1. Ensure that AMDA is a good steward of its resources: human, financial, time, infrastructure, and systems

| Revenue generation and effective financial management. | • Manage annual budget process producing sound plan for financial success  
| • Work to achieve and sustain the goal of 5/50 (5% margin/50% AOE in reserves).  
| • Maintain close review and reporting on all programs; keep senior staff and Finance Committee updated on trends, updates, and key indicators.  
| • Coordinate an annual financial audit to have financial statements, 990s, property tax reports produced, reviewed with the board and posted in appropriate public sites.  
| • Maximize existing and identify and develop new revenue streams.  
| • Identify and eliminate unnecessary expenses.  
| • Negotiate a reasonable/sustainable exit from our current office space. |

| Responsive staff/operational management. | • Continue to review our insurance products and carriers to ensure we have the best coverage for the organization at the most economical cost.  
| • Annually review our options at open enrollment for health care and other related employee benefits.  
| • Decommission server and reduce IT equipment/ expense with move to cloud-based systems.  
| • Develop senior staff succession plans for each team.  
| • Standardize replicable systems and processes, and process improvement.  
| • Achieve GuideStar Platinum  
| • Seek other external awards/recognition. |

| Robust and effective volunteer engagement. | • Continue to review volunteer engagement; identify opportunities for improved engagement.  
| • Seek opportunities to engage AMDA Past Presidents Council in matters of importance to the Society.  
| • Continue to evaluate and seek to improve the nominations, election, and orientation processes.  
| • Explore opportunities to establish mentorships (formal or informal) for new PALTC practitioners and Geriatric Fellows. |

| 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.  
| • Develop approaches for better onboarding of new committee members/chairs.  
| • Review Bylaws for any needed changes.  
| • Ensure AMDA’s governance model supports diversity, equity, and inclusion in AMDA membership and leadership. |

2. Retain current AMDA members; attract and recruit new members

| 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.  
| • Continue to develop and promote AMDA On-The Go (at least 4 episodes/month). Secure sponsors. |
- Hold 3 PALTC Leadership Meetings, with more as requested.
- Hold Polypharmacy Work Group meetings as needed.
- Hold International Special Interest Group meeting.
- Seek members’ help in collecting stories for “We Are PALTC.”
- IPAC – Focus efforts on Shark Tank and on 2 areas: Infection Prevention Control and QAPI. Develop robust webpages about these 2 topics.
- Clarify relationship between the clinical app and e-Resource Subscription. (Currently, Corporate groups and members license AMDA’s e-Resource Subscription for their membership term. Consider offering the app as part of the e-Resource Subscription.)
- Identify a new group of members to comprise the Practice Management Section. Explore how to engage the Practice Group Network.

### 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 medical directors, individual practitioners & practice groups.
- Continue to pursue joint membership with sister societies.
- Continue to seek opportunities to grow Individual, Corporate and PGN membership.
- Recruit attending physicians and NPs/PAs as AMDA members or customers:
  - Practice groups/PGN/CMO group
  - Special interest sectors: behavioral health, psychiatry
  - Find ways of working with AAFP, ACP to deliver our content to their wider audiences; they may never become members, but they could still be engaged as customers
- Seek to increase diversity in AMDA members

### In the wake of COVID-19, seek new opportunities for visibility and engagement

- Seek recognition from PALTC stakeholders and the public of the need for specialized training in PALTC; generate public pressure for PALTC specialized expertise.
- Promote the study of COVID-19 outcomes, stratifying specialists from non-specialists: use this to articulate the value of trained & certified medical directors and practitioners.
- Develop a campaign to persuade facilities and surveyors to engage medical directors more.
- Establish a mechanism to offer experienced medical directors as consultants and mentors.
- Capture AMDA’s increased web traffic – ask for demographic data from web visitors.
- Leverage COVID-19 information to engage more people in using AMDA as an information resource.

### Support and develop AMDA state chapters

- Continue to support chapters – Open Mic calls, promote joint dues, web and email templates.
- Explore Chapter insurance programs – blanket liability and D&O.
- Update State Chapter Handbook as needed. Establish small work group comprised of chapter leaders/administrators.

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

<table>
<thead>
<tr>
<th>Develop and keep updated evidence-based Clinical Practice Guidelines (CPGs) and related clinical guidance resources and tools</th>
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<tbody>
<tr>
<td>Develop and deliver a mobile app to improve adoption and make guidance more actionable.</td>
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<tr>
<td>Promote the new mobile app to members.</td>
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<tr>
<td>Explore being included in Up To Date – and/or add a link to new practice-related evidence in the app; make it easy to get MOC as well.</td>
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<tr>
<td>Develop and deliver clinical policy statements/ frameworks as the basis for other resources (e.g., opioids, dysphagia).</td>
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<tr>
<td>Consider developing apps/tools for specific clinical challenges (e.g., UTI protocol, psychotropic drug review).</td>
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<tr>
<td>Develop Teaching Slides for 3Ds: Delirium, Dementia and Depression, and TOC.</td>
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<tr>
<td>Develop 1-3 new Pocket Guides (pending funding).</td>
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<tr>
<td>Secure informationist or software for fast literature reviews.</td>
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<tr>
<td>Identify next CPGs to be revised based on literature review and gap analysis.</td>
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</tbody>
</table>
• Develop a process to revise CPGs more quickly and efficiently.
• Summarize and share results of a survey to AMDA members regarding antimicrobial stewardship.
• Begin work on Nursing Home-Acquired Pneumonia Consensus Statement.
• 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.
• Develop and disseminate PALTC evidence; identify the key areas and then tap experts in each area; commission narrative reviews in the key areas. Target these to specific audiences.
• Develop a series of "PALTC Facts".
• Develop topics for quarterly JAMDA Pragmatic Innovations section (opportunity to grow an evidence base).
• Develop editorials for JAMDA submission.
• Consistently submit articles to Caring for Ages and do Podcast episodes on clinical affairs and its subcommittee issues.
• Complete Pain Management and 3Ds CPGs (funded by RFF grant).
• Complete Parkinson’s Disease & Psychosis Pocket Guide (funded by Acadia).
• Work with Infection Advisory subcommittee to develop a pocket guide on sepsis (or other timely topic).
• Finalize 3Ds teaching slides for nurses, CNAs and physicians, including revisions as needed to correspond with new 3Ds CPG; roll out in conjunction with new CPG in spring 2021.
• Develop Ethics Resource page on https://paltc.org that will include links to scholarly articles, white papers, summaries of current guidance and case studies on ethical issues related to PALTC.
• Study and determine ways to address racial disparities and prejudices in healthcare and in PALTC specifically.
• Develop white papers on the ACP Toolkit and Pay for Performance.
• Continue to provide expertise on COVID-19 as needed, including on medical issues faced by older adults after recovering from COVID-19.
• Continue the AMDA/SHEA Infection Prevention in PALTC Certificate Course.
• Revisit completion of NHAP consensus statement in March; explore possibility of partnering this with a pneumonia pocket guide.
• Revise the Transition of Care CPG or develop a Pocket Guide—revisit in June 2021.
• Continue to represent AMDA as a member of the National Transitions of Care Coalition (NTOCC).

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 PALTC settings, especially assisted living.
• Develop Assisted Living Pocket Guides and other tools specific for additional settings of care (e.g., AL Medical Director model agreement).
• Develop credentialing requirement for Assisted Living.
• Promote the idea of having a medical or physician “advisor” for assisted living communities in light of COVID-19 pandemic and need for consistent access to medical care for residents.
• Write editorials for JAMDA that address quality measurement in AL and medical management issues.
• Identify key quality measures in assisted living and include partnering organizations such as the Center for Excellence in Assisted Living to support and promote these measures.
• Identify and recommend optimal care models for AL, such as a blended model that encompasses social and medical aspects as well as dementia care.

Develop and deliver effective educational programming to AMDA members and interested others

• Define how success is measured for Annual Meetings
• Conduct successful Annual Meeting in 2021.
• Develop and finalize the 2022 annual conference program.
• Offering the Core Curriculum Online Course as an on-demand program.
- Offer Core Curriculum Synthesis Course twice (Summer and Fall) each year, and a third virtual program.
- Implement 2021 gap analysis/needs assessment process.
- Update and revise the Competencies Curriculum online program; position it for an audience new to PALTC.
- Form a workgroup to position the revised Competencies Curriculum for wider adoption.
- Investigate offering the Competencies Curriculum to established practitioners desiring PALTC training who may be in nontraditional settings (rural, PDPM, corporate groups, semi-retirement).
- Offer 12 or more webinars each year.
- Re-certify our ACCME accreditation with commendation and MOC for ABIM.
- Obtain CEs for other disciplines as appropriate/feasible.
- Explore alternative, experimental, and innovative educational experiences and delivery mechanisms.
- Develop a measurement process to assess the impact of AMDA education on practice change.
- Develop certificate programs: Micro-education and/or themed micro-meetings to bring more clinicians into our orbit, e.g., polypharmacy.
- Evaluate how virtual and hybrid events fit into the organization’s overall strategic and budgetary goals in a post-COVID world. Apply what is learned to future Annual Meetings.
- Determine whether and how to continue investing in long-form online courses such as Competencies and QAPI.
- 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).
- Determine if the fall virtual symposium is sustainable as a regular fixture on the calendar.

### Promote inter-professional inclusion in AMDA’s content and language

- Develop PALTC team training & development

- Explore the development of 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.).
- Explore seeking CMP funding for team training to offset team members’ time away from clinical care.
- Continue to promote the use of inclusive language and content in all AMDA programs and communications.

### Administer the Foundation awards programs

- Support and enhance the Futures program

- Continue to administer the awards programs: Dodd, Patee, MDOY, Qi and QIHO.
- Convene an ad hoc committee to review the Qi and Excellence (QIHO) award programs.
- Develop and promote a Clinician of the Year Award program for 2022.
- Partner with ACHCA on promotional opportunities for MDoY & Distinguished Fellow of the Year awards.
- Develop a virtual presence for fundraising, awards, networking event, and Futures program during annual conference.

### Raise funds for AMDA-enterprise strategic priorities and fund those priorities within our capacity to do so.

- Establish a workgroup to meet with affiliate leaders to discuss proposals for Foundation funding.
- Develop a formal process to evaluate funding requests that are presented to the Foundation.
- Explore opportunities to seek funds to support PALTC in the COVID and post-COVID era.
- Conduct a Foundation strategic planning meeting in 2021 to reflect the new AMDA strategic priorities.
- Increase outreach to industry and recruit 7-10 members to the Industry Advisory Board.
- Recruit volunteers for the Development Committee to strengthen fundraising capacity.
- Gather support/satisfaction feedback from major donors.
- Update a communications schedule to keep all AMDA members and stakeholders better informed. 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.

Support and promote research to demonstrate the value of trained and engaged practitioners & medical directors in PALTC medicine.
- Gather existing data on differential care outcomes between trained and engaged clinicians and others.
- Identify the unanswered questions and influence a research agenda to develop evidence of the value of PALTC medicine.
- Engage members of the research community to address these gaps.
- Establish a measurement framework for PALTC medicine and medical direction.
- Partner with Insight Therapeutics to recruit members for participation in flu vaccine projects.
- Explore development of registry for nursing homes interested in participating in research.
- Facilitate a conference grant each year for a symposium at the AMDA Annual Meeting.

4. Advocate for public policy that facilitates the optimal delivery of PALTC medicine for the benefit of patients and residents

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, PALTC medicine, and society.
- Work to integrate PALTC into the broader healthcare environment through policy communications and coalitions.
- Continue to promote PALTC medicine as a specialized area of practice.
- Advance ADMA’s public policy priorities on Capitol Hill.
- Continue advocacy on CMS and other regulatory priorities.
- Deploy GovPredict website, Chapters, and other grassroots mechanisms to advance advocacy positions.
- Provide comments as necessary on legislative and regulatory initiatives.
- Re-evaluate Society positions on staffing ratios in skilled nursing facilities and other PALTC settings.
- Gather additional information and develop advocacy strategy for Medical Director database.
- Continued advocacy on PALTC CMS self-identifier.
- Advocate for permanent expansion of telehealth in PALTC.
- Work to influence the revision of E&M codes affecting PALTC medicine.
  - Complete survey on revised E&M nursing home visit codes.
  - Rework nursing home and assisted living E&M codes.
- Work with CMS to implement facility-based measure option for PALTC under MACRA.
- Continue to explore opportunities for quality measure development.
- Advocate to integrate assisted living and HCBS more into PALTC policy considerations.
  - Understand what AL settings are best positioned for healthcare integration – COVID case studies are instructive here.
  - Include long-term home health care.
- Continue to support the AMDA House of Delegates in developing and debating resolutions that are adopted as AMDA and AMA policy.
- Support the State Policy and Advocacy Subcommittee’s State-level initiatives:
  - Minimum training requirements for medical directors in each state.
  - A medical director registry in each state.
  - Develop and offer model state legislation; connect the national groups through this (e.g., AMA and state medical societies).
  - Assess how many AMDA members are active with their state medical societies and encourage greater engagement.
Include PALTC expertise at the state level – leverage state agency interest in PALTC to make this more permanent. Embed the state task force energy and passion in our state work, align and connect with Chapter work to engage more people in this. Coach state members in advocacy work and serve as a resource to Chapters.

- Assess how COVID will change the PALTC policy landscape; articulate any new policy priorities.

**Support and participate in key policy coalitions**

- Present at AHCA/NASL and other meetings.
- Collaborate with AGS on E&M coding work.
- Collaborate with GAPNA, AAPACN and other nursing groups on like-minded issues.
- Collaborate with AAGP on opioid and antipsychotic prescribing issues among other topics.
- 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 (EWA) on development of geriatric workforce.
- Continue to work with NOF on the Measure Application Partnership (MAP) and other standing committees.

**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.
- Seek experts for and develop more education around Health IT specific to PALTC.
- Develop new resources for use and coding for telehealth services.
- Continue policy updates for state chapters.
- Take advantage of expanded external relations, e.g., IHI, Hartford Foundation, ECHO Institute, among others, to advance policy and other priorities.
- Engage AMDA members who are educators in medical schools, residency, and fellowship programs.

**Develop and deliver policy, practice management, and billing tools**

- Update and promote the Synopsis of Federal Regulations.
- Update and promote the Billing & Coding guide.

5. **Define and promote the unique roles and skills of PALTC medicine**

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.
- Promote AMDA as focusing on complex chronic care medicine for the PALTC patient population, not a facility (SNF) or setting of care.
- Promote AMDA members’ expertise with transitions and continuity of care, particularly with acute care/ hospitalist audiences. Set standards for transitions.
- Promote AMDA members’ expertise with medication management and oversight.
- Promote AMDA members’ expertise with regulatory requirements and ability to prevent deficiencies, readmissions, and other adverse outcomes.
- Promote AMDA members’ expertise in controlling costs and supporting facilities in being part of preferred networks.
- Position PALTC medical directors as key drivers of measures that matter to acute care and payers.

Develop an "elevator speech" for PALTC medicine; communicate this widely to raise visibility

- Survey Board members (AMDA, ABPLM & Foundation) and AMDA Past Presidents: “How would you describe what you do?”
- Develop an “elevator speech” based on this and send this to AMDA members for their feedback; include Chapter presidents/boards
- Explore engaging a communication/branding specialist to assist in developing a campaign targeted to various key audiences.

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).
- Build on the “We Are PALTC Campaign” to build a searchable database of stories that can be included in advocacy efforts.
- Innovate our communication strategies.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Tasks and Actions</th>
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</table>
| Nurture existing and develop new 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.                                      |
| Offer and strengthen the Certified Medical Director credentialing program | • 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.                                                                 |
| Develop options for promoting PALTC clinical care as a specialty          | • Promote PALTC 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 |