

American Society of Neuroradiology

Summary of Strategic Issue Findings, Conclusions, Recommendations

Issue 1. Demonstrating the value of neuroradiology in healthcare and to society

Study group: Michael Brant-Zawadzki (chair), Dieter Enzmann, Jerry Jarvik, David Seidenwurm, Pamela Schaefer

Summary of findings and conclusions

Value = Benefit/Cost

Benefit = measurable health outcome, plus stakeholder or customer experience or satisfaction.

Stakeholders include referring physicians, patients, payers (private and government), and regulators. Neuroradiology must consider its trainees as stakeholders as well. General radiologists are also stakeholders or “customers” of neuroradiologists.

The most critical challenge faced by neuroradiologists is the inadequate job to date of demonstrating and documenting the value of neuroradiology. Our focus has been on technological innovation and higher levels of diagnostic image-guided interventional capability, while neglecting the impact to patients and healthcare in general of such innovation. Some widely used, profitable diagnostic studies and interventional techniques may not be ultimately beneficial to our stakeholders.

Cost data are beginning to trump the ability of neuroradiology to demonstrate positive outcome data on population health, as the latter is scarce. Value is increasingly being defined on the basis of cost. Outcomes and cost effectiveness research has not been as incentivized. Research has centered on development of new technology and new techniques, without regard for whether such activity contributes to patient management.

Neuroradiology should:

- Aim for a standardized, accurate interpretation of objective data obtained from the technology that neuroradiology has helped develop.
- Provide trusted, credible expertise in that technology and its utilization.
- Provide interpretive information which transforms into actionable consultative actions based on a body of evidence; expand that body of evidence.
- Embrace and work to develop tactics for measuring the efficiency of its processes and the satisfaction of its stakeholders; measure the health and satisfaction impact on patients, and the outcomes from interventions; measure overall value in societal health, including costs.

Recommendations

The overriding strategy for organized neuroradiology needs to promote the original purpose of our discipline. The ASNR should be the primary source for patients, payers, and trainees for credible expertise in diagnostic imaging and image-guided intervention and when policy decisions about appropriate utilization of neuroimaging are sought.

The ASNR should:

1. Promote the standardization of nomenclature for widely prevalent disorders and participate in the RSNA's RadLex process for standardization of report content.
2. Promote the inclusion of evidence based prevalence data in reports. A recent study documented that providing prevalence data of MR spine findings in normal patients at the end of a typical lumbar spine MRI report could cut the use of opiate prescriptions. Another tactic is establishing guidelines for existing and emerging diagnostic techniques. (Example: the increasing focus on head trauma in our population, particularly minimally traumatic brain injury in athletes, and others emphasizes the need for appropriate utilization.)
3. Take the lead in further defining appropriate patient selection, and measurement of, health and cost outcomes. To date, the payers appear to be leading that effort rather than neuroradiologists. For instance, innovation of such common interventional techniques as vertebral augmentation for osteoporotic compression fracture has come under increasing scrutiny.

Issue 2. Demonstrating the value of ASNR to members and potential members

Study group: Eric Russell (chair), Mauricio Castillo, Phil Meyers, Howard Rowley, and Vinil Shah

Summary of findings and conclusions

ASNR provides value to its members, including education, advocacy, practice development, research support through the ASNR Foundation, and publications department including AJNR and Neurographics. Members and prospective members have, however, increasing financial constraints while the cost of attending scientific meetings and paying society dues has not significantly decreased. This has led some to question the value of ASNR membership and involvement in its annual meeting.

Results of a member survey conducted for this study group, information from a prior survey on the annual meeting, suggestions made at the society's retreat, and perspectives of study group members were synthesized into six issues and corresponding recommended actions.

Recommendations (identified in the paper as issues and corresponding actions)

1. Meeting structure and cost. Create a committee to structure the content of the annual meeting in parallel with the specific interests of the President-elect. Options for more economical meeting sites should be considered, and consideration for jointly locating the annual meeting with other society and/or sub-society meetings.
2. AJNR content. There is an overwhelming call by members for support in meeting MOC requirements for SA-CME. The AJNR should consider providing content that can be used for self-assessment CME credits, not only in Neurographics but also in the AJNR if deemed appropriate.
3. Virtual meetings and e-delivery of meeting material and content, as well as increasing e-CME materials (especially those that qualify for SA-CME credit) would provide increased value for members. ASNR should charge a task force with developing the technical and financial infrastructure for moving this forward within the next year.
4. Reducing cost of the annual meeting for membership. Cost reduction options have been identified by the Cost Reduction Annual Meeting task forces. They should be examined and incorporated into ASNR's long term planning.
5. Transparency. Create a webpage and other communication methods that can be used by the president and administrative and executive committees to keep membership up to date on important financial information and other key society activities. The Foundation should do the same.
6. Better demonstrating society efforts on behalf of the members. The executive committee should support the further involvement of ASNR, in collaboration with ACR, in socioeconomic activities and the development of related educational materials.

Issue 3. Communicating effectively in the digital age

Study group: Char Branstetter (chair), Tina Young-Poussaint, Ramin Saket, Doug Phillips, Frank Lexa

Summary of findings and conclusions

The current communication scheme employed by the ASNR is not currently optimized for communicating the benefits of ASNR to its membership or potential members, or to engage potential partners with our organization. Current ASNR communications are ineffective because they have a low signal-to-noise ratio. Members receive emails that are deleted without reading, and potentially useful information is hidden within information that is uninteresting to that recipient. Communication with non-members lacks a robust distribution mechanism.

The ASNR web site is our face to the rest of the world. This is where most people (both members and non-members) 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 ASNR should proactively adapt 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 shift.

Brand recognition results in political clout and can help in interactions with membership and patient stakeholder groups.

Recommendations

To communicate efficiently in the digital age, 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. Modernize the web site
2. Personalize utilization of social media
3. Undertake a rigorous branding effort

Issue 4. Recast and promote neuroradiology as "patient-centric"

Study group: Max Wintermark (chair), Jacqueline Bello, Adam Flanders, Joshua Hirsch, Laurie Loevner, Tina Young Poussaint, Pamela Schaefer

Summary of findings and conclusions

Neuroradiologists have traditionally interpreted studies and consulted with referring physicians, but have had limited patient contact and too often have been invisible to patients. Because of this, patients and payers might not value the service provided by neuroradiologists nor understand the contribution made by neuroradiologists to patient care. A potential economic consequence is that neuroradiology studies may come to be regarded as commodities, and the value of commodities is often determined on the basis of price alone.

Neuroradiologists are critical members of clinical teams taking care of patients with conditions affecting their brain, spine and head and neck. It is in the best interest of both patients and neuroradiologists for this to be clearly understood.

Recommendations

1. Expand and implement the patient portal on the ASNR website with information for the patients.
2. Develop a series of media files describing the main types of neuroradiology studies/procedures, as well as the role of neuroradiologists in the management of common conditions, to be made available at the time patients have their neuroimaging study scheduled and also to be played on LCD or iPads available in the reception areas of radiology practices. There should be an easy way to customize these media so that local neuroradiologists can incorporate a clip introducing themselves to their patients. The content should include a link to the patient portal on the ASNR website.
3. Develop models of imaging finding and consultation clinics for patients and/or their doctors. These models should include detailed explanations of how to finance these non-RVU generating types of activities, and how to get referring physicians to feel comfortable with and benefit from these consultation activities by their neuroradiologists.
4. Develop a set of guidelines/recommendations for patient- and referring-physician friendly reports.
5. Integrate patient centric care in the education curriculum of neuroradiology fellows and radiology residents.

Issue 5. Developing Future ASNR leadership

Study group: Carolyn Meltzer (chair), Robert Barr, Jacqueline Bello, Suresh Mukherji, Gordon Sze, and Achala Vagal

Summary of findings and conclusions

ASNR is facing the need to engage new and existing society members, and invest in strategic value-add initiatives such as development and health policy. Particularly in the field of radiology, which includes >50 professional societies, there is greater need for collaboration and cooperation. Further, the successful organization requires a leadership structure that fosters transparency and accountability, effectiveness coupled with efficiency, and adaptability to a changing healthcare, research, and education environment.

What body comprises the governing board for the ASNR? The Executive Committee functions primarily as an operations group and also in part as a board, yet expectations and accountability for its responsibilities may benefit from greater clarity and communication.

The ASNR committee structure is central to membership input and progress of the society's strategic plan and associated initiatives. Committees are optimally functional when membership is of manageable size, expectations of committee members are clear, accountability is reinforced, and where there is integration with both the objectives of the volunteer leadership and staff functions.

The current ASNR presidency succession allows for six years of involvement in the organization (i.e., vice president, president-elect, president, 1st past president, 2nd past president, 3rd past president) for the society to benefit from experienced leadership. This is aligned with other comparable organizations, such as the ACR. Yet, in practice, the past presidents are variably involved with ill-defined accountability and formal mentoring of incoming presidents is lacking.

The Executive Director plays a key role in the functioning of the society. Because of the importance of the role of the Executive Director, because of the fact that this leadership search is only undertaken at many year intervals, and because of the consequent inexperience of our membership in this process, it is wise for the ASNR to prepare itself for any succession change years in advance.

Recommendations (identified in the paper as goals and strategies)

1. We propose clarification and reorganization of the ASNR governance guided by accepted principles of non-profits to include the formation of a Board of Directors. This board would oversee operational committees and provide high-level oversight of the ASNR headquarters.
2. ASNR committees should be reviewed to sunset or modify any that may have outlived its utility, ensure geographic diversity, avoid "size creep," and reinforce accountability and expectations of members, term limits and succession planning.
3. A Search Committee for the Executive Director should be formed once the need is identified. Preparation for the search process would include establishing benchmarks for compensation, including a potential incentive system.
4. The Executive Director should undergo performance evaluation annually as overseen by the Board of Directors, including 360-degree evaluations with anonymous input of direct reports, ASNR leaders, and internal and external stakeholders and staff.
5. All key staff hiring should be presented to and approved by the Board of Directors after presentation of a formal pro-forma strategic/business plan.

Issue 6. Exploring opportunities for ASNR growth

Study group: Jim Barkovich (chair), Gil Gonzalez, Michelle Johnson, Walter Kucharczyk, Meng Law

Summary of findings and conclusions, and recommendations

Through growth in membership, ASNR has the potential to influence the neuro community and use that influence to enhance the science and practice of neuroimaging. Opportunities for growth include international collaboration, further penetration of the North American market, development of satellite meetings, and outreach to colleagues in other specialties.

1. International: Collaboration with individuals, institutions, and imaging societies outside North America can increase the visibility, and scientific and educational impact of the ASNR. Increased visibility/impact can increase ASNR's membership, revenue, or both.
 - a. Web initiatives to add value to being a member in the ASNR, not only internationally but also in America.
 - b. Create an ASNR Global Neuroacademy, an online "you-tube"- like interactive multimedia educational site.
 - c. Some persons may wish to be able to offer their knowledge and services on a volunteer basis as visiting professors in economically under developed countries.
 - d. Special consideration for "free" access to our journal and web site should be for radiologists in economically disadvantaged countries.
 - e. Increased collaborations with international imaging societies
 - f. Speaker's bureau for participation in international meetings
2. North American and Canadian Growth
Reach out to radiologists doing some substantial volume of neuroradiology but have done no formal neuroradiology training and are not CAQ certified.
 - a. Satellite meetings
3. Outreach to colleagues in other specialties
 - a. Reduced fees for joint memberships might help several societies simultaneously.
 - b. ASNR could offer to make non-neuroradiologists "Affiliated Members."