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<td>I. Ensure that AMDA is a good steward of its resources: human, financial, time, infrastructure, and systems</td>
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| **DOMAIN I** | ED, DFA, Treasurer | Effective financial management | • Work to achieve 5/50 (5% margin/50% AOE in reserves)  
• Maintain close review and reporting structure on all programs and keep senior staff and Finance Committee updated on all trends, updates and indicators.  
• Maximize existing and identify and develop new revenue streams  
• Identify and eliminate unnecessary expenses  
• Develop updated chart of accounts structure for The Foundation  
• Explore options for product sales on Amazon and other external platforms |
|  | ED, DFA | Responsive staff/infrastructure management | • Continue to review our insurance products and carriers to ensure we have the best coverage for the organization at the most economical cost.  
• Review our options for open enrollment - health care and other related benefits  
• Develop sexual harassment policy with board approval  
• Update Employee Handbook and collect annual COI forms  
• Set up and move all server documents to new (cloud) platform by year-end.  
• Replace 4-year-old (Windows 7) PCs in 4th quarter  
• Evaluate and improve staff performance management process |
|  | Governance Cttee, ED | Good governance | • Assess and continue to improve governance model  
• Develop both governance training and healthcare/PALTC trends education for the AMDA Board of Directors. Survey the Board to identify needed areas of focus  
• Review recent Board self-assessment reports for development topics  
• Continue to revise and improve the orientation program for new Board members  
• Review and assess the efficacy & rate of adoption of the committee operating guidelines  
• Review recent committee self-assessment for improvement opportunities, e.g., develop a committee orientation for better onboarding of new committee members/chairs  
• What are the most effective ways to accommodate and respond to special interests within AMDA members, e.g., behavioral health, physiatry, etc.?  
• Review Bylaws for any needed changes |
|  | DFA, ED | Systematic and relevant processes and systems | • Apply ADLI (Baldrige approach, deployment, learning and integration) to our processes  
• Complete Baldrige organizational profile  
• Standardize and align AMDA processes and work systems  
• Embed systems to quantify AMDA resources (include all quantifiable domains) and provide tools to understand not only how work currently gets done but also to assess the implications of shifts in resource allocation in executing strategic goals. |

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| ED, DFA | Recognition for organizational quality | • Achieve GuideStar Platinum  
• Maintain ACCME accreditation with commendation  
• Seek other external awards/recognition | | |

### 2. Develop and deliver timely, relevant education and clinical tools for PALTC medicine clinicians to improve patient/resident care, and attract more members

| DOMAIN II | Membership Committee/ Membership & Marketing Team | Improve AMDA member retention | • Conduct lapsed member surveys and campaigns to understand member dynamics  
• Conduct renewal/win-back telemarketing campaign with BrightKey  
• Promote all new and existing products  
• Consider development of an AMDA Journal Club  
• Continue to develop and promote AMDA On-The-Go (2 episodes/month). Secure sponsor for 2nd half of the year  
• Hold first-ever taping of AMDA On-The-Go Live. Opportunity for the Futures to participate in a taping of AMDA On-The-Go with a live studio audience at AMDA’s Annual Conference  
• Hold 3 PALTC Leadership Meetings (1 at annual conference, 2 at AMDA’s office)  
• Hold the 2nd Annual Shark Tank Competition in Atlanta at AMDA’s Annual Conference  
• Hold International Special Interest Group meeting at the annual conference  
• Conduct search for new Email Service Provider; implement marketing automation | | |
|----------------|-------------------------------------------------|-----------------------------|-----------------------------------|----------|
| Membership Committee/ Membership & Marketing Team | Recruit new members to AMDA | • Develop detailed marketing, communications and PR plan, including a detailed strategy for use of the Definitive Healthcare Database to recruit individual practitioners and practice groups  
• Continue to pursue joint membership with sister societies  
• Continue to seek opportunities to grow Individual, Corporate and PGN membership.  
• Complete HRSA Grant work to assess medical director involvement with medical staff management  
• Launch new membership category for non-clinician innovators. | | |
| Membership Committee/ Membership & Marketing Team | Support and develop AMDA state chapters | • Continue to support chapters = Open Mic calls, promote joint dues, web and email templates  
• Develop a Chapter engagement strategy  
• Explore Chapter insurance programs – blanket liability and D&O  
• Innovate possibilities for remote chapter administration  
• Address Chapter challenges, including identifying new leadership for the Western chapter; the Maine Chapter and the Kansas Chapter; implement the Inactive Chapter process as needed  
• Transition State Chapter Handbook online. Establish small work group comprised of chapter leaders/administrators. | | |
| DOMAIN II & III | CPSC Director of Clinical Affairs | Develop and keep updated evidence-based Clinical Practice Guidelines (CPGs) and related clinical guidance resources and tools | • Develop and deliver mobile apps where appropriate and desirable to improve adoption and make guidance more actionable.  
• Develop and deliver clinical policy statements/frameworks as the basis for other resources (e.g., opioids, dysphagia).  
• Develop apps for specific clinical challenges (e.g., UTI protocol, psychotropic drug review) | |
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<td>• Develop topics for quarterly JAMDA Pragmatic Innovations section (opportunity to grow an evidence base)</td>
<td>• Develop editorials for JAMDA submission</td>
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<td>• Develop “Best Practices” to be placed on AMDA website</td>
<td>• Develop Teaching Slides for 3Ds: Delirium, Dementia and Depression</td>
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<td>• Develop Teaching Slides for TOC plus one more topic TBD</td>
<td>• Develop 1-3 Pocket Guides (pending funding)</td>
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<td>• Revision of Pain Management CPG (pending RRF grant funding)</td>
<td>• Development of new CPG the 3Ds (pending RRF grant funding)</td>
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<td>• Identify pathways to complete clinical tools</td>
<td>• Identify next CPGs to be revised based on literature review and gap analysis</td>
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<td>• Secure informationist for journal reviews</td>
<td>• Participate in ABIM Choosing Wisely Campaign and submit 5 new statements in 2019</td>
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<td>• Explore ways to revise CPGs more quickly, e.g., partnering with other entities to accomplish systematic reviews for CPGs, funding a CPG chair to devote focused time for rapid turnaround.</td>
<td>• Participate in ABIM Choosing Wisely Champions Campaign</td>
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<td>• Identify next CPGs to be revised based on literature review and gap analysis</td>
<td>• Work with MatrixCare in building out CDS and/or ACOC tool</td>
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<td></td>
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<td>• Participate in ABIM Choosing Wisely Campaign</td>
<td>• Complete White Paper, Pay for Performance, and submit for JAMDA publication</td>
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<td>• Participate in ABIM Choosing Wisely Champions Campaign</td>
<td>• Submit White Paper, SED by AD, for JAMDA publication</td>
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<td>• Work with MatrixCare in building out CDS and/or ACOC tool</td>
<td>• Submit White Paper, Vaccination of Healthcare Workers for JAMDA publication</td>
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<tr>
<td></td>
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<td>• Complete White Paper, Pay for Performance, and submit for JAMDA publication</td>
<td>• Submit White Paper, Total Medication Oversight (TMO) as a Skilled Need to JAMDA</td>
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<td>• Submit White Paper, Vaccination of Healthcare Workers for JAMDA publication</td>
<td>• Submit White Paper or Template on Safe Discharge to JAMDA</td>
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<td></td>
<td>• Submit White Paper or Template on Safe Discharge to JAMDA</td>
<td>• Continue submissions to Caring for the Ages</td>
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<td>• Continue submissions to Caring for the Ages</td>
<td>• Assist in securing OHCQ grant for ACP pilot studies in 3 nursing homes</td>
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<td>• Generate interest for Compendium of Ethics resources</td>
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<td>• Continue with Ethics topics for AMDA- On-the-Go Podcast</td>
<td>• Complete and finalize UTI Consensus Statement</td>
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<td>• Complete and finalize UTI Consensus Statement</td>
<td>• Produce UTI Toolkit with AHRQ IOU grant funds</td>
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<td>• Produce UTI Toolkit with AHRQ IOU grant funds</td>
<td>• Summarize and share results of a survey to AMDA members regarding antimicrobial stewardship</td>
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<td>• Summarize and share results of a survey to AMDA members regarding antimicrobial stewardship</td>
<td>• Begin work on Nursing Home-Acquired Pneumonia Consensus Statement</td>
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<td>• Begin work on Nursing Home-Acquired Pneumonia Consensus Statement</td>
<td>• Participate in revising the minimum criteria for the initiation of antibiotics in residents of LTC facilities, aka, the Loeb minimum criteria, led and funded through the Society for Healthcare Epidemiology of America (SHEA)</td>
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<td>• Participate in revising the minimum criteria for the initiation of antibiotics in residents of LTC facilities, aka, the Loeb minimum criteria, led and funded through the Society for Healthcare Epidemiology of America (SHEA)</td>
<td>• At the invitation of the American Society of Consultant Pharmacists (ASCP), 1-2 members of the IASC serve as liaisons to the ASCP’s Antibiotic Stewardship Think Tank Committee</td>
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<td>• At the invitation of the American Society of Consultant Pharmacists (ASCP), 1-2 members of the IASC serve as liaisons to the ASCP’s Antibiotic Stewardship Think Tank Committee</td>
<td>• Pilot Hospitalist Training Program with Geisinger; monetize if successful</td>
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| DOMAIN II & III | CPSC Director of Clinical Affairs | Adapt AMDA clinical guidance tools for SNFs across all settings of care; develop guidance for other PALTC settings | • Revise CPGs as needed to apply to other settings  
• Develop an Assisted Living Pocket Guide and other tools specific for additional settings of care (e.g., AL Medical Director model agreement)  
• Develop credentialing requirement for Assisted Living  
• Hold 2020 AMDA/CEAL Summit | □ |
| DOMAIN II & III | Education Committee DPD&M | Develop and deliver effective educational programming to AMDA members and interested others | • Conduct successful Annual Meetings in 2019, 2020, and 2021  
• Develop and finalize the 2020 annual conference program  
• Recommend for Board approval conference cities for 2023 and 2024  
• Update the Core Curriculum on Medical Direction and move to a new interactive platform  
• Offer three cohorts per year for the Core Curriculum Online Course  
• Offer Core Curriculum Synthesis Course twice (Summer and Fall) each year  
• Implement 2019 gap analysis/needs assessment process.  
• Update the Competencies Curriculum online program and explore moving the program to a new platform  
• Form a workgroup to position the Competencies Curriculum for wider adoption  
• Offer 10 or more webinars each year  
• Maintain ACCME accreditation and MOC for ABIM and AAFP  
• Obtain CEs for other disciplines as appropriate  
• Explore alternative, experimental, and innovative educational experiences and delivery mechanisms  
• Develop a measurement process to assess the impact of AMDA education on practice change  
• Adapt agile development strategies from the software industry to create Rapid Education Development Workgroups. | □ |
| Education Committee DPD&M NP/PA Council | Promote interprofessional inclusion in AMDA’s content and language  
Develop PALTC team training & development | • Develop and deliver training targeted at improving the PALTC clinical team performance rather than that of a single discipline  
• Consider team training on specific topics (e.g., safety, goal-centered care, transitions, etc.)  
• Seek CMP funding for team training to offset time away from clinical care  
• Continue to promote the use of inclusive language and content in all AMDA programs and communications | □ |
| Education Committee DPD&M | Develop leadership training for PALTC clinicians | • Launch the new online QAPI program in 2019  
• Develop, assemble, or compile educational programs to develop strategic leadership and business skills in PALTC clinicians. Include such topics as skill-building on understanding strategic leverage, making the business case for PALTC-specific clinicians and medical directors, change management and leadership, and relationship-building with acute care and payers (ACOs/MCOs) | □ |
| DOMAIN II | Foundation | Administer the Foundation awards programs | • Continue to administer the awards programs: Dodd, Patee, MDNY, QI and QIHO  
• Convene an ad hoc awards committee to review application process for QI and Excellence (QIHO) award programs | □ |

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<td>Foundation</td>
<td>Raise funds for AMDA-enterprise strategic priorities, and fund those priorities within our capacity to do so.</td>
<td>• Conduct a Foundation strategic planning meeting in 2019 to reflect the new AMDA strategic priorities&lt;br&gt;• Increase outreach to industry and recruit 7 members to the 2019 Industry Advisory Board&lt;br&gt;• Recruit volunteers for the Development Committee to strengthen opportunities.&lt;br&gt;• Hold event (virtual?) for feedback with major donors.&lt;br&gt;• Develop a formal process to evaluate funding requests that are presented to the Foundation&lt;br&gt;• Update a communications schedule to keep all AMDA members and stakeholders better informed. The goal is to create a quarterly e-blast on Foundation updates to members; a monthly e-blast to Futures participants from past 3 years to help keep them engaged in AMDA and update our social media opportunities by exploring social media platforms, hiring intern.&lt;br&gt;• Partner with Insight Therapeutics to recruit members for participation in flu vaccine projects.</td>
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3. Define and promote the unique roles and skills of PALTC medicine

| Domain II & III | CPSC ABPLM JAMDA | Clearly articulate those components of care delivery that are unique to PALTC medicine | Publish ABPLM JA data and promote PALTC medicine as a specialty area of practice<br>Describe a care systems approach in PALTC<br>Promote AMDA as focusing on complex chronic care medicine, not a facility (SNF) or setting of care<br>Promote AMDA members’ expertise with transitions and continuity of care, particularly with acute care/hospitalist audiences. Set standards for transitions<br>Promote AMDA members’ expertise with medication management and oversight<br>Promote AMDA members’ expertise with regulatory requirements and ability to prevent deficiencies, readmissions, and other adverse outcomes<br>Promote AMDA members’ expertise in controlling costs and supporting facilities in being part of preferred networks<br>Position PALTC medical directors as key drivers of measures that matter to acute care and payers | |

| Staff directors AMDA Board | Develop an “elevator speech” for PALTC medicine and communicate this widely to raise visibility for PALTC medicine | Survey Board members (AMDA, ABPLM & Foundation): “How would you describe what you do?”<br>Develop an “elevator speech” based on this and send this to AMDA members for their feedback; include state presidents’ and past presidents’ councils<br>Explore engaging a communication/branding specialist to assist in developing a campaign targeted to various key audiences | |

<p>| | Promote the unique nature of PALTC medicine, inside and outside of AMDA, through AMDA’s communication channels | Deploy AMDA’s communication vehicles and channels to promote the unique nature of PALTC medicine: Caring for the Ages, WRU and email, Social media, AMDA On The Go, and external visibility (e.g., McKnight’s).&lt;br&gt;Build upon the “We Are LTC Campaign” to build a We Are LTC Campaign Catalogue in the form of a searchable database of stories that can be included in advocacy efforts.&lt;br&gt;Innovate our communication strategies | |</p>
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| **Membership & JAMDA editorial teams** | | Develop profiles of member expertise to tap for task force/project work | • Combine AMDA member demographic data with JAMDA reviewer data to leverage a broader group of AMDA volunteers by creating AMDA Expert Network profiles describing member expertise in a searchable database  
• Make SMEs available for TEPs, CMS, vendors, research projects, and AMDA workgroups  
• Consider establishing a consulting service within AMDA using identified SMEs to address challenges in PALTC that are brought to us by members, customers and stakeholders | ☐ |
| Executive Director Staff directors AMDA Board | | Nurture existing and develop new organizational alliances to promote the unique nature of PALTC medicine | • Participate in, and/or develop new, coalitions to advance AMDA’s priorities with other PALTC stakeholder groups  
• Communicate with and nurture existing organizational relationships  
• Assess AMDA’s external organizational relations and look to close gaps in these | ☐ |
| **DOMAIN III** | **ABPLM** | Offer and strengthen the Certified Medical Director credentialing program | • Hold an ABPLM strategic planning meeting in August 2019  
• Review and as necessary revise all ABPLM policies, procedures, and bylaws  
• Review and as necessary revise CMD eligibility requirements for initial certification, recertification, and reinstatement  
• Provide support to ABPLM Board of Directors and Committees as they establish steps toward expansion of current CMD certification  
• Complete feasibility study for possible creation of an initial certification exam for the CMD  
• Provide support to BOD in efforts to develop leadership  
• Continue outreach through mail, e-mail and phone to CMDs due to recertify  
• Continue outreach through mail, e-mail, and phone to those who have completed the Core Curriculum, but who have not applied for certification  
• Publish the CMD job analysis study in JAMDA; consider other journal submissions to promote visibility | ☐ |
| | **ABPLM** | Develop options for establishing a PALTC attending physician credentialing program | • Complete feasibility study for possible creation of Attending Physician credential  
• Engage the community and external stakeholders in discussions regarding PA/LTC certification  
• Promote PA/LTC as a unique and specialized practice.  
• Publish the AP job analysis study in JAMDA; consider other journal submissions to promote the visibility of this work  
• Provide support to ABPLM Board of Directors and Committees as they establish steps toward recognition of Attending Physicians | ☐ |
| **Domain III** | **Foundation** | Support and enhance the Futures program | • Successfully fund and recruit 71 participants for the 2019 Futures Program.  
• Move the review and development of the educational content for the Futures Program under AMDA’s Education Committee, with Foundation Board liaison oversight  
• Explore additional opportunities to engage Futures participants in the Society. | ☐ |
### Domain IV: Advocate for public policy that facilitates the optimal delivery of PALTC medicine for the benefit of patients and residents

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| PPSC DPPA Director of Public Policy & Advocacy (DPPA) | Advocate for regulatory and legislative initiatives that support optimal care delivery in PALTC | - Continue to gather information to identify and meet advocacy needs for AMDA, members, PA/LTC medicine, and society.  
- Advance ADMA’s public policy priorities on Capitol Hill.  
- Deploy GovPredict website, Chapters and other grassroots mechanisms to advance advocacy positions.  
- Provide comments as necessary on legislative and regulatory initiatives.  
- Continue advocacy on CMS and other regulatory priorities  
- Re-evaluate Society positions on staffing ratios in skilled nursing facilities  
- Gather additional information and develop advocacy strategy for Medical Director database  
- Continued advocacy on PALTC CMS self-identifier  
- Advocate for expansion of telehealth  
- Complete survey on revised E&M office visit codes  
- Work with CMS to implement facility-based measure option for PALTC under MACRA  
- Continue to explore opportunities for quality measure development  
- Continue to support the AMDA House of Delegates in developing and debating resolutions that are adopted as AMDA and AMA policy | |
| DPPA | Support and participate in key policy coalitions | - Continue to work with AHCA on PDPM related education  
- Present at AHCA/NASL meeting  
- Collaborate with AGS on E&M coding work  
- Collaborate with GNPNA, AANAC on like-minded issues  
- Collaborate with AAGP on opioid and antipsychotic prescribing issues  
- Present resolutions and continue work on MACRA advocacy with AMA  
- Continue work with Leadership Council on Aging Organizations  
- Continue work with LTPAC HIT Collaborative to expand advocacy around PALTC Health IT  
- Continue work with Eldercare Workforce Alliance on development of geriatric workforce  
- Continue to work with NOF on the Measure Application Partnership (MAP) | |
| DPPA | Raise visibility and improve understanding of federal PALTC policy among AMDA members and Chapters, as well as external stakeholders. | - Continue podcast on advocacy related issues  
- Continue webinars with CMS staff on MACRA and other issues of importance  
- Work on collaborative education on PDPM (with AHCA/AHA, and others)  
- Seek experts for and develop more education around HealthIT specific to PALTC  
- New resources for use and coding for telehealth services  
- Continue policy updates for state chapters | |
| PPSC DPPA | Develop and deliver policy, practice management, and billing tools for members | - Update and promote the Synopsis of Federal Regulations  
- Update and promote the Billing & coding guide  
- Explore the development of a registry (QCDR) and APM for PALTC | |
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<td>Domain III: The Field of PA/LTC Medicine</td>
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<td>Domain IV: Consumers, Policymakers and Other Stakeholders</td>
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