SIR and SIR Foundation Strategic Plan: 2018-2022

Mission	Vision
Improve lives through image-guided therapy.	Optimize minimally invasive patient care

Goals	
IR Practices and Workforce	IR physicians will thrive in their chosen practice model, leading to expanded access to high-quality patient care.
Research and Quality	Evidence is the foundation of IR's ability to translate innovation into better patient outcomes and value.
Training	Comprehensive life-long learning will produce innovative, highly-trained and competitive interventional radiology teams.
External Relationships	Alliances with external organizations will influence decision makers to advance the value of interventional radiology for improving patient outcomes.

Core Values	
Innovation	SIR leads the way for others and champions the development, evaluation, and use of new technologies that improve patient outcomes.
Agility	SIR takes a nimble approach to problem solving and readily accepts the need to learn new skills and ways of working.
Confidence	SIR takes pride in the specialty and what it contributes to patient care.
Collaborative	SIR seeks out ways to work with organizations to advance shared goals and builds relationships that benefit all parties, especially patients.
Patient-driven	SIR works to ensure that patient outcomes are the ultimate metric of success.
Scholarship	SIR and its members are devoted to building IR through the advancement of medical knowledge and evidence based medicine.
Ethics	SIR and its members adhere to the highest standards of ethical behavior, placing the interests of patients first.

Goal 1: IR Practices and Workforce

IR physicians will thrive in their chosen practice model, leading to expanded access to high-quality patient care.

#	Objective	Strategy	Priority	Staff Lead
1.1	Eliminate barriers to quality patient care through an improved understanding of IR workforce trends and practice models.	1.1.1. Engage consultant to conduct appropriate workforce and practice analyses that considers the perspectives of multiple stakeholders and incorporates evolving payment models to better define professional pathways for IRs and identify common barriers to success.	H	Willson, White, Gornal
		1.1.2. Leverage Personify to continually capture and effectively maintain data from members and proactively monitor data to predict trends in future workforce and practice needs.	H	Couture, Gornal
		1.1.3. Continue to benchmark member satisfaction and value within SIR as a measure of program success and anticipate member needs.	H	Couture, Gornal
		1.1.4. Build and disseminate resources that empower members to overcome barriers and compete successfully in the practice model of their choosing.	M	Willson, Sadowski, Acconcia
1.2	Stimulate the demand for IR in the market.	1.2.1. Develop and disseminate creative and multipronged tools for SIR members and other physicians to increase enthusiasm and demand for IR locally and nationally.	M	Sadowski, Acconcia, Gornal
		1.2.2. Investigate and educate members on new paradigms for expanding access to patients (e.g. use of health coaches, telemedicine, define clinical pathways for IR care).	L	White, Willson
		1.2.3. Incubate an advisory board style publishing arm to more effectively demonstrate the value of IR across health care.	L	Sadowski
		1.2.4. Target efforts to increase the number and range of job opportunities for IR residency graduates, and monitor the outcomes achieved.	M	Gornal
1.3	Increase diversity within the specialty to align with patient population.	1.3.1. Actively recruit the best and brightest into IR residency training programs and monitor trends and medical student perceptions to foster a more diverse specialty.	HH	Gornal, Couture
		1.3.2. Foster more inclusive IR practices by reducing bias and increasing respect for gender, race, ethnicity and practice preference styles.	H	Gornal, Couture
		1.3.3. Study and address practice and population specific barriers that limit patient access to IR care.	L	Willson
1.4	Adopt positions and take actions that increase patient access to high-quality IR care	1.4.1. Monitor listening posts and increase responsiveness to both member enthusiasm and concerns about clinical practice barriers, including but not limited to those that stem from inappropriate contracting arrangements, hospital credentialing policies, and radiology group actions.	HH	Couture, Gornal
		1.4.2. Adopt decision-making strategies to promote positions and partners that advance the highest quality IR care and IR physicians' ability to thrive; avoid supporting those that do not.	M	Sedory
		1.4.3. Join and lead efforts to contest inappropriate restrictions to IR practice in ways that are reasonable, resource-conscious, and appropriately risk-aware.	L	Sedory, Willson
		1.4.4. Continually assess and enhance programs, services and engagement of members.	H	Couture, Gornal

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Goal 2: Research and Quality

Evidence is the foundation of IR's ability to translate innovation into better patient outcomes and value.

#	Objective	Strategy	Priority	Staff Lead
2.1	Increase the amount, quality, and usability of information.	2.1.1. Create a data infrastructure to support an annually reviewed prioritized research agenda integrating clinical research, quality, economics, advocacy, and standards and stemming from a duty of care to patients.	H	Strain, Willson
		2.1.2. Establish and launch a sustainable funding plan to support a major (10-fold) increase in interventional radiology research initiatives.	H	Strain, Zeifman
		2.1.3. Improve the impact of standards documents to a level reflective of a primary specialty.	H	Willson, Haidari
		2.1.4. Increase the publication of high-quality clinical and health services research studies and annually summarize how IR research advances our prioritized agenda.	H	Moye, Haidari
		2.1.5. Build tools for members to extract and analyze data including, but not limited to, the National IR Registry.	M	Haidari, Moye
		2.1.6. Continuously evaluate and increase clinical research and registry opportunities for members.	HH	Moye, Haidari
2.2	Improve our culture of research and innovation within and across interventional radiology.	2.2.1. Expand Foundation awards to recognize innovative research at all levels at annual meeting.	M	Strain, Moye
		2.2.2. Expand and develop the volunteer base in health economics and quality.	HH	Couture, Willson
		2.2.3. In programs and communications, define the value of an IR innovation by impact on patient lives, over other attributes such as technological merit.	H	Sadowski, Castelli, Haefs
		2.2.4. Collaborate with education team to educate IR physicians and trainees on how to properly consider sources of potential bias in assessing new procedures, innovative technology, and published studies, engaging specialized expertise from other subspecialties and domains as needed.	L	Moye, Gornal
2.3	Increase the capacity to communicate data and information across the spectrum from clinical to advocacy.	2.3.1. Develop, implement, and monitor a communications plan that supports increased member and media awareness of SIR clinical research, quality, economics, advocacy, and standards successes.	M	Sadowski, Castelli, Haefs
		2.3.2. Develop tools for members to engage in translate research to support administrative decision making and informed practice changes.	M	Haidari, Moye
		2.3.3. Package and communicate integrated standards documents and performance measures to support a broad range of practice models.	L	White, Haidari
2.4	Increase the number of IR investigators and the overall NIH grant dollars for IR.	2.4.1. Continue enhancing the Foundation Grants program to enable future researchers to be mentored by successfully established investigators from IR and non-IR domains.	HH	Moye
		2.4.2. Exploit research grant and research training co-funding models with government (NIH, AHRQ) foundations, and industry partners to increase overall dollars available.	H	Moye, Zeifman
		2.4.3. Incorporate basic education on trial methodology into IR Residency curriculum.	H	Moye, Rowley

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Goal 3: Training

Comprehensive life-long learning will produce innovative, highly trained and competitive IR teams.

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3.1	Enhance breadth and consistency of the education provided to residents according to the ACGME curriculum.	3.1.1. Establish working group with responsibilities and authorities for curriculum development.	HH	Rowley
		3.1.2. Establish a standardized and widely accepted set of teaching and learning resources (provisionally called the Universal IR Curriculum), appropriately prioritizing modules on clinical knowledge, research education and practice development.	HH	Goubeaux, Nicholson
		3.1.3. Develop a timeline for implementation to align with the needs of residents in various pathways.	HH	Rowley, Gornal
		3.1.4. Investigate and implement technological requirements to deliver the content/modules.	HH	Rowley
		3.1.5. Curate current assets and create new assets to reflect modules specified in the Universal IR Curriculum.	H	Rowley
		3.1.6. Promote the Universal Curriculum to all programs to ensure adoption.	L	Goubeaux
3.2	Expand training and knowledge in disease specific areas not specifically reflected in the ACGME curriculum to validate new standards of competency.	3.2.1. Identify and develop education for clinical and procedural content not specifically reflected in the training requirements (ie: cerebral angio, pain management, vertebral and neuro).	M	Rowley, Holland
		3.2.2. Identify and develop education to address the “soft skills” required of a well-trained IR (ie: simulator training/Mursion).	M	Rowley, Nicholson
		3.2.3. Supplement online education with live meetings to further enhance training efforts. (i.e., Fellows spring practicum, Annual Meeting tracks).	M	Gornal, Goubeaux
		3.2.4. Provide guidance and legitimacy to education initiatives created by trainees.	M	Rowley, Gornal
		3.2.5 Actively contest, and overcome, barriers that prevent IR trainees from accessing pivotal educational opportunities.	M	Rowley, Gornal
3.3	Increase engagement and loyalty to SIR via life-long learning for the entire global IR community.	3.3.1. Continue to develop and expand a connected community to transition trainees to practice (i.e., meeting scholarships, mentoring opportunities).	L	Goubeaux
		3.3.2. Continue to develop and expand a connected community to educate Non-US IR trainees and practicing physicians.	L	Rowley
		3.3.3. Continue to develop and expand a connected community to educate advanced practice providers.	L	Gornal, Rowley

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Goal 4: External Relations

Alliances with external organizations will influence decision makers to advance IR's ability to improve patient outcomes.

#	Objective	Strategy	Priority	Staff Lead
4.1	Increase focus and alignment of pivotal society challenges to partnership opportunities.	4.1.1. Analyze priorities identified in this strategic plan and existing programs to identify stakeholder groups who are the most critical influencers and decision makers for specific challenges and opportunities.	H	Sedory
		4.1.2. Develop and implement an external relations plan for tackling a set number of challenges with a set number of partners each year.	H	Sedory
4.2	Transform how we engage with external organizations.	4.2.1. Continue evolving the CAP program to more readily secure stable funding, establish clearer value propositions and facilitate enduring connections between physicians, staff, and corporate leaders.	H	Holland, Strain, Zeifman
		4.2.2. Enhance SIR's sector (external organizations boards, hospital/institution committees) and national (legislative, regulatory and payor entities) leadership to raise visibility of the specialty; use case studies that support value of IR procedures.	M	Sedory
		4.2.3. Track and amplify SIR's role and member connections on government funded organizations' committees and task forces.	M	Willson, Gornal, Haefs,
		4.2.4. Strengthen collaborations focused on patients, both directly with patients and patient advocacy organizations.	M	Strain, Sadowski
		4.2.5. Ensure SIR Sections are connected to all strategic efforts.	HH	Couture
4.3	More effectively distribute our message through stakeholders.	4.3.1. Establish SIR as an indispensable and respected resource for analysis and expertise on key policy issue and the role of IR in the healthcare system (stewards of health care resources and quality).	H	Huynh, Sedory
		4.3.2. Share legislative/policy intelligence that may affect our partner's interests, and when possible, provide direct advocacy support on key issues.	H	Willson; Holland
		4.3.3 Explore strategies (e.g., Facebook advertising tools) for a nationwide campaign to educate advocates and the public about the benefits of IR and its place in minimally invasive medicine.	M	Sadowski; Castelli
		4.3.4 Use social media to promote patients who benefit from IR care and encourage them to advocate for our specialty.	HH	Castelli
4.4	Demonstrate effective progress, not just increased participation.	4.4.1 Create structured opportunities for SIR stakeholders to submit input and suggestions for prioritization of topics for research, standards, guidelines, quality measures, and economic priorities.	HH	Willson, Haidari
		4.4.2. Develop a mechanism to measure and communicate the impact of external relationships.	M	Sadowski

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