



CALL FOR PRESENTATIONS

AMGA 2011 ANNUAL CONFERENCE

APRIL 13 – 16, 2011, GAYLORD NATIONAL, NATIONAL HARBOR, MD

Medical group leaders at American Medical Group Association member organizations all share a common goal—to provide the best possible care to your patients. However, as you try to successfully run complex healthcare delivery systems, you are confronted with new obstacles each day. The AMGA Annual Conference: Learning from the Best! provides a venue where you can confront your common challenges and learn from each other how to surmount them and develop your own best practices. Some of the most valuable exchanges occur in Peer-to-Peer Breakout Sessions, in which representatives from member groups detail innovative strategies and initiatives that have been instrumental to their success. If your group is on the cutting edge or you have an innovative strategy to share with your colleagues, we invite you to present a breakout session at the AMGA 2011 Annual Conference. To secure your spot, please review this information and submit your proposal by **July 14, 2010**.

What We Are Looking For

Annual Conference breakout sessions are designed to provide strategies, practical tips, and tools for improving care processes and operations at the medical group level. AMGA has found that the most well-received breakout sessions have an interactive component, so we encourage you to develop presentations that do not rely solely on a lecture. In addition to question-and-answer portions, speakers should consider workshops, exercises to engage the attendees, or other methods that promote lively participation.

Presenters will be allotted 75 minutes per session, inclusive of Q&A. Breakout sessions are categorized based on various areas of healthcare leadership. Below are some suggested topics within the tracks:

Leadership & Governance

- Developing future physician leaders, building physician/non-physician leadership teams, leadership succession planning
- Governance issues, how to run an effective board, effective strategic planning
- Creating, changing the culture of a group
- Responding to the needs of different generations of physicians
- Championing system-wide change initiatives
- Building teams for effective change management
- Aligning incentives for ACO formation
- Creating strategic partnerships with stakeholders; mergers and acquisitions
- Engaging physicians and staff
- Cost-sharing strategies
- Restructuring, redefining, and retraining for new roles
- Antitrust issues associated with clinical integration
- Aligning mission, values, and goals
- Effective governance models for integration/ACOs
- Culture, compacts, and organizational change

Information Technology

- The next generation of health IT, such as data warehousing, personal health records, RHIOs, digital imaging, voice recognition, e-visits, patient portals
- Using advance IT data capturing capabilities for disease management and pay-for-performance initiatives
- Making operations more efficient and patient-centered through new technologies
- Creating appropriate IT infrastructures for integration
- Using your EMR optimally for public and internal reporting
- 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
- Government standards on health information technology

Care Process Improvement

- Provider-patient relations, increasing patient satisfaction, ensuring patient safety, enhancing patient compliance and adherence, consumer-directed health care, accountability and transparency
- Impact of changing demographics on healthcare structure and delivery
- Chronic care management and improvement, evidence-based medicine, using data to drive performance
- Using different models for quality improvement, including Lean, 5 million Lives, Accountable Care Organizations (ACOs), Medical Home, etc.
- Integrating care networks
- Creating and sustaining a culture of quality
- Population health/episode management approaches
- 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
- Establishing value-based improvement models
- Demonstrating ROI for quality including cost/benefit analysis
- Measuring and understanding efficiency
- 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
- Data reporting
- Patient compliance issues

Practice Management

- Managing physicians, recruitment and retention strategies, creating loyal physicians, provider satisfaction
- Financing your group, pay-for-performance/quality-based contracting, incentives for quality, building partnerships (hospitals, payers, purchasers, etc.), expanding revenue sources, effective contracting for reimbursement, supply chain management; strategies to combat declining Medicare reimbursements
- Compensation and productivity, pay-for-performance/quality-based and other compensation models
- Managing/transforming your practice, lean production, Six Sigma, and other operations improvement initiatives
- Effective branding and marketing strategies
- Handling disruptive behaviors

The Review Process

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

Throughout the evaluation process, reviewers will use the following criteria:

- Practical applications of material
- Relevance to medical group management
- Timeliness and innovation of topic
- Specificity of content
- Clarity of objectives
- Overall quality and focus
- Sophistication level of subject matter
- Expertise of presenter(s)
- Level of commercial bias

How to Submit

- Proposals must be received by the close of business (5:00 p.m. Eastern) Wednesday, **July 14, 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. If you are confirmed to speak at the 2011 Annual Conference, we ask that you have a schedule that remains flexible for the duration of the event. Due to the location of the conference in 2011, there is a chance that the association will receive a high level political guest speaker which could impact the scheduling of sessions.

Important Dates

- Completed proposals must be received by the close of business (5:00 p.m. Eastern) **Wednesday, July 14, 2010.**
- Timeline of Review Process (approximate and subject to change)
 - July 19 - 21: Initial review by AMGA staff to make sure that proposals are complete and follow stated guidelines.
 - July 21 – August 6: Phase I review and rating by AMGA Annual Conference Planning Team
 - August 6 - 11: Phase II review of rated proposals by AMGA Annual Conference Planning Team and AMGA Staff
 - August 16: AMGA will confirm speakers by e-mail. AMGA will also notify those who were not selected to be included on the 2011 conference program.

Questions

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

Ms. Andi Bartolomeo
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AMGA Education Mission Statement

The American Medical Group Association's continuing education program delivers high quality learning activities to respond to the educational needs of medical group administrators in leadership positions. The Association's continuing education activities enable its members to share information and innovations in order to remain current and continually improve patient care by advancing the medical group model as the preferred method of healthcare 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



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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) **Wednesday, July 14, 2010**. Submissions must be received by e-mail. Hard copy submissions will not be accepted.
- Proposals must be submitted in Microsoft Word (PDF will not be accepted), please use **Times New Roman font, size 12**. Please avoid special formatting styles.
- Please provide all requested and required information in one document. Proposal submissions with multiple attachments may be deemed incomplete and will not be accepted.
- Your organization **must** be an AMGA member in good standing for your proposal to be accepted for review. Additionally, if your organization's member status should change prior to the conference, the presentation could be removed from the program.
- Proposals submitted by an AMGA corporate partner organization **must** have an AMGA **member** medical group co-presenter included.
- Proposals that are not complete and do not follow the guidelines will not be accepted and will be returned to you.
- Return completed proposals to Andi Bartolomeo, Director of Education & Meetings, at abartolomeo@amga.org and send a copy to Cathy Clifton, Education & Meetings Assistant, at cclifton@amga.org.



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PROCEDURES FOR PROPOSAL SUBMISSION

Submission Information Required

Your proposal must address ALL of the following items:

1. Title of Presentation

Please provide a brief, descriptive title for your presentation.

2. 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.**

3. 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.

4. Full Disclosure Statement

Your cooperation in complying with these guidelines is appreciated. 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 (or an immediate family member) 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).

What I Received: 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.	My Role(s): 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

5. Are You an AMGA Member and What is Your Organization Type?

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

6. 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.

7. Applicable Topic Category

Please choose from the following: Leadership & Governance; Information Technology; Care Process Improvement; Practice Management; and Legislation/Regulation

8. Presentation History

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

9. Presentation Format

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

10. Presentation Learning Objectives

AMGA learning objectives are introduced by stating: *Upon completion of this activity, participants should be able to...(please complete this sentence)*. If you need assistance in creating learning objectives, please visit AMGA's Annual Conference website for more information.

11. 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.

12. 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.



FACULTY DISCLOSURE POLICY

As an accredited provider of continuing medical education activities, it is the policy of the American Medical Group Association® (AMGA) to ensure 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 health care 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 ensure 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 2011 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 annual 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. Speaker reimbursement requests must be received within 30 days of the annual conference or the request will be forfeited.

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