

Report: ASNR Strategic Planning Group on Growth

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I. International Collaborations

Collaboration with individuals, institutions, and imaging societies outside North America can be a worthwhile activity to increase the visibility, and the scientific and educational impact of the ASNR internationally. This increased visibility and impact can in turn increase the ASNR's membership, revenue, or both. Most of the ideas contained in this submission arise from the work of the ASNR's new International Collaborations Committee (ICC), chaired by Walter Kucharczyk. The full report of the ICC is attached; a summary of the relevant parts of the ICC report is below.

Web Initiatives:

1) New web initiatives are proposed to add value to being a member in the ASNR, not only for persons internationally, but also those in America. One of these initiatives is to set up an international web page on the ASNR website. This would contain information about international fellowships/grant, global partners, international CME and outreach efforts, information about institutional memberships for developing nations, weekly profiles of well-known and upcoming young international members, showcasing their clinical work and/or research efforts, and a list of collaborations-partnerships with other international organizations. Examples of these can be found on RSNA (<http://www.rsna.org/International.aspx>) or ARRS (<http://www.arrs.org/international/index.aspx>) international web pages.

2) Another possible initiative would be creation of an ASNR Global Neuroacademy – An online “you-tube”-like interactive multimedia educational site. One example of this is khanacademy.org - reference person Dr. Vinil Shah, member of ASNR ICC. This would be a global neuroradiology website moderated by the ASNR. Experts worldwide could be invited to upload videos of unique pathology they were frequently imaging in their part of the world or new sequences that had been developed etc. Experts could also be invited to give a 3-5 minute mini lecture on different topics. The growth potential of a site such as this would be tremendous with ability to have hundreds of thousands of members – with access to this website free to members.

International Outreach:

1) Some persons may wish to be able to offer their knowledge and services on a volunteer basis as visiting professors (VPs) to institutions that economically under developed. No society examples of this were identified, only personal and institutional examples. RSNA does something similar through their international visiting professor program, but RSNA pay the expenses, and the VPs stay only a few days. The ASNR could facilitate this process and thereby make membership in the ASNR more attractive. In broad terms, the ASNR would solicit member volunteers to teach in less well-developed countries for a period of 3-4 weeks, helping the local radiology community in any way that they can (teaching, working in local hospitals, clinics, etc.). An ASNR application procedure could be created and applicants would compete for these VP positions. Successful applicants would receive a small honorarium of \$500-\$1000 and a certificate from the ASNR and as well as recognition in the AJNR, but all travel expenses would be the responsibility of the applicant. The honor of being selected by the ASNR will be prestigious to many persons, especially those early in their careers.

2) Special consideration for “free” access to our journal and web site should be considered for radiologists residing in economically disadvantaged countries even if they have no means of reciprocating, especially those participating in our proposed Outreach Program. The decision as to whether or not to provide “free” access could be based on the average income of the country in which

the person resides and works. If the average annual income or "GDP per capita" (based on World Bank statistics -- <http://data.worldbank.org/indicator/NY.GDP.PCAP.CD>) is below a certain threshold (for example, less than \$10,000 USD), persons from that country would be granted "free" access to our electronic resources, and such persons would be designated as Outreach Members of the ASNR. This would not increase ASNR revenue, but would increase ASNR membership, goodwill, and international impact. ISMRM does this – not quite for free but very cheaply – about \$30/year.

Increased collaborations with International Imaging Societies: These collaborations should be developed in a mutually beneficial manner. Potential international partners fall into two broad categories, countries with mature (neuro-) imaging societies, and countries with less well developed imaging societies that are at earlier stage of medical and economic development. The administrative side of these collaborations should be structured in such a way that membership in the ASNR and the collaborating society are desirable. ARRS has a program of this type.

Speaker's Bureau for Participation in International Meetings: Some individuals seek the opportunity to speak at meetings, and some especially at international meetings. Some of these people require a vehicle by which they can make themselves and their expertise known to the community. Access to such a vehicle could make ASNR membership attractive. ASNR members that are interested in making themselves known and available to the international community could be given a vehicle to do so via a web-based speaker database hosted on the ASNR web site. In order to minimize the administrative burden in maintaining the data base, it could be self-populated by interested ASNR members. The database would contain the name and contact, a brief CV (in PDF format), and about 5-10 key words on topics on which the person would be willing to speak. The ASNR member would login with their ASNR login name and PW and enter the info themselves. If their ASNR membership lapses, they would automatically get dropped from the database.

II. Domestic: North American/Canadian Growth

Target Groups: One mechanism to grow the ASNR domestically would be to reach out to radiologists who are doing some substantial volume of neuroradiology but have done no formal neuroradiology training and are not CAQ certified. These might include MSK radiologists who do a substantial amount of spine imaging; nuclear medicine trained radiologists who do a lot of PET of the brain or H&N along with associated CTs or MRIs; "nighthawks" who see a lot of brain studies (CTs); or non fellowship trained/general radiologists who do more than 10% neuroradiology. There is also a subset of Interventional Neuroradiologists who are SNIS members but not ASNR members; they may or may not be CAQ certified. The members of this subcommittee reached out to ASNR members in private practice to determine how many practicing radiologists in large private groups might be in one of these categories and whether they might be interested in ASNR membership. Estimates were that a significant number of non-neuro radiologists (10-20%) practice 10% or more neuroradiology. One private practice neuroradiologist estimated that 12 members of his group practice of 40 radiologists would qualify: 6 general radiologists who practice more than 10% neuro (3 are nighthawks and 3 are daytime radiologists), and 6 MSK radiologists whose practice includes close to 50% spine work.

Value of ASNR: Our committee believes that radiologists might be interested in ASNR membership under certain conditions: (1) Reasonable costs for membership and annual meeting; (2) Addition of some targeted general clinical neuroradiology at the annual meeting such as "neuro for the non-neuroradiologist" focusing on ER imaging (brain, spine, vascular, ENT emergencies); (3) similarly targeted CME available on line. However, the members of the committee were concerned, that this would significantly change the "culture" of the ASNR and might make it less appealing to current members. Major questions in considering this change are: Would the costs of the meeting increase more (from the extra programming) than the revenue from the increased membership at a discounted

rate? Would the alternate optional programming attract more residents and fellows? An important trade off in growing our membership is related whether the ASNR would formally recognize a separate category of non-neuroradiologists in a separate form of membership (this has been considered unacceptable in the past). Would ASNR become more valuable to non-neuroradiologists by "validating" the role of non-neuroradiologists? Would our members feel that it lessens their "full" ASNR membership? This is a tricky area to navigate and should only be pursued after unofficially polling our membership.

The committee also felt that it would be of interest to see what the retention rate is for new members who join ASNR after fellowship. Review of the ASNR fellow members over the past 3 years demonstrated the following attrition and retention rates after finishing fellowship: 2010- Admitted- 207, Dropped- 134, Retained-73, (Dropped- 64.7%); 2011-Admitted- 348, Dropped-177, Retained-177, (Dropped-49.1%); 2012, Admitted- 281, Dropped 99, Retained-192, (Dropped- 35.2%) Although the percentage dropping their membership seems to be decreasing, these attrition rates of new members seem unacceptably high and our group suggests a questionnaire/survey to those dropping their membership to identify reasons (membership cost/value) why members are dropping.

III. Satellite Meetings

Many large meetings of medical specialists have Satellite Meetings, meetings with subspecialty interest in small, specific areas of their specialty, before or after their annual meetings. Satellite meetings can be half a day or a full day, taking place at a nearby hotel on a Friday or Saturday; however, they could also take place on evenings during the ASNR week, renting a small room (holding as many people as necessary) to the group for 3-4 hours of lectures and discussions, perhaps with a dinner served. It provides a good opportunity for those with a strong interest in an area of research or clinical interest to discuss topics, techniques, theories, and experiences that might not be of interest to the society as a whole. Sometimes, specialists in other related specialties (neurosurgeons, neurologists, MR scientists, neurobiologists) will fly in for only the satellite meeting. These meetings can be very satisfying and, in some instances, will be the main reason for the trip; those attending the satellite meeting, however, often choose to attend the main meeting for a few days as part of the trip.

Current Satellite Meetings: Currently, the only regular satellite meeting that takes place at ASNR is the CSF flow interest group, which Bill Bradley has organized for many years.

Potential Satellite Meeting Groups: The ASNR has many groups with interests that would be ideally suited for Satellite Meetings. These include stroke (with neurologists, interventionalists), spine topics (with NASS people including orthopedists, physiatrists, neurosurgeons), fMRI (with psychologists, psychiatrists, neurologists), neonatal MRI (with neonatologists, neonatal neurologists), and many others.

How would ASNR benefit from these Satellite Meetings? The ASNR could benefit from these by supporting accommodation of these groups within the convention center and coordinating the timing of sessions on these topics with the timing of the subjects being discussed at the main meeting during the days around the satellite meeting. As the ASNR is helping to coordinate these meetings and they are in rooms rented by ASNR at the Convention Center, it could charge a fee to those attending them, along with a one day or two day fee for attending the ASNR itself on the days around the satellite meeting (which, as stated earlier, would have programming of interest to these attendees). If a meal were served at the Satellite Meeting (commonly done at meetings of some specialties), the ASNR could profit from that, as well. ASNR has excellent meetings; people attending the satellite meetings might come to the ASNR more regularly to go to both ASNR and these evening sessions.

IV. Outreach to Colleagues in Other Specialties

ASNR is the foremost society in the world concerned with the clinical imaging of the CNS. But as the world of medicine is changing with an increasing interdisciplinary approach to the clinical management of patients, similar changes can be expected in clinical imaging. ASNR can participate in this process and enhance its leadership by inclusion of colleagues in clinical specialties including neurology, neurosurgery and psychiatry. Additional strength may be drawn by the inclusion of colleagues in investigative disciplines such as neuroscience and psychology as well. The perspectives and expertise of these individuals can enhance our knowledge base as neuroradiologists and help us to take better care of patients. Indeed, we already benefit from important contributions from non-neuroradiologist speakers at our annual meeting and in their publications in the AJNR.

Whether to expand membership beyond trained neuroradiologists is a decision that must be based on considerations of various factors. One obvious benefit is that the recruitment of these physicians and scientists would enlarge the society and thereby strengthen it. In addition, the perspective and knowledge that these individuals can bring would also benefit the society. However, meetings in associated fields (psychiatry, neurology, neurosurgery) have large imaging components and our colleagues in those specialties may not consider ASNR membership to be beneficial to their practice or career. Therefore, the ASNR must consider how it can best serve these potential new members in order to attract them; reciprocal benefits of reduced fees for joint memberships might be one of many ways to help several societies simultaneously. More importantly, it should be acknowledged that there are potential objections that may be raised by current ASNR members. For example, allowing such membership may raise fears that, by training neurologists, we would be fostering competition for neuroradiology services without intending to do so, especially if our clinical colleagues were granted full membership.

The Society needs to consider the types of membership that it offers to both radiologists and non-radiologists. The ASNR has always reserved full membership for fellowship-trained or CAQ certified neuroradiologists. Full membership for non-radiologists seems very unlikely to be popular among our core membership. Alternatively, the ASNR could offer to make non-neuroradiologists "Affiliated Members" of the society. The ASNR could consider the possibility of reduced fees for affiliated members for both the membership and the annual meeting (with ASNR members receiving reciprocal benefits for attending Neurology/Psychiatry/Psychology, etc. meetings.) Other possibilities include satellite meetings (see previous section) at the end of the week (after ASNR itself is finished), or in the evenings, in which focused interest groups composed of members from multiple disciplines could meet under the overall auspices of the ASNR (label the meeting as an ASNR satellite meeting and ASNR offer support). Again, these participants could become ASNR Affiliate Members and attend at a reduced fee and could arrange with their parent societies to do the same (affiliate membership and reduced fees) for our members at their annual meetings. In any case, the ASNR has a need to grow and to fully participate in the interdisciplinary future of medicine. Reaching out to those outside the traditionally trained neuroradiologist may be beneficial to all, including our patients.