

**STRATEGIC PLANNING INITIATIVE**

**AMERICAN ACADEMY OF SLEEP MEDICINE**

***Focus for the Future***

March 2002

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## BACKGROUND OF THE AASM STRATEGIC PLANNING INITIATIVE

After a period of rapid growth, the Board of Directors of the American Academy of Sleep Medicine decided to build on its success and the lessons it has learned by engaging in a more comprehensive and strategic planning process in 2001. The Board approved the “AASM Strategic Planning Initiative” in March of 2001 and defined strategic planning as “a road map that helps an organization define its purpose, chart its future, and set a reasonable course to follow.” The following purposes were identified for AASM strategic planning:

- Identify and focus on a common mission for the AASM;
- Keep pace with changing member needs;
- Guide future priorities, actions, and projects and commit the organization to a course of effective action;
- Improve communication within the AASM and with outside groups and individuals;
- Enhance the ability of staff and leadership to manage resources.

The AASM Board approved the concepts of planning as producing flexible guidelines, not a rigid document; as an ongoing process, not a one-time event; and as a creative endeavor, thinking well beyond the boundaries of everyday operations. The goal was to have a plan to be used for the next three to five years by the early in 2002.

### The Strategic Planning Committee

The Board appointed a Strategic Planning Committee, including the following individuals:

Donna Arand, PhD	Stuart Quan, MD
Jerry Barrett	Ellen Riker
Daniel Buysse, MD	John Shepard, MD
Andrew Chesson, MD, Chair	Edward Stepanski, PhD
David Dinges, PhD	David White, MD

Kathleen R. Henrichs, PhD of Henrichs & Associates in Evanston, Illinois was retained as the consultant and facilitator for the process.

In July and September, the Strategic Planning Committee met to develop a working draft of the strategic plan for the American Academy of Sleep Medicine. Focus groups of Section Chairs and Committee Chairs were held at the APSS Annual Meeting in June and a focus group of senior staff was conducted shortly after the meeting. The Committee produced a report that assessed the opportunities and challenges presented by the external environment in which the Academy currently operates and is likely to operate in the next several years. The report also assessed the Academy’s internal strengths and identifies issues for consideration related to its vision and mission, leadership, location, finances, governance, and communications. Most importantly, the report presented strategic issues and goals and objectives to address those issues.

### **The Membership Survey**

In October, a membership survey was sent to a stratified random sample of 1,065 members. With a return rate of 23.8% or 254 surveys, the survey results showed strong support for the goals that had been initially proposed by the Strategic Planning Committee. Appendix A is the AASM survey results.

### **The AASM Board of Directors**

John W. Shepard, Jr., MD, Chair of the Board  
Daniel Buysse, MD  
Andrew Chesson, Jr., MD, Chair of Strategic Planning Committee  
Conrad Iber, MD  
W. Vaughn McCall, MD  
Barbara Phillips, MD  
Stuart Quan, MD  
Richard Rosenberg, PhD  
Stephen Sheldon, MD  
J. Baldwin Smith, III, MD  
Jerry Barrett, Executive Director

Based on the working draft of the report prepared by the Strategic Planning Committee, the AASM Board of Directors met in November 2001 and again in March 2002 to discuss the strategic issues facing the Academy. The Board endorsed the concept of strategic goals in the following areas:

- Field of Sleep Medicine
- Clinical Care
- Advocacy
- Education
- Research
- Operations

The Board also reviewed and revised many of the goals prepared by the Strategic Planning Committee and added specific objectives and actions.

## OVERALL SITUATION ANALYSIS

The American Academy of Sleep Medicine has enjoyed extraordinary growth in the previous five years since its last strategic planning effort in 1996. The name change to the American Academy of Sleep Medicine has given it a more visible role in the world of medical organizations. A unified management structure provides cost-effective services to several related organizations. There has been record growth in the premier sleep meeting, jointly sponsored by the Academy and the Sleep Research Society. Membership has doubled in the past several years. The Academy and related organizations are in an enviable financial position and with judicious use of these resources, can accomplish a great deal. A strong and committed staff is in place and works cohesively to better the organization.

Research has fueled tremendous growth in the field of Sleep Medicine. Public awareness of the importance of sleep and treatments for sleep disorders has caused a huge increase in demand. In many ways, the Sleep Medicine field offers so many opportunities, it is difficult to choose the paths that will provide the greatest impact in the long term.

However, in spite of this tremendous growth, the Board recognized that now is the time to shape the Academy for the future. Through a proactive plan, the Academy retains its preeminent position and offers yet more to its members, other professionals, and the public. The challenge of the Academy is to identify a limited number of the most important goals for its future and the future of Sleep Medicine. Now is the time to decide how to take most advantage of the many opportunities facing Sleep Medicine and AASM and also to decide what not to do.

Appendix B includes the comprehensive internal and external environmental assessment that formed the basis of the strategic plan.

## **VISION AND MISSION AMERICAN ACADEMY OF SLEEP MEDICINE**

The AASM Strategic Planning Committee reviewed the current vision and mission of the Academy in congruence with the development of strategic goals. “Vision” describes why a group exists and defines the impact the group has on the greater community. “Mission” defines whom the group serves and explains the scope of the group’s activities.

Although the ideas behind the former mission and vision appear to be still relevant, there was a desire to make the vision more applicable to the Academy. There was also a desire to make the mission relate better to the new strategic goals. The Board adopted the vision and mission statements below.

### **AASM Vision**

**The AASM is the leader in setting standards and promoting excellence in Sleep Medicine health care, education and research.**

### **AASM Mission**

**The American Academy of Sleep Medicine serves its members and advances the field of sleep health care by:**

- **Setting the clinical standards for the field of Sleep Medicine;**
- **Advocating for recognition, diagnosis and treatment of sleep disorders;**
- **Educating professionals dedicated to providing optimal sleep health care; and**
- **Fostering the development and application of scientific knowledge.**

### **Tagline**

The Board also reviewed the current tagline and decided to keep it the same:

**Advancing Sleep Medicine, Improving Sleep Health**

## SELECTING STRATEGIC GOALS AND OBJECTIVES

Based on the analysis of the internal and external environment, the Strategic Planning Committee and the Board identified strategic goals for the AASM to attain in the next 3 to 5 years. Strategic goals were defined as those limited number of goals that shift or enhance the direction of the Academy, rather than a long list of worthy goals that represented just “business as usual.” Included in Appendix C is a list of goals that the Committee discussed, but did not believe the Academy should undertake at this time.

### Criteria for Prioritization

As the Strategic Planning Committee reviewed the Situation Analysis and discussed potential strategic goals, it used the following criteria to select a limited number of goals and to focus the energies of the Academy:

- ✓ Meets needs of the Sleep Medicine field
- ✓ Builds on strengths of the Academy
- ✓ Advances the mission of the Academy
- ✓ Meets member needs; attracts potential members
- ✓ Provides benefits that outweigh the costs, although encourage risk taking if potential pay-off is large
- ✓ Most likely to strengthen the AASM’s #1 position in sleep
- ✓ Improve standards for patient care

Objectives describing how the Academy will achieve its strategic goals have been included under the goal to which each relates. Action steps were developed by the Board to give specific leadership for the attainment of objectives and to track progress.

### Next Steps

The AASM Board and staff will be developing a review process for the Board to regularly assess progress against the strategic plan. The review process will also allow for plan modification in light of changing circumstances and organizational interests. In this way, the AASM Strategic Plan becomes a living and breathing guide to organizational initiatives and priorities.

## **AASM STRATEGIC GOALS**

### **THE FIELD OF SLEEP MEDICINE**

**Strategic Goal 1: Sleep Medicine will be widely recognized as an independent medical specialty.**

### **CLINICAL CARE**

**Strategic Goal 2: AASM will be the leading organization setting standards and meeting professional and patient needs in Sleep Medicine.**

### **ADVOCACY**

**Strategic Goal 3: AASM will be the primary advocate of health policy and health economic issues important to Sleep Medicine.**

### **EDUCATION**

**Strategic Goal 4: AASM will be the pre-eminent resource for professional education in Sleep Medicine.**

### **RESEARCH**

**Strategic Goal 5: AASM will be the leading advocate for research in Sleep Medicine.**

### **OPERATIONS**

**Strategic Goal 6: AASM will be the most effective and efficient professional organization in meeting the needs of its members and the profession.**

**AASM STRATEGIC GOALS, OBJECTIVES AND ACTIONS****THE FIELD OF SLEEP MEDICINE**

**Strategic Goal 1: Sleep Medicine will be widely recognized as an independent medical specialty.**

**Objective 1A: AASM will promote the development of new Sleep Medicine fellowship training programs with the goal of increasing Sleep Medicine fellowships to 75 by 2005 and by securing ACGME recognition.**

**Action Steps:**

- 1) Secure ACGME recognition for fellowship training programs.
- 2) Promote sleep fellowship training programs and center accreditation.
- 3) Develop concrete recommendations for our evolving role in 2005 when the following are in place:
  - a) ACGME recognition;
  - b) a Sleep Medicine Board that will only accept candidates from accredited Sleep Medicine fellowship programs; and
  - c) a Sleep Medicine Fellowship match program to determine fellow placement.

**Objective 1B: AASM will advance the model of an academic unit of Sleep Medicine.**

**Action steps:**

- 1) Define and publish various models by which an academic unit of Sleep Medicine can evolve.
- 2) Publish the history and methods by which current academic units of Sleep Medicine evolved or were created.
- 3) Explore the viability of NIH funding for "Sleep Centers of Excellence."

**Objective 1C: AASM will optimize the relationships between AASM and other sleep organizations.**

**Action step:**

- 1) Continue discussions with other sleep organizations and promote joint membership and cooperation.

**CLINICAL CARE****Strategic Goal 2: AASM will be the leading organization setting standards and meeting professional and patient needs in Sleep Medicine.**

**Objective 2A: AASM will work to better define and promote improved clinical practices in Sleep Medicine using AASM standards of practice and other guidelines.**

**Action steps:**

- 1) The role of the Clinical Practice Review Committee will be formalized by the Board, and policies developed for a committee role providing replies on issues or recommendations on policies, approved by the Board, where expert opinion may have value, even in the absence of sufficiently established evidence for the Standards of Practice Committee methodology.
- 2) These practices will be integrated into the standards for accreditation, fellowship training and AASM educational efforts.
- 3) Revise the *International Classification of Sleep Disorders*.

**Objective 2B: AASM will encourage outcome studies demonstrating the effectiveness of Sleep Medicine specialists.**

**Action steps:**

- 1) Develop analytic and methodological tools to assess patient outcomes at accredited sleep disorder centers.
- 2) Develop analytic and methodological tools to assess economic impact of sleep specialists on health care.

**Objective 2C: AASM will encourage efforts for evaluating and demonstrating the efficacy of new technology used for the practice of Sleep Medicine.**

**Action steps:**

- 1) Promote studies of the efficacy of new technologies through the Sleep Medicine Education and Research Foundation (SMERF).
- 2) Encourage publication in *Sleep* of quality studies validating technology.

**Objective 2D: AASM will promote the multidisciplinary nature of its membership and ensure the relevancy of its services to all of its members.**

**Action steps:**

- 1) Continue to actively recruit and retain members from multiple disciplines.
- 2) Pursue joint activities with other societies.

**ADVOCACY**

**Strategic Goal 3: AASM will be the primary advocate of health policy and health economic issues important to Sleep Medicine.**

**Objective 3A: AASM will increase advocacy efforts to ensure that all sleep related disorders are recognized and that their diagnosis and treatment are reasonably reimbursed.**

**Objective 3B: AASM will educate public and private insurers about the beneficial effects of diagnosing and treating sleep disorders.**

**Objective 3C: AASM will promote a public health message of good sleep practices to employers.**

**Action steps:**

- 1) Continually advise federal agencies on the importance of sound reimbursement policies pertaining to the provision of Sleep Medicine services.
- 2) Update members on changes in federal insurance policies that affect the practice of Sleep Medicine.
- 3) Develop a mechanism to analyze insurance coverage and reimbursement for Sleep Medicine.
- 4) Promote quality and cost effective care by educating insurers with the Standards of Practice and other products that are developed by the AASM (i.e. slide set presentation.)
- 5) Keep Sleep Medicine practitioners abreast of trends and issues with reimbursement so that they can be active on a local level and serve as advocacy network when the need arises.
- 6) Broaden support for AASM's advocacy goals by working with other organizations with mutual or complimentary interests.
- 7) Define effective medical procedures that currently do not have codes and advocate for their reimbursement.
- 8) Make recommendations regarding sleep disorders in future versions of *The International Classification of Disease (ICD.)*
- 9) Schedule visits as need with the Center for Medicare and Medicaid Services to bring current sleep information to their attention.

**EDUCATION****Strategic Goal 4: AASM will be the pre-eminent resource for professional education in Sleep Medicine.**

**Objective 4A: AASM will expand its educational offerings for members, colleagues and trainees to provide for successful practice and life-long education in Sleep Medicine.**

**Action steps:**

- 1) Conduct a needs assessment of the membership to explore the desirability and feasibility of various types of educational offerings.
- 2) As part of the continuing National Sleep Medicine Course, initiate and maintain an Advanced Sleep Medicine Course geared to address the needs of the Board-certified Sleep Medicine specialist. This might include clinically based seminars, practice management programs and advanced Sleep Medicine programs.
- 3) Explore development of Internet based educational programs.

**Objective 4B: AASM will provide resources to strengthen the Sleep Medicine curricula in medical schools and postgraduate training.**

**Action steps:**

- 1) Develop undergraduate/preclinical, residency program, fellowship program, and CME goals and objectives in Sleep Medicine and provide a rationale for each.
- 2) Develop a core curriculum for undergraduate medical education.
- 3) Through SMERF, fund pilot projects to develop Sleep Medicine-related educational research.
- 4) Develop a model curriculum for fellowship training programs.

**RESEARCH****Strategic Goal 5: AASM will be the leading advocate for research in Sleep Medicine.**

**Objective 5A: AASM in conjunction with SMERF will actively solicit increased funding for SMERF Research Programs.**

**Action steps:**

- 1) Institute an active development program to increase SMERF research funding, which would include solicitation of unrestricted funds from industry, private donations and fundraising events.

**Objective 5B: AASM will develop innovative methods for attracting young investigators and supporting their original research.**

**Action steps:**

- 1) Develop contacts with trainee groups, e.g. medical students, resident, graduate students organizations.
- 2) Develop award program for best original research by individuals at different levels of training (similar to SRS Young Investigator awards).
- 3) Develop programs for effective mentoring and faculty development.

**Objective 5C: AASM will establish and foster ongoing relationships with research funding agencies.**

**Action steps:**

- 1) Establish regular contacts with NIH, other government agencies and foundations that fund sleep research.
- 2) Encourage the development of a SMERF strategic plan.
- 3) Provide input into the development of the National Sleep Disorders Research Plan 2001 Revisions Task Force.

**Objective 5D: AASM will improve communication regarding AASM/SMERF research activities, and the importance of sleep research, to AASM members.**

**Action steps:**

- 1) Include more regular news of AASM research activities in the AASM Bulletin.
- 2) Include a brief summary of exciting new sleep research findings from the published literature in each edition of the AASM Bulletin.
- 3) Expand the AASM list serve to include research funding announcements.

**OPERATIONS**

**Strategic Goal 6: AASM will be the most effective and efficient professional organization in meeting the needs of its members and the profession.**

**Objective 6A: AASM will develop an identifiable and meaningful role for its members with specific interests.**

**Action steps:**

- 1) Develop a mechanism to determine the needs of different member segments.
- 2) Assess the effectiveness and mandate of standing committees.
- 3) Develop a description of the role and responsibilities of the sections.

**Objective 6B: AASM will invest in staff and volunteer training to enhance AASM effectiveness.**

**Action steps :**

- 1) Provide increased association management education opportunities for the staff.
- 2) Provide staff and volunteers with opportunities to become better educated in the field of Sleep Medicine.
- 3) Further develop organizational policies and procedures to define operations and provide benchmarking measures.

## APPENDIX A

## MEMBER RANKING OF AASM GOALS

(in order of the goals as they were presented on the survey)

These ranking were determined by combining the number of respondents indicating the goal was “very important” or “important.” Response rate of 23.8%

AASM Goals	Rank	Number of Respondents
<b>PRIMARY STRATEGIC GOAL</b> <b>Strategic Goal:</b> Sleep Medicine will be widely recognized as an independent medical specialty.	7	219
<b>CLINICAL CARE</b> <b>Strategic Goal:</b> AASM will be the leading organization that sets standards and meets professional needs in Sleep Medicine so that patients are most effectively diagnosed and treated.	5	227
• AASM will set standards for new technology and integrate that technology into the practice of Sleep Medicine.	4	230
• AASM will develop best practices and standards of care for sleep problems of all types.	2	236
• AASM will demonstrate the effectiveness of Sleep Medicine specialists.	7	219
• AASM will promote the professional diversity of its members and ensure the clinical relevancy of its services.	11	200
<b>EDUCATION</b> <b>Strategic Goal:</b> AASM will be the primary resource for professional education in Sleep Medicine.	10	208
• AASM will encourage the acquisition of the necessary knowledge, skills and attitudes for members, colleagues and trainees to be successful professionals in Sleep Medicine.	3	233
• AASM will provide resources to strengthen the medical school curriculum in sleep.	6	223
• AASM will develop and promote new academic models for the Sleep Medicine specialty.	13	183
• AASM will promote the development of new Sleep Medicine fellowship training programs with the goal of increasing Sleep Medicine fellowships to 50 by 2004.	14	181
<b>RESEARCH</b> <b>Strategic Goal:</b> AASM will be the leading advocate for research in Sleep Medicine.	8	212
• AASM will develop innovative methods for attracting new investigators to the sleep science area.	10	208
• AASM will increase support for young investigators to collect pilot data in support of further clinical research.	11	207
• AASM will increase information to its members about the availability of research funding.	12	194
<b>ADVOCACY</b> <b>Strategic Goal:</b> AASM will be a proactive advocate of health policy and health economic issues in Sleep Medicine.	2	236
• AASM will increase advocacy efforts to ensure that all sleep related disorders are recognized, diagnosed and treated and reasonably reimbursed.	1	237
<b>OPERATIONS</b> <b>Strategic Goal:</b> AASM will be the most effective and efficient Sleep Medicine organization in meeting the needs of its members.	6	223
• AASM will develop an identifiable and meaningful role for its members with specific interests.	9	211

## APPENDIX B: ENVIRONMENTAL ASSESSMENT

### EXTERNAL ENVIRONMENT

Right now, all medical societies are faced with challenges in the health and medical field. With the rapid growth in the older age population and the accessibility of new pharmaceutical and medical innovations, health care costs continue to rise. This is particularly exemplified in the Sleep Medicine field with the increasing diagnosis of sleep apnea and other sleep disorders, effective treatments and the concomitant cost increases. Payers, both public and private, are attempting to manage costs and often end up managing physicians and other health care providers. The AASM and related organizations have been very active in ensuring quality during a time of rapidly increasing demand, but there are real questions about whether the Sleep Medicine organizations can produce enough qualified professionals and facilities to keep pace.

Overall, the AASM is well positioned to continue its leadership role in the Sleep Medicine field. The strengths and issues of the AASM's external environment are summarized below.

#### External Factors and Issues

EXTERNAL FACTORS	ISSUES
<i>Growing Demand</i>	
<ul style="list-style-type: none"> <li>• There is a continued and growing need for sleep services and sleep specialists.</li> <li>• There is growing recognition of the public health aspects of sleep, since sleep loss and disruption associated with societal demands impacts the cardiovascular system, medication use, and daytime functions such as driving, work and school.</li> <li>• Sleep has a strong role in disease prevention and health maintenance.</li> </ul>	<ul style="list-style-type: none"> <li>• Need to assure an adequate supply of qualified physicians and other health professionals to meet patient demands.</li> <li>• The field needs to provide appropriate standards to meet the continued need for accreditation of high quality sleep centers.</li> <li>• Some patients lack access to needed Sleep Medicine care.</li> </ul>
<i>Strength of the Discipline</i>	
<ul style="list-style-type: none"> <li>• The AMA, the public and other medical/health organizations now recognize Sleep Medicine as a discipline.</li> <li>• The change of name to the American Academy of Sleep Medicine has helped the recognition of the specialty in the medical arena.</li> </ul>	<ul style="list-style-type: none"> <li>• The growth in demand, coupled with the strength of the discipline has led to other organizations' interest in the Sleep Medicine field.</li> <li>• We do not have a standard academic model for the discipline that is driven by science and an academic career path instead of by finances.</li> <li>• We might benefit from a strong commitment to Sleep Medicine as a <b>specialty</b>, with a separate department within university/hospital settings. This department can then form the basis of growth in research and fellowships so that demand can be met.</li> </ul>

<b><i>Public Awareness</i></b>	
<ul style="list-style-type: none"> <li>• Patients self refer to Sleep Medicine specialists due to media coverage.</li> <li>• Patients are increasingly sophisticated about sleep issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Medical professionals and medical students are sometimes not as up-to-date as their patients.</li> <li>• AASM has the challenge of providing accurate information for patients.</li> </ul>
<b><i>Competition/Collaboration</i></b>	
<ul style="list-style-type: none"> <li>• The AASM has maintained the leadership position in Sleep Medicine, offering the premier meeting, journal, and standards among sleep professions.</li> <li>• The APSS structure has worked to make the annual meeting the premier Sleep Medicine meeting.</li> </ul>	<ul style="list-style-type: none"> <li>• AASM faces challenges from other organizations that are trying to “claim” Sleep Medicine for themselves.</li> <li>• JCAHO is a competitor in the accreditation sphere.</li> <li>• The Society needs to define its stance in relation to competing organizations since there is potential for divisiveness that might undermine Sleep Medicine’s unified approach to government and other groups.</li> <li>• The optimal role of PhD participation in the Academy is not clearly defined.</li> <li>• The Journal <i>SLEEP</i> has competition for best science articles.</li> <li>• There is debate within the organizations about how much clinical content should be included at the APSS meeting and whom the meeting should be directed towards.</li> </ul>
<b><i>International Opportunities</i></b>	
<ul style="list-style-type: none"> <li>• There is great international interest in Sleep Medicine with growth opportunities in programs, fellowships, and participation in the Academy.</li> </ul>	<ul style="list-style-type: none"> <li>• There is uncertainty about how to best take advantage of the international opportunities while continuing to grow nationally.</li> </ul>

<b><i>Research Environment</i></b>	
<ul style="list-style-type: none"> <li>• Increased research funding is helping expand and fuel the growth in Sleep Medicine.</li> <li>• The Academy has the potential to facilitate the collection of outcome data and cost effectiveness measures, which demonstrate the value of diagnosing and treating sleep disorders.</li> </ul>	<ul style="list-style-type: none"> <li>• Further work is needed to define the basic mechanisms of sleep, wakefulness, and sleep disorders.</li> <li>• There is a need to update a research agenda with NCSDR and to communicate availability of NIH funding opportunities.</li> <li>• There is a need to promote and seed new research and new researchers.</li> </ul>
<b><i>Education and Training Environment</i></b>	
<ul style="list-style-type: none"> <li>• Although growing, the current number of fellowships is not keeping pace with the need.</li> <li>• There are various academic models for Sleep Medicine, which reflects the diversity in the field.</li> </ul>	<ul style="list-style-type: none"> <li>• What should be the AASM education role for sleep physicians, non-sleep physicians, residents, students, researchers, other health care professionals, and the public?</li> <li>• Should AASM be facilitating curriculum development for medical students?</li> </ul>
<b><i>Legislation and Regulation</i></b>	
<ul style="list-style-type: none"> <li>• The National Center for Sleep Disorders Research at the National Institutes for Health is valuable for the Sleep Medicine field, and its creation demonstrates the potential for AASM to have a larger role in public policy formation.</li> <li>• There is greater demand by insurers and employers for outcome data and cost effectiveness measures showing the value of diagnosing and treating sleep disorders.</li> </ul>	<ul style="list-style-type: none"> <li>• Sleep Medicine faces cost controls by Medicare and continued and increasing pressure to reduce reimbursement for sleep services by private insurers.</li> <li>• A narrow range of Sleep Medicine services is reimbursed, and there is a need for improved reimbursement particularly for cognitive-behavioral treatments.</li> <li>• There is a need to generate data to educate insurers and payers about outcomes and the cost-effectiveness of Sleep Medicine.</li> </ul>
<b><i>Technology</i></b>	
<ul style="list-style-type: none"> <li>• Technological breakthroughs have the potential to offer many improved therapies for those suffering from sleep disorders.</li> <li>• The pervasiveness of the Internet will affect the specialty in ways not forecasted now.</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced technology may allow more sophisticated testing in the home that could affect the roles of trained technologists and Sleep Medicine specialists, and may have a negative financial impact.</li> <li>• There is a need for sophisticated CME (perhaps online.)</li> </ul>

## INTERNAL ENVIRONMENT

The American Academy of Sleep Medicine is a strong and vital organization, able to move much more quickly than most medical organizations. In the past several years, it has begun or strengthened many related organizations, including the Sleep Medicine Education and Research Foundation, the American Board of Sleep Medicine, and the American Insomnia Association.

The Academy is fortunate to have prestigious and committed volunteers, an equally committed and versatile staff, and resources to accomplish its mission. As with many growing, successful, and complex organizations, the Academy faces the challenge of being larger and at the same time retaining the intimacy of its smaller historical self. The following chart describes the AASM internal strengths and the issues it is facing.

### Internal Factors and Issues

INTERNAL FACTORS	ISSUES
<i><b>Vision and Mission</b></i>	
<ul style="list-style-type: none"> <li>• The AASM vision and mission, developed in 1996, appears to still be applicable and give some long-term direction to the organization.</li> <li>• No one has indicated a need to change the basic tenets of the mission, but some believe it needs to be reworked.</li> </ul>	<ul style="list-style-type: none"> <li>• The mission is so broad that it requires an accompanying annual planning process to provide shorter-term direction to the organization.</li> <li>• The mission should be continually reinforced so that all constituents are reminded of AASM overall direction.</li> </ul>
<i><b>Multidisciplinary Nature</b></i>	
<ul style="list-style-type: none"> <li>• Almost everyone participating in this planning process indicated that the multidisciplinary nature of Sleep Medicine is a great asset, providing a broad spectrum of expertise and interest, which is valuable when brought together for the benefit of patients as the new discipline of Sleep Medicine grows.</li> </ul>	<ul style="list-style-type: none"> <li>• At the same time, the multidisciplinary nature of the Academy creates challenges when attempting to meet the needs of all of its membership segments.</li> </ul>
<i><b>Leadership</b></i>	
<ul style="list-style-type: none"> <li>• Volunteer and staff leadership is strong and excellent at providing direction for the future of the Academy.</li> </ul>	<ul style="list-style-type: none"> <li>• There is some concern that the same leaders are turned to again and again and that it would be healthy for the Academy to involve new and younger members in leadership positions.</li> </ul>

<b><i>Governance</i></b>	
<ul style="list-style-type: none"> <li>• There is a good understanding and working relationship among Board and staff with clear views of the appropriate role for staff and for the Board.</li> <li>• Committee chairs are experienced and knowledgeable about their responsibilities, with clear lines of succession</li> <li>• Role of sections within AASM is unclear.</li> </ul>	<ul style="list-style-type: none"> <li>• The role and purpose of the sections need to be clarified so that there are appropriate responsibilities and involvement of membership segments without taxing Academy resources.</li> <li>• An orientation for new section leaders would help clarify expectations for their role.</li> <li>• Some indicated that committee management could be more effective, with particular improvement in communications among committee leaders to avoid duplication of effort.</li> </ul>
<b><i>Membership</i></b>	
<ul style="list-style-type: none"> <li>• Membership continues to grow, doubling in the last several years, with changes in the demographic makeup of the Academy.</li> <li>• There are a good variety of products and services available to members, allowing “one-stop shopping.”</li> </ul>	<ul style="list-style-type: none"> <li>• Rapid membership growth is accompanied by new concerns about retention.</li> <li>• Need to ensure that the needs of new members are met.</li> <li>• In light of the Academy’s growth and the complexity of its organizational structure, more conscious formalized methods are needed to maintain an overarching sense of community and assure that the organizations’ values are effectively shared and transmitted beyond sleep physicians and scientists.</li> <li>• Who do we want to be our members, (techs, industry, etc)?</li> </ul>
<b><i>Financial and Intellectual Assets</i></b>	
<ul style="list-style-type: none"> <li>• The financial position of the Academy is strong and growing, and it is run on a business-like basis.</li> <li>• Likewise, the Academy is fortunate to have volunteer and staff intellectual assets so that the Academy continues to be the standard-setting organization in CME, case management, and the latest research.</li> </ul>	<ul style="list-style-type: none"> <li>• The lean staffing model may encourage high-level staff to assume lower level tasks instead of proactively planning and staying ahead of the game.</li> <li>• There is continual need for staff training to keep up-to-date with issues and technology.</li> </ul>
<b><i>Location and Staffing</i></b>	
<ul style="list-style-type: none"> <li>• Although Rochester is a cost-effective headquarters location, there is widespread recognition that the Academy should relocate in the relatively near future.</li> </ul>	<ul style="list-style-type: none"> <li>• All groups mentioned the difficulty of attracting talent and constantly training new Academy staff to make up for lack of association experience in the Rochester location.</li> </ul>

	<ul style="list-style-type: none"> <li>• There is an incompatible desire to keep the current staff, but relocate to Chicago to take advantage of experienced association staff, vendors and colleague organizations.</li> </ul>
<b><i>Communication</i></b>	
<ul style="list-style-type: none"> <li>• There is remarkable agreement about the values, mission, organization and structure of AASM and a widespread belief that it is an organization that communicates its intentions and is well run.</li> </ul>	<ul style="list-style-type: none"> <li>• Many suggested that better communication among constituents (e.g. between and among the Board, committees and sections) would reinforce the overall mission and add more unity to the Academy.</li> </ul>
<b><i>Related Organizations</i></b>	
<ul style="list-style-type: none"> <li>• A unified management structure is a cost-effective and serves all organizations well. There is clarity about the role and function of each group and common staffing creates a unity of purpose for the overall benefit of Sleep Medicine.</li> </ul>	<ul style="list-style-type: none"> <li>• There is some question about whether the Academy should take on the administration of additional Sleep Medicine groups. Would this add or detract from achieving the mission of the Academy?</li> </ul>
<b><i>Industry Support</i></b>	
<ul style="list-style-type: none"> <li>• The Academy has attracted generous industry support.</li> </ul>	<ul style="list-style-type: none"> <li>• The Academy will continue to balance industry support with a concern about over-commercialization.</li> </ul>

## APPENDIX C

### AASM ACTIVITIES NOT OF STRATEGIC SIGNIFICANCE

The Strategic Planning Committee decided that some important Academy activities items were not strategic in nature (as defined in the background section and on page 7) and/or were not high priority right now. These items may not be included in the strategic plan, but ongoing efforts may continue. Items on this list included the following:

- Concentrated outreach to other health professionals, such as nurses or physician assistants
- Aggressive pursuit of international membership
- Enhanced involvement with patient education
- Political Action Committee

## APPENDIX D

### AMERICAN ACADEMY OF SLEEP MEDICINE ISSUES

At its first planning meeting the Strategic Planning Committee identified important issues to be addressed during the planning process. The following issues were identified by the Planning Committee and other groups as critical to the future success of the Academy.

#### Clinical Care

1. How do you keep quality of practice high when there is huge and growing demand? This affects graduate education, CME, accreditation and relationships with other organizations. There will be pressures to accommodate demand by lessening standards and producing more sleep professionals and sleep centers.
2. If the overriding goal continues to be ABMS recognition, how much energy should be put into achieving this desirable, but definitely long-term goal?

#### Research

3. How much of a role and what kind of a role does the Academy want in the field of sleep research?
4. How does AASM best support research? Influence the NIH research agenda?

#### Education of Physicians, Patients and the Public

5. Is there a different way to achieve (assist) the fellowship goal by developing not an emergency medicine model nor a critical care model, but a sleep model, perhaps with NIH funding to develop true multidisciplinary sleep centers with fellowships, research funding, etc.?
6. What priority should be placed on education of other physicians, residents, students, non-physician health care providers, patients and the public?

#### Public Policy Advocacy

7. What should be the public policy priorities of the Academy?

#### Professional Needs of Members

8. As AASM continues to grow, how does it maintain a connection and relationships with individual members? There is a loss of intimacy as the organization and meeting has grown. There are positive feelings about the growth of the Society, yet some yearn for ways to have

their individual needs met. This is manifested in the interest in having input into the meeting program via the sections, for example.

### **AASM Organizational Issues**

8. Does the common management structure of the related organizations (AASM, SRS, APSS, SDS) foster the best interests of the Academy? Should the Academy do more or less? For example, should it add the dental group? Others? Or should it shed some groups and focus more on AASM?
9. A proactive stance with competing organizations is desired, but at the same time, the members do not want to anger these organizations. How to strike the right balance to “own” the field, but not alienate others?
10. What are the one or two real growth areas for the AASM? For example, CME, international membership, website growth, outcome measures, additional non-dues revenue? Need to choose one or at the most two, so Academy energy stays focused.
11. When is the AASM going to move to Chicago? Now or in 5-10 years coincident with Jerry’s retirement? How is that decision going to be made?
12. What is the AASM going to **stop** doing that no longer fits a need or makes sense, but might affect some pet projects?