



Planning Retreat
September 11, 2007

Facilitated by:

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Overview

Association Solutions, LLC was retained by the Arizona Association for Home Care (AAHC) to facilitate a half-day planning retreat. The goal of this retreat was to focus on articulating a vision for the association and identifying some major areas for effort over the next year.

This report contains the documentation generated during the meeting and an edited summary of the plan that could be excerpted as a stand-alone document after review and further editing by the board.

Association History

As a precursor to planning, a little time was spent talking about the history of the association. The following chart was developed to show progress over the life of the association.

	• 1980s	• 1990s	• 2000s
Industry events	<ul style="list-style-type: none"> • NAHC formed abt 1980 (26 years ago) • The good old days of the 80-90s • Nursing shortage (ups and downs over time – now down) • Increase in managed care/HMO 	<ul style="list-style-type: none"> • HSAG – early 90s • Capitated contracts with managed care companies late 90s • IPS Fraud & Abuse leading to ORT, wedge audits late 90s • ORYX 1997-1998 • OASIS documentation • MMA -1999 • Institute of Medicine 1999 • Staff recruitment • Commitment to industry 	<ul style="list-style-type: none"> • Medicare PPS 2000 • Benchmarking OBQM, etc. etc. • Change in work force – older • State labor shortage • 9/11 – changes in discretionary money • NPSGs • PPS changes 2008 • OASIS changes - now
Association (Chapter)	<ul style="list-style-type: none"> • Membership communication • Incorporation in late 80s 	<ul style="list-style-type: none"> • So many changes • I.T.I., OASIS • Revenue needs 	<ul style="list-style-type: none"> • Brown bag reinstitution • Opportunity for collaboration with hospice association • Problem solving with peers • Changed management company • Increase in agencies in AZ after earlier decline, 2006-2007 • New website – 2006 • Website conference 2006, 2007 • Fantastic, largest annual conference 2007 • Cooperation with Private Duty

			association <ul style="list-style-type: none"> • PTAs in home care 2007 • New office
People	<ul style="list-style-type: none"> • Jeannie Eide 	<ul style="list-style-type: none"> • Karen Jeselun • Karen Rizzo • Sharon Smithe (previous e.d.) • Joanne Bateman 1998 	<ul style="list-style-type: none"> • Debbie Carmichael 2000 • Jane Irvine 2001 • Wendy Blum 2002 • Bob Burroughs 2004 • Marie Fredette 2005 • Celene Post 2006 • Keri Ruffell 2007 (first conference-2004) • Kathy Epstein 2007 • Kathy McNutt 2007

When asked why was the association formed, participants made these comments:

- For collaboration and communication
- National (NAHC) was formed
- Grassroots
- Political voice
- For education
- Fraud and abuse issues

Vision Development

An affinity exercise was used to draw out the vision the participants have for AAHC. This exercise generates a lot of ideas that are then clustered into broad categories. It is the naming of the clusters that creates the consensus about what the vision is.

The ideas generated and the cluster titles as developed during the retreat are in this chart:

Pre-eminent source of education for the industry	Participation in AAHC is an essential part of our members' success	A powerful and passionate catalyst for the community ...for promoting value of home care	Expanding the capacity and capability of AAHC	AAHC provides innovative solutions to fill latent needs
<ul style="list-style-type: none"> • Establish "walk-in-your-shoes" program e.g., legislature, business, etc. • Virtual education 	<ul style="list-style-type: none"> • Have 90-95% licensed agencies as members • All agencies in AZ included in membership • Attracting non- 	<ul style="list-style-type: none"> • No patient left unserved • Strengthen legislative influence • Telehealth/other technology optimized 	<ul style="list-style-type: none"> • Paid staff members • Association headquarters in Phoenix with branches in Tucson and flagstaff 	<ul style="list-style-type: none"> • Association is the DMO (disease management organization) • AAHC clinician registry: RNs,

<ul style="list-style-type: none"> • Practitioner academy • Webinars on demand • In-house CNA training 	<ul style="list-style-type: none"> • provider members • POS membership (unbundled services) • Diversify organization membership, i.e. home infusion, DME • Collaboration on areas of commonality/partnership 	<ul style="list-style-type: none"> • There are waiting lists to work in home care • Proven cost savings to payors • No therapy service shortage • Changes in nursing education to include more on home health • Serve as focal point for health care continuum • Remove barriers to care, change expectations 	<ul style="list-style-type: none"> • New board members to include DHS & HSAG representatives • Diversity on board career levels • Staffing at 5 FTE 	<ul style="list-style-type: none"> • LPNs, therapy • Grant writing assistance • Define best practices; standardization, consistency
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In the Summary, the cluster titles have been edited by the facilitator to be grammatically consistent and more “vision-like.” The edited statement needs further review and editing by the Board.

Notes were taken as the cluster titles were discussed. Those notes are transcribed here to assist with future editing processes. Words that re-appeared more than once are underlined.

Pre-eminent source of education

- Education
- Excellence
- Programming
- Cost-effective
- Relevant
- Energy
- Availability
- Flexible

Essential part of members’ success

- Growth
- Thriving
- Inclusion
- Diversification
- Relationship
- Imperative

Powerful, passionate catalyst

- Relevant
- Viability

- Outreach
- Community
- Catalyst
- Powerful
- Active
- Forefront
- Leadership
- Survival
- Thriving
- Visibility
- Passionate
- Compassionate
- Effective
- C.R.A.V.E.

Expanding capacity and capability

- Expanding capability
- Structure

Innovative solutions

- Innovation
- Relevant
- Value
- Growth
- Latent needs
- Futurism

Strategy Development

The second component of the retreat was to develop some broad strategies for moving the association forward over the next year or so.

As before, the ideas generated during the exercise have been transcribed, and the cluster titles are presented as they were developed during the meeting. Again, the strategies have been edited for grammatical consistency in the Summary.

Expanding, recruiting members (internal stakeholders)	Branding (Broadening visibility)	Customer service, retention, developing excellence (internal stakeholders)	Expanding horizons, alliances (external stakeholders)	Consumer community (external stakeholders)
• Approach	• Publicize our	• Recommitment	• Deepen	• Community

<p>non-member agencies; why not involved? What would it take?</p> <ul style="list-style-type: none"> • Develop new paths to membership • Evaluation of current and prospective benefits • Expanding geographically • Getting more proportionate involvement relative to agency size 	<p>success stories</p> <ul style="list-style-type: none"> • Celebrity endorsement • Visibility/public relations • Formal marketing/sales plan • Financial viability 	<p>to customer service/ feedback on investment</p> <ul style="list-style-type: none"> • Ongoing dialogue with members regarding needs • Develop a library of recorded educational offerings • Collect best practices data • Identify key educators and trainers • Identify clinical nurse or therapy leaders pools • Salary survey • Develop interactive “blogs” regarding issues, technology, products 	<p>relationship with NAHC and other states</p> <ul style="list-style-type: none"> • Cross-pollinating health association boards and other state associations • Interact with other professional organizations • Political advocacy • Develop, implement infrastructure (technology, assessment options) 	<p>outreach and education</p> <ul style="list-style-type: none"> • Providing online forum for the consumer community • Increase visibility; ride-alongs with legislators, educators • Maximize website
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As we talked about these clusters, three primary strategies began to appear. First, was to attend to the broad branding and visibility issues. Using the information gained from that process, attention then needs to be directed toward meeting the needs of internal stakeholders (members and potential members) and working with external stakeholders (other like-minded or partnering organizations and the community at large).

Again, the strategy wording has been edited by the facilitator to reflect this discussion. The board will need to review carefully this editing to assure it accurately reflects the participant’s discussions.

Summary

Mission:

To advance quality home care as an integral component of the healthcare delivery system.

Vision

AAHC is a powerful and passionate voice promoting the value of home care, provides pre-eminent source of education in the home care industry, and creates innovative solutions to meet member needs. Participation in AAHC is an essential part of our member's success.

Strategies

- To enhance the image and visibility of AAHC through a new branding initiative
- To expand the ways that members and potential members can join and participate in AAHC
- To seek new ways to provide value and benefit to existing members
- To expand the work of AAHC beyond the membership through alliances and community education

Appendix A: Participants

Joanne Bateman, President
Wendy Blum, Secretary
Bob Burroughs, President-Elect
Debbie Carmichael, Director
Kathy Epstein, Director
Marie Fredette, Executive Director
Jane Irvine, Past President
Kathy McNutt, Director
Celine Post, Director
Keri Ruffell, Treasurer

Appendix B: Resources

- Arsenault, Jane. *Forging Nonprofit Alliances*. San Francisco, Jossey-Bass, 1998.
- Beckwith, Harry. *Selling the Invisible*. New York: Warner, 1997.
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- Paulson, Dale G. *Allegiance: Fulfilling the Promise of One-to-One Marketing for Associations*. Washington, DC: ASAE, 1998.
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- Zotta, Leann. *1,001 Ideas for Membership Professionals*. Yarmouthport, MA: Berkshire Press, 1998.