable near real-time reporting, as well as significantly reduce staff time previously spent on manual data efforts.

Leveraging Technology Infrastructure in the Transition to Value: Key Learnings from a Multispecialty Physician Group

Karl Schmitt, M.D., M.B.A., FAAFP, Physician Assistant Vice President, Clinical Transformation, and Hank Kerschen, M.H.S.A., Assistant Vice President, Clinical Transformation, St. Elizabeth Physicians

Balancing competing priorities in a challenging payer environment where value and volume are rewarded is a constant challenge for medical groups and health systems. Leaders from St. Elizabeth Physicians will demonstrate how their people, processes, and technologies—including EMR algorithms, integrated care coordination, population outreach, and alignment of clinical and financial data—were used to achieve success while managing their transition to value. The presentation will highlight successful outcomes in meeting the charge of the quadruple aim, including provider satisfaction data, quality metrics, and significant cost savings.

Transforming Healthcare Delivery and the Patient Experience: Lessons Learned from 90,000 Shared Appointments

Marianne Sumego, M.D., Medical Director, Shared Medical Appointment Program, Cleveland Clinic

In its current state, the national healthcare system is ill-equipped to meet the demands of patient care and access. Care models, such as shared medical appointments (SMAs), require medical groups and health systems to reevaluate care delivery, organizational culture, and patient interactions. Though SMAs demonstrate significant clinical, operational, and financial outcomes, the unique nature of the model is frequently a barrier to its application. During this interactive session, Cleveland Clinic will showcase its nearly two decades of experience with SMAs by explaining benefits and critical workflow elements. The presentation will also highlight best practices and lessons learned, drawing on the impact of Cleveland Clinic’s 90,000 SMAs.
**Practice Transformation: Beyond PCMH**
Fran Ganz-Lord, M.D., FACP, Deputy Chief Medical Officer, Chief Medical Value Officer, Alicia Beardsley, RPA-C, Senior Director for Population Health Initiatives, and Christopher Sclafani, P.E., M.B.A., Chief Operating Officer, CareMount Medical, P.C.; and Melissa Stratman, Chief Executive Officer, Coleman Associates

Increasing administrative burden and payment reform has unintended consequences for many practices, resulting in pressure to focus on tasks and paperwork instead of patients. Leaders at CareMount Medical, P.C., a Level III Patient-Centered Medical Home (PCMH) and Medicare ACO, recognized the need for a dramatic practice transformation—not for a certification, but for their patients, staff, and providers. Participants will learn about CareMount’s practice transformation journey and discover a framework for the dramatic and rapid overhaul of practice operations leading to improved access, quality of care, and satisfaction.

**Medicare Annual Wellness Visits, Proactive Risk Adjustment Initiatives, Coding, and Your Bottom Line**
Kimberly Kauffman, M.P.H., Chief Value-Based Care Officer, Summit Strategic Solutions; and Wesley Dean, M.D., Physician, Summit Medical Group, PLLC, Emory Family Practice

Medicare annual wellness visits (MAWVs) offer significant return on investment that often goes unrealized due to the perceived complexities of capturing information from the face-to-face encounter and challenges related to proactively engaging patients in wellness. When properly implemented, MAWVs can improve quality of care, enhance patient experience, decrease utilization of unnecessary services, increase quality scores, enhance patient attribution, improve fee-for-service revenue, and support accurate risk adjustment. Discover how Summit Medical Group’s three-pronged approach of provider education, pre-visit planning, and coding support is achieving an 85% completion rate with MAWVs and resulting in tens of millions of dollars in the medical service pool to pay for indicated medical services for 30,000 Medicare Advantage patients.

**The Strategic Benefits of an Affiliation Model**
Eric Crockett, M.B.A., FACMPE, Vice Chair of Provider Relations, Mayo Clinic

Recognizing that patients prefer to receive their health care close to home, the Mayo Clinic Care Network aims to help provide the benefits of best-in-class clinical expertise without necessarily having to travel to a tertiary or quaternary care facility. Medical groups and health systems can achieve this goal by developing closer relationships with community medical providers through formal collaboration and tools and services that promote information sharing. Participants will gain an understanding of this unique affiliation model, which represents an alternative to a merger or acquisition, and identify strategies to align with partners to improve patient care.

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**Key:**
- Leadership and Culture
- Care Redesign and Patient Experience
- Efficient Operations and Finance
- Governance and Strategic Planning
- Chief Executive Officer/President Presentation

Friday, March 9, 3:45 p.m. - 5:00 p.m. (continued)
Lessons from a Hardware Store: How Hammers and Nails Apply to Medical Group Leadership and Management

Gary Kaplan, M.D., Chief Executive Officer, Virginia Mason Medical Center

Nearly two decades into his role as chief executive officer at Virginia Mason Medical Center, Dr. Kaplan continues to view patient care as a privilege. Learn how his time working at his father’s hardware store as a teenager influenced not only his interest in medicine, but also valuable lessons in leadership he continues to apply to his work. Headquartered in Seattle, Virginia Mason Medical Center is inspired by the innovation of pioneering companies nearby, including Amazon, Microsoft, Starbucks, and Boeing. That motivation drives Dr. Kaplan’s goal to create the health system of tomorrow—one with a relentless pursuit of quality and safety.

Building and Sustaining High-Functioning Care Teams

Beth Averbeck, M.D., Senior Medical Director, Primary Care, and Leslie Dockan, R.N., M.H.A., Vice President, Primary Care and Clinic Operations, HealthPartners

Building and sustaining high-functioning care teams requires a culture of continuous improvement and innovation, and consistent attention from clinician and administrative leaders. With high retention and satisfaction of clinicians and staff, top quality and experience results, and lower-than-average total cost of care, HealthPartners continuously works to optimize performance and sustain high-functioning care teams to deliver on its vision of health as it could be. This presentation will examine methods, results, and resources for optimizing care team efficiency and reducing time spent working through process improvement, EMR optimization and automation tools, and patient inputs.

Attendees Say...

“Excellent general sessions and great peer-to-peer breakout sessions. I learned something in every one I attended. As a 20-year veteran in health care, this came as a pleasant surprise to me.”

2017 Annual Conference Evaluation
Engaging Physicians for Successful Cultural Transformation
Scott Nygaard, M.D., M.B.A., Chief Medical Officer for Physician Services and Network Development, and Becky Pollins, System Director, Culture Transformation at Lee Memorial Health System, Lee Memorial Hospital, Lee Health; and Mohamad S. Kasti, M.S., M.B.B., M.C.A., Chief Executive Officer, CTI

Both institutional and frontline clinical leaders are critical to navigating through times of uncertainty to ensure quality of care and organizational success. By engaging physicians as partners, involving them in mission-critical strategic projects, and outlining a clear plan for success, Lee Health has truly transformed their culture. This session demonstrates how adopting best practices and processes for engaging dyad and triad leadership teams will help organizations achieve significant and sustainable clinical transformation. Participants will leave this session with a physician engagement framework that can move your organization from its current state to the desired goal.

MIPS Optimization for Medicare ACOs: Experiences and Best Practice
Jason Hirsbrunner, M.B.A., Chief Operating Officer, Christie Clinic, LLC; and Tom S. Lee, Ph.D., Chief Executive Officer and Founder, SA Ignite

MACRA has changed Medicare’s physician financing model in the most significant and far-reaching way since the program’s inception in 1965. This legislation will have a profound impact on healthcare financing in all sectors of our industry. Through a case study, Christie Clinic and SA Ignite will explore the drivers, experiences, and best practices of a Medicare ACO in optimizing for value-based programs, particularly the Merit-Based Incentive Payment System (MIPS), which scores ACO clinicians on a competitive 100-point performance score, impacting Medicare Part B payments and the public reputations of clinicians.

Innovative Technologies in Diabetes Care
Philip M Oravetz, M.D., M.P.H., M.B.A., Medical Director, Accountable Care, and Susan Montz, B.S.N., M.B.A., Director, Performance Improvement, Accountable Care, Ochsner Health System

AMGA Foundation’s Diabetes: Together 2 Goal® campaign empowers AMGA members to advance management of type 2 diabetes. Learn how participating member Ochsner Health System improved A1c control by 10% through the use of innovative technology, expansion of treatment options, and implementation of non-traditional treatment methods. Presenters will describe the role of population health platforms, registries, bulk orders, virtual visits, risk stratification, engagement programs, and outreach efforts in improving care for patients with type 2 diabetes.
Reducing Avoidable ER Visits and 911 Transports Using Mobile Integrated Healthcare

Phil Mitchell, M.D., Vice President, Medical Affairs, Medical Staff President, Centura Health - Parker Adventist Hospital

Inefficiency, waste, and patient dissatisfaction are often created through inappropriate utilization of 911 transports and a burgeoning number of emergency room visits. Centura Health Physician Group partnered with a mobile and virtual healthcare company to provide an innovative 911 alternative to EMS/fire agencies, collaborate with senior living communities, integrate with nurse advice lines, and supplement care management resources available to managed/risk populations, such as ACOs and MSSPs. This presentation will focus on implementation, potential benefits for medical groups, and intricacies of mobile integrated healthcare for medical groups and health systems. To date, this approach has impacted thousands of patients in Colorado while generating over $6 million in healthcare cost savings from avoidable ER visits and 911 transports.

SwedishAmerican’s Journey in Implementing a Pneumococcal Vaccination Program to Increase Quality While Reducing Costs

Jennifer Kuroda, Quality Improvement Manager, and Thomas Schiller, M.D., Chief Clinical Integration Officer, Chief Quality Officer, SwedishAmerican Health System – A Division of UW Health; and Elizabeth Ciemens, Ph.D., M.P.H., M.A., Director, Research and Analytics, AMGA

While vaccinations in the U.S. are low for pneumococcal pneumonia, incidences of the disease are not: nearly one million adults contract the disease every year. A pneumococcal vaccination program can yield many positive results, enabling organizations to provide preventive care and lower costs. In addition to the benefits for patient health, these vaccinations are a high-profile CMS, NQF, and NCQA HEDIS quality measure for senior adults. This presentation will highlight successful adult immunization program strategies, quantitative/qualitative results, and a case example from SwedishAmerican Health System that may help other organizations achieve positive results in a pneumococcal vaccination program. Interventions at SwedishAmerican increased pneumococcal vaccinations in the 65+ population by over 20%.

Plan a Retreat

During the conference, there will be as many as 10 concurrent sessions. Bring your full leadership team to maximize your conference experience and use the time out of office to support your strategic planning!

Take advantage of a special bonus from AMGA: we’ll provide three AMGA member organizations with a complimentary meeting room to use during the conference, based on the number of participants attending per organization. Refreshments will be provided to enhance your leadership retreat experience.
Patient-Reported Outcomes: Engaging Patients with RA to Improve Health
Ronald L. George Jr., M.D., Ph.D., Rheumatologist, Wilmington Health; and Jo Ellen Feugate, M.D., Ph.D., Rheumatologist, Mercy
Engaging patients in the management of chronic illness is a key component to success in risk-based contracting. Over the past two decades, clinicians have made dramatic improvements in rheumatoid arthritis (RA) treatment. Understanding whether and how well treatments are working requires regular disease activity monitoring, but most providers have infrequent office visits with their patients. This presentation will showcase how Wilmington Health and Mercy used patient-reported outcomes (PROs) to manage chronically ill patients with RA. Data-enabled technology and a standardized survey instrument (RAPID3) helped provide a more complete picture of a patient’s functional status and disease activity over time, allowing participating providers to support better care, more efficiently. Leaders will also highlight key learnings for a successful PROs initiative.

Transforming Operations and Physician Engagement in an Academic Outpatient Practice: Four Years of Lean
Lee McHenry, M.D., Medical Director, Medicine Outpatient Clinics, Indiana University Health Physicians, Co-chair IUHP Operations and Practice Standards Committee, Michael Ober, M.D., Vice Chair of Clinical Affairs, Department of Medicine, Indiana University School of Medicine, and Brian Kremer, M.B.A., Vice President, Practice Operations, Indiana University Health Physicians, Co-chair IUHP Operations and Practice Standards Committee; and Paul DeChant, M.D., M.B.A., Deputy Chief Health Officer, Simpler Healthcare
Have you struggled with overcoming physician entitlement to achieve significant improvement in a faculty practice? Driven by the realization that differing processes across locations, service lines, and physician practices impacted both patient care and the bottom line, Indiana University Health Physicians leadership committed to Lean process improvement. Leaders from the outpatient academic clinic will share the keys to their success in moving from chaos to quadruple aim performance by pursuing Lean transformation. Learn how in a little over three years, these efforts doubled the clinic’s new patients per month, cut average visit duration in half, improved care ratings, and engaged 90% of clinic physicians.

“AMGA is the national voice for the journey to value-based care. Every year, our leadership team comes away from AMGA’s Annual Conference with innovative ideas and strategic insights from medical groups and health systems across the country that impact the care we deliver to our patients, as well as our engagement with providers, employees, and payers. Leaders from all organized systems of care, particularly those moving from volume to value, should add this conference to the top of their list.”
— Steven Green, M.D., Chief Medical Officer, Sharp Rees-Stealy Medical Group, Inc.
Generating Value Revenues at a Price Your Group Can Afford

Robert E. Matthews, Vice President for Quality, PriMed Physicians

For many groups and health systems, preparing for value care is daunting work. The costs and financial outcomes of various improvement methods can vary enormously. Group leaders are faced with the task of creating and executing a plan for value that is affordable, likely to achieve success, and capable over time of producing more revenue than it costs. This session will emphasize the importance of volume-to-value planning with the goal of finding the best revenue opportunities and the least-expensive, most-effective methods. Various methodological options will be categorized to help you achieve success on a budget you can afford. Participants will depart equipped to evaluate, select, and develop effective methods to achieve carefully defined goals.

Saturday, March 10, 2:00 p.m. - 3:15 p.m.

Improving Provider Communication: Lessons from the Creation of a Coaching Network

J. Scott Taylor, M.D., Medical Director of Service Excellence, MultiCare Health System; and Mike Nelson, M.D., Physician Coach, Studer Group

Effective physician/advanced practice provider communication is critical to safety, quality, and patient experience. While new graduates receive training and competency testing for patient communication skills, most experienced physicians have limited training, if any. This session explores MultiCare Health System's journey to create a successful Provider Coaching Network. Participants will learn how to build a network of coaches, train them, and develop strategies to reach frontline providers. The presenters will also share steps to success, identify real-world pitfalls to avoid and how to empower coaches to succeed and frontline clinicians to improve, and provide tools and resources to leverage within your organization.

Reducing Clicks to Combat Provider Burnout: Strategies for EHR Efficiency

Michael Sheinberg, M.D., Medical Director, Medical Informatics, and Jennifer Schlegel, M.S.N., R.N., Senior Business Analyst, Enterprise Analytics, Lehigh Valley Health Network

While the EHR has revolutionized the quality of care delivery, its contribution to the growing provider burnout epidemic in our country is well documented. Lehigh Valley Health Network will detail how they have heavily leveraged analytics to drive both system and individual focus for change and adaptation. Informatics experts will explore the link between EHR efficiency/satisfaction and provider burnout, highlight data analytics used to measure provider competence and productivity, and discuss effective countermeasures. Participants will learn standard processes, electronic tools, and governance strategies that can be employed by your organization to successfully maximize provider efficiency and reduce burnout associated with the EHR. These efforts have significantly improved time saved by providers, as well as provider and patient satisfaction.

Attendees Say…

“This was perhaps the best healthcare management conference I’ve ever attended. The topics were spot-on with what I’m dealing with in my own work.”

2017 Annual Conference Evaluation
Driving with a Dashboard: Engaging Providers with Actionable Data for Population Health Performance

Dan Hager, M.H.A., Program Manager, Physician & Ambulatory Services, Kyle Moore, C.P.A., Vice President, Ambulatory & Home Care, and Ronnie Oestreicher, Enterprise Director, ConnectCare (Epic) Design/Build, Bon Secours Health System, Inc.

Like many health care systems, Bon Secours Health System, Inc. struggled with engaging its employed providers in driving population health performance, due in large part to the significant variations in the measurement and communication of provider performance. The variability limited achievement of population health outcomes due to a lack of easily accessible information and actionable tools for clinicians. Learn how Bon Secours created the Ambulatory Four Quadrant Dashboard, a dynamic tool within the EMR that displays key performance indicators in clinical quality, patient experience, access, and cost, with the ability to drill down to actionable levels of detail in three clicks or fewer. Built through a rigorous clinician-led process, the dashboard has experienced high utilization and is helping leaders drive system success.

Improving Patient-Centered Communication When HIPAA Regulations Won’t Allow Lapel Cameras

Hilary Hoekenga, M.B.A., M.H.A., Director Clinic Operations, and Gregory Carlson, MD, Medical Director, UCHealth Medical Group; and Shay Bright-Mouttet, Ph.D., Senior Organizational Development Consultant, University of Colorado Health

In order to make meaningful improvement to any dataset, medical groups and health systems must provide the tools and sustain their commitment to improvement, not just measure and re-measure. In a strategic effort to improve patient satisfaction scores, providers requested lapel cameras for individualized, interactive feedback. With concerns around HIPAA regulations, the compliance team rejected the idea. In response, University of Colorado Health launched a successful pilot patient-centered communication program (PCCP), in which patient-provider interactions were observed and providers received significant feedback, including metrics and recommendations for improvement. Presenters will highlight program details, lessons learned, and outcomes, and lead an interactive patient appointment scenario.

Opioid Safety: How to Improve Opioid Prescribing at Your Organization

Kent Hu, M.D., M.P.H., Associate Medical Director of Quality and Patient Safety, and Dianna Chamblin, M.D., Facility Medical Director Comprehensive Pain Center, The Everett Clinic

In 2015, opioids killed more than 33,000 people across the nation, averaging nearly 100 deaths per day. Medical groups and health systems have the unique ability to influence the safe prescribing of opioid medications and impact patients who may suffer from addiction, reducing overdoses and death. Located within an epicenter of the opioid epidemic in Washington, The Everett Clinic will describe its journey to improve the safety of chronic opioid therapy. The presentation will feature the three-pronged approach of appropriate pain control, safe opioid prescribing, and identification and management of high-risk groups, and subsequent results. Session participants will brainstorm barriers and solutions and identify concrete action items to catalyze change.
Transitioning to Value-Based Care Through System-Level, Evidence-Based Guidelines

Elizabeth Crabtree, Ph.D., M.P.H., Director, Clinical Integration and EBP, Assistant Professor, Department of Medical Informatics and Clinical Epidemiology, and Thomas Yackel, M.D., M.S., M.P.H., Chief Value-Based Clinical Officer, and Professor, Department of Medical Informatics and Clinical Epidemiology, Oregon Health and Science University

Patient safety and quality initiatives based on the best available advice are driving factors for academic medical center designations; in reality, however, this is not the case. Scientific evidence often takes 15 to 20 years to be incorporated into routine patient care, and applying principles of evidence-based care into everyday practice can be challenging in the workflow of busy clinicians. Presenters will describe how Oregon Health and Science University, an academic medical center, partnered with community hospitals to create a value-based care organization, and how the development and implementation of system-level, evidence-based guidelines is supporting this effort. This interactive seminar will engage participants in defining criteria for prioritizing topics for guideline development, as well as in formulating practice recommendations and consensus statements based on synthesized evidence, clinical expertise, and patients’ values and preferences.

Aligning Provider Incentives in Risk-Bearing, Value-Based Contracts

Amber Lenhardt, C.P.A., Executive Director, Finance and Network Development, and John Ubben, Manager, Network Services, UnityPoint Accountable Care

Recognizing that current fee-for-service reimbursement models were on an unsustainable path, UnityPoint Accountable Care (UAC) sought to engage payers in value-based contracts that rewarded providers for activities that improve the quality of patient care, yield better patient experiences, and reduce per capita healthcare costs. Learn about UAC's Funds Flow Model, launched in early 2016, which provides for distribution of shared savings and allows providers to assume a tolerable amount of risk in value-based contracts. The model encourages higher performance in focused areas of opportunity and puts UAC on the path to more continued success in value-based contracts.

Under Siege: Preparing an Academic Medical Center for Population Risk

Mark Behl, M.H.A., M.B.A., Chief Operating Officer, Clinical Practice Organization, UC San Diego Health

In the face of growing pressure to deliver value-based care, academic medical centers (AMCs) must redesign their delivery model to address consumerism, risk-based contracts, and shrinking funding sources. Healthcare payers, employers, and consumers are no longer willing to absorb the higher cost structures built within AMCs. This presentation by UC San Diego Health highlights the journey of one organization to transition from a traditional AMC to a high-performing, clinically integrated, and team-based delivery model that is responsive to the external realities, while preserving the tripartite mission of delivering outstanding patient care, education, and research.
Additional Activities

**Distinguished Leaders and Board of Directors Dinner**
*Wednesday, March 7, 7:00 p.m. - 10:00 p.m. (Invitation Only)*

AMGA's past presidents and board chairs are invited to attend this special dinner event with the current AMGA Board of Directors. Details will be shared by AMGA's executive office about the venue and itinerary.

**Emerging Leaders Luncheon and Networking Reception**
*Thursday, March 8, 12:00 p.m. - 1:00 p.m. and 7:30 p.m. - 9:00 p.m. (Invitation Only)*

New this year, AMGA is providing an opportunity for emerging leaders to continue their professional journey alongside established mentors from high-performing healthcare organizations. Join us on Thursday for an intimate luncheon and reception with fellow emerging leaders. Participants will learn firsthand from successful executives and understand the skills needed to lead most effectively in this new era of health care.

**Spotlight on Membership Reception**
*Thursday, March 8, 4:00 p.m. - 5:00 p.m.*

Each year, AMGA leadership brings together new AMGA members, first-time attendees, and healthcare leaders who want to learn more about the benefits of membership in a casual meet and greet opportunity. During this reception, you'll gain introductions to AMGA's board members and key AMGA staff who will help you leverage your membership to advance your organization's goals.

**AMGA Foundation Annual Silent Auction**
*Thursday, March 8, 5:00 p.m. to Saturday, March 10 at 11:00 a.m.*

Meeting participants can bid on items in person or online to support AMGA Foundation's Annual Silent Auction. Featured items include unique vacation destinations, the latest tech products, high-end jewelry, exclusive sports tickets, and rare memorabilia. Organizations are invited to donate an item or contribute cash for the purchase of an item to be included in our Silent Auction.

Your contributions help us to tackle our nation's most pressing chronic health concerns and improve care for millions of Americans. Find out more about the AMGA Foundation's impact at [amga.org/foundation](http://amga.org/foundation).

**Welcome Reception for Spouses/Guests**
*Thursday, March 8, 5:00 p.m. - 7:00 p.m.*

All registered spouses/guests are invited to attend a special reception to mix and mingle with fellow guests while meeting attendees network in the exhibit hall.

**Spouse/Guest Activities**
*Friday, March 9 and Saturday, March 10*

New this year, AMGA will coordinate special activities for spouses/guests who are visiting Phoenix while attendees are participating in the conference sessions. Activities may include cooking classes, hiking, and bike tours. An additional fee will be required to participate in these added activities on Friday and Saturday.

For more details and program updates, visit [amga.org/ac18](http://amga.org/ac18)
Destination: Phoenix
AMGA’s meeting destination, the Phoenix Convention Center, is located in the heart of sunny Phoenix and just four miles from Sky Harbor International Airport (PHX). The center is within walking distance of restaurants, shopping, entertainment, sports, and theater venues.

Accommodations
AMGA has reserved rooms in four hotels located within walking distance of the Phoenix Convention Center:

1. Hyatt Regency Phoenix
2. Renaissance Phoenix Downtown Hotel
3. Sheraton Phoenix Downtown Hotel
4. Westin Phoenix Downtown Hotel

After you receive your conference registration confirmation, you will be eligible to reserve your hotel room in Phoenix. In order to receive the special AMGA conference rate of $265 per night (at all hotels), please use the dedicated link provided in your confirmation email.

Reservations must be made by Friday, February 2, 2018, in order to receive the discounted AMGA conference rate. After this date, rates and availability of rooms cannot be guaranteed.

Please visit amga.org/ac18 for additional information about the conference hotels and the reservation process.
Conference Information
AMGA is a member-driven organization, dedicated to providing premier educational activities to our members. If you are interested in attending and would like to become a member of AMGA to obtain the member rates, or you are unsure of your membership status, please contact Bill Baron, senior director, membership and development, at wbaron@amga.org or 703.838.0033 ext. 336.

Three Ways to Register
1. **Online** at amga.org/ac18
2. **Fax** the registration form with credit card payment to 703.548.1890
3. **Mail** the registration form and check (payable to AMGA) or credit card payment to: Conference Registrar, AMGA, One Prince Street, Alexandria, VA  22314-3318

Registration forms not accompanied by check or credit card payment will not be processed.

Discounts
- **Early Registration:** Register by **Friday, January 19, 2018** in order to take advantage of the lowest rate. Your registration fee includes all general sessions, breakout sessions and networking discussion groups, two lunches, three receptions, and farewell event. For information on daily rates, contact Bruce Hadloc, education and meetings assistant, at bhadloc@amga.org or 703.838.0033 ext. 366.

- **Group Discount:** AMGA medical group members, corporate partner members, and non-member healthcare delivery organizations can qualify for an additional registration discount. Four or more paid registrations from the same organization will receive a $100 discount per registration.

Cancellation Policy
Cancellations must be submitted in writing by **Friday, January 26, 2018**, in order to receive a refund, less a $100 processing fee. No-shows are not eligible for refunds. Substitutions are welcome and will not incur a processing fee. Should an act of war or act of God strike the U.S. in the time immediately preceding the conference, registrants unable or unwilling to attend the conference will be given a credit in the amount of the registration fee less a $100 processing fee to apply toward a future AMGA activity or other future AMGA expense.

AMGA’s Americans with Disabilities Act Statement
AMGA is committed to making each of its educational activities accessible to all participants so they may be actively involved in the meetings and conferences. If you have special physical, dietary or communication needs that require auxiliary aids or services identified in the Americans with Disabilities Act, please call us at 703.838.0033 ext. 333 so that we can accommodate your requests.

Questions
Contact Bruce Hadloc, education and meetings assistant, at 703.838.0033 ext. 366 or bhadloc@amga.org.

About AMGA
AMGA is a trade association leading the transformation of health care in America. Representing multispecialty medical groups and integrated systems of care, we advocate, educate, innovate, and empower our members to deliver the next level of high performance health. AMGA is the national voice promoting awareness of our members’ recognized excellence in the delivery of coordinated, high-quality, high-value care. More than 175,000 physicians practice in our member organizations, delivering care to one in three Americans.
Registration Form
AMGA 2018 Annual Conference
March 7-10, 2018
Phoenix, Arizona

Please print or type all information. One individual per form please. This form may be photocopied for additional registrants.

Registration Fees
Conference
Friday, March 9 - Saturday, March 10, 2018
By Jan 19       Jan 20 – Feb 16       After Feb 16
AMGA Member or Corporate Partner    $950       $1,050       $1,150
AMGA Non-Member            $1,950       $2,100       $2,300
AMGA Non-Corporate Partner/Exhibitor   $1,400       $1,500       $1,600

Pre-conference Activities
Wednesday, March 7 - Thursday, March 8, 2018 – LEADERSHIP COUNCILS
(Medical Group Members Only)
I’m interested in attending:
Leadership Council (please indicate which Council you will be attending) $200

Thursday, March 8, 2018 – Please check one workshop or meeting:
IMMERSION WORKSHOPS
AMGA Member or Corporate Partner $395
AMGA Non-Member or Exhibitor $795
- Population Health: Creating a Culture of Wellness
- Healthcare Trends and Their Impact on Leadership and Governance
- Physician Well-Being: Strategies to Promote Engagement and Reduce Burnout
- Compensation Techniques Used to Improve Provider Performance and Alignment

WOMEN IN HEALTHCARE LEADERSHIP MEETING AMGA Members $100

Additional Activities and Registrations
Farewell Event: Yes, I will attend the closing event (included in registration fee)
Spouse/Guest Fee
(Includes breakfasts, lunches, and receptions in the Exhibit Hall March 9-10, and the Saturday farewell event. Additional activities for spouses/guests will require an additional fee.)
Name of Spouse/Guest ___________________________ $200

Total Registration Fee (with Discounts):

Discounts
Four (4) or more paid registrations from the same healthcare organization or corporate partner will receive a $100 per registration discount. Attach all registrations from the same organization to receive the discount.

Payment Information
Check, in the amount of $___________________ is enclosed.
Please charge $_________________ to my
- Visa - MasterCard - American Express
Credit Card Number Expiration Date
Security Code
Cardholder’s Name
Authorized Signature

Cancellations must be submitted in writing by Friday, January 26 in order to receive a refund, less a $100 processing fee. After this date, cancellations will receive a Letter of Credit for the amount paid, less a $100 processing fee.

Questions? Contact Bruce Hadloc, education and meetings assistant, at 703.838.0033 ext. 366 or bhadloc@amga.org.