



Strategic Plan

January 2015

Timeless Core Ideology (Timeless)

Core Ideology describes an organization's consistent identity that transcends all changes related to its relevant environment. Core ideology consists of two elements: **Core Purpose** – the organization's reason for being – and **Core Organizational Values** – essential and enduring principles that guide the behavior of an organization.

Core Purpose: To improve patient care by leading the advancement of academic emergency medicine.

Core Organizational Values:

- Knowledge Creation, Translation, and Dissemination
- Professional Development
- Advocacy for Education and Research
- Collaboration, **Diversity**, Community, and Service

Longer-term Envisioned Future (10+ years)

The **envisioned future** conveys a concrete yet unrealized future for the organization. It consists of a **vision or big (hairy) audacious goal (BHAG)** – a clear and compelling catalyst that serves as a focal point for effort and a **vivid description of a desired future** which is a vibrant and engaging description of what it will be like to achieve the vision/BHAG.

Vision/BHAG:

To be the world's premier organization for developing academic leaders in education and research and for creating and disseminating content with the greatest impact on emergency care.

Vivid Description of a Desired Future

Through SAEM's leadership, emergency medicine academicians are recognized leaders in research, education, and clinical care. SAEM's programs and services are relevant, accessible, and clearly contribute to the professional success of its members during each stage of career development. All chairs of emergency medicine actively engage in SAEM, as do experienced faculty, new faculty, fellows, residents, and medical students. Mentorship, **supporting diversity of ideas and people**, engaging with colleagues, and contributing to the Society are integral to SAEM's values and mission.

The Society's journal is recognized for its high global impact within the field of emergency care and academic emergency medicine. Participation in the Society's annual and regional meetings are considered essential to career growth and keeping up-to-date on the latest research, educational innovations, and state-of-the-art technologies. SAEM is an influential leader in advocating for research funding through federal, foundation, and other sources.

The emergency medicine community values the work of SAEM in preparing academic leaders, facilitating knowledge translation, and disseminating the latest research to improve emergency patient care and outcomes.

Goals and Objectives (3-5 years)

Goals represent **outcome-oriented statements** intended to guide and measure the organization’s future success. The achievement of each goal will move the organization towards the realization of its “Envisioned Future.” Supporting **objectives further clarify direction** and describe what the organization wants to have happen; a descriptive statement of what constitutes success in measurable terms.

Priority Key:

Immediate (I)	Work on this objective must be undertaken in the next fiscal year.
Mid-term (M)	Work on this objective should be undertaken in the next fiscal year if at all possible.
Later (L)	Work on this objective can wait until a subsequent fiscal year if necessary.

Member and Leader Development

Goal: SAEM is recognized as an essential contributor to the personal and professional development of the academic emergency medicine community.

Objectives:

1. Enhance the career success of academic EM physicians. (I)
2. Increase mentorship, networking, and leadership development opportunities. (I)
3. Cultivate the next generation of leaders through increased participation in SAEM. (M)
4. Increase the number of international academic EM physicians participating in SAEM. (L)

Virtual Relevance

Goal: SAEM's digital footprint is globally recognized as the hub for academic emergency medicine.

Objectives

1. Increase accessibility of SAEM’s digital footprint. (I)
2. Maintain essential content. (I)
3. Increase networking, collaboration, and community. (M)

Research Grants

Goal: SAEM will have increased the number of members with grant funding.

Objectives:

1. Enhance advocacy for dedicated funding for the Office of Emergency Care Research (OECR). (I)
2. Increase the number of members applying for federally funded grants. (M)
3. Increase the number of members applying for non-federal funded grants (i.e. foundations, etc.). (M)

4. Support the SAEM Foundation to increase the number and funding amounts of education and research grants. (L)

Medical Education

Goal: Medical educators in emergency medicine recognize SAEM as the premier resource for career advancement.

Objectives:

1. Increase the number of medical education publications by SAEM members. (I)
2. Increase SAEM's resources for supporting academic promotion and tenure. (I)
3. Promote high impact innovations in medical education. (M)
4. Enhance training in medical education research methodologies. (L)

Appendix A

Assumptions About the Future (Originally Created August 2014)

In order to make progress toward an envisioned future, an organization must constantly anticipate the strategic factors likely to affect its ability to succeed and to assess the implications of those factors. This process of building foresight about the future will assist SAEM to constantly recalibrate its view of the relevant future, a basis upon which to update the strategic plan.

Global Business and Economic Factors

1. The Affordable Care Act (ACA) will continue to be a major driver of change in the field.
2. The ACA will continue to change patient volume by site. For example, county hospitals are seeing a decrease in the volume of patient because individuals that now have government-mandated insurance want care at more reputable hospitals.
3. Emergency Medicine will become more powerful as a decision maker for admission, observation units, and pre-hospital care.
4. There will be greater use of observation units within hospitals.
5. There will be tighter emergency medical dollars. Emergency physicians will become the gatekeepers of those dollars because hospitals are putting pressure on physicians to decrease patient admissions.
6. The dollars for "free research" will diminish.
7. There will be fewer dollars for graduate medical education and, therefore, decreased learning for residents in training.
8. Emergency physicians and residents will play a greater triage role in deciding patient care, (i.e., hospital, specialty hospital, rehab, home, etc.).
9. There will continue to be growth in emergency care education globally.

Social Values and Demographics

1. There will be an increasing aging population among patients.
2. There will be an increasing aging population among SAEM members.
3. There will be increased expectations by patients for better and faster service.
4. Work life integration will become more important among emergency physicians.
5. The ratio among woman to men will increase within the field.
6. Younger generations have and will continue to have different ways of learning and working.
7. Personal debt will increase, even into the middle years, and individuals will be more cautious about how they spend their money.

Technology and Science

1. Technology will continue to impact how emergency physicians communicate with patients (i.e., how they demand a CT scan or other tests, etc.).
2. Technology will continue to increase a patients' ability to become more knowledgeable about their own health and the role of emergency physicians.
3. There will be increased accessibility of information.
4. Increased simulation will change how medical students are trained.
5. There will be larger databases for comparative effectiveness research.
6. There will be greater communicating and educating the public via opinion editorials, and other technology forums.
7. There will be greater focus on patient satisfaction.
8. There will be an increase of research being criticized faster because patients can access information in real time.
9. There will be increased pressure to document through an electronic medical record (EMR) system and it will become more difficult to create that documentation because of time and pressure.
10. Technology will continue to alter how emergency physicians practice documentation. Because of the EMR systems, there will be greater focus on outcomes measures for dollars and reimbursement.

Legislation and Regulation

1. The implementation of the Affordable Care Act (ACA) will continue to shape the future of emergency medicine.
2. The Prevention Research Centers (PRCs) and the American Accreditation Council for Graduate Medical Education (ACGME) will continue to focus their efforts at the legislative and regulatory level and compete for federal dollars.
3. There will be greater advocacy at the local and national levels. Large organizations such as the American College of Emergency Physicians (ACEP) will continue to provide a strong advocacy role at the federal level and continue to look to other groups for funding.
4. There will be a greater need to advocate for emergency medicine departments on university campuses.

Professional Competition and Structure

1. There will be increased competition for members and for finite dollars among other professional organizations, (i.e., ACEP, AAEM, AMA, CORD, etc.).

2. There will be greater recruitment of emergency physicians into other organizations (i.e. AHA, etc.) because of similar interests and the desire to expand membership and grow. There will also be an increased focus to attract members from overseas.
3. There will be more populations to serve with unique needs and expectations. The older generational folks will have different needs from the students.
4. There will be greater mid-level providers (certified nurse practitioners, physician assistants) providing emergency care in the future. As a result, there will be a diluting or “dumbing down” of expertise to increase membership within various associations.
5. The Chairs will continue to play a significant role in the decision-making process for member’s dollars and engagement level within the association.
6. There will be less dollars for Chairs to support not only their own involvement but also for their department faculty to be engaged.
7. The pressure and demands of clinical practice will eventually supercede the research and academic responsibilities. There will be greater pressure on departments to find more revenue.
8. Academic departments and residency programs will continue to grow. However, the growth will be in physician educators, not researchers.
9. Research projects will increasingly be conducted interspecialty and within different organizations.

Appendix B

SAEM future Mega Issue Questions (Created: January 2015)

***Mega issues** are issues of strategic importance, representing choices the association will need to make in defining the association’s ultimate direction and areas of focus. The mega issues are identified in the form of questions. They can be questions related directly to the profession or to the association. They form a basis for dialogue about the choices facing the organization.*

Future Mega Issue Questions (not in priority order):

1. How can SAEM significantly influence the growth of research funding for members?
2. How should SAEM guide/support EM educational efforts globally?
3. How should SAEM respond to the number of members engaging in CORD leadership?
4. How could SAEM respond to its IT needs given limited resources?
5. How should SAEM plan for the future or threat of separation by member segments?
6. How should SAEM respond to the reduction in GME funding?
7. How should SAEM respond to the increasing financial pressure on members to choose between EM organizations?
8. How should SAEM respond to CMS reforms?
9. How should SAEM respond to decreasing physician payments?
10. How should SAEM respond to changing payment methods within medicine?
11. How should SAEM create a more synergistic relationship between the Academies and the association leadership?
12. How should SAEM grow its revenue in response to our mission and goals?