AMGA is now accepting proposals for our 2025 Annual Conference (AC25). Peer-to-peer education and collaboration sets this event apart—with Members sharing their strategies and best practices to achieve the common goal of improving process, value, culture, leadership, and ultimately, patient care. We invite you to share your knowledge and experience at AC25.

Please review the information below and submit your proposal no later than 5:00 p.m. ET on Wednesday, July 3, 2024.

Overview
AMGA is designing an education experience with plans for a variety of content delivery formats. In your application, you can select which format you’d prefer. Submit a proposal that showcases how you have taken your organization to the next level of innovation, efficiency, and effectiveness in healthcare leadership, management and care delivery.

- **AMGA-Member-led Peer-to-Peer Breakout Sessions** will provide participants interactive and engaging content with activities, discussions, or exercises to promote lively discourse and provide tangible takeaways. Each of the concurrent sessions will be 60-minutes in duration, inclusive of Q&A, and categorized content tracks most requested by AMGA Members. We encourage Members to submit proposals that highlight experiences, with topics that promote participation and emphasize new solutions to universal challenges.

- **A Poster Presentation** efficiently communicates concepts and data to an audience using a combination of visuals and text on a 2D surface. Learners will be given a chance to view all self-explanatory Posters at leisure during designated times on the agenda. During the Poster Session, all presenters are required to share their Posters with conference participants as they walk through the Poster area. Conference participants can use this one-on-one time to learn more, ask questions, and chat over implications for their own organizations.

Looking for guidance on topics? This list encompasses ideas to consider, but are not limited to, for your proposal.

**Transforming Healthcare with Artificial Intelligence**
- Risk management of AI
- Use of AI in: administrative simplification; electronic health record (EHR); clinical/operational efficiency, excellence and automation; care augmentation; clinical diagnostics; imaging; remote monitoring; value-based care; improving the customer experience; patient engagement; education and training

**Leadership, Governance, and Culture**
- Mentorship/sponsorship programs for future leaders; developing physician leaders; project champions
• Building physician/non-physician leadership teams
• Creating, changing, sustaining the culture of a group; improving communication strategies
• Accelerating cultural change across an organization
• Building teams for effective change management
• Engaging physicians and staff
• Restructuring, redefining, and retraining for new roles
• Aligning mission, values, and goals
• Diversity, equity, and inclusion; creating opportunities and fostering a diverse workforce
• Addressing burnout and resiliency in leadership
• Governance issues; how to run an effective board; effective strategic planning
• Leadership succession planning
• Antitrust issues associated with clinical integration
• Effective governance models for integration
• Impact of changing demographics on healthcare structure and delivery
• Addressing disruptive habits in leadership and in care teams

Technology and Innovation
• Interoperability between systems, sites, and organizations
• Innovative partnerships with stakeholders
• HIEs and other systems for data sharing
• Remote patient monitoring, telehealth and audio visits
• Using advanced IT data-capturing capabilities for population health and value-based payment initiatives
• Using your EMR optimally for public and internal reporting
• Improving patient safety and privacy
• Using technology to standardize processes and promote accountability throughout the organization
• Building and effectively using patient registries for population health
• Meeting government standards for HIT
• Practical tools and approaches for defending against cyber-attacks; protecting personal health information and privacy on mobile health apps and smart phone applications; secure health information exchanges (HIEs) for safely sharing HI across multiple providers/sites
• Cybersecurity: emerging federal policy/regulatory compliance

Patient-Centered Care
• Provider-patient relations; increasing patient satisfaction; ensuring patient safety; enhancing patient compliance and adherence; patient/consumer roles; accountability and transparency
• Impact of changing demographics on healthcare structure and delivery
• Addressing social determinants; collaboration; community care models
• Closing care gaps; care coordination
• Chronic care management and improvement; evidence-based medicine; using data to drive performance
• Lean, Accountable Care Organizations (ACOs), PCMH, etc.—and creating a framework for quality improvement
• Reducing medical errors; standardizing processes and procedures; creating a culture of safety
• Integrating care networks; coordinating care between sites/providers; creating optimal transitions of care
• Patient engagement and self-care; enhancing patient adherence and compliance
• Redesigning staff roles and training for efficiency
• Redesigning care processes and patient flow to improve coordination of care
• Establishing value-based models to successfully manage a patient population
• Demonstrating ROI for quality including cost/benefit analysis
• Measuring and understanding efficiency
• Community-wide measurement, benchmarking, reporting, and transparency; data reporting internally, externally, and data transparency; managing competing demands for performance monitoring (JCAHO, CMS, NCQA, etc.)
• Chronic care management and achieving population health measures for compensation
• Use of genomics to design care
• Advancing nursing leadership in team structures; using non-physician-led teams for care delivery
• Palliative care models and programs
• Identifying positive deviants (highest performers) within the organization; integrating predictive models within the organization
• Scaling up from pilot sites to the system level
• Addressing social determinants of health; community partnerships; promoting health equity
• Successes and lessons learned from AMGA case studies from our national health campaigns

**Operations and Finance/Workforce Issues**
• 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
• Creating strategic partnerships with stakeholders; aligning with different organizations
• Compensation and productivity; quality-based and other compensation models; specialty compensation; effective value-based payment; bundled payments; maximizing MACRA-MIPS incentives for quality payments
• Effective branding and marketing strategies
• Expanding a practice, choosing new locations
• Using social media, branding, and marketing tools to interact with patients
• Managing the total cost of care
• Cost-reduction strategies
• Aligning incentives for value-based payment, including MACRA and commercial models for provider risk

**Presentation Guidelines**
To ensure that our accredited continuing education at AC25 serves the needs of patients and the public, is based on valid content, and is free from commercial influence:

• You **must** utilize at least one element of engagement (group discussion, an instructor-posed question with time for participant reflection, or use of a case study with different engagement elements throughout the program) during your session.

• Any recommendations for patient care **must** be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options. In addition, all scientific research referred to, reported, or used in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.

• Your presentation **must not** include any identified patient health information.

• Your presentation **must** be free of marketing (e.g., organization logo) or sales of products or services that serve your professional or financial interests.

• AMGA requires global disclosure of the existence of all financial relationships with commercial interest from any individual in a position to control the content of a CME activity sponsored by AMGA. All confirmed speakers for AC25 will be required to disclose their financial relationship(s) with any ineligible company in the past 24 months soon after proposal.
approval, in order for AMGA to mitigate any necessary relationships in a timely fashion and openly identify any potential conflicts. Additionally, all relationships with ineligible companies will be disclosed to participants prior to the educational activities (in conference promotional materials, your final PowerPoint slide deck, handouts, and post-meeting publications) so that the listeners may form their own judgments regarding possible bias.

**Review Process**

Proposals will be reviewed by AMGA’s Annual Conference Planning Committee, which is comprised of your peers—physicians and administrative leaders from AMGA’s Medical Group Members. The strongest proposals will emphasize how attendees will use the learnings from your session upon return from the conference. Throughout the evaluation process, proposals will be assessed using the following criteria:

1. Timeliness and innovation of topic
2. Practical applications
3. Data and outcomes (as appropriate to topic)
4. Specificity, originality, current relevance, and quality of content
5. Interaction/audience participation opportunity
6. Level of commercial bias

**Submission Rules**

1. **Your organization must be an AMGA Medical Group Member in good standing for your proposal to be accepted for review.** Additionally, if your organization’s AMGA Membership status should change prior to the conference, the presentation could be removed from the program. **Note:** If you are unsure of your AMGA Membership status, or would like to join AMGA, please contact Jessica Prior at jprior@amga.org or 703.838.0033 ext. 392.

2. **Please follow the guidelines within AMGA’s Proposal Application Form to complete your submission.** Proposals that are not complete or fail to follow the guidelines will not be accepted for review.

3. **Completed proposals must be submitted:**
   - From the AMGA Medical Group Member’s email address. AMGA Corporate Partners are encouraged to collaborate and co-present with an AMGA Medical Group Member in good standing, but proposals submitted from a Partner’s email address will not be accepted.
   - In Word format. PDF and PowerPoint files will not be accepted.
   - Directly to proposals@amga.org with “read receipt” option enabled. Proposals submitted to any other AMGA email address, by fax, or by mail will not be accepted.
   - No later than 5:00 p.m. ET on Wednesday, July 3, 2024.

**Questions during the submission process?** Please contact Clarissa Arrazola at carrazola@amga.org.

**Timeline (subject to change)**

- **July 3:** Deadline to submit completed proposals no later than 5:00 p.m. ET
- **July 8–12:** Initial review by AMGA staff to ensure completed proposals follow stated guidelines
- **July 15–July 26:** Phase I review and rating by AMGA Annual Conference Planning Committee
✓ **July 29–August 9:** Phase II review of rated proposals by AMGA Annual Conference Planning Committee and selection of presentations by AMGA staff

✓ **August 12–16:** Email notification of “status update” to all proposal submitters–AMGA will confirm accepted presentations and provide information on next steps. Those who were not selected will be offered options to participate in other AMGA/AC25 opportunities.

✓ **August 19:** Public announcement of Peer-to-Peer Breakout Session speakers & Poster Session presenters

### Speaker Registration Discount & Reimbursement Benefit

By submitting a proposal for consideration, you agree to the following AC25 speaker registration discount and reimbursement policy:

**For Peer-to-Peer Breakout Sessions**

- One (1) complimentary speaker registration for the General Conference per Breakout Session
- A discounted General Conference registration rate for co-speakers (no more than 4 total speakers per session) *Note: Paid speaker registrations count toward a “group discount” ($100 discount per attendee) when there are 4 or more paid registrations from the same organization.*
- Maximum reimbursement total of $800 for travel/accommodation expenses per Breakout Session (e.g., airfare, ground transportation, parking, hotel room and tax charges, and incidentals, such as meals/snacks incurred during travel) *Note: Registration fees are not reimbursable expenses by AMGA. All receipts must be provided for reimbursement.*

**For Poster Session Presentations**

- One (1) complimentary presenter registration for the General Conference per Poster
- A registration discount for co-presenters (maximum of 1 additional presenter per Poster)
- No travel/accommodation reimbursement benefit is included