



USBJI Strategic Plan

(Approved 6-17-2014)

Vision

Restoring activity, function, and comfort for those with musculoskeletal injuries and diseases.

Mission

The US Bone and Joint Initiative (USBJI) advocates and promotes multidisciplinary, coordinated, and patient-centered care to improve the prevention, diagnosis, and treatment of musculoskeletal conditions.

USBJI Values

1. The USBJI believes that a broader and unified multidisciplinary voice will lead to more effective advocacy and increased public awareness of the need for improved musculoskeletal health.
2. USBJI will add depth and breadth to the understanding of bone and joint disorders through a broader membership, a sharing of diverse perspectives, and exchange of knowledge among diverse providers, researchers and individuals with musculoskeletal disorders.
3. The USBJI believes in identifying, fulfilling and promoting collaborative partnership opportunities.
4. The USBJI promotes funding of musculoskeletal research, recognizing that improved patient-centered outcomes are the essential measure of return on such investments.

Goal Statement

The USBJI's goal is to advance care and to reduce the burden of disease for individuals with all forms of arthritis, spinal conditions, impaired bone health, osteoporosis, trauma and injury, spinal deformity, pediatric musculoskeletal conditions, and rare musculoskeletal diseases. These diseases affect a person's ability to function, thus diminishing independence, quality of life, and contributions to society. The medical care and societal effects (such as inability to work) are a profound economic burden on society. MSK problems frequently present in combination with other medical conditions (comorbidities such as obesity, cardiovascular disease, and diabetes). USBJI recognizes that musculoskeletal diseases have differing etiologies and present differently in males and females, and that disparities exist among diverse populations. We believe that everyone should have access to high quality musculoskeletal care.

GOALS

Goal 1 – Increased funding for musculoskeletal research

Strategies/Tactics

The USBJI provides a means for the entire American community of musculoskeletal care providers and researchers to identify and communicate with potential sources of research funds. Our collaborative efforts present a stronger request for support than can be generated by individual member organizations.

1. To strengthen our promotion of research funding, USBJI will conduct an "environmental scan" of our member organizations to determine their research priorities. We will also consider the priorities noted by the USBJI-sponsored MSK Summit Conferences of 2009, 2011, 2013, and the ongoing Chronic Osteoarthritis Management Initiative (COAMI). We will identify shared interests, and prepare a coordinated, cross-disciplinary USBJI research agenda.

**Metric: By the June 2015 board meeting, USBJI will describe the research agenda of USBJI member organizations.*

2. To ensure the availability of compelling objective epidemiologic and socioeconomic evidence of the need for better care and understanding of musculoskeletal disorders, USBJI will maintain and enhance *The Burden of Musculoskeletal Diseases in the United States: Prevalence, Societal and Economic Cost*. The new edition of this authoritative source will now include searchable, on-line data to support research, and advocacy efforts of our member organizations.

Metric: To publish the updated edition in the Fall 2014.

3. To increase the number and quality of research grant applications, USBJI will continue our Young Investigators Initiative program, with its strong track record of generating successful research grants from early career researchers in our various member organizations. We will add on-line management and outcome tracking, to improve access as well as to document ongoing research support for YII graduates.

Metric: To launch the on-line process during 2014. By year-end 2014 to increase financial support to fully fund the YII program.

Goal 2 – Increased awareness of the value of musculoskeletal care

USBJI will promote health services research that assesses the value of musculoskeletal care, and stimulates its improvement.

Strategies/Tactics

1. Recent USBJI efforts have generated proposals for measuring and improving the value of musculoskeletal care. We will review the recommendations of MSK Summits in 2009 (future priorities), 2011 (value), and 2013 (best practices in patient-centered care), as well as that of the Chronic Osteoarthritis Management Initiative (COAMI), and create plans for acting on the most promising ones, with careful study of their results.

Metric: To present plans by year-end 2014, and to have initiated at least the top three items.

2. Prepare talking points, slide set(s) and other tools for use by the USBJI and member organizations to help develop relationships with potential supporters of these efforts to increase research.

Metric: To have at least one or two examples of such materials ready for distribution with 2015 membership dues notices, to be sent before the end of December, 2014.

3. Assemble a list of potential supporters for projects that create, demonstrate, and assess approaches for improved delivery of musculoskeletal health care. The first step will be to create a working group to prepare the list. Next, the group will recommend ways to propose suggested projects to prospective sources of funding support, within government programs and NGOs.

Metric: To present this recommendation at the December Board meeting.

4. Develop a patient advocacy training program, which the USBJI could undertake on behalf of its member organizations. There is a recognized shortage of well-prepared patient advocates for improved musculoskeletal care. Such individuals have proven effective in advancing the support of other disease-specific programs, particularly those dependent on government funds. This effort would begin with creation of a committee to examine other existing programs, assess patient-advocacy efforts within our member organizations, as well as opportunities for them to participate on agency committees/panels, and propose a coordinated system to maximize the effectiveness of these efforts.

Metric: For the committee to present its gathered data and recommendations at the December Board meeting.

Goal 3 – Patient-Centered Integrated Systems will be well-accepted for Musculoskeletal Health Care.

Strategies/Tactics

1. COAMI, the Chronic Osteoarthritis Management Initiative (COAMI), for which USBJI is presently the coordinator, has great potential as a demonstration program for comprehensive, life-long patient centered systematic care for patients with osteoarthritis (OA). BMUS shows that arthritis is the commonest cause of adult disability, and OA is the most prevalent form of arthritis. It is thus entirely appropriate for USBJI to focus on COAMI, with the aim of developing a model of care for the management of OA, tailor-made for the U.S. To this end, USBJI will continue to serve as the coordinator for COAMI. We will seek to engage the complete spectrum of healthcare providers, researchers, and patients to promote early diagnosis and an integrated care model. Ultimately other musculoskeletal conditions should be assessed as to the need for similar attention.

Metric: To complete Action Items identified at the September 2013 meeting according to timelines set (ref. meeting report).

2. To continue our ongoing program of regular forums for MSK thought-leaders, we will assess the value of the 2015 MSK Summit Meeting including follow-up of recommendations from prior Summits, or adopting a new and different focus. Additionally, we will assess the feasibility of holding the next COAMI work group meeting in parallel with the next MSK Summit in 2015 to benefit the content and opportunities for shared discussion in both programs, as well as sharing of costs.

Metric: Formation of a planning committee, with date, time, theme and business plan by September 2014, to have the program outlined and speakers confirmed, and funding requests submitted by November 2014.

3. We recognize that it may be valuable to develop a web-based musculoskeletal ‘toolbox’ (a portal to link MSK resources) for the assessment and treatment of musculoskeletal conditions, analogous to the NIH Toolbox for the Assessment of Neurological and Behavioral Function (<http://www.nihtoolbox.org/Pages/default.aspx>). Thus we will undertake a needs analysis, and if so will develop a business plan for creating such a toolbox, including funding and timeline. Such a toolbox would make it easy for our members to select and use well validated instruments for standardized study protocols across the lifespan.

Metric: By December 2014, a working group will complete the needs analysis. If a need is confirmed, the group will proceed with plans for its development, including costs, infrastructure, resource priorities, and impact, with a report during the March 2015 Board of Directors Meeting

4. The USBJI believes that there is an ongoing need for healthcare professional organizations and their members to offer presentations to the public about the prevention, diagnosis, treatment and the importance of research on selected musculoskeletal diseases. We currently collaborate in three such programs - Experts in Arthritis, Fit to a T, and PB&J (Protect your Bones & Joints). We propose to continue delivering such public education programs, and to engage an increasing number of partners among healthcare professional organizations, as well as voluntary health and other public service entities. We recognize the need for monitoring and continuously improving these presentations.

Metric: To maintain the current (2013) level of public education sessions and participation; with annual reports on session outcomes based on participant questionnaire results.

Goal 4 – Musculoskeletal education will be reasonably represented in the curriculum for all medical school undergraduates, as well as others preparing for careers as health care providers.

Strategies/Tactics

The need for musculoskeletal education is suggested by the proportion of our burden of disease that is related to MSK disorders. Efforts to address woefully inadequate attention to MSK education in most American medical schools began during the Bone & Joint Decade, with considerable progress. The USBJI believes that further improvement will enhance patients' access to quality musculoskeletal care. We thus propose additional strengthening of MSK educational efforts, in curricula for other relevant healthcare disciplines and also post-graduate medical education. Particular attention should be given to those who are preparing for careers as primary care providers (e.g. MDs and DOs preparing for Family Practice, General Internal Medicine, and Pediatrics as well as Nurse Practitioners and Physician Assistants.)

1. Continue development of the undergraduate MSK eBook, finishing the hand and foot chapters and new chapters on other anatomic regions.

Metric: To publish the hand and the foot chapters by year-end 2014. Other chapter outlines completed by December 2014 and writing commenced.

2. Maintain a registry of formalized instruction and clerkships in musculoskeletal health in medical schools, and to publish the results of the 2013 study by Dr. Vani Sebasan.

Metric: To present a report at the December 2014 Board meeting.

3. Establish a collaborative MSK education network, with an identified faculty champion in each school, and eventual creation of supporting programs and materials.

Metric: To have secured a champion in 50% of undergraduate medical schools by year-end.

4. Develop a core curriculum for musculoskeletal health applicable to all appropriate health professions where musculoskeletal health is not the health professions' primary focus.

Metric: By June 2015, USBJI will identify 3 health care professions whose primary mission is not musculoskeletal health but whose greater awareness and understanding of MSK problems should contribute to reduction of the US burden of musculoskeletal disease. Collaborating with educators in these fields, we will prepare and disseminate to their faculties a core curriculum related to musculoskeletal health, wellbeing, and education.

Goal 5 – Completion of a thorough analysis of USBJI's organization, including overall structure, membership, membership benefits, revenue generation and governance to achieve optimal fitness for addressing our mission, vision, and goals.

Metric: By December 2014, USBJI will investigate alternative governance and membership structures with a final report and recommendations provided to the December 2014 Board of Directors meeting.

Strategies/Tactics

1. Create a member task force to conduct the work of this goal for 2014.
2. Identify other relevant comparable organizations, and investigate their governance and membership structures, searching for "best practices" that we might choose to emulate. We would begin by preparing a questionnaire that addresses, for example, membership categories, voting rights, board structure, incorporation of special interest groups, chapters or regions, membership dues, etc.).
3. Review recent past surveys and experience and develop a profile of valued membership benefits.
4. Assess the opportunities for expanding membership and program engagement to non-musculoskeletal specific professions, primary care providers, patients, health services researchers, NGOs in health care organizational fields, insurers, healthcare and hospital systems, etc.
5. Provide a report to the Board of Directors summarizing the task force's findings to include recommendations with support statement justifications regarding USBJI future organizational structure and governance.