



2026 Integration Summit

October 5–7, 2026

The Westin DC Downtown | Washington, DC
amga.org/integration-summit

***Aligning for
Health System Success***



ATTENDEE PROGRAM



Your health system invests \$250,000+ per employed physician.

Is that investment delivering the clinical, operational, and financial returns your system needs to thrive? For most systems, not yet. The gap between the hospital enterprise and the physician enterprise is where financial performance, care quality, and workforce stability are won or lost.

Yet no conference is dedicated to solving it. **Until now.** AMGA's Integration Summit is the first and only healthcare conference built to address the operational, financial, and strategic challenges of physician-hospital integration. This is where health system executives and medical group leaders come together to turn integration from a structural challenge into a competitive advantage.

Why is this summit different?

- **Integrated Insight**

Strategic general sessions that connect enterprise-level priorities with frontline realities across hospitals, medical groups, and ambulatory operations.

- **Actionable Solutions**

Fifteen tactical breakout sessions across five tracks that translate strategy into execution—offering tools, frameworks, and proven approaches you can implement immediately.

- **System-Level Alignment**

A unique environment in which leaders learn together, strengthening organizational cohesion and accelerating system performance.

- **Peer Networking**

Direct access to high-performing system leaders who are solving the same problems you face, allowing you to benchmark, collaborate, and refine your approach to shared challenges.

Who Should Attend

- C-Suite Leaders: CEO, COO, CFO, CMO, CQO, CHRO
- Physician & APP Leaders
- Operational Executives from Health Systems
- Performance & Strategy Leaders

AGENDA AT A GLANCE

Subject to Change

Monday, October 5, 2026

8:00 am – 5:00 pm	AMGA Consulting Immersion Session (\$)
5:00 pm – 7:00 pm	AMGA Integration Summit Welcome Reception
7:00 pm – 9:00 pm	Women in Healthcare Leadership Dinner Meeting (\$)

Tuesday, October 6, 2026

7:00 am – 8:00 am	Networking Breakfast in the Hub
8:00 am – 9:15 am	Opening Keynote <i>Leading the Integrated System of the Future: Alignment That Actually Works</i>
9:15 am – 9:45 am	Networking Break in the Hub
9:45 am – 10:45 am	General Session Panel <i>Integration Strategies for Financial Resilience to Survive Financial Headwinds</i>
11:00 am – 12:00 pm	From the Field: Industry Perspectives (Industry Partner-Led Breakouts)
12:00 pm – 1:00 pm	Networking Lunch in the Hub

\$ = Additional Fee Required

1:15 pm – 2:15 pm	Peer-to-Peer Breakout Sessions by Track
2:30 pm – 3:30 pm	Peer-to-Peer Breakout Sessions by Track
3:30 pm – 4:00 pm	Networking Break in the Hub
4:00 pm – 5:00 pm	Peer-to-Peer Breakout Sessions by Track
5:00 pm – 7:00 pm	Happy Hour in the Hub and Poster Pathways Preview

Wednesday, October 7, 2026

7:30 am – 8:30 am	Networking Breakfast in the Hub
8:30 am – 9:30 am	Poster Pathways (Poster Presentations)
9:30 am – 11:00 am	General Session <i>APPs at the Table: From Clinical Workforce to Care Model Partner</i>
11:15 am – 12:00 pm	General Session <i>What Leaders Need to Know Ahead of Mid-Term Elections</i>
12:30 pm – 4:00 pm	AMGA Councils: Turning Strategy into Action Work Groups





KEYNOTES AND GENERAL SESSIONS



Opening Keynote

Leading the Integrated System of the Future: Alignment That Actually Works

Amy Perry, *President and Chief Executive Officer, Banner Health*

In today's rapidly shifting healthcare environment, the biggest threat to an integrated health system isn't financial pressure or workforce shortages—it's misalignment. When hospitals and physician groups operate in silos, communication breaks down, culture fractures, and systemwide performance stalls.

Banner Health President and CEO Amy Perry leads one of the nation's largest nonprofit health systems with 33 hospitals across six states, more than 2,000 employed physicians and advanced practitioners in Banner Medical Group, an academic medicine partnership with the University of Arizona, and a provider-sponsored health plan covering 1.2 million members.

Perry will share how Banner's "One Team" operating model is rethinking inpatient and ambulatory communication, building real trust between administrators and clinicians, and creating a unified culture that accelerates quality, efficiency, and growth.

With more than 30 years of experience building integrated delivery at Banner, Atlantic Health, LifeBridge, and Mount Sinai, Perry has spent her career on the seam between hospitals and physician enterprise. She has also been named multiple times to *Modern Healthcare's* lists of the Top 25 Women Leaders and Top 100 Most Influential People in Healthcare.

General Session Panel

Integration Strategies for Financial Resilience to Survive Financial Headwinds

Mark LePage, MD, MBA, FACHE, *Senior Vice President, Medical Groups and Ambulatory Strategy, Trinity Health Medical Groups*

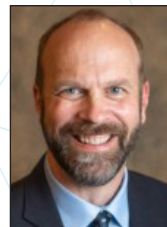
Matt Swafford, *SVP Finance Strategy and Chief Financial Officer, St. Charles Health System*

Narayana Murali, MD, FACP, *Chief Medical Officer, Medicine Services, Geisinger*

Fred Horton, MHA, CMPE, *President, AMGA Consulting [Moderator]*



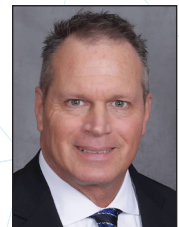
LePage



Swafford



Murali



Horton

With significant Medicaid payment reductions projected for 2027, health systems are approaching a critical financial inflection point—one that will disproportionately impact medical groups, safety net services, and high-utilization populations. This fireside chat brings together executive leaders to discuss how to prepare now by redesigning care models, improving operational efficiency, strengthening hospital–physician alignment, and using digital tools that meaningfully reduce cost.

Through candid dialogue, the panel will explore what the cuts really mean for margins, where systems are most vulnerable, and which strategies deliver the strongest financial returns without compromising quality or access. Topics include team-based care, scheduling and template optimization, emergency department and inpatient utilization reduction, virtual care models, AI-enabled efficiencies, centralized functions, and unified quality and cost governance across the enterprise. This session delivers a realistic, actionable playbook for navigating the 2027 Medicaid landscape.



General Session

APPs at the Table: From Clinical Workforce to Care Model Partner

Topic Leaders:

Beth Averbeck, MD, Senior Medical Director,
Primary Care, HealthPartners Care Group

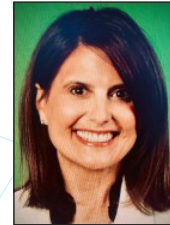
Tasha Gastony, PA-C, Medical Director, Primary
Care, HealthPartners Care Group



Averbeck



Gastony



Duckworth



Garces-King

Reaction Panel:

Janee Duckworth, APRN, Vice President of Advanced Practice Clinicians, Jefferson Health

Jasmine Garces-King, ACNP, CCRN, DNP, Chief Advanced Practice Clinician, Surgical Services Department of Surgery, ChristianaCare

Most organizations deploy Advanced Practice Providers (APPs) without a clear structural home. Few have built care and practice models that embed APPs as genuine clinical partners and aligned them across service lines, geographies, and governance. HealthPartners has done exactly that—moving from fragmented, department-by-department approaches to care models that align APP practice within service lines and across their regional footprint and extending APP leadership into governance roles at the organizational level.

This session will trace that journey and share what shifted in workforce stability, care model innovation, provider satisfaction, and system performance once APPs had structural clarity and a real voice at decision-making tables. A reaction panel of top APP executives from peer organizations will then respond in real time—pressure-testing the model's merits, surfacing the tensions it creates, and debating what's transferable. Audience members will be invited into the exchange to weigh in on whether leadership-level APP integration is the next frontier of high-performance team-based care, or a step too far for their own systems.



General Session

What Leaders Need to Know Ahead of Mid-Term Elections

Chet Speed, JD, LLM, Chief Policy Officer, AMGA

The 2026 midterm elections will reshape the federal policy landscape at a pivotal moment for healthcare. With debates intensifying around Medicare payment stability, Medicaid financing, workforce shortages, site-of-care shifts, value-based care, and regulatory reform, health systems and medical groups face both uncertainty and opportunity. The decisions made in Washington over the next two years will directly influence care delivery, reimbursement, integration strategies, and the economics of physician enterprise operations.

AMGA Chief Policy Officer Chet Speed will break down the key drivers shaping the pre-election environment and what medical groups should be doing now to prepare. This conversation will explore the emerging legislative priorities, expected regulatory pressure points, and the bipartisan issues that remain in play regardless of election outcomes. Gain clear, actionable insight into how to strengthen organizational readiness, position your medical group for policy shifts, and engage proactively in advocacy efforts that support sustainable, high-quality care.



PEER-TO-PEER SESSIONS

This Summit will feature breakout sessions organized into five strategic tracks, each built around the realities of today's integrated health systems. Sessions will be designed to provide tactical takeaways and high-level engagement.

Systemwide Care Coordination & Population Health Management

Tackle the operational levers that move the needle on capacity and cost.

Why Not Home? A Scalable Framework for Smarter Discharges, Better Throughput, and Patient-Centered Outcomes

Shahina Banthanavasi, MD, MHA, SVP, Chief Medical Officer & Chief Quality Officer, Valley Medical Center

Kim Petram, RN, BSN, Director, Case Management, Valley Medical Center

What if “home” became the default discharge destination and not the exception? The Why Not Home initiative at Valley Medical Center is a scalable, interdisciplinary framework that challenges traditional discharge patterns and embeds proactive planning earlier in the inpatient stay. By aligning hospitalists, care management, primary care, patients, families, and community partners around a shared goal of safely returning more patients home, Valley achieved a 37% increase in home discharges, a 28% decrease in skilled nursing facility discharges, a 7.3% improvement in length of stay index, and a reduction in emergency department median boarding time from 6.9 to 3.8 hours. Learn how to operationalize a “home-first” mindset across the care continuum, identify the workflow and culture changes that drive measurable throughput gains, and walk away with practical strategies to improve length of stay, patient safety, and total cost of care without sacrificing patient-centered outcomes.

Engineering Care Continuity: UC Davis Health's Playbook for Reducing ED Utilization 18% and Hospitalizations 25%

Vanessa McElroy, Director of Care Transitions, UC Davis Health

Eddie Eabisa, MBA, CSSGB Manager II, Care Transitions, UC Davis Health

Emergency department (ED) overutilization and avoidable admissions remain among the most stubborn drains on margin, capacity, and patient experience and the hardest to solve through point solutions. UC Davis Health took a different path: a deliberate, system-level redesign that embedded care management across clinical and community touchpoints, closing the gaps where patients typically fall through. The result is a coordinated model that meets patients before crises escalate. The numbers prove it works: an 18% reduction in ED visits and a 25% reduction in hospitalizations. Learn about the architecture behind the model, the operational decisions that made integration stick, and the lessons that translate to any health system under pressure to do more with less.



PEER-TO-PEER SESSIONS – Continued

Contracting Meets Care: How Cleveland Clinic Aligned Financial Strategy with Care Management Implementation

Michelle P. Medina, MD, FAAP, *Executive Medical Director, Value-Based Operations, Division of Finance, Cleveland Clinic*

Care management programs often fail not because the clinical model is wrong, but because the financial model never caught up. Contracts get signed in one room, care gets redesigned in another, and the economics quietly erode the impact. Cleveland Clinic took on that disconnect directly by building a model in which value-based contracting and care management implementation are designed, deployed, and measured as a single system rather than parallel workstreams. This session walks through how Cleveland Clinic structures the handoff between contract terms and operational execution, the governance that keeps finance and care delivery accountable to the same outcomes, and the decisions that determine whether a value-based arrangement generates value. Leave with a clearer view of what it takes to move care management from a cost center to a sustainable, scalable engine of performance.

Digital Integration & Workflow Optimization

What it takes to scale technology across a health system without losing the physician experience along the way.

The AI Leadership Imperative: Governance, Implementation, and What's Changed

Eric Williamson, MD, *Chief Medical Information Officer, Mayo Clinic*

As artificial intelligence moves from experimentation to enterprise-scale implementation, health system leaders face a new set of questions: What's working? What's not? And how do we lead responsibly through continued transformation? This session will explore how Mayo Health System has evolved its approach to AI governance, clinical integration, and change leadership—reflecting on lessons learned and emerging priorities heading into the next phase of adoption.

Beyond the Pilot: How a Physician-Led System Can Move VC Partnership into Digital Integration

Ashok Rai, MD, *President & Chief Executive Officer, Prevea Health*

Jill Enos, *Managing Partner, Titledown Tech*

Health systems are increasingly courted as testing grounds for venture-backed healthcare technologies, but the path from pilot to sustainable digital integration is rarely straightforward. In this session, Dr. Ashok Rai, CEO of Prevea Health and a veteran of innovation partnerships through TitledownTech, shares an unfiltered look at what it takes to evaluate, select, and operationalize emerging health tech as a physician-led organization. Drawing on real partnership experience, discussions will focus on how health systems can assess VC-backed innovation opportunities, what criteria separate viable test-site partnerships from costly distractions, the financial and operational implications of becoming a deployment site, and the practical lessons learned (sometimes the hard way) along the journey.



PEER-TO-PEER SESSIONS – *Continued*

Digital Integration Under Pressure: Real-Time Lessons from Allina Health's Most Consequential Build

Lisa Shannon, *President & Chief Executive Officer, Allina Health*

Jerry Penso, MD, MBA, *President & CEO, AMGA*

Most health systems don't get to design digital workflows into a flagship facility from the ground up. Fewer still are doing it while simultaneously deploying enterprise AI tools, managing a pending cross-market system integration, and keeping 12 hospitals running. Allina Health is doing all of it at once. This fireside chat presents a candid, in-the-moment conversation about the frameworks, tradeoffs, and hard lessons shaping Allina's digital strategy as it unfolds—not a retrospective success story. Leave with sharper questions to bring back to your own digital strategy, along with a clearer view of how to weigh build-versus-buy tradeoffs under real-world time and resource pressure, regardless of where your organization sits on the integration journey.

Provider Alignment & Compensation Models

A focus on call coverage, incentive design, and governance structures that unify physician enterprises.

Collaborative Value Alignment: The Art and Science of Aligning Incentives and Driving Outcomes

Ryan Nicholas MD, FAAFP, *Chief Quality Officer, Mercy Medical Group, Sacramento, CommonSpirit Health*

Explore how health system leaders can engage their workforce in value-based transformation using data-driven frameworks, behavioral insights, and structured incentives. Participants will apply the Cultural Change Curve to understand workforce responses, explore system-level structures to influence outcomes, and use the Bullseye Framework to sustain positive change. Leave with practical strategies for metric selection, incentive design, and overcoming common obstacles to engagement—tailored to your organization's stage in the value journey.

One Sentara: A Layered Governance Model for Aligning the Physician Enterprise

Prasanna Mohanty, MBA, MPH, MS, *Executive Vice President & President, Ambulatory, Sentara Health, Sentara Medical Group*

Aligning employed physicians, affiliated providers, and ambulatory services under a single physician enterprise is one of the most persistent challenges facing integrated health systems today. Sentara Health has addressed this through its "One Sentara" strategic model—a layered governance structure designed to unify decision-making across distinct physician and provider populations while preserving the flexibility each group needs to operate effectively. Learn how this two-tier governance approach was designed and implemented, including the structural and cultural decisions that allow employed and affiliated providers to operate within a coordinated enterprise rather than parallel, disconnected systems. Leave with a practical case study in physician enterprise alignment, including lessons applicable to systems at varying stages of integration maturity.



PEER-TO-PEER SESSIONS – Continued

Who's On Call? Innovative Coverage Strategies from Two Health System Perspectives

Josh Crabtree, MD, *Chief Physician - Sanford Clinic and Sanford World Clinics, Sanford Health*

Napoleon Knight, MD, MBA, *Executive Vice President, Chief Medical Officer, Carle Health Medical Group*

Fred Horton, MHA, CMPE, *President, AMGA Consulting [Moderator]*

Call coverage is one of the most persistent and complex operational challenges facing health systems today, and the solutions look very different depending on geography, scale, and available resources. This session brings together two organizations navigating coverage demands in a dense, high-acuity environment, and community-based system. Together, they will explore the strategies, tradeoffs, and innovations shaping how health systems ensure physician availability across service lines, from scheduling models and telehealth integration to recruitment, retention, and partnership approaches.

Financial Integration to Enhance System Performance

Turning clinical performance into financial resilience.

Driving Clinical Outcomes and Administrative Efficiency Through Payer Collaborations

Philip M. Oravetz, MD, MBA, MPH, *Executive Advisor, Population Health, Ochsner Health*

Tammie Guyette, MBA, *Data Consultant, Value-Based Analytics, Ochsner Health*

Clinical and administrative requirements from payers are among the biggest pain points in surveys of medical group/integrated delivery system leaders. Quality reporting, records requests, prior authorizations, and insurance coverage determinations drive practice inefficiency and provider frustration. This presentation will demonstrate how medical groups and integrated care systems are using bidirectional data exchange with their payers to reduce costs and administrative complexity that improve outcomes and the healthcare experience.

Access Is Quality: How Houston Methodist Turned 21,000 Daily Appointments into the Front Door for Care

Tesha Montgomery, RN, MHA, FACHE, *Senior Vice President, Houston Methodist, Houston Methodist Physician Organization*

Houston Methodist schedules more than 21,000 appointments each day across nearly every service line and site of care—with half of all new primary care appointments now self-scheduled. AI can handle new appointment bookings for established primary care patients in under three minutes, without a human handoff. These results did not start with a technology decision. They started with a deliberate structural decision. This unique leadership model enabled Houston Methodist to move beyond fragmented scheduling toward a unified, patient-centered front door. For health system leaders wrestling with fragmented access, underperforming scheduling operations, or technology investments that haven't delivered, this session offers a replicable model grounded in one conviction: Access is quality, and if patients can't get in the door, nothing else matters.



PEER-TO-PEER SESSIONS – *Continued*

Speaking the System's Language: How Physician Enterprise Leaders Drive Financial Integration

Todd Smith, MD, *Senior Vice President, Chief Physician Executive, Sutter Health*

For physician enterprise leaders, operational credibility inside the C-suite increasingly depends on one skill: the ability to translate clinical performance into system-level financial impact. That requires more than knowing the numbers—it requires framing the medical group not as a cost center to be managed, but as a strategic asset that drives margin, network performance, and competitive positioning. At Sutter Health, operating in one of the most competitive and financially complex markets in the country, physician enterprise leadership has had to develop that fluency by necessity. Hear how Sutter's physician executive team builds and presents the financial case for the medical group's value to system leadership—connecting compensation alignment, care delivery efficiency, and network utilization to the metrics that matter most in the boardroom. Leave with frameworks for translating physician enterprise performance into financial terms, strategies for engaging CFOs and system leadership on medical group ROI, and lessons from a market where the pressure to demonstrate value is constant.

Workforce Strategy & Operational Performance

Integration, culture, and accountability—at scale.

The Human Side of the Deal: Workforce Integration Lessons from Henry Ford Health's Ascension Michigan Venture

Manu Malhotra, MD, MBA, FACEP, *Senior Vice President and Regional Chief Medical Officer, West Region, Henry Ford Health*
Antonio Bonfiglio, MD, *Regional Chief Medical Officer, East Region, Henry Ford Health*

When Henry Ford Health completed its joint venture with Ascension Michigan in 2024, it absorbed eight hospital campuses and a workforce of more than 50,000 across 550 sites of care. The mandate was clear: Don't disrupt care, don't disrupt careers. Delivering on this commitment required a clinical leadership infrastructure capable of absorbing an organization at scale without sacrificing quality, safety, or the physician experience. As regional CMOs responsible for enterprise-wide quality outcomes, care delivery efficiency, and physician engagement, the presenters will speak to the operational and cultural architecture that made integration work: how medical staff alignment was structured, how quality and safety standards were maintained across newly absorbed campuses, how clinical leadership teams were built and unified, and what it takes to bring disparate care delivery models—including innovative home-based care programs—into a coherent operational whole.

What You'll Take Home

- *Proven frameworks for system-level alignment*
- *Actionable strategies for financial resilience*
- *Peer-tested solutions for workforce integration*

PEER-TO-PEER SESSIONS – Continued

What It Takes to Earn a Top Ranking as “Best Place to Work” Within Healthcare

Tracy Chu, FACHE, *Corp. Vice President, Population Health/Chief Executive, ACO, Scripps Medical Foundation*

Hear how ScrippsHealth earned the top health system ranking in *Fortune*’s Best Places to Work in Health Care™ for 2026. While comprehensive benefits, professional development opportunities, inclusive work environments, and true work-life flexibility are essential ingredients, the differentiator behind top-ranked organizations is culture—the daily lived experience of employees, the behaviors leaders model, and the values that shape every decision from the bedside to the boardroom. Hear how ScrippsHealth intentionally built and sustains a culture that attracts, develops, and retains top talent in one of the most demanding labor markets in the country, while also identifying moments where leadership had to choose between the easy path and the culture-defining path.

Building a Culture of Shared Accountability in an Integrated Medical Group

Matthew Gibb, MD, *Chief Clinical Officer, Concord Hospital Health System*

Joining Concord Hospital Health System seven years ago as the new CCO, Dr. Matthew Gibb inherited a medical group operating at the 15th percentile in productivity. Today, productivity sits near the median, access and quality metrics have improved, and a new cultural compact has reshaped how providers and the health system work together. This session traces that transformation, not as a turnaround story, but as a deliberate architecture of alignment. Learn about the specific mechanisms deployed: a redesigned compensation model to incentivize productivity and access; a bidirectional health system compact, now an exhibit in every physician contract that sets explicit ground rules for how providers and the organization engage with one another; and an annual organizational achievement letter, Board-endorsed and strategy-linked, that keeps the group accountable to shared goals year over year. Leave with a clear picture of how to diagnose a culture problem, translate values into contractual and operational structure, and sustain alignment over time.





Women in Healthcare Leadership Dinner Meeting (additional fee)

Monday, October 5 | 7:00 pm – 9:00 pm

Join us for an intimate, candid fireside conversation with women who've navigated power structures, exploring what it really takes to lead and move the room.

From the Field: Industry Perspectives (Industry Partner-Led Breakouts)

Tuesday, October 6 | 11:00 am – 12:00 pm

Hear directly from the innovators, partners, and solution developers working alongside integrated health systems to solve today's most pressing challenges.

AMGA Councils: Turning Strategy into Action Work Groups

Wednesday, October 7 | 12:30 pm – 4:00 pm

Session for CEO, COO, CMO, CFO, QI, and APP Councils. Lunch provided.

On the final afternoon of the Integration Summit, select councils will gather for an exclusive, members-only working session focused entirely on execution. No slide decks. No formal presentations. Just three hours of candid, peer-to-peer collaboration.

Bring your toughest challenges and work through them with leaders facing the same operational, financial, and strategic realities. Together, you'll exchange practical solutions, pressure-test ideas, and leave with actionable strategies you can take back to your organization.





AMGA Consulting Immersion Session at the AMGA Integration Summit (additional fee)

Sunday, October 4 – Monday, October 5, 2026

Today's physician enterprise leaders are navigating serious operational headwinds—and the path to high performance is clearer when you're not navigating it alone. This intensive preconference session is designed to tackle major challenges as well as provide practitioner-informed strategies to resolve them.

Subject matter experts from AMGA Consulting, partnering with key physician enterprise leaders, will provide insights into current leading practices for crucial performance areas, including operations, finance, provider compensation, fair market value, culture, governance, and provider engagement. Attaining high performance in these areas is key to surviving and thriving in the current environment.

Grounded in AMGA's industry-leading preconference format, this is not a surface-level overview, but instead an immersive working session built to equip you with solutions you can implement the moment you return home.

Who Should Attend: This session is built for health system C-suite executives, physician enterprise leaders, and operational and finance leaders within integrated medical groups and health systems—those who are directly accountable for the performance, financial sustainability, and culture of their organization.

Why Should You Attend: Whether you're refining an existing strategy or tackling new challenges, this immersive workshop brings together experts from AMGA Consulting and healthcare leaders from across the country to share proven approaches for driving meaningful performance improvement. Leave with practical insights and actionable solutions to build and sustain a high-performing physician enterprise.

AGENDA – AMGA Consulting Immersion Session

Sunday, October 4

5:00 pm – 7:00 pm Immersion Session Welcome Mixer & Registration

Monday, October 5

7:00 am – 8:00 am Networking Breakfast & Registration

8:00 am – 12:00 pm Immersion Session

12:00 pm – 1:00 pm Networking Lunch

1:00 pm – 5:00 pm Immersion Session



REGISTRATION RATES

Fall Integration Summit Registration

- Super Saver: \$1,050 (member) and \$1,450 (nonmember) (until August 21)
- Advance Rate: \$1,250 (member) and \$1,550 (nonmember) (until September 24)
- Late Rate: \$1,450 (member) and \$1,650 (nonmember) (September 25 to on site)

AMGA Consulting Immersion Session: \$495

Women in Healthcare Leadership Dinner Meeting: \$150

Team Discounts:

- 3 to 5 people from the same organization: \$150 discount per person
- 6 or more people from the same organization: \$300 discount per person

Three ways to register:

1. [Online](#)
2. Scan/email the registration form (on page 16) with credit card payment to registrations@amga.org
3. Mail the registration form and check (payable to AMGA) or credit card payment to:
AMGA Integration Summit
c/o Registration
One Prince Street
Alexandria, VA 22314-3318

Cancellation Policy

All cancellation requests must be submitted to AMGA in writing by Friday, August 22, for a refund less a \$100 processing fee. From August 23 through September 25, cancellation requests will be provided a letter of credit to use toward a future AMGA event. After September 25, AMGA will review cancellation requests on a case-by-case basis. Substitutions are welcome if you are unable to attend. Cancellation requests must be sent to registrations@amga.org.

HOTEL/MEETING VENUE

The Westin DC Downtown | 999 9th Street, NW | Washington, DC 20001

After registering, you will receive a confirmation email with a link to reserve your hotel room. For assistance, please email registrations@amga.org

- **Room Rate: \$319 per night**, plus state and local taxes
- **Hotel Deadline: Friday, September 4.** The discounted rate and availability cannot be guaranteed after this date.

TRAVEL TO WASHINGTON, DC

Ronald Reagan Washington National Airport (DCA) is located approximately 5 miles from the hotel.

Plan Your Travel

- Arrive by Sunday, October 4, if you intend to participate in the AMGA Consulting Immersion Session and attend the Integration Summit Welcome Reception.
- Depart after 4:00 pm on Wednesday, October 7: The conference will close with a legislative update, plus AMGA key councils will assemble for strategic planning.

POLICIES

Code of Conduct

Our Code of Conduct applies at all AMGA meetings, conferences, forums, and meeting-related events, including those sponsored by organizations other than AMGA but held in conjunction with AMGA events. Attendees should familiarize themselves with our Code of Conduct, which can be found on the AMGA website www.amga.org/events/code-of-ethics.

Use of Attendee Contact Information Policy

AMGA's conferences and events are supported by exhibitors and sponsors, and a benefit provided to these supporting organizations includes postal mailing lists of our registered participants. AMGA does not provide or distribute email addresses to our conference supporters. Participants are encouraged to interact with our sponsors and exhibitors throughout the conference and can personally provide their email and phone contact details.

One-Time Contact Policy

AMGA requests that exhibitors and sponsors adhere to and limit your contact to no more than one communication per attendee.

Corporate Participation Policy

Registration is open only to medical group members. If you are an industry partner, you must be an event sponsor to attend. A full prospectus is available. For more information, please contact Clarissa Arrazola at carrazola@amga.org.

AMGA's Americans with Disabilities Act Statement

AMGA is committed to making each of its educational activities accessible to all participants. If you have special physical, dietary, or communication needs that require auxiliary aids or services identified in the Americans with Disabilities Act (ADA), please contact us at registrations@amga.org so we may work with you to accommodate reasonable requests.

Pets and Animal Policy

To ensure the safety, comfort, and accessibility of all attendees, animals are not permitted at any AMGA meeting, conference, or event with the exception of service animals as defined by the Americans with Disabilities Act (ADA). Service animals are welcome and permitted in all conference areas. Under the ADA, a service animal is defined as a dog (or in some cases, a miniature horse) that has been individually trained to do work or perform tasks for an individual with a disability. The following are not considered service animals under this policy: emotional support animals, therapy animals, companion animals and/or pets of any kind.

Photo/Video Policy

AMGA will take photos and videos of conference participants throughout the event. These media are for AMGA use only and may appear on the AMGA website, conference brochures, social media outlets, or other future AMGA promotional material. This also includes photos uploaded using the AMGA convention app or uploaded to social media by participants. By virtue of your attendance, you agree to usage of your likeness in such media.

The Westin DC Downtown | Washington, DC | October 5–7, 2026

REGISTRATION FORM

Registrant's Full Name and Designation

Title

Organization

Mailing Address

City

State

Zip

Telephone

Email

CC/Assistant Email

First Name/Nickname (to appear on name badge)

ADA Requirements/Food Allergies (if Applicable)

Why did you choose to register and how did you hear about the Summit?

REGISTRATION: Please Check All that Apply (Medical Groups Only)

Description	Fee
Fall Integration Summit General Registration	☐ _____ (see page 14)
AMGA Consulting Immersion Session	☐ \$495
Women in Healthcare Leadership Dinner Meeting	☐ \$150
AMGA Councils: Turning Strategy into Action Workshop	(no fee)
Pick one to attend: ☐ CEO ☐ COO ☐ CMO ☐ CFO ☐ QI ☐ APP Councils	

PAYMENT:

☐ Check, in the amount of \$ _____, is enclosed. (Payable to AMGA)

☐ Please charge \$ _____ to my: ☐ Visa ☐ MasterCard ☐ American Express

Credit Card Number

Exp Date

Security Code

Cardholder's Name

Authorized Signature



One Prince Street
Alexandria, VA 22314-3318

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