

BACKGROUND

Strategic Planning – Why it Matters

A message from Lisa M. Klesges, PhD, President, Society of Behavioral Medicine

Anyone listening to Society of Behavioral Medicine (SBM) Board officers' annual status reports during the 2013 Annual Business Meeting would have correctly concluded that the Society is thriving. Membership numbers, financial reserves, and 2013 Annual Meeting attendance had hit all-time highs. Incoming SBM President Dawn K. Wilson, PhD, noted to attendees that the year ahead held great promise for behavioral medicine; the reach and impact of the field, she remarked, were growing immensely due, in large part, to the scientific contributions of SBM members.

SBM Board members welcomed and agreed with this positive viewpoint but also noticed a few clouds on the horizon. Sequestration and political discord portended further cut-backs in government funding for scientific research; restrictions on government employee travel to scientific meetings were tightening and some other societies were experiencing drops in member numbers. This paradox – SBM expansion versus external contractions – suggested that SBM might be facing a watershed moment. Moreover, the field, itself, was evolving. Innovations in eHealth and mobile technology were creating exciting opportunities for behavioral interventions, requiring scientists to learn and adopt new research methodologies. Passage of the Affordable Care Act had begun to spur new healthcare delivery models, some of which were integrating behavior change strategies. The time was right, the Board decided, to engage in deliberate and thoughtful strategic planning.

After considering several planning approaches, we engaged Eric Meade, Vice President of the Institute for Alternate Futures (IAF), to facilitate the planning effort. IAF is a non profit research and education organization founded in 1977 that examines the future of health and health care from myriad perspectives, including research scientists, delivery systems, and regulators. Eric's recent work included developing scenarios of health and

health care in the year 2032 as part of the Robert Wood Johnson Foundation's 40th anniversary recognition and developing scenarios of primary care in 2025 for the Kresge Foundation. His approach, which employs an "aspirational futures" model, resonated with Board members who envision the role of behavioral scientists as central in shaping human health and wellbeing.

THE PROCESS

At the outset of our planning discussion, the Board recognized the need to hear from our members. Board, Special Interest Group, and other SBM leaders comprise only a small percentage of the more than 2200 SBM members. Input from members-at-large, we reasoned, would be essential for planning purposes. To secure this input, we launched an online survey asking members to describe their research and practice interests, reasons for joining SBM and to indicate which drivers they saw as most significant in shaping SBM's operating environment.

Survey respondents rated the following six drivers as most significant:

- Research Funding
- Health Care Delivery Models
- Innovative Behavioral Interventions
- Application of "Big Data" to Understand Population Health
- Knowledge Technologies
- Ageing

Applying the "aspirational futures" approach, Eric then developed three scenarios for each driver. In turn, each of the scenarios encompassed three "zones," 1) a "zone of conventional expectation," or the expectable future, reflecting the extrapolation of known trends; 2) a "zone of growing desperation," presenting a set of plausible challenges that may emerge; and 3) a "zone of high aspiration" in which a critical mass

of stakeholders pursue visionary strategies and achieve surprising success. (See Appendix A for a full description of the scenarios.)

As it pertains to planning, the obvious is worth noting: the future is unknown. The “aspirational futures” model, which projects future scenarios, is neither used nor intended to predict the future. Instead it forecasts three *possible* future scenarios; as previously noted, one extrapolates from known trends, another reflects plausible challenges, and the third comprises visionary strategies for achieving surprising success. As a whole, the scenarios make up a coherent future worthy of consideration. The SBM planners, then, were not tasked with identifying which future would come true and planning for it; instead our task was to identify strategic directions for advancing SBM’s mission that encompass and address all three forecasts - expectable, challenging, and visionary.

Strategic Directions

After spending two days in retreat, further exploring the drivers and scenarios, the Board identified four strategic directions:

- 1. Develop evidence-based standards for integrative behavioral healthcare.**
- 2. Bring behavioral science into the digital health world and bring digital health into health care. Expand the important roles of technology and social media and better define how their use can lead to novel research advances.**
- 3. Establish SBM as a central resource for innovative funding ideas.**
- 4. Develop member capabilities with respect to such new methodologies as data mining; adapting and optimizing interventions; and measuring cost effectiveness.**

Board members also agreed that it is crucial to amplify and expand efforts that focus attention on the Society – its mission and vision, members’ contributions, and the field of behavioral medicine, which continues to discover and implement new and more effective interventions for improving health outcomes.

Next Steps

By moving forward in the aforementioned strategic directions SBM will be able to sustain a healthy and nimble environment that anticipates and responds to change and secures a meaningful future for members. Progress, though, depends on leadership, engagement, and resources, the most important of which is SBM members. Members’ time, experience, wisdom, ideas, intuition, and foresight - are all critical.

To foster and coordinate member-generated input, an efficient, technology-mediated system designed to stimulate ideas and dialogue will soon be in place. On a dedicated SBM website page you’ll be able to quickly cast an up or down vote on provocative questions; join publically accessible *LinkedIn*® SBM discussion groups; and weigh in on important topics linked to SBM’s strategic directions such as:

- finding new funding streams from public and private sources as business responds to new opportunities in health and healthcare;
- building a model for promotion and tenure by anticipating value in the changing scientific marketplace;
- discovering how behavioral medicine is positioned to lead the field in “big data” analysis; and
- Acquiring and applying new methodologies.

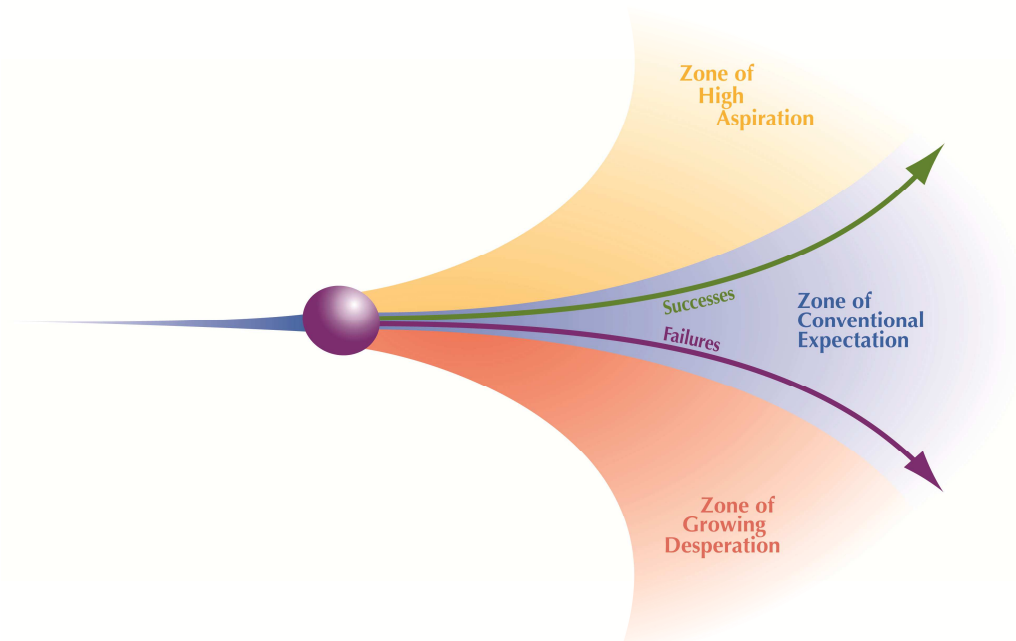
The system will serve as a catalyst for broad-based engagement, bringing together a community of minds that can solve the professional puzzles confronting us all. More important, by working together we can ensure that our science contributes to the health and wellbeing of people and patients everywhere.

Thank you for visiting this site, for engaging, and for all you do to achieve SBM's vision of "Better health through behavioral change."

Appendix 1 – Forecasts for 2024

These forecasts were developed using the “Aspirational Futures” approach (see figure below), which describes futures in three zones:

- A “zone of conventional expectation,” reflecting the extrapolation of known trends, the expectable future;
- A “zone of growing desperation” which presents a set of plausible challenges that may emerge, a challenging future; and
- A “zone of high aspiration” in which a critical mass of stakeholders pursue visionary strategies and achieve surprising success.



An Expectable Scenario for 2024

Research Funding

The cycle of ups and downs in research funding continued throughout the 2010s. Political discord diminished as a younger, more pragmatic cohort entered Congress, but fiscal pressures kept research funding low. Institutes that relied on soft funding were hurt the most, and many young researchers decided to leave the field when they were unable to get funding. However, a growing recognition of the role of behavior in society's greatest health challenges (e.g., obesity, diabetes, heart disease) created opportunities for those whose evidence proved relevant to overall wellbeing. Research funding was also available for tools related to the Affordable Care Act (e.g., prevention, including behavioral economics) or to the growing field of personalized medicine. Many researchers became proficient at winning foundation funding and local funding, especially through partnerships at the state level. International and industry collaborations also expanded as a proportion of research funding.

Health Care Delivery Models

After the ACA survived a series of early challenges, Accountable Care Organizations developed in many areas with an increasing focus on community health. Some ACOs were effective while others were not, and in 2024 the key success factors for ACOs are well understood. In particular, ACOs in states that took the lead in increasing access to primary care through new outreach (e.g., community health workers) were more effective in changing behavior and in improving health. These communities became more accountable, caring, and organized, particularly as independent non-profits began to work more closely with health care providers. Demonstrations provided evidence supporting the expansion of bundled payments and other innovative reimbursement models, while successful health insurance exchanges developed nationwide, building on

the experience of California, Utah, Massachusetts, and the Federal Employees Health Benefit Plan.

Innovative Behavioral Interventions

Throughout the 2010s, innovation accelerated in eHealth, in mobile technology, in linking medical records and consumer health products, and in capturing psychosocial factors in health data in creative new ways. The pace of technological advance created new opportunities for behavioral interventions, but created new challenges for behavioral researchers as well. Researchers developed new methods for deciphering the data generated by mobile sensors that provided real-time visibility of individual and community health. Rather than relying solely on randomized controlled trials, researchers conducted adaptive trials and led action research to generate useful research findings more quickly. Researchers also expanded their collaborations with experts in other disciplines such as computer science and engineering, as well as with those in other countries.

Application of “Big Data” to Understand Population Health

Big data emerging from health records, digital communications, and online repositories showed that coordinated and consistent behavioral interventions at the individual level could drastically improve health outcomes. Within integrated health systems, the ability to match individual patient profiles to a larger population improved diagnostics and prognostics. However, a lack of interoperability and widespread privacy concerns prevented big data from reaching its full potential. Furthermore, those receiving care outside integrated systems were unable to take advantage of the new analytics that had become available.

Knowledge Technologies

By 2020, electronic medical records were fully adopted across the health care system. Consumers expected that EMRs and other knowledge technologies would give them greater control over their health. Providers frequently used EMRs in primary and

secondary prevention by identifying predisease and predispositions to disease. Providers also made patient-specific queries to expert systems (e.g., IBM's "Dr. Watson") that tapped into a global wealth of medical research. In the mid-2010s, data from FDA-controlled medical devices began to be accepted into EMRs. By 2024, the records accept a wide range of data from commercially available health devices and apps. Integrated health systems act as the de facto regulators of these devices and apps, since they rely on the quality of data allowed into the electronic medical records they use in delivering clinical care.

Ageing

A legacy of poor health decisions dogged the majority of Boomers as they entered their later years. Chronic disease and multiple co-morbidities made long-held retirement dreams difficult to fulfill, aggravated by the fact that many poor and middle class Boomers still needed to work to survive. At the same time, a growing number of Boomers set up advance directives. Some even refused heroic interventions as they neared the end of their lives. It was clear that many Boomers had decided not to die as their parents had – in ICUs surrounded by heartless, beeping machines. Health care costs consumed more disposable income for the aged as new options emerged that insurance plans only partially covered or excluded altogether. Long-term care options, for example, included desirable community settings with graduated care available to the wealthy but also left the majority facing Medicaid-funded care in overcrowded nursing homes that had chronic shortages of qualified caregivers.

A Challenging Scenario for 2024

Research Funding

Economic downturns and the debacle of health care reform led to dramatic cuts in all research. Behavioral research in particular lost support as funders focused on diagnostics and treatments to rescue a medical delivery system overwhelmed by chronic illness and unable to keep up with demand. By contrast, behavioral approaches were seen as taking too long, and as being incompatible with the “minute clinic” settings in which an increasing proportion of Americans received their health care. In 2024, policymakers and the broader health care community scoff at the promise that behavioral medicine was once believed to represent.

Health Care Delivery Models

Despite the intent of the ACA, a fragmented health care delivery system was unable to shift its focus toward wellness and prevention enough to generate significant improvements in population health. While integrated systems offered an improving quality of care (especially in prevention) to the upper middle class, large populations remained underserved while the per capita cost of care increased steadily due to ageing, obesity, and chronic illness. Health care providers offset reductions in Medicare and Medicaid reimbursements by increasing the volume of the services they delivered, prompting fierce competition among providers with little incentive to improve the health of their patient populations. Many of the health insurance exchanges established under the ACA failed, in part because the options they provided were little better than what was already available, and in part because young adults did not buy insurance. Community health further deteriorated and mental health issues were often ignored. Many hospitals closed and providers retired early if they could. The chasm between clinical medicine and public health widened.

Innovative Behavioral Interventions

Throughout the 2010s, the private sector responded to the nation's health crisis by introducing a wide range of innovative products. These included significant strides toward personalized medicine, as well as mobile apps that could diagnose cancer and other chronic illnesses with little need for personal contact. However, with the funding cuts of the 2010s and the departure of many behavioral researchers from the field, little research capacity was available to test these innovations. The affluent often interacted with these tools under the supervision of a "high-touch" concierge-style health care provider. Most people, however, could only afford down-market versions with little basis in evidence, and they used these products unsupervised. In several high-profile cases, the health outcomes were horrific, leading many to avoid these innovative interventions altogether.

Application of "Big Data" to Understand Population Health

There is too much data in 2024. Data from electronic medical records, biosensors, digital communications, and online databases have overwhelmed the resources available for converting raw data into useful knowledge. As a result, players in the health arena "cherry pick" the data that best serves their own agendas. Providers cite data to attack their competitors. Payers use data to decline payments to providers or to punish patients for non-compliance. Health care providers chase the reimbursement incentives associated with whatever metric is fashionable at the moment. But very little of the data actually points toward the fundamental – and often behavioral – changes that would be required to effect large-scale population health improvement.

Knowledge Technologies

As the U.S. health care crisis worsened, the widespread use of electronic medical records provided a source of knowledge – and power – for those who could access the learning they offered. For employers and insurers, this meant an ability to identify in advance which employees and beneficiaries would become "cost centers" due to their ill health and unhealthy behaviors. The growing use of health profiling and behavioral

profiling has prompted a backlash against the further development of these tools, and many people began to hide information from their EMRs.

Ageing

Throughout the 2010s, health care-related bankruptcies became more common as Medicare restrictions grew, increasing elderly homelessness and leading the sickest of the elderly cohort to avoid care altogether. Life expectancy began to decline in this cohort, largely due to an increase in diabetes, cancer, and cardiovascular disease linked to behavior and lifestyle. End-of-life circumstances worsened across the board. Many uninsured died in warehouse-style institutions or in the streets. Low-cost insurance increasingly placed elders in institutional settings where qualified caregivers were scarce and abuse was common. Those with premium insurance came to be viewed as “profit centers” by the hospitals where they received care. Though many had set up advance directives, these were sometimes overridden by providers eager to squeeze every last dollar out of a well-insured patient.

A Visionary Scenario for 2024

Research Funding

Funding sources for behavioral health research proliferated as research demonstrated the role of behavior in human health and wellbeing. Starting with the ACA, studies funded by the NIH and PCORI showed that those states that had moved the fastest in expanding access to preventive services had seen the most significant improvements in health. Research showed further that communities with greater population health also generated more wealth, which sparked high levels of interest in behavioral health among the philanthropic and business communities. Crowd-funding provided additional support for innovative research activities, while businesses eager to site themselves in the most productive communities provided research funding as well. Corporate wellness programs became important users of behavioral research, and communities funded their own research to identify opportunities to apply ideas from behavioral medicine, such as social ecological theory and biopsychosocial theory, to improve the health of their residents.

Health Care Delivery Models

Traditional fee-for-service declined significantly as the health care system moved toward innovative payment models that redirected a large share of reimbursements toward wellness and prevention, including community wellness initiatives such as social impact bonds and wellness trusts. Integrated health systems were characterized by a new partnership between clinical medicine and public health, with rapid improvement taking place community by community rather than as a top-down national project. These health systems not only addressed illness but also encouraged people to reach their highest potential, and behavioral medicine had a central role to play in that endeavor. By altering behavior at all levels – community, neighborhood, family, individual – behavioral medicine became the “next big thing” and attracted businesses,

educators, government leaders, community developers, and philanthropists interested in converting ill populations into thriving populations. While these improvements were concentrated in the Northeast and on the West Coast, in 2024 community leaders all across the country are starting to take notice.

Innovative Behavioral Interventions

A growing awareness of the role of behavior in shaping human health and wellbeing placed behavioral scientists in a central role – not just in the medical arena but also as consultants to industry (especially high tech), employers, and civic organizations. Public health and behavioral science became the degrees of choice for promising young talent throughout the late 2010s. By 2024, 12% of Accountable Care Organization CEOs are behavioral scientists by training. From these positions, behavioral scientists were able not only to shape the evolution of health care reform but also to embed the best of behavioral medicine research into the design of innovations that large numbers of Americans use in 2024 to enhance their own wellbeing and that of their families.

Application of “Big Data” to Understand Population Health

Big datasets provided new visibility of population health for policymakers, health care providers, and public health practitioners. Health care providers, who were increasingly held accountable for population health, conducted systematic reviews of their patients’ aggregate health data to identify opportunities to improve population health. But big data went much further, blurring the lines between clinical care and public health as experts in both fields developed virtual models that increasingly collected real-time data from biomonitoring devices, environmental sensors, and new methods for capturing psychosocial factors (e.g., video feeds linked to face and emotion recognition technologies). In 2024, it is the norm for communities to model their own health and to advocate for the regulations and policies necessary to create healthier environments for all.

Knowledge Technologies

In 2024, Americans are surrounded by an environment that is aware of their behavior and helps them make healthier decisions day in and day out. Data is collected from the Internet of Things (IoT), in which most devices and appliances contain sensors – e.g., a refrigerator that sends an alert when the food it holds falls below a certain threshold of healthfulness, or a car that tells you when you are driving to places that could easily be reached on foot. People receive these cues via user-friendly apps that can be configured to individual profiles and preferences. In the early 2010s, a cohort of early adopters were already using these technologies, but by 2024 the manufacturers have refined the designs for a larger, mainstream audience. Research on decision-making has been integrated into these designs, and it shows in the positive health outcomes that have been achieved. Shared expectations regarding the privacy of health information are supported by policies, regulations, and cultural norms.

Ageing

In the late 2010s, new biomarkers provided the ability to map out an individual's probability of morbidity and mortality over a given period of time, and simulations pointed to changes in behavior and lifestyle that might change the probability picture for when and how one would get sick and die. This awareness led many to make better choices, but it also highlighted a subpopulation whose “will to death,” often related to underlying mental health issues, became a focal point for behavioral health interventions. A wide range of technologies came on to the market to help improve elders' quality of life up until the moment of death, including robotics, orthotics, and implants to support ageing-in-place with greater maintenance of function. Advances in neuroscience not only made strides against degenerative diseases like Alzheimer's and Parkinson's, but also generated new tools for cognitive enhancement. Views on mortality began to shift through a growing cultural conversation about what a “good death” looks like.

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