



The Society for Cardiovascular Angiography and Interventions

SCAI President's Page

Society Planning and Consensus-Building in 2005: Where Have We Been? Where Should We Go Next?

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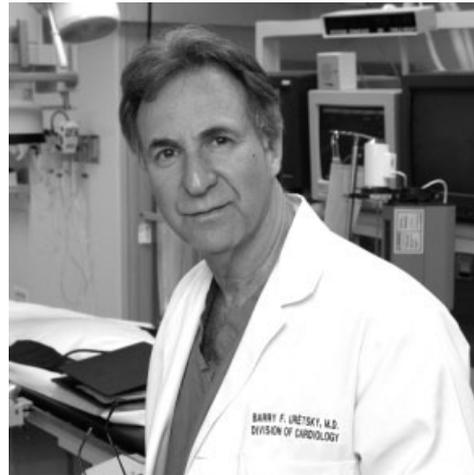
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By the time this piece is published, I and 40 of your colleagues will have attended the Society's strategic planning meeting at the Society's headquarters in Bethesda, Maryland, on July 29–30, 2005. The purpose of strategic planning is to take the "long view," looking at where we have been, and where we want to go next.

The last time your Society undertook such a formal process was in November 1997, under the leadership of then-President Dr. David Faxon. In the interim, almost yearly "retreats" by the Society's leaders have been held to reassess the goals and strategies most likely to achieve those goals. Looking back at the deliberations of that group eight years ago, the pace of change has been breathtaking! Not only has the science of our field changed, but so, too, has your Society, both in ways anticipated and (perhaps not too surprisingly) in ways that were not expected eight years ago.

In a follow-up column, I will report on the substantive results of our latest planning process, and **urge** you to participate in its implementation. In fact, I recall answer-

ing a similar call to action in 1998, which arguably led me to the position I now hold.

In perhaps an apocryphal story, Eisenhower once said, "In preparing for battle I have always found that plans are useless, but planning is indispensable." While my feeling is that our plan will in fact be useful, our planning process has been absolutely indispensable and invaluable. As the following paragraphs describe, our process has been highly inclusive (involving nearly 50 of your colleagues) and comprehensive, forcing us to take a very hard look at where we want to go next as an organization. The process has been a vigorous and soul-searching effort, and I feel certain it will pay big dividends.

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Fig. 1. The strategic-planning session generate a total of 26 priorities, which the group worked together to prioritize. From this gathering will come a document that will help to steer the Society during the next several years.

It is said that timing is everything, and the time was definitely right this year to implement this process, which consisted of constructing eight work groups to deal with the major areas of concern for your Society. Each work group had a chair and co-chair and several members, all of whom are thought-leaders in interventional cardiovascular disease. The eight areas under review, and chair and co-chair(s), were—

1. Society growth, globalization, and membership (Joe Babb and Mike Cowley)
2. Advocacy (Carl Tommaso, Joe Babb, and John Hodgson)
3. Quality standards, ethics, and guidelines (Greg Dehmer and Magnus Ohman)
4. Congenital/structural cardiology (Ziyad Hijazi and Julie Vincent)
5. Continuing medical education (Larry Dean and Ted Feldman)
6. Annual meeting (Mike Ragosta and Bonnie Weiner)
7. Communications and publications (Mort Kern and Neal Kleiman)
8. Society organization and business plan (Jeff Popma and Carl Tommaso)

I asked each workgroup to develop a position paper describing the strengths, weaknesses, opportunities, and threats in their area and present it at the July 29–30 meeting. Each group was also asked to develop three proposals that in turn would be presented at the meeting. As in all planning processes, it quickly became clear that there were important areas not encompassed by the charges of any of the workgroups. In the present case, there were two important issues to the Society: accredi-



Fig. 2. Numerous initiatives related to continuing medical education were addressed during a small-group session.

tation/credentialing and data registries. So, the ninth “group” was organized shortly before the meeting, chaired by and composed of the Society’s secretary, Dr. Bonnie Weiner. By mid-day on July 30, the Society had a total of 26 proposals to prioritize. The final document is being prepared and I plan to share the high points of it on this page.

In preparing for this session, I reviewed our “vision” document from 1997 to see how the Society had performed based on its own recommendations. I’d like to share with you my personal review. All the initiatives recommended by the 1997 “white paper” and listed below were achieved. The initiatives that did not succeed usually did not do so for a good reason and will be discussed in a future President’s Page, as the unsuccessful proposals may provide insights for our future growth. I should also emphasize that there have been innumerable accomplishments by the Society that have been attained during this period that may have been suggested by the vision statement but not explicitly stated.

EDUCATION

- Collaboration with many international societies and meetings
- Co-sponsorship of a board review course in interventional cardiology
- Increase in the number of review articles in *CCI*

MEMBERSHIP

- Improvement in the process of joining the Society
- Free Society membership for interventional fellows
- Development of an international associate membership at a reduced fee to members of our sister interventional societies globally



Fig. 3. Dr. Uretsky and Janice Sibley, of Corporate Resources, planned SCAI's 2005 strategic-planning meeting, which involved nearly 50 of the Society's members.



Fig. 4. Several attendees at the strategic-planning session focused on issues pertaining to congenital heart disease.

PARTNERSHIP

- Development of a consistent approach to working with other relevant organizations, such as ACC, AHA, SVS, SVMB, and SIR on issues of common interest, such as educational programs, advocacy issues, and guideline development

POSITIONING

- Increase in attendance at our Annual Scientific Sessions with a 100% growth rate since 1997
- Increase in the number of international fellows and members
- Implementation of efforts to have the Society recognized as the primary subspecialty organization representing interventional cardiovascular specialists
- Development of an advocacy arm (Note: The 1997 plan did not explicitly recommend an advocacy mission for the Society but developed the concept that subsequently led to our advocacy efforts.)
- Production of an informative in-depth newsletter
- Development of multiple guidelines on quality and other areas of interest to interventional cardiologists

In identifying these successes, I must admit that I used my own scoring system, and I also must confess that I am a “hard” grader. However, it seems clear that the 1997 meeting crystallized many ideas that have subsequently been realized.

It is interesting that one of the most significant developments for the Society over the past seven years did **not** originate from the 1997 planning process. At the time of that writing, the Society utilized a management firm to perform its administrative functions. By the year 2000, it seemed clear to the SCAI physician leadership that the Society required its own full-time administrative organization. The Society's President (Dr. Jeff Popma), President-Elect (Dr. Carl Tommaso), Secretary (Dr. Joe Babb), and one Past President (Dr. Dave Clark) made a superb decision in choosing Norm Linsky to be the group's executive director. Through Norm's dedication and development of a talented group of staffers, the organization has been able to expand — rapidly, professionally, and steadily — to its current position, while its physician membership, like myself, are at our “other” job.

I anticipate that no matter what set of priorities develops from the strategic planning process, unforeseen events and new insights will produce new strategic approaches not set forth in the document we are currently developing. Nevertheless, the planning process we have undertaken helps to develop consensus and investment among the current leaders of the Society. Equally important, the ability of people of good will and strong beliefs to work together for the common good is an important outcome of the process.

I'd like to hear from you about this important activity. Please write me at president@scai.org