Embracing Change, Advancing Health
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One of the seven guiding principles that serves as the foundation for our mission at AAAHC is “a commitment to embrace changes in the health care landscape and proactively adapt to meet client needs with innovative, creative solutions.”

In 2015, such changes indeed were a focus. We implemented a number of new and evolving initiatives. The following pages describe the details; here are several highlights:

- Our sister organization, the Accreditation Association for Hospitals and Health Systems (AAHHS), purchased the Health Facilities Accreditation Program (HFAP) from the American Osteopathic Association (AOA). With the acquisition of HFAP, the oldest hospital accreditor in the country, AAHHS significantly broadens its services to include behavioral health, laboratory and certification for stroke and lithotripsy.

- We now are the largest accreditor of employer health care networks in the country, a testament to the consultative, peer-based approach AAAHC offers. This reflects our response to the increasing number of multi-site organizations that deliver employer-based health care.

- We extended our reach to address the growing need to accredit health plans. We received formal recognition from three additional state governments (Arizona, Illinois and Minnesota) to provide health plan accreditation. Under the Patient Protection and Affordable Care Act, an insurer must be designated as a Qualified Health Plan to be included in a state or federal exchange, and accreditation is a requirement.
• To further underscore the valuable role we play in helping set the agenda for quality improvement, we renamed the comprehensive data analysis report issued annually by the AAAHC Institute for Quality Improvement. This outstanding resource is now called Quality Roadmap to reflect how it lays out meaningful paths and guideposts for the ambulatory health care community to further improve patient safety.

Such examples illustrate what we have done and will continue to do: We make changes in our own approaches and methods to constantly improve.

As you can see along the bottom of the page, we are responding to the ever-changing health care landscape through organizational divisions that address specific settings and needs.

Our structure enables us to deliver the targeted tools and education most relevant to our clients. Accrediting bodies must create meaningful, adaptive accreditation programs for the many new facets of health care. That’s the best and most effective way we embrace change.

What won’t change is the personal engagement and passion all our team members possess to help meet our mission and bring the growing value of the peer-based accreditation process to health care organizations.

Stephen A. Martin, Jr., Ph.D., M.P.H.,
President & CEO

Frank J. Chapman, MBA,
Board Chairman

“Accrediting bodies must create meaningful, adaptive accreditation programs for the many new facets of health care.”
EXPANDING THE MISSION

AAAHC and our sister organizations continuously seek ways to improve health care quality through accreditation. While many know us best for our work with ambulatory facilities in the United States, we are active in a variety of health care settings including hospitals, international facilities and health plans.

AAHHS Acquires Health Facilities Accreditation Program

In October we acquired the Health Facilities Accreditation Program (HFAP) from the American Osteopathic Association (AOA). This unprecedented transaction received approval from the Centers for Medicare and Medicaid Services (CMS), enabling, for the first time, two accrediting organizations to transition into a single ownership.

HFAP accredits more than 400 acute care hospitals, critical access hospitals and laboratories, and has maintained continuous deeming authority since the inception of CMS in 1965, making it the oldest hospital accreditor in the country. The acquisition is part of our growth strategy to bring health care quality improvement through accreditation to a larger number of organizations across the continuum of health care delivery.

AAHHS Accredits Its First Critical Access Hospital

In 2015, AAHHS announced its first critical access hospital accreditation, Decatur County Hospital, in Leon, Iowa. “The first critical access hospital accreditation is a significant milestone for AAHHS and for the future of critical access hospitals,” said Meg Gravesmill, vice president of hospital operations for AAHHS. “We have developed our Standards collaboratively with operators of critical access hospitals so they are designed specifically for smaller and rural facilities.”

“Maintaining full AAAHC accreditation has been a key ingredient to our success and in providing quality health care services to our members.”

- Gale Lam, Chief Operating Officer, HealthSun Health Plan
Acreditas Global Marks First Reaccreditation
Acreditas Global, our international accreditation arm, reaccredited Aliada Contra El Cáncer, a cancer treatment center in Lima, Peru—the first facility in the world to achieve reaccreditation from Acreditas Global under the Standards established by AAAHC International. Acreditas Global accredits five Peruvian organizations and Peru is a focus for additional growth in 2016.

AAAHC Becomes Largest Accrider of Employer-Based Health Care Networks
With our November accreditation of CareATC, Inc., an Oklahoma-based provider of employer on-site clinics, AAAHC became the country’s largest accreditor of employer-based health care. More than 89 employers nationwide provide health care services to their employees through a network accredited by AAAHC.

AAAHC-Accredited Health Plans Demonstrate Exceptional Performance in Florida
In late 2015, CMS awarded the high ranking of 4.5 stars to four health plans in Florida for the upcoming year. What did they all have in common? AAAHC accreditation. The highest rated plans in the state of Florida are all accredited by AAAHC. CMS granted 4.5 star ratings nationally to only 65 Medicare Health Plans for 2016.

“Multi-site organizations succeed at providing high-quality care because of the strength of their provider network. We’ve created a collaborative, time-efficient way for provider networks to demonstrate that they deliver quality patient care.”

- Stephen A. Martin, Jr., Ph.D., M.P.H. AAAHC President & CEO
In recent years, we witnessed a surge in the diversity of health care organizations that seek AAAHC accreditation.

**Network Accreditations.** In today’s changing environment, multi-site health care organizations seek ways to effectively show their entire network delivers quality health care. The AAAHC Network Accreditation Program (NAP) offers a customized survey experience that focuses on the corporate organization’s system to meet AAAHC nationally-recognized Standards at all its sites of care.

**Workplace Clinics.** The increased number of on-site workplace clinics reflects corporations’ efforts to keep employees healthy and productive. Accreditation from AAAHC sends a strong message to employees that their on-site health facilities deliver nationally-recognized Standards of patient care.

**Urgent Care Centers.** With the rapid growth of urgent care centers, the public’s acceptance of quick-access, walk-in care represents one more area where accreditation is valuable.

**Value of AAAHC Accreditation**

What so many of these groups tell us is how much they value our approach to accreditation. Our peer-based evaluation fosters a consultative, educational survey that helps organizations improve care, services and efficiency.

**AAAHC Accreditation is an achievement that:**

- Demonstrates a commitment to high-quality care
- Promotes a culture of continuous improvement
- Signals excellence to patients and the community
- Satisfies regulatory requirements
- Attracts high caliber staff
- Facilitates third-party reimbursements
- Creates a competitive advantage

“We constantly strive to raise the bar within our organization, especially in the realm of care delivery. Achieving AAAHC Network Accreditation affirms our effort to provide our patients with the highest standards of care available.”

- Jackie Hope, RN, BSHA, Director of Quality, CareATC, Inc.
Accredited Organizations Abound

The universe of organizations AAAHC accredits is broad and varied. They include:

- Ambulatory Surgery Centers
- College and University Health Centers
- Community Health Centers
- Dental Group Practices
- Dental Homes
- Diagnostic Imaging Centers
- Endoscopy Centers
- Health Plan/Managed Care Organizations
- Immediate/Urgent Care Centers
- Indian Health Centers
- International Organizations
- Lithotripsy Centers
- Medicaid Plans
- Medical Group Practices
- Medical Homes
- Medicare Advantage Plans
- Military Health Clinics
- Multi-site Organizations
- Occupational Health Clinics
- Office-Based Surgery Centers
- Retail Clinics
- Specialty Services (e.g., radiology, dialysis and anesthesia)
- Women’s Health Centers
- Workplace On-site Clinics

More than 6,000 organizations display the AAAHC Certificate of Accreditation.

148 new organizations earned AAAHC accreditation in 2015.
STANDARDS REFLECT CHANGING HEALTH CARE NEEDS

The AAAHC Standards Committee is charged with monitoring Standards and making revisions to ensure they continue to be relevant, reflect the rapid changes in health care and comply with regulatory developments.

This year’s report theme, “Embracing Change, Advancing Health Care,” truly captures the AAAHC team’s ongoing efforts to establish and update Standards to best address quality goals and patients’ needs.

What sets AAAHC apart from others in our field is the unique collaborative approach that incorporates input, insights and information from a broad-based team of association members, accredited organizations and the surveyors who work in health care daily as physicians, nurses, administrators and in other vital roles.

A Distinct Perspective

The beauty of this approach is that while AAAHC Standards are based on best practices, they are written in a way that enables compliance while still meeting the often unique needs of individual health care settings.

In 2015, AAAHC embarked on a major initiative to develop “interpretative guidelines” to enhance the way we describe Standards to constituents. We began a comprehensive process to review the intent of each Standard. Our goal? Improve language where necessary and be more clear, concise and consistent. Special attention was given to Standards identified as new or particularly challenging for interpretation.

This far-reaching endeavor continues in 2016 to further ensure Standards are communicated in the most effective and meaningful manner.

Additional Significant 2015 Accomplishments

Among other efforts conducted in 2015 to improve health care quality and foster patient safety:

• Updated Standards for diagnostic imaging, laboratories and lithotripsy sites.
• Focused significant attention, as in past years, on Standards that cover infection prevention and control.

“When you visit an organization as a surveyor for AAAHC, the staff will really share everything. And it’s all for the good old fashioned reason that they want to improve quality. That’s inspiring.”

- Dennis Schultz, MD, MSPH, AAAHC Surveyor
“My catch phrase to new surveyors is ‘what does the Standard say?’ It reminds them they should educate themselves and the organizations they survey about the basis and intent of the Standards, engage with the organization’s staff to understand how they meet the Standards and share alternatives.”

- Alsie Fitzgerald, RN, CASC, AAAHC Surveyor
Traveling Miles for Smiles

AAAHC surveyor Dr. Jeff Moses always loved his work as a craniomaxillofacial surgeon in the U.S., but sought a way to help children in other parts of the world without access to such care. Dr. Moses volunteered to treat children with facial deformities, usually cleft lips and palates.

In 2005, Dr. Moses and his wife Maribel established the non-profit Smiles International Foundation which, for more than 10 years, has treated thousands of children in Costa Rica, Mexico, India, Ukraine and other countries.

Treatment for cleft lips and palates requires three or four surgeries, so the teams of volunteers return to the same villages for several years.

“Many babies born with this deformity are shunned or face ridicule until we complete treatments. We give them self-esteem, happiness and they are accepted as normal human beings. These children deserve that.”

- Dr. Jeff Moses

After Surgery, They Can See Again

Mary Sibulsky has been a surveyor for AAAHC since 2007 and she taps her organizational skills as a manager of an ophthalmology center in Idaho to coordinate volunteer medical missions to Central America.

The non-profit International Eye Institute that she and a team of doctors created provides adult and pediatric eye care and surgery to people in impoverished areas. Cataract extraction is a frequent procedure for helping those who are blind or nearly blind.

“Many of these patients plan for months to attend our clinics – traveling by bus across borders or walking barefoot for days. We help change their lives and it’s a joy to provide this care.”

- Mary Sibulsky
A Legacy of New Faces

For Noreen DiPlacido, a long-time surveyor and RN, a semi-annual pilgrimage to Honduras with a group to provide dental and oral care to villagers that began in 1997 has now become a legacy. The group worked in remote areas with no electricity or running water and little in the way of equipment. Noreen, her husband Frank and their team then established New Faces for Honduras, an organization that sets up camps in small villages, treating thousands of in-need patients, many who had never seen a physician or health care worker. In partnership with other organizations, New Faces for Honduras now treats 30 to 35 major cases twice a year.

“We also sponsor dental students financially and, at times, bring patients to the U.S. for treatment. It’s truly rewarding to know our valuable work continues.”

- Noreen DiPlacido

Helping the Old Neighborhood

Dorota Rakowiecki’s volunteer work takes place much closer to home. The AAAHC Director of Ambulatory Accreditation Operations serves as a translator for Polish patients at the CommunityHealth clinic in Chicago’s West Town neighborhood.

CommunityHealth delivers comprehensive, high-quality, patient-centered health care at no cost to low-income, uninsured adults in need of a medical home.

“When my family immigrated to Chicago, I was 16 and did not speak a word of English. West Town was where I took my ‘first steps.’ It is so satisfying to help patients when they can’t communicate their needs or concerns.”

- Dorota Rakowiecki

A Humbling Experience

Dr. Michael Huey, an associate professor of family and preventive medicine at Emory University School of Medicine and a surveyor for AAAHC, took an unexpected long journey last summer. He strung together vacation time and work days to spend four weeks in Sierra Leone, one of the countries most affected by the unprecedented Ebola outbreak.

As a member of the CDC Ebola West African response team, Dr. Huey toured health facilities, provided infection control recommendations and taught infection control classes for health care workers, ambulance drivers and crew and burial teams.

“It was profoundly humbling to witness the dedication and bravery of the health care workers who fought this terrible disease for more than a year. The world owes them a tremendous debt of gratitude.”

- Dr. Michael Huey
THE JOURNEY TO BECOME CEO AT AAAHC

For new AAAHC CEO Stephen A. Martin, Jr., PhD, MPH, it’s all about the journey. His deep-rooted philosophy sees excellence as a journey, not a destination. This applies to his focus and vision for AAAHC to make each client’s accreditation experience phenomenal through a collaborative learning approach. And it’s the AAAHC commitment to excellence that attracted the accomplished, experienced health care professional to the organization.

The great appeal, said Dr. Martin, is that although by its very nature AAAHC works behind the scenes, the organization is at the forefront to help ensure people use top-quality health care organizations.

“I like to draw a comparison to an airplane,” Dr. Martin said. “You trust the FAA as a third party organization to verify the plane’s safety. We do the same in health care by verifying best practices are followed, whether they involve infection control, the use of syringes, medical records, credentialing, proper training and many, many other variables.”

Career Journey Multi-faceted

Dr. Martin’s career journey encompasses public health, health care management and disease-based training and expertise as an epidemiologist, providing multi-faceted experiences ideal for helping lead AAAHC.

Most recently, he was executive director for the Association for Community Health Improvement at the American Hospital Association (AHA). Dr. Martin also served as the chief program affairs officer for the Health Research & Educational Trust/AHA, the health commissioner and chief operating officer for Cook County (Illinois) Department of Public Health, and a senior executive with the Cook County Health & Hospitals System.

“I have touched so many disciplines in my own career,” he said. “It gives me insight on how to best provide flexible accreditation approaches to organizations in a wide variety of health care settings.”
Experience Helps Respond to Industry Trends

Such background is particularly beneficial given the changes occurring in health care today, including the continuum of care focus exemplified by the patient-centered medical home model, the constant consolidations and acquisitions and the growing influence of population health management.

“Accreditation is the essence of population health management,” Dr. Martin said. “Accreditation focuses on the prevention of injuries and illness, and addresses ways to help eliminate the transmission of disease and infection. It should be positioned as a critical strategy that verifies policies and procedures that meet a series of metrics.”

Another prevailing trend finds health care moving toward high-quality, low-cost settings, and one of the biggest challenges is to meet quality improvement goals with tighter budgets.

“Providers are moving from fee-for-service to value-based contracts, and that’s where the work we do is critical,” he said. “We consider how we can empower our clients to meet their goals as well as industry goals within their budget constraints.”

From the AAAHC perspective, as valued and essential as performance metrics may be, accreditation goes beyond those important data-driven analyses.

“We offer not just a ‘check the box’ relationship, but collaborative, peer relationships different from others in our field,” said Dr. Martin. “AAAHC surveyors can say, ‘Yes, I’m seeing the quality metric, but let’s determine how you can best use it.’ Best practice sharing happens all the time, and it’s exciting to bring that to all of our clients.”

As he’s addressed health care challenges over the years, Dr. Martin gains much inspiration from his father, Stephen A. Martin, Sr., who faced challenges of a different kind.

Martin Sr. gained honors and accolades in 1966 by becoming the first African American to play any varsity sport (baseball) in the Southeastern Conference while at Tulane University, which played its games throughout the Deep South.

“I learned how he handled this distinctive situation through his values, integrity and discipline,” Dr. Martin said. “That’s always been a great lesson for me when faced with challenges and changes. I can apply that today knowing that AAAHC is the right place and this is the right time for my new journey.”
THE AAAHC INSTITUTE FOR QUALITY IMPROVEMENT

A letter from Jan Kleinhesselink and Naomi Kuznets

A roadmap to quality improvement.

That phrase defines the essence of our mission at the AAAHC Institute for Quality Improvement. Since its founding in 1999 as a non-profit entity, the AAAHC Institute has been dedicated to providing resources and research to help ambulatory care facilities attain the highest levels of performance.

We conveyed this commitment in 2015 when we changed the name of one of our most valuable tools, the AENEID Report, to AAAHC Quality Roadmap. This comprehensive analysis identifies patterns of compliance from the extensive AAAHC warehouse of accreditation survey data and offers guideposts on where and how organizations can improve and excel. For example, the AAAHC Quality Roadmap 2015 identified safe injection practices as a critical issue. The graphs on the opposite page highlight the report’s findings on this topic and others.

Quality Roadmap data helps us prioritize and select subjects for another significant Institute initiative—our popular patient safety and disease management toolkits. These informative, reader-friendly brochures tackle key issues faced today by ambulatory health care organizations and offer guidance for best practices supported by evidence-based rationale.

Our performance measurement and benchmarking studies offer another resource to help facilities attain quality goals. For the first time in 2015, we compiled data from more than 1,700 esophagogastroduodenoscopy (EGD) benchmarking studies to provide in-depth perspectives on best practices and procedures.

In the past year, we also honored AAAHC-accredited organizations that conducted exemplary quality studies with our annual Bernard A. Kershner Innovations in Quality Improvement Award.

The Institute team often takes leadership roles in professional groups to share insights and gain knowledge. For several years we have been involved with the Patient-Centered Primary Care Collaborative (PCPCC), an influential organization devoted to Patient-Centered Medical Homes (PCMH). This past summer, we served on the PCPCC Accreditation Work Group. We also continue to represent AAAHC and the Institute with national groups such as the ASC Quality Collaboration, National Quality Forum and Physician Consortium for Performance Improvement.

These efforts to deliver innovative programs and meaningful research to meet our mission will continue at the highest of levels.

Jan Kleinhesselink, RN, BSHM, CPHG
Chair, Board of Trustees
AAAHC Institute for Quality Improvement

Naomi Kuznets, PhD
Vice President and Senior Director
AAAHC Institute for Quality Improvement
Compelling Results from AAAHC Quality Roadmap 2015

The Institute’s annual survey analysis, now called Quality Roadmap, revealed areas where providers are performing highly and areas that should be addressed for quality improvements. Among those with the overall highest deficiencies:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Deficiency Description</th>
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<tbody>
<tr>
<td>2.II.D.</td>
<td>For the third year in a row, AAAHC surveyors found notable deficiencies in credentialing, privileging and peer review policies.</td>
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<tr>
<td>5.I.C</td>
<td>Ensures that when opportunities for quality improvement are identified, the organization takes steps to demonstrate the implementation and success of corrective actions.</td>
</tr>
<tr>
<td>6.F</td>
<td>Another area that many organizations may need to address is documentation that requires organizations to record allergies and untoward reactions to drugs and materials in a consistently defined location.</td>
</tr>
<tr>
<td>7.I.C.2</td>
<td>Safe injection practices were a leading deficiency discovered in 2015. More than 10% of ASCs, more than 9% of primary care organizations and more than 14% of office-based organizations reviewed had deficiencies in safe injection practices.</td>
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Clinical Performance Measurement Reports

In addition to the first Institute benchmarking report on EGD, other 2015 studies covered:

- Cataract extraction with lens insertion
- Colonoscopy
- Knee arthroscopy with meniscectomy
- Low back injection
- Primary care
- Shoulder arthroscopy
- Surgical/procedural services

Each report enables organizations to benchmark and learn best practices.

New Toolkits Respond to Member Needs

Patient safety toolkits address issues seen by surgery centers and primary care providers.

- A toolkit for surgery providers, “Ambulatory Surgery and Obesity in Adults: Preventing Complications,” helps determine if surgery should be delayed or if a referral to a hospital should be made based on several medical conditions.
- The “Disease Management Toolkit: Adult Depression and Primary Care” offers primary care providers best practice tools for screening and following up with patients for depression.

Quality Improvement Award Winners

The AAAHC Institute honored Seton Hall University Health Services, South Orange, New Jersey, with a 2015 Bernard A. Kershner Innovations in Quality Improvement Award in the primary care category for its comprehensive improvement study to more broadly implement alcohol screening methods and interventions in college health centers.

Turk’s Head Surgery Center, West Chester, Pennsylvania, won a Kershner Award in the surgical/procedural category for implementing safeguards for patients when scopolamine patches are applied.

Teresa Conklin, APN, Family Nurse Practitioner, at Seton Hall University Health Services, receives the primary care QI Kershner Award.
ADVANCING HEALTH CARE VIA EDUCATION, THOUGHT LEADERSHIP

We take seriously our role as health care quality leaders by commenting on trends and offering consultation for providers seeking quality improvement.

Attendance Grows at AAAHC Webinars

Our highly-attended, surveyor-led webinars provide ongoing education to accredited organizations. Among issues covered during the seven 2015 webinars were OSHA requirements, life safety code compliance, peer review, internal benchmarking and more.

Proprietary Research Leads to Bylined Articles

The data featured in the 2015 AAAHC Institute study on cataract extraction with lens insertion sparked interest from the Review of Ophthalmology, which published a three-page article on the topic authored by AAAHC surveyor Kris Kilgore, RN. Articles such as these by AAAHC members are published in leading professional journals throughout the year.

Influencing International Audiences

Illustrating the international presence of AAAHC and its Acreditas Global division, CEO Dr. Stephen A. Martin, Jr., addressed health care providers in Lima, Peru, attending the Primer Foro Profesional de Enfermería: Acreditacion Internacional. Dr. Martin discussed how to use health care accreditation as a strategy for improving public health.

Leading New Initiatives for Student Health Centers

The AAAHC-accredited New York University Student Health Center received a grant in 2015 from the Agency for Healthcare Research and Quality to help other university student health centers design and perform quality improvement initiatives.

The New York University Center invited AAAHC to serve on the program’s leadership committee and participate in a symposium on student health quality improvement. Staff from more than 150 universities attended the symposium, and AAAHC was the only accreditor in attendance.
Consultation. The HCI team of consultants and instructors helps organizations navigate the process of accreditation, licensure and certification (including Medicare). HCI also provides guidance in quality assurance, performance management, infection control, regulatory compliance and development of new facilities.

In 2015, HCI expanded its services to health plans, including Federal Employee Health Benefit Plans. And it expanded its Policy & Procedure offerings with a customized set of templates for student health organizations.

Education. The cornerstone of HCI educational initiatives is a webinar series that covers all 25 chapters in the AAAHC Accreditation Handbook for Ambulatory Health Care. For the 2015 handbook, 12 webinars featured presentations from a host of experts.

Resources. More than 250 online tools and templates help organizations maintain accreditation, plus a complete set of Policy & Procedures Manuals for drafting language compliant with accreditation standards. Also available are regulatory updates and reviews of QI studies.

HCI consulting services are separate and independent from the accreditation services of AAAHC. All accreditation decisions by AAAHC are made without regard to whether consulting services have been provided by HCI or any other organization.

“HCI met our needs and exceeded our expectations. At the end of the day, we need to move fast in today’s health care environment and with HCI, we accomplished our goals.”

- Scott Anderson, COO, Prairie Spine & Pain Institute
COMMUNICATING TO CONSTITUENTS

We are an organization built on personal relationships, and as in any good relationship, communication is vital. We use a number of channels, digital and print, paid and earned, to speak with our stakeholders about the benefits of accreditation and the work we are doing to improve health care quality.
Direct Outreach
We use Facebook, LinkedIn and Twitter to engage with organizations, employees and industry colleagues. We also issue a Surveyor News & Education (SNE) newsletter directly to surveyors to share news and thought leadership articles.

Collaborating with Stakeholders for New Ad Campaign
In developing our latest advertising campaign, we convened groups of surgery center and primary care professionals to determine messages and images that would resonate with them. The ads are running in targeted online and print medical trade publications.

Placing Articles in Prominent Trade Media
*Modern Healthcare, Becker’s ASC Review, Medical Economics, OR Today* and *Review of Ophthalmology* are just a small sample of the outlets that featured editorial coverage of AAAHC, including multiple bylined thought leadership articles by AAAHC executives and board members. AAAHC and its sister divisions appeared in more than 1,100 articles in 2015.

Creating Brochures for Promising Markets
We build marketing materials that speak directly to key audiences about our tailored offerings, such as those for employer-based clinics, student health clinics, health plans, urgent care centers and our network accreditation program.
2015/2016 Board of Directors
Edward Bentley, MD, 2006
R. Bruce Cameron, MD, FACP, 2015
Frank J. Chapman, MBA, 2005
Ira Cheifetz, DMD, 2013
W. Patrick Davey, MD, MBA, FACP, 2003
Jan Davidson, MSN, RN, CPHRM, 2011
Mark DeFrancesco, MD, MBA, 2000
Meena Desai, MD, 2009
Robin J. Elwood, MD, FAAP, 2015
Ann B. Geier, RN, MS, CNOR, CASC, 2014
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Dave Hamel, DDS, 2015
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Sandra Jones, CASC, CHCQM, LHRM, MBS, MSM, 2012
John P. Keats, MD, CPE, 2014
Lawrence S. Kim, MD, 2004
Ross Levy, MD, 2012
W. Elwyn Lyles, MD, 2011
Mark Mandell-Brown, MD, 2013
S. Teri McGillis, MD, 2006
Timothy Peterson, MD, 2009
Beverly Philip, MD, 2000
Kenneth M. Sadler, DDS, MPA, FACD, FICD, 2005
David Shapiro, MD, 2013
James E. Schall, DDS, 2011
Dennis Schultz, MD, 1994-2003, 2009
Edwin Slade, DMD, JD, 2004
Arnaldo Valedon, MD, 2010
Mary Ann Vann, MD, 2008
Christopher J. Vesey, MD, 2011

Dates indicate beginning year of service

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Meena Desai, MD, Vice Chair
Kenneth M. Sadler, DDS, MPA, FACD, Treasurer
Arnaldo Valedon, MD, Secretary
W. Patrick Davey, MD, MBA, FACP, Immediate Past Board Chair

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ASCA Foundation
American Academy of Cosmetic Surgery (AACS)
American Academy of Dental Group Practice (AADGP)
American Academy of Dermatology (AAD)
American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS)
American Association of Oral and Maxillofacial Surgeons (AAOMS)
American College of Gastroenterology (ACG)
American College of Mohs Surgery (ACMS)
American College of Obstetricians and Gynecologists (ACOG)
American Dental Association (ADA)
American Gastroenterological Association (AGA)
American Society of Anesthesiologists (ASA)
American Society for Dermatologic Surgery Association (ASDSA)
American Society for Gastrointestinal Endoscopy (ASGE)
Association of periOperative Registered Nurses (AORN)
Society of Ambulatory Anesthesia (SAMBA)
AAAHC Executive Staff

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President and CEO

Breian Meakens, MPA, MBA  
Chief Operation Officer

Michael Janniere, JD  
Senior Vice President and Chief People Officer

Sergio Tumang  
Chief Financial Officer and Vice President, Administration

Ray Grundman, MSN, MPA, FNP-BC, CASC  
Chief Business Development Officer

Tess Poland  
Vice President, Ambulatory Operations

Naomi Kuznets, PhD  
Vice President and Senior Director, AAAHC Institute for Quality Improvement

Meg Gravesmill, MBA, MPA  
Vice President, Hospital Operations, AAHHS

Kristine Mighion, MD, MBA  
Managing Director and CEO, Healthcare Consultants International

AAAHC Financial Summary

2015 Total Revenue $18,755,102
Total Expenses $18,496,181
Net Margins $258,921

36 Years of Service
50 States
4 Countries

6,000 organizations display the AAAHC Certificate of Accreditation
148 new organizations earned AAAHC accreditation
450 HFAP-accredited organizations added in acquisition