FROM THE ACLM PRESIDENT'S DESK

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The BHAG Challenge

Many of the American College of Lifestyle Medicine (ACLM) leaders and staff met in Saint Louis, Missouri, on February 18 and 19, 2018, to do some long-range planning. The group included our present board members and both present and past officers as well as Susan Benigas, our intrepid executive director, and her support staff. The meeting was held in one of the meeting rooms of the Hyatt Place Chesterfield. Some joined us by speakerphone.

Gina Copeland, an experienced strategic-plan facilitator, and cofacilitator Beth Summers, a (volunteer) retired executive psychologist/coach, along with Strategic Planning Committee Chair and President Elect, Dexter Shurney, prepared the agenda. We had a great opportunity to review what has been accomplished since the organization started 13+ years ago. Our organizational growth has been especially remarkable over the last 4 years. We now have a strong supportive staff that is passionate about what ACLM is doing. Our finances are good and strengthening with a budget that allows us to focus beyond surviving (as in the earlier days) and strategically plan for future activities. We enjoyed being reminded of the many friends who have joined us in our mission in the Corporate Round Table. Of special interest were the recent releases of the first installments of our *Lifestyle Medicine Story Project*. You will also enjoy the recently published video focusing on what Whole Foods and the

Linebarger law firm (<https://vimeo.com/251556334>) have done in the lifestyle medicine space as well as the one showcasing Midland Health (<https://vimeo.com/239522452>). The power of the story helps amplify the good news of lifestyle medicine and how it is transforming the lives of clinicians and patients, as well as benefiting entire organizations. Share these with others and expect more to follow as budget and time allow. Pleasant memories of our 2017 conference in Tucson were roused by the video highlights (<https://vimeo.com/247045803>).

We then turned our attention to the

and then posted their ideas on the walls around the room. Then everyone “voted” by putting colored dots on the ones they thought was best. As a group we took the “best” statements and then defined them. Here is the final result.

Vision: A world where lifestyle medicine is the foundation of health and healthcare.

Mission: Advancing evidence-based lifestyle medicine to prevent, treat, and reverse chronic disease.

The effort and interaction was healthy and created a good deal of spirited

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future. What is our Mission and Vision? Do we need to refocus? It is easy to waste energy and resources on “rabbit hole” distractions and be sidetracked from our primary mission. Mission and vision are the context in which an organization should make all operating decisions.

To facilitate this group-thinking process, Gina divided us into groups of 4 ACLM leaders with staff members assigned to each group. Each group, including the group on speaker phone, brainstormed on both mission and vision

communication surrounding the fine points. The result is not a major change in the organizational focus but did contain refinements and focus of what has been in the “dreams” of the leadership group. The effort provides priorities, context, and direction for the energies of our executive director and staff.

We then turned our effort to the challenge of identifying the path forward. We were challenged to choose a “BHAG” for ACLM. It was exciting to dream big and imagine what might be ACLM’s “Big Harry Audacious Goal,”

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something incredible to work and stretch toward, something that would change the world of medicine as we know it, and something to be proud of accomplishing.

Before the meeting, a SurveyMonkey list had identified the BHAG as “having insurance pay for lifestyle medicine services.” As we thought about it, this seemed a little too small. While we found ourselves dreaming of yet bigger goals, we were challenged by the “rules” of BHAG development: A BHAG must fulfill the SMART criteria—Specific, Measurable, Attainable, Relevant, and Timely. This placed constraints that made it more difficult to decide—especially in the Measurable category. The truth is we, your leaders, were bogged down and were not able to formulate a definite BHAG within the allotted time. We are still working on it.

Please let me take the opportunity to share my subsequent ruminations about ACLM’s BHAG. Right now, the descriptor “lifestyle medicine” is used by numerous different lay and professional organizations to mean a variety of things. While it is an in-vogue term, it is used in so many ways that it seems in some circles to mean just about anything. I think our BHAG should be to define lifestyle medicine first for the allopathic medical community and then for the world. We have already made

significant progress with the inauguration of the American and international boards of Lifestyle Medicine, and interestingly, the board review course that John Kelly and Jeni Shull are refining (Version 2). With time and focused effort, these, along with already funded efforts to create a residency curriculum, will demonstrate the practical and evidence-based nature of lifestyle medicine for the medical community and should, especially in today’s health care cost crises, create a valuable place for ACLM within the House of Medicine. We will be defining the best practices for the lifestyle component treatment foundation for other primary care specialties as well as highlighting the necessity and function of the lifestyle medicine specialist. From that vantage point, lifestyle medicine will be defined for insurance payers, government policy makers, and finally for the general public. By supporting and encouraging sister organizations around the world through the Lifestyle Medicine Global Alliance, we will further define it for the world. The “Measurables” (of the SMART rules) are then (1) acceptance of lifestyle medicine by the American Board of Medical Specialists and (2) inclusion in the American Medical Association as well as (3) payment for lifestyle medicine specialty services by the Centers for

Medicare & Medicaid Services and the host of insurance companies.

Now that is a BHAG!

This provides you an opportunity. I have shared mine. What is your idea for an ACLM BHAG? What great thing do you see ACLM stretching toward? Please put your mind to the task, sleep on it, mull it over during your daily commute, and let us know (email: jholtgrave@lifestylemedicine.org).

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