Strategic Plan 2012-2015

Approved November 2011 by the Board of Directors
AAHPM Core Vision

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.
AAHPM Envisioned Future

All seriously ill individuals and their families will have access to high quality, evidence-based hospice and palliative care.

Vivid Description of a Desired Future:

- 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
AAHPM Goals and Objectives

Goal A: Strengthen Member Engagement
Hospice and palliative care stakeholders will value membership and engage with AAHPM.

Objectives:
1. Increase the value of AAHPM to current and prospective members.
2. Foster engagement through diverse and active constituent communities
3. Encourage interdisciplinary communication and foster ongoing collaboration
4. Members and leaders within the board, committees and communities will engage in the work of the Academy and reflect the diversity of the profession of hospice and palliative medicine

Goal B: Build Workforce & Leadership
AAHPM will strive to attract, develop and retain a sufficient workforce composed of competent leaders – including clinicians, educators, and researchers – expanding access to all those who could benefit from hospice and palliative care.

Objectives:
1. Monitor and address pertinent workforce metrics and gaps
2. Develop prepared leaders and mentors committed to strengthening the organization, its goals, and the subspecialty of hospice and palliative medicine
3. Increase exposure to hospice and palliative medicine through expanded training in all medical schools and within residency and fellowship programs
4. Support the development of mechanisms and pathways for mid-career certification in hospice and palliative medicine

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.

Objectives:
1. Integrate core hospice and palliative medicine competencies into AAHPM curriculum and materials
2. Provide support for certification, CME and professional development through varied educational experiences
3. Support the practice of hospice and palliative medicine through the provision of information, services and resources available through AAHPM
4. Collaborate with other professional societies to improve understanding, knowledge and competencies related to hospice and palliative care
Goal D:
**Promote Quality of Care & Evidence-Based Practice**
AAHPM promotes training in, funding for, and dissemination of research that expands the evidence base of the field and improves the quality of hospice and palliative care.

Objectives:
1. Promote increased federal and other funding for hospice and palliative care research and quality improvement
2. Translate and apply hospice and palliative care research and quality data into clinical practice
3. Provide opportunities for collaboration and knowledge transfer among researchers, quality improvement practitioners and clinicians
4. Participate in the development and application of metrics and outcomes related to quality hospice and palliative care
5. Partner with other organizations to advance the research, quality priorities and funding for hospice and palliative care

Goal E:
**Increase Advocacy and Awareness**
AAHPM expands awareness, understanding, acceptance, funding support and utilization of palliative medicine and hospice.

Objectives:
1. Improve awareness, attitudes and understanding of hospice and palliative medicine among the public, policymakers, payers, administrators and health care professionals and providers
2. Ensure AAHPM is identified and utilized as a respected resource for information and consultation by the public, media, policymakers, health care payers, health care providers and health care organizations
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 organizations, medical societies and health care associations to advance or address priority issues of mutual interest
5. Advocate for increased funding for graduate medical education and sustainable reimbursement strategies related to hospice and palliative medicine
Glossary of Terms

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.

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.

Mid-career
Those who have been practicing medicine for 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, group that has an investment, share or interest in the Academy.

Workforce
Healthcare professionals employed in hospice and palliative medicine.