American Association of Clinical Endocrinologists

S T R A T E G I C  P L A N  2014-2016
**AACE Mission**

The American Association of Clinical Endocrinologists is a professional community of physicians specializing in endocrinology, diabetes, and metabolism committed to enhancing the ability of its members to provide the highest quality of patient care.

**AACE Vision**

The American Association of Clinical Endocrinologists is the organization focused on endocrinology, diabetes, and metabolism that is most:

- Recognized worldwide for its clinical leadership
- Valued by clinical endocrinologists and other healthcare professionals
- Trusted by patients
- Respected by healthcare decision-makers and the public
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### Definitions

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<th>Environmental Scan</th>
<th>Environmental scanning can be defined as ‘the study and interpretation of the political, economic, social and technological events and trends which influence a business, an industry or even a total market’. (<a href="http://en.wikipedia.org/wiki/Environmental_scanning">http://en.wikipedia.org/wiki/Environmental_scanning</a>)</th>
</tr>
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<tbody>
<tr>
<td>Opportunity</td>
<td>An externally derived objective.</td>
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<tr>
<td>Goal</td>
<td>An internally derived objective.</td>
</tr>
<tr>
<td>Strategic Priority</td>
<td>Concrete effort/initiative that supports the AACE mission and vision.</td>
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<tr>
<td>Anticipated Benefit</td>
<td>The overall benefit to AACE with respect to the (nonfiscal) strategic plan.</td>
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<tr>
<td>Fiscal Responsibility</td>
<td>Impact of decision on fiscal viability.</td>
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<tr>
<td>Logistical Ease</td>
<td>The level of resources that will be required to implement the project.</td>
</tr>
<tr>
<td>Strategic Fit</td>
<td>Alignment with the strategic priorities of AACE.</td>
</tr>
<tr>
<td>Strategic Relevance Score</td>
<td>A weighted score that takes into account the strategic fit, fiscal responsibility, logistical ease, and anticipated benefit of proposed goal or opportunity.</td>
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1. Preamble

AACE Strategic Plans are mandated by Board policy and reflect prevailing factors in American Healthcare that affect AACE and clinical endocrinology. This 2014-2016 AACE Strategic Plan represents a departure from previous versions due to changing financial conditions and greater demands to meet AACE Mission and Vision. Consequently, a new tractable paradigm has been developed that embraces these parameters, while providing necessary latitude and flexibility for organizational growth and preeminence.

The Prism heuristic (see figure below) embodies anticipated challenges facing AACE over the next 3 years and a method to successfully navigate this changing landscape to produce viable solutions.

**The Prism Heuristic**

- Rays of light correspond to opportunities
- The Prism corresponds to AACE organizational structure, Goals, and positioning to capture certain opportunities
- Internal refraction and spectral output correspond to implementation and specific AACE activities
2. Disease State Environment

Updated by AACE Disease Scientific Committees:

- Adrenal Scientific Committee
- Diabetes Scientific Committee
- Endocrine Surgery Scientific Committee
- Lipids Scientific Committee
- Neuroendocrine and Pituitary Scientific Committee
- Nutrition Scientific Committee
- Obesity Scientific Committee
- Osteoporosis and Bone Scientific Committee
- Pediatric Endocrinology Scientific Committee
- Reproductive Endocrinology Scientific Committee
- Thyroid Scientific Committee
3. Strategic Priorities

The Board of the Directors of the American Association of Clinical Endocrinologists (AACE) met March 1 through 3, 2013, to review progress on the AACE 2010-2012 Strategic Plan and develop the AACE 2014-2016 Strategic Plan. The Board agreed to develop the Strategic Plan using the Mission Statement and Vision Statement, in-place since 2010.

The conditions critical to the achievement of the AACE Vision - Critical Conditions for Success (CCS) -- were reviewed. The Board determined these critical conditions were still appropriate. The Board also specified measurable, results-oriented strategic objective priorities for the next three years that will meet member needs and enhance AACE in furthering educational and public health goals.

The Critical Conditions for Success and Strategic Objective Priorities are now combined and collectively referred to as Strategic Priorities (SP). Each SP represents a concrete effort/initiative that supports the AACE mission and vision. AACE continues to:

- **SP1** Have the necessary financial, membership, and other resources to implement the strategic plan.
- **SP2** Maintain relevance for all member constituencies.
- **SP3** Enable members to secure the clinical skills, knowledge, and business management information needed to deliver the highest quality of care to their patients.
- **SP4** Support educational and certification activities that are the most effective in promoting the translation of scientific advances into clinical practice.
- **SP5** Enable members to deliver the highest quality of specialized endocrine care and provide the most reliable patient support information.
- **SP6** Be recognized by healthcare decision-makers and the public as the most valuable resource for information about endocrine, diabetes, and metabolism issues.
4. AACE Protocol for Managing Opportunities and Goals.

The AACE Strategic Plan provides the impetus for (1) discovering and evaluating Opportunities and transforming them into concrete proposals and (2) creating Goals that comprise a set of concrete proposals. A formalized sequential process will optimize these AACE abilities based on the following objective criteria:

1. AACE will routinely conduct formal environmental scans. The scans will provide insights and guidance on trends and external factors likely to impact the organization. Environmental scans allow an organization to be more proactive in designing services or realigning resources.

2. Opportunities can be discovered externally and Goals can be created internally.

3. Opportunities and Goals will be routed to the AACE President to determine the appropriate vetting process (see Appendix for Quantitative Tool).

4. By the October 2014 EC meeting, this process will be re-evaluated and adjusted, as needed using performance metrics.
5. AACE Goals for 2014-2016
The AACE Strategic Planning Committee developed high-priority Goals (with sets of proposals) based on specific SPs. Each goal includes the relevant SP:

**G1 Development of Future Payment Models (SP3)**

The healthcare environment is changing. Current endocrine disease epidemics require endocrinologists with specialized training and experience to safely, effectively, and cost-efficiently serve patients and our larger population. Unfortunately, clinical endocrinologists are not recognized for this unique expertise and inherent value added to our complex health care system, and therefore payment models are not satisfactory. AACE must also ensure that clinical endocrinology remains a viable option for physicians-in-training and continues to be a rewarding activity for experienced endocrinologists.

This goal will be accomplished by:

- Focused development of future payment models supported by data that demonstrate the value of the endocrinologist and compensate them fairly for their work.

**G2 Development of Endocrine Disease Models (SP2, SP3, SP4, SP6)**

Current endocrine disease models are medical models. AACE is developing an obesity disease model that incorporates the public health model with economic, social, political, regulatory, and other contexts. Within the context of a changing health care environment and constant influx of new information, revising outdated endocrine disease models is necessary.

This goal will be accomplished by:

- Development of protocols for creating and revising endocrine disease models
- Revision of existing white papers when necessary in adherence with current AACE guidelines for production of these documents
- Development of new white papers when necessary in adherence with current AACE guidelines for production of these documents

**G3 Quality Measures for Endocrinologists (SP3, SP6)**

An integral part of development of payment models is the development of quality measures. The Centers for Medicare and Medicaid Services (CMS) states, “Quality health care is a high priority for the President, the Department of Health and Human Services (HHS), and the Centers for Medicare & Medicaid Services (CMS). CMS implements quality initiatives to assure quality health care for Medicare beneficiaries through accountability and public disclosure. CMS uses quality measures in its various quality initiatives that include quality improvement, pay for reporting, and public reporting.”
United Health Care (UHC) has a Premium Designation Program whose literature states: “The program uses evidence-based, medical society, and national industry standards with a transparent methodology and robust data sources to evaluate physicians across 22 specialties to advance safe, timely, effective, efficient, equitable and patient-centered care. The program supports practice improvement and provides physicians with access to information on how their clinical practice compares with national and specialty-specific measures for quality, and with local cost efficiency benchmarks in the same geography.”

In their 2012 report, “Report from the National Quality Forum: 2012 NQF Gap Analysis,” the National Quality Forum (NQF) listed all of the organizations that participated in their Measure Developer Workshop. Physician organizations included the AMA Physician Consortium for Performance Improvement, American College of Radiology, American College of Rheumatology, Heart Rhythm Society, and the Infectious Diseases Society of America. The attendees also included the American Hospital Association, American Nurses Association, Federation of American Hospitals, National Association of Public Hospitals and Health Systems, and The Joint Commission. In recognizing the importance of the NQF, AACE recently had a member appointed to the NQF to represent endocrinology. AACE recognizes the increasing prevalence of quality measures and their potential to impact the practice of medicine. To enable members to compete in this changing environment, AACE agree that members must have the ability to demonstrate the quality of care they provide to patients and the value associated with quality care.

This goal will be accomplished by:

- Continued representation of clinical endocrinologists by participation in the Physician Consortium for Performance Improvement.
- Participation in the National Quality Forum.
- Continual monitoring for new opportunities for involvement in quality measures activities.

**G4 Integration of Clinical Registries (SP3, SP6)**

AACE recognize the role of clinical registries and their ability to generate data as a foundation for multiple activities including, but not limited to, supporting legislative initiatives, improving socioeconomic issues, developing disease models, conducting research, and refining clinical guidelines and algorithms. AACE also realizes that creation of such clinical registries is expensive, and the benefits will not be immediately recognized.

This goal will be accomplished by:

- AACE having a definite design for a pilot registry and pursuing funding by mid-2014.
G5 Demonstrate that endocrinologists are valued by healthcare decision makers as experts in endocrine disease management) (SP2, SP5)

Value is a term that has multiple definitions and is often based on different perceptions. Currently, a baseline does not exist to measure the value of endocrinologists.

This goal will be accomplished by:

- AACE establishing a baseline for measuring the value of endocrinologists by the end of 2014.
- Issuing the first report demonstrating the value of endocrinologists by the end of 2015.

G6 By 2015, all endocrinologists will look to AACE as the best source of guidance for practicing endocrinology in any setting, by providing access to payment models and quality measurements. (SP2, SP3)

Members join and retain membership in professional organizations that provide value and support their needs. Physicians need a resource that supports them, as clinicians, employees, and small business owners. This resource must provide information that allows them to represent themselves, and/or their practice so they can optimize their practice.

This goal will be accomplished by:

- AACE having a dedicated page on AACE’s website providing member resources and tools relating to multiple practice models by the end of 2014.
- AACE becoming a member of the National Quality Forum and providing input into the NQF’s review of performance measures on endocrine conditions, including diabetes, thyroid disease, osteoporosis and metabolic syndromes. Completed by the end of 2014.
- Having Endocrine Certification in Neck Ultrasound (ECNU) widely recognized by third party payers as a valid certification for performing diagnostic head and neck ultrasound and ultrasound guided fine needle aspiration biopsy by 2015.

G7 AACE will be valued as the premier “Voice of Clinical Endocrinology.” (SP2, SP5)

AACE /ACE must be attuned to the needs of all members and continually strive to maintain relevancy. In doing so, new members will be attracted to the organization and existing members will renew their membership.
G8 By 2016, a mechanism will be in place to ensure that all endocrinologists look to AACE as a premier source of education regarding clinical endocrinology in any setting. (SP3, SP4, SP6)

This initiative requires ongoing research to determine the educational needs of members. Sources of research can include retrospective review of program evaluations, member surveys, and other methods that will obtain input from members.

This goal will be accomplished by:

- Increasing by 10 the number of online enduring CME modules available in AACE library.
- Upgrading online learning capabilities through investment in and implementation of a robust Learning Management System (LMS).
- Increasing member usage of online enduring CME modules as determined by member “hits” year-to-year.
- In the first half of 2014, developing baseline measures regarding AACE as a source of information.
- By the end of 2014, producing a report summarizing the impact of activities and recommend areas for improvement or revision.

G9 The public recognizes and values endocrinologists as providing expertise specific for endocrine disorders. (SP2, SP5)

The AACE membership understands that the general public does not recognize or understand the specialty of endocrinology. However, the Disease State Overview clearly illustrates the role of endocrinology and the importance of clinical endocrinologists in the care of patients. The public must become aware of endocrinology.

This goal will be accomplished by:

- Design a multi-faceted endocrine awareness campaign.
- Yearly public surveys showing growth of awareness of endocrinologists when compared to a baseline.
- A 10% increase in bona fide media interview requests year-to-year.

G10 Increase net surplus yearly to ensure that AACE has the necessary financial and other resources to carry out its strategic objectives while maintaining or improving reserves. (SP1)

All organizations must take steps to ensure they have the ongoing financial ability to support existing programs and fund new programs, member services, and initiatives.
This goal will be accomplished by:

- Increasing financial resources to provide products and services that further the mission of AACE.
- Increasing financial reserves in accordance with existing AACE policy.
- Compliance with existing policy by increasing the total investment portfolio by 3-4% annually, such performance to be measured over a rolling period of three years by the AACE Finance Committees.
- AACE developing a detailed plan for investments in the information technology infrastructure by the end of 2014.
- AACE implementing changes in the information technology infrastructure that will enhance the member experience by the end of 2015.

**G11 Increase number of new members joining AACE by 3% each year, and retain 90% of members. (SP1, SP3, SP4)**

This goal will be accomplished by:

- 75% of board certified endocrinologists in the US being members of AACE, as compared to 68% in 2013 (based upon data from ABMS) by the end of 2015.
- 25% of AACE members will be international, an increase of 5% of current overall international membership by the end of 2015.
- Converting 70% of Associate Members into paying members by the end of 2015.

**G12 By 2015, certification programs will be developed and deployed for PhARMA representatives and allied healthcare professionals in areas such as diabetes, obesity, and cardiovascular risk management. (SP4)**

AACE believes that properly educated and certified PhARMA representatives can provide insight to members regarding their products. AACE also believes that educated, certified allied health professionals can provide value to the field of clinical endocrinology.

This goal will be accomplished by:

- Conducting training programs for two industry partners by the end of 2014.
- AACE creating a format for the delivery of web-based training applicable to PhARMA and allied health professionals by the end of 2014.
G13 AACE and affiliated entities will review their respective governance structure and provide recommendations that enable effective and efficient governance. (SP1, SP2, SP4, SP6)

AACE understands the healthcare environment is in a period of rapid change and that organizations supporting physicians must have the ability to effectively and efficiently govern so the needs of current and future members are fulfilled.

This goal will be accomplished by:

- Providing a report to the AACE Boards with recommendations to efficiently and effective govern the organizations by October, 2014.

G14 Information Technology Infrastructure (SP1, SP2, SP3, SP4, SP6)

Many of the objectives included in this strategic plan rely on a robust information technology (IT) infrastructure. AACE understands that technology will not solve every problem, but the strategic application of technology can create process efficiencies and sharing of information that improves member service.

This goal will be accomplished by:

- Completing a gap analysis and providing recommendations to the AACE Boards for upgrading/investing in the IT infrastructure by March, 2014.

- Developing a plan for upgrading/investing in the IT infrastructure based on decisions made in March, 2014. The plan will be completed by April, 2014.

- Assuring all IT expenditures are subject to necessary budget approvals and funding availability.

**Adopted by AACE Board of Directors at the Board of Directors meeting on January 25, 2014.**
Appendix. Quantitative tool to determine the Strategic Relevance Score to assist with proposal evaluation.

Each new Opportunity or Goal will receive a Strategic Relevance Score (SRS). The SRS is designed to assist the evaluation process and by itself does not determine decisions. The SRS quantitatively relates the Opportunity/Goal to the mission/vision of AACE. The SRS is the sum of four weighted criteria and include:

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Weighting</th>
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<tr>
<td>Strategic Fit</td>
<td>3</td>
</tr>
<tr>
<td>Fiscal Responsibility</td>
<td>3</td>
</tr>
<tr>
<td>Logistical Ease</td>
<td>2</td>
</tr>
<tr>
<td>Anticipated Benefit</td>
<td>1</td>
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</table>

Each criterion above is multiplied by a rating based on how well an opportunity incorporates the respective criterion.

Ratings: 1 (very low) 2 (low) 3 (medium) 4 (high) 5 (very high)

The sum of the products ([criterion-1 x rating] + [criterion-2 x rating], etc.) represents the opportunity SRS (range 9-45; semantic descriptors: “very weak” corresponding to 9-16; “weak” 17-23; “intermediate” 24-30; “strong” 31-37; and “very strong” 38-45). Inherently subjective input is still amenable to this process.