

# Optimizing the Structure and Function of the 50-Plus Radiology Organizations, Part 2: A Unified Strategic Plan—A Summary of the 2011 Intersociety Conference

Gerald D. Dodd III, MD

The member organizations of the Intersociety Conference have agreed that radiology would benefit from consolidation and collaboration of the 50-plus radiology organizations. At this year's annual meeting, the participants concluded that the educational and research missions of the organizations would benefit from the creation of a unified strategic plan that addressed the coordination of annual meetings, online educational materials, research infrastructure, and the creation of a direct relationship between the research initiatives of the organizations and the patient advocacy groups of the Academy of Radiology Research. The socioeconomic mission of the organizations would be enhanced through the creation of a formal communication network with the ACR, and certification could be enhanced by the orchestration of the creation of educational materials related to the maintenance of certification.

**Key Words:** ACR Intersociety Conference, strategic planning, integration, organizations

*J Am Coll Radiol* 2012;9:325-328. Copyright © 2012 American College of Radiology

Established by the ACR in 1979, the annual Intersociety Conference (ISC) is intended to promote collegiality within radiology, foster and encourage communication among national radiology societies, and make recommendations on areas of concern. The subject of each meeting is selected by its executive committee. The 50-plus professional radiology organizations that are members of the ISC include both diagnostic and interventional radiology, radiation oncology, and radiologic physics groups.

The 33rd ISC was held August 12–14, 2011, in Sundance, Utah. The focus of the conference was to explore the potential benefits of developing a unified strategic plan to align the education, research, socioeconomic, and certification missions of its member organizations. Robert Huckman, PhD, a professor at the Harvard School of Business and an expert in corporate structure in health care organizations, was employed for the second year in a row to facilitate the conference. As in previous

years, the conference consisted of a series of plenary presentations, panel discussions, and breakout sessions. Eighty-eight members and executive directors from 40 organizations participated in the conference.

## POTENTIAL ADVANTAGES OF A UNIFIED STRATEGIC PLAN

As described in last year's proceedings of the ISC, the number of member organizations of the ISC has more than doubled over the past 30 years [1]. This proliferation has occurred without centralized oversight or orchestrated development. Thus, today, there are more than 50 radiology organizations, each going about its business with little coordination of effort or focus among the organizations. This lack of coordination and oversight has led to considerable duplication of effort and is taxing available resources. It has prevented the identification and realization of economies of scale that would be helpful to most of the organizations. The consensus of last year's meeting was that radiology would be served better through collaboration and consolidation of our organizations, and that a strategic plan would be necessary to facilitate this effort.

Strategic planning is a well-established technique used to help both simple and complex organizations achieve their stated goals. It requires an assessment of the current

---

Department of Radiology, University of Colorado School of Medicine, Aurora, Colorado.

Corresponding author and reprints: Gerald D. Dodd, III, MD, University of Colorado School of Medicine, Department of Radiology, 12401 E 17th Avenue, Mail Stop L954, PO Box 6510, Aurora, CO 80045; e-mail: gerald.dodd@ucdenver.edu.

status of an organization, a critical analysis of external forces that could affect the organization, and the development of the strategic plan. Through the creation of a common vision, identification of core missions, and the development of operational goals and strategies, an organization can eliminate unproductive activity and focus its efforts on executing a strategy to achieve its vision [2]. Possible benefits of a unified strategic plan for the member organizations of the ISC include maximizing benefit to the radiology community, realizing economies of scale that could save revenue, eliminating redundancy of educational effort, streamlining research infrastructure, pooling foundational monies for strategic investments, creating efficient communication, and enabling nimbleness in socioeconomic action.

### WHO ARE WE AND WHAT DO WE DO?

After last year's ISC meeting, a task force was created to develop and implement a survey of our 50-plus radiology organizations to figure out who we are and what we do. The survey was highly successful, with 41 organizations (82% of membership) completing it. These 41 organizations employ 832 staff members, hold 36 annual meetings, publish 22 journals, have 39 Web sites, and have created 15 foundations. The primary focus of more than 85% of the organizations is education delivered at an annual meeting. Research, leadership development, and clinical practice are secondary objectives of 57%, 45%, and 45% of the organizations, respectively. Of the 36 annual meetings, 19 (53%) are held in the spring. Collectively, more than 40,000 professionals attend the meetings each year, but, it is unknown what percentage of the 40,000 are repeat attendees. Total annual expenses for the meetings exceed \$30 million, of which approximately \$18 million comes from registration fees and the remaining from corporate support. The majority of organizations (67%) report declines in the amount of corporate support over the past 5 years. The reported finances of the organizations show that most operate on balanced budgets, with most revenue used to support the annual meetings. There are several organizations whose revenue markedly exceeds the cost of the annual meeting. This operational margin is generated from other educational programs and materials, abundant corporate support, or accreditation programs. Of the 41 organizations, 15 (39%) report having foundations. The value of the holdings of the foundations can be broken down into 3 groups: (1) a single foundation with more than \$50 million, (2) a group of 6 foundations with between \$2 million and \$8.5 million each, and (3) 8 foundations with \$1 million or less per foundation. Collectively, 7 foundations hold approximately \$85 million of the \$90 million (94%) among the 15 foundations. Each year, the foundations award approximately \$4 million in grants, or just less than 5% of the collective corpus. Lastly, 35 of the organizations (85%) reported more than 300 existing

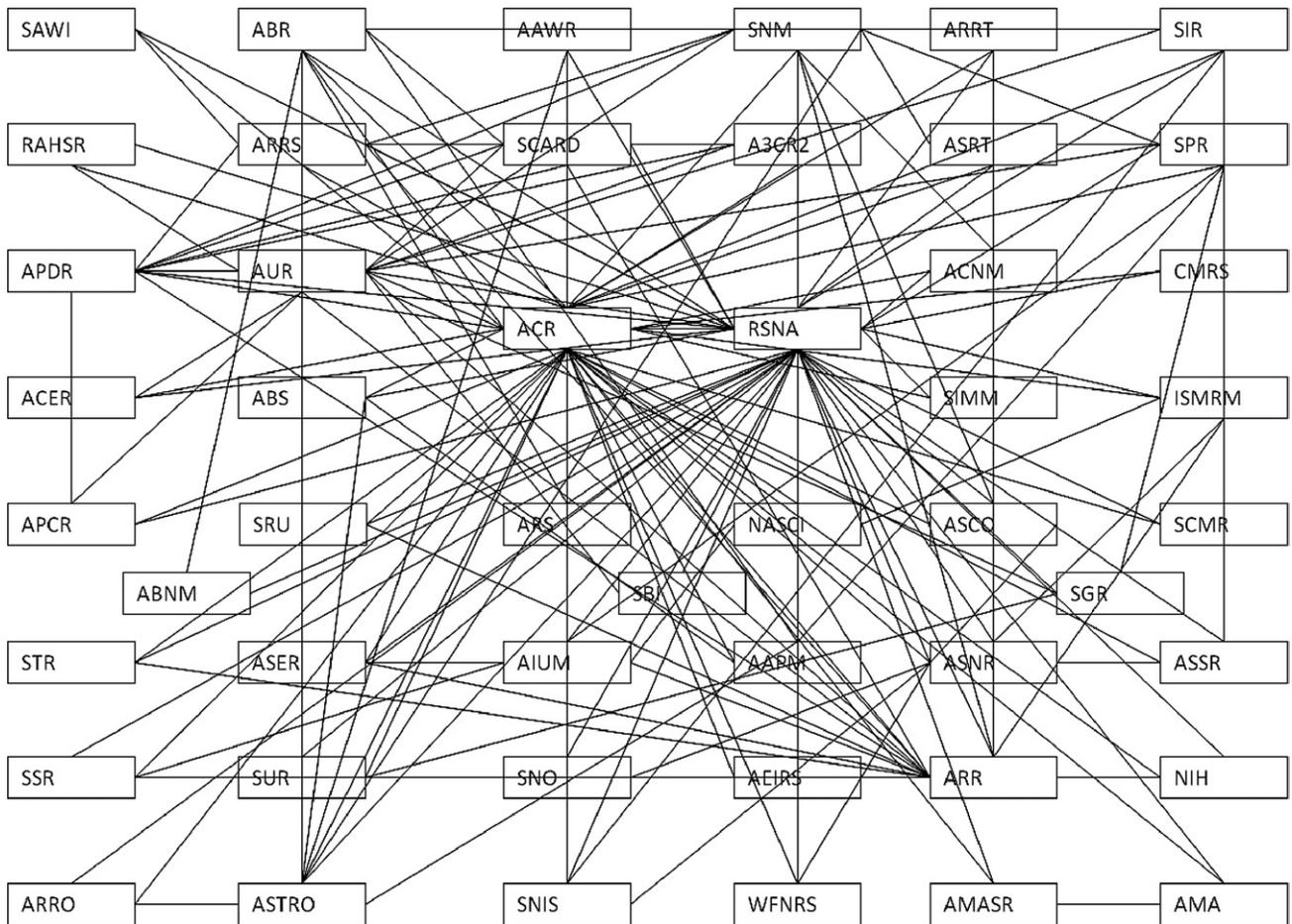
collaborations with other organizations; however, there is little coordination of these activities (Figure 1).

### EXTERNAL FORCES AND THEIR POTENTIAL IMPACT ON THE MEMBER ORGANIZATIONS OF THE INTERSOCIETY CONFERENCE

The current national health care reform initiatives as reported in the Patient Protection and Affordable Care Act and the Health Care and Education Affordability Reconciliation Act of 2010 are expected to change many aspects of both private and academic radiology practices [3,4]. In one likely scenario, the changes will drive imaging out of freestanding outpatient facilities and into hospital facilities. Per service reimbursement will be replaced by bundled and capitated payment models. These new payment models may marginalize radiologists and result in increased workload and decreased income. The aging population and push for insurance coverage for all citizens will likely result in increased demand for services and decreased reimbursement. In academic medical centers, the expected changes include increased case volume and complexity, decreased clinical revenue, decreased graduate medical education funding, and increased cost of compliance. For academic radiology groups, these changes may translate into loss of clinical margin supporting the academic mission, loss of academic time because of increasing workload and decreasing revenue, and a potential decrease in the number and quality of graduating residents and fellows. The greatest threats of health care reform on the member organizations of the ISC are a decrease in membership because of diminished personal income and time and a decrease in the number of academic faculty members available to participate in the activities of the organizations. The former means less revenue for the organizations, and the latter will result in less continuing medical education, less science, fewer volunteers for committees, and a depleted leadership pool. In the worst-case scenario, the combined effect could be the collapse of our organizations.

### EXAMPLES OF OVERLAP IN EXISTING STRATEGIC AND SCENARIO PLANS

Many of the member organizations of the ISC have developed strategic or scenario plans. Reports from the ACR and the Society of Chairs of Academic Radiology Departments about their independent scenario plans demonstrated overlap in the choice of initiatives warranting future development. Both chose to dedicate resources to develop 4 specific initiatives: (1) minimally invasive diagnosis and therapy, (2) low-dose imaging and tracking of lifetime radiation exposure, (3) business re-engineering, and (4) the development of quality metrics. This synergy between the two plans has prompted a joint collaboration with each organization contributing unique strengths and knowledge toward the completion of the initiatives. A greater level of collaboration is antic-



**Fig 1.** Diagram of 300-plus intersocietal collaborations.

ipated in the near future. Similarly, the strategic plans of a large organization, the RSNA, and a smaller organization, the Society of Thoracic Radiology, exhibit a high degree of overlap in initiatives in education, research, and leadership development. It was the consensus of the ISC participants that both strategic and scenario planning are highly beneficial but too costly and time consuming for all organizations to pursue. Furthermore the overlap and redundancy in plans suggest that there could be benefit from leveraging resources and either creating one unified plan or in adapting existing plans to meet the needs of the individual organizations.

### **OUR MISSIONS AND THE UTILITY OF A UNIFIED STRATEGIC PLAN**

The participants of the ISC discussed the advantages and disadvantages of having a unified strategic plan for education, research, socioeconomics, and certification. The group broadly supported the development of a unified strategic plan for education. It was expressed that substantial benefit could be derived from the coordination of meetings and the coordinated development of educational materials. The opportunity for coordinated meetings would include dates, locations, and educational con-

tent, as well as the opportunity to hold combined meetings or meetings within meetings. Coordination of educational materials outside of meetings would include electronic materials for continuing medical education and self-assessment modules for maintenance of certification. The specific advantages of a strategic plan for the development of educational materials are the creation of an organized, balanced educational portfolio and the reduction or elimination of duplicated materials.

With regard to research, the consensus was that a high-level unified strategic plan might be beneficial to help build and coordinate infrastructure, but a more granular plan would be unworkable. Our organizations could benefit from a centralized mechanism to distribute research funding, which could include a listing of available funding opportunities, a uniform application process, standardized application dates, and a listing of research educational opportunities and resources. This concept is not new; in fact, much of it exists as the Inter Organizational Research Cooperative, with a dedicated Web site at <http://radresearch.org/index.html>. This cooperative was formed in 2005 and has 18 participating organizations; however, to date, it has failed to garner substantial visibility and utilization. Nonetheless, the

ISC participants believe that this is exactly the type of infrastructure that is needed and that it might be possible to grow the Inter Organizational Research Cooperative to meet the needs of all ISC organizations. In addition, the ISC participants believe that it would be very advantageous to link patient advocacy to research development. It was the consensus of the group that a mechanism should be explored to directly link the research efforts of our organizations to the patient advocacy efforts of the Academy of Radiology Research.

The creation of a unified strategic plan to address socioeconomic issues and credentialing was not viewed as a useful endeavor by the group because the majority of radiology's efforts in these 2 areas are performed by two organizations, the ACR and the ABR, respectively. However, the group supported the development of timely and unified socioeconomic messages that represent the interests of as many of the organizations as possible. To accomplish this, it was recommended that each organization identify and prioritize the socioeconomic issues important to its members and that these issues be communicated to the ACR through a (to be developed) formal communication network. The ACR would then develop a coordinated "radiology" response that would be shared with the organizations. Each organization would then distribute this information to its members through inclusion in its annual meetings, journals, and Web sites. The ultimate goal of the proposal is to create a virtuous cycle of information that would satisfy the interests of the organizations and members and strengthen the socioeconomic position of radiology. With regard to certification, the group saw opportunity to collaborate on related educational materials such as self-assessment modules, as addressed above under education.

### NEXT STEPS

The participants of the ISC meeting and the members of the ISC Steering Committee recommended, and the ACR leadership has supported, the creation of 3 task forces (education, research, and socioeconomic) to de-

velop some of the ideas described above. The education task force will be charged with developing a mechanism to coordinate meetings and educational materials, the research task force will investigate the expansion and participation in the Inter Organizational Research Cooperative and the creation of a formal relationship with the patient advocacy efforts of the Academy of Radiology Research, and the socioeconomic task force will focus on the development of a formal communication network between the ISC member organizations and the ACR. All task forces will report the result of their activities at the next ISC.

### SUMMARY

It is the consensus of the participants of the 2011 ISC that a unified strategic plan among our organizations could facilitate our shared educational and research missions and that improved communication between our organizations and the ACR could enhance our socioeconomic agenda.

### ACKNOWLEDGMENTS

Members of the 2010 ISC Survey Task Force were Thomas Fletcher, MD, chair; Jonathan S. Lewin, MD; Beverly G. Coleman, MD; Martha Mainiero, MD; Renee L. Cruea; Pam F. Mechler, staff; Burton Drayer, MD; Arthur E. Stillman, MD, PhD; Jason Itri, MD; and Richard H. Wiggins III, MD.

### REFERENCES

1. Dodd GD III. The radiology conglomerate: optimizing the structure and function of the 50-plus radiology organizations—a summary of the 2010 Intersociety Conference. *J Am Coll Radiol* 2011;8:539-42.
2. Allison M, Kaye J. Strategic planning for nonprofit organizations. 2nd ed. Hoboken, NJ: John Wiley; 2005.
3. Patient Protection and Affordable Care Act, Pub L 111-148, 124 Stat 1025 (March 23, 2010).
4. Health Care and Education Affordability Reconciliation Act of 2010, Pub L 111-152, 124 Stat 1029 (March 30, 2010).