



The Society for Cardiovascular Angiography and Interventions

President's Page

SCAI's Future: The 2016 Strategic Plan

James C. Blankenship, MD, MHCM, FSCAI
2015-2016 President of SCAI Geisinger Medical
Center, Danville, PA



James C. Blankenship

The Society for Cardiovascular Angiography and Interventions (SCAI) was founded in 1978 by a small group of experienced physicians dedicated to quality and education in the cardiac catheterization laboratory. As of 2015, SCAI has expanded to include non-physician catheterization laboratory professionals, and members from 70 nations. In contrast to other cardiology societies, SCAI is the only society specifically focused on the needs of interventional cardiovascular medical specialists and their patients. In this current era rich with opportunities as well as challenges, SCAI serves as the home and voice of interventional cardiovascular medicine. However, this privilege comes with responsibility. SCAI's 2016 Strategic Plan addresses this responsibility to our profession and our patients.

WHY A NEW STRATEGIC PLAN?

SCAI's last strategic plan was unveiled in 2005; most of the goals set then have been accomplished [1]. Since then, interventional cardiovascular therapies have grown and evolved at an astounding pace. Percutaneous treatments of structural heart disease, chronic total occlusions, and high risk coronary patients are improving faster than cellphone technology. Children with congenital heart disease are increasingly surviving to adulthood. Internationally, percutaneous coronary interventions continue to increase at exponential rates in countries such as China and India.

SCAI has similarly grown and evolved over the last 10 years. Membership growth and attendance at SCAI

Scientific Sessions has doubled and on January 1, 2015 SCAI opened membership to non-physician invasive cardiology professionals [2]. With these changes and growth to both SCAI and the profession, it was time to develop a new strategic plan to advance SCAI's leadership of the profession, as the voice of interventional cardiology.

*Address for correspondence: James C. Blankenship, MD, MHCM, FSCAI Department of Cardiology 27-75 100N Academy Avenue Geisinger Medical Center Danville PA 17822 Phone 570-214-1991 Fax 570-271-8056 jblankenship@geisinger.edu

The authors report no financial relationships or conflicts of interest regarding the content herein.

DOI: 10.1002/ccd.26380

Published online 9 February 2016 in Wiley Online Library (wileyonlinelibrary.com)

TABLE 1. Contributors to the SCAI 2016 Strategic Plan

Physicians	SCAI Staff
James C. Blankenship, MD, MSc, FSCAI, Co-Chair ^{a,c}	Bea Reyes, SCAI Senior Director, Meetings and Membership
Charles E. Chambers, MD, MSCAI, Co-Chair ^{a,c}	Wayne Powell, SCAI Senior Director, Advocacy and Government Relations
Dawn Abbott, MD, FSCAI ^{a,c}	Eric Grammer, SCAI Senior Director, Marketing and International Initiatives
H. Vernon Anderson, MD, FSCAI ^b	Sue Sung, consultant, Apeiron Strategy
Robert J. Applegate, MD, FSCAI ^{a,b}	
Janice Baker, RN, MSN ^a	
Theodore A. Bass, MD, MSCAI ^b	
John Breinholt, MD, FSCAI ^a	
Ralph G. Brindis, MD, MPH, FSCAI ^b	
David A. Cox, MD, FSCAI ^{b,c}	
Douglas Drachman, MD, FSCAI ^a	
Peter L. Duffy, MD, MMM, FSCAI ^{a,c}	
Kirk Garratt, MD, MSc, FSCAI ^{a,c}	
Osvaldo S. Gigliotti, MD, FSCAI ^{b,c}	
Cindy L. Grines, MD, FSCAI ^{a,b}	
Luis A. Guzman, MD, FSCAI ^{b,c}	
Tarek A. Helmy, MD, FSCAI ^{b,c}	
Kalon Ho, MD, MSc, FSCAI ^c	
Michael R. Jaff, DO, FSCAI ^{b,c}	
Clifford Kavinsky, MD, PhD, FSCAI ^a	
Dennis W. Kim, MD, PhD, FSCAI ^{b,c}	
Daniel S. Levi, MD, FSCAI ^b	
Ayman K.A. Magd, MD, FSCAI ^{b,c}	
Ehtisham Mahmud, MD, FSCAI ^a	
Doff McElhinney, MD, FSCAI ^a	
Oscar A. Mendiz, MD, FSCAI ^{b,c}	
Sundeep Mishra, MD, FSCAI ^{a,c}	
Thach N. Nguyen, MD, FSCAI ^{b,c}	
Sunil V. Rao, MD, FSCAI ^{a,c}	
Kenneth Rosenfield, MD, MHCDS, MSCAI ^{a,c}	
Gerald Werner, MD, PhD, FSCAI ^{b,c}	

^a2015 SCAI Strategic Planning Working Group
^b2014 – 2015 Board of Trustees
^c2015 – 2016 Board of Trustees

T1
T2

A dedicated Strategic Planning Working Group (SPWG), under the direction of SCAI’s BOT, spent 9 months developing the new Strategic Plan. We thank these members who gave so much time to this effort (Table 1). The process by which the 2015 Strategic Plan was developed is described in Table 2.

SCAI’S MISSION

Strategic planning requires an organization to reassess its mission – why the organization exists and what it does. Over months of deliberation, the BOT/SPWG revised SCAI’s Mission Statement to “Lead the global interventional cardiovascular community through education, advocacy, research, and quality patient care.” A few points here deserve comment.

Surveys of SCAI members in preparation for the Strategic Plan showed that they most value SCAI’s advocacy for SCAI members and patients on federal, state, and local levels [3], quality initiatives [4], and

ongoing post-fellowship education. The BOT/SPWG felt these remain core parts of SCAI’s mission. In addition, the BOT/SPWG noted that most other professional societies emphasize research, and agreed that SCAI needs to serve its members by adding research to its portfolio of initiatives. **Key Message- # 1:** *Watch for SCAI’s new efforts to encourage interventional research. Talk to SCAI’s leadership about how you think SCAI should move forward in this area, and how you can help advance this part of the mission.*

Two other points about the Mission deserve emphasis. First, SCAI is the only *global* interventional cardiovascular professional society. With over a quarter of SCAI’s membership living outside the United States, SCAI recognizes a responsibility to serve interventionalists’ needs worldwide. Second, SCAI sees interventional professionals as members of a large community. This means that SCAI should promote “community” activities and goals, such as team-building [5,6] and quality measures that reflect the efforts of all cardiovascular professionals [4]

TABLE 2. Timeline and Work Plan for the SCAI 2016 Strategic Plan

Date	Group	Type of Meeting	Work Accomplished
February 2015	SCAI staff and Executive Committee	-----	Hired consultant and formed Strategic Planning Work Group
March 3, 2015	Strategic Planning Working Group	Teleconference	Discussed project plan
March 2015	SCAI staff and Executive Committee	-----	Interviewed stakeholders and reviewed prior strategic plan
March 15 2015	Board of Trustees	2 hr meeting	Reviewed planning process & roles Reviewed trends/stake-holder input Drafted Visions and Values
April 18, 2015	Strategic Planning Working Group	6 hr meeting	Revised vision and values Drafted mission and goals Brainstormed objectives
May 7 2015	Board of Trustees	2 hr meeting	Refined vision, mission, values Prioritized goals Refined objectives Drafted initiatives
July 6, 2015	Strategic Planning Working Group	2 hr call	Finalized vision, mission, values Created working groups to draft initiatives
July-August-September 2015	Strategic Planning Working Group and Board of Trustees	Ad hoc teleconferences	Topic-specific writing groups drafted initiatives Strategic Planning Working Group and Board of Trustees members surveyed to identify and prioritize objectives
September 27, 2015	Strategic Planning Working Group	6 hr meeting	Finalize plan Prioritized objectives Prioritized Year 1 Initiatives
October 12, 2015	Board of Trustees	1 hr meeting	Board of Trustees made final changes and approved the Strategic Plan

SCAI'S VISION

Strategic plans also require an organization to articulate its Vision – a statement which declares to the world what the organization aspires to accomplish. SCAI's BOT and SPWG spent hours debating vision statements. The final version was simple but elegant: "Enhance and save lives." This reflects the truth that all of the efforts of cardiovascular interventional professionals serve our patients by preventing their premature death and improving the quality their lives. And SCAI seeks not only to enhance the lives of our patients, but the professional lives of you, SCAI's members. Longer statements would be more comprehensive, but the BOT/SPWG hopes that every SCAI member can remember these 4 words. **Key Message # 2:** *SCAI's vision is to "Enhance and Save Lives", and our organization's activities and decisions must be judged against the standard of whether they further this vision.*

SCAI'S VALUES

A third component of strategic plans is a set of values that guide the organization. They serve as an indicator of "true north" for the organization. The BOT/SPWG considered about 50 candidates before narrowing our Society's Core Values down to five:

Excellence: SCAI seeks to promote excellence in its members, and excellence in the services it provides to

members. SCAI's emphasis on quality [4] and professionalism [7] promote excellence.

Patients First: This recognizes the primacy of patient care in our professional lives and in the activities of SCAI. It promotes our vision of "Enhance and Save Lives." Ultimately, all of SCAI's activities must relate in some way to better care for patients.

Inclusiveness: SCAI views the interventional profession as a world-wide community, and seeks to be the home and voice of all cardiovascular interventional professionals world-wide.

Integrity: SCAI's BOT and SPWG are well aware of opportunities for ethical lapses and conflicts of interest throughout medicine as well as in our specialty. SCAI is committed to maintaining accountability, transparency, and integrity in its relations with individuals and other organizations.

Leadership: As the only global organization focused specifically on interventional cardiovascular medicine, SCAI holds a leadership position for the profession. It is the home and voice of cardiovascular interventional professionals, and should serve as a beacon leading the way into the future of this spectacular profession.

Key Message #3: *This Strategic Plan includes a new emphasis on helping international members and non-physician members improve patient care by extending to them SCAI's traditional opportunities and resources for quality, education, and advocacy.*

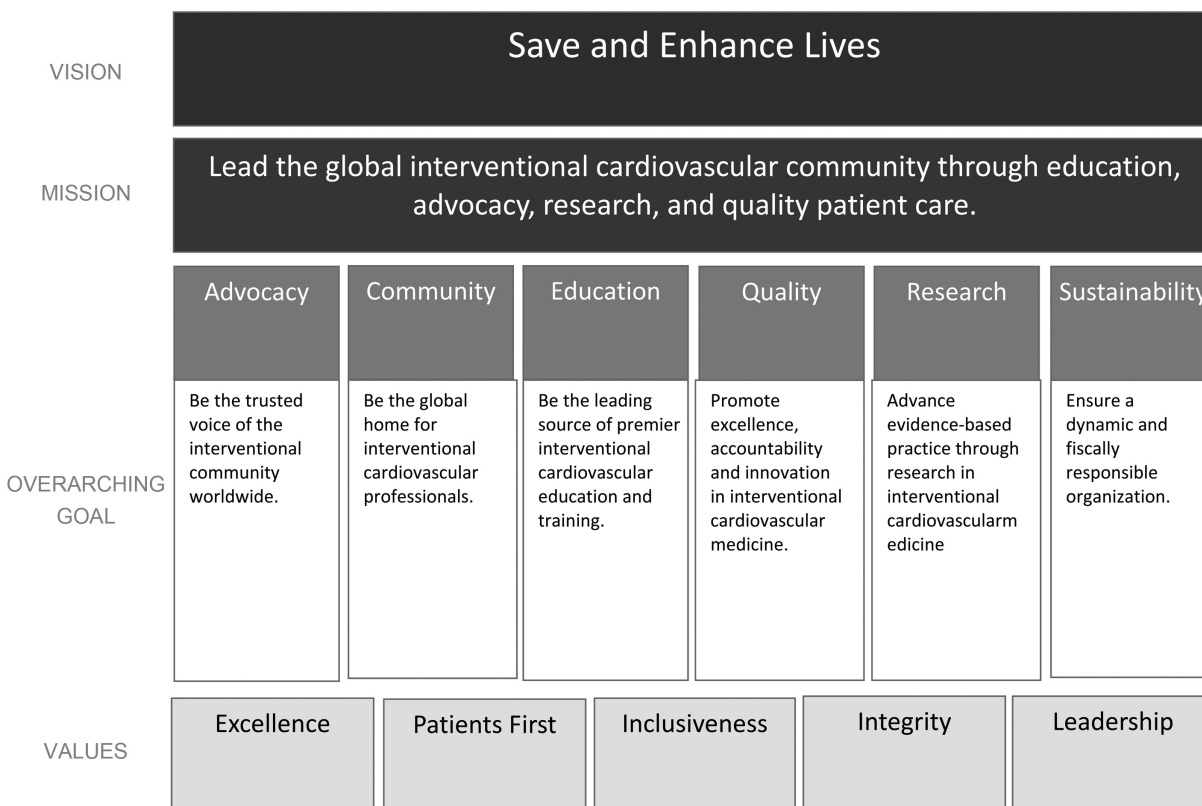


Fig. 1. SCAI's Strategic Plan [Color figure can be viewed in the online issue, which is available at wileyonlinelibrary.com.]

Overarching Goals:

The fourth and final component of a strategic plan is a set of overarching goals, or strategies, that an organization undertakes to accomplish its mission and values. Usually strategic plans, and particularly the goals, are re-evaluated every year and revised every three to five years. Goals are meant to be accomplished over this span of three to five years, before the next strategic plan is developed.

Goals are generally conceived as high-level strategies, and are accompanied by more specific objectives which will be used to accomplish the goals. Strategic planning does not include operational plans; rather these are left to professional staff, workgroups and committees.

SCAI's Overarching Goals, listed below, reflect the Mission, Vision, and Values described above. For each Goal, several specific Objectives were developed by the BOT/SPWG. Those given highest priority are listed below along with the Overarching Goal.

Advocacy: Be the trusted voice of the interventional community worldwide.

- Shape public policy at the regulatory, state and federal levels to advance high-quality, cost-effective patient care.

Community: Be the global home for interventional cardiovascular medicine.

- Promote the value of SCAI membership globally to enhance the professional life of the interventional cardiovascular community.
- Promote, educate, and advocate for the highest quality interventional cardiovascular practices.
- Establish and assess highest quality interventional cardiovascular practices.

Education: Be the leading source of premier interventional cardiovascular education and training.

- Expand SCAI's national and international education portfolio.
- Establish and enhance opportunities for training in procedural skills.

Quality: Promote excellence, accountability, and innovation in interventional cardiovascular medicine.

- Become the authority on quality standards for interventional cardiovascular medicine.

Research: Advance evidence-based research in interventional cardiovascular medicine.

- Expand and develop databases and own interventional cardiovascular data.

Sustainability: Ensure a dynamic and fiscally responsible organization.

- Diversify and grow revenues.
- Align staff and structure with the Strategic Plan.
- Embrace and promote sound business practices.

SUMMARY

SCAI's BOT, staff, and all involved with this project are very pleased with the final strategic plan, and sincerely hope that you, SCAI's members, share this enthusiasm. In an era when interventional cardiovascular specialists are breaking new ground every day, we have every reason to be optimistic about the future of our profession [8]. SCAI's 2005 strategic plan guided our organization well and helped it accomplish its goals. SCAI's new 2016 strategic plan provides a blueprint for activities of the SCAI and its members over the next few years. It will help us all to **enhance and save lives** through its traditional focus on quality, education and advocacy, as well as by new efforts to **encourage interventional research** and to **be the home and voice of all interventional cardiovascular professionals throughout the world**.

The strategic plan will officially launch at the SCAI 2016 Scientific Sessions in May. During the meeting, we will provide members and attendees with a more

in-depth look into how SCAI plans to achieve these goals, and more importantly, how your involvement will help us achieve this success. We hope that you will contact us with feedback at president@SCAI.org.

ACKNOWLEDGEMENT

We gratefully acknowledge critical review of this article by Charles Chambers MD MSCAI (immediate Past President of SCAI), Kathy Boyd David, and the many SCAI members and staff who contributed to the development of this strategic plan.

REFERENCES

1. Blankenship JC. Glance backward before forging ahead: strategically mapping SCAI's future. *Cathet Cardiovasc Interv* 2015;85:1109-1101.
2. Baker JL, Blankenship JC. SCAI welcomes the rest of the cath team. *Cathet Cardiovasc Interv* 2015;86:609-610.
3. Blankenship JC. Advocate for our patients, advocate for our profession. *Cathet Cardiovasc Interv* 2015;86:787-790.
4. Rao SL., Blankenship JC. SCAI: enhancing patient care through quality. *Cathet Cardiovasc Interv* 2015;86:1-2.
5. Blankenship JC. The importance of leadership in the cath lab. *Cathet Cardiovasc Interv* 2015;86:361-363.
6. Blankenship JC, Feldman B, Ranaweera P, Dent J, Huang X, Singer S. The interventional cardiologist as cath lab team leader. *J Inv Cardiol* 2015;27:E98-105.
7. Blankenship JC. Professionalism in interventional cardiology and the new value-based payment system. *Cathet Cardiovasc Interv* 2015;86:961-964.
8. Blankenship JC. Optimism and interventional cardiology. *Cathet Cardiovasc Interv* 2015;86:183-185.