CALL FOR PRESENTATIONS
AMGA 2017 ANNUAL CONFERENCE
March 22-25, 2017, Gaylord Texan, Grapevine, TX

Medical group leaders at AMGA member organizations all share a common goal—to provide the best care to your patients, the best patient experience, and lower healthcare costs. However, as you try to successfully run complex healthcare delivery systems, you are confronted with new obstacles each day. The AMGA Annual Conference provides a venue where you can confront common challenges and learn from each other how to surmount them and develop your own best practices. 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 2017 Annual Conference. To secure your spot, please review this information and submit your proposal by July 1, 2016.

What We Are Looking For
Annual Conference breakout sessions are designed to provide strategies, practical tips, and tools for improving care processes and operations with replicable models and proven outcomes. 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, sustaining the culture of a group
- Cost-reduction strategies
- Championing system-wide change initiatives
- Building teams for effective change management
- Aligning incentives for value-based payment, including MACRA and commercial models for provider risk
- Creating strategic partnerships with stakeholders, aligning with different organizations
- Mergers and acquisitions
- Engaging physicians and staff
- Restructuring, redefining, and retraining for new roles
- Antitrust issues associated with clinical integration
- Aligning mission, values, and goals
- Effective governance models for integration
- Culture, compacts, and organizational change

INFORMATION TECHNOLOGY
- Emerging technology in health IT
- Interoperability between systems, sites, and organizations
- HIEs and other systems for data sharing
Using advanced IT data-capturing capabilities for disease management and value-based payment 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 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
• Meeting government standards for health information technology
• Using technology for population health
• Cybersecurity and preparing for possible cyberattacks

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, Accountable Care Organizations (ACOs), PCMH, etc.
• Reducing medical errors, standardizing processes and procedures, creating a culture of safety
• Integrating care networks, coordinating care between sites/providers
• 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
• Building and effectively using patient registries for population health
• 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 internally and externally
• Chronic care management and achieving population health measures for compensation

PRACTICE MANAGEMENT
• Managing physicians, recruitment and retention strategies, creating loyal physicians, provider satisfaction
• Strategies for taking risk under MACRA or other value-based reimbursement models
• Financing your group, value/quality-based contracting, incentives for quality, expanding revenue sources, effective contracting for reimbursement, supply chain management; strategies to maximize Medicare reimbursements
• Building partnerships (hospitals, payers, purchasers, etc.)
• Compensation and productivity, quality-based and other compensation models, value-based payment, bundled payments
• Managing/transforming your practice
• Effective branding and marketing strategies
• Handling disruptive behaviors
• Expanding a practice, choosing new locations
• Using social media to interact with patients
• Managing the total cost of care

LEGISLATION/REGULATION
• MACRA and risk models in Medicare
• HIPAA an protecting patient health information
• Cybersecurity
• Antitrust issues related to consolidation

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 attendees 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 leadership and 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

Important Dates
• Completed proposals must be received by 5:00 p.m. Pacific Time, Friday, July 1, 2016.
• Timeline of Review Process (approximate and subject to change)
  o July 4-8: Initial review by AMGA staff to make sure that proposals are complete and follow stated guidelines.
  o July 11-29: Phase I review and rating by AMGA Annual Conference Planning Team
  o August 1-12: Phase II review of rated proposals by AMGA Annual Conference Planning Team and selection of presentations by AMGA Staff
  o August 15-19: AMGA will confirm speakers by email. AMGA will also notify those who were not selected to be included on the 2017 conference program.
PROCEDURES FOR PROPOSAL SUBMISSION

General Submission Rules

- Send completed proposals to Proposals@amga.org with “read receipt” option enabled.
- Proposals must be received by 5:00 p.m. Pacific Time on Friday, July 1, 2016. Submissions must be received by email. Hard copy submissions by fax or mail 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.
- 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 must be submitted by an AMGA member, even if a corporate partner organization is co-presenting.
- Limit of two proposal submissions per individual or company.
- Proposals that are not complete and do not follow the guidelines will not be accepted.

Submission Information Required
Your proposal must address ALL of the following items in the following order:

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 email address of each speaker. If applicable, please also include the name, phone, fax, and email 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. If available, attach professional headshots to the submission email as well.

4. Full Disclosure Statement
   Your cooperation in complying with these guidelines is appreciated. Please read the attached AMGA 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).

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<th>What I Received:</th>
<th>My Role(s):</th>
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<td>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.</td>
<td>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.</td>
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C. My presentation will include discussions of off-label, experimental or investigational use of drugs or devices.

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. AMGA will rate the history of this presentation to determine if the topic is still innovative and relevant to the intended audience.

9. Presentation Format
Please select from the following presentation formats: Lecture, interactive seminar, or case study.

10. Description of Gaps in Knowledge Which This Presentation Will Address
This presentation should address a professional practice gap in knowledge, competence, and/or performance of the audience to which it will be presented. Please list the areas that will be addressed within your presentation.

11. Presentation Learning Objectives
AMGA learning objectives are intended to provide the learner with points of knowledge that they will receive through the presentation. Upon completion of this activity, participants should be able to... (complete this sentence).

12. 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.

13. Presentation Description
Provide a narrative 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 to be able to rate and select it for inclusion in the program. Outline format of your presentation proposal will not be accepted.

14. Video File (optional)
You may include a short video link (60 seconds) which shows you speaking to a group or sharing more information with the reviewers about your session proposal.
AMGA FULL DISCLOSURE POLICY

As an accredited provider of continuing medical education activities, it is the policy of 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 healthcare goods or services consumed by or used on patients) within the past 12 months and that individual is in a position to affect the content of CME regarding the products or services of the commercial interest.

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

The intent of this policy is not to prevent a speaker with a potential conflict of interest from making a presentation, but to 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 AMGA 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.
The AMGA has established the following reimbursement policy for speakers at the AMGA 2017 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 indicated by each speaker within the presentation. 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 copying expenses, 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.

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

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