

## Strategic Goals 2009 – 2011

**Education:** We will provide Education that is practical, provides best practices and solutions, is competitively priced, is tangible and specific and shares ideas for different settings.

By December 31, 2009 the Association will:

1. Launch two new products for New to the Field segment: “Credentialing 100” and “Roles and Responsibilities of the MSP.”
2. Development of “Common Credentialing Pitfalls” customized to target all settings with different lessons and programs - hospital, CVO and managed care to be launched Q1 2010.
3. Conduct a search for a vendor partner to develop and launch the two Communications Courses, “Mastering the Written Word for MSPs” and “Communicating with Confidence.”
4. Successfully roll out the Certified Professional Medical Services Management (CPMSM) Certification Preparation Course.
5. Conduct a minimum of four Certified Provider Credentialing Specialist (CPCS) courses. Begin to track data on the relationship between attendance at the course and success/fail rates on the exam.
6. Complete a research and development funding proposal for the next member segment – Newly Certified beginning July 2009.

By December 31, 2010 the Association will:

1. Launch three more New to the Field products, most likely, “Springboards for Success” “Mastering the Written Word for MSPs” and “Communicating with Confidence.”
2. Launch revised versions of the NAMSS professional development courses: “Credentialing 101,” Professional Development for Credentialing Specialists” and “Professional Development for Medical Services Management.”
3. Conduct a series of Certified Professional Medical Services Management (CPMSM) Certification Preparation Courses. Begin to track data on the relationship between attendance at the course and success/fail rates on the exam.
4. Create a standard annual survey that is an input to 1.) gauge member satisfaction with existing, individual programs and 2.) starts to capture topics and trends that the Education Committee uses as an input for the next year’s planning.

By December 31, 2011 the Association will:

1. Execute a portfolio/wave for the Newly Certified segment as brought forward in 2010.
2. Analyze the number of New to the Field funneling into the certification prep courses

3. Begin working on the third (“Experienced”) of four member segments for customized education programs. (Fourth segment is “Executives”)

**Partnerships:** We will partner with other regulatory, professional and state organizations to influence decisions that will impact our profession.

By December 31, 2009 the Association will:

1. Strengthen relationships with State Associations by:
  - a. Developing a toolkit for member recruitment at the state level that will be launched at the Leadership Retreat
  - b. Creating NAMSS promotional materials that will be distributed to states for use during conferences/communications
  - c. Evaluating ways to formalize relationships with states to create stronger partnerships between state and national through the Special Task Force of the Board
2. Increase and strengthen the number of formal partnerships with other healthcare and professional groups by:
  - a. Training strategic liaisons who can effectively communicate NAMSS’ mission and policy goals
  - b. Collaborating on joint educational programs to highlight shared issues between MSPs and other healthcare professionals
  - c. Continuing participation in formal alliances and task forces such as the Joint Commission Hospital PTAC

By December 31, 2010 the Association will:

1. Continue to strengthen relationships with State Associations by:
  - a. Creating a NAMSS virtual environment where states can share best practices and post resources; NAMSS Conference Committee will also share planning resources
  - b. Providing training on how to influence state legislation and communicate with state hospital associations
  - c. Partnering to provide access to more MSPs who can benefit from NAMSS educational opportunities

By December 31, 2011 the Association will:

1. Invite strategic partners, government representatives, and other industry groups to participate in a healthcare discussion forum hosted by NAMSS

**Certification:** We will advocate for recognition of NAMSS professional certification by regulatory bodies, accrediting organizations and employers to influence the importance of defining competencies of the MSP.

By December 31, 2009 the Certification Commission of NAMSS (CCN) will:

1. Implement a Certificant Referral Program

- a. Striving to increase its pool of credential holders to raise awareness of medical services professionals
  - b. Impact on healthcare settings nationwide (*i.e., becoming certified boosts your professional credibility, giving you the organizational skills and knowledge to enhance your medical services functions in any healthcare setting*)
2. Develop and Launch a Certification Webinar posted to the NAMSS Web site.
- a. Educate potential certificants on the process for applying for the exam, application and exam processes.
  - b. Provide platform for attracting new certificants.
  - c. Deliver high-quality education in an interactive format.
  - d. Provide on-going information delivery at low cost and easy access.

By December 31, 2010 the Certification Commission of NAMSS (CCN) will:

- 1. Work closely with CASTLE Worldwide to deliver automatic and scaled scoring.
  - a. Improve customer service quality by releasing the test results in a more timely manner

By December 31, 2012 the Certification Commission of NAMSS (CCN) will:

- 1. Continue certification exposure at state meetings and proactively seek other opportunities to express the value of being certified.
  - a. Develop and distribute a list of industry related organizations that have conferences where members of the CCN can speak and/or exhibit (*e.g., distribute benefits of certification flyer at booth*) and obtain all necessary information (*e.g., registration deadlines; etc.*)
  - b. Partner with Industry and Government Relations Committee of NAMSS to help with this endeavor.
  - c. Attend 1-2 conferences (*see bullet #1*) per year.
  - d. To help educate people about the exam and application process.
- 2. Pursue developing favorable alliance/relationships with other related organizations (*e.g., public, private, and non-profit institutions—These institutions are hospitals; offices and clinics of medical doctors; nursing homes; other specialized health care facilities; managed care.*)
- 3. Build relationship with fellow committees and the NAMSS board by aligning our plans and future strategies to market membership and certification.
  - a. Partner with Industry and Government Relations Committee of NAMSS.
  - b. Partner with Membership and Marketing Committee of NAMSS.
- 4. Volunteers (*item writers and focus group*) Database Creation and Management
  - a. Create systemic, standardized processes.
  - b. Uniform method of evaluating and record-keeping of volunteers.
  - c. Improve selection process.

d. Effective time management for Exam Development Chair.

**Recognition:** We will strive to be recognized as the experts in the modernization of medical staff/provider organizations. The structure of these organizations includes:

- Self governance
- Privileging/Credentialing
- Peer Review
- Verification of professional qualifications
- Accreditation/regulatory compliance

By December 31, 2009 the Association will:

1. Propose a TJC standard to the Hospital PTAC, recognizing the need for competent medical staff department leadership.
2. Improve its image through enhancements to Web site, professional materials and other communication means.
3. Increase presence of NAMSS representatives and liaisons at industry conferences and meetings.
4. Pursue a health IT focused advocacy agenda that will make NAMSS a leader in the effort for an automated credentialing process through:
  - a) Working with the Department of Health and Human Services to promote the Standardized Elements of Credentialing in conjunction with the ESAR-VHP registry
  - b) Conducting a feasibility study to determine if NAMSS has the resources to create a national repository of up-to-date primary source information.
  - c) Creating a national uniform hospital credentialing application.
5. Develop a credentialing crosswalk that aligns the comparable standards of each accreditation organization (TJC, DNV, HFAP, URAC, NCQA, CMS)
6. Conduct feasibility testing for new physician leader educational products that may include:
  - a. Training/Orientation Manuals
  - b. Onsite workshops or training courses to be taught by medical staff in conjunction with the courses offered by lawyers groups.

By December 31, 2010 the Association will:

2. Educate healthcare administrators through a medical staff toolkit that will be distributed at the 2010 Leadership Retreat:
  - a) A promotional PowerPoint
  - b) A press release template, and
  - c) A fact sheet explaining how to submit article in other industry publications.
3. Encourage appointment of NAMSS' representatives/members to State Licensing Board through development of a template letter and guidelines

for how to get appointed that will be included in the medical staff toolkit distributed at the Leadership Retreat.