



Strategic Plan 2016-2020

Approved January 2016 by the Board of Directors

During 2015, AAHPM engaged in a comprehensive review of its strategic priorities and set forth to create an updated plan that would guide AAHPM for the next 3-5 years. To help facilitate this process, AAHPM engaged author and consultant Mary Byers, author of the best-selling publications, *Race for Relevance* and *Road to Relevance: 5 Strategies for Competitive Associations*. Byers initially met with the Board in February 2015 to set the stage for the planning process.

Member input plays a vital role in shaping each of the Academy's strategic plans. In June 2015, AAHPM conducted a membership survey to identify emerging needs and to gain a better understanding of opportunities and strategies for developing long and short-range plans. In addition, each Academy Strategic Coordinating Committee (SCC) completed a comprehensive environmental scan which identified internal and external forces that could help or hinder the Academy's work moving forward. Nearly 20 past presidents participated in phone interviews and surveys were completed by Board members. All input was compiled and reviewed by the Board, SCC Chairs and senior staff at a strategic planning session held in August 2015.

AAHPM's core purpose and values were reaffirmed by the membership survey. In addition, survey participants indicated they were satisfied with their membership experiences. In recent years, the Academy has been guided by five overarching goals: strengthen member engagement; build workforce and leadership, advance knowledge and competency; promote quality of care and evidence-based practice; and, increase advocacy and awareness. These goals were viewed to hold comparable weight in terms of importance by Academy members and those who participated in other aspects of the planning process. In addition, retreat participants were asked to identify areas that they believed the AAHPM should more heavily focus on over the next 3-5 years, for the purpose of identifying emerging priorities. These priorities were intended to be "over and above" the day-to-day work of AAHPM and not intended to replace current activities.

In September 2015, a summary of notes from the planning retreat was compiled by Byers and provided to senior staff for review. Subsequently, a draft Strategic Plan was developed and shared with the Board for review and editing during October 2015. The plan was further refined following Board discussion in November, and then posted for member review and input. Member comments were summarized and shared with the Board. The Board approved the plan on January 15, 2016.

Goals and objectives are defined in the plan in the following manner:

- **Goals** represent outcome-oriented statements intended to establish general focus and direction. The achievement of each goal will move the organization towards the realization of its envisioned future.
- Supporting **objectives** further clarify direction and describe what the Academy wants to have happen. In other words, a descriptive statement of what constitutes success in measurable terms.

Various **implementation strategies** and **tactics** identified during the planning session will be captured, prioritized and implemented by committees and working groups charged with developing plans that support and advance goals and objectives outlined in the Strategic Plan once Phase 3 (Plan Development & Approval) ends and Phase 4 (Strategy & Tactical Planning) begins. Ongoing implementation and oversight is provided by the Board and senior management team.

- All seriously ill individuals and their families will have access to high quality, evidence-based hospice and palliative care.
- Hospice and palliative care is fully integrated into all health care systems and practices
- Healthcare providers, administrators and payers advocate for the importance and necessity of hospice and palliative care services and promote their availability and utilization
- Specialists in hospice and palliative medicine help to transform healthcare delivery in the United States and are widely recognized for their commitment to high clinical and ethical standards
- An adequate number of well-trained and competent physicians provide quality hospice and palliative care for patients of all ages as part of interdisciplinary teams within all communities and care settings
- Academic institutions throughout the United States provide hospice and palliative medicine training and offer comprehensive fellowship experiences, attracting an increasing number of professionals to the field
- As a champion of quality hospice and palliative care, AAHPM leverages its relationships to positively influence and affect access to care, adequate reimbursement for services, increased research funding and an expanded workforce committed to excellence and evidence-based care delivered by well-trained palliative care providers

Core Purpose:

AAHPM optimizes care of all people and families living with serious or life-threatening illness through the advancement of hospice and palliative medicine.

Core Values:

Excellence

AAHPM encourages growth, expansion, and access to high quality hospice and palliative care through increased awareness, advocacy, education, scientific advancement and evidence-based medicine.

Collaboration

AAHPM is a professional community that respects diverse experiences and perspectives, values the process of forging consensus, and supports an interdisciplinary team approach to hospice and palliative care.

Responsiveness

AAHPM operates as a flexible organization adapting to an ever-changing environment, continually striving for improvement, and growing in value to its current and future members.

Ethical Leadership

AAHPM leads in an ethical and transparent manner, making decisions and taking actions that enhance quality of care, uncompromised by inappropriate influences.

Organizational Effectiveness

AAHPM is a well managed, responsive, effectively governed, fiscally sound organization that operates in collaboration with funders, payers, policy-makers, patient advocacy groups, providers, and other hospice, palliative care, health care and medical associations.

Respect for Person & Family-Centered Care

AAHPM and its members are dedicated and committed to the principles of person- and family-centered care for individuals of all ages across all stages of person illness.

Goal A: Strengthen Engagement

AAHPM serves as the primary source of information, engagement and support for physicians practicing hospice and palliative medicine.

Objectives:

1. Provide valued services and resources to members, stakeholders and customers.
2. Create member communities that reflect the diversity of the profession.
3. Foster and build meaningful communication, connection and collaboration among members.
4. Offer opportunities for engagement and leadership through communities, councils and committees.
5. Expand base of consumers and customers that access and utilize Academy resources.

Goal B: Support Workforce & Career Development

AAHPM attracts, develops and sustains a robust workforce composed of competent leaders – including clinicians, educators, and researchers – in order to expand access to hospice and palliative care.

Objectives:

1. Monitor and address pertinent workforce metrics related to supply and demand.
2. Provide support for hospice and palliative medicine fellowship training initiatives.
3. Strengthen palliative care training within academic medical centers and hospice programs.
4. Promote leadership and career development through training, and coaching and mentoring.
5. Identify effective strategies to increase resiliency and career sustainability.

Goal C: Advance Knowledge & Competency

AAHPM educates physicians within all career stages and practice settings to achieve high levels of competency in hospice and palliative medicine within the context of an interdisciplinary team.

Objectives:

1. Develop a diverse and integrated portfolio of accredited educational programs and products for learners seeking to provide high quality hospice and palliative care.
2. Increase competence in hospice and palliative care throughout all levels of Allopathic & Osteopathic Medical training.
3. Support certification, maintenance of certification and continuous professional development.
4. Partner with other medical societies, health care associations and certifying organizations on content for learners.
5. Promote and study additional pathways to training in hospice and palliative medicine.

Goal D: Promote Quality of Care, Research & Evidence-Based Practice

AAHPM strives to improve the quality of healthcare delivery within all seriously ill populations and all settings, including but not limited to patients receiving palliative or hospice care.

Objectives:

1. Facilitate translation and application of hospice and palliative care research and quality data into clinical practice.
2. Help hospice and palliative medicine physicians adapt to the changing environment of healthcare quality through technical assistance and training.
3. Ensure meaningful measurements and benchmarks are utilized for hospice and palliative care quality reporting.
4. Support collaborative initiatives to increase hospice and palliative care research.
5. Advance research, quality measurement, data collection methods and EHR interoperability.
6. Advocate for increased hospice and palliative care research funding.

Goal E: Advance Public Awareness and Policy

AAHPM promotes understanding, acceptance, funding and sustainability of hospice and palliative medicine.

Objectives:

1. Promote the value of hospice and palliative medicine to patients and families, media, policymakers, payers, and health care providers, establishing AAHPM as a respected resource for information and consultation.
2. Advocate for public policies that recognize and support the needs of patients with serious illness and the health professionals that care for them.
3. Empower members to serve as effective advocates through the provision of timely information, training and support.
4. Participate in coalitions and collaborate with other hospice and palliative care stakeholders, medical societies, and health care organizations to address priority issues of mutual interest.
5. Advance integration of high quality palliative care in all clinical settings and emerging payment and delivery models, and ensure sustainable reimbursement for hospice and palliative medicine clinician services.

The intent of this Glossary is to clarify select terms frequently used throughout the AAHPM Strategic Plan. These definitions are intended to inform readers who are less familiar with select key concepts. Leading published sources were reviewed and common definitions have been included. AAHPM recognizes that various individuals and organizations may promote or use alternative terms or define these concepts in a different way.

Sources:

www.PalliativeDoctors.org

www.getpalliativecare.org

www.dictionary.com

www.acgme.org

www.iom.edu

www.ahrq.gov

Constituent communities

Member special interest groups with a common interest, job function or area of expertise.

Competency

The ability of an individual to perform a job properly. Competencies are often articulated as a combination of knowledge, skills and behavior. About a decade ago, the Accreditation Council for Graduate Medical Education initiated a major effort to ensure that trainees left programs as competent and prepared physicians. This led to the adoption in 1999 of language specifying the six general competencies forming the foundation for the practice of medicine. Each separate specialty and subspecialty is now in the process of articulating more specific competencies that define the particular specialty or subspecialty.

Diversity

Diversity refers to the composition of a group of people from any number of demographic backgrounds, identifiers (innate and selected), and the collective strength of their experiences, beliefs, values, skills and perspectives.

Engagement

Engagement is a means of measurement that defines investment of time (involvement, participation) or resources (purchases, dues, donations) in exchange for value.

Evidence-based practice

Applying the best available evidence gained from the scientific method to guide clinical decision making.

Hospice and palliative medicine

The medical specialty focused on relief of the pain, symptoms and stress of serious illness, by working in teams with other professionals to provide expert hospice care and/or palliative care.

Hospice

Hospice is palliative care for patients in their last year of life. Hospice care can be provided in patients' homes, hospice centers, hospitals, long-term care facilities, or wherever a patient resides.

Medicare Hospice Benefit

In the United States, the Medicare Hospice Benefit pays for a broad array of homecare and inpatient services, but limits the care to patients with a life-expectancy of 6 months or less who are not seeking curative care. Hospice care can be provided in patients' homes, hospice centers, hospitals, long-term care facilities, or wherever a patient resides.

Palliative care

Palliative care is provided by a team of doctors, nurses, and other specialists who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment. Palliative care focuses on improving a patient's quality of life by managing pain and other distressing symptoms of a serious illness including psychosocial and spiritual distress.

Mid-career

Those who have been practicing medicine for 5-10 years.

Practitioners

Person(s) engaged in the practice of hospice and palliative care.

Quality

Degree to which health services increase the likelihood of desired health outcomes and are consistent with current professional knowledge. The Institute of Medicine has defined six dimensions of quality in health care: patient-centered, timely, beneficial, safe, equitable, and efficient. It has also been expressed by the Agency for Healthcare Research and Quality as

- Doing the right thing
- At the right time
- In the right way
- To achieve the best possible results.

Serious or life-threatening conditions

Complex illnesses such as cancer, congestive heart failure, COPD, kidney failure, liver failure, dementia, that can be accompanied by uncomfortable symptoms, including pain, shortness of breath, fatigue, anxiety, depression, lack of appetite, nausea and constipation.

Stakeholder

A person or group that has an investment, share or interest in the field or Academy.

Workforce

Healthcare professionals employed in hospice and palliative medicine.