



NASPGHAN

STRATEGIC PLAN: 2008-2010

October 2007

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Background

The North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) conducted its last strategic planning session in 2000. Since then, NASPGHAN leadership, engaged members and staff have worked to achieve the priorities of 2000. Significant progress has been made. Current leadership recognized the need to again assess the present environment, anticipate future trends, and develop a plan to facilitate direction and strategy for NASPGHAN for the next three years.

Kenneth M. Slaw, PhD was engaged as a facilitator and strategic planning consultant. Dr. Slaw is a recognized expert in strategic planning, having successfully facilitated plans for dozens of medical societies within the family of pediatrics. A strategic planning session was held February 2-4, 2007 in Atlanta, GA. Significant preparatory work was completed in the 6 months prior to the meeting, including:

- A survey of all NASPGHAN membership in July 2006;
- A strategic issues survey sent to all elected leaders, committee chairs, and recent past presidents; and
- Twelve phone interviews with key leaders and colleagues both within, and outside NASPGHAN.

Process

The strategic planning process focused on delivering a set of priorities that could realistically be implemented by the NASPGHAN membership. It was acknowledged, though, that some goals should be forward thinking and challenging. An emphasis was placed on the importance of prioritization and execution.

The planning process involved approximately 12 contact hours over the weekend of February 2-4, 2007. Invited participants were members of the NASPGHAN Executive Council (including several members of the Children's Digestive Health and Nutrition Foundation [CDHNF] board), staff from the NASPGHAN National Office, the chair of the Clinical Practice Committee, and the Chair of the AAP Section on Gastroenterology and Nutrition. In addition, local guests representing two constituencies, the younger generation of NASPGHAN members and private practitioners, were invited to serve as validators to ensure that the process did not stray from the core mission of NASPGHAN.

Initial planning efforts were directed toward role identification for NASPGHAN. There was broad consensus from the planning group that the society is a successful, growing, dynamic organization, representing more than 98% of practicing gastroenterologists in the United States and Canada. As a growing, dynamic organization, NASPGHAN faces some unique challenges and opportunities. Foremost of these is membership diversity. An increasing fraction of members are recent graduates of fellowship training and the number of fellows in training has never been greater. The first generation of pediatric gastroenterologists is now retiring. The number of female members continues to increase. Professional settings vary, but are generally comprised of two distinct groups, those members in academia with a research orientation, and those in primarily academic or clinical practice. Both professional groups are interested in the highest quality of patient care and research, as well as a gratifying professional lifestyle.

There was strong sentiment that NASPGHAN should set the standards of clinical care in the profession. Furthermore, it was agreed that NASPGHAN should serve as the primary pediatric gastroenterology, hepatology and nutrition resource for its members, as well as primary care physicians, patients and their families. It was also recognized that if patient and family education were an essential strategy, the current level of expertise and investment in web technology and patient education materials is insufficient. It was also appreciated that accomplishment of this level of prominence is dependent on effective collaboration and partnership with AGA, AAP, ASGE, AASLD, CCFA, CIHR, the NIH and others, rather than working in isolation.

There was also consensus that NASPGHAN cares deeply about children, and that members should serve as an advocacy voice on their behalf. Consensus also surrounded the need to advocate for NASPGHAN members and the profession. Finally, concern was expressed about the long-term financial health of NASPGHAN and building a financial platform with CDHNF that provides stability as well as sufficient resources to invest in growth initiatives is important.

Core Mission

The current NASPGHAN mission is to be a “world leader in advancing the science and clinical practice of pediatric gastroenterology, hepatology and nutrition in health and disease”

Basic elements of the mission highlighted at the February 4, 2007 meeting were:

- Advance pediatric gastrointestinal health by generation of new knowledge;
- Train and mentor the next generation;
- Educate, nurture and heal;
- Speak for all pediatric gastroenterologists;
- Set standards of quality care and training.

A modification of the current mission statement was proposed as follows:

"The mission of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition is to *advance* understanding of normal development, physiology and pathophysiology of diseases of the gastrointestinal tract and liver in children, *improve* quality of care by fostering the dissemination of this knowledge through scientific meetings, professional and public education, and policy development, and *serve* as an effective voice for members and the profession."

Core Values

Core values were defined as essential guides for decision making and managing through conflict when organizational choices may not seem clear. NASPGHAN's core values were articulated as follows:

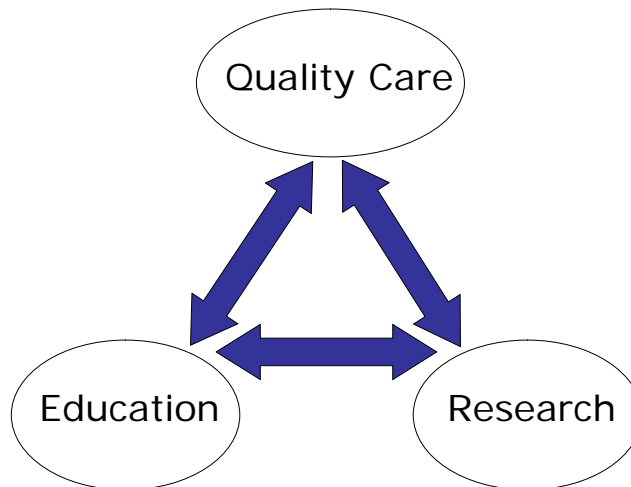
- What is best for children takes precedence in decision-making;
- NASPGHAN's decisions are morally, ethically, and fiscally responsible;
- NASPGHAN is inclusive;
- Education and advancement of knowledge is life-long;
- Pediatric gastroenterologists are the best qualified to care for children with gastrointestinal disorders; and
- Relationships, a sense of community, and collegiality are highly valued society assets.

Strategic Domains

The aforementioned constructs set the stage for identification of key strategic issues that NASPGHAN must address in the next three years. More than thirty major issues were identified in the planning process. These issues were initially "clustered" around commonalities within a CARES acronym:

- Clinical Care
- Advocacy
- Research
- Education
- Service/Support

Ultimately, three interrelated strategic domains aligned most precisely back to mission elements and core values and were identified as strategic cores for the direction of NASPGHAN's work: Quality Care, Research, and Education. The top priorities in each domain are listed below.



Advance Quality Care

- Identify key issues most likely to generate improved care by production of clinical practice guidelines and establish a facile mechanism for guideline development, dissemination and implementation;
- Assist NASPGHAN members with maintenance of certification by development of a quality improvement eQuipp module in collaboration with the American Academy of Pediatrics and facilitate participation in other quality improvement networks;
- Identify disorders encountered in routine clinical pediatric gastroenterology practice that are reasonably amenable to pay-for-performance programs and develop a framework for such a program;
- Work to achieve appropriate reimbursement of targeted pediatric services that will result in improved patient care;
- Organize practice management workshops and skills workshops for NASPGHAN members.

Advance Research

- Increase the number and dollar amount of NASPGHAN and CDHNF-sponsored grants for young investigators, and consider developing mechanisms for support of more seasoned investigators who need interim support;
- Develop tactics to nurture, strengthen, support and increase research networks and multi-institutional studies in our discipline;
- Escalate research liaison activities with our peer professional organizations and partners in industry;
- Increase advocacy activities related to research, including development of a new pediatric gastroenterology, hepatology and nutrition research agenda;
- Intensify mentoring activities relating to research and academic careers within NASPGHAN.

Advance Education

- Develop an overarching education strategic plan;
- Increase the quality of the NASPGHAN Postgraduate Course and Annual Meeting;
- Develop and deliver a career development curriculum, beginning with fellowship training and extending throughout the duration of professional life;
- Increase NASPGHAN website utilization and recognition with emphasis on education;
- Prioritize and develop outstanding patient education materials.

Communication and Implementation

The strategic planning group concluded with delineation of specific next steps to communicate and implement the plan. It was agreed that the sequence of communication events should include:

- Initiation discussion of the plan in a spring 2007 newsletter article;
- Presentation as a draft to Committee Chairs at DDW 2007;
- Finalize by discussion with each NASPGHAN Committee Chair through summer 2007;

- Presentation of final plan at the NASPGHAN Annual Meeting in October 2007;
- Publish plan the *Journal of Pediatric Gastroenterology, Hepatology and Nutrition*;
- Strategic plan presentation at subsequent meetings, and addition of specific tactics in support of the plan to NASPGHAN Committees action items;
- Measure progress against the strategic plan by assigning specific Council members as responsible and accountable for reporting progress within each strategic domain;
- Progress on the plan will become a fixed agenda item henceforth for the Council for the duration of the three-year plan.

Strategic Planning Participants:

Phil Sherman, M.D. Past-President, NASPGHAN

John Barnard, M.D. President, NASPGHAN

B Li, M.D. President-Elect, NASPGHAN

Ivor Hill, M.D. Secretary-Treasurer, NASPGHAN

Warren Bishop, M.D. NASPGHAN Councilor

George Fuchs, M.D. NASPGHAN Councilor

Robert "Bob" Issenman, M.D. NASPGHAN Councilor

Judy O'Connor, M.D. NASPGHAN Councilor

David Piccoli, M.D. NASPGHAN Councilor

Mel Heyman, M.D. Chair, Section of Gastroenterology and Nutrition, AAP

Steven Schwarz, M.D., Chair, Clinical Practice Committee

Sandy Fasold, Associate Director, NASPGHAN

Margaret Stallings; Executive Director NASPGHAN

Conrad Cole, M.D., member representing NASPGHAN new generation

Larry Saripkin, M.D., member representing private practice constituency

Miriam Vos, M.D., member representing NASPGHAN new generation