



The Society for Cardiovascular Angiography and Interventions

President's Page

Glance Backward Before Forging Ahead: Strategically Mapping SCAI's Future

James C. Blankenship, MD, MSC, FSCAI
2015-16 President, The Society for Cardiovascular Angiography and Interventions

SCAI is embarking on a new strategic planning process. Its goal is to determine the course SCAI should take over the next 3-5 years, and to position SCAI, its members and their patients for continued success in coming decades. Put simply, we are aiming for both long- and short-term success. During the past several months SCAI leaders and staff have sought input from members, other societies, industry partners and patients.



MISSION, VISION, CORE VALUES

SCAI's Strategic Planning Working Group and Board of Trustees will refine our current mission statement (what SCAI is all about), develop a vision statement (where we want SCAI to go) and define SCAI's core values (guiding principles for engaging internal and external stakeholders).

Before we begin a new plan, we should assess how well SCAI's last strategic plan worked. Strategic planning manuals say that many strategic plans only gather dust on a shelf. Did that happen with ours?

SCAI's most recent strategic plan was crafted by a large group of respected SCAI leaders in 2005. In reviewing it, one is struck by the wisdom of its authors and SCAI's success in achieving the goals it set. The 2005 strategic plan identified 7 "most critical" strategic initiatives and 6 "other strategic initiatives". Most of the 7 critical goals and 6 other strategic goals have

been accomplished, as discussed below and demonstrated in the Table.

2005 "MOST CRITICAL" STRATEGIC INITIATIVES

1. Sustain steady growth for the Society's annual meeting. Attendance at the annual meeting increased from 996 in 2005 to 1,797 in 2014 (Figure 1). Other metrics of growth, including abstract and late-breaking

*Correspondence to: Department of Cardiology 27-75, 100 N Academy Avenue, Geisinger Medical Center, Danville PA 17822, Phone 570-214-1991, Fax 570-271-8056, jblankenship@geisinger.edu

DOI: 10.1002/ccd.26002
Published online 18 May 2015 in Wiley Online Library
(wileyonlinelibrary.com)

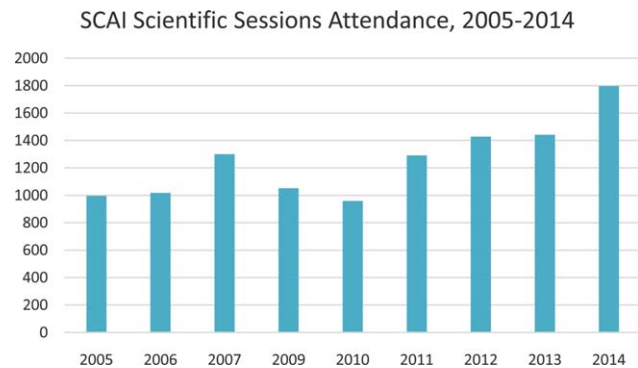


Fig. 1. Growth in attendance at SCAI Annual Scientific Sessions.

clinical trial submissions, participation by exhibitors, and media coverage have increased. A specific goal, to establish a durable organizational structure for planning the meeting, was also accomplished: in recent years the Program Committee has been re-organized, with planned succession of committee members to the co-chair role over several years.

2. Build membership at both domestic and international levels. Membership has grown from 2,400 in 2008 to 4,500 today (Figure 2), including nearly 100 new Cardiovascular Professional members since the launch of this new membership category on January 1, 2015. International membership has increased from 13% of the membership in 2008 to 27% of the current membership.

3. Augment the SCAI website with new features; enhance online services. Since the mid-2000s, we have greatly expanded SCAI's online presence and with it opportunities for SCAI members to engage. SCAI.org now houses clinical content submissions from members, including image reviews, journal scans and journal clubs. SCAI has become a leader in mobile app development for the cardiovascular field with, for example, the SCAI-Quality Improvement PCI Risk and AUC calculator apps. The SCAI-QIT AUC calculator app is now used routinely by many cardiac cath labs.

4. Construct business models for developing SCAI-sponsored data registries. Since 2005, SCAI has collaborated on the development of four registries:

- The CARE (Carotid Artery Revascularization and Endarterectomy) Registry, focused on carotid stenting or carotid endarterectomy for the purpose of stroke prevention;
- The IMPACT (IMproving Pediatric and Adult Congenital Treatment) Registry, focused on diagnostic catheterization and catheter-based interventions for congenital heart disease in both the adult and pediatric population;

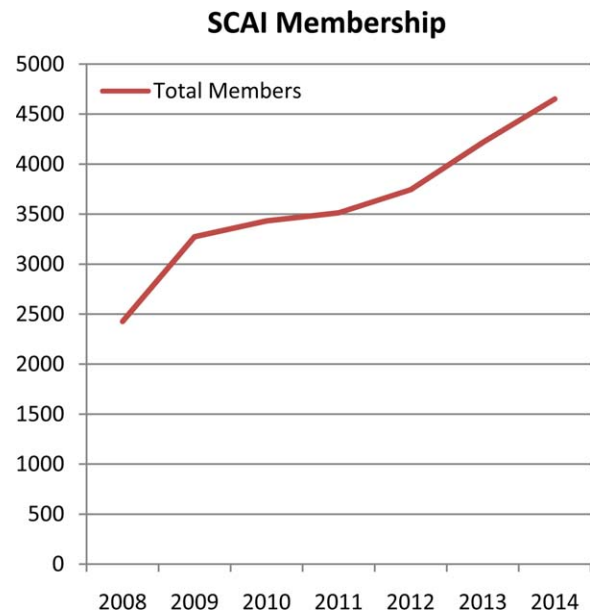


Fig. 2. Growth in SCAI membership.

- The WIN TAVI Registry, sponsored by SCAI's Women in Innovation (WIN) initiative, dedicated to data collection on female patients undergoing transcatheter aortic valve implantation for the purpose of treating severe aortic stenosis; and
- The TVT Registry, focused on patients undergoing transcatheter aortic valve implantation for the purpose of treating severe aortic stenosis.

5. Develop a process for accreditation to perform carotid artery stenting (CAS). SCAI collaborated with other societies to publish a consensus statement on clinical competence requirements for CAS [1]. SCAI also created a CAS facility accreditation program, termed "SCAI-CAP" (SCAI Carotid Accreditation Program) [2]. Subsequently, SCAI and the American College of Cardiology created Accreditation for Cardiovascular Excellence (ACE), which currently offers accreditation for CAS facilities [3]. In 2005, it was expected that the Centers for Medicare and Medicaid Services (CMS) would mandate accreditation for CAS facilities, but CMS instead allowed self-accreditation by facilities that perform CAS [4].

6. Adopt a proactive structured approach to educational programming. Since 2005, SCAI has revised its approach for providing educational opportunities for interventional cardiologists and cath lab professionals. The result has been a diversified educational portfolio that includes the flagship Scientific Sessions and Fellows Courses; regional programs focused on key clinical areas such as transradial interventions, treatment of chronic total occlusions, and peripheral vascular

TABLE 1. Accomplishment of “Other Strategic Initiatives” Identified in the 2005 SCAI Strategic Plan

	Other Strategic Initiatives	Outcome
1	Develop a SCAI Capitol Hill lobbying day	Since 2009, SCAI has worked with the Alliance of Specialty Medicine to bring interventional cardiologists to an annual lobbying day on Capitol Hill.
2	Achieve separate recognition with AMA and Medicare	SCAI was admitted into the AMA’s Specialty and Service Society Caucus in 2008 and then into the AMA House of Delegates in 2012. On Jan. 1, 2015, CMS granted SCAI’s request for a unique specialty designation for Interventional Cardiology.
3	Develop coding and reimbursement assistance for interventional cardiologists	SCAI now has direct representation to the AMA CPT Editorial Panel and the AMA Relative Value Update Committee, the primary entities that create and value CPT codes for new interventional procedures. Arthur C. Lee, MD, FSCAI, serves as the SCAI CPT Advisor, and Clifford J. Kavinsky, MD, PhD, FSCAI, is SCAI’s RUC Advisor. They guide the activities of the SCAI Coding Work Group, which develops SCAI CPT code proposals, oversees SCAI’s RUC activities and provides coding advice for SCAI members. SCAI Director of Reimbursement and Regulatory Affairs Dawn Gray (Hopkins) has > 20 years of coding and reimbursement experience. She coordinates SCAI’s Real-World Coding column and SCAI coding webinars, and is available to assist SCAI members and their staff with coding and reimbursement questions.
4	Build consensus documents around “orphan” topics (i.e., those not already covered by other organizations)	Since the mid-2000s, SCAI has developed or endorsed over 100 clinical documents and has led development of 40.
5	Use Society resources to promote SCAI to the public.	SCAI launched its communications program, including proactive media relations, activities and public/patient engagement, in the mid-2000s. SCAI’s Scientific Sessions and other initiatives are now routinely covered by the media. SCAI physicians and nurses developed SecondsCount.org, a website about cardiovascular health that attracts > 1.2 million visits/year and has been cited by <i>CNN.com</i> , <i>USA Today</i> , <i>US News & World Report</i> and <i>Fox News</i> . Launched in 2015, SCAI’s <i>Unbroken Hearts</i> video story-sharing campaign has generated > 12 million responses in its first 6 weeks.
6	Add SCAI staff for marketing and communications.	Since 2005, SCAI has hired three full-time marketing and communications staff who have contributed to the successes listed above.

disease; and a range of online programs. SCAI’s Education Committee developed processes that tap the expertise of the Society’s many committees and assess the needs of practicing physicians, nurses, technologists and cath lab administrators. SCAI’s Cath Lab Leadership Boot Camp is a direct result of the Education Committee’s success in providing innovative programming.

7. Establish SCAI as the premier organization for interventional cardiologists specializing in congenital heart disease (CHD). In 2009, the CHD Council was formed to further education, advocacy and information exchange within the pediatric interventionist community. Today, the CHD Council has increased its reach with an active list-serve of more than 400 pediatric interventionists and their cath lab teams. The CHD Executive Committee oversees all congenital priorities, including publishing clinical documents, advancing the IMPACT Registry, developing training standards, advocating for safe and effective medical devices, and advancing quality through the Pediatric SCAI-Quality

Improvement Toolkit. SCAI’s Pediatric Interventional Cardiology Early Career (PICES) Committee is dedicated to the professional development of early-career physicians.

REFERENCES

- Rosenfield K, Cowley MJ, Jaff MR, Ouriel K, Gray W, Cates CU, Feldman T, Babb JD, Gallagher A, Green R, Kent KC, Roubin GS, Weiner BH, White CW. SCAI/SVMB/SVS clinical competence statement on carotid stenting: training and credentialing for carotid stenting -multispecialty consensus recommendations, a report of the SCAI/SVMB/SVS writing committee to develop a clinical competence statement on carotid interventions. *Catheter Cardiovasc Interv*, 2005. 64(1):1–11.
- SCAI Carotid Stenting Facility Accreditation program (SCAI-CAP) <http://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/id194b.pdf>. Accessed April 6, 2015.
- <http://www.cvexcel.org/Documents/CASProcess.aspx>. Accessed April 6, 2015.
- <http://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilitie/CASrecert.html>. Accessed April 6, 2015.