

# ahra

the association for medical imaging management

## Strategic Plan

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**Facilitation by:**

Glenn Tecker  
Chairman and Co-CEO  
gtecker@tecker.com  
www.tecker.com  
Tecker International, LLC  
301 Oxford Valley Road  
Suite 1504B  
Yardley, PA 19067

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# AHRA's Timeless Core Ideology

## Core Ideology

**Core ideology** describes an organization's consistent identity that transcends all changes related to its relevant environment. Core ideology consists of three notions: **core purpose, mission and core values**. **Core purpose** describes the organization's reason for being. The **mission** describes who we are, what we do and how we do it. Our **core values** are the enduring principles that guide the behavior of the organization.

### Core Purpose:

**To advance excellence in medical imaging management**

### Mission Statement:

**AHRA is a resource and catalyst for the development of professional leadership in medical imaging management.**

### Core Values:

#### ***Leadership with Integrity:***

Evidenced by:

- “ responsive and ethical behavior;
- “ commitment to quality, safety and evidence as the basis for decision-making;
- “ products and services driven by member needs;
- “ transparency achieved through member involvement in the decisions and work of the association;
- “ shared accountability for success among leadership, staff and volunteers.

#### ***Excellence through Education:***

Evidenced by:

- “ development, and recognition of professional achievement;
- “ dedication to continuous learning;
- “ fostering pride in our profession;
- “ advocacy of the value of our specialty and its expertise in policy decisions;
- “ innovation enabled by creative thinking fueled by professional development and shared expertise.

#### ***Professionalism and Collegiality:***

Evidenced by:

- “ a diverse community connected by trust and common purpose;
- “ collegial engagement and camaraderie;
- “ the exchange of information and knowledge critical to our success;
- “ appreciation of the variety of diverse perspectives among professionals managing medical imaging.

# AHRA's Envisioned Future

**Envisioned future** conveys a concrete, yet unrealized vision for the organization. It consists of a **big audacious goal** – (BAG) a clear and compelling catalyst that serves as a focal point for effort, the intersection of what a group is passionate about, what they do best, and what they can marshal the resources to accomplish. The **vivid description** describes how the world could be different for key stakeholders as a result of AHRA achieving its BAG.

## Big Audacious Goal:

**Be recognized as the indispensable resource for medical imaging leadership**

## Vivid Description:

### A. Imaging Leaders: Members

1. Imaging leaders are recognized for leading the transition to collaborative healthcare.
2. Imaging leaders play an integral role in healthcare & policy reform and are change leaders who foster both professional and personal success.
3. Members are well-positioned, knowledgeable and skilled for high-level leadership within their own organizations.
4. Members realize the indispensable value of AHRA in their personal and professional growth/success.

### B. Employers: Healthcare Systems/ Hospitals/Facilities

1. Employers see improved operations because of the relevant knowledge their imaging leaders acquire through AHRA membership.
2. Healthcare providers realize excellence in imaging operations due to engagement of AHRA members (CRAs) in their organizations.
3. Healthcare organizations focus on sustainability and wellness to reduce repeat inpatient admissions to outpatient diagnostics and screening.
4. Hospital health systems epitomize high quality & efficiency, fulfill their mission to the community, and leverage technology.

### C. Industry Stakeholders: Corporate Partners/Policymakers/Related Organizations

1. Key industry stakeholders collaborate with AHRA to address relevant imaging issues.

2. Policymakers look to AHRA to define operational excellence in medical imaging and for their insight and perspective on quality & safety standards.
3. **Professional organizations (i.e. ASRT, RBMA, ACR, etc.) vendor, payors and policymakers recognize AHRA as a strong partner and leader in a growing coalition to enhance quality outcomes and standards.**
4. Patients experience coordinated care that delivers the best outcome possible.
5. Payors receive the benefit of appropriate use, right test to enable best outcome, right care/right price, decreased GDP, through improved and shared best practices.
6. Vendors are aligned with AHRA to leverage stronger partnerships.

\*\*\* **Bold Face type is used to highlight the statements that generated the greatest number of responses in the draft strategic plan survey.**

## Three-to-Five Year Planning Horizon Goals

The following represents long-range goals for the next three-to-five years. These **goals** are outcome-oriented statements that represent what will constitute the organization's future success. The achievement of each goal will move AHRA towards the realization of its vision.

### **GOAL A IMAGING LEADERS: MEMBERS**

AHRA will be a valued career asset for imaging leaders seeking a primary source of knowledge, networking, and support in navigating the ever-changing medical imaging and healthcare environment.

### **GOAL B EMPLOYERS: HEALTHCARE SYSTEMS/HOSPITALS/FACILITIES**

AHRA members will be regarded as imaging leaders whose knowledge and professional expertise enable healthcare providers to realize operational and performance excellence.

### **GOAL C INDUSTRY STAKEHOLDERS: CORPORATE PARTNERS/ POLICYMAKERS/RELATED ORGANIZATIONS**

AHRA will be a valued collaborator on key healthcare industry and professional issues, and its views will be solicited by policymakers and regulators.

# GOALS, OBJECTIVES & STRATEGIES

## GOAL A IMAGING LEADERS: MEMBERS

AHRA will be a valued career asset for imaging leaders seeking a primary source of knowledge, networking, and support in navigating the ever-changing medical imaging and healthcare environment.

### OBJECTIVES:

1. C Increase members' awareness and use of AHRA's programs, products, services & benefits
2. C Increase membership inclusion within AHRA to specialties within medical imaging and related areas - radiation oncology, cardiovascular and breast imaging, neuro-diagnostics
3. H Expand educational and networking opportunities via a variety of means - local area meetings, webinars, virtual meetings, etc
4. H Increase the number of courses and levels of education offered on management, financial, accounting, and business areas
5. H Increase awareness of the value of the CRA designation and increase the number of members who become CRAs
6. H Increase engagement with radiology management academic programs

### STRATEGIES:

- a. C Develop an effective association-wide communication plan
- b. M Evaluate and redesign website as appropriate
- c. H Identify subject matter experts and enlist their assistance on key issues
- d. H Effectively facilitate professional relationships among imaging professionals
- e. H Use available technologies effectively – i.e. mobile, Internet access, etc. to continually expand members' medical imaging knowledge to keep pace with change
- f. H Create an easily accessible inventory of AHRA products and services; promote its use; review and revise cost structure of AHRA products and services as warranted
- g. M Update the membership profile; conduct basic and advance follow-up surveys
- h. M Launch a new initiative targeted to reach and engage educators, students and entry-level technologists
- i. H Actively engage new managers, lead technologists and younger members in a variety of ways to ascertain their needs, wants and expectations from AHRA membership

#### Key:

C: Critical	work on this strategy must be completed in the coming year
H: High	work on this strategy must occur in the coming year
M: Middle	work on this strategy should occur in the coming year if at all possible
L: Low	work on this strategy can wait until subsequent year if necessary

# GOALS, OBJECTIVES & STRATEGIES

## GOAL B EMPLOYERS: HEALTHCARE SYSTEMS/HOSPITALS/FACILITIES

AHRA members will be regarded as imaging leaders whose knowledge and professional expertise enable healthcare providers to realize operational and performance excellence.

### OBJECTIVES:

1. C Become a symbol of quality and safety in imaging management
2. C Increase the perceived value of AHRA membership within the industry
3. C Increase senior executive's recognition of, and support for, AHRA in the work place
4. C Increase membership in non-member facilities
5. H Increase recognition of the CRA credential among employers, hospitals and healthcare organizations so that it becomes the most widely-held designation

### STRATEGIES:

- a. C Quantify and effectively articulate the value proposition that AHRA members bring to employers
- b. H Leverage opportunities at regional meetings to grow AHRA membership & build participation
- c. H Develop campaign to market CRA certification to employers
- d. H Consistently and effectively promote imaging leaders as professionals who possess the knowledge and expertise to serve as leaders in healthcare
- e. H Provide a career ladder with executive leadership development opportunities at a variety of levels from new management to advanced courses for seasoned professionals
- f. H Assist members by creating relevant administrative tools such as imaging dashboards and sound business plans; provide up-to-date management and industry information that can boost productivity and volume growth
- g. H Create a meaningful Mentor program for lead technologists and new managers to orient them to AHRA, introduce them to others and help them maximize their professional development

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# GOALS, OBJECTIVES & STRATEGIES

## GOAL C INDUSTRY STAKEHOLDERS: CORPORATE PARTNERS/-POLICYMAKERS/RELATED ORGANIZATIONS

AHRA will be a valued collaborator on key healthcare industry and professional issues, and its views will be solicited by policymakers and regulators.

### OBJECTIVES:

1. C Increase clarity around, and consensus on, what will constitute success on AHRA's efforts to impact key regulatory issues
2. C Increase AHRA leadership and involvement in advocacy and regulatory issues
3. H Increase organizational capacity to achieve the requisite research and training to be an effective advocate for AHRA's body of knowledge
4. H Increase the number of decision makers/influencers who view AHRA as a valuable partner in policymaking
5. H Increase AHRA's leadership of, and participation in, coalitions as well as its role in shaping industry standards and benchmarking
6. H Increase collaboration with relevant industry organizations
7. H Increase recognition from industry media

### STRATEGIES:

- a. C Clarify the role & responsibilities of the Regulatory Affairs Committee
- b. C Create an infrastructure within AHRA to effectively participate in advocacy/regulatory affairs affecting our profession; establish guidelines for taking a stance and voicing an expert opinion as appropriate in a timely manner
- c. C Establish a mechanism for identifying critical industry and professional issues; monitor key industry and regulatory issues; promote among the membership and leadership a greater understanding of key issues;
- d. H Acquire advocacy/regulatory affairs expertise to help assess and guide AHRA's future role and involvement; engage in more advocacy efforts as appropriate
- e. H Seek to lead and participate in more focused coalitions with key industry partners that will define standards of care for our profession
- f. H Conduct more in-depth surveys on topics as warranted
- g. H Build relationships with related industry organizations.

**Key:**

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work on this strategy must be completed in the coming year

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## Mega-Issue Questions

Strategic "mega" issues are overriding issues of strategic importance that cut across multiple goal or outcome areas. They address key questions that AHRA's leaders must ask and answer, illuminating choices of strategy the organization must make and the challenges which will need to be overcome in moving toward future goals. They articulate the questions that will need to be asked and answered by AHRA's about the next 5-10 years. Participants at the strategic planning session began to devise some mega issues.

- 1. How do we clearly establish our organization as the premier resource for medical imaging leadership?**
- 2. How can we increase member engagement?**
- 3. What would increase members' perceived value of AHRA?**
4. How do we create greater awareness of the value of our specialty?
5. How do we help our members get a "seat at the table" in their own organizations, bringing recognition to AHRA members as leaders in a more global perspective?
6. How do we encourage members to achieve executive positions? What tools can we provide?
7. How can we encourage busy executives to remain active in our organization?
8. How do we influence the current political arena?
9. How do we gain recognition for our members' expertise in policy decisions?
10. How can we increase the number of decision makers who view AHRA as a valuable partner in policymaking? How do we partner with the policymakers to provide knowledge and information on our specialty and share professional insight on matters impacting medical imaging?
11. How can AHRA achieve a leading role in forming effective coalitions?
12. How do we measure success towards achieving our goals?

**\*\*\* Bold Face type is used to highlight the statements that generated the greatest number of responses in the draft strategic plan survey.**

# APPENDIX

## Environmental Scan: Conditions, Trends & Assumptions

# Environmental Scan – Building Foresight

## Conditions, Trends and Assumptions

Statements developed by the group will help to purposefully update the strategic plan on an annual basis. Since the outcome-oriented goals that will form the basis of the long-range strategic plan will be based on the vision of the future that appears in this section, an annual review of this vision will be an appropriate method of determining and ensuring the ongoing relevancy of the goals.

### Demographics:

#### Current Conditions:

1. **Members -- 64% older than 50**
2. Field-influx because of Obamacare ever-changing regulatory requirements
3. Patients-aging & require more care & greater access
4. **Member awareness gap in what AHRA offers**
5. About 13% active participation
6. **Gap: contrast between net promoter score and gap analysis**

#### Trends:

1. Diagnostic modalities becoming of utmost importance-ACO
2. Members retiring from field both later and earlier
3. Physician investment in joint ventures
4. **Administrative consolidation = less director members**
5. Consumerism in health care is changing and driving decisions around quality vs. cost, delays in treatment, and convenience to access services

#### Assumptions about the Future:

1. Vacuum effect (diversity, patients, members, society)
2. Fewer entering medical field-leads to recruitment outside of USA
3. "ME" society
4. Preventative medicine
5. **Networking/regional events**
6. Needs of non-management staff

## Business/Economic Climate:

### Current Conditions:

1. Management tools - benchmarking "soft" and "hard" skills
2. Cost of education
3. **More regulation/control**
4. **Decreased reimbursement pressure: Obamacare, high deductibles**
5. Increase investment response to regulation: technology IT MU etc.
6. Evidence-based medicine
7. Regulatory issues such as XR29, site neutral payments, ICD-10 implementation etc.

### Trends:

1. **Population health management**
2. **Fixed reimbursement**
3. Care-outside hospital
4. Virtual care
5. **Value-based purchasing**
6. Outcome driven
7. Increased transparency of pricing, quality outcomes metrics to show value
8. CMS running out of money

### Assumptions about the Future:

1. **Earlier diagnosis becomes more important in value-based/pop. health**
2. Fee per service is dead
3. AHRA and its members will be proactive in identifying and adapting new trends in health care delivery

## Legislation/Regulations

### Current Conditions:

1. **Need for timely, up-to-date regulatory information**

### Trends:

1. **Increased regulations**
2. Insurance diversion to low cost facilities

**Assumptions about the Future:**

1. 2-4ish overall health providers
- 2. Single repository for PHI**
3. National standards
4. Greater divide between those who "have" health care and those who do not

**Technology & Science****Current Conditions:**

1. Increased Expectations/New Frontier
2. Hybrid Models increasing demand
3. Point of Care Models
4. Hardware purchases slowing down
5. Culture shift easy for some, harder for others
6. Almost paper-less
7. Apply trending technology solutions to AHRA resource-digital pubs VS print pubs-tablet platform

**Trends:**

1. Technology Advancements that enhance current workflow
2. Blending roles/skill sets to be more adept at multiple procedures/exams beyond imaging
3. Standardized reporting
4. Mega radiology groups-covering sections of the country
5. Online Learning- advancement, acceptance of e-Learning, virtual access of information

**Assumptions about the Future:**

1. Deep dive into technologies that would be of value to AHRA members
2. Going mobile-PCs will be obsolete
- 3. Cloud-based image access across disparate systems**
- 4. Single patient portal-transportable, all encompassing patient records**
5. Accumulation of data from disparate systems to create the metrics for reimbursement
6. Molecular imaging 3-D applications
- 7. Wal-Mart imaging centers, doc-in-a-box, telemedicine**
8. Changes in capital equipt. lease and purchasing model will be in line with the reduction of reimbursements

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