

Call for Sessions Guide

ACDC - What Is it?

ACDC exists to break down silos in how we prevent and manage chronic disease. Too much great work happens in isolation, condition-specific, sector-limited, or population-focused. By bringing together providers, payers, public health, government, tech, community organizations, employers, and academia, we can drive the collaborative innovation the field needs. We're looking for sessions that move from "our program" to our ecosystem, grounded in shared outcomes rather than single-org showcases.

What We're Looking For, and What We're Not

Strong fit	Not looking for
<ul style="list-style-type: none"> ✓ Cross-ecosystem by design ✓ Connected to evidence; clinical research, published outcomes, or validated frameworks ✓ Centered on the patient and caregiver experience ✓ Teachable, replicable, relevant across settings ✓ Outcome-oriented with measurable impact 	<ul style="list-style-type: none"> ✗ Product demos disguised as education ✗ Awareness talks with no execution path ✗ Single org showcases without collaboration ✗ Partisan scoring or culture-war framing ✗ Unvalidated health claims or approaches not supported by evidence ✗ Perfect-world solutions with no plan for adoption

Who Should Submit a Session

If you work anywhere in the chronic disease ecosystem, we want to hear from you:

<ul style="list-style-type: none"> • Clinicians, Health Systems, & Providers • Payers & Purchasers • Public Health Leaders • Policymakers & Regulators • Telehealth, & Technology Providers • Pharma 	<ul style="list-style-type: none"> • Community-Based Organizations • Employers & Benefits Leaders • Industry Associations • Patient Advocates & Caregivers • Innovators & Implementers • Researchers & Evaluators
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Two Requirements for Every Submission

1. Cross-ecosystem representation

Every proposed session should include speakers from at least two distinct parts of the chronic disease and healthy living ecosystem. Single-sector panels will be accepted but will receive secondary consideration.

NOTE: If only one sector is confirmed, your submission must identify which additional partner you plan to recruit and why their perspective is essential.

2. Grounded in science, open to innovation

ACDC welcomes bold thinking and unconventional approaches, but our programming is anchored in science. Strong proposals connect innovative ideas to clinical evidence, published research, or validated frameworks. Push boundaries but bring the evidence with you. *If the idea is genuinely good, the evidence should be part of the story.*

Actionable sessions wanted. Attendees should leave with immediately actionable takeaways: clear problem definitions, specific strategies and lessons learned, replicable tools, implementation details, and what it takes to scale. If they can't apply it, improve it, or fund it, it's likely not ready for ACDC.

Session Formats

We want a mix of structured learning and dynamic collaboration.

<p>Breakout Sessions 45–60 min, panels or single presentations, interactive preferred.</p>	<p>Case Studies A real initiative with results, obstacles, and implementation detail.</p>
<p>Workshops Skills-based and tool-based. Attendees leave with frameworks, templates, checklists.</p>	<p>Debates & Point-Counterpoint Respectful and evidence informed. Surface tradeoffs and help decision-makers choose a path forward.</p>
<p>Exhibit Hall Improv Problem-Solving Panels Volunteers form cross-sector teams receive a prompt on stage and have 15–20 minutes of structured improv to diagnose the problem, propose a solution, name the barriers, and outline next steps. Designed to model collaboration and show how quickly silos dissolve when the goal is shared.</p>	

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Programming Tracks

Track 1: Aligning Public Health and Healthcare

How are public health and clinical care delivery systems partnering to bridge the structural divide and improve chronic disease outcomes together?

Public health and healthcare have operated on parallel tracks for too long; same populations, different systems, disconnected data. We want sessions that show how partnerships are breaking down those walls and producing joint outcomes neither sector could achieve alone.

Integrating clinical care and community health partnerships. Joint models connecting clinical interventions with social and community supports, closing the loop between the exam room and home.

Shared data for population health. Bidirectional data pipelines enabling joint surveillance, risk identification, and coordinated intervention.

Joint workforce and organizational models. Co-investing in integrated care teams and structures that straddle the public health and clinical divide.

Health care access and chronic disease disparities. Coalitions addressing chronic disease burden in underserved and vulnerable populations — rural and minority populations, maternal health, and more.

Track 2: Leveraging Technology to Reduce Silos, Improve Outcomes, and Reduce Costs

How are technology partners and healthcare organizations working together to connect fragmented systems and enable coordinated chronic disease prevention and management?

Technology is only as powerful as the partnerships that deploy it. This track is not about product demos, but about how technology companies and healthcare stakeholders are jointly solving interoperability, data, and coordination challenges that perpetuate chronic disease silos.

Breaking down data walls. Meaningful data exchange - not just technical connectivity but shared insight driving coordinated action across clinical, public health, and social service systems.

AI and predictive intelligence. From retrospective reporting to proactive chronic disease identification and intervention. Bonus points for doing it responsibly.

Connected care. Remote monitoring, digital therapeutics, and patient engagement producing sustained behavior change and improved outcomes.

Technology-enabled care coordination across silos. Platforms coordinating care transitions, referrals, and longitudinal management across providers, payers, and community organizations.

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Track 3: Innovative Approaches to Chronic Disease Prevention and Management

What collaborative, evidence-based models, interventions, and partnerships are producing measurable results in preventing and managing chronic disease?

This is where clinical innovation meets real-world implementation. Innovation at ACDC is defined by partnership and evidence, not novelty alone. We want sessions that show what's working and why, connecting bold ideas to measurable outcomes and a credible evidence base.

Food is medicine partnerships. Integrating nutrition interventions (medically tailored meals, produce prescriptions, medically tailored groceries) into chronic disease management at scale.

Whole-person care. Integrated models addressing mental health, behavioral, and lifestyle dimensions of chronic disease as core components, with measurable outcomes.

Patient empowerment and informed choice. How providers, plans, and community organizations are partnering with patients to improve health literacy, expand access to information, support shared decision-making, and ease the patient experience in chronic disease prevention and management.

From prescription to access. Cross-sector strategies for breakthrough therapies including GLP-1s, the drug pipeline, and specialty and mainstream drug pricing and affordability.

Prevention partnerships. Scaling evidence-based prevention programs (National DPP, workplace wellness, community interventions) with shared investment and outcomes measurement.

Track 4: Policy & Regulatory Foundation for Sustainable Models

What policy, payment, and regulatory levers are creating the conditions for scaled, sustainable, cross-sector chronic disease solutions?

Innovation without sustainable policy and payment structures remains pilot-scale forever. This track examines how government agencies, payers, providers, and industry stakeholders are building the foundations that allow promising models to scale.

Federal payment and delivery model innovation. ACCESS Model, ACO evolution, MA supplemental benefit innovation and what multi-sector collaboration looks like inside these models.

Medicaid innovation and state flexibility. 1115 waivers, in-lieu-of services, managed care contract innovation, and new authorities for nutrition, housing, and social supports.



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Rural health access and transformation. Tackling the rural chronic disease burden through the Rural Health Transformation Program, telehealth, workforce innovation, and creative delivery.

Sustainable reimbursement and evidence frameworks. Building ROI evidence and reimbursement pathways that move interventions from pilot programs to permanent, scalable coverage.

Ready to submit?

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