

MGMA SUMMIT 2024 PROGRAM BOOK



The screenshot displays the MGMA Summit 2024 Program Book interface. At the top, a header features the event logo and navigation links: Schedule, Page Settings, QR Code, Search for..., Search, and Login. The main content area is divided into a left sidebar and a central panel. The sidebar includes 'MGMA Resources' with a 'Program Guide' link and a social media feed showing a tweet from @MGMA dated June 11, 2024, about the #MPEC20 event. The central panel features a header for 'TUESDAY, MARCH 12 | 11:10 A.M. - 12:10 P.M. ET' with the title 'MS1: Navigating Uncertainty Begins with Conscious Leadership Today' by Ginny Clarke. Below this are four interactive buttons: 'MY EXPERIENCE', 'GENERAL INFO', 'CEU', and 'EVALUATIONS'. Two large pink cards labeled 'SOLUTION PARTNERS' and 'FULL SCHEDULE' are prominently displayed. At the bottom of the central panel, there is a 'THANK YOU' section and a list of 'MGMA SUMMIT SPONSORS' including Jackson Physician Search, CareCredit, Greenway Health, Humana, and med:evolve. The footer contains design credits to Cadmium, technical support information, and social media icons for Facebook, Instagram, Twitter, YouTube, LinkedIn, and GitHub.

MGMA SUMMIT 2024
MOVING HEALTHCARE FORWARD

Schedule Page Settings QR Code Search for... Search Login

MGMA Resources >

Program Guide

MGMA @MGMA · Jun 11, 2024
Shine a light on healthcare practices going above and beyond to achieve practice excellence and uncertainty. Consider submitting your nomination for the #MPEC20 on Oct. 18-21: bit.ly/3cWcWBo #HealthcareRisingAbove

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Helpful Links:

Event Overview: <https://www.mgma.com/digital-events/2024-mgma-summit/overview>

Conference Access: <https://mgmasummit24.eventscribe.net/>

Schedule:

- March 12: 9:45 am – 4:05 pm EDT
- March 13: 9:45 am – 4:05 pm EDT
- March 14: 9:45 am – 3:40 pm EDT



Conference Schedule of Events – All times are listed in Eastern Time

Date	Presentation	Start Time	End Time
3/12/24	Welcome and Housekeeping	9:45 AM	10:00 AM
3/12/24	A1: Don't Leave Payer Money on the Table	10:10 AM	11:00 AM
3/12/24	A2: Data-Driven Workforce Optimization: A Sentara Case Study	10:10 AM	11:00 AM
3/12/24	A3: A Roadmap to Success for New Leaders	10:10 AM	11:00 AM
3/12/24	MS1: Navigating Uncertainty Begins with Conscious Leadership Today	11:10 AM	12:10 PM
3/12/24	DG1: Financial Discussion Group	12:15 PM	12:45 PM
3/12/24	DG2: Operations Discussion Group	12:15 PM	12:45 PM
3/12/24	DG3: Data Discussion Group	12:15 PM	12:45 PM
3/12/24	B1: MGMA Government Affairs: 2024 Washington Update	12:55 PM	1:45 PM
3/12/24	B2: Aligning Practice and Physician Incentives in New Compensation Plans	12:55 PM	1:45 PM
3/12/24	B3: Bridging the Gap in Physician Reimbursement: Unveiling the Dynamics of Healthcare Economics	12:55 PM	1:45 PM
3/12/24	SS1: Unlocking Payer Transparency Data	1:55 PM	2:05 PM
3/12/24	SS2: There's a Better Way to Do Between-Visit Care	1:55 PM	2:05 PM
3/12/24	C1: Secrets of the Staffing Fix	2:15 PM	3:05 PM
3/12/24	C2: Infusing Transparency, Technology, and Consistency to Enhance Physician Enterprise Performance	2:15 PM	3:05 PM
3/12/24	C3: Unlocking Recruitment and Interviewing Excellence: Insights from an Operations Veteran	2:15 PM	3:05 PM

3/12/24	D1: Negotiation Ninja Class: Lessons from the FBI and More	3:15 PM	4:05 PM
3/12/24	D2: A Novel Approach to Measuring Costs in Complex Ambulatory Specialty Care: From Volume to Value	3:15 PM	4:05 PM
3/12/24	D3: Giving Interpersonal Feedback: Improving Listening, Verbal, Written and Body Language Skills	3:15 PM	4:05 PM
3/13/24	Welcome and Housekeeping	9:45 AM	10:00 AM
3/13/24	E1: Scaling Your Private Practice for Growth in a Rapidly Evolving Market	10:10 AM	11:00 AM
3/13/24	E2: Making Room for Relationships: Strategies for Delivering Truly Patient-Centered Care	10:10 AM	11:00 AM
3/13/24	E3: Understanding and Adopting AI: Generate Better Outcomes for Your Medical Practice	10:10 AM	11:00 AM
3/13/24	F1: Denial Prevention: Proactively Address Issues to Maximize Revenue and Reduce Turnaround Time	11:10 AM	12:00 PM
3/13/24	F2: Increasing Brand Value by Elevating the Human Experience	11:10 AM	12:00 PM
3/13/24	F3: Accelerating Performance Through Data Benchmarking	11:10 AM	12:00 PM
3/13/24	MS2: The Actionable Value of Generative AI in Medical Practice	12:10 PM	1:10 PM
3/13/24	DG4: Financial Discussion Group	1:15 PM	1:45 PM
3/13/24	DG5: Operations Discussion Group	1:15 PM	1:45 PM
3/13/24	DG6: Data Discussion Group	1:15 PM	1:45 PM
3/13/24	SS3: Unlock the Potential of Your Practice with 1st Call Triage	1:55 PM	2:05 PM
3/13/24	SS4: Getting Ahead of Denials with Machine Learning	1:55 PM	2:05 PM
3/13/24	G1: Performing Skill Gap Assessment for Leaders and Employees	2:15 PM	3:05 PM
3/13/24	G2: Optimize Direct Contracting with Nurse Navigators	2:15 PM	3:05 PM
3/13/24	G3: Where Does the Time Go?	2:15 PM	3:05 PM
3/13/24	H1: Surviving Healthcare's Netflix Moment	3:15 PM	4:05 PM

3/13/24	H2: Reaching the Summit: The Ever-Increasing Invasive Procedures in the Physician Practice Space	3:15 PM	4:05 PM
3/13/24	H3: Adding Environmental Sustainability to Outpatient Medical Offices, Clinics, and ASCs	3:15 PM	4:05 PM
3/14/24	Welcome and Housekeeping	9:45 AM	10:00 AM
3/14/24	I1: Better Decisions: Applications for Medical Practice Managers	10:10 AM	11:00 AM
3/14/24	I2: Unlocking Growth and Sustainability: Strategies for Enhancing Medical Group Performance	10:10 AM	11:00 AM
3/14/24	I3: Leading Healthcare with Purpose and Strategy: A Thought Leadership Exploration	10:10 AM	11:00 AM
3/14/24	J1: Improving Access to Behavioral Health via Collaborative Care	11:10 AM	12:00 PM
3/14/24	J2: Strategies for Recruiting Challenging Medical Specialties in a Legislative Landscape	11:10 AM	12:00 PM
3/14/24	J3: Optimizing Financial Health: Strategies for Enhancing Cash Flow in Healthcare Organizations	11:10 AM	12:00 PM
3/14/24	K1: Physician Enterprise Strategies for Rural Networks: Enhancing Return on Investment (ROI)	12:10 PM	1:00 PM
3/14/24	K2: Health Equity and the Importance of Social Determinants of Health	12:10 PM	1:00 PM
3/14/24	K3: Navigating Regulatory Compliance in Healthcare: A Holistic Approach	12:10 PM	1:00 PM
3/14/24	SS5: TBD	1:10 PM	1:20 PM
3/14/24	L1: Sustaining Margins in Challenging Times: Leveraging Team Engagement and Process Innovation	1:30 PM	2:20 PM
3/14/24	L2: KPIs: The Importance of Measuring and Addressing Physician Retention, Burnout and Turnover	1:30 PM	2:20 PM
3/14/24	Conference Wrap-Up and GIVEAWAY!	2:30 PM	2:40 PM
3/14/24	MS3: C.H.A.N.G.E. Traits® Exploring the Critical Skills for Inspired Leadership Through Change	2:40 PM	3:40 PM



March 12, 2024 – Day One

Welcome and Housekeeping 9:45 – 10:00 AM EDT

A Series 10:10 – 11:00 AM EDT

A1: Don't Leave Payer Money on the Table

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1
Traditional | Intermediate | Analysis
Strategic Decisions

Speaker: Timothy Daye, Director, Managed Care Contracting, Duke University Medical Center

Do you receive third-party payer payments accurately and on time? Many would answer "no," and the cause might be found in the organization's contract management. Unfortunately, human error is unavoidable, so missed payments and underpayments happen. Identifying and correcting these inaccurate payments often falls to providers. Without a strategy to ensure payers are complying with your contract terms, these errors are bound to stress and disrupt your revenue cycle. Sometimes payers misinterpret contract terms or incorrectly calculate a payment. Providers can counteract this by limiting internal mistakes such as incorrect billing or failure to provide appropriate documentation

Learning Objectives

- Outline problem areas that may be contributing to payer underpayments or missed payments
- Inspect their contract management and analysis process for gaps
- Compare features and functionality of contract management tools based on their organization's unique needs

A2: Data-Driven Workforce Optimization: A Sentara Case Study

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1
Traditional | Intermediate | Application
Strategic Decisions

Speakers:

Aimee Greeter, Principal, SullivanCotter

Shikha Parakh, PMP, CSM, Director, Corporate Strategy & Planning, Sentara Health

Medical groups depend on accurate data to make solid business decisions. Comprehensive provider supply and demand data is no exception. It is used to make determinations on the number and type of providers practicing within a specific geography, what type of providers should be recruited, how to make accurate succession planning decisions, and where new and existing providers in the market should practice to improve access. Thus, getting to this accurate data and learning how to use it optimally are important for hospitals and health systems looking to grow, to manage costs and to better meet clinical needs. Sentara Health is an integrated, not-for-profit healthcare delivery system and one of the largest health systems in the U.S. Mid-Atlantic and Southeast, and among the top 20 largest not-for-profit integrated health systems in the country. To support their 12 urban and rural hospitals and medical groups in Virginia and Northeastern North Carolina, Sentara utilizes a programmatic approach to workforce planning. This session shares their process for how to collect and use accurate, real-time data to drive their provider recruitment plans across their markets and overall strategic workforce planning and the outcomes of such an approach.

Learning Objectives

- Derive the importance of accurate provider supply and demand data
- Manage various methods of quantifying demand by specialty
- Discover how Sentara Health approaches the workforce planning process, including specific considerations within their medical groups

A3: A Roadmap to Success for New Leaders

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Basic | Comprehension

Leading People

Speaker: John Kaszuba, Regional Vice President, PFC USA

Moving into a position of leadership authority is one of the most difficult career transitions to make. Your responsibilities dramatically change, coworker relationships change, and the organization's expectations of you change, too. This session offers key insight on how to begin leading with grace and competence.

Learning Objectives

- Recognize the difference between leadership and management skills
- Identify the essential skills for your new role
- Review what to do in the first 90 days

Main Stage Session 11:10 AM – 12:10 PM EDT

MS1: Navigating Uncertainty Begins with Conscious Leadership Today

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1.2 | PDC: 1

Traditional | Intermediate | Analysis

Leading People

Speaker: Ginny Clarke, Former Director, Executive Recruiting at Google and Holistic Leadership Strategist

As we navigate uncharted waters, leaders are being called to do more and be more. The onus is on them to position their organizations and their people for success in the workplace during such a transformative period and beyond. Bringing a holistic perspective from inside some of the world's leading organizations, Ginny Clarke shares her sought-after insights and wisdom on the ways conscious, effective leaders can get the best out of their people and, in turn, create high-performing teams for the future. In this talk, she outlines the importance of beginning with organizational health when guiding your workforce into the future — paying special attention to how to assess, attract, and hire the best talent, and establish a culture rooted in accountability, trust, integrity, and inclusion. Ginny goes beyond ideas and instead offers leaders practical tactics and processes for optimizing talent, resources, productivity, and profitability to create a disruption-proof workplace that is equipped for the long run.

Learning Objectives

- Examine traits of high-performing teams
- Analyze how to assess, attract, and hire the best talent
- Establish a culture rooted in accountability, trust, integrity, and inclusion

Discussion Groups 12:15 – 12:45 PM

DG1: Financial Discussion Group

ACMPE: 0.5 | ACHE: 0.5 | CME (AAPC*): 0.5 | CEU: 0.5 | PDC: 0.5

Interactive | Basic | Comprehension

Financial Management

Some of the best ideas and education come from your peers. Join this facilitated interactive session to talk more about the revenue cycle, cost containment trends, and challenges that are important to practice executives. Take advantage of this time with your peers to brainstorm solutions and get a pulse on what other practices are doing to solve some of your most pressing issues.

Learning Objectives

- Discuss new strategies to address revenue issues in your practice
- Identify colleagues whom you can contact after the conference to continue problem-solving

DG2: Operations Discussion Group

ACMPE: 0.5 | ACHE: 0.5 | CME (AAPC*): 0.5 | CEU: 0.5 | PDC: 0.5

Interactive | Basic | Comprehension

Operational Excellence

Some of the best ideas and education come from your peers. Join this facilitated interactive session to talk more about the operational issues, trends and challenges that are important to practice executives. Take advantage of this time with your peers to brainstorm solutions and get a pulse on what other practices are doing to solve some of your most pressing issues.

Learning Objectives

- Discuss new strategies to address operations in your practice

- Identify colleagues whom you can contact after the conference to continue problem-solving

DG3: Data Discussion Group

ACMPE: 0.5 | ACHE: 0.5 | CME (AAPC*): 0.5 | CEU: 0.5 | PDC: 0.5

Interactive | Basic | Comprehension

Business Intelligence

Some of the best ideas and education come from your peers. Join this facilitated interactive session to talk more about the data needs and challenges to practice executives. Take advantage of this time with your peers to brainstorm solutions and get a pulse on what other practices are doing to solve some of your most pressing issues.

Learning Objectives

- Discuss new strategies to address how data is collected and used in your practice
- Identify colleagues whom you can contact after the conference to continue problem-solving

B Series 12:55 PM - 1:45 PM EDT

B1: MGMA Government Affairs: 2024 Washington Update

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Basic | Comprehension

Government Affairs

Speaker: James Haynes, Associate Director, Government Affairs, MGMA

In this session, MGMA Government Affairs staff will provide an update on current and potential policy developments impacting medical group practices. The speaker will discuss the latest legislative and regulatory issues covering topics such as Medicare reimbursement, telehealth, quality reporting, and more.

Learning Objectives

- Identify key regulatory developments
- Discuss legislative issues impacting medical groups
- Describe MGMA advocacy initiatives

B2: Aligning Practice and Physician Incentives in New Compensation Plans

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Intermediate | Application

Leading People

Speakers:

Russell J. Hendrickson, President & CEO, Practical Data Solutions

Scott S. Everitt, MBA, Vice President of Healthcare Solutions, Practical Data Solutions

A fundamental shift in physician compensation is beginning to take shape as more practices discover the impact of value-based care models. Practices need innovative, data-driven strategies that align provider incentives for continued productivity along with evolving value-focused objectives that balance quality, patient risk, and cost containment goals. This session will explore value-based reimbursement methodologies and how practices can provide the right data to providers to support maintaining high levels of productivity while maximizing provider compensation and practice revenue. The speakers will share best practices for gaining acceptance from providers when updating compensation plans. The session will cover practical ways to approach modeling new compensation plans ahead of the go-live and how to support providers as they adjust to earn at their desired compensation level. Attendees will walk away with leading-edge, data-driven tactics to help their practices systematically prepare for compensation plan migrations that maintain productivity and provider satisfaction while keeping the practice in a position of financial strength.

Learning Objectives

- Discover the impacts to practice patterns and reimbursements from value-based care models
- Use strategies to migrate from current volume-based models to emerging value-based provider compensation models
- Apply data-driven techniques that maintain provider productivity while also keeping a focus on quality and costs

B3: Bridging the Gap in Physician Reimbursement: Unveiling the Dynamics of Healthcare Economics

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Intermediate | Analysis

Financial Mastery

Speakers:

Che Miller, MD, FACS, MHCM, CEO, True North Initiative

Emalee Ligon, President, True North Clinic

There is a widening disparity between healthcare economics and the historical foundation of the RVU system. In a landscape where hospital reimbursement aligns with Consumer Price Index trends, this session will show why independent physician reimbursement has fallen behind. The speakers will explore the historical context and intricacies of the RVU model, dissecting how it impacts physician reimbursement and how it compares to modern healthcare economics. Attendees will gain insights into the evolving landscape of healthcare economics and the reasons behind the divergence between physician reimbursement and hospital payment trends, as well as learn techniques to capture, compare, and leverage data effectively. By elucidating the historical underpinnings of the RVU system and dissecting current healthcare economic trends, participants — with the help of practical takeaways on data analysis and actionable strategies — will grasp the nuances that have led to the present-day divide.

Learning Objectives

- Examine the historical context and intricacies of the RVU model, how it impacts physician reimbursement and how it compares to modern healthcare economics
- Outline the evolving landscape of healthcare economics and the reasons behind the divergence between physician reimbursement and hospital payment trends
- Organize data effectively for actionable steps that can bridge the gap in physician reimbursement and improve overall practice performance

Solution Spotlight Sessions: 1:55 – 2:05 PM EDT

SS1: Unlocking Payer Transparency Data

Speaker: Dilpreet Sahota, CEO/Co-Founder, Trek Health

Trek Health's Payer Transparency Data product is revolutionizing how healthcare providers across the country view US payer-reported reimbursement rates. As a self-serve platform, users can search for rates granularly by Code, Group, Provider, NPI number, and a handful of other filters to negotiate contracts, better inform expansion efforts and even recruit talent. We are thrilled to give you a unique perspective on this data and the powerful insights that can be generated by a few simple clicks.

Learning Objectives

- Understand how healthcare organizations are leveraging Payer Transparency data across their businesses
- Clearly outline Payer Transparency data limitations and constraints

SS2: There's a Better Way to Do Between-Visit Care

Speakers:

Toufique Harun, MSE, Co-Founder and Chief Product Officer, Phamily

Lisa Stockdale, Director of Value Based Care, Silver Cross Medical Group

You're already providing between-visit care to your patients. From medication refills to referrals to answering portal messages, your providers do a ton of work, often after hours in "pajama time," to ensure your patients have the information and support they need. There's an easier way. Phamily's platform and expert support let you scale your Chronic Care Management program 10x using your existing staff - while ensuring your practice is fairly compensated for between-visit care. At scale, CCM can become a profitable, durable revenue stream for your practice while improving patient engagement, satisfaction, and outcomes. The key? Great patient engagement thanks to simple, effective two-way text messaging and an intuitive care management platform that lets you manage hundreds of patients in parallel. Better patient engagement drives better outcomes - for your patients and your practice.

Learning Objectives

- Discuss patient engagement solutions to drive better outcomes
- Describe Chronic Care Management Strategies

C Series 2:15 – 3:05 PM EDT

C1: Secrets of the Staffing Fix

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Intermediate | Analysis

Transforming Patient Care

Speakers:

Brian Lee, CSP, Hall of Fame, Chief Executive Officer, Author, Custom Learning Systems Group Ltd.

Erin Muck, R.N., MBA, Chief Executive Officer, Crawford County Memorial Hospital

Healthcare leaders and their staff are in pain, desperately trying to cope with an unprecedented labor shortage, epidemic-level resignations, and the pressing need for an immediate staffing fix. Surveys suggest more than 60% of nurses plan to leave their current positions within three years. This requires more than recruitment — it's a matter of retaining your overworked and burnt-out staff. With everyone competing for the same workers, how do you become their employer of choice? This session focuses on the “License to Please” patient experience empowerment bundle, a tool that will help guide you toward solving your staffing crisis with appropriate engagement and retention resources. Audience engagement, including small group activities and question and answer periods, will allow attendees to master the necessary skills and tools to implement in their own facilities. Attendees will learn how to stop the bleeding, find, and retain quality staff, ultimately solving their staffing concerns and improving the patient and employee experience.

Learning Objectives

- Use proven strategies to recruit, onboard, and retain new hires so they never want to leave
- Manage staff turnover and overtime pressures to ultimately boost profitability
- Employ high-quality staff for your post vacancies

C2: Infusing Transparency, Technology, and Consistency to Enhance Physician Enterprise Performance

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1
Traditional | Basic | Comprehension
Operational Excellence

Speakers:

Samantha Wyld, Partner and Senior Director, Optum
Rebecca Martins, MBA, Director, Optum

Northern Light Health and Optum recently embarked on a partnership journey to strategically infuse transparency, technology, and consistent, best practice processes to optimize the performance of Northern Light Health's medical group. The discussion will focus on how Northern Light and Optum deployed digital tools, centralization efforts (medication refill team, patient service center), and transparent reporting/discussion around provider productivity and care team design to drive both increased financial stability and a focus on employee, provider, and patient experience.

Learning Objectives

- Discuss how to strategically select and prioritize optimization opportunities to drive measurable results
- Recognize the role digital tools can play in the medical group enhancement journey
- Review the role of strategic and transparent data-driven discussions and decision-making in hardwiring accountability across the physician enterprise

C3: Unlocking Recruitment and Interviewing Excellence: Insights from an Operations Veteran

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1
Traditional | Basic | Comprehension
Leading People

Speaker: Tracy Bird, FACMPE, CPC, CPMA, CEMC, CPC-I, President, Owner, Medical Practice Advisors, LLC; Consultant, MGMA

In the ever-evolving healthcare landscape, medical groups continue to struggle with the persistent challenge of staffing shortages. An April 2023 MGMA *Stat* poll underscores this issue, with 56% of medical groups identifying staffing as their foremost obstacle. In the highly competitive healthcare job market, the refinement of recruitment strategies and the execution of impactful interviews are essential for the success of medical practices.

Join us for an enlightening webinar led by an operations veteran who has extensive healthcare expertise. Explore a wealth of invaluable insights and techniques designed to empower you in optimizing your staff recruitment processes. Discover how to effectively identify and select the most qualified candidates, ultimately ensuring your healthcare team's success well into the future.

Learning Objectives

- Break down time-tested recruitment techniques tailored to attract qualified candidates and cultivate a resilient talent pool for your medical practice or organization
- Reorganize your candidate evaluation through structured interviews and clinical competency assessments
- Distinguish the strategic significance of implementing these recruitment strategies and how they can solidify your healthcare team's success in an intensely competitive job market

D Series 3:15 – 4:05 PM EDT

D1: Negotiation Ninja Class: Lessons from the FBI and More

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Intermediate | Application

Strategic Decisions

Speaker: Doral Jacobsen, MBA, FACMPE, CEO, Prosper Beyond

Are you looking to elevate your negotiation skills to prepare for payer contract negotiations and more? The session focuses on defining a simple and effective step-by-step approach proven to positively impact negotiations of all types. It includes tactical guidance, walking attendees through the “elephant in the room” (e.g., addressing uncomfortable topics such as rates); voice training (defining dos and don’ts to soothe and engage; managing the “no” (pinpointing strategies to address the “no” successfully; listening and marking (recommendations to ensure discussions are impactful); and calibrated questions (language tools to use effectively in negotiations). In addition to case study examples from various organizations (including CINs, small practices and large multispecialty clinics), this talk concludes with best practices describing what characteristics and activities better performers employ in payer contracting negotiations. During the session, attendees will practice some of these skills in small groups. The session will provide solid guidance that practices can integrate into the payer contracting process and in many other areas of practice management.

Learning Objectives

- Sketch the steps to manage the “no” as part of the path to success during the payer contracting process
- Employ strategies for discussing uncomfortable topics in terms of when and how to address during payer contract negotiations
- Use listening and marking during negotiations to ensure discussions are impactful

D2: A Novel Approach to Measuring Costs in Complex Ambulatory Specialty Care: From Volume to Value

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Intermediate | Analysis

Strategic Decisions

Speaker: Sameer K. Berry, MD, MBA, Chief Medical Officer, Oshi Health

As value-based care (VBC) payment models expand beyond primary care, it is crucial to accurately identify and categorize potentially avoidable utilization despite coding obfuscation (intentional and unintentional). VBC models transfer financial risk to the medical practice while purporting increased clinician decision-making autonomy. Inherent in this shift is the requirement for practice leaders to embrace cost accounting best practices with an outcomes-oriented approach. One opportunity to optimize cost accounting methodology is in complex ambulatory subspecialty care. By properly categorizing the obfuscated costs of specialty services, medical groups can more accurately capture the true cost of care and uncover areas of low value or avoidable utilization. Conventional cost accounting, designed for fee-for-service (FFS) billing, separates costs by service line and often leads to suboptimal cost containment and disrupted clinical workflows. Leveraging robust claims analytics, we use gastroenterology as an example of how to categorize cost by episodes of the patient care journey, accounting for clinician behavior, which reveals appropriate targets for interventions to reduce cost and improve outcomes. This session will review data from 50 million commercially insured patients to compare traditional cost accounting to a more patient-centered approach.

Learning Objectives

- Examine claims data for shifting cost accounting methodology from a service line to an episode of care-based model to uncover previously obfuscated and potentially avoidable utilization.
- Outline a framework for identifying opportunities and interventions for reducing avoidable costs depending on phase of care (diagnosis, treatment, maintenance, relapse)
- Analyze potential pitfalls and gaps that remain with an episode-based approach to cost accounting and how to proactively address these gaps in discussions with health plans and employers

D3: Giving Interpersonal Feedback: Improving Listening, Verbal, Written and Body Language Skills

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Intermediate | Application

Leading People

Speaker: Debra L. Phairas, MBA, President, Practice & Liability Consultants, LLC

Leaders need to give constructive feedback to their bosses and to subordinates that will be received in a manner that leads to positive behavior change. The goal is to preserve and enhance the relationship. Many of us are unaware of how we may be coming across by inattentive listening, interrupting, non-effective body language, and poor verbal and written communication. This workshop will give insight and techniques to improve your leadership and management skills in these areas. Attendee participation and case examples will be utilized to teach these skills.

Learning Objectives

- Manage interpersonal skills such as listening, verbal and body language
- Discover how effective feedback techniques are the cornerstone of a healthy working relationship
- Demonstrate your skills on when to speak, when to listen and how to respond



March 13, 2024 – Day Two

Welcome and Housekeeping 9:45 – 10:00 AM EDT

E Series 10:10 AM- 11:00 AM EDT

E1: Scaling Your Private Practice for Growth in a Rapidly Evolving Market

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Intermediate | Analysis

Strategic Decisions

Speaker: Andrew Colbert, Senior Managing Director, Ziegler

Amid rapid consolidation major corporations such as CVS and Amazon entering new markets, healthcare leaders must plan strategically for long-term success and adapt to a changing landscape. This session will provide an overview of the healthcare market activity and review pathways to achieve scale, including local mergers, hospital joint ventures (JVs)/partnerships, national partnerships, private equity (PE), and management service organizations (MSOs). Andy Colbert will discuss the state of the market, recent transactions and stakeholders in healthcare, strategic growth pathways, investments required to ensure competitive differentiation, key performance indicators, technology tools including AI and strategies for building scale.

Learning Objectives

- Examine the rapidly changing and increasingly consolidated healthcare market for private practice solutions for private practices to adapt and optimize their care model for fast-shifting consumer preferences
- Breakdown strengths, weaknesses, opportunities and threats for private practices
- Organize near-and-long-term strategic decision-making to enable sustainable growth

E2: Making Room for Relationships: Strategies for Delivering Truly Patient-centered Care

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Intermediate | Application

Transforming Patient Care

Speaker: Amer Alnajar, MD, Chief Medical Officer, Vytalize Health

Innovative strategies are vital to enhance patient engagement, care delivery and quality improvement as healthcare evolves. This session will discuss the importance of relationships in healthcare and why they are critical for achieving the Quadruple Aim. Attendees will gain a better understanding of how Vytalize Health applies value-based care hygiene that leads to more trusting relationships between providers and patients, therefore leading to a more positive patient experience, reduced healthcare costs and improved satisfaction.

Learning Objectives

- Discover why relationships and patient-centered care are important to achieving the Quadruple Aim
- Understand the principles of patient-provider relationships
- Apply proven strategies into the day-to-day workflow

E3: Understanding and Adopting AI: Generate Better Outcomes for Your Medical Practice

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1
Traditional | Basic | Comprehensive
Operational Excellence

Speakers:

Brian W. Smith, PhD, MBA, Founder, Galvanic Health
Laks Srinivasan, MBA, Co-Founder, Managing Director, Return on AI Institute

The accelerated emergence of artificial intelligence (AI) will have far-reaching effects on medical practice operations. Already, AI has palpably impacted areas as diverse as clinical decision support, documentation, and claims adjudication. However, practices have varied levels of readiness to engage with AI-driven solutions, and care must be taken to ensure this is done in a way that creates value for patients, providers, and administrators. The goal of this session is to help attendees become informed consumers of AI. The speakers will present a didactic introduction to AI, providing an overview of its latest advancements, such as predictive analytics and generative AI. Attendees will also learn about AI's application in healthcare, focusing on its current and future impact on practice management, as well as how to leverage research-backed strategies for optimal financial and operational outcomes. .

Learning Objectives

- Explain what AI is and what it is not
- Describe the latest advancements in AI as they relate to medical practice management
- Recognize successful AI adoption opportunities in your own organization

F Series 11:10 AM- 12:00 PM EDT

F1: Denial Prevention: Proactively Address Issues to Maximize Revenue and Reduce Turnaround Time

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1
Traditional | Intermediate | Application
Financial Mastery

Speaker: Kyle McElroy

Denial prevention is a pivotal pillar within physician practice revenue cycle operations. In medical billing and reimbursement, denials represent an impediment that can disrupt the seamless flow of revenue, leading to revenue leakage and administrative strain. By implementing robust denial prevention strategies, physician practices can avert the negative repercussions of claim denials, ensuring that reimbursements are maximized and financial losses minimized. In this webinar, attendees will learn crucial steps to address denials across the revenue cycle continuum so that optimization can be achieved and maintained.

Learning Objectives

- Employ data integrity monitoring and training to affectively address denials in the patient engagement process
- Manage an effective data analysis prevention team
- Use a rules-based engine and touchless denial management

F2: Increasing Brand Value by Elevating the Human Experience

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Intermediate | Analysis

Transforming Patient Care

Speaker: Lorissa K. MacAllister, Ph.D., AIA, LEED AP, BSW, NCARB, EDAC, Founder and President, Enviah, PC

Increasingly, healthcare providers compete on the strength of their brands for patients, staff and resources. Since brand value is the product of the aggregate experiences and perceptions of a product's users, it is directly proportionate to the quality of human interactions and encounters with a healthcare provider. To increase brand value, a healthcare provider must satisfy the objective needs and subjective expectations of patients, families and staff. Focusing on the top line of quality and service results will improve the overall value. This session will detail the qualitative data that can be extracted from healthcare organizations (productivity, capacity, efficacy and satisfaction) that directly tie to the outcome of the organizations and how the brand is constructed, as well as how to apply the data to an operating model focused on designing positive memories and ultimately brand.

Learning Objectives

- Examine the elements of brand that can be affected by designing positive experiences within the environment to add value
- Distinguish three categories of sequential data (sensory, social and systemic) that healthcare brands should understand for creating pleasing and healing experiences
- Analyze data on experience in conjunction with new understanding of preconceptions (expectations) and post-conceptions (interpretive judgments)

F3: Accelerating Performance Through Data Benchmarking

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Basic | Comprehension

Business Intelligence

Speakers:

Liz Gurley, Senior Manager, Sales Enablement and Data Strategy, MGMA

Mike Gracz, Sales Manager, DataDiscovery, MGMA

Using data is necessary to identify strengths and weaknesses that directly impact a Medical Practice's financial and operational performance. Determining a baseline is fundamental in understanding how you compare to industry standards and your internal KPIs. In this session, attendees will learn about MGMA's leading source of healthcare management data tools, DataDive and Data Discovery, and the importance of benchmarking both external and internal data through case-specific examples.

Learning Objectives

- Discuss the importance of data benchmarking and optimizing performance
- Describe how to interpret and apply quantifiable data through your organization's survey participation and real-time data analytics
- Identify case-specific solutions in day-to-day operations

Main Stage Session 12:10 PM – 1:10 PM EDT

MS2: The Actionable Value of Generative AI in Medical Practice

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Intermediate | Analysis

Strategic Decisions

Speaker: Peter Durlach, Chief Strategy Officer, Nuance - A Microsoft Company

As healthcare continues to evolve, industry leaders are investing in new frontiers through the power of generative AI. The explosive growth of foundation and large language models, such as GPT-4, points to a future in which clinicians, patients, and other personas are empowered with personalized medicine, clinical decision support, increased patient access, and workforce optimization. While the overarching promise for the future of generative AI in healthcare is clear, the applications in our current workflows are far less understood. During this mainstage session, the speaker will share the value of this new class of AI, the testing and guardrails happening behind the scenes, and several “co-pilot” cases in use today where context-aware, learning AI models are generating solutions to healthcare’s biggest problems.

Learning Objectives

- Examine the benefits and limitations of generative AI
- Analyze GPT-4 use cases in practice today
- Outline the impact generative AI / GPT-4 will have on medical practices in the future

Discussion Groups 1:15 – 1:45 PM

DG4: Financial Discussion Group

ACMPE: 0.5 | ACHE: 0.5 | CME (AAPC*): 1 0.5 | CEU: 0.5 | PDC: 0.5

Interactive | Basic | Comprehension

Financial Management

Some of the best ideas and education come from your peers. Join this facilitated interactive session to talk more about the revenue cycle, cost containment trends, and challenges that are important to practice executives. Take advantage of this time with your peers to brainstorm solutions and get a pulse on what other practices are doing to solve some of your most pressing issues.

Learning Objectives

- Discuss new strategies to address revenue issues in your practice
- Identify colleagues whom you can contact after the conference to continue problem-solving

DG5: Operations Discussion Group

ACMPE: 0.5 | ACHE: 0.5 | CME (AAPC*): 0.5 | CEU: 0.5 | PDC: 0.5

Interactive | Basic | Comprehension

Operational Excellence

Some of the best ideas and education come from your peers. Join this facilitated interactive session to talk more about the operational issues, trends and challenges that are important to practice executives. Take advantage of this time with your peers to brainstorm solutions and get a pulse on what other practices are doing to solve some of your most pressing issues.

Learning Objectives

- Discuss new strategies to address operations in your practice
- Identify colleagues whom you can contact after the conference to continue problem-solving

DG6: Data Discussion Group

ACMPE: 0.5 | ACHE: 0.5 | CME (AAPC*): 0.5 | CEU: 0.5 | PDC: 0.5

Interactive | Basic | Comprehension

Business Intelligence

Some of the best ideas and education come from your peers. Join this facilitated interactive session to talk more about the data needs and challenges to practice executives. Take advantage of this time with your peers to brainstorm solutions and get a pulse on what other practices are doing to solve some of your most pressing issues.

Learning Objectives

- Discuss new strategies to address how data is collected and used in your practice
- Identify colleagues whom you can contact after the conference to continue problem-solving

Solution Spotlight Sessions 1:55 – 2:05 PM EDT

SS3: Unlock the Potential of Your Practice with 1st Call Triage

Speaker: Sarah Mosteller, 1st Call Triage

Discover the untapped financial opportunities for your physician practices and maximize your earnings. The speaker explores the advantages of outsourcing services, focusing on cost savings, efficiency, and improved customer experience. Dive into key statistics highlighting the impact of costly turnover and staffing shortages, and explore proven revenue-generating ideas for your practices.

Learning Objectives

- Mitigate Costly Turnover and Address Staffing Shortages
- Boost Efficiency and Performance in Your Operations
- Elevate Customer Experience to New Heights

SS4: Getting Ahead of Denials with Machine Learning

Speakers:

Alice McMahan, Revenue Cycle Advisor, Denials Management, Cognizant

Andrew Frost, Product Owner, Denials Management, Cognizant

Denial management continues to cause financial burdens for many providers. Fortunately, the risk of costly claim denials can be mitigated with TriZetto's Predictive Claim Outcomes™ solution. TriZetto uses advanced machine learning (ML) models to forecast the potential for denials to help practices improve revenue opportunities. Leveraging an artificial intelligence (AI) framework that draws from a database of hundreds of millions of matched claims and remits—including historic claim, payment and denial data—across all geographies, payers and providers, TriZetto's Predictive Claim Outcomes solution provides deeper insights into potential denials. TriZetto's Predictive Claim Outcomes solution can not only detect the likelihood of a denied claim, but can also give details on how to solve and prevent future denials by providing specific denial reason groups and codes. It also allows for custom risk tolerance levels which practices can use to fine tune work queues to ensure time is spent on claims with the highest probability of denial.

Learning Objectives

- Identify denial probability with ML and AI to secure proper reimbursement
- Reduce administrative costs and back-end work through proactive intervention
- Increase speed-to-payment by submitting cleaner claims

G Series 2:15 – 3:05 PM EDT

G1: Performing Skill Gap Assessment for Leaders and Employees

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Intermediate | Application

Staffing

Speakers:

Kem Tolliver, CPC, CMPE, CMOM, Chief Executive Officer, Medical Revenue Cycle Specialists

Taya Gordon, MBA, CMPE, CMOM, Chief Revenue Cycle Officer, H4 Technology, LLC

A lack of skills in essential areas can easily derail leaders' and employees' success. So many healthcare leaders have significant experience in on-the-job training. Still, they have gaps between their life experiences and the comprehensive knowledge required to perform the role to which they are assigned. This session will teach attendees to identify skill gaps among employees, leaders, and themselves, solve them, and approach the conversation with empowerment and positivity.

Learning Objectives

- Discover how to perform skill gap assessments
- Outline strategies to approach professional development positively
- Use assessment templates and best practice guidelines for immediate implementation and skill gap program development

G2: Optimize Direct Contracting with Nurse Navigators

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Intermediate | Application

Transforming Patient Care

Speaker: David Comiskey, Chief Operating Officer, HealthMe

Healthcare is unaffordable for most Americans and their employers. This is due to complex systems, created by third parties, where there is no transparent pricing and bureaucratic gatekeepers prevent the timely connection between doctors and patients. To address this issue, there is a rapidly growing movement to embrace direct contracting between healthcare provider organizations and employers and other entities to provide specialized care directly to patients. This presentation will review the crucial role of nurse navigators in the direct contracting process. Nurse navigators can help ensure that patients receive appropriate and high-quality care while also contributing to the overall success of the direct contracting model by optimizing patient outcomes and managing costs. They help coordinate appointments, tests and treatments, ensuring seamless communication among medical groups and specialists involved in a patient's care. Attendees will learn about how nurse navigators boost patient education and communication with other healthcare team members, as well as the impacts they can have to alleviate burnout through management of paperwork, referrals and approvals—allowing physicians to focus more on delivering medical expertise and treatment.

Learning Objectives

- Discover how nurse navigators can assure patients receive personalized, timely care
- Produce patient-navigation strategies to optimize healthcare resource utilization by avoiding unnecessary tests, treatments and hospitalizations
- Manage nurse navigators to enable consumer-focused strategies to optimize revenue, decrease administrative workload and exceed expectation of the patient experience

G3: Where Does the Time Go?

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Intermediate | Analysis

Leading People

Speaker: Katie Lawrence, MHA, CMPE, Principal Consultant, Willow Strategy Group

Healthcare operations never close. Even when the medical practice closes, patients present to emergency rooms or call the office to reach the on-call physician at all hours of the day. Medical practice leaders work longer hours, but most feel like the time is never enough. There are constantly more tasks to do, more issues to resolve and more drama to smooth over. And those are just the fires. High-performing leaders know that they cannot simply work in reaction to these issues. They also need to plan and strategize for changes that are coming and how to best meet the needs of their patients, employees and physicians. As early as 1969, “dysfunctional energy expended” was identified as a major impediment to organizational effectiveness. But just like willpower won’t drive anyone to the gym or walk them to the produce section of the grocery store, it takes more than knowledge to garner great results! Through this session, leaders will explore where the time leaks from their day. They will learn strategies for simplifying their workload and for optimizing their interactions with patients and providers.

Learning Objectives

- Examine calendar, meetings and other workplace interactions for time and energy leaks
- Outline strategies to regain energy to put it to use in their personal and professional lives
- Breakdown the impact of their mental maps and the maps of their colleagues and team members to better navigate relationships and strategic planning

H Series 3:15 – 4:05 PM EDT

H1: Surviving Healthcare’s Netflix Moment

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Basic | Comprehension

Transforming Patient Care

Speaker: Sarah Carroll, Vice President, Center for Care Transformation, AVIA

Healthcare is in a state of rapid and overwhelming disruption, driven by changing consumer demands, a challenging labor market and a rapidly aging population. To survive, health systems and medical practices alike will need to dramatically re-evaluate, re-think, and re-imagine their business models and care delivery across the entire acuity spectrum — and that means having the right tools, data and expertise for the job. This session will explore the essential framework, operating models and digital capabilities that health systems will need to begin restructuring their services and business models to survive in healthcare’s emerging new normal. Attendees will learn how to identify and evaluate business case opportunities from primary care to inpatient and specialty services, where and how digital is opening up new models of care that cater to emerging needs and critical populations, and the essential data that will be needed to stay responsive and relevant in a healthcare market that’s experiencing constant disruption from tech-enabled businesses.

Learning Objectives

- Identify different growth opportunities across the acuity spectrum
- Review the structure of your health system’s services for increased efficiency
- Recognize the nine essential digital capabilities that health systems need to power growth, build connective tissue across your organization and develop unique offerings for value-based and fee-for-service payment models

H2: Reaching the Summit: The Ever-Increasing Invasive Procedures in the Physician Practice Space

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Intermediate | Application

Strategic Decisions

Speakers:

Ross Swanson, RN, ND, MSN, CCRN-R, Operational Excellence, Chief Operating Officer, Corazon, Inc.

Kristin Truesdell, Senior Vice President, Corazon, Inc.

Lori Griffith, MHA, RN, Senior Consultant, Corazon, Inc.

The pace of invasive procedures being conducted at the physician practice is quickening at an unprecedented pace. Administrative leaders often receive requests from physicians and vendors to bring more complex, invasive procedures into the physician's office space. Further, an increase in the allowable payment for invasive procedures from Medicare and other payers is incentivizing physicians to re-envision the office space beyond simple exam rooms. Physician practices are now building or renovating space to include office-based labs (OBLs) and ambulatory surgery centers (ASCs) within their offices so that invasive procedures can be safely performed without directing patients to the hospital setting. This shift allows the physician practice to recoup the technical portion of fees that historically were allocated to the hospital. The session delves into the multifaceted dimensions of this setting-of-care evolution, focusing on operational intricacies, clinical outcomes, and financial implications. Attendees will learn about overcoming innate regulatory and financial challenges to create procedural spaces in parallel to keeping their practice running successfully.

Learning Objectives

- Manage processes to promote operational efficiency related to the recent inclusion of invasive procedures in physician practices
- Discover the key clinical outcomes and measures to ensure patient safety for invasive procedures in the practice setting
- Produce a critical evaluation of the financial landscape of including more invasive procedures in the physician office setting

H3: Adding Environmental Sustainability to Outpatient Medical Offices, Clinics, and ASCs

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Basic | Comprehension

Operational Excellence

Speakers:

Todd L. Sack, MD, Executive Director, My Green Doctor Foundation

Andrew Hajde, CMPE, Director, Content & Consulting, MGMA

Practice managers and health professionals recognize that the healthcare industry uses an enormous quantity of resources and poses considerable adverse environmental impacts, but few practices have implemented environmental sustainability and climate change management programs. This workshop-style session, led by a world expert in outpatient healthcare environmental sustainability, will explain the environmental impacts of our industry and particularly of outpatient healthcare. The significant rewards of sustainability management will be presented, including decreasing overhead costs, improving staff recruitment and retention, improving the practice's public relations profile, and even to improve community health. Specific examples will be described from practices that have undertaken this. Included will be the potential improvements in community health outcomes, health equity, and healthcare costs. Next, we will describe the sustainability practice management resources that are available currently to hospitals and outpatient practices. The breakout session will workshop

ways that practices easily can jumpstart their own environmental sustainability journey with the twin goals of saving money and creating healthier communities.

Learning Objectives

- Recognize the adverse environmental impacts of outpatient medical practices, clinics and ASCs
 - Identify resources available for implementing environmental sustainability
 - Report a long-term environmental sustainability practice management program with the potential to save money, improve community health outcomes and provide other benefits
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March 14, 2024 – Day Three

Welcome and Housekeeping 9:45 – 10:00 AM EDT

I Series 10:10AM – 11:00 AM EDT

I1: Better Decisions: Applications for Medical Practice Managers

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Intermediate | Application

Strategic Decisions

Speaker: Nate Moore, CPA, MBA, FACMPE, President, Moore Solutions, Inc.

How can cab drivers, golfers, and poker players change the way we think about making decisions in medical practices? What processes and tools do we employ when making decisions, and how can those tools help or hurt us? How does the way a question is framed drive the outcome? How can answering the wrong question get us further away from where we want to be? What does it take to improve strategic discussions in your practice? Join an interactive conversation with practice managers from across America and discuss how to apply decision-making tools to real world challenges in your practice. Daniel Kahneman's Nobel Prize-winning ideas will drive much of our discussion. Discover insights like how we frequently avoid risk when we stand to gain but are much more open to risk when a loss is involved. Loss aversion has a variety of applications to medical practices. See how reference points and the endowment effect impact compensation models. Watch how anchors and availability biases impact purchasing and scheduling decisions.

Learning Objectives

- Discover several decision-making tools and techniques
- Apply decision-making tools to real-world medical practice challenges
- Produce strategic outcomes in your practice with leading edge tools

I2: Unlocking Growth and Sustainability: Strategies for Enhancing Medical Group Performance

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Intermediate | Application

Operational Excellence

Speakers:

Paul Osborne, MBA, Managing Director, Berkeley Research Group

Debora Hennessy, MSOL, Assistant Vice President of Operations, Griffin Faculty Physicians, Inc.

Garrett Mann, Associate Director, Berkeley Research Group

Medical groups play a vital role within health systems, delivering essential care to communities and facilitating engagement with various health system services. Yet the path to achieving optimal financial performance is riddled with challenges. Addressing cost pressures, labor shortages, productivity issues, and referral leakage is pivotal for successful operations. In this presentation, we delve into the journey undertaken by Griffin Faculty Practice (GFP) to elevate patient access, amplify clinic volumes, and cultivate in-network referrals.

Learning Objectives

- Produce improved patient access for enhanced clinic volumes via workflow redesign, standardized provider schedules, and implementation of technology, AI, and automation
- Use a central referral office for referral coordination, elimination of barriers, and better comprehension of referral patterns and in-network service offerings
- Employ standardized methodologies and business intelligence tools to sustain operational process improvements

I3: Leading Healthcare with Purpose and Strategy: A Thought Leadership Exploration

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Intermediate | Analysis

Strategic Decisions

Speakers:

Dawn Plested, MBA, JD, FACHE, Esq. Consultant, MGMA

Christopher K. Senkowski, MD, FACS Professor and Chair of the Department of Surgery, Mercer University School of Medicine Savannah Campus

Shawntea "Taya" Gordon, MBA, FACMPE, CMOM Chief Revenue Cycle Officer, H4 Technology, LLC

In the face of rising operating costs and other rapidly evolving challenges, purpose-driven leadership and effective strategic planning are increasingly crucial for medical practice leaders. For two consecutive years, medical group leaders have reported almost universal and unwelcome increases in their organizations' operating costs, according to MGMA *Stat* polling.

Join us for an engaging panel of industry experts from [MGMA Consulting](#) who will dive into the intersection of purpose-driven leadership and strategic planning. Discover how purpose-driven leadership can inspire teams, foster innovation and create a lasting impact in your medical practice or healthcare organization. Attendees will receive practical approaches and knowledge to address the ongoing challenges of rising costs, a tight labor market and more.

Learning Objectives

- Point out the significance of purpose-driven leadership in medical practice settings and its impact on employee engagement, patient satisfaction and overall organizational performance
- Outline different strategic planning frameworks and techniques applicable to medical practice leadership for aligning strategic initiatives to the organization's purpose and goals
- Examine effective communication and operationalization of purpose and strategy within medical organizations, fostering a purpose-driven culture and strategic execution

J1: Improving Access to Behavioral Health via Collaborative Care

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1
Traditional | Intermediate | Analysis
Transforming Patient Care

Speakers:

Spencer Hutchins, CEO and Co-Founder, Concert Health
Virna Little, PsyD, LCSW, Co-Founder, Concert Health, COO, Zero Overdose

Explore the benefits of collaborative care for a range of stakeholders through case studies and data showing how the evidence-based behavioral health model boosts patient outcomes while also making health systems more efficient and relieving administrative burden in primary care settings. During the session, we will illustrate the real-world benefits, illustrating how they allow PCPs, pediatricians, OBGYNs and other providers to integrate quality behavioral and mental health monitoring into their workflows, through EHR integration and the ability to quickly refer patients (including those with signs of depression or anxiety) to appropriate behavioral health providers via virtual care. Attendees will learn how integrated behavioral health services can lead to more informed decision-making in primary care settings, including for evidence-based interventions, the integration of professional behavioral health services into PCP workflows, and a demonstrated improvement in outcomes and care quality.

Learning Objectives

- Prepare the scaling of specialty clinicians through the Collaborative Care Model (CoCM) and the impacts associated with the dynamics of today's behavioral health industry
- Examine evidence-based behavioral health models, with a critical focus on standardizing how adoption and outcomes are reported
- Distinguish a holistic patient-centered approach across the care continuum to account for physical and mental health needs for better overall clinical outcomes

J2: Strategies for Recruiting Challenging Medical Specialties in a Legislative Landscape

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1
Traditional | Intermediate | Analysis
Financial Mastery

Speakers:

Tara Osseck, MHA, Regional Vice President of Recruiting, Jackson Physician Search
Neal Waters, Regional Vice President of Recruiting, Jackson Physician Search

Developing a clear understanding of current share in the market along with key providers servicing patients is critical. If you face the challenge of attracting and retaining physicians in today's toughest-to-recruit specialties such as OB/GYN, Neurology, Urology, General Surgery, and Rheumatology, you're not alone. The competitive market for top-tier physicians surpasses supply, making strategic recruitment essential. To ensure your recruitment efforts are effective, they must be tailored to meet the unique challenges posed by these sought-after specialties. Join an insightful session led by two physician recruitment experts. They will explore creative recruitment strategies and show how legislative factors shape physician availability. You'll walk away from this session armed with new approaches to enhance recruitment success.

Learning Objectives

- Explore the dynamics of the competitive market and recognize the factors contributing to the scarcity of top-tier talent
- Gain practical insights into legislative factors that impact physician recruitment success
- Learn innovative and strategic approaches to physician recruitment tailored specifically for challenging medical specialties

J3: Optimizing Financial Health: Strategies for Enhancing Cash Flow in Healthcare Organizations

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Intermediate | Analysis

Financial Mastery

Speaker: Michael J. McLafferty, CPA, MBA, FACMPE, FACHE, FHFMA, CEO and Founder, MJM Advisory and Educational Services LLC

Discover a strategic roadmap to revolutionize cash collection efficiency, through assessing the baseline and identifying room for enhancement. Attendees will learn how to leverage MGMA DataDive benchmarks as we pinpoint precise improvement opportunities. A dedicated revenue cycle team ensures holistic consideration, while process flow diagrams illuminate our path. Through implementation and monitoring, we will improve cash flow.

Learning Objectives

- Prepare for cashflow strategies through evaluation of the current cash collection efficiency as a baseline for improvement efforts
- Compare industry benchmarks, such as MGMA DataDive data, to the organization's performance
- Calculate the value of a dedicated revenue cycle team and the significance of cross-functional collaboration

K Series 12:10 – 1:00 PM EDT

K1: Physician Enterprise Strategies for Rural Networks: Enhancing Return on Investment (ROI)

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Intermediate | Analysis

Strategic Decisions

Speakers:

Brandt Jewell, Senior Vice President, Coker Group

Amanda Barash, Chief Financial Officer, Norfolk General Hospital

Physician enterprises of all sizes and levels of integration struggle to utilize data to drive action and accountability from the C-suite to the front desk. Rural health systems face unique challenges related to infrastructure, care delivery and provider models that require creative approaches and strategic clarity. This session will focus on prioritizing strategic opportunities for physician enterprises with rural networks and developing strategies and tactics to optimize performance. We will discuss establishing a data-driven culture to improve operational and financial performance, providing options and examples of proven metrics and tactics. We will discuss performance metrics and ways to use data as the backbone of consistency and develop a

high-performing culture of accountability. We will address tactics for actionable reporting and consistent communication across organizational levels and how to engage providers and employees in ownership of data and outcomes.

Learning Objectives

- Inspect the impact of industry evolution on rural health physician enterprise strategies, including the evolution of RHC, CAH and HOPD models, and utilization of state recruitment and rural locum models
- Outline components and management principles for developing a data-driven culture within a high-performing rural physician enterprise, including funds flow and patient flow concepts for assessing the success of establishing patient pathways
- Organize key performance indicators and targets for various areas (financial, provider productivity and compensation, patient access, revenue cycle, and non-provider staffing)

K2: Health Equity and the Importance of Social Determinants of Health

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Basic | Comprehension

Operational Excellence

Speaker: Jennifer Swindle, RHIT, CCS, CCS-P, CDIP, CPC, CIC, CPMA, CEMC, CFPC, AAPC Fellow, VP Quality and Service Excellence, Salud Revenue Partners, LLC

Review the importance of capturing social determinants of health (SDoH), the role they play in health equity, the problems with capturing the information from patient and clinical perspectives, the impact they can have on accurate coding and why they should matter to all.

Learning Objectives

- Discuss definitions of SDoH and health equity and the impact SDoH has on health equity
- Report the impact of SDoH on patient care
- Identify screening tools and challenges in capturing and maintaining SDoH documentation

K3: Navigating Regulatory Compliance in Healthcare: A Holistic Approach

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Basic | Comprehension

Operational Excellence

Speaker: Roger M. Shindell, MS, CHPS, CISA, CIPM, Founder & CEO, Carosh Compliance Solutions, LLC

This presentation explores the complex landscape of healthcare regulatory compliance, highlighting the integration of HIPAA, cybersecurity, and OIG exclusion screening. Healthcare organizations face evolving challenges in safeguarding patient data, combating cyber threats, and ensuring adherence to OIG exclusion regulations. The presentation delves into strategies for holistic compliance through comprehensive policies, advanced technology, vendor due diligence, audits, and incident response planning. By addressing these components, healthcare providers can fortify patient trust, secure legal and financial standing, and optimize operational efficiency in an increasingly regulated environment.

Learning Objectives

- Identify policies that address patient data confidentiality, cybersecurity protocols, and OIG exclusion requirements
- Review technological solutions for fortifying data protection measures and preventing unauthorized access
- Recognize the criteria for evaluating third-party vendor compliance

Solution Spotlight Sessions 1:10 – 1:20 PM EDT

SS7: TBD

L Series 1:30 – 2:20 PM EDT

L1: Sustaining Margins in Challenging Times: Leveraging Team Engagement and Process Innovation

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Advanced | Evaluation

Operational Excellence

Speaker: Adrienne Lloyd, MHA, FACHE, CEO/Founder, Optimize Healthcare, OptimizeFlow.ai

In this session, we delve into the critical challenge facing today's healthcare leaders: maintaining healthy margins in the face of rising costs and shrinking reimbursements. Drawing from a rich background in leading operational and financial turnarounds at both top-tier health systems and medical practices of all sizes, Adrienne will share key strategies and tactics you can begin using to improve your results while creating higher team engagement, decreasing waste, and reducing turnover. The session will focus on developing a clear organizational vision, aligning team efforts, and harnessing the power of innovation through process improvement methodologies, non-traditional staffing models, and technology solutions. You'll gain insights into driving efficiency and volume optimization while fostering a culture of collaboration and continuous improvement.

Learning Objectives

- Develop and communicate a clear vision across your organization so you can align your team and drive financial success
- Discover dynamic strategies to engage teams in process innovation, using Lean/Six Sigma to boost efficiency and reduce costs
- Evaluate cutting-edge approaches in non-traditional staffing and technology utilization to optimize margins and streamline operations

L2: KPIs: The Importance of Measuring and Addressing Physician Retention, Burnout and Turnover

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1

Traditional | Basic | Comprehension

Operational Excellence

Speaker: Jessica Minesinger, CMOM, CMPE, FACMPE, MGMA Consultant; Founder and CEO, Surgical Compensation & Consulting (SCC)

In this session, participants will gain valuable insights into the significance of these KPIs and how they can be leveraged to enhance the overall well-being of healthcare professionals, ultimately leading to improved patient care and organizational success. This education session is ideal for healthcare administrators, human resources professionals, and anyone interested in optimizing the working conditions for physicians to improve both individual satisfaction and organizational outcomes.

Learning Objectives:

- Discuss the impact of physician retention, burnout, and turnover
- Identify effective KPIs in healthcare settings organizations
- Describe strategies to address physician well-being.

Conference Wrap-Up and GIVEAWAY! 2:30 – 2:40 PM EDT

Main Stage Session 2:40 PM – 3:40 PM EDT

MS3: C.H.A.N.G.E. Traits® Exploring the Critical Skills for Inspired Leadership Through Change

ACMPE: 1 | ACHE: 1 | CEU: 1 | CME (AAPC*): 1 | CPE: 1 | PDC: 1
Intermediate | Application | Traditional
Leading People

Speaker: Cassandra Worthy, Founder and CEO, Change Enthusiasm® Global

In this engaging keynote session, Cassandra Worthy, a seasoned professional with 15 years of experience in Corporate M&A, distills her wealth of knowledge into the critical skills essential for empowering leaders to not only navigate change successfully but also foster sustainable growth. The session offers a unique blend of practical insights and actionable strategies that will equip healthcare executives and change management professionals with the tools they need to excel in an ever-evolving business landscape.

Learning Objectives

- Use a practical framework for assessing and quantifying your leadership strengths when dealing with change
- Discover how empathy, resilience, and adaptability contribute to successful change leadership
- Produce an action plan that empowers you to enhance your critical leadership behaviors

CEU Information

Total Possible Credits for the Event

By attending LIVE SESSIONS, attendees can qualify for up to the following credit totals:

ACMPE: 16 | ACHE: 16 | CEU: 16 | CME (AAPC*): 16 | CPE: 15 | PDC: 16

On-demand: ACMPE and CEU only

On-demand access to sessions at your own pace is available through **April 15, 2024**. ACMPE credits beyond the 16 live hours are available through self-reporting.

Claiming Conference Continuing Education Credit

- Live credit claiming will be available [here](#) starting **March 15, 2024**
- Choose the courses you attended
 - *You may only claim one session per time block*
 - *The maximum number of credits to claim per type is 16 (other than CPE, which has a max of 15)*
- Claim all credits for the entire event

***** PLEASE NOTE: Live credit must be claimed all at once in the [MGMA Credit Claiming Portal](#). There is no opportunity to save or edit a transcript after your initial credit submission. You cannot claim additional credits or edit your transcript once you hit submit. *****

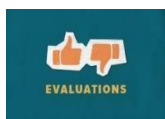
Claiming ACMPE Credit

The MGMA Summit offers 36 total ACMPE CE Hours and up to 16 Live. This meets the MGMA/MGMA Live credit hours for ACMPE participants, requiring only 14 additional hours. All sessions attended through the live event may be claimed 24 hours after the last day of MGMA Summit. Please claim all live attended sessions at one time. All sessions not attended during the live event may be claimed manually for on-demand MGMA hours through the Certification and Continuing Education Portal through the "Claim Additional ACMPE Credit" form.

*AAPC Credit Information

For attendees seeking AAPC credit, AAPC will honor our CME credits 1:1 for AAPC credits from this conference. Please complete your session and overall evaluations, download the Conference Credit Certificate, and return it to AAPC for the 1:1 CME to AAPC credit award. For additional information, please see this [link](#) and use the "CMEs and AMA PRA Category 1 credits for CEUs" subsection.

If there are any issues with claiming credit, please contact the MGMA Service Center at service@mgma.com.



** All evaluations can be found in the Summit 2024 event website.

Target Audience

This activity is targeted to individuals who are interested in learning how to master the business of healthcare.

Prerequisites

- Basic / Overview: No prerequisites
- Intermediate/ Update: A basic understanding of the topic or knowledge area
- Advanced: The ability to apply the topic or knowledge area

Learning Format

- Traditional: Traditional sessions feature either a speaker sharing their knowledge in a lecture-style presentation or a panel of speakers with a moderator facilitating a discussion. Traditional sessions include limited questions-and-answer time with the audience.
- Interactive: An expert facilitator guides the participant through interactive learning formats such as hot topic discussion and case study applications, all designed to foster the sharing of ideas, solutions and best practices.

Advance Preparation

There is no advance preparation required for this conference.

Content Areas

The conference sessions are categorized by the content areas below. Each content area reflects current challenges for today's health business professional and is informed by the Body of Knowledge for Medical Practice Management.

- Operational Excellence
- Strategic Decisions
- Financial Mastery
- Transforming Patient Care
- Leading People
- Business Intelligence

Types of Credit Available

The following credit types will be available for registrants who complete the conference session evaluations:

ACMPE CREDIT

(American College of Medical Practice Executives)

For medical practice administrators in certification and Fellowship through ACMPE

AAPC CREDIT

Credit for certified professional coders and other AAPC designations accredited by the American Academy of Professional Coders is awarded through our partnership with ACCME. For additional information, please follow this [link](#) to view the "CMEs and AMA PRA Category 1 credits for CEUs" subsection.

ACHE CREDIT

(Qualified Education Credit) For healthcare executives

Accredited by the American College of Healthcare Executives

CME CREDIT

For licensed physicians (MD/DO)

Accredited by the Accreditation Council for Continuing Medical Education (ACCME)

CPE CREDIT

(Continuing Professional Education) For licensed accountants (CPA)

Accredited through the National Association of State Boards of Accountancy (NASBA)

CEU CREDIT

Generic Continuing Education Certificate of Attendance

PDC CREDIT

Accredited through the Society for Human Resource Management (SHRM)

Official Continuing Education Statement and Availability



American College of Medical Practice Executives (ACMPE): The credits earned for this virtual content are considered to be “live” credits, issued for participation and attendance in a new, original event, with the opportunity for participation.

American Academy of Professional Coders (AAPC):

For attendees seeking AAPC credit, AAPC will honor our CME credits 1:1 for AAPC credits from this conference. Please complete your session and overall evaluations, download the Conference Credit Certificate, and return it to AAPC for the 1:1 CME to AAPC credit award. For additional information, please follow this [link](#) to view the “CMEs and AMA PRA Category 1 credits for CEUs” subsection.

American College of Health Care Executives (ACHE):

By attending the MGMA Summit offered by the Medical Group Management Association, participants may earn up to 16 ACHE Qualified Education Hours toward initial certification or recertification of the Fellow of the American College of Healthcare Executives (FACHE) designation. One ACHE credit is earned for every 60 minutes of educational content, rounded down to the nearest 0.25.



Accreditation Council for Continuing Medical Education (CME):

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME). The Medical Group Management Association is accredited by the ACCME to provide continuing medical education for physicians. The Medical Group Management Association designates this live activity for a maximum of 16 AMA PRA Category 1 Credit™. Physicians should claim credit commensurate with the extent of their participation in the activity. One CME credit is earned for every 60 minutes of educational content, rounded down to the nearest 0.25.



National Association of State Boards of Accountancy (CPE):

Medical Group Management Association is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE

credit. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors through its website: www.nasbaregistry.org.



Society for Human Resource Development (SHRM):

MGMA is recognized by SHRM to offer Professional Development Credits (PDCs) for the SHRM-CP® or SHRM-SCP®.

Continuing Education Units (CEU):

A certificate of attendance will be provided to healthcare professionals requesting generic CEUs for professional development, certifications through other professional associations or specialty societies. One generic CEU credit is earned for every 60 minutes of educational content, rounded down to the nearest 0.25.

Disclosure of Conflict of Interest

Medical Group Management Association (MGMA) and the Post Graduate Institute for Medicine (PIM) require instructors, planners, managers and other individuals who are in the position to control the content of this activity to disclose any real or apparent conflicts of interest (COI) they may have as related to the content of this activity. All identified COIs are thoroughly vetted and resolved according to MGMA policy. The existence or absence of COI for everyone in a position to control content will be disclosed to participants prior to the start of each activity.