AAOMS Balanced Scorecard 2015-2017

Mission	**Assure excellence in patient care by advancing, promoting, and protecting the specialty of oral and maxillofacial surgery, and the skill and professionalism of AAOMS members.**
Vision	**AAOMS members practice at the highest level of quality and professionalism** **AAOMS members have made a demonstrable difference in the lives of their patients, and communities** **AAOMS members are professionally fulfilled and satisfied**
Values	**Oral and maxillofacial surgeons are uniquely qualified to care for patients that require surgery of the face, mouth and jaw.** **Patients deserve the highest quality care** **Oral and maxillofacial surgeons are committed to the highest standards of ethics and professionalism** **Membership in AAOMS is an honor and privilege**

BSC Perspective	Strategic Priority	Objective	Measure/Deliverable	End Target	Leader	Milestones	
Education	Set standard of excellence in education and training for AAOMS members, their staffs, and OMS Residents	Increase participation of OMS, office staff, and residency training programs in the AAOMS simulation programs.	% of practicing OMS # of residency programs	3% of practicing OMS 3 residency programs		Complete BETA testing (Q3 2015) Complete Phase I & II (Q1 2016) Implement Phase III (Q4 2016)	▲
		Pilot new educational technologies in regional programs.	# of programs delivered	2 by Q4 2016			▲
		Facilitate predoctoral training in OMS	# of new models established	3 by Q2 2016	CPET		▲
		Increase dental implant educational offerings	# of new programs	3 by Q2 2016	CCEPD		▲
Research	Catalyze advances in the specialty of OMS and promote scholarship	Revise Standard 6 via CRET / RRC / CODA and implement	Standard Implemented	Q3 2017	CRET/Faculty Section	CRET (Q2 2015) BOT (Q3 2015) FS (Q3 2015) RRC / CODA (Q1 2016) Communities of Interest (Q4 2016) CODA Approve (Q1 2017) Implementation (Q3 2017)	▲
		Complete 3 clinical research studies	# of studies completed	3 by Q3 2017	SPCR	Complete pilot study (Q2 2015) Complete 2nd study (Q4 2016) Complete 3rd study (Q3 2017)	▲
		Improve member awareness of research	% complete with implementation plan to develop and implement informational campaign	100% by Q4 2017	SCAIC/CPPC	Develop marketing plan (Q2 2015)	▲

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Quality	Strengthen quality in OMS care delivery	Develop and disseminate top 3 priority clinical guidelines	# of clinical guidelines completed	3 by Q4 2017	SCCGD	One clinical guideline per year produced	▲
		Integrate simulation and other technological advances as component of OAE	Integration achieved	Q4 2017		CAN to incorporate simulation into OAE (Q1 2017)	▲
		Align AAOMS programs and services to best available data on outcome measures, quality and safety	% complete with audit and alignment	100% Q2 2017	SCOPM	Develop educational modules including Opioid prescription guidelines, infection control, HIPAA, Itinerant surgical standards (Q2 2017) Develop performance measures from registry and other sources for PQRS (Q2 2017) Develop a quality recognition program (Q2 2017)	▲
Practice	Optimize the practice of AAOMS members	Help practices prepare for the future	# of exposures to new models and tools	6 by Q 3 2015	CPPC and Staff	Establish a section on website highlighting new / emerging technology (Q3 2016) Encourage vendors through prospectus to highlight new and emerging technology (Q3 2015) Feature new and emerging technology in OMS publication (Q3 2015)	▲
		Develop and disseminate referral guidelines	% complete delivery of referral guidelines	100% by Q4 2015	SCCGD	SCCGD to develop referral guidelines (Q4 2015)	▲
		Optimize coverage and appropriate payment for OMS procedures	% complete delivery and implementation of strategy and plan	100% by Q1 2016		Utilize available AAOMS resources to optimize coverage and appropriate payment of OMS procedures (ie., advocacy, registries, guidelines, coding, etc.) (ONGOING)	▲

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Advocacy	Advance and protect the specialty of OMS	Align and strengthen advocacy priorities with quality data	Update advocacy materials as new data become available	Quarterly Review	SMT	Gather data, review, evaluate & report to BOT (quarterly)	▲
		Develop a strategy for improving access to care for OMS patients	Report to BOT on committee activities relating to access to care	Q4 2015	SMT		▲
		Influence policy by identifying and targeting key decision makers	Update advocacy materials as new data become available and share with communities of interest	100% by Q3 2016	SMT CPPC CHCA CGA BOT	Use most current data available and update information as needed Update and review current advocacy positions as necessary	▲
Communications	Promote the brand, mission, vision, and values of AAOMS	Increase web hits and changes in public awareness of OMS	% increase in webhits on public site	10% by Q4 2015	CPPC	Obtain and evaluate research data from IC with reports to the Board Review web data quarterly Continue work with A & C	▲
		Keep AAOMS relevant in dental and medical communities	# of articles published Implemetation of Recommendations of SCAIC	1 article by Q4 2015 Recommen-dations of SCAIC Implemented	SCAIC		▲
		Report to the membership best practices and benchmarks in research and quality as data become available	At least annual updates	3 by Q4 2017	SMT		▲
Leadership Development	Strengthen the leadership skills and abilities of AAOMS members	Conduct a leadership conference for Residents and Early Career OMS	Development and completion of conference	Q2 2015	SCEL		▲
		Strengthen the leadership skills and abilities of current AAOMS leaders	% of committees exposed to new leadership skills	50% by Q4 2015		Audit areas of weakness/interest and create materials to address	▲
		Develop a plan to create opportunities for AAOMS members to lead	Development of plan	3 by Q4 2015	SMT		▲