



Strategic Plan

2009 – 2012

Approved by the AAHKS Board of Directors

July 19, 2009

This Strategic Plan is an update of a plan originally developed at the AAHKS Board Retreat in July, 2007. Contributors to this update include members of the AAHKS Board of Directors, Committee Chairs, AMA Delegates, Staff and other volunteer leaders invited to the 2009 Board Retreat.

The intent of the AAHKS Board is to establish an “Evergreen” three-year plan, updating and extending it as needed so the leadership and staff will always have a three-year plan in front of them to guide the advancement of the Association and profession.

Contents:

Planning Glossary.....	2
Environmental Audit.....	3
AAHKS Vision Statement.....	6
AAHKS Mission Statement.....	6
AAHKS Core Values.....	6
AAHKS Goals and Objectives.....	7
Goal 1: Education.....	7
Goal 2: Health Policy.....	7
Goal 3: Research.....	8
Goal 4: Organization.....	9

Strategic Planning Glossary.

Strategic Planning is a process for creating direction for the organization, given an uncertain future. It helps determine what the organization intends to accomplish, and how you will direct the organization and its resources toward accomplishing its goals over some period of the future, usually two to three years. The plan is a living document, and needs to be constantly revisited for correction, modification and updating. Strategic planning is future-focused.

An Environmental Audit is a review of the external and internal environment, so planners are able to determine what the external threats and opportunities are, and what the internal strengths and challenges of the organization are. Without this assessment, it is very difficult to determine what should, or can, be accomplished by the plan.

Core values are short, simple statements that reflect the things the organization believes in, and which must not be violated while meeting the mission or seeking to accomplish the vision.

A Mission Statement is about “what we are here to deliver as an outcome.” It is the reason the organization exists. If the organization is doing something not covered by the mission statement, either the statement needs to be changed, or the organization needs to stop that activity.

A Vision Statement is a picture of the future you seek to create, but may be described in the present tense as if it were happening now. It is an inspirational statement that describes what the organization’s world will look like if the organization succeeds in implementing all its goals and achieves its full potential.

Goals are statements of where the organization wants to go in the future, which seek to move the organization toward its vision and mission. They are broad, overall priorities or directions that tend to be developed in response to an environmental assessment of the future impacts on the organization. Goals are outcome statements that define what an organization is trying to accomplish and that tend to be developed from a review of where the organization has come from and where it needs to go. They are usually aspirational, in that we never achieve a perfect world. Until you have goals, you cannot realistically develop objectives or action plans. Goals may not change much when a new plan is developed. Every goal should add value to membership.

Objectives are specific, measurable targets set for each goal. They are short-term in nature. Until you have objectives, you cannot realistically develop action plans. Ideally, objectives are specific, measurable, achievable within the plan’s timeframe, relevant to the goals, and time-limited.

Action Plans (Tactics) will detail the who, what, when, where, and how of achieving the objectives. Who will carry out which actions, what time frames, etc? How do we want to work together? The action plans form the framework for operational planning. They are developed by the committees and staff to achieve the objectives.

Environmental Audit

An Environmental Audit or Scan is a review of the external and internal environment, so planners are able to determine what the external threats and opportunities are, and what the internal strengths and challenges of the organization are. Without this assessment, it is very difficult to determine what should, or can, be accomplished by the plan.

This is sometimes called a SWOT Analysis, for Strengths, Weaknesses, Opportunities and Threats.

Section One: External Opportunities

- Growing demand for TJR, due to many factors including an aging population, changing patient expectations, baby boomer values and obesity.
- Commitment of AAOS to working with Specialty Societies like AAHKS
- THR and TKR are profitable service lines of business for hospitals. They are also easily tracked now with SCIP protocols and effect the bottom line of private withholds
- Members provide a life-changing service that will continue to be needed and in demand.
- Push for health care reform may offer opportunities to improve the practice situation and/or reimbursement rates for TJR surgeons. We may want the focus to be improvement on quality, efficient cost effective care rather than increasing our reimbursement
- Continued development of new technologies and devices, as well as new techniques, will create opportunities for AAHKS to fulfill it's educational and research mission
- Need for focused, efficient, and cost effective continuing education. We can continue to be a provider as corporate opportunities will continue to decrease
- DOJ action may limit industry support for fellowships, CME and surgeon-industry collaboration. This may be an opportunity for AAHKS as a provider of CME, etc.

Section Two: External Threats

- DOJ action may limit industry support for fellowships, CME and surgeon-industry collaboration. While true, in many ways this is a positive, as mixing the industry support with the post grad medical education is risky
- DOJ may file charges against some surgeons, creating negative PR for the profession. We have an opportunity to promote our positives and to lead.
- Economic downturn may mean less industry funding for CME, Fellowships and Research and less hospital investment in TJR programs. This may force actual cooperation like bundled global payment.
- Economic downturn may negatively impact AAHKS membership growth and conference attendance
- Over the past decade there have been fewer TJR fellows which may decrease or limit future professional leadership and specialty development

- Growing demand and volumes of future TJRs may increase pressure to reduce surgeon and or hospital reimbursements
- Great uncertainty as to what the future of healthcare and medical practice will be
- The large number of special interest groups involved in HCR make it difficult or impossible to predict an outcome or its affect on TJR surgeons and their patients.
- Present all-lawyer leadership of all branches of the federal government may create an increasingly-hostile practice environment
- Presence of intermediary organizations between surgeons and funding agencies for continuing education (this may not be a threat, but is a reality that we need to deal with effectively)

Section Three: Internal Strengths

- Solid group of committed, diverse volunteers who are willing to devote significant time to the association
- Very little political conflict or “ego” jockeying among the volunteers, compared to many associations
- Established OrthoPAC with aligned AAHKS leadership
- Significant reserves for an association of this size
- Cohesive staff that works well together and is committed to the mission
- Evolving strategic plan with achievable agenda
- AAOS relationship provides significant support at very reasonable cost, in office space, database and website hosting
- Identified younger AAHKS leaders
- Establishment of a residents education and recruitment program
- Internal structure and processes have been significantly upgraded and strengthen in 2008
- Strong membership growth in 2008, plus excellent retention rate
- Previous AAHKS leadership now in leadership roles within the AAOS and OREF
- Commitment to research, education that has been unparalleled by other organizations and can be used to resolve or promote many of the aforementioned problems/risks

Section Four: Internal Challenges

- Multiple and varied organizational priorities with a small staff making support and implementation of program and activities uneven

- Four full time staff size makes supporting numerous boards, committees, task forces and projects a growing challenge. A small staff also limits the professional skills available in house, as you cannot have a CPA, attorney, graphic artist or other specialized employees in-house
- Willingness to risk some of the less stable funds to promote the cause, willingness to call on members for monies for the cause
- Naturally risk adverse...makes it sometimes difficult to fight the fight
- Need or willingness to delegate our authority to the AAOS or PAC?
- The tendency (true of all associations) to create programs, projects and committees without the staff and infrastructure to well support them
- Volunteers are increasingly “time starved,” making it harder to commit the time needed for projects, creating a need to increase the volunteers and actually get them to deliver (always a problem)
- Demand for activities, projects and programs exceeds the resources available and the tendency to want to do a lot of things poorly rather than a few things well (also both true of most associations). Need to develop priorities for each committee and board as a whole.
- The celerity of change is growing, making it difficult for the volunteers and staff to keep up with changes in political landscape, technology and other evolutions, both in TJA and in association management.

AAHKS Vision

The essential organization of hip and knee specialists, functioning to serve the needs of patients, care providers and policy makers regarding hip and knee health.

AAHKS Mission

To advance and improve hip and knee patient care through leadership in education, advocacy and research.

AAHKS Core Values

Professionalism – Promote and embrace the highest ethical and practice standards.

Excellence in Patient Care – Unwavering commitment to meeting our patients’ needs.

Leadership – Define, prioritize and implement programs designed to realize the vision and mission of AAHKS.

Inclusiveness – Embrace, welcome and engage all qualified residents, fellows and surgeons with an interest in hip and knee surgery.

AAHKS Goals and Objectives

Note: When responsibility for an objective is assigned to more than one committee or task force, the lead (coordinating) committee is listed first. The AAHKS Staff is assigned to support the committees and task forces in accomplishing all objectives, as needed, so are not listed, but are also responsible.

Goal 1: Education -- Provide excellence in the development and exchange of information for physicians, health care professionals, and patients.

Objectives

1A. Develop, continually update and implement a comprehensive educational plan for AAHKS.

Responsibility: Education Committee, Education Subcommittees

1B. Continuously improve the educational content, value to attendees, and financial success of the annual meeting.

Responsibility: Annual Meeting Program Subcommittee

1C. Establish AAHKS as a premier provider of education for hip and knee surgery MOC.

Responsibility: Education Committee

1D. Develop a comprehensive educational plan for residents, to include a course at the annual meeting.

Responsibility: Education Committee

1E. Determine optimal publication strategies for AAHKS.

Responsibility: Publications Subcommittee

1F. Increase the number of individuals entering arthroplasty fellowships

Responsibility: Executive Committee, Education Committee, Health Policy Committee, Fellowship Match Oversight Committee

Goal 2: Health Policy – Support and promote health policy, programs, and legislation that benefits hip and knee patients.

Objectives

2A. Develop legislative and regulatory health policy priorities annually, including but not limited to:

- **Representation on regulatory bodies.**

Responsibility: Health Policy Committee, Board of Directors.

- **Fair reimbursement on primary arthroplasty and revision arthroplasty.**

Responsibility: Health Policy Committee

- **Promotion of an independent National Joint Registry.**
Responsibility: Health Policy Committee, Board of Directors
- **Manpower.**
Responsibility: Workforce Issues Task Force, Health Policy Committee
- **Input into healthcare reform.**
Responsibility: Healthcare Reform Task Force, Health Policy Committee
- **Patient advocacy.**
Responsibility: Health Policy Committee

2B. Develop and implement an effective communication plan to regularly outline AAHKS advocacy issues and work achievements.

Responsibility: Health Policy Committee, Communication Subcommittee

2C. Increase PAC participation including contributions from AAHKS members by 50%.

Responsibility: Health Policy Committee, Board of Directors

2D. Maintain AAHKS membership in the AMA at a level that continues the AAHKS representation in the AMA House of Delegates.

Responsibility: AMA Delegates, Health Policy Committee

2E. Develop an AAHKS patient advisory program.

Responsibility: Health Policy Committee

2F. Support and assist in the implementation of an independent national total joint replacement registry.

Responsibility: Executive Committee, Health Policy Committee, Research Committee

Goal 3: Research -- Develop, support and implement programs to advance knowledge and treatment of hip and knee disease.

Objectives

3A. Develop and conduct one or two targeted member surveys annually and track the outcome of the research survey.

Responsibility: Research Committee

3B. Support hip/knee technology reviews

Responsibility: Research Committee, Evidence Based Medicine Committee

3C. Collaborate with OREF to optimize research opportunities for AAHKS.

Responsibility: Research Committee, Executive Committee

3D. Collaborate with AAOS/AHRQ and other appropriate organizations to develop Health Policy related research for AAHKS.

Responsibility: Research Committee, Health Policy Committee

3E. Support the development of clinician scientists in hip and knee surgery

Responsibility: Research Committee, Education Committee

Goal 4: Organization -- Optimize the efficiency and effectiveness of AAHKS

Objectives

4A. Maintain reserves at or above one years operating expense.

Responsibility: Finance Committee

4B. Review the strategic plan annually and update when needed.

Responsibility: Executive Committee

4C. Monitor and respond to changing member needs.

Responsibility: Board of Directors

4D. Maintain and enhance collaborative relationships with other key organizations such as; Hip Society, Knee Society, OREF, AAOS, ACS, AMA and others as determined.

Responsibility: Board of Directors

4E. Implement and effectively manage the Hip/Knee/Tumor Fellowship Match Program.

Responsibility: Fellowship Match Oversight Committee, Executive Committee

4F. Increase total membership by 25% over three years.

Responsibility: Membership Committee, Board of Directors.