



The Society for Cardiac Angiography & Interventions

President's Page



Membership Growth and Enhancement

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Society for Cardiac Angiography & Interventions

Four years ago, we undertook a significant effort to redefine and direct the Society by developing a strategic plan under the leadership of (then) President Dr. David Faxon. One of the key strategic objectives identified was membership growth. What we lacked, however, was a tactical plan to achieve that objective. In this month's column, I would like to let you know what the Society is doing to turn this objective into reality.

With approval of the Executive Committee, I have formed an ad hoc Task Force for Membership Growth and Enhancement (MGE). Charge to the Task Force: (1) Growth: Although membership is increasing (by 15% in the past twelve months), how can we make the Society be seen as a "must join" organization for invasive/interventional cardiologists? (2) Enhancement: How can we enhance the value of membership for existing members?

Drs. Spencer King and Jeffrey Marshall agreed to co-chair this vital task force. Additional members include Drs. Skip Minisi, Phil Maxwell, Peter Ferrehi, Samer Garras, Lloyd Klein and Mark Steiner. Using information from a questionnaire and focus groups conducted by SCA&I staff at the October 2001 ACC/SCAI Interventional Board Review Course, the MGE Task Force met during the November AHA meeting and reported subsequently to the Board of Trustees. I want to share with you information from the surveys, preliminary recommendations of the Task Force and actions already taken by the Board in response.

What have we learned so far? 85% of the 530 attendees at the Board Review Course answered the survey. They had been in practice an average of 10.7 years. 86% were in private practice and 7% were in academia. 86% considered themselves primarily invasive/interventional cardiologists. When asked to which professional societies they belonged (checking all that applied), they responded:

American College of Cardiology	94%
American Heart Association	37%
SCA&I	15%
Other	13%

Recognizing that many physicians belong both to specialty societies such as ACC or AHA and subspecialty organizations (e.g., SCA&I, NASPE, ASE, ASNC), we asked what they saw as the **primary** role of the subspecialty organization. Their answer: education, advocacy and benefits (e.g., journal) were key. The primary role of the subspecialty organization was felt to be education, but the most important benefit sought was advocacy/lobbying. Current SCA&I members stated they valued education, the journal and practice guidelines most. Interestingly, advocacy was mentioned as a valued benefit much less frequently by current members than non-members, perhaps because SCA&I has not been heavily involved in advocacy until very recently.

Non-members' awareness of what the Society does and stands for was low. The good news: when they became aware of SCA&I benefits, their interest in joining increased dramatically. When non-members were asked what it would take to get them to join the Society, the response was clear: "send me an application." The focus groups echoed these findings but also indicated that pursuit of the FACC designation was perceived as "required" while FSCAI was "optional" in their professional lives. Additionally, requirements for Fellowship and the difficulty of the application process were also cited as impediments to joining. Finally, there was a general feeling that affiliate status for interventional fellows should be free and that one enhancement to member services for existing members would be increased CME activity.

Where did this information take our MGE Task Force? On behalf of the MGE Task Force, Drs King and Marshall recommended to the Board that we initially (and quickly) respond to the interventional fellows issue and address the application requirements for FSCAI status. After careful deliberation, the Board voted to eliminate the \$175 application fee for Affiliate status beginning July 2002. The Board also approved recommending a bylaws change to make passing of Interventional Boards a sufficient requirement for FSCAI status. We would leave in place, however, the existing practice/volume pathway for those individuals not taking the Boards or not residing in the United States. As this involves a change in the bylaws, this will be presented to the membership at the May 2002 Business Meeting of the Society for a vote.

As to enhancing services for existing members, the request for additional CME and educational efforts is being addressed in part by a creative effort spearheaded by Dr. Ted Feldman, Education Committee Chair. He has initiated a project to develop a slide library of core educational material for interventional fellowship programs, downloadable from a members only section of www.scai.org. These slides are being donated by Society members with national reputations, many of whom give lectures on core topics at the Board Review Course. For training programs not blessed with large numbers of faculty, and even for some that are, this slide library will be a significant membership benefit.

This is a rapid response—from initiation of effort to Board action in six weeks! I'm grateful to Drs. Marshall and King and their Task Force for their efforts thus far and the promise of continuing progress. This is a perfect example of your Society in action behaving like the interventionalists we are:

- LISTEN intently to the individuals involved,
- GATHER as much data as possible,
- EVALUATE options in light of the data, and
- ACT appropriately based on the evidence.

This exemplifies the best of what we are capable of when we work together.

What next? Much work lies ahead for the MGE Task Force in a very short time. We need to discuss further mechanisms to enhance the Society experience for our colleagues offshore without compromising standards for Fellowship. We need to create a marketing and visibility plan to get us on the radarscope of *every* interventional cardiologist. It is vital that we connect in every way possible with fellows in training, not only by eliminating monetary barriers to joining, but also by appearing before them recurrently in educational venues and via their training directors.

The creation of an Interventional Program Training Directors Committee by Dr. Feldman is a key step in that direction. The Committee first met in March 2001 during ACC (Orlando), with 25 Directors attending; that doubled to 50 at AHA (Anaheim) in November. (Next meeting of this group: Seattle at our SCA&I May 2002 Annual Meeting.) We have also been given the opportunity to appear at the Linnemeier-Stone Fellows course in April, supported by Guidant and other industry sponsors. Each fellow will receive an application form and information about the Society. In these and other ways, we are moving aggressively to capture their interest and membership early.

I thought you would be interested to know efforts being made to grow our Society and enhance the membership experience for all. I'm sure you are as impressed and pleased as I am at the incredible efforts and tangible results of our MGE Task Force. Please let me know your thoughts on this project and give me your suggestions as to how we can keep the wind in the sails on this most important effort. Send any comments to me by e-mail at president@scai.org. Thanks.