



**CALL FOR SUBMISSIONS**  
**2008 Annual Meeting**  
**Spanning the Quality Chasm**  
**February 26 - 28, 2008**  
**San Francisco, CA**

**AHQA 2008 ANNUAL MEETING**  
*Call for Submissions*

The American Health Quality Association (AHQA) welcomes your Abstract or Concurrent Session Presentation submission for the 2008 Annual Meeting titled *Spanning the Quality Chasm*, to be held February 26 - 28, 2008 in San Francisco, California.

The goal of the Annual Meeting is to share new ideas and best practices in health care quality improvement among those health care professionals seeking ways to generate substantial changes in the quality of care in America, including the Quality Improvement Organization (QIO) community, their partners, and other stakeholders.

The core educational content of the Annual Meeting will begin at midday on Tuesday February 26 and conclude during the early afternoon of Thursday, February 28.

**Potential Conference Topics**

CMS public statements prior to clearance to discuss the draft of the 9<sup>th</sup> Statement of Work in detail have indicated that the SOW9 focuses on four overarching themes: Beneficiary Protection, Care Coordination: Patient Pathways, Patient Safety, and Prevention. It has also been stated that the draft SOW9 focuses on areas where the QIO contract work can be tied in to the Value Driven Health Care Initiative through the cross-cutting priorities of HIT adoption and use for system change, Health Disparities, Priority of intervention by variation and needs assessment, Efficiency Enhancement, Accountability of QIOs, CMS, and stakeholders, and Attribution of Outcomes to Intervention.

Related to these draft contract themes and priorities are other areas which have an impact on the Medicare contract work. These areas include Measurement and Public Reporting, Pay for Performance, Partnerships/Leveraging, Leadership, Finance and Human Resources, Analytic Methodologies, and Communications.

Therefore, submissions for the 2008 AHQA Annual Meeting should focus on these topic areas.

Successful presentations will address key quality challenges and focus on delivering practical lessons learned and solutions attendees can adapt for use in their day-to-day work. Presentations that share evaluation strategies and provide measurable results are given priority. Authors are encouraged to consider the principles of adult learning when designing proposals for **hour-long** concurrent sessions.

Submissions will be reviewed by the 2008 AHQA Annual Meeting Planning Committee consisting of QIO staff and AHQA staff.

Included below each topic heading are suggestions that provide direction on the general scope of the topic. Other ideas for session content related to the topics are welcome. This list of examples under each topic is not meant to be exclusive or limiting in any way.

**Topic 1: Beneficiary Protection**

- Utilization review.
- Quality of care review.
- Alternative dispute resolution.
- Review of beneficiary appeals of certain provider notices.
- Review of potential anti-dumping cases.

**Topic 2: Care Coordination: Patient Pathways**

- Concepts to help Medicare beneficiaries stay healthy as they navigate the many sites of care delivery including hospitals, home health agencies, nursing homes, and physician offices.
- Improving coordination across the continuum of care.
- Seamless transitions from the hospital to home, home health care, or skilled nursing care.
- Reducing rehospitalizations.

**Topic 3: Patient Safety**

- Reducing avoidable pressure ulcers and use of restraints in nursing homes.
- Surgical care improvement.
- Reducing the incidence of drug-resistant infections in hospitals.
- Improving drug safety.

**Topic 4: Prevention**

- Increasing utilization.
- Improving vaccination rates for flu and pneumonia.
- Reducing the incidence and progression of chronic kidney disease.
- Encouraging the use of colorectal cancer screening and mammography.

**Topic 5: Finance and Human Resources**

- Baldrige Certification, ISO Certification, URAC Certification, etc.
- Models for estimating project resource requirements.
- Corporate compliance.

**Topic 6: Efficiency Enhancement**

- Cost management for quality improvement.

**Topic 7: Health Disparities**

- Effective strategies for overcoming health disparities.

**Topic 8: Communications**

- Effective strategies for communicating with providers.
- Methods for elevating the quality improvement agenda in the media.
- Successful strategies for achieving QIO program “brand” recognition.

### **Topic 9: Analytic Methodologies**

- Application of analytic software.
- Innovative analytic methods, risk adjustment, etc.
- Outcomes assessment.
- Large-scale data analysis.

### **Topic 10: Health Information Technology**

- Case studies of RHIOs or other community-wide IT projects with real impact.
- Studies on the impact of the implementation of EHR or hospital IT systems.
- Real-life lessons from the field on the implementation of HIT in ambulatory or inpatient settings.
- Keeping provider momentum – strategies for making progress on HIT adoption.
- Care management process changes for the small physician office.

### **Topic 11: Measurement and Public Reporting/Attribution of Outcomes to Intervention**

- Studies of local public reporting efforts with measurable impact.
- Successful or innovative QIO measurement and provider reporting activities that have resulted in behavior change and outcomes improvement.
- Examples of physician-level performance measurement and public reporting.
- Provider recognition programs.
- Measure development to attribute outcomes to a specific intervention(s).

### **Topic 12: Pay for Performance**

- Examples of local pay for performance efforts involving the QIO.
- Examples of how pay for performance impacts quality improvement.
- Examples of meaningful partnerships in implementing pay for performance.
- Working with local payors to develop incentives.
- Pay for Performance results -- follow-up from programs that have a longer track record.
- Making the business case for pay for performance – real examples of provider/practitioner benefit.

### **Topic 13: Leadership and Partnerships/Leveraging**

- Innovative or established practices that leadership or governance of health care organizations have used for dramatic improvement.
- Innovative QIO leadership strategies that have directly translated into health care improvement.
- Successful leadership activities in creating and sustaining meaningful partnerships (coalitions, collaboratives, joint ventures, alliances) that have measurable impact.
- Engaging community leaders, elected officials, etc.
- Leading to places your providers want to go – understanding local priorities.

## Criteria for Submission

### Abstracts

These presentations, generally scientific or analytic in nature, should be results oriented. They should include *very brief* project background information, and focus on specific information regarding lessons learned, including applicability to other project activities and organizations. Abstracts will be presented in rapid-fire succession, with four presentations during a 60-minute session, allowing for 10-12 minutes per presentation. Five criteria are used to evaluate abstracts:

1. Clarity and organization: Submissions should present topics/ideas in a logical, easy-to-follow format. Abstract titles should be brief, clearly indicating the nature of the topic. Text should be proofread to ensure accuracy.
2. Relevance of topic to discipline: Presentations should address the immediate concerns of the discipline and advance the knowledge of attendees.
3. Innovation and originality: Information should be new to the audience, and offer functional solutions to real-life challenges.
4. Practicality and value: Demonstrate quantified improvement: outcomes, lives saved, dollars saved, accidents prevented. Include successes, failures, lessons learned, and practical strategies that can be “taken home” and applied.
5. Quality of data and methodology: Experimental and analytical methodologies and data should be defensible. Research should be complete or nearly complete.

### Concurrent Sessions

These presentations provide attendees the opportunity for in-depth interaction and discussion with experts and researchers, in full 60-minute concurrent sessions. They should be workshop-style panel presentations that offer ample opportunity for both dialogue and Q & A. Presentation emphasis should focus on practical lessons learned and solutions that attendees can adapt for use in their day-to-day work.

The lead panelist must submit a proposal that includes among other requirements, a list of potential panelists (two to four), background information, and session objectives and description. Criteria 1-5 above are used to evaluate panel proposals. QIO led sessions with panelists from multiple QIOs are encouraged.

## Submission Process

To be considered for presentation, your submission must be received by **November 1, 2007**. Submissions may be e-mailed to Bruce Ehrle at [behrle@ahqa.org](mailto:behrle@ahqa.org) using the attached submission form.

## Presenter Information

- Presenters wishing to attend the entire conference are required to pay meeting registration fees and all other expenses involved with attending the 2008 Annual Meeting, in San Francisco, CA.
- Presenters must provide an electronic copy of slides a minimum of 21 days ahead of the conference if they wish presentations to be loaded in to the appropriate laptop at the conference. Presenters should also bring a copy of their presentation on USB key or CD to the conference. Copies of presentations will not be distributed on-site unless the presenter wishes to bring their own copies. All presentations will be posted to the AHQA web site.
- Each presenter is required to complete and return all forms required for AHQA and Continuing Medical Education and related credit program purposes by the dates stipulated on speaker confirmation forms, including a disclosure form indicating any financial

arrangement or affiliation with any organizations that may have a direct interest in the subject matter of the presentation.

- Presenters may not use their conference presentations to market products or services; **presentations constituting promotion and advertising are prohibited.**

**Deadline:** Submissions must be received no later than **November 1, 2007**. Authors will be notified of the status of their submission no later than December 31, 2007.

**QUESTIONS:** For more information regarding the Call for Submissions, contact Bruce Ehrle, Director of Executive Operations, Administration, and Education at AHQA, at (202) 331-5790, Extension 1576 or preferably by e-mail at [behrle@ahqa.org](mailto:behrle@ahqa.org).