Report to Members
Activities in 2014
Thank You for Your Service to AMGA

Thank you to our members and corporate partners for making this a banner year for AMGA. Your participation in AMGA activities, generous time and financial contributions, and sharing your best practices with your peers helps us promote high-performing and clinically integrated medical groups and health systems and dramatically improve population health and care for patients at lower overall costs.

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Report to Members: Activities in 2014

The American Medical Group Association is pleased to report continued significant growth in 2014, as well as noteworthy accomplishments in its advocacy, performance assessment, and performance improvement activities, allowing us to better assist you to sustain successful operations and to deliver the highest quality care and value to your patients. It’s been a busy and productive year, and in these pages, we highlight some of AMGA’s efforts on your behalf in 2014.

Donald W. Fisher, PhD, CAE, President and Chief Executive Officer

Representing Multispecialty Medical Groups and Health Systems in Washington

AMGA had another successful year advocating for AMGA member priorities on Capitol Hill and with Federal Agencies. We added two Hill veterans to our staff to ensure the medical group message continues to be heard in Washington. We lobbied for our key issues, including Sustainable Growth Rate (SGR) reform, mitigating cuts to Medicare Advantage (MA), refining the current Accountable Care Organization (ACO) program, promoting High-Performing Health Systems™, and preserving the Stark law’s in-office ancillary services exception, which allows medical groups to offer imaging services to Medicare beneficiaries. We also communicated the medical group position on the emerging issues related to transparency of healthcare data.

Legislative Activities

SGR Reform: Congress continues to address Medicare physician payment reform in a short-term, piecemeal approach. In late March, Congress passed the “Protecting Access to Medicare Act of 2014,” an SGR patch that delayed the scheduled 24% physician payment cut—originally scheduled to take effect on April 1, 2014—for one year, through March 31, 2015. We continue to stress to Congress that any new Medicare physician payment system should allow for the participation of medical group experts in establishing quality measures; establish effective attribution methods for the Alternative Payment Models (APMs); increase the frequency of data sharing; and create a separate bucket within the APM framework to reward High-Performing Health Systems™. Although Congress has yet to agree on a long-term solution to SGR, AMGA continues to advocate to members of Congress on the need for comprehensive SGR reform, which rewards value over volume.

ACO Legislation and Reform: AMGA has been working with staff from the offices of Rep. Diane Black (R-TN) and Rep. Peter Welch (D-VT) on ACO reform legislation. AMGA stressed the need for operational and financial changes to the current ACO model to ensure the program’s viability and to provide a realistic path for success. Current issues AMGA is working on include developing a workable attribution model, supporting better data sharing with CMS, and providing incentives to all ACOs, not just those taking risk.

Data Transparency Efforts: AMGA submitted a comment letter in response to a request from Sen. Ron Wyden (D-OR) and Sen. Chuck Grassley (R-IA) to AMGA and
other healthcare stakeholders to provide input on how Congress could improve issues related to the transparent use of healthcare data. Our letter highlighted how data is fragmented and inadequate for a value-based system and recommended the creation of a central claims data warehouse operated by a trusted third party. Additionally, AMGA recommended that Congress should require the Centers for Medicare and Medicaid Services (CMS) to convene a stakeholder group to discuss the creation of a standardized process for the collection, submission, and reporting of data, as well as feedback reporting. AMGA followed up and coordinated a briefing by an AMGA member to help key Capitol Hill staff understand how medical groups use data to improve care and reduce admissions and emergency department visits. The briefing served to establish AMGA’s members as the leaders in utilizing data to improve the delivery of health care.

**Alliance to Strengthen Medicare Advantage**: AMGA and other stakeholders formed the Better Medicare Alliance (BMA), a coalition dedicated to strengthening Medicare Advantage (MA) and demonstrating the program’s value to Congress, the executive branch, and Medicare beneficiaries. The BMA unites providers, beneficiaries, and advocates who believe that Medicare Advantage offers unique advantages to seniors. In addition to AMGA, BMA’s founding members are: Aetna, the Healthcare Leadership Council, Healthways, Humana, the Latino Coalition, the National Caucus and Center on Black Aging, the National Hispanic Medical Association, the National Association of Manufacturers, the National Retail Federation, the Population Health Alliance, UnitedHealth Group, and the U.S. Chamber of Commerce.

**Capitol Hill Day**: AMGA’s 9th Annual Capitol Hill Day was held June 10-11 in Washington, DC. More than 40 attendees representing medical groups from 20 states attended this year’s event. The program included a reception honoring Senator Maria Cantwell (D-WA), a member of the Senate Finance Committee, with AMGA’s Congressional Leadership Award. During the meetings with Members of Congress and their staffs, attendees discussed important issues for medical groups including: refinements to the ACO Program, preserving MA, preserving the ability of multispecialty groups and other organized systems of care to provide advanced diagnostic imaging services, supporting the formation and development of multispecialty medical groups and other High-Performing Health Systems™, and SGR repeal.

**Government Relations Council**: A Government Relations (GR) Leadership Council was created with the aim of building a trusted network of GR officers engaged in their organizations’ efforts to continuously improve healthcare delivery systems and work to communicate that message to elected officials in Washington, DC. The Council will provide a confidential and collegial forum for members to share strategies with other GR professionals who face similar challenges at their respective medical groups. The Council held its inaugural meeting during Capitol Hill Day in June and will meet annually as part of the Capitol Hill Day program. They also correspond all year long via an interactive discussion group and can access their individual Council website to view a document-sharing page and the council directory.

**Advocacy Video Production**: AMGA produced a video highlighting the importance of advocacy and AMGA’s role in influencing Federal policy on behalf of its membership. The video compiled interviews with medical group leaders, including Dr. Don Wreden, Chief Medical Group Transformation Officer for Sutter Health; Dr. Ashok Rai, President and CEO of Prevea Health; Dr. Michelle Koury, COO of Crystal Run Healthcare; Dr. Howard Graman, CEO of PeaceHealth Medical Group; Mr. Aric Sharp, VP of Accountable Care for UnityPoint Health; Mr. Edward Brown, CEO of The Iowa Clinic; and Dr. Donald W. Fisher, President and CEO of AMGA.

The video will be used in a variety of ways throughout the coming year, but will make its debut at the 2015 AMGA Annual Conference in Las Vegas, NV, March 23-26. The purpose of the video is to provide a firsthand perspective of the value AMGA’s advocacy efforts bring to the membership at large and how members can prepare for the future of healthcare delivery.

**A Vibrant and Growing Membership**

In 2014, AMGA welcomed 36 additional medical groups representing approximately 9,000 physicians into membership. We also continued to enjoy very strong retention with 94% of members renewing. The association now represents approximately 160,000 physicians treating approximately 120 million patients. This represents the 14th straight year of substantial membership growth for AMGA, providing further evidence of the value of membership and illustrating that we are realizing the vision of dramatically improving population health and care for patients at lower overall costs achieved by high-performing and clinically integrated medical groups and health systems.
Lobbying Activities: AMGA had more than 120 meetings in 2014 with the offices of many key Members of Congress and their staffs, particularly from the Senate Committee on Finance and House Committees on Ways and Means and Energy and Commerce. The staff in each office was receptive to AMGA member issues, especially with respect to preserving MA rates, fixing the ACO program, ensuring medical groups can continue to furnish advanced diagnostic imaging services, the need for SGR reform, and our definition of High-Performing Health Systems™.

Congressional Advocacy Award: UnityPoint Health was presented with AMGA’s Congressional Advocacy Award for their public policy advocacy efforts over the last year, particularly their work as strong advocates for legislation that will preserve the ability of multispecialty medical groups and other organized systems of care to provide advanced diagnostic imaging services.

State Network Program: AMGA developed a State Network Program, a new initiative that will help drive the medical group advocacy message in Washington, DC. The program is designed to leverage the combined strength of medical groups in several key states to better educate those Senators and U.S. Representatives on the strengths and priorities of the medical group model. Meetings in Utah and Oregon have already occurred, with similar meetings in Wisconsin and Kentucky slated for early 2015.

Communicating the Value of Coordinated Care

In a unique communications partnership, in 2014 AMGA partnered with ITN Productions to begin producing a news and current affairs-style program to examine the benefits of a fully integrated and coordinated health system.

“High-Performing Health” will be an in-depth, online program specifically aimed at the nation’s healthcare industry. It will look at the challenges facing the sector in delivering better care at a lower cost and explore the benefits of an accountable and appropriately incentivized approach to care. The piece will combine key industry interviews and news-style reports with sponsored editorial profiles of some of the leading organizations in the sector.

“High-Performing Health” will be screened for the first time at the AMGA 2015 Annual Conference, March 23-26, at Caesars Palace in Las Vegas, NV. The program will then form part of an extensive online communications campaign which includes medical groups, healthcare providers, health systems, and other organized systems of care, as well as healthcare journalists, writers, and bloggers.
Regulatory Activities

Medicare Physician Fee Schedule Proposed Rule: After consulting with members of the Regulatory Response Team and others in September, AMGA submitted comments to CMS on the 2015 Medicare Physician Fee Schedule payment proposals. The comments expressed support for the implementation of the new chronic care management code and made suggestions for simplifying the administrative requirements. AMGA also supported the expansion of telehealth codes and made recommendations on the proposed modifications to quality measures in the Medicare Shared Savings Program. AMGA expressed appreciation for the proposals that continue to align reporting requirements across federal quality programs.

Group Practice Reporting in the Physician Quality Reporting System (PQRS): AMGA worked with officials from CMS on education and outreach to members on quality reporting using the Group Practice Reporting Option (GPRO) in PQRS. AMGA hosted two events, the first featuring CMS topic experts explaining the requirements for GPRO reporting, and the second featuring three AMGA members with GPRO experience who provided a peer-to-peer discussion. The goal of the events was to further prepare AMGA members for the penalty phase of PQRS, beginning in 2015, and for the continued implementation of the value-based modifier, which is linked to performance in the PQRS program.

Comments on Suggested Exceptions to the 2-Midnight Benchmark: AMGA provided input to CMS on the difficulties of working with the 2-Midnight Benchmark and the related “observation status” in inpatient hospitals. We stated that the policy has complicated the clinical decision-making process for doctors who make decisions on hospital admissions and has led to the proliferation of audits by Recovery Audit Contractors. We also noted the financial disadvantage to beneficiaries when they accrue additional costs while in observation status at a hospital, rather than being admitted as a full inpatient and placed in an appropriate Diagnoses Related Group. AMGA members support the elimination of observation status and the creation of a new category called “Inpatient Short Stay,” which we suggested in our correspondence to CMS. CMS ultimately made no changes to the policy this year, but is continuing work on developing a suitable alternative to problems with the current 2-Midnight Benchmark.

Comments on MA Call Letter: In March, AMGA sent a letter to CMS Administrator Marilyn Tavenner responding to the Advance Notice of Methodological Changes for Calendar Year 2015 for Medicare Advantage Capitation Rates, Part C and Part D Payment Policies and 2015 Call Letter. The letter expressed concern about the proposed CMS cuts to MA rates for 2015, which would have compounded the reductions made in 2014. Additionally, AMGA provided in-depth comments to CMS highlighting how cuts of this magnitude could ultimately decrease beneficiary access to providers and services and increase costs to beneficiaries enrolled in MA plans. The letter was also critical of the brief window provided to stakeholders for providing comments and requested consideration of a longer public comment window in the future. Additional areas of comment included concerns about the proposal to exclude, for risk-adjustment purposes, the diagnoses collected from MA enrollee risk assessments that are conducted in beneficiaries’ homes and that are not later confirmed by a subsequent clinical encounter. We stated that the home should be considered a clinical setting for this purpose. CMS did not finalize their proposal concerning home visits but mitigated the impact of payment reductions for 2015 in response to the concerns expressed by AMGA and other stakeholders. AMGA will continue to strongly advocate in support of MA to ensure the integrity of this program.
AMGF: Improving Quality, Value, and the Care Experience

In 2014, the American Medical Group Foundation (AMGF) continued to focus our efforts on reducing the burden of chronic care while demonstrating why the coordinated care delivery model is key to providing the highest quality, most cost-effective health care.

The Chronic Care Challenge

Chronic diseases are the leading cause of death and disability in the United States. Nearly half of all Americans have at least one chronic disease that affects their quality of life and lifespan. These chronic diseases account for the vast majority of health spending and represent 81% of hospital admissions, 91% of prescriptions filled, and 76% of all physician visits.

What if members of AMGA—the most prestigious and innovative medical groups and integrated health systems in the nation—worked together with strategic partners to address the nation’s most important public health challenges and reverse these statistics? This idea, from AMGF Board members, to leverage the power of AMGA members inspired the Chronic Care Challenge, a long-term effort by the AMGF to improve quality of care and patient outcomes for chronic conditions with the greatest impact.

Through the Challenge, AMGA members of all sizes voluntarily address one chronic disease at a time by implementing evidence-based care processes relevant to the particular condition and recommended by AMGF. The first challenge: hypertension, launched with the national Measure Up/Pressure Down® campaign in November 2012. AMGF will conclude the current campaign on December 31, 2015, and launch the next campaign, focused on diabetes, in 2016.

The Chronic Care Challenge will improve the treatment and care of chronic diseases while reducing the burden of care—and cost—on the entire nation.

Measure Up/Pressure Down®

In the second year of the Measure Up/Pressure Down® national hypertension campaign, nearly 150 medical groups and health systems delivering care to more than 42 million patients continued their commitment to working toward the ambitious goal of 80% of high blood pressure patients in control of the disease by 2016. To achieve this aim, campaign participants: (1) adopt one or more evidence-based care processes (“campaign planks”) known to improve care and

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patient outcomes and (2) report hypertension prevalence and control data on a quarterly basis to provide comparative reporting and to evaluate progress.

In 2014, our efforts focused on providing support for participating medical groups and health systems to achieve the campaign goal. Such support included the continuation of the monthly webinar series, with 15 events focused on high-profile issues, including automated blood pressure cuffs, health disparities, and the campaign’s response to the 2014 evidence-based guidelines release.

Measure Up/Pressure Down® first released the Provider Toolkit in May 2013 during National High Blood Pressure Education Month to support medical groups with plank implementation. Available at no cost via the campaign website, the Provider Toolkit includes an overview of each plank, best practice tools from participating groups, and case studies from the AMGA’s Best Practices in Managing Hypertension Compendium. Over the past year, more than 20 tools and resources contributed by AMGA members have expanded the Toolkit and offered even more resources for participating organizations.

During the campaign’s last webinar of 2014, Measure Up/Pressure Down® shared its “Four-Step Plan for 2015” to encourage rapid improvement in the third and final year of the campaign and to help all groups achieve the goal by the end of the campaign. The four steps—(1) call an all-staff meeting in January 2015, (2) adopt a hypertension guideline within 6 weeks, (3) implement outreach for patients not in control, and (4) schedule patients with missing blood pressures—were informed by best practices and success stories from groups, as well as data analyzed by the AMGA’s Anceta data collaborative.

For the first time in Foundation history, AMGF created and distributed resources intended specifically for patients. Measure Up/Pressure Down® developed a free patient education booklet, Circulation Nation: Your Roadmap to Managing High Blood Pressure, which follows the stories of 10 fictional patients from across the nation who each battle and address a different risk factor for high blood pressure, from eating healthy and being active, to managing chronic conditions and knowing your risks. The tips—gathered from the largest and most respected medical groups and health organizations across the nation—help patients navigate high blood pressure and get on the road to control. Accompanying tip sheets are used by participating groups in waiting areas, on social media and websites, and in other ways to help educate and empower their patients.

This past year was also one of celebration for the Measure Up/Pressure Down® campaign, as we held our first national event, demonstrated significant strides in hypertension detection and control, and celebrated a number of our successful groups.

The inaugural Measure Up/Pressure Down® National Day of Action: Roll Up Your Sleeves! was held during National High Blood Pressure Education Month on May 15, 2014 and encouraged all supporters to take one “action” to improve hypertension awareness, detection, or control.

From screening events to social media posts to materials distribution, 70 supporters participated in the event and helped us reach an estimated 57.4 million Americans. Adding to the impact, Measure Up/Pressure Down® and its valuable messages on hypertension prevention and management gained coverage in media outlets—including Forbes magazine, ABC News, and local media outlets such as KVUE-TV in Austin, Texas—throughout May.

Two years into the campaign, results continue to be promising. Participating medical groups and health systems show control rates of 71% in Q2 2014—an improvement from previous reporting quarters. This compares to a national average of 47%, based on data from the Centers for Disease Control and Prevention. Furthermore, hundreds of thousands of patient lives are being improved thanks to Measure Up/Pressure Down®. Since the initial reporting period, hypertension detection and control has improved for 279,357 patients cared for by participating AMGA members. More than half of all groups reporting data boast control rates of 70% or more, and one out of every seven groups has already achieved the campaign goal of 80% control.

And, for the first time, campaign participants received blinded comparative reports—letting groups of all sizes across the country compare their prevalence, control, and improvement rates to other AMGA members. We extend our gratitude to those groups who have dedicated their time and resources to reporting their hypertension data to make this measurement and reporting possible.
This progress was celebrated at our December 4, 2014 Virtual Campaign Anniversary Event, where awards were given to those groups with the Best Control (PriMed Physicians and Springfield Clinic), Most Improvement (UnityPoint Clinic and Wellmont Medical Associates), and Quickest Improvement (PriMed Physicians and UnityPoint Clinic). An additional 39 groups were honored for their progress towards the campaign goal. Award presenters represented Measure Up/Pressure Down® partners and sponsors, as well as the AMGF Board of Directors.

These groups and others have been featured by Measure Up/Pressure Down® via success stories on the campaign website, media bylines and earned placement, and national speaking opportunities. And the national recognition doesn’t end there. Three Measure Up/Pressure Down® participants and AMGA members—Cheshire Medical Center/Dartmouth-Hitchcock Keene, Kaiser Permanente Northern California, and ThedaCare Physicians—were recognized as Million Hearts® Hypertension Control Champions, announced in early 2014.

Campaign staff and participating groups were also invited to speak about hypertension and our efforts at the Institute for Healthcare Improvement’s 15th Annual International Summit on Improving Patient Care in the Office Practice and the Community, AMGA Annual Conference, 7th Annual Right Care Initiative Leadership Summit, AMGA Institute for Quality Leadership Conference, and Phytel Annual Client Conference, among others. We thank those groups who willingly participated in these speaking engagements throughout the year, among them Arch Health Partners, Baton Rouge Clinic, Colorado Springs Health Partners, P.C., George Washington University Medical Faculty Associates, Johns Hopkins Community Physicians, Inc., Mid-Atlantic Permanente Medical Group, P.C., Premier Medical Associates, Sharp-Rees Stealy Medical Group, Summit Medical Group, ThedaCare Physicians, and University of Utah Healthcare.

Our ongoing successes also have garnered support from national players. In the last year, Measure Up/Pressure Down® welcomed three new partners: HealthyWomen, Men’s Health Network, and Preventative Cardiovascular Nurses Association. Two sponsors also joined the campaign to provide financial backing for pilot projects: Baptist Memorial Health Care Foundation and Withings.

We look forward to making the third and final year an historic one for the campaign as we achieve our campaign goal, which would not be possible without the support and participation of the AMGF board, AMGA medical groups, sponsors, partners, and others.

Our Next Campaign

With the pending conclusion of the Measure Up/Pressure Down® campaign on December 31, 2015, AMGF has already been hard at work planning the next Chronic Care Challenge campaign, which will focus on diabetes. To begin planning, AMGF launched the Chronic Care Roundtable,
which was developed to bring together key stakeholders in chronic disease—including national experts, medical group leaders, representatives from pharmaceutical, healthcare technology, and insurance sectors, AMGF Board of Directors members, and AMGA and AMGF staff—to shape campaigns directed at specific chronic diseases. The first Chronic Care Roundtable meeting was held on October 1, 2014, in Alexandria, VA.

**AMGA Acclaim Award**

AMGA’s prestigious Acclaim Award honors organizations that are meeting the Institute of Medicine (IOM) Aims and are taking the necessary steps to become a high-performing health system as defined by the American Medical Group Association (AMGA).

The 2014 Acclaim Award was presented to Sharp Rees-Stealy Medical Group for its innovative and integrated method to drive population health using a collaborative, team-based approach. HealthTexas Provider Network and Wellmont Medical Associates were recognized as Acclaim Award honorees for their efforts in improving health care for their patients. The awards were presented at AMGA’s Institute for Quality Leadership Annual Conference in November 2014.

**Best Practices Collaboratives**

To augment AMGA’s quality programs, shared learning opportunities are provided for members through Best Practice Collaboratives. These collaboratives have proven to be an innovative and successful vehicle for spreading knowledge and innovative practices among members.

“Our mission has been to be ‘The best place to receive care, the best place to work, and the best place to practice medicine’ … and to receive this prestigious recognition of our team’s accomplishments is a truly humbling and exciting experience. From our inception, we have stayed true to our roots of being a group practice that serves and empowers our patients. As a High-Performing Health System™, we use teamwork, advanced technology, innovation, and a willingness to change and grow as we extend our reach to meet today’s population health needs. We are proud to be a member of the AMGA, as it supports teamwork and encourages innovation, and we value the opportunity to share our strategies with other members.”

— Donald Balfour MD, President and Medical Director, Sharp Rees-Stealy Medical Group, 2014 Acclaim Award Recipient
care processes that work in medical groups. As important are the relationships and professional networks that result from the collaboratives and that continue beyond the end of the formal collaborative. To date, 100 medical groups and 13 private-sector sponsors have participated in AMGF Best Practice Collaboratives and symposia.

**Chronic Obstructive Pulmonary Disease**

The Best Practices in Managing Patients with Chronic Obstructive Pulmonary Disease (COPD) Case Studies, available for download on AMGA’s website as a benefit of membership, include case studies from medical groups, independent practice associations, academic practices, and integrated delivery systems that have incorporated the management of patients with COPD into their chronic care models. The Compendium is a result of the second year of the Best Practices Collaborative.

**Multiple Chronic Conditions**

The Best Practices in Managing Patients with Multiple Chronic Conditions Lessons Learned Summaries are now available online at www.amga.org. The summaries are an addition to the Best Practices Case Studies, which were developed in Phase One. The brief summaries highlight the groups’ initiatives, and provide specific details of their goals, share their improvements, strategies to sustain their outcomes and their overall learnings. The following organizations participated in the collaborative and shared their learnings through the summaries:

- Arch Health Partners
- Dartmouth- Hitchcock Physicians
- Mercy Clinics
- Novant Health Safe Med
- Sharp Rees-Stealy Medical Group
- ThedaCare Physicians

**Rheumatoid Arthritis**

The Best Practices in Managing Patients with Rheumatoid Arthritis (RA) Collaborative is a two-year program designed for organizations that are striving to improve the care of patients with RA. Working together, AMGF will facilitate the discovery, adoption, and spread of care processes that will improve the way in which patients with RA experience the healthcare system. The RA collaborative is intended to leverage key learnings and facilitate a how-to approach. The collaborative commenced in August 2014.

A kick-off meeting was held on August 13-15, 2014 in Nashville, TN, where participating organizations shared their current work in RA management and had the opportunity to network with their peers in the collaborative and participate in shared-learning through interactive group work. The participating groups will soon begin reporting on three measures to be benchmarked against each other and show improvement throughout the course of the collaborative program. At the end of the 12-month collaborative, AMGF will work with participating organizations to develop and publish individual Best Practices Case Studies of their programs and make them available for all AMGA members.

**Adult Immunization**

The Adult Immunization (AI) Best Practices Learning Collaborative is a pilot program designed for organizations that are striving to improve their AI rates with a specific focus on pneumococcal and influenza vaccines, leveraging the Optum One Population Analytics platform, thereby reducing the clinical and economic burden of vaccine preventable diseases. The AI Collaborative is supported by an Advisory Committee of physicians and quality improvement experts to help guide the development of the curriculum, provide clinical content for educational programs, and help identify and prioritize standard outcome measurements for data collection. The Advisors met on December 10 in Alexandria, VA to begin planning the program.

Seven AMGA medical groups have been selected to participate in the pilot:

- Community Physician Network
- The Iowa Clinic, P.C.
- Riverside Medical Group
- Springfield Clinic
- SwedishAmerican Health System
- UMass Memorial Medical Group
- Watson Clinic

At the end of the pilot, AMGF will work with participating organizations to develop individual Best Practices Case Studies of their programs for publication. Optum will work with the participating organizations on a Research Study and Program Assessment. The pilot will officially launch in February 2015 and end in July 2016.
Council of Accountable Physician Practices

The Council of Accountable Physician Practices (CAPP), an affiliate of the American Medical Group Foundation (AMGF), is continuing to undergo a shift in its mission and strategy—moving from “proving the case” regarding the value of the multispecialty medical group to “stating the case” and promoting the collective success of the model in providing high-quality health care.

Advisory Council

To help inform the ongoing and future work of CAPP, a new Advisory Council was convened in Washington, DC, on May 1, 2014. The Council is a diverse group of thought leaders who work across various industries inside and outside of health care. They came together to share insights and experiences on how medical groups and integrated delivery systems could continue to lead the way as the model for the health system of the future.

Communications Portfolio

CAPP’s long-term communications strategy will be developed and implemented based on the leadership’s direction for new work. Meanwhile, we have taken the following steps to support the new mission of “stating the case”:

Message Testing: To support the current public debate on healthcare reform, CAPP conducted research with the general public to launch a promotional campaign around the benefits of integrated systems. Working with Nielsen Health (formerly Harris Interactive), we held face-to-face focus groups in early 2014 to facilitate a meaningful discussion around a small set of key messages and ideas. This exploratory, qualitative research provided an understanding of how the consumer interprets the meaning of specific words and phrases as they are used to describe our mission, and will allow us to incorporate the most meaningful terminology into future public relations and communications campaigns.

This research was presented to our Communications Workgroup in Dallas on September 19, 2014. The attendees—all communications and marketing executives from CAPP member groups—provided feedback and recommendations on how to revise the CAPP mission and principles statements to be more accessible to the general public.

Research Activities on Delivery System Reform

Physicians Foundation IDS Research: The Physicians Foundation seeks to understand physician-led integrated delivery systems (IDS) and independent practice associations (IPA). Specifically, the Foundation seeks to discover case examples of successful physician-led IDS/IPAs, including the steps followed in creating these organizations and lessons learned; the elements or characteristics required for successful physician-led systems and a comparison of physician-only vs. physician and hospital partnerships. Thereafter, it plans to document the recommended measures and data on cost and quality of physician-led IDS/IPAs that were discovered through the research. CAPP has received a grant to conduct this research and has brought Dr. Lawrence Casalino on board as the lead researcher and author of the resulting paper. The team is currently conducting interviews and documenting findings. It is expected that the research will be completed by January 2015.

Physician Leadership Series: AMGA and CAPP are publishing a series of five articles on physician leadership in *Healthcare: Journal of Delivery Science and Innovation*. These articles are being co-authored by medical directors and leaders of AMGA groups who participate in CAPP. The first article, a “call to action” setting the tone and detailing the framework for the series, was published in March 2014. The article, titled “Physician Leadership in Changing Times,” is authored by Drs. Jack Cochran (The Permanente Federation), Rob Nesse (Mayo Clinic Health System) and Gary Kaplan (Virginia Mason). Subsequent articles will focus on training programs, recruitment and retention of physician leaders, developing leaders while in organizational transformation, and the challenges of smaller or mid-sized organizations to implement leadership programs. These articles are being authored by other physician group leaders, drawing from their experience in leading health systems and medical groups.
Performance Assessment and Putting Meaningful Data to Work

Anceta Collaborative

AMGA’s Anceta collaborative grew to 39 groups in 2014, with the addition of AppleCare Medical Group, Lehigh Valley Health Network, Lexington Clinic, Monarch HealthCare, North American Medical Management (NAMM) California, SSM Health Care, Scripps Health, Southwest Medical Associates, Spectrum Health, Springfield Clinic, Watson Clinic, and WellMed.

The Optum One Population Analytics platform was delivered to five groups in 2014: Lehigh Valley Health Network, Piedmont HealthCare, Scripps Health, Springfield Clinic, UMass Memorial Health Care, and Watson Clinic.

Collaborative Meetings

Carolinas HealthCare System hosted the Spring collaborative meeting in Charlotte, providing a tour of their Lean medical home and virtual care pilots, plus discussion of their extensive research in primary care and their focus on disadvantaged communities. Colorado Springs Health Partners presented a case study on how to achieve sustained improvements in hypertension control, and Henry Ford Health System discussed how they are integrating depression screening and behavioral health services into their primary care practices and their Diabetes Care Center.

At Anceta’s Fall collaborative, research staff presented findings on the most effective interventions to patients with stage 2 hypertension and data on the association between sustained hypertension and decline in renal function. The research discussion fed into a facilitated dialogue on actionable steps that groups can take to achieve greater control in their hypertensive populations.

The meeting also featured experts from AMGA Consulting Services who shared guidelines for using clinical outcomes and efficiency as components of provider compensation and trends in adoption of quality-based compensation models. There was a discussion of empirical findings on panel size for primary care providers, differences across medical groups in the roles of mid-level providers, and variation in teaming models in primary care.

Population risk stratification continues to be a key topic in collaborative meetings. Brown & Toland shared details on practical population health management from their My Health Medical Group, and Holston presented a follow-up on their “extensivist” clinic, including details on staffing and operational flow, as well as patient- and group-level success stories. Billings Clinic discussed how they improved the completeness and accuracy of diagnosis coding for HCC risk adjustment.

Optum Labs and AMGA Research

AMGA continued its participation in Optum Labs, where it is represented on the Scientific Advisory Board, the Innovation Council, and the Translation Network. AMGA is conducting two studies: one comparing clinical and claims data to classify medication exposure, another investigating second-line agents for glycemic control in patients with type 2 diabetes. The findings from these studies will help all AMGA members optimize the use of high-cost medications in this large and rapidly growing patient population. Through Optum Labs, we are exploring collaboration with researchers at several AMGA member organizations, strengthening our foundation for research on practical questions of comparative effectiveness and comparative safety.

Expansion of the Anceta Team

In December, the AMGA/Anceta team added several staff to enhance the value of, and disseminate the learnings from, the groundbreaking analysis happening in the collaborative and to support other AMGA initiatives.
Anceta assisted with the Measure Up/Pressure Down® campaign, reporting hypertension control for Anceta participants and supporting a web portal for other campaign participants to report their data for the campaign.

Expanding Our Strategic Partners

During 2014, Optum became a sustaining partner of AMGA, enabling expansion of Anceta’s staff to further AMGA’s research agenda and to enable us to work directly with participating groups to facilitate broad adoption of identified best practices for managing population health.

High-Performing Health System™ Assessment

For the past year, AMGA has collaborated with The Dartmouth Institute for Health Policy and Clinical Practice (TDI) to create the High-Performing Health System™ (HPHS) Assessment Program. Building on the characteristics outlined in the HPHS definition and drawing from Dartmouth’s research on successful and unsuccessful transformation initiatives, this program helps leaders of AMGA member organizations better understand where their organization stands along the continuum, where to

Data into Action

Data gathered from Measure Up/Pressure Down® participants enabled AMGF to analyze the impact of new recommendations for treating hypertension from the JNC 8 expert panel. A different blood pressure threshold for patients aged 60 years and older could affect up to 60% of patients with hypertension, based simply on age, but we determined that, in fact, only 4% of patients (range 3–6% across medical groups) are affected, when comorbid conditions and systolic blood pressure are considered. This positioned AMGF to take a leading role in the industry, providing these pivotal findings to the Centers for Disease Control and Prevention for their Million Hearts campaign. AMGF also provided guidance to AMGA members participating in Measure Up/Pressure Down®, through webinars by the three members of the JNC 8 expert panel who serve on the Scientific Advisory Council for Measure Up/Pressure Down®.

What is Included

- A web-based assessment based on insights from the latest Dartmouth and industry research and lessons from AMGA members.
- Executive scorecards and multiple-level reports with actionable information.
- Supporting materials that define value-based terms, and provide references and case studies.
- Deployment support for executives, including communication templates, kick-off webinars, and results review sessions.

The assessment offers actionable insights to help organizations understand where they stand along the continuum of value-based care and identify strategies to improve. It is designed to help organizations evaluate their progress and make strategic decisions that will drive improvement.

How to Participate

Because we understand how vital it is that you succeed in value-based payment, AMGA is offering the HPHS Assessment Program as a complimentary benefit of membership. Sign up for an orientation webinar to learn more. Contact AMGA at (703) 898-0070, or visit http://amga.org.
target strategic priorities, and how to identify opportunities to advance. The assessment program, offered as a complimentary benefit of AMGA membership, gives leaders a process for evaluating their readiness for value-based payment and guidance for developing strategies and action plans.

AMGA and TDI have developed a comprehensive program to assist leaders in positioning their organizations. The program includes:

- An online HPHS capabilities assessment, providing a concise picture of the perceptions of organizational leaders about the organization's priorities and current proficiency on the key capabilities that are required
- An analytic package with actionable information
- A library of materials highlighting options for improving value-based capabilities
- Web-based learning sessions co-facilitated by AMGA and TDI leadership

Satisfaction Benchmarking Programs

AMGA has been providing to its member groups a suite of survey benchmarking programs for more than 15 years. With its patient satisfaction survey, provider satisfaction survey, and employee satisfaction and engagement survey, AMGA has set the standard for delivering rigorous, multi-level analytics to guide organizational decision-making and quality improvement efforts, at a cost that is but a small fraction of the fees typically charged by other survey organizations. Each of the three survey programs yields a rich source of norms and best practice benchmarks through which participating groups may evaluate their performance levels relative to other groups across the nation. In addition, our satisfaction surveys provide participating groups the necessary tools to determine what they need to do to improve their performance. This information provides crucial, incremental value beyond merely determining the satisfaction level of patients, providers, or employees.

Provider Satisfaction Benchmarking Program: This Provider Satisfaction Survey is the preeminent means for medical groups, academic practices, or independent delivery systems to measure the satisfaction of physicians and other healthcare providers with their work lives. In 2014, 51 groups participated in the survey, with more than 8,000 providers completing surveys. The entire provider survey database currently consists of more than 100 groups and 14,000 completed provider surveys.

The American Medical Association invited AMGA to host a panel at AMA’s midyear conference in Dallas, focusing on how to improve team-based care and achieve provider buy-in to such practices. AMGA members HealthPartners and Arch Health Partners delivered presentations that showed what they have done to achieve highly satisfying work environments for their providers that also emphasize team-based care delivery.

Employee Satisfaction and Engagement Survey: With its focus on non-provider employees, the Employee Satisfaction and Engagement Survey provides an important complementary perspective on workplace morale to the Provider Satisfaction Survey’s focus on healthcare providers. The survey measures how engaged (i.e., committed and motivated) employees are, as well as nine dimensions of work satisfaction: the degree of employee satisfaction with supervision, pay, workload, leaves, health benefits, physician interactions, growth opportunities, personal relationships, and how rewarding they find their work to be. Seventeen additional groups participated in the survey in 2014.

Patient Satisfaction Benchmarking Program: This survey is geared toward the collection and analysis of patient perceptions of the quality of care at the time of the patient’s visit with the provider. The database is large, with more than 12,000 providers participating during the last two years—who were collectively evaluated through approximately 650,000 patient surveys. In 2014, 36 separate patient satisfaction survey reports were distributed to AMGA member groups.

In May, a panel comprised of AMGA and three of its member groups (Florida Medical Clinic, Ministry Medical Group, and Pacific Medical Centers) were invited to present information on delivering superior patient engagement experiences at a symposium hosted by the Cleveland Clinic.

Surveys

AMGA produced critical benchmarking tools in 2014, including the

- 2014 Medical Group Compensation and Financial Survey
- 2013 AMGA/Cejka Search Physician Retention Survey
- 2014 Provider Benefits Survey: Benchmarks for Healthcare Organizations

These publications offer the metrics required for medical group leaders to understand their current environment and take action based on that data.
Performance Improvement and Networking

AMGA continues to provide numerous resources to members to help them provide cost-efficient, team-based, and accountable care to the patients they serve.

Education and Meetings

**Annual Conference:** AMGA’s annual conference is clearly established as the premier educational and networking event for the leaders of multispecialty medical groups and other organized systems of care. AMGA saw record attendance once again at its annual meeting, with nearly 2,200 participants at the 2014 conference in Grapevine, TX. The educational track sessions led by medical group leaders have remained a highlight of the conference, offering real-life case studies and experiences shared at a peer-to-peer level. The conference also featured dynamic plenary session presentations from Jim Collins, author of *Built to Last*, *Good to Great*, and *How the Mighty Fall*; Carly Fiorina, chairman and chief executive officer of Hewlett-Packard from 1999 to 2005 and named *Fortune’s Most Powerful Woman in Business* for six consecutive years; and Dr. Benjamin Carson, renowned pediatric neurosurgeon, inspiring storyteller, and author of *America the Beautiful: Rediscovering What Made This Nation Great*. Member medical groups have utilized the conference as a vehicle to train new leaders and board members, and as a venue for leadership teams to interact with peers from across the nation.

**Institute for Quality Leadership:** The Institute for Quality Leadership Conference: Managing Risk, Managing Populations was held in the fall in New Orleans, LA. General sessions featured Dr. Craig Samitt, who explored high-performing health systems with a specific focus on population health, managing risk, system transformation, and payment reform; Dr. James C. Robinson, who discussed how consumer cost-sharing can impact a healthcare system; Dr. David Nash, who reflected on the use of big data to understand socioeconomic factors of health, as well as information technology that will allow comprehensive patient registries and better benchmark care at the physician level; and Dr. Paul Grundy, who demonstrated how future technologies and the move to Patient-Centered Medical Home level of care will lead to teams that deliver population health management, patient-centered prevention, and coordinated care, powered by data made into meaningful information. Breakout sessions explored risk management, chronic disease management, using data to drive change, and methods that AMGA member groups have used to create effective models of care delivery. As in previous years, evaluations were very high, with many attendees commenting on how much they enjoy the format and setting of the IQL as a change of pace from the annual conference.

**Regional Meetings:** AMGA’s regional meetings offer members the chance to interact and share solutions to common issues with their peers in their local area. In 2014, more than 360 medical group leaders participated in nine daylong regional meetings throughout the country covering topics such as Medicare Advantage, population health, accountable care, clinical integration strategies, leadership development, enhancing the patient experience, and disruptive innovation. To enhance the value of membership, AMGA changed its policy this year and made participation in regional meetings a complimentary benefit of membership.

**Webinars:** In 2014, AMGA provided members with 12 educational webinars presented by AMGA medical group leaders and their AMGA corporate partner colleagues. Continuing our investigation of best practices in moving to value-based care, topics ranged from issues such as population health management tools, care coordination, compensation models, and clinical quality improvement. Sentara Healthcare and Navigant kicked off the series with a presentation on aligning physicians and were followed

“We are all searching for solutions to our common challenges and I’ve found AMGA to be the best venue for learning about these in an unfiltered manner. The programs are presented by other medical group executives who provide a level of candor, honesty, and real-world impact that you don’t often see at other meetings. Our group uses the AMGA Annual Conference to expose potential new leaders to a wider world of large group health care and health policy—sort of like taking the farm boys to Paris. It is increasingly difficult to get away from the practice, but AMGA’s meetings are always well worth the investment.”

— Norman Chenven, MD
CEO and Founder
Austin Regional Clinic
by webinars from Baptist Medical Group, Cleveland Clinic, Cornerstone Health Care, Crystal Run Healthcare, Dartmouth-Hitchcock, Mayo Clinic Health System, and Mercy. Our year of webinars concluded with a presentation from the CDC to AMGA members regarding the proper ambulatory response to Ebola.

Publications and Resources

Group Practice Journal: Our flagship publication, Group Practice Journal, now reaches more than 70,000 readers, making it one of the leading publications dedicated to medical group leaders. Available to every AMGA member as part of membership, the magazine is published 10 times a year and addresses business issues related to group practice. Issues in 2014 focused on leadership, technology, change management, quality and outcomes, reimbursement and revenue enhancement, health law, connectivity, compensation, finance, and operations. After over 60 years, the journal still provides a forum for medical groups to share best practices and strategies with their peers.

AMGA Solutions Library: In 2014, AMGA launched the Solutions Library, which highlights member best practices and other strategies for successful medical group operations in a concise format highlighting key takeaways from conferences, regional meetings, and webinars. We also produced the first of the “Performance Improvement Series,” which featured member best practices for succeeding in value-based care.

Social Media: AMGA had a very successful year in social media platforms. Our followers on Twitter, Facebook, and LinkedIn continue to grow. In order to solidify AMGA’s position as an ACO thought leader, we also maintain an ACO-specific page on Twitter dedicated to delivering the most up-to-date information on accountable care organizations around the nation.

Leadership Councils: Participation in the Councils continues to be a valuable part of AMGA membership, with over 1,100 medical group leaders involved. Recognizing that a network promoting the exchange of ideas among healthcare leaders is a substantial benefit, Council membership is also now a complimentary benefit available for all medical groups that are a part of AMGA. We were pleased to welcome almost 400 new members to the Council community over the past year.

In recognition of the critical role AMGA plays in public policy and the need for a venue for professionals charged with political advocacy for medical groups, AMGA formed the Government Relations Council and held its inaugural meeting in conjunction with Capitol Hill Day in June. Over 75 percent of AMGA’s member groups are represented on one or more of the ten Leadership Councils:

- Attorney/General Counsel
- Chief Administrative Officer/Chief Operating Officer
- Chief Executive Officer/Chair of the Board/President
- Chief Financial Officer
- Chief Information Officer/Chief Medical Information Officer
- Chief Medical Officer/Medical Director
- Government Relations
- Human Resources Officer
- Marketing/Public Relations Director
- Quality Director/Officer

The AMGA Leadership Councils combine in-person meetings with webinars to facilitate the critical exchange of best practices and learnings. At these exclusive meetings, leaders who share similar job titles, roles, and responsibilities explore topics of interest with their Council for specialized education and networking with peers. The Councils also corresponded with each other through an archived and interactive discussion list with an average of almost 2,000 exchanges of information for each Council.

Workshop Retreat Program: The AMGA Workshop and Retreat Program expanded its offerings, building on the concept that member groups could harness the experiences of other medical group and health system leaders as presenters and facilitators at board meetings, retreats, physician meetings, etc. The programs now include multi-year engagements covering a variety of topics, including transitioning to medical home, nurturing group culture, physician alignment, effective governance, and physician leadership development. The unique combination of professional consultation and real-world experience from peers from other medical groups results in a program that resonates with the audience in an effective and long-lasting manner.
AMGA Consulting Services

AMGA Consulting officially began operations on January 17, with Tom Dobosenski joining the organization as President. Tom brings over 30 years of consulting experience to his role. AMGA Consulting rapidly grew to five consultants. With the addition of Fred Horton, Vice President, Tom Holets and Wayne Hartley, Principals, and Aaron Dobosenski, at the manager level, AMGA Consulting rounded out its consulting team in early 2014. Each consultant brings extensive experience and expertise in their area of specialization.

Product and Service Development

AMGA Consulting has developed core capabilities focused on key AMGA member needs.

AMGA 2014 Provider Benefits Survey

Healthcare organizations are in a war for talent and need to provide competitive benefits in order to recruit and retain high-quality providers. In response to this demand, AMGA, along with its subsidiary AMGA Consulting Services, conducted a robust, provider benefits survey nationwide with groups of all sizes. Forty-one AMGA members participated in the initial survey. AMGA's Provider Benefits Survey was designed to help healthcare organizations compare their benefits programs to the industry in order to foster informed decision making. The unique knowledge supplied can be used to facilitate improvement initiatives, enhance the ability to recruit and retain high-quality providers, and aid in the quest to become high-performing health systems. The survey sought data on retirement plans, medical insurance, dental insurance, cafeteria plans, insurance, long-term disability, short-term disability, vacation/paid time off, education, perquisites, part-time provider benefits, prevalence, and mid-levels.

Thought Leadership Series

Looking Ahead to 2015

We look forward to another year of growth for AMGA, expanding resources and opportunities for our members. Thank you in advance for your support and participation.

2015 Meeting Calendar *(Dates subject to change)*

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<th>Regional Meetings</th>
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<td><strong>AMGA Annual Conference</strong></td>
<td><strong>Northwest Region</strong></td>
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<td>March 23-26, 2015, Las Vegas, NV</td>
<td>February 6, 2015 - Seattle, WA</td>
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<td>June 26, 2015 - Portland, OR</td>
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<td>October 2, 2015 - Seattle, WA</td>
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<td><strong>Institute for Quality Leadership</strong></td>
<td><strong>Northeast Region</strong></td>
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<td>October 20-23, 2015, National Harbor, MD (Washington, DC metro area)</td>
<td>May 8, 2015 - Baltimore, MD</td>
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<td><strong>Regional Meetings</strong></td>
<td><strong>Southwest Region</strong></td>
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<td>September 18, 2015 - Los Angeles, CA</td>
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<td><strong>Northeast Region</strong></td>
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<td>May 8, 2015 - Baltimore, MD</td>
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<td>June 26, 2015 - Orlando, FL</td>
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<td>September 18, 2015 - Houston, TX</td>
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<td><strong>East Coast Region</strong></td>
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<td>June 26, 2015 - Minneapolis, MN</td>
<td>June 19, 2015 - Salt Lake City, UT</td>
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