

**HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION**

**ALABAMA CHAPTER**

**STRATEGIC PLAN AND ASSESSMENT**

*As of June 1, 2004 for the period June 1, 2004 through May 31, 2007*

**This strategic plan and assessment was developed by the Chapter's officers and Board of Directors. The officers and Board of Directors for the Chapter year June 1, 2004 to May 31, 2005 are as follows:**

<b>President:</b>	Jonathan B. Kimsey
<b>President-Elect:</b>	Yolanda D. Rich
<b>Secretary:</b>	Dawn Walton
<b>Treasurer:</b>	Kim Shrewsbury

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<b>Board of Directors:</b>	Phillip L. Cusa Curt Miller Cindi Barksdale Mitzi Winters Kathy Nelson Derrel Curry
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## **I. EXECUTIVE SUMMARY**

The Strategic Plan and Assessment process is a charter requirement for HFMA chapters. This is an important activity for the Chapter with the annual review of this plan by the Chapter officers and Board of Directors serving as an excellent means of assessing recent Chapter performance and to renew, revise or add goals and objectives for the future. This plan reflects the Chapter's plans for increasing its membership, retaining those members, and improving and expanding its educational offerings to its members. It recognizes the Chapter's strengths, weaknesses, opportunities and threats and identifies means of responding to the perceived needs of its members.

In summary, the Alabama Chapter leadership appreciates the opportunity to continue to serve its membership and to continue the tradition of high standards set and achieved in previous years and celebrated through recognition by national HFMA at the end of the year. The input of the members is extremely important to the Board and is welcomed at any time.

## **II. CHAPTER FOUNDATION**

### **A. THE ALABAMA CHAPTER VISION STATEMENT**

The Alabama Chapter of the Healthcare Financial Management Association (the Chapter) has adopted the National vision statement to continue to improve the business management of healthcare organizations by serving as the leading professional resource for financial managers in all healthcare settings.

### **B. THE ALABAMA CHAPTER MISSION**

The Chapter is the professional membership organization for individuals involved in the financial management of health care. The Chapter serves and represents members by:

- Providing professional development through high quality and affordable education, information, certification, peer interaction, and leadership training;
- Influencing healthcare financial management and accounting policy decisions, principles, and practices through advocacy and dissemination of information; and
- Establishing and promoting the highest standards of professional and ethical conduct.

### **C. THE ALABAMA CHAPTER VALUES**

The Chapter operates on the following principles, which provide direction and stability to the organization:

***Service to members is our highest priority.*** Programs are provided to our members from the perspective of meeting our members' professional needs by helping them to become better financial managers.

***Excellence is the standard for all we do.*** We strive for a consistent and high standard of quality for each endeavor. This standard of excellence is the benchmark for assessing each of our program

offerings. Our intention is to “*Aim High*” and continue to develop excellence as a second nature in all efforts undertaken.

***Teamwork is essential to our work.*** Teamwork involves a strong partnership with our members, local officers, regional chapters and the national office, as well as cooperation with those who represent healthcare associations, organizations, government agencies and financial and business interests. Teamwork is central to the notion that together we can foster growth, improvement and beneficial change in the healthcare industry.

***Individuals are important and should be treated with respect, dignity and fairness.*** We maintain a strong “*people orientation*” and treat members with respect, dignity, and fairness. The dedication of people--their enthusiasm, spirit, and support--shapes our collective personality and gives impetus and meaning to our objectives.

***Innovation and creativity must be fostered.*** Innovation is finding new ways of accomplishing our objectives. Creativity is the freedom to experiment. Through rewards and recognition, we encourage members to provide new ideas, take risks, and excel in their professional activities.

***We must act in a financially responsible manner.*** We recognize the necessity to operate the Chapter in a manner that will preserve its financial resources in order to meet the future needs of its members.

### **III. CHAPTER ASSESSMENT**

#### **A. EXTERNAL ASSESSMENT**

##### **1. Assessment of Member and Customer Needs**

- The traditional membership base of the Chapter has been financial managers in hospitals. However, the need for healthcare financial managers in the payor community, advisory services firms, and other non-traditional areas of healthcare will increase due to a growing demand for expertise in financial management. Understanding the unique and complex nature of the industry regulatory environment, strong analytical skills, and the ability to apply core financial knowledge to the strategic planning process will be increasingly important skills for financial managers in the years to come.
- The number of financial managers employed by hospitals may decrease due to reductions in workforce, and those remaining in the industry will be faced with broader spans of control and the need to be more versatile in their bases of knowledge.
- To operate effectively in an atmosphere of increased regulation and government scrutiny, healthcare executives will be expected to keep abreast of developments on a broad range of government actions. Associations representing the healthcare industry must take a proactive role in representing their members’ interest on government issues.
- Financial managers will be required to develop a broader understanding of regulatory and operational issues affecting all sectors of healthcare (providers, payers, and advisors) due to the growing complexities of these issues and the burdens placed on organizations to comply

with related mandates. Successful financial managers will find opportunities to move between industry sectors during the course of their careers.

- Financial managers increasingly will play a key role in strategy development and will have a broader involvement in the operation of healthcare organizations. Leadership training will become more important as financial managers assume greater roles in management teams and become more involved in the strategic decision-making process.
- As the regulatory burden upon the industry becomes greater and the issues involved more complex, HFMA (at both the National and Chapter level) will see a change in the profile of individuals traditionally comprising its membership. Immediate growth will likely come from the secondary areas impacting the revenue cycle (health information management personnel, coders, patient financial services representatives, utilization reviewers, information systems personnel) and mostly within organizations that have provided past support to the Chapter by providing members in more traditional areas of healthcare finance. Increased efforts to provide programs and services relating to issues relevant to the job functions of these individuals will build a foundation for future growth in areas outside the Chapter's traditional membership base. Accordingly, the Chapter must strengthen its ties with Senior Financial Executives (SFEs) in the industry to ensure that these individuals promote and support their employees' activities with the Chapter.
- An increased need for broadened educational offerings will include a demand for more programs on general management and leadership skill development, other non-financial topics, and topics that may reflect the relevance of the many components of the organization that contribute to successful financial performance.
- The Chapter must be responsive to the diverse programming needs of hospital-based members who work in various settings: urban, rural, teaching, psychiatric, rehabilitation, home care, sub-acute care, third party payers, HMOs, etc. However, it is expected that with the industry trend away from the diversification of services and consolidation of organizations that was experienced in the 1990s, the Chapter's primary focus will return to being the needs of the acute care hospital financial manager.
- The Chapter's broadened focus and competition among providers will require enhancement of specialized educational and informational services for constituency groups while continuing to excel in service to all members. The Chapter should increase its use of new information technology to provide educational information service to members.
- Changes in state payment and tax-exemption policies will require increased focus of policy analysis, advocacy, and initiative by the Chapter with support from HFMA at the National level.

## **2. Environmental Assessment**

The healthcare environment in the United States is in a state of constant evolution with growing complexities in the regulatory environment, administrative burdens, and the lingering impact of declining reimbursements. Healthcare providers will continue facing increasing uncertainty in the future. As a result, it is imperative that the Chapter provides its membership with accurate and

timely information to assist its members in evaluating industry trends and establishing an educated means of devising strategies to respond accordingly. The impending growth in Medicaid rolls and an expanding base of more elderly and indigent patients will further stress the healthcare system and possibly lead to additional political action upon the industry by governmental entities.

**a. Social Environment**

The American public continues to increase its scrutiny on the healthcare industry. Whether or not public opinion reflects an accurate picture of the industry, it is obvious that this scrutiny will persist until some type of reform is accomplished. Alabama will be faced with many important problems in healthcare over the next decade. The need to address many of these problems is compelling based on the concern over the lack of healthcare insurance for a growing number of Alabamians, the health and expense burdens posed by tragic diseases, the aging of the population and rising healthcare costs. The percentage of the population in Alabama age 65 and above is projected to be at 14% of the population by the year 2010. The “graying” of the population within Alabama will continue to increase the burden of care within the state. Balancing rising healthcare costs and access to care is difficult. Consumers are demanding more services at the same time that funding becomes more and more scarce. Ethical concerns regarding the types of healthcare services that should continue to be available to all, who should pay for the healthcare services, and when these services should be withheld are ongoing. Rationing of healthcare will continue to be an issue under consideration and intense debate at both the state and national levels.

Total healthcare expenditures will continue to grow at a faster rate than the overall general rate of the economy due to demographic and technological changes. Government and other payers will continue to slow the rate of increase, but costs to provide these services incurred by healthcare organizations will continue to grow with the release of new pharmaceutical treatments, surgical implants and interventional devices. Demand for assisted living centers, skilled nursing facilities, and alternative medicine will continue to increase.

The supply of healthcare professionals for current and future needs is impacted by population trends, lifestyle changes, education trends, and working environment changes within the healthcare industry. The smaller, post-baby boom generation and the current economic boom have created a shortage of workers in all industries. The industry faces competition from retail and other service industries to supply its workforce and must provide enticements to young workers to choose health careers. In particular, many in the nursing profession have left the industry due to concern with the general direction of patient care. The remaining nursing population is aging, and younger men and women entering the work force or choosing careers are not considering nursing in the numbers that they once did. This trend is particularly challenging today due to the downward pressures on operating margins and the need to secure a more productive workforce to achieve organizational financial goals.

As the industry becomes more complex in nature, financial managers will be required to develop a broader understanding of regulatory and operational issues affecting the various sectors of healthcare, i.e., providers, payers, and advisors. They will be an integral part of ensuring that compliance programs are effective. A broader understanding of the operations of healthcare facilities will become increasingly important to success for the financial manager. Financial managers will become even more important to the leadership team and the strategic planning process; therefore, leadership training and strategic planning should be top educational priorities for

the Chapter.

The number of financial managers employed by hospitals in the future will decrease primarily due to pressures to broaden span of control and reduce administrative costs. As this trend evolves, the time to volunteer to organizations will also decline. The Chapter must continue to distinguish itself as the preeminent financial management organization for healthcare and industry education. To demonstrate its value to employers, the Chapter must provide pertinent information to its members to enable them to develop strategies to respond to industry developments.

Alabama's Medicaid Program continues to face the issue of inadequate funding and a benefits package that places a significant financial burden upon all healthcare providers. The Chapter has historically had a good relationship with the Medicaid Commissioner's Office, and the various individuals who have maintained this position have spoken to Chapter gatherings in the past. The Chapter must expand this relationship in a meaningful way to provide its members' with timely information on the evolving and changing Medicaid Program and to ensure that its members' voices are heard in regards to issues with the Agency.

Acquisitions and mergers have and will continue to impact the nation's healthcare delivery system. However, many of the industry mergers and affiliations of the 1990s have been disbanded or discontinued, and the organizational trend of the coming years will likely be that of community or faith-based hospitals operating as stand-alone entities. Most healthcare systems are returning to their roots and are refocusing their operational efforts upon their core business practices and divesting previously unprofitable non-acute care ventures. Rural facilities will continue to experience financial pressures brought about by lack of economies of scale, a tight credit market, the unwillingness of county or local authorities to continue to operate in such a complex industry, and plant limitations as aging facilities require remodeling or replacement. These organizations will continue to seek answers outside their counties and communities such as partnering with area urban facilities or outsourcing their management functions to larger organizations.

Social pressures to assist seniors in obtaining pharmaceutical drugs at affordable prices are becoming greater and greater. The healthcare industry will be faced with this issue and the inherent conflict that it presents in that most organizations consider improving the health statuses of the populations they serve as foremost in their missions. Any attempt by governmental entities to develop a pharmaceutical drug benefit for seniors will be supported by a significant portion of the public but will present healthcare providers with another threat to already limited funding. The Chapter must provide its members with timely and relevant updates to developments regarding drug benefit proposals and must assist its members in crafting organizational positions on this complicated issue.

#### **b. Political Environment/Financial Resources**

National and State budget limitations continue to cause policy-makers to seek ways to constrain the growth of healthcare expenditures. Inadequate payments from Medicare and Medicaid have reduced the resources available to meet patients' needs and to provide capital for future replacement of assets.

Compliance initiatives, corporate responsibility and the growing industry regulatory burden continue to be major issues, and no relief is in sight. The Chapter must continue to respond to these

developments by actively supporting the efforts of its Compliance Forum. The Chapter must provide offerings that reach out to non-traditional financial managers who greatly impact the healthcare finance system (health information managers, coders, clinical managers, etc...). Improving the financial competence of these individuals will greatly benefit the Chapter's member organizations and potentially lead to membership growth as an ancillary benefit.

The number of uninsured and underinsured people in the United States and in Alabama also continues to increase at an alarming rate. This will continue to cause additional financial stresses on providers as this trend continues by increasing the level of bad debts and charity and the number of patients covered under government, rather than private sector, health programs.

### **c. Technology**

Technological advances play a major role in the delivery of healthcare services, with new advances in the biomedical and pharmaceutical industries emerging each year. The development of new clinical technology and the anticipated federal and societal mandate to efficiently utilize it will continue to change how healthcare is delivered. Technologies that are expected to have a major impact on healthcare in the future include the following: genetic engineering, telemedicine, imaging devices, communications systems, electronic networks, new surgery techniques, transplants, implants, pharmaceuticals, and innovations in mental health and home diagnostics and monitoring equipment. Services historically provided in an inpatient setting will be encouraged or even required to be performed in alternative settings. New clinical technology is increasing both the life span of our citizens and the subsequent costs of caring for them. The increasing supply and lower costs of computer technology coupled with the information available via the Internet has and will continue to rapidly change the speed and availability of information for healthcare consumers. The Internet has the potential to restructure how health care is delivered in the future through electronic billboards, research, disease management, and personal medical records.

Technologically advanced treatments will be required of providers while payments are declining. Providers will be expected to provide information showing costs and outcomes. A merging of clinical and financial data will require the installation of more updated, advanced hardware and software to meet these increasing demands. Consolidation of clinical and financial data will be essential. Providers must look to the future and the capability of providing this information. The Chapter must ensure that the education is available for providers in the industry to make them aware of products that can better enable them to succeed in their jobs and benefit their organizations.

As technological advances lead to a greater number of products on the market to assist financial managers in enhancing the efficiency of their processes, the demand for capital expenditures for information technology will continue to increase. At the same time, many providers will be faced with the need to expand patient care services to secure greater market shares to ensure viability in the marketplace. Given the inherent difficulty in determining a traditional return on investment in technological capital, financial managers will be faced with the challenge of ensuring that these expenditures receive authorization from their governing boards. The Chapter must assist its members by providing educational offerings that address this complex issue and the general topic of capital efficiency.

## **B. INTERNAL ASSESSMENT**

## 1. Chapter Strengths, Weaknesses, Opportunities and Threats

*As a result of surveys, the work of the Chapter's Officers and Board of Directors, and comments and/or suggestions from the membership, the following have been identified as strengths, weaknesses, opportunities and threats of the Chapter:*

### ***Strengths:***

**a. Professional Development.** Chapter members have access to a variety of excellent educational activities offered throughout the year. Educational programming has always been a Chapter strength, and this is and will continue to be the primary emphasis of the Chapter in the coming years.

**b. Networking.** Members are able to openly discuss issues, share ideas and expertise and work together on various projects through the Chapter's Patient Financial Services Forum, the Chief Financial Officers Forum and the Compliance Forum. This is particularly remarkable considering the competitive environment with the State of Alabama among the various healthcare entities. These members are the decision-makers regarding healthcare in the State of Alabama and are working together under the HFMA umbrella.

**c. Membership and Leadership.** The Alabama Chapter enjoys a broad base of membership. It has historically been successful in retaining members, it has experienced high levels of involvement of members on the individual level in the past, and it has consistently recruited dedicated leaders who have exhibited a commitment to excellence. The Chapter also enjoys active participation among its past-presidents. Its Board of Directors for the 2004-2005 year is comprised of five past presidents (out of six members), and past presidents now serve in three committee/forum chairmanships.

**d. Financial Stability.** The Alabama Chapter has consistently conducted successful meetings and has recruited a number of loyal sponsors, thus resulting in financial stability of the Chapter. As a result, the Chapter has placed additional emphasis on providing low cost educational sessions to our members that include quality speakers.

**e. Communications.** The Chapter historically has provided excellent communications to its members through very useful Membership Directories and Newsletters as well as its own website. With the enhancement of the Chapter website during the 2003/2004 year, the Chapter is now in a position to continue these activities in a much more effective and cost efficient manner. The website also enables the Chapter to provide more frequent and timely information to its members regarding Chapter events including online registration.

### ***Weaknesses:***

**a. Financial Constraints.** Shrinking budget allocations for professional memberships and travel have the potential to reduce our members' participation level in Chapter activities. Accordingly, the Chapter must focus its efforts on providing quality programming that will be perceived by financial decision makers as a sound investment of their time and money.

**b. Geographic Dispersion.** Due to the geography and demographics in the State of Alabama,

the dispersion of members often makes it difficult to draw statewide audiences. The concentration of active members is heavily weighted in the Birmingham and central regions of the State. In recent years, partially due to the success of the Southern Institute and, more recently, moving the Summer Institute to the northern part of the State, the Chapter has seen increased participation from members in the southern and northern regions of the state. Chapter leaders continue to be challenged to reach rural constituents and to encourage more members in the southern and northern regions to become active in Chapter activities.

**c. *Membership Participation.*** Approximately 50% of the members are not active participants in Chapter activities. Many committee members do not actively participate in committee functions due to geographic constraints and other commitments. This results in a disproportionate burden on a few members who serve in leadership capacities. The Chapter must utilize research to identify best practices for ensuring increased involvement from non-participating members and must ensure that newly recruited members are given opportunities to become involved immediately upon enrolling.

**d. *Senior Financial Executive (SFE) Participation.*** Many healthcare organizations in the state are currently not represented in the Chapter at the SFE level. Others have SFEs as members but they are not active and have no members in other capacities within their organizations. The Chapter must concentrate its efforts at recruitment and involvement of SFEs in Chapter activities through coordination of its CFO Forum and Membership Committee programming.

**e. *Certification.*** The Chapter has struggled in getting its members to sit for the certification exam. Financial constraints, work load and other factors have led to limited numbers of members sitting for the certification exam. The Chapter must find innovative ways to encourage its members to become certified.

#### ***Opportunities:***

**a. *Improved Educational Opportunities.*** Due to the success of our annual sponsorship program and the financial stability of the Chapter, the Chapter is going to be able to provide educational opportunities to its members at more economical prices and with better speakers.

**b. *Communications to Members.*** Using the Chapter's enhanced website and related services, we can more efficiently and effectively communicate to our members through web site postings, online registration and email blasts.

**c. *Forum Participation.*** The 2003/2004 year was deemed to be the "Year of the Forums." The year included increased activity for each of the Chapter's forums: CFO, PFS and Compliance. Going forward, we can expand on this start by further utilizing forum breakfast, workshops and road shows.

**d. *Decreased Burden on Chapter Leaders.*** Through changes with the Chapter website and changes at national in Chapter reporting requirements, the leaders of the Chapter will have the opportunity to spend their time in providing services to its members such as communications and educational events.

**e. *Improved Certification.*** The last few years have seen a decline in the number of Chapter members taking and passing the certification exam. The Chapter leaders have the opportunity to

increase the level of certification within the State by seeking creative and inventive ideas to entice its members to participate in the certification process.

**Threats:**

**a. *Decreased Provider Involvement.*** Due to budget constraints at providers and workload pressures of provider employees, there will be an increased need for the Chapter to provide quality services to its members to encourage them to continue their involvement in Chapter leadership and Chapter activities.

**b. *Identification of Future Leaders.*** The Chapter has benefited from outstanding leadership in the past. The continued success of the Chapter is dependent on identification, support of and continuity of its leaders.

**c. *Continued Sponsor Support.*** The Chapter's ability to provide low costs services to its members depend on the continued success of its sponsorship program. Key to this success is the selection of its Vice President of Sponsorship and the Chapter's ability to provide benefits to its sponsors to justify their continued support.

**d. *Decreased Meeting Attendance.*** Budget and time constraints placed on members continue to threaten the members' ability to attend Chapter meetings. The Chapter has to continue to look for creative ways to provide quality and economical educational opportunities to its members.

**e. *Identification of Quality Speakers.*** The Chapter currently uses its corporate sponsors as a major source of speakers. As the need to provide quality educational programs to its members intensifies, the Chapter must seek out speakers that will provide informative and timely sessions for meeting attendees.

## **2. Chapter Service Performance**

The Alabama Chapter has the reputation of being among the most successful in the nation with dedicated officers at the state level and a significant number who have been able to serve HFMA at the national level. The Chapter has a track record of excellence as evidenced by its receipt of the Robert M. Shelton Award for Sustained Excellence, the highest honor available at the Chapter level, in both 1994 and 1999. Based on the results of the 2003 HFMA Chapter Survey that the Chapter participated in at the national level, the Alabama Chapter compared favorably to all HFMA chapters and the other four chapters in its region (Florida, Tennessee, Georgia, and South Carolina), widely acknowledged as the strongest region in the nation. In addition, the Chapter has been consistently awarded for its performance in educational programming, communications, certification, and member service by National HFMA.

## **3. Chapter Quality**

The tangible evidence of the quality inherent in the Alabama Chapter includes positive responses on the 2003 HFMA Chapter Member Survey and educational program evaluations, and continued high levels of attendance at Chapter-sponsored educational programs. Another sign of the Chapter's reputation is its sponsorship fundraising success demonstrated on an annual basis.

At the end of the fiscal year 2002/2003, the Chapter membership included the following *Founders Award* winners, a further indicator of the long-term commitment of the Chapter to quality programming.

- 126 members or 20.8% of the membership have achieved the **Follmer Bronze Award**.
- 60 members or 9.9% of the membership have achieved the **Reeves Silver Award**.
- 28 members or 4.6% of the membership have received the **Muncie Gold Award**.
- 8 members or 1.3% of the membership have received the **Founders Medal of Honor**.

#### **4. Chapter Growth**

In 2003/2004, our membership increased 2.64%. Most HFMA chapters in the nation have seen declines as organizations have streamlined their financial operations and have become increasingly unwilling to pay for professional dues of employees. Our membership objective is to recruit new members and achieve a 90% annual retention rate of our current members. Our long-term goal for membership is to return our rolls to the level of May 1, 1999 (680 members) over the next three years is on track with a current membership of 623 members. The Chapter recognizes the need to expand its educational efforts to focus upon new areas of the healthcare industry that may lead to new member enrollment. The Chapter also recognizes the need to heighten its outreach activities to similar organizations in the state and region (ASCPA, ACHE, AlaHA) and to college campuses to begin developing awareness of the HFMA name among the future leaders of the healthcare industry.

### **IV. CHAPTER GOALS AND OBJECTIVES**

#### **A. GOALS FOR SERVICE TO MEMBERS**

##### **1. Educational Services**

- Strive to make the Chapter the primary source for members' professional development needs by providing high quality, innovative, relevant, and cost effective educational and career development services.
- Continue to improve the quarterly institutes, the specialty forum concept, and the Annual Institute by keenly focusing upon relevant industry issues and providing ample opportunities for member networking.
- Provide a minimum of 12,500 registrant hours of educational programming for our membership.
- Achieve a minimum of 20 registrant hours per member.
- Evaluate educational programs for our members to ensure satisfaction of their needs.
- Increase program offerings for individuals who are not in executive or management roles in

member organizations to facilitate the development of future Chapter leadership.

## **2. Group and Individual Activities**

- Increase from the current percentage level of active certified members of 8.2% as of May 31, 2004 to greater than 10% by May 31, 2005 by encouraging certification through financial incentives and by sponsoring test dates for members across the state.
- Continue to recognize and encourage members to achieve *Founders Awards* and promote the importance of those awards.
- Continue to award the *Robert M. Coats Outstanding Member Award* for excellent individual contributing to the betterment and growth of the Alabama Chapter.
- Continue to award the *Outstanding Paper Award* for material published in the Chapter newsletter.
- Continue the “Member-Get-A-Member” campaign to encourage active participation in recruitment activities.
- Expand the social aspect of HFMA programs to increase program attendance and to enhance the enjoyment of these events.

## **3. Communication and Participation**

- Continue to devote the effort and resources to the development of periodic Chapter newsletters and the Chapter membership directory.
- Utilize technology to minimize the cost of communications. This will enable the Chapter to better expend its funds on activities that enhance core educational programming and membership recruitment.
- Continue to represent the Chapter at the Leadership Training Conferences with the officers, vice presidents and selected chairpersons. Also continue to represent the Chapter at the Fall Presidents’ Meeting and the Annual National Institute with the President and President-Elect.
- Continue to develop and enhance the official Chapter website ([www.alabamahfma.org](http://www.alabamahfma.org)) to utilize this valuable resource as a means for more frequent and timely member communications.
- Develop plans for collaboration with other professional organizations in the state and region as a means of expanding the appeal of membership in HFMA and to ensure a diverse educational experience for Chapter members.
- Utilize the CFO Forum as a means of securing the participation of SFEs in the state and region in Chapter activities.

## **B. GOALS FOR QUALITY OF SERVICE**

The Chapter's Quality Improvement (QI) process has been developed for the purpose of ensuring the value of products and services offered to individuals involved in the financial management of healthcare services. This process is comprised of the following:

- Continue to assess member satisfaction and comparing the Chapter with other chapters (particularly those in Region V) to determine the best methods for improving service to members in specific operational areas.
- Participation of all Chapter officers, vice presidents and selected chairpersons at the annual Leadership Training Conference to ensure opportunities for leadership development, training on educational programming, and networking with chapter leaders from across the nation.
- Planning of each educational institute with quality speakers and topics and social/networking activities.
- Utilization of the HFMA Chapter Member Survey provided by National HFMA to assess the quality of Chapter educational offerings and services.

## **C. GOALS FOR CHAPTER GROWTH**

- Strive for retention of and growth in membership sufficient to achieve a retention level of 90% and an enrollment level equal to that of May 1, 1999 (680) by the end of the next three Chapter years (May 31, 2007).
- Effectively communicate to members on an on-going basis the benefits of Chapter membership and the value of its products and services.
- Identify healthcare organizations in the state and region currently not represented in the Chapter and develop plans for outreach to and membership growth among these groups.
- Target individuals not serving in executive or managerial capacities within the state's healthcare organizations for potential membership through more focused educational offerings to these individuals and through outreach to SFEs within their organizations.

## **V. PLANNING AND DATA GATHERING PROCESS**

This strategic plan was compiled using information obtained from the 2003 HFMA Chapter Survey, meeting evaluations, DCMS reports, and comments and suggestions from the Chapter's officers and Board of Directors.