2024 Case Studies in Excellence

Purpose

1. It demonstrates, in deep-dive fashion, quality of care and innovative initiatives designed and implemented by APG members. It effectively shares best practices and highlights our members' care quality.
2. It is a qualitative and quantitative, evidence-based storytelling tool to help policymakers, purchasers/payors, and other stakeholders understand what "value" looks like in coordinated, patient-centered high quality care models.

2024 Timeline

1. **May 22**: Launch, Call for Abstracts
2. **June 17**: Abstract submission due
3. **June 28**: 8-10 abstracts selected for full case studies
4. **July 26**: Case Studies' complete narrative content & graphics/data due
5. **September 20**: Case Studies' ALL content and editing final
6. **November 11**: Published on APG website and Announced at Fall Conference

Guidelines

APG's Case Studies in Excellence aims to present content in an objective, journalistic tone, using data and formatting to enhance the story. The intrusion of "PR" language weakens not only an entry, but also the credibility of the whole Case Studies series. For that reason, America's Physician Groups reserves the right to maintain editorial control, and we request cooperation as an executive understanding.

- **Editorial process**: Any submission to be highlighted **must have a key delegated staff person** with a commitment to responsiveness and rapid turnaround who can work closely with APG within the project timeline. The process includes several back-and-forth exchanges and communications on details that span ~8 weeks (between 7/26 and 9/20). If the physician organization anticipates lengthy legal review, please ensure that takes place internally early in the submission process.

- **Format:** Please refer to prior editions of [Case Studies on APG's website.](#)

- **Topics:** APG has featured excellent examples of inpatient-ambulatory transitions coordination, preventive and chronic care innovations, end-of-life care, complex care coordination, variation reduction programs, older adult care innovations, and programs focused on resource use efficiencies. These topics remain salient in our current healthcare reform environment. Any submitted programs need to be more than descriptive or aspirational and should have supporting data. We welcome submissions on a broad range of topics relevant to value-based care, including topics that perhaps have not had as much exposure in prior editions:

- Interventions that leverage "engines" of coordinated care to reach & support underserved populations and close health disparity gaps
- Novel community/network partnerships and public-private collaborations that effectively address social determinants of health
- Comprehensive medication management and integration of pharmacy care expertise and pharmacogenomics for improved patient outcomes
- Integrated technological tools/workflows with clinical workflows, and other solutions that reduce workforce/clinician administrative burden and burnout

- **Submission Abstract:** The Abstract is the vehicle for physician organizations to propose their innovative or best practice program for inclusion in the 2024 APG Case Studies. Based on APG's review of the abstract submitted, 8-10 Case Studies will be selected for publication in 2024. It is therefore important that the initial abstract contains sufficient specificity with detail and focus, such that reviewers can easily understand the program and its results.

  The Abstract should include:
  - 1-2 paragraph description, **no more than 500 words**
  - The Problem: What problem did your program try to solve? How was it identified and why was it important?
  - The Solution: What was done, key design and/or implementation considerations/influences, and how has the program been implemented?
  - The Results: Describe the data you intend to deliver or already have. Outcomes data is preferred. While outcomes data don't need to be final at time of submission, it should be ready by the time case study goes into editing phase by APG on July 26. Any interim or process data should also be able to be displayed graphically.

- **Case Study:** Once selected, each case study will follow the same format, including approximate word counts. Please include these headings in your case study Word document:
  - Sections, Headings, and Word Count:
    - **Introduction (100 words):** Give an overview of the "big picture" problem your organization faced—e.g. improving specific clinical outcomes, reducing disparities, reducing acute hospitalizations, moving from volume to value, etc.

    - **Main Body sections:**
      1. **The Challenge (200 words):** Explain the specific challenge(s) or problem(s) you faced, or specific barriers to your organization's care delivery model or goals.
      2. **The Intervention (200 words):** Describe your program and its specific interventions.
      3. **The Results (200 words):** Provide program results. Please include data!

    - **Who We Are (50-75 words):** Use this section to describe your organization. Please include city & state where your organization is based.
      - Quotes: We encourage brief quotes, testimonials, or anecdotes (1-2 sentences) that are sincere and relevant to the subject matter. These can provide impact and a personal feeling.

- Logo: Please provide your organization's logo. It should be a print-quality file in EPS, PNG, or TIFF format. For PNG/TIFF, a minimum resolution of 300 dpi with transparent background is requested. For an EPS, please convert all fonts to outlines and either embed any links or provide the linked file(s). Please do not send a JPG of your organization's logo; the white background of a JPG limits its use.

- Group Photo: We like to feature our selected physician organizations in the Case Study publication. Please include a 300 dpi or higher JPG, TIFF, HEIC or PNG of your physicians and staff. Each group may decide which staff to include in the photo.

- Additional Photos: Photos of real people involved in your work are very welcome with these guidelines:
  - If patients or staff are identifiable, we need confirmation that you have photo permission on file, as well as permission to use that person's first name if appropriate.
  - Photos should be 300 dpi or higher JPG, TIFF, HEIC or PNG. Professionally taken photos are a plus if available.
  - If photos from your organization are not available, we may use stock photography that is appropriate to, and expands upon, the approved text.
  - We need any photos you'd like to include as early in the process as possible.

- Charts and Graphs:
  - Please provide 2-3 charts, tables, or graphs that illustrate the success of your program. Provide each chart in two formats: an Excel file that includes data points and a PDF file.
  - Please keep charts simple. They should display a visible, clear change that does not require a lot of fine print to grasp.
  - Any charts, tables or graphs provided may be recreated by APG as infographics where appropriate. No data will be changed; any changes made will be solely in the interests of visual appeal and to render the data more impactful to the audience.

- Captions: Please number each photo, figure, or chart clearly and provide a short caption explaining each. These clearly labeled captions should be included with the narrative Word doc.

- Separate files: Please provide photos, charts, and your company logo as separate files. Do NOT insert these into the Word doc. We cannot accept any images or charts that are provided as Word or PPT docs. Any charts or graphics provided may be recreated by APG as infographics where appropriate. No data will be changed; any changes made will be solely in the interests of visual appeal and to render the data more impactful to the audience.