

# American Society for Stereotactic and And Functional Neurosurgery

## Strategic Plan

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## Executive Summary

### Background

Dorothy H. Air, PhD was engaged by ASSFN to facilitate a process for developing a Strategic Plan for the Society. The scope of work included assessing the current status of the Society's mission, achievements, and functions; developing of a set of strategic considerations as a basis for strategic planning; and leading the Board through a process culminating in a comprehensive Strategic Plan.

### Process

In order to build a distinctive and value-based strategic plan, work was divided into several components: 1) surveying key constituency groups (Board, ASSFN Membership, Adjunct Professional, Groups, Advocacy Groups and Industry) to learn about their needs, interests and perceptions of ASSFN's value; 2) analyzing input to identify themes relevant to strategic planning; and 3) Board work (a day-long in-person retreat and 5 virtual meetings) to digest survey input and translate findings into a value-based strategic plan. A "Mission Model"<sup>1</sup> approach to strategic planning was employed for organizing thinking into a strategic plan framework. The approach considered: identification of key beneficiary groups and their pain points; value proposition offered by ASSFN; establishment of goals, related action steps, and accountability measures; and assignment of responsibilities and timelines for completion.

### Assessment Findings/Observations

Issues identified from assessment data included: unclear vision, mission and goals; absence of partnerships to execute priorities related to advocacy and industry; undefined relationships with adjunct professional groups; incohesive communication processes and messaging; lack of a comprehensive approach to addressing beneficiary group needs; and unaddressed operational aspects of the Society. On the positive side, the membership indicated an overall satisfaction level with ASSFN as well as its educational programming – especially its biennial meeting. Clinical care initiatives were also positively viewed. In Advocacy and Research, ratings while not poor, were concerning due to the number of respondents who were unaware of ASSFN's effort in these areas.

### Strategic Considerations and Opportunities

This section provides guidance around a set of ideas for how ASSFN should move forward in establishing its future. Three areas are addressed: 1) Value Propositions – ways the ASSFN can develop targeted areas strength that make beneficiaries want to engage with the Society; 2) Form and Function – how ASSFN is operationally organized to achieve its goals and execute mission-critical activities; and 3) Strategic Partnerships to enable goal achievement and increase impact.

### Creating the Future: The Strategic Plan

Based upon ASSFN's vision and mission as well as the needs of and value propositions for its beneficiary groups, a Strategic Plan was developed that includes ASSFN governance/operational goals, as well as goals in three signature Pillar areas of activity - Education and Training, Clinical Practice/Advocacy, and Research. The detailed plan provides a scaffold of goals, enabling activities, success measures, responsibilities, and timelines for how ASSFN can organize its operations and activities.

### Final Comments

ASSFN addresses a unique area of Neurosurgery. While it has been traditionally tactical rather than strategic in its approach, with a comprehensive Strategic Plan and its enabling assets, ASSFN is poised to elevate its impact on the field. Commitment to "working the plan" is the crucial piece for long-term success.

## Background

### Purpose

Dorothy H. Air, PhD, consultant, was engaged by the American Society for Stereotactic and Functional Neurosurgery (ASSFN) to assess the current state of the organization and to provide a strategic planning process culminating in a 5+ year Strategic Plan.

ASSFN was first launched in 1961 when the subspecialty area was still in its early developmental stages. Since that time, the organization has experienced rapid growth and has evolved into a well-established organization. ASSFN is governed by a Board of Directors and an Executive Council comprised of its elected officers. Leadership changes occur on an established cycle according to designated terms of office, which makes continuity of work challenging. The organization has not gone through a comprehensive strategic planning process in the past. Consequently, the work of the Society occurs on a more tactical level rather than being anchored by a clearly stated and compelling vision and mission.

The Board recognizes that ASSFN has considerable assets of talent and other resources that can be leveraged to increase its value and impact. Strategic planning is a top priority for the organization to accomplish this end.

### Project Objective

The project objective negotiated with the chair of ASSFN is as follows:

#### *Design and conduct a process to achieve the following:*

- // Assessment of the current status of ASSFN and the landscape in which the Society exists to inform the strategic planning process;
- // Solidification of the Vision and Mission to establish the core around which all activity should occur, especially as it relates to ASSFN's operating structure, beneficiary groups, value propositions, activities, resources, and measures of mission attainment; and
- // Framing of a Strategic Plan, including new priorities, goals, action plans, responsibilities, deliverables, timelines, and success measures.

### Process

The assessment and engagement process were structured to maximize the diversity of perspectives informing the outcomes of strategic planning. The process included the following elements:

**ASSFN Current Status Assessment.** Surveys were crafted to solicit input from the following: Executive Council and Board of Directors, ASSFN membership, Adjunct Professional Societies, Advocacy Groups, and Industry. The specific purpose was to develop a profile of the organization from the perspective of its beneficiary groups to frame the questions to be addressed during the strategic planning process. (See Appendix A for Survey Questions)

The Survey was comprised of objective questions along with opportunities for written comments in all categories. Survey Monkey was employed, and question structure was approved by ASSFN prior to distribution. ASSFN distributed the questionnaires to specified groups, along with a letter from the President. The distribution lists were provided by the ASSFN. Survey focus areas were as follows:



### *Executive Council and Board Members:*

- SWOT Analysis
- Understanding and relevancy of current vision, mission, and goals
- Relevancy and effectiveness of current partnerships and stakeholder groups
- Relevancy and effectiveness of current pillar areas (Education, Research, Advocacy, and Clinical Practice)

### *ASSFN Membership*

- Identifying information to better understand membership composition and needs
- Understanding of Vision, Mission, Goals, and organizational effectiveness
- Benefits and satisfaction levels realized from ASSFN membership
- Future opportunities and directions across pillar areas

### *Adjunct Professional Societies*

- Familiarity with the vision, mission, and goals of ASSFN
- Perceived performance of ASSFN as a collaborator
- Communication processes and effectiveness
- Future opportunities for mutually beneficial collaborations

### *Advocacy Groups*

- Familiarity with ASSFN advocacy initiatives
- Perceived performance of ASSFN as a collaborator
- Communication processes and effectiveness
- New advocacy priorities and opportunities for collaboration

### *Industry*

- Familiarity with ASSFN activity in new technologies/therapeutics
- Perceived performance of ASSFN as a collaborator
- Communication processes and effectiveness
- New industry priorities and opportunities for collaboration

**Analysis and Presentation of Assessment Findings.** Responses to questionnaires were reviewed for themes both within and across groups, especially in the categories of understanding of ASSFN priorities, program initiatives, relevance to membership and related external group needs, and ASSFN visibility. Results are summarized in the Findings and Observations Section of the report, with additional data found in Appendix B.

**Strategic Planning Retreat.** A Strategic Planning Meeting of the Executive Committee and Board of ASSFN was held on March 1, 2020 in Atlanta, Georgia. The Agenda included presentation and discussion of Survey results and its implications for ASSFN's primary mission, overall effectiveness, relevance to current needs and expectations, value propositions, and initial ideas for framing the future. A review of current Vision and Mission statements was carried out and substantial revision work of these statements was undertaken. Priorities for follow-up work post-retreat were established.

**Series of Virtual Working Sessions:** Although the original plan included a second in-person Strategic Planning Retreat, due to the extraordinary circumstances of the Corona Virus Pandemic and inability to travel, a series of five virtual meetings were held, each lasting 2–2½ hours (June 1 and 22, August 3, September 21, and October 5, 2020). Each meeting continued work on steps leading to a strategic plan. A Mission Canvas Framework\* was used to organize the work and included the following categories: stakeholder group identification, stakeholder needs and related ASSFN value propositions, core Pillar areas around which to frame the Strategic Plan, goal identification and

prioritization, supporting activities, measures of success, committee structure and responsibilities, and finally, timelines for launching activities and achieving goals. Major themes from the surveys served as a basis for strategic planning considerations.

**Final Report.** The ASSFN Strategic Planning process and results are summarized in this, the final report. This report is subject to Board approval for implementation.

\* Use of a “business model canvas”<sup>1</sup> is a validated and game-changing method for addressing outmoded business and strategic plans, expanding creative boundaries, and establishing innovative and sustainable directions. The “mission model canvas” is an adaptation of the “business model canvas” for non-profit entities, which positions revenue generation as a strategy to support intended outcomes rather than for generating profit. The “mission model canvas” approach was used to generate ideas to serve as a starting point for developing a more complete and focused set of value propositions that reflect the needs of each key stakeholder group. “Blue Ocean”<sup>2</sup> thinking was encouraged to promote creativity and thinking around new approaches and novel niche areas vs. exclusive focus on expansion or modification of existing activities.

## Assessment Findings and Observations

Information obtained from the survey process and additional Board input is organized into four categories: Respondent Profiles, SWOT Analysis, Purpose and Mission, Structure and Strategy, and Partnerships and Ecosystem.

### Respondent Profiles

An understanding of constituency groups is important to any strategic planning process. Consideration of response rate carries important information for interpreting themes and trends.

#### Survey Response Rates

Group	Sent	Received	Percent
Board	16	15	93.7%
Members*	366	74/20incpl	20.2/15%
Adjunct Groups*	12	10	83.3%
Advocacy Groups*	36	1	.03%
Industry*	31	4	13%

### Findings and Observations

- // Board response rate was strong; member response rate was sufficient to indicate trends – at least at a high level. Respondents favored objective questions and gave few written comments.
- // Adjunct Professional Societies, Advocacy Groups and Industry groups had a limited starting pool, with response rates insufficient to generate trends.
- // The small number of responses from Advocacy groups and Industry provides useful information and could be indicative of limited understanding of ASSFN and its work.

### Responding Membership Profile

The image shows two identical screenshots of a PowerPoint slide titled "RESPONDING MEMBERSHIP PROFILE". The slide content is as follows:

• Status of Membership	• Active	95%
• Average Membership Years	• Average	8.5 years
• Work Environment	• Academic Health Center	91%
• Reasons for Membership	• Prof Relationships/Networks	90%
	• Educational Opportunities	75%
	• Access to Current Research	73%
	• Evidenced-based Best Practices	46%

## Findings and Observations

- /// The overwhelming majority of respondents work in Academic Health Centers. This might suggest targeted opportunities for new member recruitment and engagement among those in non-academic health centers.
- /// Those primarily in academic health centers value ASSFN for professional relationships and networks, educational opportunities, access to research and, to a lesser extent, access to evidenced-based best practices.
- /// No observations about those in non-academic health centers can be made due to the limited representation from this group. Future planning should explore this group's interests to understand the full range of membership needs and interests.

## Responding Adjunct Professional Groups Profile

Focus Area	Count
▪ Epilepsy	6
▪ Movement Disorders	1
▪ OCD	1
▪ Stereotactic/Functional NeuroSurg	1
▪ Neuropsychopharmacology	1
▪ Collaborations with ASSFN	
YES	5
NO	5
▪ Reason for Not Collaboration	
Not Familiar with nature and scope	3
Not top of mind	1
No Response/Other	6
▪ No Comment Threads	Minimal scattering of comments - all areas

## Findings and Observations

- /// Epilepsy is the most highly represented group, likely a result of the starting pool of organizations. Other focus areas of interest need further exploration.
- /// Only 50% of respondents note a current or previous collaboration with ASSFN; there are few comments to enlightening thinking or to suggest collaboration problems or opportunities.
- /// A notable finding is that ASSFN does not have a high level of visibility with adjunct professional groups related to collaborative efforts – which offers future opportunity.

## Responding Advocacy and Industry Group Profile

Because of the limited response rate in these two groups, no trends or observations can be made. The difficulty ASSFN had in identifying appropriate groups to survey is indicative of the limited external partnerships and collaborations that ASSFN has established.



## ASSFN Board SWOT Analysis

The Board engaged in a SWOT analysis to provide deeper insights into the current status of ASSFN. Input was robust and coalesced around the themes presented in the charts below.

The image displays four PowerPoint slides from a presentation titled "ASSFN Board SWOT Analysis: Summary Themes". Each slide is a screenshot of a PowerPoint window, showing the title, content, and navigation controls.

- Slide 9 of 176: STRENGTHS**
  - Membership – talented, engaged, growing, age/experience mix
  - Engaged Leadership – thought leaders of the field
  - Niche Area – innovative and growing field
  - Education – biennial Meetings, Courses
  - Independent Organization – financial stability
  - Technology/Scientific Advancements
  - Leadership Opportunities – Fellowships, mentoring
  - Advocacy Efforts
- Slide 10 of 176: WEAKNESSES**
  - Unclear/lack of overarching vision, mission, goals
  - Limited society engagement by members – esp. younger
  - Small society membership/limited capacity
  - Biennial meeting limitations/ongoing connectivity
  - Board – large, unbalanced control, sometimes indecisive
  - Financial – vulnerability, funding not being put to use
  - Advocacy – limited impact on payer/reimbursement
  - Limited/undefined connectivity with related societies/industry
  - Activities – impact a small percent of members (excl Biennial Meetings)
  - Overlap with other societies
- Slide 11 of 176: OPPORTUNITIES**
  - Advocacy- for policy, reimbursement, services, indications, etc.
  - Collaboration – more partnerships with neurology, NIH, FDA, neuropsychiatry, AES, etc.
  - Membership – increase size and scope
  - Education/Training – expand courses, training programs, joint programs with other related organizations
  - Technology/Scientific Advancements – neuromodulation, key area
  - Next Generation Development – Fellowships, mentoring
  - Expand Research Support
  - Neuro-ethics – program development
  - Leadership Direction – more guidance for the development of the field
- Slide 12 of 176: THREATS**
  - Value of field – decreased value of indications and services
  - Decreased Reimbursement
  - Losing Interest of Membership – many demands on time
  - Meeting Dilution – Many meetings competing for attendance
  - Dilution of Field by Non-Neurosurgeons
  - Decreased Research Funding
  - Regulatory Controls
  - Decreased Industry Support
  - Decreased Interest by Related Disciplines

## Findings and Observations

### Strengths

- The high level of talent – from both leadership and members, is a major strength.
- The activities are a major asset and provide differentiation for the Society.
- The base of strengths is substantial and provides a firm foundation for future directions.

### Weaknesses

- Unclear vision, mission and goals is a significant issue as this is the core needed to provide future direction.
- Questions regarding differentiation from other organizations are present and need to be addressed to more fully define ASSFN's niche.
- Many of the weaknesses are tactical in nature and can be readily addressed.

## Opportunities

- A large and substantial base of opportunities is present and provides rationale for expansion of current initiatives as well as for development of future initiatives.

## Threats

- Threats should be considered in terms of those that are readily addressable and those that are dependent on external influences. There needs to be an anticipatory view to minimize potential negative impact of perceived threats.
- Many of the threats point to the importance of relationship building and external competition for members.

## Purpose and Mission

Having a solidified overarching vision, mission, and goals are essential elements of any strategic planning process. Without clarity, there is no compass for setting goals, determining activities, and/or establishing measures of success. This leads to a lack of cohesion across all aspects of the organization and lends itself to operating on a tactical rather than strategic level. The Board, ASSFN membership and external groups provided insight into this area.

### Internal and External Perceptions of Vision, Mission and Goals

**Board vs. Member Perception of Vision, Mission and Goals**

- Strong difference between Board and Members for understanding of Vision, Mission and Goals

Understood	Yes	No	Undecided
Board	35.7%	64.3%	-
Members*	70%	6.7%	23.3%

- Relevancy perceptions trend together between Board and Members when including "undecideds"

Relevancy/Consistency	Yes	No	Undecided
Board	71.4%	28.6%	-
Members	70%	3.3%	26.7%

**External Perception of Vision, Mission and Goals**

- Industry familiarity with vision, mission and goals/priority areas strong

Mission	Very Familiar	Mod Familiar	Unfamiliar
Adj Prof Societies		70%	30%
Industry	75%	25%	

- Adj Prof Societies' familiarity with vision, mission good but room for improvement

Priority Areas	Very Familiar	Mod Familiar	Unfamiliar
Adj Pro Societies			100%
Industry	25%	75%	

- Adj Prof Societies familiarity with priority areas poor
- Advocacy groups cannot be judged due to only 1 response

## Findings and Observations

- There are mixed views regarding the overall understanding of Vision, Mission, and Goals between the Board and Membership, - the Board view being more negative. This likely reflects the deeper, more specific knowledge of the Board of Directors, which is charged with this responsibility.
- Board discussions amplified the confusion regarding vision and mission. Confirming evidence for this impression is found in different versions found on the website vs. Bylaws.
- External perceptions of ASSFN's purpose and relevancy presents a confusing picture as there is an unexplainable difference between ratings for "familiarity with purpose" vs. "perception of relevance." For example, despite indications of familiarity with ASSFN's purpose, by contrast, it is striking that Adjunct Professional Groups were uniformly unfamiliar with its priority areas.

## Structure and Strategy

**Structure.** Insights related to structure and its implications for effectiveness and efficiency are gleaned from the membership ratings and the Board's SWOT analysis and discussions. To the membership, ASSFN is an effective organization in addressing their professional needs. However, the Board has a higher degree of awareness of the operational aspects and the issues they experience behind the scenes. Below are the ratings and issues identified that affect effectiveness and efficiency.

### Membership Ratings

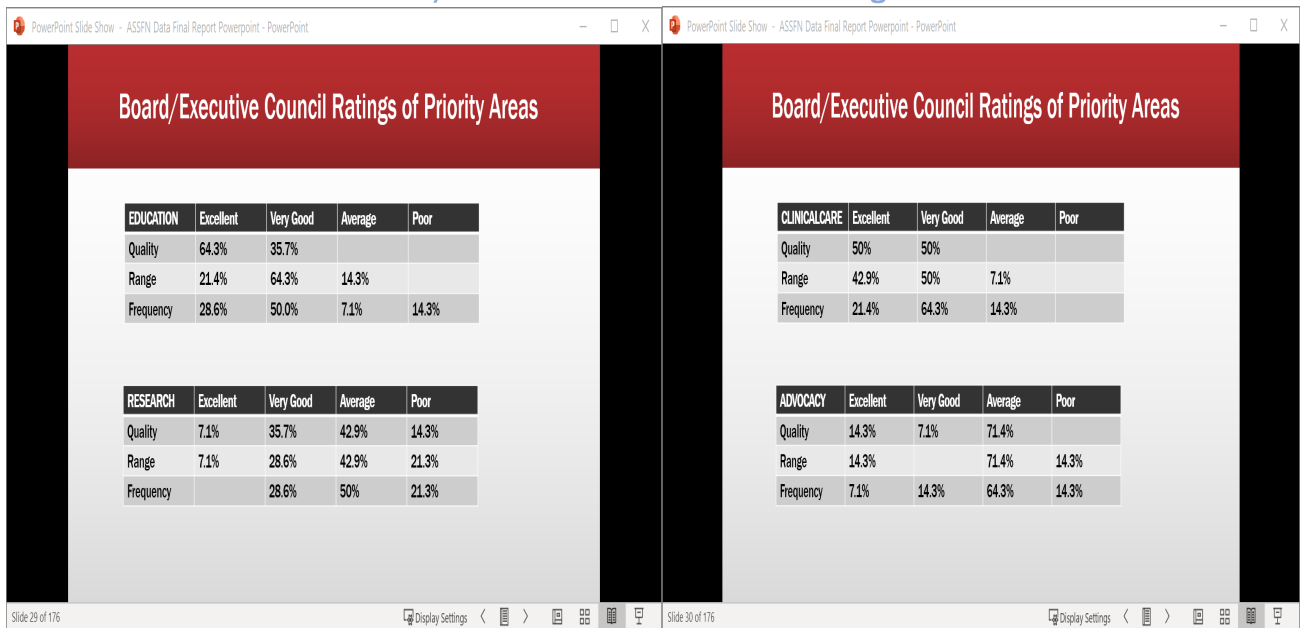


### Board SWOT Analysis of Structure

- /// **Board:** Large size sometimes leads to unbalanced control and/or indecisiveness; work falls on the should of a few – most of whom are already overextended; no existing/obvious pathways for engaging interested members in leadership roles.
- /// **Financial:** vulnerability due to unpredictability of endowment investment performance; no financial plan to protect long-term financial sustainability or for establishing funding priorities and spending.
- /// **Committee Structure:** outdated and not aligned with all areas of work to be done.
- /// **Systems and Processes:** not coupled with accountability processes.
- /// **Communications:** Website ineffective/outdated, with no communication scaffold in place to guide messaging and outreach methods.

**Strategy.** To date, ASSFN has focused on four priority areas: Education, Research, Clinical Care and Advocacy. At the time of the assessment, limited information was found on the website regarding these areas. Descriptions were sketchy and did not represent the full range of engagement. Both the Board and the Membership were surveyed for additional information regarding the quality, range, and frequency of program activities. As program initiators, requested information from the Board was more general in nature, while the membership, as recipients, was asked for more specific perceptions of initiatives.

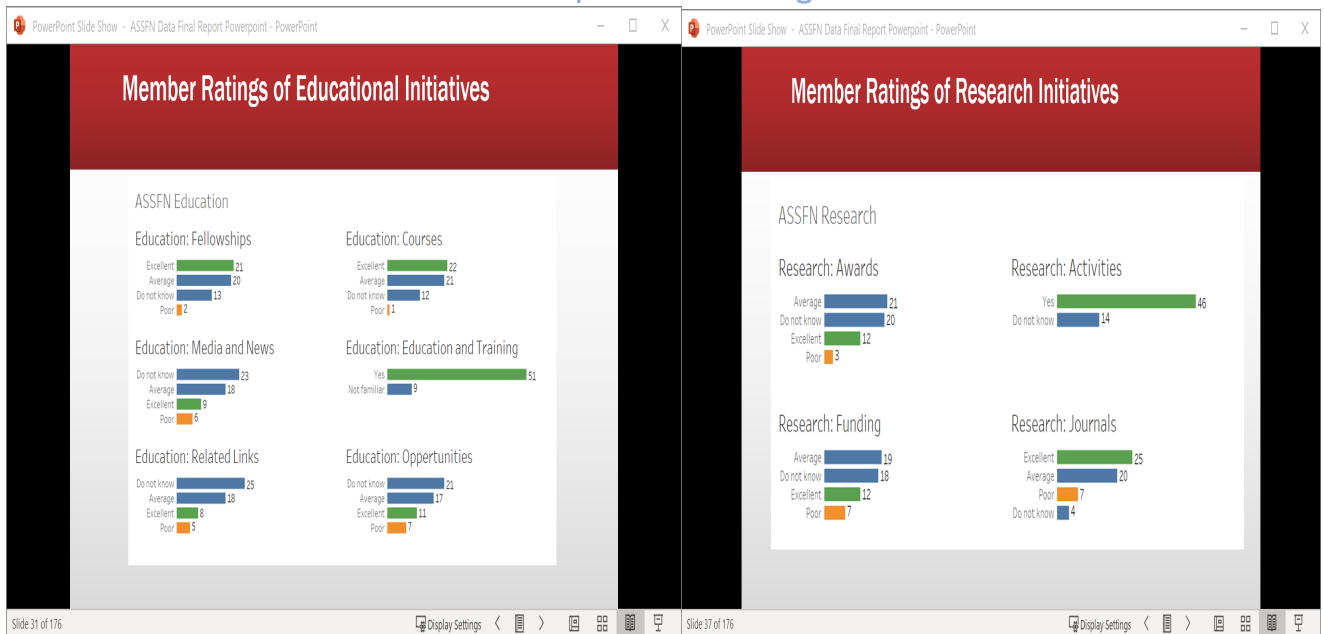
## Board/Executive Council Pillar Area Ratings

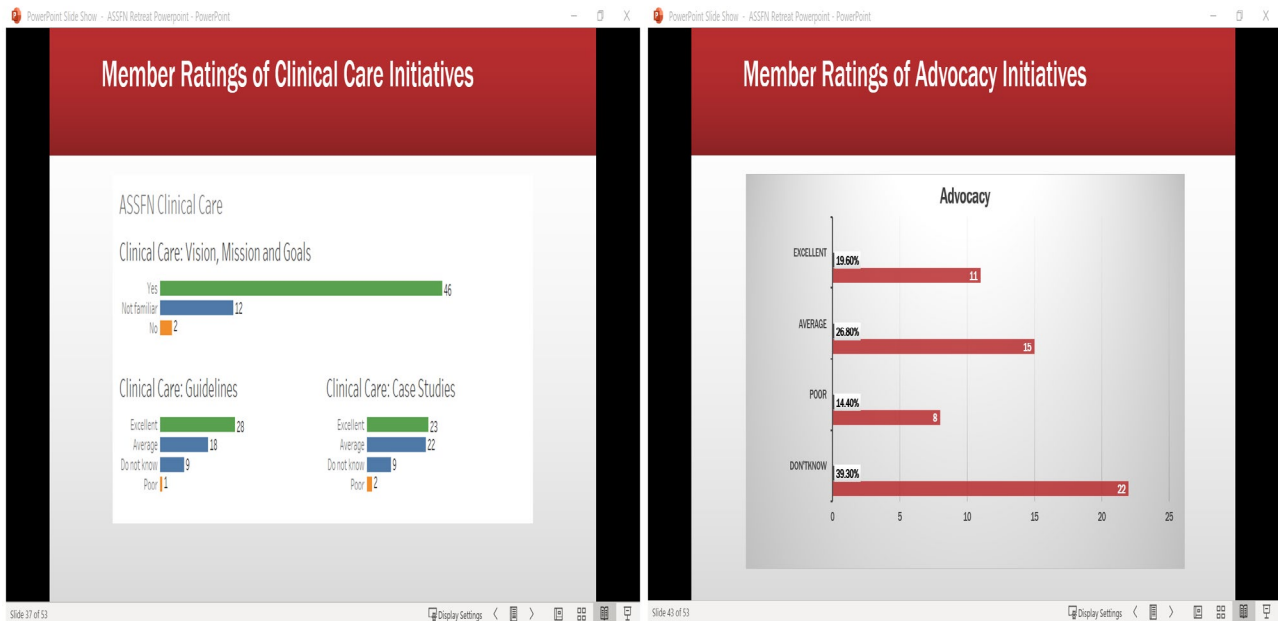


### Findings and Observations

- // **Education:** The majority of the Board indicate the quality of educational activities to be of high caliber. Range and frequency are also positively rated. Overall, this area is viewed as a strength.
- // **Research:** Ratings for research activity is acceptable but less positive, with quality, range, and frequency trending very good to average. With some poor ratings, this is not a solid strength.
- // **Clinical Care:** Quality and range of offerings ratings are consistent with being a strength.
- // **Advocacy:** This is the weakest area with the majority ratings being average. A smattering of excellent and poor ratings also occurred.

## Membership Pillar Area Ratings





## Findings and Observations

### /// Educational Initiatives

- Of the respondents, 85% indicate familiarity with ASSFN’s educational offerings.
- Ratings in the areas of fellowships and courses were solid, although there are still some members indicating they do not have the knowledge to rate them.
- A relatively high percentage indicate a lack of knowledge for rating performance in the areas of media and news, value of website links, and other educational opportunities.

### /// Research Initiatives

- 76% of respondents are familiar with ASSFN research activities.
- For research awards and research funding, 35% rate the quality as average, with a similar number indicating lack of knowledge about the quality of these activities.
- There are positive views of the Journal by the membership– in striking contrast to the negative views of the Board.

### /// Clinical Care Initiatives

- Approximately 76% of respondents are familiar with clinical initiatives.
- Clinical Guidelines and Case Studies are viewed as strengths by members.

### /// Advocacy Initiatives

- This is the least visible agenda of the Society.
- While 46% rate the quality of Advocacy efforts as excellent to average, 39% indicate lack of knowledge in this area and 14% indicate performance is poor.



## **Partnerships and Ecosystem**

This area considers the ways in which the ASSFN does or does not engage in mutually beneficial and reciprocal relationships with other participants in its professional ecosystem. Several of the Society's important goals require active partnerships to succeed. Despite this fact, there is little evidence of productive working relationships with Adjunct Professional Societies, Advocacy Groups, and Industry. This is apparent from the fact that 1) there were no existing distributions lists in any of these categories; 2) once distribution lists were developed, response rate was limited; and 3) responses that were received reflected few collaborative initiatives and limited knowledge of what ASSFN does. ASSFN does not seem to have visibility among external groups and is not top of mind when they are seeking collaborators.

## **Assessment Summary Comments**

Assessment findings indicate that ASSFN has a track record of achievement and many assets that should be leveraged in its future strategy. The pillar areas of activity are viewed as important to the membership and should continue to figure prominently in the strategy going forward. There are issues to be addressed, but they do rise to the level of being barriers to success. The most important finding of the assessment is the degree of opportunity to create significant impact and to differentiate ASSFN as a strong driving force for growing the field of Stereotactic and Functional Neurosurgery.

The assessment findings provide valuable information for building a Strategic Plan. As ASSFN moves forward, relationship building with external groups, expanded participation by the membership, and increased visibility and messaging regarding the important work being conducted by ASSFN are all central to building the value of the Society,

## Strategic Considerations and Opportunities

The strategic considerations and opportunities below provide a set of ideas about how ASSFN should move forward in a productive manner. This section addresses three areas: 1) Value Propositions – ways the ASSFN can expand and build upon targeted areas of strength that make beneficiaries want to join as members or partner with ASSFN to achieve mutually important goals; 2) Form and Function – alignment of organizational structure with functions/activities; and 3) Strategic Partnership – essential to carrying out the work of the Society and fully achieving its intended outcomes.

### Value Propositions

ASSFN's success is dependent on providing value to each of its beneficiary/stakeholder groups. All decisions made regarding structure and activities must be rooted in a strong value proposition that addresses the needs of each beneficiary group to generate interest, commitment, and sustainability.

- // Data obtained during the assessment process regarding beneficiary group needs should serve as a starting point for reviewing current value propositions and doing a deeper dive into additional beneficiary group needs.
- // Value propositions should be aligned with ASSFN's mission and strengths to deliver on the promise.
- // Value propositions should be periodically reviewed to maintain responsiveness to changing needs of the membership, external partners, and the profession.

### Form and Function

ASSFN's form and function should be aligned with the mission, goals, and activities. Mismatches result in lack of cohesion across activities, inefficient process and/or reduced effectiveness. This is where the rubber meets the road. Inattention to this area is one of the reasons that groups often revert to previous patterns of operations and fail to continue the initial momentum created by the strategic plan.

- // **Committee structure** should be reviewed for alignment with its goals and activities. This should also include Bylaws modifications, as required.
- // Given the **time constraints** of the Board, staffing needs should be reviewed.
- // Venn diagram **organizational structure** offers a way to visualize the governance structure as well as the organization of the work of the Society.
- // The Strategic Plan should include **processes** to ensure long-term continuity. Guidelines include:
  - Never stop innovating, but make certain innovation is tied to Mission. Strategy should include identifying gaps, monitoring trends, and developing creative solutions to problems of importance.
  - Regularly review progress to understand successes and develop new insights into issues impeding progress – pivot or modify when indicated.
  - Plan for leadership changes to keep the Society on its strategic path. Provide orientation to new leaders. Initiatives change, but the core should not fluctuate based on leadership changes.

## Strategic Partnerships

Establishment of and strength of partnerships to execute against the goals of the Strategic Plan is important and cannot be assumed. Relationships need to be developed and nurtured.

- /// Seek **complementary partnerships** based on their interests, track record and strength as an organization. Partnerships can become the major differentiator from other initiatives/organizations. These strengths should be catalogued and analyzed for complementarity and opportunities for cross fertilization.
- /// Sustainable partnerships require **win-win outcomes**. The partnership must provide value to each of the partners – individually, as well as for the partnership as a whole. Articulating the guiding value propositions is key to long-term commitment and success.
- /// **Performance expectations** should be spelled out, with each partner being fully committed to their achievement.
- /// **Resource contributions** (talent, financial, technology) should also be addressed at the beginning of a partnership. Lack of understanding or unsubstantiated assumptions regarding resource expectations undermine the trust required for sustainable partnerships.

## ASSFN's Strategic Plan

ASSFN is a unique organization and has many supporting assets to create value for its membership and external partnership groups. Based on the survey data collected at the beginning of the planning process, Executive Committee/Board input during the Atlanta Retreat, and the work of the Board of Directors during the virtual planning meetings, the following Strategic Plan has been developed.

### Vision and Mission

Clearly defined vision and mission statements that provide a core around which all activity and success measures should be based are the most critical components of a successful Strategic Plan. The work of the Board yielded the following agreed upon statements:

#### Vision

A world in which patients with disorders of the nervous system enjoy better lives.

#### Mission

To realize the full potential of functional neurosurgery to improve patients' lives through education, collaboration, innovation, and advocacy.

### Structure and Strategy: Organizational Operations

#### Pain Points/Issues Identified:

- /// *Vision/mission:* unclear stated purpose; lack of Board alignment with Bylaws.
- /// *Work constraints:* relies on a few to do the work, time limitations of Board members, limited staff support.
- /// *Systems and Processes:* currently stable revenue streams but no grounding financial model, few accountability processes, website ineffective/outdated, limited communication strategies in place; lack of diversity

#### Outcomes Sought:

- /// *Clarity of vision and mission* to guide strategic direction, organizational differentiation, and value
- /// *Streamlining of operations* with focus on business practices, and committee structures; accountability measures to justify current and future goals/activities; reliable, value-based communication processes; Board and staff alignment with goals
- /// *Financial long-term sustainability* and appropriate resource allocation

#### Organizational Strategic Plan

With the complexity of the operations and functions of ASSFN, the development of a clear organizational chart is important. A Venn Diagram approach can be a useful approach as it can show hierarchical as well as interrelationships among core areas of an organization. Two examples, based on the work done by Dr. Joseph Neimat and Dr. Dorothy Air can be found in Appendix D.

Following is the strategic plan for achieving organizational effectiveness across all elements of the ASSFN functions. Goals and activities are based on the input from the Board and Membership. Accountability, responsibilities, and timelines are also included to insure progress.

## Organizational Form and Function Plan

Organizational Goals	Activities	Success Metrics	Responsibility	Start Date	Goal Timeline
1. Clarify and align vision and mission	<ul style="list-style-type: none"> <li>Revise vision and mission statements</li> </ul>	<ul style="list-style-type: none"> <li>Adoption of new vision and mission</li> </ul>	ASSFN Board (all listed activities)	Retreat	completed
2. Establish efficient Org operations plan and committee structure	<ul style="list-style-type: none"> <li>Review operations for inefficiencies and propose structural re-organization to align with priorities</li> </ul>	<ul style="list-style-type: none"> <li>Completed efficiency analysis</li> </ul>		Initiated	3-6 months
3. Create a 5- year financial plan with contingencies	<ul style="list-style-type: none"> <li>Conduct a financial analysis and financial modeling to formulate a financial plan</li> </ul>	<ul style="list-style-type: none"> <li>Completion of 5- year financial plan</li> </ul>		TIME?	3-6 months
4. Establish system for evaluating progress & growing opportunities	<ul style="list-style-type: none"> <li>Create and launch process for progress accountability</li> </ul>	<ul style="list-style-type: none"> <li>System designed and operational</li> </ul>			
5. Build effective digital communication (website, expand social media)	<ul style="list-style-type: none"> <li>Develop stakeholder communication scaffold re: ASSFN value (website, digital pathways)</li> </ul>	<ul style="list-style-type: none"> <li>Scaffold completed; Website content updated; increased functionality; positive member survey responses</li> </ul>		Initiated	2 years then ongoing
6. Increase member engagement	<ul style="list-style-type: none"> <li>Create new pathways to raise member engagement</li> </ul>	<ul style="list-style-type: none"> <li>Increase in # of new members engaged; increase in overall membership</li> </ul>			2 years
7. Increase Diversity of membership and Board	<ul style="list-style-type: none"> <li>Institute Diversity Committee to increase numbers &amp; engagement</li> </ul>	<ul style="list-style-type: none"> <li>Increased racial/ethnic participation</li> </ul>			2 years
8. Create alignment across all goals, processes & activities	<ul style="list-style-type: none"> <li>Align Bylaws with Strategic Plan; work the Plan</li> </ul>				6 months then ongoing



## Pillar Areas of ASSFN

The original priority areas, referred to in this document as Pillar areas, are: Education/Training, Clinical Practice, Research, and Advocacy. These areas were reviewed for fit with mission, goals and current thinking related to the profession. The Pillar Areas were revised as follows: Education/Training, Research, and Clinical Practice/Advocacy.

### Pillar 1: Education and Training

#### Beneficiary Groups:

- /// Next Generation Neurosurgeons (Medical students, Residents and Fellows)
- /// Practicing Stereotactic and Functional Neurosurgeons
- /// Other related neurosurgeons
- /// Patients/Patient Care Givers

#### Pain Points/Issues Identified:

- /// **Heavily weighted on academic neurosurgeons** vs. private practice or related professional groups
- /// **Low engagement by peer groups** in program teaching
- /// **Limited content diversification** to meet educational needs across continuum of career stages
- /// **Limited focus on patient and caregiver needs**

#### Value Proposition/Outcomes Sought:

- /// **Solid working relationships** with valuable partner organizations
- /// Maintenance of **updated guidelines** to ensure clinical relevance to members; additional/updated guidelines needed
- /// **Highly competent stereotactic and functional neurosurgeons** in all settings
- /// **Better understanding by related physician groups** of stereotactic and functional techniques for patient referrals
- /// **Longitudinal educational pathway** for across career and professional development spectrum
- /// **Informed patients and caregivers** for decision-making

#### Education and Training Strategic Plan

Following is the strategic plan for achieving goals that address beneficiary needs and impact generating outcomes in Education and Training. Goals and activities are based on the input from the Board and Membership. Accountability, responsibilities, and timelines are also included to insure progress.

## Education and Training Plan

Goals	Activities	Success Metrics	Responsibility	Start Date	Goal Timeline
<p>1. Establish a clear understanding of educational needs of each beneficiary group served (<i>Next Gen, Practicing Neurosurgeons, other related neurosurgeons, peer Groups, Pt/Care Givers</i>)</p>	<ul style="list-style-type: none"> <li>▪ Conduct an educational needs assessment of each group</li> <li>▪ Review &amp; align current programs and content against expressed needs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Completed needs assessment</li> <li>▪ Education program aligned with needs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Education Committee</li> </ul>	<p>Immediately</p> <p>Jan-Mar</p>	
<p>2. Implement a continuum of educational opportunities and content across continuum of career needs</p>	<ul style="list-style-type: none"> <li>▪ Continue to offer successful programs, i.e., Biennial meetings: epilepsy, functional, APP courses, etc.</li> <li>▪ Explore new educational channels to make content more accessible – webinars, podcasts</li> <li>▪ Develop an organized Next Gen Educational program, incl. medical student rotations, mentorship, defining fellowships, etc.</li> </ul>	<ul style="list-style-type: none"> <li>▪ High ratings of educational programs</li> <li>▪ Increased participation by other groups in co-development of course content</li> <li>▪ Increased attendance at meetings, courses, web offerings</li> </ul>		<p>Ongoing</p> <p>Ongoing; accelerate by March</p> <p>Begin planning Summer 2021</p>	
<p>3. Develop and launch educational content and distribution channels for patients/care-givers</p>	<ul style="list-style-type: none"> <li>▪ Co-develop programs with sister organizations for learning across boundaries and at intersections</li> </ul>			<p>Combine with novel online content to begin March.</p>	

## Pillar 2: Clinical Practice/Advocacy

### Beneficiary Groups:

- /// Patients
- /// Physicians
- /// Hospitals
- /// Related professional organizations
- /// Government

### Pain Points/Issues Identified:

- /// *Reduced patient access* to and knowledge of needed treatments options
- /// *Insufficient connectivity* to related organizations for launching advocacy efforts
- /// *FDA approval* difficult and long approval timelines; low reimbursements even after approval
- /// *No organized advocacy strategy* to address major coverage problems
  - Orphan disease coverage
  - Private payor policies with inconsistent coverage
  - Misalignment and inadequacy of codes
- /// Additional *updated guidelines* needed

### Value Proposition/Outcomes Sought:

- /// *Increased access* by patients to procedures
- /// Establishment of *clear advocacy priorities* for SFN community
- /// *Solid working relationships* with valuable advocacy partners, including industry to facilitate FDA approval processes
- /// *Improved reimbursements*, including
  - Code alignment with procedures and diagnoses
  - Reimbursements aligned with value of procedure

### Clinical Practice/Advocacy Strategic Plan

Following is the strategic plan for achieving goals that address beneficiary needs and impact generating outcomes in Clinical Practice and Advocacy. Goals and activities are based on the input from the Board and Membership. Accountability, responsibilities, and timelines are also included to insure progress.

## Clinical Practice/Advocacy Plan

Goals	Activities	Success Metrics	Responsibility	Activity Initiation Timeline	Goal Timeline
1. Expand patient knowledge & treatment access	Develop patient-oriented content on ASSFN website	<ul style="list-style-type: none"> <li>▪ Create and populate Patient Education section on Website</li> </ul>	Website Committee		<ul style="list-style-type: none"> <li>▪ ???</li> </ul>
2. Be the key resource for insurance appeal facilitation	Create an active resource for insurance appeals/Database for insurance appeal letters	<ul style="list-style-type: none"> <li>▪ Member use of insurance appeal database</li> </ul>	Regulatory committee		1 year then ongoing
3. Establish advocacy priorities for coding/regulatory/reimbursement	Develop and implement a system for continuous assessment of advocacy needs	<ul style="list-style-type: none"> <li>▪ Improvement in survey data of resource utility</li> </ul>	Regulatory committee		
4. Co-develop advocacy initiatives with pt.run/disease advocacy groups	<ul style="list-style-type: none"> <li>▪ Develop relationships with organizations &amp; industries aligned with mutual priorities</li> <li>▪ Add advocacy group links to website</li> </ul>	<ul style="list-style-type: none"> <li>▪ Established working relationships and advocacy plans with industry &amp; related organizations</li> </ul>	Regulatory Committee in conjunction with related patient and professional advocacy groups		2 years then ongoing
5. Maintain up-to-date guidelines for clinical relevance to members	Develop and implement a system for continuous assessment of guideline needs	<ul style="list-style-type: none"> <li>▪ Completed guidelines assessment</li> <li>▪ Guidelines up to date; gaps filled</li> </ul>	Guidelines committee		Yearly
6. Align and/or develop new guidelines to communicate best practices and support advocacy efforts	<ul style="list-style-type: none"> <li>▪ Prioritize guideline assessment needs and revise and/or develop new guidelines to address identified needs</li> <li>▪ Implement system for continuous assessment of guideline needs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Achievement of at least 1 payer approval/year of previously unapproved therapy</li> <li>▪ Continuous assessment system in place</li> </ul>	Guidelines committee		Yearly

## Pillar 3: Research

### Beneficiary Groups:

- // Neurosurgeons
- // Related MD Groups
- // Young Investigators
- // General Public – patients and caregivers
- // Industry

### Pain Points/Issues Identified:

- // **Grant Funding**
  - Difficulty for young investigators to get traction in research
  - Limited research funding by government
  - Low grant application success rates
- // **Knowledge dissemination**
  - Timely access to more current research by practitioners
  - Current Journal not effective
  - Patient/caregivers limited understanding of advancements
- // **Research Positions**
  - Insufficient and unrealistic start-up packages
- // **Partnerships**
  - Limited connectivity with industry

### Value Proposition/Outcomes Sought:

- // **Training**
  - Facilitative programs for young investigators
- // **Research relationships and collaborations**
  - Relationships with potential funding sources
  - Relationships with Federal and State agencies
- // **Increase grant success rates among members**
  - More engagement in research both inside and outside academia
  - More recognition of research achievements
- // **Knowledge Dissemination**
  - Easy connectivity to current research findings

### Research Strategic Plan

Following is the strategic plan for achieving goals that address beneficiary needs and impact generating outcomes in Research. Goals and activities are based on the input from the Board and Membership. Accountability, responsibilities, and timelines are also included to insure progress.



## Research Plan

Goals	Activities	Success Metrics	Responsibility	Activity Initiation	Goal Timeline
1. Provide comprehensive young investigator mentorship program	<ul style="list-style-type: none"> <li>▪ Outline &amp; launch comprehensive YI program (mentoring, grant review, start-up, co-sponsorship of grants, grant awards).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increased number of <u>funded</u> young investigators</li> <li>▪ Increase in NIH grant dollars</li> </ul>	<ul style="list-style-type: none"> <li>▪ Research committee</li> </ul>		<ul style="list-style-type: none"> <li>▪ 5 years</li> </ul>
2. Develop a Research Funding Plan (ASSFN support)	<ul style="list-style-type: none"> <li>▪ Develop ASSFN Funding Plan &amp; Award Recognition Program</li> </ul>	<ul style="list-style-type: none"> <li>▪ New research discoveries based on ASSFN funding</li> </ul>			5 year
3. Facilitate member acquisition of external funding	<ul style="list-style-type: none"> <li>▪ Establish resource list of funding sources &amp; resources for Gov. agency interaction</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase member satisfaction with ASSFN research facilitation (survey)</li> </ul>			1-2 years
4. Facilitate member input in investigator or industry - initiated studies	<ul style="list-style-type: none"> <li>▪ Design a process for member input into collaborative research initiatives</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increased number of members participating in research initiatives</li> </ul>			1 year
5. Influence Journal to provide greater impact and value	<ul style="list-style-type: none"> <li>▪ Appoint liaison to work with editor to meet ASSFN needs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increased satisfaction ratings for Journal</li> </ul>			1-2 years
6. Facilitate collaborative research in the development and application of new therapies	<ul style="list-style-type: none"> <li>▪ Design pilot programs for collaborative engagement around innovation topics and to capture and disseminate information for quality improvement of existing therapies</li> </ul>	<ul style="list-style-type: none"> <li>▪ Successful launch of collaborative pilot program yearly</li> </ul>			
7. Increase Quality Improvement of existing therapies					

## Action Steps

The ASSFN Strategic Plan addresses Organizational Structure and its three Pillar areas: Education and Training, Clinical Practice/Advocacy, and Research. Each of these represent major areas of activity and will require additional detail and planning for execution and success. However, ASSFN has a highly engaged and talented Board, budgetary resources, and untapped membership interest in engagement.

The following action steps are intended to provide ASSFN with next steps for implementation of the Strategic Plan.

### Priority Strategic and Tactical Imperatives

1. **Organizational Imperatives:** The Strategic Plan has implications for operational aspects of the Society as well as organizational structure. The Bylaws should be reviewed and aligned with the Strategic Plan.
2. **Additional Prioritization of Goals and Activities.** Each of the three Pillar Areas are extensive individually and cumulatively. The Strategic Plan goals are well within the Society's mission and are important to the future of Stereotactic and Functional Neurosurgery. However, many of the proposed goals and related activities are extensive and will require an investment of effort and time. Since Board members have many professional responsibilities and function on a volunteer basis, it is unrealistic to launch all activities at the same time. The organizational needs as well as each of the three Pillar Areas should be further refined to establish solid and unwavering priorities. Prioritization should include consideration of the following:
  - a. Importance of value proposition to membership and other beneficiary groups
  - b. Resource requirements – both financial and talent
  - c. Implementation feasibility
  - d. Potential for significant impact
3. **Timelines.** Once priorities have been refined and finalized, the Board should establish realistic timelines. Timelines should consider the following:
  - a. Timing for initiation of each goal and related activity as well as timelines for completion of goals.
  - b. Consideration of timelines within each category of activity as well as across categories so that the big picture of the work involved is not lost in terms of bandwidth for getting the job done.
4. **Committee Structure/Working Groups.** Each initiative in the Strategic Plan falls to the responsibility of established committees. However, implementation will need to be more granular. Existing committees need to identify project/initiative leads and establish working groups tasked with conducting the work. The opportunity for increased participation of ASSFN members in working groups can spread out the work and expand creative thinking. Formation of working groups should include:
  - a. Delineation of the work to be conducted
  - b. Expected outcomes of the group
  - c. Timelines for completing the work
  - d. Accountability measures for Board to gage work progress, develop new insights and identify immediate successes.

5. **Member Engagement.** Survey input indicated there are ASSFN members seeking greater involvement in the organization. Given the extent of the work to be done, this is a perfect opportunity to invite others to the table in meaningful work.
6. **Membership and Strategic Collaborator Communication Strategies.** ASSFN should launch a communication strategy to showcase changes being made, new projects undertaken, new partnerships developed, etc. This can be an effective vehicle for increasing ASSFN's visibility and building interest at this early stage of planning and implementation. This early work should feed into a comprehensive marketing plan as part of the strategic planning process.

## **Second Priority Action Steps**

Once the above "Strategic and Tactical Imperatives" have been addressed, second priority actions should be undertaken.

1. **Accountability Strategy.** Accountability measures should be tied to the Society's vision, mission, and goals rather than based on performance outcomes of individual initiatives or activities alone. This will help to avoid deviations from the Strategic Plan and underperformance. Accountability measures should be structured to measure both immediate success as well as long-term success. Importantly, performance outcomes should be systematically reviewed to develop new insights that can be used to guide strategy pivots and modifications.
2. **Value Proposition Renewal.** The success of any Strategic Plan can only occur if it provides value to each of its designated constituency/beneficiary groups. Periodic surveys of these groups should occur to determine whether there are changing needs or priorities, so that ASSFN can be responsive to these changes.
3. **Translation of Value Propositions into Strategic Messaging and Marketing Strategies.** With ASSFN already moving forward with improving its communication processes and messaging, a primary consideration is to be sure messaging is tied to the value proposition ASSFN provides. Telling the story to generate a sense of excitement could lead to increased interest and support. Launch of these activities should be a priority.
4. **Partnerships/Collaborator Relationships.** Development of relationships is a long-term play and require careful planning.
  - Areas with potential for cross-pollination or complementarity between ASSFN and potential collaborators should be explored; identified areas should align with ASSFN's purpose and interests.
  - Value proposition statements and win-win outcomes should be developed and used as the starting point for relationship building – why should the collaborator want to work with ASSFN. This work places the ASSFN in a position to be taken seriously as a leader in the ecosystem.
  - Activities/events that provide collision opportunities for common interests should be piloted for their potential to bring the right players together to make something happen.
5. **Marketing Plan.** Value propositions should that underpin all initiatives undertaken by ASSFN and should be organized into a strategic scaffold for communicating what ASSFN does. Consistency of messaging is key establishing the brand of the organization.

## Final Comments

ASSFN has the potential to be a powerhouse for innovation, education, research, and clinical practice/advocacy. The Strategic Plan lays out an ambitious set of goals and enabling activities and will require time and effort for full implementation and impact. All activity should be strategic rather than tactical and connect to the purpose and mission of ASSFN. While there are a number of moving parts to full implementation, prioritizing, followed by careful sequencing and coordination will be important to success. Implementation should include accountability and oversight processes to ensure forward movement so that the Strategic Plan is operationalized and not something that defaults to a document in a file cabinet.

PowerPoint Slide Show - ASSFN Data Final Report Powerpoint - PowerPoint



### Partnerships Playbook Services

We help to achieve economic, community, and societal impact objectives with planning and implementation of effective collaborations among universities, medical centers, state and regional economic and government agencies and industry by:

- assessing need and opportunity • strategic and action planning • brokering and establishing partnerships • project development and implementation • metrics framework development • strategic messaging and advocacy • ...and more
- Learn More!
- Find out how you can maximize the benefit of collaboration

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# Appendices

**Appendix A: Survey Questionnaires**

**Appendix B: Survey Comment Summaries**

**Appendix C: Board SWOT Analysis Written Comments**

**Appendix D: Venn Diagram Examples of Organizational Structure**

**Appendix E: Bibliography**

**Appendix A: Survey Questions**



## EXECUTIVE COUNCIL and BOARD OF DIRECTORS SURVEY

### Message from the President:

Dear members of the Executive Council and Board of Directors:

As we agreed, the Executive Council and Board of Directors is committed to developing a strategic plan that will establish the future directions and priorities of the ASSFN. I have shared with you the process proposed by the consultant whom we have engaged, and all have agreed to the proposal. We are now ready to implement the data-gathering phase of the process. While feedback in all key areas will also be solicited from ASSFN members, adjunct professional organizations, industry and advocacy groups, the Executive Council and Board of Directors is charged with doing a deeper analysis in order to establish the strongest possible baseline for Strategic Planning. I know you will understand and respect the importance of providing your input and meeting the established timeline. Please let me know if you have any questions.

Sincerely,



Robert E. Gross, MD, PhD  
President, ASSFN

### SURVEY

The following Survey is structured to develop a profile of the organization from which a Strategic Plan can be developed. The areas included for assessment are as follows:

- Organizational Strengths, Weaknesses, Opportunities, and Threats (SWOT)
- Current understanding and relevancy of the vision, mission, and goals of ASSFN
- Relevancy and effectiveness of current partnerships and stakeholder groups
- Relevancy and effectiveness of current four pillar program areas

### PART 1:

#### ASSFN SWOT Analysis

Please list your top Strengths, Weaknesses, Opportunities and Threats in the spaces below.

**NOTE:**

*The questions provided are intended to stimulate your thinking about each of these areas rather than to be answered individually.*

#### Organizational Strengths:

##### Questions for Consideration

- What are the benefits of being an independent organization?
- What are the assets and resources of the organization? Which is the strongest asset?
- What are the most successful areas of activity? Why?
- What value does ASSFN currently provide to members, industry partners, and/or other constituency groups?
- What feedback is received regarding what the organization does especially well?

#### Responses:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

#### Additional Perceived Strengths/Comments for Retreat Discussion:

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#### Organizational Weaknesses

##### Questions for Consideration:

- Are there negative aspects of being an independent organization?

- What are our least visible and/or least successful program activities? Why?
- Does the membership base need to be more engaged?
- Is the success of the organization dependent on a select few or a limited segment of the membership?
- Are there criticisms that are recurring and form a theme?
- Does lack of staffing impede the ability to efficiently carry out ASSFN's range of activities?
- Are funds used in the most advantageous ways? Is income level adequate and sustainable?
- Are there barriers that currently limit ability to reach goals?
- Are the bylaws relevant, and do they facilitate accomplishing goals?
- Are members and external groups knowledgeable about the mission, goals, and activities of the ASSFN?



**Responses:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Additional Comments/Perceive Weaknesses for Retreat Discussion:**

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**Organizational Opportunities**

**Questions for Consideration:**

- What external forces or trends could have a positive impact and create new opportunities?
- What needs relevant to the vision, mission and goals are not being addressed and could create new opportunity?
- Are there more effective ways to tell the ASSFN story to grow membership, generate partnerships, increase funding, and/or improve patient outcomes? To whom does the story need to be told?
- Are there related professional groups who are not represented that could be additive to the organization?
- Are there solutions for current barriers or limitation?
- Are there best practices utilized by other organizations that could be adopted to ASSFN's advantage?
- Do members or other constituency groups request new offerings that are not being addressed by ASSFN?
- Are there other disease indications/treatment approaches that could be explored?

**Responses:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Additional Perceived Opportunities/Comments for Retreat Discussion:**

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**Organizational Threats**

**Questions for Consideration:**

- Are there government regulations or political directions that could negatively impact the field and/or future directions of the ASSFN?
- Are there other societies/organizations that could or are competing with ASSFN for its members?
- Is the website secure?

- Is funding overly dependent on external factors that cannot be controlled by the ASSFN, e.g. meeting income, member's dues, stock market performance, overall strength of the economy?
- Will there be diminishing interest in membership in professional organizations?
- Will there be challenges in recruiting members to serve in leadership positions?

**Responses:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Additional Perceived Threats/Comments for Retreat Discussion:**

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**PART 2:**

**Board Analysis of Vision, Mission and Goals of ASSFN**

1. Are the Vision, Mission and Goal statements clearly stated and consistent across all communications?  
 Yes                       No

List Inconsistencies:

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2. Are the Vision, Mission and Goals Statements relevant to current needs? What revisions are needed?  
 Yes                       No

List revisions: \_\_\_\_\_

---

3. Are activities and programs aligned with Vision, Mission and Goals? If not, describe misalignments.  
 Yes                       No

List

Misalignments:

---



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4. What outcomes are you hoping to achieve as a result of developing a Strategic Plan?

List Outcomes:

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**PART 3:**

**Board Analysis of Relevance and Effectiveness of Current Partnerships and Stakeholder Groups**

- Who are the stakeholder groups critical to the success of ASSFN?

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- Does the organization understand their interests and needs?

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- What activities are in place to directly meet those needs?

---

- What feedback is received from external groups to validate partnership and collaboration effectiveness?

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- What needs have not been addressed?

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- Are relationships based on win-win outcomes?

- What can be done to better understand and work with those groups in order to provide greater value to them?

**PART 4:**

**Board Analysis of Relevance and Effectiveness of Four Pillar Areas of Activities:**

**Education/Training:**

Quality of programs offered:   Excellent           Very Good           Average   Poor  
 Range of programs offered:   Excellent           Very Good           Average   Poor  
 Frequency of programs offered:   Excellent           Very Good           Average   Poor

Gaps in Programming: \_\_\_\_\_  
 Programs in need of improvement: \_\_\_\_\_

**Research**

Quality of programs offered:   Excellent           Very Good           Average   Poor  
 Range of programs offered:   Excellent           Very Good           Average   Poor

Gaps in Programming: \_\_\_\_\_  
 Programs in need of improvement: \_\_\_\_\_

**Clinical Care**

Quality of programs offered:   Excellent           Very Good           Average   Poor  
 Range of programs offered:   Excellent           Very Good           Average   Poor

Gaps in Programming: \_\_\_\_\_  
 Programs in need of improvement: \_\_\_\_\_


**Advocacy**

Quality of programs offered:   Excellent           Very Good           Average   Poor  
 Range of programs offered:   Excellent           Very Good           Average   Poor

Gaps in Programming: \_\_\_\_\_  
 Programs in need of improvement: \_\_\_\_\_

**PART 5:**

**Board Analysis of Operational Effectiveness**

1. Is the operational success of the organization dependent on a select few or limited segment of ASSFN?  
 \_\_\_\_\_Yes           \_\_\_\_\_No  
 Comments: \_\_\_\_\_
2. Does the website effectively convey the vision, mission, goals and activities of the organization? Is the website easy for members and other interested organizations to navigate?   
 \_\_\_\_\_Yes           \_\_\_\_\_No  
 Comments: \_\_\_\_\_
3. Would the organization benefit from having a staff person? In what way?  
 \_\_\_\_\_Yes           \_\_\_\_\_No  
 Comments: \_\_\_\_\_
4. Is there a credible auditing process in place?  
 \_\_\_\_\_Yes           \_\_\_\_\_No  
 Comments: \_\_\_\_\_
5. Are there strong transition plans in place to ensure continuity in implementing vision, mission and goals beyond current governance team?  
 \_\_\_\_\_Yes           \_\_\_\_\_No  
 Comments: \_\_\_\_\_

6. Are the channels of communication among Executive Council members effective?  
 Yes                       No  
 Comments: \_\_\_\_\_
7. Are the channels of communication between Executive Council and membership effective?  
 Yes                       No  
 Comments: \_\_\_\_\_
8. Are the channels of communication between ASSFN and other constituency groups effective?  
 Yes                       No  
 Comments: \_\_\_\_\_

**Thank you for your Participation**

**DEADLINE FOR RETURN OF SURVEY: December 15, 2019**

### ASSFN Member Survey

**Message from the President:**

The ASSFN is currently undergoing a strategic planning process in order to advance the field of Stereotactic and Functional Neurosurgery, to provide meaningful support to its members and to establish a plan to guide future directions for the ASSFN. This is the first time that a comprehensive strategic planning process has been undertaken. Our goal is to develop a Strategic Plan that provides as much value to our membership as possible. In order to accomplish this, your direct input is an essential component of the process. Although I realize how busy your schedules are, I ask that you take the time to complete the following questionnaire. The ASSFN can only be as effective as its level of member engagement. All input will be held in confidence and used only in aggregate form. However, all individual input will be considered as we determine the future directions and priorities of ASSFN. I look forward to your input.

Sincerely,



Robert E. Gross, MD, PhD  
 President, ASSFN

### MEMBER SURVEY

**I. Background Information:**

**A. What is your member classification?**

- Active
- Associate
- Honorary
- International
- Resident/Fellow/Medical Student
- Senior

**B. How long have you been a member of the ASSFN? \_\_\_\_\_**

**C. What is your work setting?**

- Academic Health Center
- Hospital
- Private Practice
- Industry
- Other \_\_\_\_\_

**D. What is your current level of engagement in the ASSFN (check all that apply)?**

- Attending biennial meetings
- Chairing and/or presenting at biennial meetings
- Participating on committees or working groups
- Reading Newsletters and/or Stereotactic and Functional Neurosurgery (journal)
- Dues paying member but limited direct engagement

**II. Membership Value of ASSFN**

**A. What was your reason for joining the ASSFN (check all that apply)?**

- Development of professional relationships/networks
- Educational Opportunities
- Access to current research advancements and research opportunities
- Access to evidence-based best practices

Other:

\_\_\_\_\_

**B. What benefits have you realized as a result of your membership?**

\_\_\_\_\_  
\_\_\_\_\_

**C. What additional benefits would you like to derive from your membership?**

\_\_\_\_\_  
\_\_\_\_\_

**III. Mission of ASSFN**

**A. Are the Vision, Mission and Goals of the ASSFN clearly articulated and readily understood?**

- Yes                       No                       Undecided

Comments: \_\_\_\_\_  
\_\_\_\_\_

**B. Are the currently stated Vision, Mission and Goals relevant to your professional needs?**

- Yes                       No

Comments: \_\_\_\_\_  
\_\_\_\_\_

**C. Do the activities sponsored by ASSFN in its four priority areas align with the Vision, Mission and Goals?**

**1. Education/Training**

- Yes                       No                       Not familiar with activities

**2. Research**

- Yes                       No                       Not familiar with activities

**3. Clinical Care**

- Yes                       No                       Not familiar with activities

**4. Advocacy**

- Yes                       No                       Not familiar with activities

Comments: \_\_\_\_\_  
\_\_\_\_\_

**D. Are there additional priority areas that should be considered for adoption by ASSFN?**

\_\_\_\_\_  
\_\_\_\_\_

**IV. Organizational Effectiveness**

**A. What is your overall rating of the effectiveness of ASSFN?**

- Excellent                       Very Good                       Good                       Poor

**B. Based on your experiences, what is the quality of activities provided in each of the following?**

**1. Meetings:**

- Biennial Meetings:                       Excellent                       Average                       Poor                       Do not know  
Past Meeting Abstracts:                       Excellent                       Average                       Poor                       Do not know

**2. Clinical Care:**

- Guidelines:                       Excellent                       Average                       Poor                       Do not know



Case Studies/Techniques:  Excellent  Average  Poor  Do not know

**3. Research:**

Research Highlights:  Excellent  Average  Poor  Do not know  
Funding Opportunities:  Excellent  Average  Poor  Do not know  
Awards Announcements:  Excellent  Average  Poor  Do not know  
Journals:  Excellent  Average  Poor  Do not know

**4. Education:**

Fellowship Opportunities:  Excellent  Average  Poor  Do not know  
Job Opportunities:  Excellent  Average  Poor  Do not know  
Courses:  Excellent  Average  Poor  Do not know  
Media News:  Excellent  Average  Poor  Do not know  
Related Links:  Excellent  Average  Poor  Do not know

**5. Advocacy Initiatives:**  Excellent  Average  Poor  Do not know

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Communication Channels**

**A. Do you receive timely communications from ASSFN?**

Yes  No

**B. Is the content relevant to your needs?**

Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

**C. Through what channels of communication do you prefer to receive news and announcements?**

Email  Social Media  Newsletters  Other \_\_\_\_\_

**VI. Operational Effectiveness:**

**A. Is the organization responsive to your needs when issues arise?**

Yes  No

**B. Is the Executive Council and Board of Directors receptive to new ideas?**

Yes  No

**C. Are pathways for more active engagement in the ASSFN readily apparent?**

Yes  No

**D. Is there effective infrastructure to support the activities of the organization?**

Yes  No

**VII. Future Directions:**

**A. What does the ASSFN do well?**

\_\_\_\_\_  
\_\_\_\_\_

**B. What should ASSFN change or discontinue doing?**

\_\_\_\_\_  
\_\_\_\_\_

C. What new directions should be explored for adoption by the ASSFN?

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FINAL COMMENTS: Is there anything else you would like to share with the Executive Council to aid in the Strategic Planning Process?

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**Thank you for your participation.  
PLEASE RETURN SURVEY BY December 15, 2019**

**ADJUNCT PROFESSIONAL SOCIETY SURVEY**

**Message from the President of the ASSFN**

The ASSFN is currently undergoing a strategic planning process in order to advance the field of Stereotactic and Functional Neurosurgery, improve patient outcomes, and establish a plan to guide its future directions. As a professional society with complementary interests, we would like to ask for your assistance by sharing your perception of the overall effectiveness of the ASSFN and how we can more fully work with other professional organizations to achieve mutual goals.

I would greatly appreciate your help by completing the following survey. Collaborative relationships are an important keystone to the effectiveness of ASSFN. All input will be held in confidence and used only in aggregate form. However, all individual input will be considered as we determine the future directions and priorities of ASSFN. I look forward to your input.

Sincerely,



Robert E. Gross, MD, PhD  
President, ASSFN

**SURVEY**

**I. Identifying Information**

**A. Specialty/Subspecialty Focus of Professional Society:**

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**B. What is your level of familiarity with the mission of the ASSFN?**

\_\_\_ Very familiar      \_\_\_ Moderately familiar      \_\_\_ Unfamiliar

**C. What is your level of familiarity with the priority initiatives of the ASSFN?**

\_\_\_ Very familiar      \_\_\_ Moderately familiar      \_\_\_ Unfamiliar

**D. Are you currently collaborating with, or have you collaborated in the past, with the ASSFN?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**E. Are you currently collaborating with, or have you collaborated in the past, with individual members of the ASSFN?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**If so, how did you connect with those individuals?**

\_\_\_ ASSFN facilitated    \_\_\_ Literature search    \_\_\_ Network recommendations

**II. Collaboration Experience with ASSFN**

A. If your Society is currently collaborating with the ASSFN, or has done so in the past, please answer the following:

1. What was the nature of the Collaboration?

Education Initiatives       Clinical Trials       Advocacy Initiatives  
 Treatment Protocols       Sponsored Research       Guidelines      Other:  
\_\_\_\_\_

2. How would you describe the merit of the collaboration experience with ASSFN?

Very productive       Somewhat productive       Not productive

3. How would you describe the ASSFN as a collaborator (check all that apply)?

<input type="checkbox"/> Well organized	<input type="checkbox"/> Disorganized
<input type="checkbox"/> Easy access to relevant networks	<input type="checkbox"/> Unreasonable expectations
<input type="checkbox"/> Facilitative processes in place	<input type="checkbox"/> Controlling
<input type="checkbox"/> Excellent follow-through	<input type="checkbox"/> Inadequate follow-through
<input type="checkbox"/> On-time deliverables	<input type="checkbox"/> Poor quality of deliverables
<input type="checkbox"/> Outstanding expert engagement	<input type="checkbox"/> Late meeting deadlines
<input type="checkbox"/> Win-win oriented	<input type="checkbox"/> Inadequate access to expertise
<input type="checkbox"/> Open channels of communication	<input type="checkbox"/> Poor communication channels
<input type="checkbox"/> Internal champions in place	<input type="checkbox"/> No internal champion
<input type="checkbox"/> Good partnership infrastructure	<input type="checkbox"/> Poor partnership infrastructure

4. If you have not partnered with the ASSFN, is there a specific reason?

No relevant projects  
 Not top of mind  
 Not familiar with the nature and scope of the work of the ASSFN  
 Poor past experiences with ASSFN

### III. Future Opportunities

A. What does the ASSFN do well in working with other related professional societies?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. What does ASSFN need to stop doing to be an effective collaborator?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. What changes would increase the effectiveness of the ASSFN in working with related professional societies?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Are there any joint opportunities with your society that would result in significant impact on patient care?

\_\_\_\_\_  
\_\_\_\_\_

### ADVOCACY ORGANIZATIONS SURVEY

Message from the President:

The ASSFN is currently undergoing a strategic planning process in order to advance the field of Stereotactic and Functional Neurosurgery, improve lives of patients and their caregivers, and establish a plan to guide its future priorities. Advocacy is an important function of the ASSFN, and we are committed to working with Advocacy Groups to meet patient and caregiver needs as effectively as possible. The ASSFN would greatly appreciate your input regarding the overall effectiveness of its Advocacy efforts and ways in which the ASSFN can continue to meet patient and caregiver needs going forward. As a patient advocacy group, the ASSFN seeks your input regarding what we are currently doing and how we can best support the good work that your organization is doing, and integrate/synchronize our efforts. All input will be held in confidence and used only in aggregate form. However, all individual input will be considered as we determine the future directions and priorities of ASSFN. I look forward to your input.

Sincerely,  


Robert E. Gross, MD, PhD  
 President, ASSFN

**SURVEY**

**I. Advocacy Group's Background Information:**

**A. What is the primary advocacy focus of your organization (mark all that apply)?**

1. Patient/Caregiver Education
2. Public Awareness
3. Clinical Trials
4. Government Affairs/Policies
5. Regulatory Issues
6. Research Funding
7. Patient Financial Assistance
8. Patient Health Care System Representation (Hospitals, Insurers, Pharma)

**B. Are you familiar with the work of ASSFN in the following areas? (check all that apply)**

1. Patient/Caregiver Education
2. Public Awareness
3. Clinical Trials
4. Government Affairs/Policies
5. Regulatory Issues
6. Research Funding
7. Patient Financial Assistance
8. Patient Health Care System Representation (Hospitals, Insurers, Pharma)

**C. Have you worked directly with ASSFN to assist the advocacy work of your organization?**

Yes  No

**D. If you have worked with the ASSFN,**

**1. How would you rate its overall interactions compared to other organization?**

Excellent  Very Good  Average  Poor

**2. How would you rate the outcomes that resulted from that relationship?**

Excellent  Very Good  Average  Poor

**E. In your experience, does the ASSFN fully understand the advocacy needs of its patients and caregivers?**

Yes  No

**F. Are the advocacy initiatives focused on the most important priorities?**

Yes  No

**II. Advocacy Effectiveness**

**A. How would you rate the ASSFN as a valuable resource in the following areas?**

1. Patient/caregiver education  Excellent  Very Good  Average  Poor

2. Public Awareness	Excellent	Very Good	Average	Poor
3. Clinical trials	Excellent	Very Good	Average	Poor
4. Government Affairs/Policies	Excellent	Very Good	Average	Poor
5. Regulatory Issues	Excellent	Very Good	Average	Poor
6. Research Funding	Excellent	Very Good	Average	Poor
7. Patient Financial Assistance	Excellent	Very Good	Average	Poor
8. Patient Health Care System Representation (Hospitals, Insurer, Pharma)	Excellent	Very Good	Average	Poor

**B. Are there facilitative communication processes with ASSFN in place?**

Yes       No

Comments: \_\_\_\_\_  
\_\_\_\_\_

**C. Are ASSFN's collaborating processes easy to understand and implement?**

Yes       No

Comments: \_\_\_\_\_  
\_\_\_\_\_

**D. Does the ASSFN follow through with its commitments in a timely manner?**

Yes       No

Comments: \_\_\_\_\_  
\_\_\_\_\_

**III. Benefits to your organization**

**A. What are the direct benefits your organization has experienced from its association with the ASSFN?**

\_\_\_\_\_  
\_\_\_\_\_

**B. What is the single most impactful contribution that has resulted from the advocacy initiatives of the ASSFN?**

\_\_\_\_\_  
\_\_\_\_\_

**IV. Future Advocacy Directions**

**A. What is the ASSFN doing that it should continue to do?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. What should the ASSFN stop doing?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. What new advocacy priorities should be considered by the ASSFN?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Industry Survey**

Message from the President of the ASSFN

Dear ASSFN Industry Partners,

The ASSFN is currently undergoing a strategic planning process in order to advance the field of Stereotactic and Functional Neurosurgery and to establish a plan to guide its future directions. Given the increasing importance of industry collaborations in the research and development of innovative treatment strategies, we are seeking industry input into our strategic planning process.

By way of background, the mission of the ASSFN is to foster the use of image guided and physiologically guided surgeries that alter the function of the nervous system in the treatment of neurological disorders. We are committed to the continuing journey of transitioning promising new technologies and therapeutics from the bench to the bedside to improve patient outcomes and to establishing best practices and standards of care. Our relationship with industry is an important part of our strategy for accomplishing our goals.

I would greatly appreciate your help by completing the following survey. The ASSFN can only be as effective as its level of member engagement and collaborative relationships. All input will be held in confidence and used only in aggregate form. However, all individual input will be considered as we determine the future directions and priorities of ASSFN. I look forward to your input.

Sincerely,  
Robert E. Gross, MD, PhD  
President, ASSFN

### Industry Partner Survey

#### IV. Identifying Information

##### F. Industry Sector:

- Medical devices  
 Pharma  
 Clinical Services  
 Other

##### G. What is your level of familiarity with the mission of the ASSFN?

- Very familiar       Moderately familiar       Unfamiliar

##### H. What is your level of familiarity with the priority areas of activity of the ASSFN?

- Very familiar       Moderately familiar       Unfamiliar

##### I. Are you currently collaborating with, or have you collaborated in the past, with the ASSFN?

- Yes       No

##### If so, in what capacity?

- Clinical Trials     Sponsored Research     Advocacy     Consulting     Other

##### J. Have you collaborated with individual members of the ASSFN?

##### If so, how did you connect with those individuals?

- ASSFN facilitated     Literature search     Network recommendations

#### V. Collaboration Experience with ASSFN

##### B. If your company is currently collaborating with the ASSFN, or has done so in the past, please answer the following:

##### 5. What was the nature of the Collaboration?

- Consulting     Clinical Trials     Advocacy Initiatives  
 Sponsored Research    Other: \_\_\_\_\_

##### 6. How would you describe the merit of the collaboration experience with ASSFN?

- Very productive  
 Somewhat productive  
 Not productive

##### 7. How would you describe the ASSFN as a collaborator (check all that apply)?



<input type="checkbox"/> Well organized	<input type="checkbox"/> Disorganized
<input type="checkbox"/> Understands industry needs	<input type="checkbox"/> Lack of industry insight
<input type="checkbox"/> Easy access to relevant networks	<input type="checkbox"/> Bureaucratic processes
<input type="checkbox"/> Reasonable contract negotiations	<input type="checkbox"/> Unreasonable negotiation terms
<input type="checkbox"/> Facilitative processes	<input type="checkbox"/> Controlling
<input type="checkbox"/> Excellent follow-through	<input type="checkbox"/> Inadequate follow-through
<input type="checkbox"/> On-time Deliverables	<input type="checkbox"/> Poor quality of work
<input type="checkbox"/> Outstanding expert engagement	<input type="checkbox"/> Late in meeting deadlines
<input type="checkbox"/> Seeks win-win outcomes	<input type="checkbox"/> Inadequate access to expertise
<input type="checkbox"/> Open channels of communication	<input type="checkbox"/> Poor communication channels
<input type="checkbox"/> Internal champion in place	<input type="checkbox"/> No internal champion
<input type="checkbox"/> Good partnership infrastructure	

**8. In what areas would additional connectivity with the ASSFN be advantageous to your company (check all that apply)?**

- Clinical Trials     Sponsored Research     Advocacy     Consulting  
 Other     Not relevant to Current Needs

**C. If you have not partnered with the ASSFN, what is the reason?**

- No relevant projects  
 Not top of mind  
 Not familiar with the nature and scope of the work of the ASSFN  
 Poor past experiences with ASSFN

**VI. Future Opportunities**

**A. What does the ASSFN do well in working with industry partners?**

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**B. What does ASSFN need to stop doing to be an effective industry collaborator?**

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**C. What changes would increase the effectiveness of the ASSFN in working with industry?**

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**Thank you for your participation.**

**PLEASE RETURN SURVEY BY December 15, 2019**

## Appendix B: Survey Written Comments Summary

### Member Written Comments

#### Benefits:

- **All aspects of society (3)**
- **Networking (14)**
  - Clinical studies (2)
  - Opportunity to participate in thought-leading work through Psychiatry Working Group
- **Research Updates (6)**
  - Being in forefront of field related to research and clinical perspectives;
  - Exposure to technologies still under development
- **Journal Access (4)**
- **Meeting (4)**
  - Meeting discount
- **Education (3)**
  - Next generation development of functional neurosurgeons (3)
    - Mentoring
    - Leadership development
  - Tracking evolution of practice in functional neurosurgery
- **Not much/none/unclear (5)**
  - Focus has shifted to mostly DBS vs. radio-surgical, neuro-ablative or pain
  - Not sure – at end stage of career

#### Other Benefits Desired

- **Research Collaborations (2)**
  - More organized multi-centered trial efforts with specific study groups working with industry
- **Increased knowledge**
  - On-line CME
- **Improved practice**
- **Increased professional advancement**
- **Stronger Journal (2)**
  - Make journal more open and less political
- **Easier access to important papers and publications (2)**
  - Send out 2X per year pertinent articles published related to options in functional, stereotactic and radio surgical and pain cases
  - E-blasts about significant papers, guidelines, etc.
- **Participation in task forces related to specific areas of interest**

#### What ASSFN Does Well

- **Education/Training (20)**
  - Meetings (15)
  - Education (3)
  - Courses (2)
- **Journal (4)**
- **Website (1)**
- **Reflects current state of the field**
- **Promoting new technology**
- **Encouraging functional neurosurgery training**
- **New research presentations**

#### Recommendations for Change or to Stop Doing

- **ASSFN Role**
  - Broaden
  - Increase collaborations with neighboring specialties
- **ASSFN Meetings: Must be more than just meetings**
  - Invite more speakers from related fields that are non-surgical
  - Engage with AES at next meeting
  - Make engagement with Neurology/Psychiatry professional groups routine at meetings
  - Poster sessions critical
  - Have fewer parallel sessions and shorter length
  - Have dedicated time for plenaries so all can attend
  - More time for critical discussions
  - Recruit more engaged moderators who can keep sessions going even when no questions from audience happen
  - Due to overlap with CNS/AANS, consider separate ASSFN section only every 4 years
  - Would prefer ASSFN Meeting on 3-year cycle and combine with WSSFN on overlapping years
  - Include history of field presentations as most do not read anything past 20 years old and keep reinventing things, they think are unique
- **Journal**
  - Create a new journal with industry sponsorship to support it
  - Improve journal from its current low impact status
- **Engagement**
  - More communication with physician members
  - Stop being inbred and recruit leadership based on talent and not on connections
  - Be more inclusive of those who did not do fellowships with Section leadership
  - Make easier for new members to engage
  - Stop restricting speakers to small “cabal”
  - Organize Council into subsections to have more people involved
- **Research**
  - Develop more research collaborations
  - Drive data collection which supports outcomes and cost-effective research
- **Clinical**
  - Highlight current and future development of stereotactic and functional neurosurgery
  - Aim for more clinical relevance
- **More advocacy and socioeconomic education**
  - Advocacy limited in certain critical areas in desperate need of advocacy– such as reimbursement
  - More interaction with insurers to explain new techniques and codes for reimbursement

#### **Additional Priority Areas**

- **Network scope**
  - Add Pediatrics (2)
  - Reach out to pediatrics and connection with psychiatry
  - Increase engagement with engineers in industry to promote more relevancy with identified needs
  - More participation by non-neurosurgeons
  - Sponsoring and registering common events across functional neurosurgery as ASSFN serving as influencing organization
  - Improved networking (public/formalized) for job opportunities and research collaborations

- **Clinical Trials**
  - More organized multi-center trial effort with specific study groups working with industry with ASSFN serving as hub
  - More communication of clinical trial information and registries
  - Develop codes for CMS for newer technologies
  - Sponsor research and clinical trials and ensure open access
  
- **Clinical**
  - More engagement by ASSFN to expand reach of functional neurosurgery in areas such as intractable OCD. Funds for this and other complex conditions are scarce and insurance denying payment even when excellent but small studies support
  - Getting neurosurgery to practice TMS
  - Develop more guidelines (2)
    - Add best practices and guidelines for pediatrics
  - More focus on function localization and on epilepsy and not just neuro-modulatory or stereotactic portions or epilepsy surgery
  - Look at quality of life benefits of functional procedures – should be a major focus, ex: QUAL scores better than most subspecialties in neurosurgery
  - Broaden scope - too narrow, some functional (pain) do not use image or physiological guidance
  
- **Research**
  - Do cost/benefit research of functional technologies
  - More standardization regarding data collection, complications and outcomes reporting and registries
  
- **Advocacy**
  - Reimbursement parity with spine surgery, etc.
  - More advocacy to overcome reimbursement barriers for functional and neuromodulation procedures and to promote new indicators (3)
  
- **Education/Professional Development**
  - Add fellowship programs to website
  - Develop Professorship Program
  - More opportunities for junior faculty for academic career development
  - Promote early interest in neuromodulation and stereotactic neurosurgery through pre-med programming and public awareness - need out-stripping clinician base
  - Assist programs to start fellowship programs and to stimulate more interest
  - Add ethical issues (2)
    - Create a Task Force
  
- **Communication**
  - Be more self-promoting (social media) of advocacy role and field advancements
  - Website improvement to make easier to find things, more frequent updates for jobs and fellowships
  - More media coverage for work and publications
  
- **Focus on Innovation**

## Appendix C SWOT Analysis Individual Board Member Comments

### • Identify your top 5 strengths.

- Engaged leadership
- The membership
- small group, can meet in unique locations
- Scientific updates
- Highlights, promotes, and monitors the most dynamic and innovative subfield in neurosurgery
- niche area
- Growing membership and expanding field
- Outstanding biennial meeting
- Engagement of members
- Biennial meeting
- Financial independence
- Education courses
- Independence - important for a smaller field in neurosurgery
- dealing with real-world clinical and regulatory issues regarding functional neurosurgery
- Members with strong allegiance to the specialty.
- Education
- Members include tremendously capable thoughtful leaders in neurosurgery.
- Independence
- Networking
- Exceptionally talented members, older, middle, and younger
- people involved
- Committed Board/EC
- Educational content provided to parent organizations
- Financial resources
- Mentorship program
- Leadership and guidance to the field
- Biennial meeting to members
- Organization of fellowships
- national meetings - strong program
- experience with multiple institutions/models
- Leadership opportunities
- Expanding to capture broader membership interests
- independence
- Financial stability and independence from CNS/AANS
- Advocacy on reimbursement issues to Washington committee
- History of well-attended meetings
- Content design for CNS/AANS meetings
- Advocacy for surgeons and patients
- Awareness, consensus on key issues/technologies pertaining to field
- Focus on promoting research

- Mentoring. Julie's program is very valuable.
- 4th Strength
- Rapidly advancing technology in the specialty.
- Advocacy
- Successful meeting structure for AANS, CNS, and ASSFN meetings
- relationship with neurologist
- Movement disorders and epilepsy hands on courses
- Resident training courses
- Guidelines
- Biennial meeting
- Leadership, guidance for the field
- Independence from parent organizations
- Most forward thinking of surgical subspecialties.
- Potential for growth and innovation
- Works to balance national regulatory and corporate issues for its members
- relationship with DBS industry
- New mentoring program
- Interested in ongoing growth

#### **Additional Perceived Strengths/Comments for Retreat Discussion**

##### **Open-Ended Response**

- We have the unique responsibility to provide vision for the subspecialty within neurosurgery that has arguably the most growth and potential. The organization should support itself in a way that allows it, in turn, to support its members in their pioneering efforts.
- I'm surprised at how limited in scope our strengths are!
- Not clear to me what the advantages are to being an organization independent of the AANS and CNS
- I think Independence is critical for ASSFN as we lead an area that could easily become under-represented in the bigger picture of neurosurgery

#### **Identify Top 5 weaknesses**

- Members have Limited time for society engagement.
- Small size
- Every other year meetings
- Biennial engagement
- Independent status is a risk in the litigious US medical world
- Limited pool
- Lack of clear goals for next several years
- Aside from biennial meeting, activities impact rather small % of membership directly
- Unclear mission



- Sitting on money and building wealth without spending it
- Unchecked/unbalanced control
- Journal
- Limited ability to influence payors and reimbursement codes
- Multitasking clinical, advocacy, and research
- Lack of an overarching vision or visions
- Limited revenue/funding
- Small organization within a small field. How to have a voice relevant to the importance of the clinical areas represented.
- Lack of vision
- Most of membership is not engaged, aside from the board
- Overlap with other sections (esp Pain Section)
- Relatively passive organization
- Financial vulnerability
- Limited connection to members aside from meetings
- Limited ability to influence academic-industry partnerships to foster therapy development
- Small society limits capabilities.
- Lack of clear direction
- Overlap with other societies: Where does pain fit? Who represents epilepsy? Need to work better with sister societies in these areas of shared interest.
- Different neurologists do epilepsy and PD
- The time available to the board to do work limits organizational impact to the membership and other stakeholders
- Spend too much time talking about emerging indications instead of best practices
- Unclear position or uniqueness relative to other stereotactic and neuromodulatory societies
- Limited opportunities for younger members to be engaged
- A larger board puts us at risk for being less decisive
- Board efforts limited by casual governance.
- Reactive rather than proactive planning
- Surgeons busier and busier. Volunteerism model is difficult to maintain indefinitely.
- Lack of neuropsychology involvement
- Relative anonymity in the community of our stakeholders
- Lack of engagement with sister organizations in Neurology
- Financial constraints.
- Lack of membership engagement/communication
- Membership needs to be integrated more into the organization committees
- Too much to do with too few people
- Most of the committees only support the board's activities, i.e. impact few others
- Need for greater engagement with industry to increase utilization (poor penetrance)

**Additional Comments for Discussion**

**Open-Ended Response**

- The membership of the organization is uniquely talented and motivated. Any lack of engagement is a missed opportunity to benefit the organization, the specialty and ultimately the patients we serve.
- How can we be more useful to the membership and our patients? Strengthen our strengths: Education? Coding and reimbursement? Insufficient opportunities for ambitious young SF neurosurgeons.

### Identify your top 5 Opportunities

- rapidly expanding scientific knowledge to support neuromodulation.
- Advocacy for current indications and services
- encourage collaboration
- Engage more young- and mid- career physicians
- neurology with DBS
- Better identify priorities for our membership and enact them
- More educational and meeting events: since the biennial meeting is to me the most impactful thing, we do...do more!
- Engagement with Neurology groups in developing Guidelines
- Better collaboration with other organizations - joint meetings
- Increased multidisciplinary collaboration
- Improve journal
- Improve representation nationally for policy and reimbursement
- integrate better with neurology
- Increasing technology innovations
- Support for innovation and education
- encourage learning
- neuropsychology
- Increase partnership with related organizations in Neurology, Psychiatry, Pain Medicine, etc.
- expand course/training opportunities
- Registry work
- Better partnership with patient advocacy groups
- Increased interaction with NIH and FDA
- Consider adding engineering, neuroscience, neurological collaboration at biennial meeting
- Increase advocacy
- Enhance the society's role in mentoring the next generations
  - Growing interest among trainees
  - Collaboration with other specialties and stakeholders - This process provides a great opportunity for evaluation, introspection, and improvement.
    - psychiatry
    - Support training of next generation
    - More neuro-ethics
    - Further collaboration/participation with FDA and NIH
    - Collaboration with sister organizations to increase impact
    - Leverage the senior members to mentor younger members
    - Societal emphasis on quality-of-life in aging population
    - Alternative revenue generation

- ASSFN should work to better promote the amazing things that our members are doing for patient care and in research. Internet hire?
- multi-D committees
- Expand research support: have \$\$, now use them
- Provide guidance as a society for the direction of the field
- Improvement of journal
- Field continues to grow briskly, expanding indications
- New diseases to be treated by neuromodulation
- Increasing the membership by increasing the size and scope of the subspecialty.
- Adding more patient advocacy to the structure of ASSFN. AES does this much better.
- reimbursement advocacy
- More synchronized events w/ other organizations
- New diseases to be treated by neuromodulation
- Increasing the membership by increasing the size and scope of the subspecialty.
- Adding more patient advocacy to the structure of ASSFN. AES does this much better.
- reimbursement advocacy
- More synchronized events w/ other organizations

#### Additional Comments/Perceived Opportunities for Retreat Discussion:

##### Open-Ended Response

Functional neurosurgery appears to be at the "knee of the curve" in terms of growth. The organization should look to not only take advantage of this growth, but also to actually seek to drive and support it.

#### Identify your top 5 threats

- Financial viability of the specialty?
- The perceived value of our indications and services
- not linked with AES
- Declining reimbursements
- Meeting and organization dilution. We are all busier and there are only 365 days/year. There is huge competition for meeting and professional time.
- NANS
- Losing interest and trust of membership
- Decreased reimbursements for novel therapeutics
- Lack of interest and fear of surgery by patients
- competition = NANS
- Lack of interest from other disciplines given competing meetings e.g., NANS, CNS, AANS, WSSFN
- Decreasing industry support
- Reimbursement. Devices are expensive and SFN can become highly unattractive to hospitals
- reimbursement issues for implants and other technologies
- Regulatory limitations on innovation
- The potential for unknown unknowns, (e.g. device hacking) to create a sudden existential threat
- Policing what are members are doing and setting standards for what is clinical care and what is research. One bad f--k up and we could become the stem cell field, set back 10 years by a mistake at UPenn that was completely avoidable. We must take on this role before society does.
- Movement Disorder society and AES

- Losing relevance to membership
- Decreased profitability in part due to decreased reimbursements and increased competition, for the industrial partners
- Decreasing hospital reimbursement as many procedures transition to outpatient
- More and more meetings, especially internationally, that make our biennial meeting less important
- Decreased interest from neurosurgeons who overlap e.g. tumor/epilepsy due to CNS and AANS meetings
- Competition from other organizations
- Too much dependence on DBS as a field. This is risky.
- Challenging scientific funding environment
- The diffusion of the specialty into competing factions
- The temptation will be to move to an annual meeting and to commit more and more. We should stay as we are for now, in my opinion.
- Being a small section of national neurosurgery
- Increased cost and complexity of treatments
- Decreased ability of members to attend an increasing number of meetings
- Decreased respect of leadership due to increased dependence on technology/industry support
- Dilution of field by non- neurosurgeons
- Lack of success of recent trials puts SFN in the spotlight as a field with limited potential
- Disagreement over role of ASSFN versus larger societies
- Disengagement of the membership
- As hospitals employ more and more docs, away meeting time will likely become more regulated. This will squeeze subspecialty societies.
- different areas of focus
- Limited Neurosurgery and Neurology workforce in this field
- Decreased value with low impact journal
- Increased scrutiny on device indications limiting development
- Perception of current name.
- Competition from similar societies or different specialties
- We will always have leadership interest as neurosurgery draws strong egos. However, having the time to do the work will become more and more challenging. More organizational and meeting support should be considered.
- Too many meetings

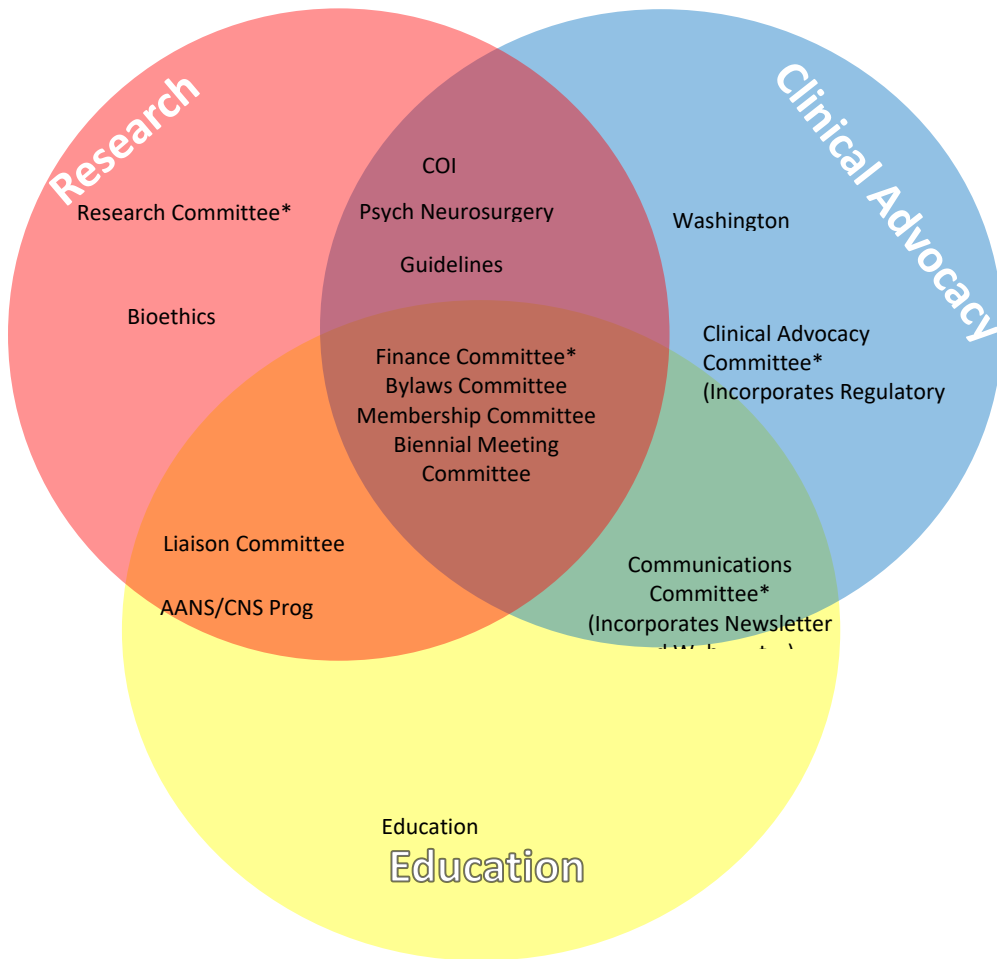
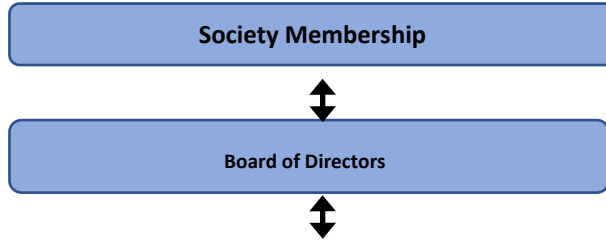
**Additional Comments/Perceived Threats for Retreat Discussion:**

- Open-Ended Response
- As pioneers, it is often difficult to anticipate where threats will come from or what form they will take. Creative threat anticipation should be an ongoing priority.

**Appendix D Venn Diagram Organizational Chart Examples – Work of Dr. Joseph Niemat and Dr. Dorothy Air**

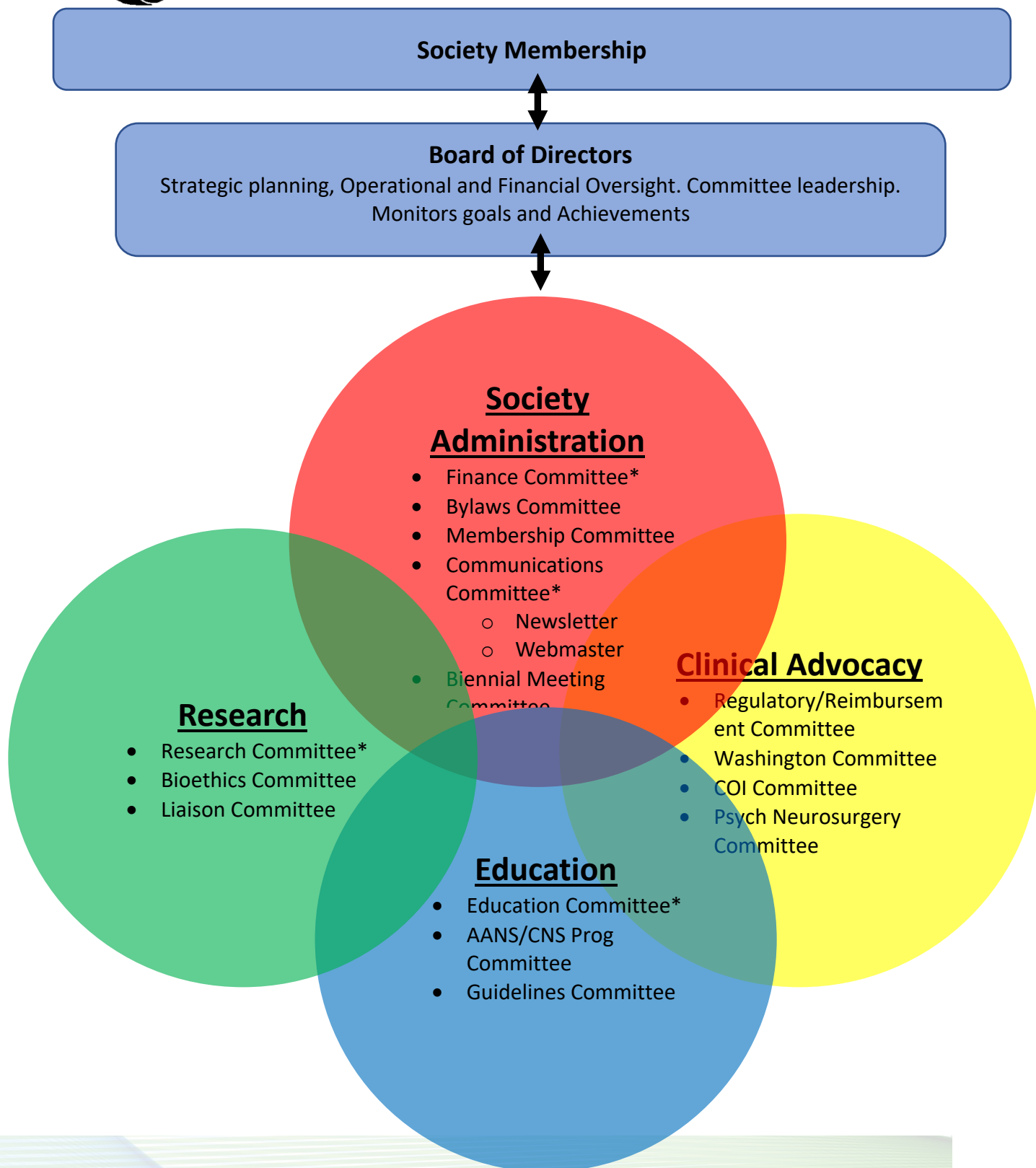


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## Appendix E: Bibliography

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