

## **ASNR 2013 Strategic Planning**

### **Issue 3: Communicating in the Digital Age**

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#### **I. Statement of Problem**

The current ASNR communication schemes are ineffective because they have a low signal-to-noise ratio. Members receive many emails that are deleted without reading, and potentially useful information is hidden within a barrage of information that is uninteresting to that particular recipient. Communication with non-members (patients, media, other physician organizations) lacks a robust distribution mechanism. Our current communication scheme is not optimized to make members aware of the benefits of membership, to make non-members aware of the ASNR, or to engage potential partners with our organization. The ASNR should be proactively adapting to generational change, rather than reacting to loss of interest in ASNR from younger members. Even though most of the ASNR members do not expect a focus on social media, the ASNR should be prepared for this inevitable generational shift.

#### **II. Web Site**

The ASNR web site is our face to the rest of the world. This is where most people (both members and non-members) will get information about our programs, our message, and our educational content. This resource has been chronically under-emphasized and should become the first priority for improved communication in the digital age.

The role of social media should be to lead users to the web site, rather than provide content independently with social media. This will allow uniformity of content and easier content management. Also, it will make our social media presence less intrusive, such that users will be more likely to read the entirety of the social media links, searching for desired content.

Although the ASNR web site has been recently remodeled, the changes were predominantly cosmetic and did not attempt to address content issues. Review of the current web site suggests that it is not optimized, in part because there are remaining areas of the older web site, and in part because the search and navigation tools are not optimized. There are many dead links on the current site. The interface is still too busy, and seems like it would take a long time to navigate for a novice user. Simplification is key.

Rapid navigation of the web site is a critical issue. Needed information should be available with the fewest possible number of mouse clicks. (This can be tracked directly.) Improved searchability of the site is needed. New content styles should be explored, e.g. 3-minute video synopses instead of text for hot topics, professional networking.

Users expect tailored content. For example, there should be sections of the web site for members, fellows, young professionals, technologists, prospective fellows, and patients. There should be easy-to-find information about the value of membership, including advocacy, benefits, CME, meeting information, and this section should include a comparison to other professional societies.

In order to bring the ASNR web site to the attention of people seeking information, search engine optimization should be considered. This may require hiring a consultant specifically for this issue, or continue working with the current web developer.

The web site should anticipate mobile access, with a different format for mobile users (currently, the web site is essentially un navigable from a mobile device). This will require additional budget and further work with the web designer.

The ASNR web site should strive to ensure a single site for discussion and digital social interaction, to avoid fragmentation of the membership and other interested parties. For example, if a topic is discussed by some neuroradiologists on the AJNR blog, by others on Facebook, and others on LinkedIn, the community loses focus.

The ASNR should learn web techniques from businesses (not just professional organizations) with successful or appealing web sites. The web site needs to undergo *constant* maintenance, rather than intermittent upgrades. One measure of success is to track repeat users of the web site. In planning a web site overhaul, it is important to remember that we get only one chance to make a good impression. It is critical to get *everything* working well, and to have excellent content, before rolling out a new web site structure. Planned incremental improvements are less effective because users lose interest. This task could be accomplished by a web designer working with either a permanent web committee or ASNR staff.

### III. Efficiency and Effectiveness

The current communication model of email blasts is ineffective for conveying information to members. Email recipients will not filter through extraneous information to identify information that is of personal interest. If items of interest are diluted by uninteresting items, none of it will be read. For example, email blasts often contain 6 items. A streamlined email would consist of 1 or 2 links likely to be of interest. The entire email should fit in a small window without the need to scroll. Effectiveness of a new, more personalized email scheme could be tracked by counting the frequency that email links to the web site are used.

Multitasking is popular and increasingly necessary. For example, podcasts allow people to listen to information while travelling to and from work. The ASNR should consider expanding the podcasts to educational topics, perhaps with associated CME. Utilization of new podcasts could be tracked and compared to existing CME offerings.

#### IV. Customer Focus & Customization

Members want to choose ahead of time which content they will receive, and in what format. Personalized communication should be the norm. For example, members should be able to choose topics of interest that will be included in routine communications, without being distracted by other topics. For example, an ASNR member should be able to specify that “health policy” and “online CME” are the only topic of personal interest, and that all communication on these topics should arrive through the ASNR mobile phone app. This will require a personal communication profile that is customizable from the web site.

Although communication should be optimized for each medium (mobile apps, twitter, Facebook, email) content should be media-independent and based on the web site. Tagged content (e.g. #HealthPolicy, #AnnualMeeting, #Neurographics) would make searching and organization easier. Web site content should depend on role, e.g. neuroradiologist, technologist, patient, resident, fellow.

The ASNR should strive to provide educational and content options that the membership desire, without undue concern over unintended consequences. For example, the ACC has achieved success providing alternate means of accessing content from the annual meeting, without concern over decreased attendance.

#### V. Branding

Brand recognition results in political clout and can help in interactions with membership and patient stakeholder groups. The ASNR (perhaps in conjunction with the ACR) should develop a public relations strategy that includes both a professional media expert and a team of neuroradiologists who can quickly respond to media inquiries. The goal of this initiative would be to increase the national media exposure of ASNR experts. We should make it easy and quick for media outlets to get our opinions & expertise. The ASNR should consider forming a media relations subcommittee to this effect.

The Patient Portal is an underemphasized, but potentially important, aspect of the ASNR web presence. Awareness of the Patient Portal is poor among ASNR members, patients, and other physician groups. It could be improved by links to and from disease-specific web sites and patient society web sites. An assessment by a patient advocacy group familiar with effective patient websites would be valuable to determine ways of improving. The current Patient Portal represents a large member effort, but it is still incomplete; it needs more content and search engine optimization. The effectiveness of improvements to the Patient Portal can be tracked by measuring the number of repeat users.

The ASNR should consider building on the research and work of the ACR’s Face of Radiology campaign, applying it to both neuroradiologists and to the ASNR. Since over half of Americans don't know what a radiologist is, it is safe to assume that they don't know what a neuroradiologist is.

The ASNR should develop specific target sectors for ASNR branding, e.g. Alzheimer's, stroke, trauma, MS, ALS and Parkinson's disease. This branding needs to be externally focused to generate interest in the ASNR, rather than focused on members.

## VI. Partnerships

The ASNR should partner with, or learn from, the successes of similar organizations and businesses. A brief list of potential considerations is provided; it is not intended to be comprehensive.

- ACR: member outreach, media outreach
- AARP: member engagement
- RSNA: pre/post meeting info, directed emails, tech during meeting, remote access
- ACC: annual meeting planning, financial models for meeting
- Khan academy: CME
- AAO-HNS: teaming up with patient advocacy groups
- Mayo: Patient interface
- JHU: Facebook page
- Patient advocacy groups: member engagement

## VII. Personnel

The ASNR needs a staff member dedicated to communication (either through hiring or re-organization). This staff member would: receive calls from members, patients, and trainees; supervise all outgoing communication across multiple media; develop and manage relationships with national media outlets, other physician organizations, and patient organizations; ensure continuous maintenance of the web site, including CME offerings; be responsible for marketing, branding, networking, and cross-talk. This communications expert could be the head of a team, leveraging the expertise of all ASNR staff.

This communications initiative requires an ongoing commitment, not just an ad-hoc committee or single revamp. In addition to internal ASNR personnel, we will probably need outside expertise, particularly a social media consultant and a web site designer.

## VIII. Conclusion

To communicate efficiently in the digital age, the ASNR's communication infrastructure will need to be overhauled. The current system of email blasts and occasional updates to the web site does not meet the expectations of younger members and the public. Outside expertise should be invoked.

Priorities should be as follows:

1. Modernization of the web site
2. Personalized utilization of social media
3. Rigorous branding efforts

We recognize that this requires additional resources at a time of contraction, but we feel that improved communication will be mandatory to attract the rising generation of neuroradiologists to our organization.