



# **Strategic Planning Report**

**January, 2014**

**Facilitated By:**  
**Reed Tinsley, Vice President**  
**Chair, Planning Committee**  
**NSCHBC**  
**Fort Myers, Florida**

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# INTRODUCTION

The process began with a meeting of the Board of Directors, Committee Chairs and senior staff in Fort Myers, Florida, on January 14<sup>th</sup> and 15<sup>th</sup>, 2014. The meeting included an evaluation of NSCHBC strengths, weaknesses, opportunities, and threats, along with potential program areas.

Goals and objectives will be prioritized by the Society's Executive Committee and then sent to the Board of Directors and Committee Chairs for further input.

## **Strategic Planning Session – Fort Myers, Florida January 14<sup>th</sup> , 2014**

### **NSCHBC Board Member/Committee Chair Attendance**

Judy Aburmishan

Reed Tinsley

Chris Zaenger

Steven Peltz

Jackie Coult

Mike Dejno

Frank Cohen

Laura Goodman

Maxine Lewis

Karen Mosteller

Cliff Richards (by telephone)

Allen Stroud

David Zetter

**Strategic Planning Session – For Myers, Florida  
January 15<sup>th</sup>, 2014**

**NSCHBC Board Member/Committee Chair Attendance – Prior Day’s Attendance  
Joined By:**

Chris Mahan (by telephone)

Ginny Martin

Rob Scroggins

## **OPENING REMARKS**

**Reed Tinsley welcomed the planning session attendees and asked everyone to review the current mission statement:**

*The Mission of the National Society of Certified Healthcare Business Consultants is to advance the profession of healthcare business consultants by setting standards for its members through:*

- 1. Education;*
- 2. Certification: and*
- 3. Professional Interaction*

**He then focused the discussion on two topics:**

- 1) What the Society does well**
- 2) What the Society should do well.**

*What we do well:*

1. Listserv (brain trust)
2. Education (training)
  - a. Intent - be on the cutting edge of topics
  - b. Getting tools to implement
3. Networking
4. Statistics Survey
5. Certification
6. Website and related search engine optimization

*What we should do well:*

1. CHBC should mean something within the industry (branding)
2. Media Responses (Don't let MGMA be our voice)
  - a. Government
  - b. Surveys
  - c. Local/National media outlets
3. Become a resource to other organizations/professional Societies (How to create "other" Medical Economics type relationships)
  - a. NSCHBC member to spearhead
4. Marketing NSCHBC ("We are the cream of the crop" but who knows about us?)
5. Provide "basic" training to consultants (fundamentals)
6. Member Recruitment (This is the lifeblood of any organization)
7. Follow-ups – Within the Society "We stink at it!" (Timeline to get things done very slow)
8. Website Improvement:

- a. Pay dues/get receipt online
  - b. Seminar Registration online
  - c. Reporting hours online
  - d. Member toolbox – update, expand, and communicate to members to contribute and use it
  - e. Monitor and report analytics (Google)
- 9. Rethink policy of monitoring CHBC Requirement for CEUs
    - a. New policy
    - b. Delegate process to committee members
    - c. Delegate process to Drohan
  - 10. Consider devoting ½ to one additional FTE from Drohan to Certification
  - 11. Additional visibility through use of Constant Contact (internally and externally)
  - 12. Increase participation in NSCHBC twitter feed
  - 13. Simulcast education sessions
  - 14. Improve Webinars/Quickinars (and use as a marketing tool) – should happen more often
  - 15. Reach out/co-op with other organizations (ex. CPA associations)
    - a. Re-establish relationship with HCAA to participate in our statistics program

# SWOT ANALYSIS

## NSCHBC Strengths Externally (within healthcare industry)

1. Expertise and knowledge of membership
2. Demand for our service (highly regulated)
3. Diversity of expertise of our members
4. We provide “solutions” (i.e. we solve problems)
  - a. How do we create top of the mind awareness that our members provide solutions and are the “cream of the crop”

## NSCHBC Strengths Internally

1. People – Expertise, demographics, social, networking
2. The Listserv
3. Provide education
4. Create statistics survey
5. Certification

## NSCHBC Weaknesses Externally (within healthcare industry)

1. EXPOSURE

## NSCHBC Weaknesses Internally

1. Resources (monetary)
  - a. To market, recruit, and provide resources to members
2. Follow-ups (all areas)
  - a. Using Constant Contact to communicate
3. Ongoing Review of Web Analytics
4. Apathy among members
  - a. Are we delivering what members want? Are we getting new members involved?
5. Dues Administration?
  - a. Initial invoice sent with paper and electronically
  - b. First reminder sent with paper and electronically
  - c. All remaining reminders only sent electronically
6. Expand and promote member tool box

### NSCHBC Threats Internally

1. Declining Membership
2. Aging Membership
3. Continued apathy by membership
4. Certification Program
  - a. Consider the question, how do we maintain value and enhance brand?
5. Increasing amount of time necessary of volunteers to support organization's needs
6. Limited money to provide resources to members
7. Continued poor follow-up habits
8. Mentoring new Members
  - a. We need to remove their "vacuum" as a new member.

### NSCHBC Opportunities Internally

1. Create Mentoring/contact program for all new
  - a. Acknowledge new members at annual meeting like we used to do
  - b. Outline a program of nurturing new members
2. Key-wording listserv database
3. Set-up new revenue streams with existing product/service lines

### NSCHBC Opportunities Externally

1. Expand media contacts
2. Expand revenue streams (*See Internal Opportunities*)
3. Expand the NSCHBC Brand
4. Expand our mailing list



# PROGRAM ELEMENTS/GOALS AND OBJECTIVES

## GENERAL PLANNING

Have President obtain commitments from each Chair on what their plan is for the upcoming year. Use a project management template (something automated or excel) to document and monitor Committee goals and objectives.

## EDUCATION

1. Education content is a B - we need an A+
  - a. Need skill building tools
  - b. More practical war stories
  - c. Present “new” information/skills
  - d. Takeaways used to create billable time
2. Education agenda needs to be more timely (need deadlines)
3. Education Committee needs more meetings/calls.
  - a. Not enough input from committee members
  - b. Needs to be on a strict schedule
4. Require Education Committee Chairman to create a schedule at beginning of term
5. Consider limiting speakers to individuals who are not currently members of the Society for annual meeting and requiring speakers for the Winter workshops to only Society members
6. Include budget of at least \$1,000 for each speaker’s stipend in addition to travel expenses
7. Consider ways of obtaining referral e-mail addresses from members to increase the number of consultants who are sent notifications of upcoming members

### **Webinars**

1. Pre-schedule dates with “TBA”
2. Should have a webinar every month
3. Create webinar subcommittee of the Education Committee headed by Co-Chairs
4. No charge to members; charge fee to non-members
5. Need to expand/build our mailing list (rely on lists maintained by our individual members)
6. Marketing
  - a. Market to members
    1. Constant Contact
  - b. Members market to non-members

- c. Contact corporate vendors to sponsor in exchange for marketing to their email list.
- d. Get testimonials from participants

## **STATISTICS**

1. Consider setting up sub-committees to monitor and encourage
  - a. Submissions
  - b. Software changes
  - c. Input and scrubbing
  - d. Technical review of final result
2. When is “go live” date each year? (i.e. database is ready for submissions)
  - a. Monthly email needs to go out regarding submissions
    1. Use Constant Contact
3. **We will now have a hard cut-off date for all submissions**
  - a. **Data submissions (7/31 in 2014 NS 6/30 2015)**
  - b. **Scrubbing will be finished on or before August 31**
  - c. **Survey will be published on or before September 30**
4. Encourage more submissions
  - a. Emphasize cut-off date
  - b. Webinar presentation for members
    1. Why important/How to use it
    2. Data entry issues
3. Add E/M utilization to statistics
  - a. 2016 implementation (1/1/16)
4. Insert “comment” sections for outliers to help scrubbers
5. Add A/R aging to statistics
  - a. January 1, 2016 implementation
6. Platform Issues
  - a. Source code to Frank Cohen for analysis
    3. Analysis results: recommendations due by June BOD meeting
    4. Look into auto scrubbing
7. Marketing the statistics (External) after 9/1
  - a. Immediate press release (Marketing Committee with review/revise release); Send to:
    1. Media
    2. Association/societies
    3. Other entities

- b. Look to license stats to corporate partners. Examples:
    - 1. Athena
    - 2. Emdeon
    - 3. Dashboard MD
    - 4. Greenway
    - 5. HFMA
    - 6. AGPA
    - 7. HBMA
    - 8. RBMA
    - 9. MGMA
    - 10. State and County Medical Societies
  - c. Produce/publish articles about the survey
  - d. Communicate with Government regulatory agencies to use our statistics for benchmarking (Not just MGMA)
  - e. Make statistics marketing a subcommittee of marketing committee
8. HCAA – re-establish relationship to obtain submissions from their members

## **CERTIFICATION**

(Issue – Poor test pass-rates by recent test takers)

- 1. Investigate creation of a study guide
- 2. Update Questions for the test
  - a. Make questions more relevant
  - b. Change depth/specificity of questions
  - c. However keep “core” questions on the test
- 3. Give students slides before they take the online study course
- 4. Review % of questions that are not related to the online class slides.
- 5. Review distribution of slides (body of knowledge)
- 6. The NEW core body of knowledge (Percentage of questions on the test):
  - 1. Business operations (10%)
  - 2. Financial management – including tax & retirement (25%)
  - 3. HR management (5%)
  - 4. IT management (5%)
  - 5. Governance (5%)
  - 6. Patient care systems (5%)
  - 7. Revenue cycle management (25%)
  - 8. Quality management (5%)
  - 9. Compliance (10%)
  - 10. Risk management (5%)
- 7. Create a bank of relevant questions sorted by area for future tests

## **MEMBERSHIP**

1. Ongoing issue: Net Declining Membership
  - a. Contact people who have not renewed while at BOD meeting  
Review/Discuss responses received
  - b. Mail paper statements:
    1. To currently non-renewed
    2. Send 1<sup>st</sup> notice as a paper invoice instead of as an email
2. Revise Committee duties
  - a. Primary purpose is to acquire new members
  - b. Secondary purpose is the vetting of the new members
3. Considerations
  - a. Should we change NSCHBC name to remove the word “certified”
  - b. Should we change new member admission requirements
    1. To add diversity to member ranks
    2. Should we drop percentage work in healthcare to 25%?
4. Revise application form

## **BYLAWS**

### **Bylaw changes (approved unanimously by the Board)**

1. Remove 5 year certification requirement
2. Remove annual meeting attendance requirement (3 years)

## **MEMBERSHIP SERVICE**

1. Member toolbox
  - a. Currently being updated
  - b. Need to promote the toolbox
    1. Monthly email – “Toolbox item of the month” (Use Constant Contact)
    2. Monthly email of toolbox updates
    3. Recognize member who has provided the best “tool”
      - a. Give this person \$50 off annual meeting registration
2. Expand Member discounts from outside vendors
  - a. Vendor targets
    1. Office depot/staples
    2. Quick Books/Intuit
    3. Rental Car (any travel related vendor would be great)
    4. Greenbranch Publishing
3. Email information: To membership regarding our relationship with HCPros.
  - a. Have HCPros conduct Webinar
4. Expand “useful app section” of website

## **VENDOR COMMITTEE**

1. It's all good! Just keep doing what you're doing!
2. Communicate with Education Committee to have vendor(s) conduct a webinar.

## **TECHNOLOGY**

1. Expand committee to add new members and split into two committees that focus on:
  - a. Support of society technology including website, presentation options, etc.
  - b. Advise the Society on Healthcare technology options and coming changes
2. Stay on top of website
  - a. Improve operations/backend portion of website
  - b. Monitor and report Google/other analytics
    1. Report quarterly to the Board
    2. Any way to communicate using an analytic app?
3. Be responsible for Google AdWords
  - a. Analyze cost/benefit of AdWords
4. Monitor changing technology trends within industry.
  - a. Update trends once a year to BOD/Education Committee.

## **NOMINATIONS**

1. Current Committee Chairpersons
  - a. By January 31<sup>st</sup> of each year you will need to state:
    1. You will continue on as chair in to next fiscal year, or
    2. Identify your replacement
2. Nominating committee initiate conversations for Treasurer and BOD seats by January 10 for discussion

## **MARKETING**

1. Improve/enhance NSCHBC public relations
  - a. Hire PR firm
    1. Accept Lovell Proposal \$2,000/month retainer
    2. PR to recommend how to spend this retainer wisely
  - b. Comes out of marketing budget
  - c. Suspend Google Ad Work campaign; devote \$ to PR
2. Continue to build mailing list
3. Ensure NSCHBC officers responds to breaking news and changes in Healthcare
  - a. Press releases
  - b. Interviews
  - c. Whitepapers
4. Invite Lovell representatives to annual meeting

# **PROGRAM PRIORITIES/TIMELINE**

**Education & Webinars**

**Statistics**

**Certification**

**Membership**

**Bylaws** (changes approved unanimously by the board)

**Membership Service**

**Vendor** (no recommendations)

**Technology**

**Nominations**

**Marketing**