

# The International Society of Craniofacial Surgery

## DRAFT STRATEGIC PLAN

- MARCH 2003 -

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# INTRODUCTION

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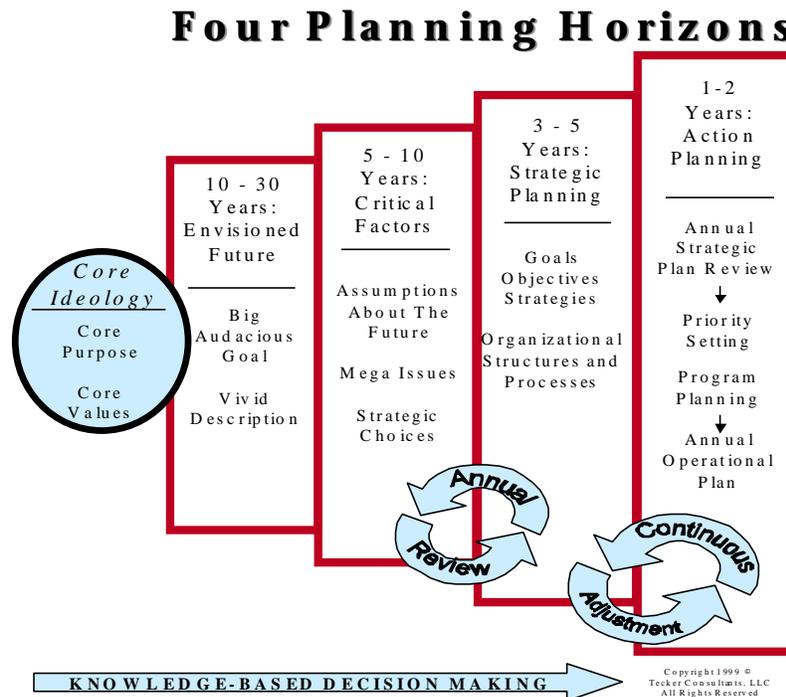
The leadership of the International Society of Craniofacial Surgery met in Dallas TX, USA on March 7 & 8, 2003 to:

- Discover the Core Purpose and Core Values of the Society
- Develop an Envisioned Future
- Develop a 3-5 year Strategic Plan, including goals, objectives (measures of success), and possible strategies.
- Identify a set of Mega Issues – strategically important questions that will need to be asked and answered by ISCFS (the Board) over the next few years.

Prior to the planning session, a written survey was distributed to those invited to this planning session. A report of the responses from that survey is available as a separate document.

## Planning Framework

The four planning horizons below serve as a planning framework for this initiative:



## Next Steps

- ◆ Refine objectives and establish priorities
- ◆ Move forward with implementation of priorities
- ◆ Communicate the plan to the membership

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# CORE IDEOLOGY

~ TIMELESS ~

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***Core Ideology** describes an organization's identity that transcends all changes related to its relevant environment. Core ideology consists of two notions: **Core Purpose** – the organization's reason for being – and **Core Values** – essential and enduring principles that guide an organization, its behaviors and actions.*

## **Core Purpose Alternatives**

To foster excellence and provide leadership in craniofacial surgical care

## **Core Values**

- EXCELLENCE – Committed to providing patients with the best multidisciplinary craniofacial care
- INNOVATION – Advancing new science and technology in craniofacial surgery
- ADVOCACY – Protecting the rights of the facially deformed, advocating for access to care for the craniofacial patient
- INTEGRITY/ETHICS – Acting with good behavior
- LEADERSHIP – Providing leadership in craniofacial surgery and individually in our communities
- CULTURAL SENSITIVITY – Developing and recognizing what is common and what is different among members and the situation in their countries

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## ENVISIONED FUTURE

### ~ 10-30 YEAR HORIZON ~

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***Envisioned future** conveys a concrete, but yet unrealized, vision. It consists of an overall BHAG (Big Hairy Audacious Goal) and a series of outcomes the ISCFS is committed to achieving – statements that describe what it will be like when ISCFS achieves the BHAG.*

To be the most influential and respected voice in the care of the craniofacial patient

#### **Education**

- Serving as an international forum where those who are active in craniofacial surgery get together to exchange ideas, to learn
- Establishing dialogue with national and regional Societies with similar interests
- Providing public education of the importance of multidisciplinary care by accredited ISCFS centers
- Educating medical care providers to the quality of ISCFS care
- Holding a biannual meeting for education and information exchange

#### **Leadership Role in Setting International Standards and Protocols**

- ISCFS is a leader in setting standards, developing international protocols, and developing classifications
- Craniofacial centers are accredited by ISCFS
- Educational standards and certification of craniofacial training are established

#### **Awareness of ISCFS**

- So well known that anyone anywhere knows the ISCFS is the organization to turn to in craniofacial matters
  - Medical professional
  - Individuals
  - Support groups
  - Corporations with craniofacial concerns
- Identified by international agencies as the voice of craniofacial care – e.g., UNICEF, World Bank, IRC, and international philanthropic organizations
- Identified by local and regional agencies (government and health units) as a valued source of information and expertise

#### **Advancement of the Field of Craniofacial Surgery**

- Young plastic surgeons are attracted to the field of craniofacial surgery
- Innovation in craniofacial surgery techniques results in decreased numbers and magnitude of procedures
- Advances in research and technology (such as gene therapy) result in a decreased number of congenital and neoplastic disorders

- Creativity continues to be an integral part of our specialty
- An anti-dogmatic attitude permeates the specialty
- The frontiers of craniofacial surgery are expanded by general biological research, e.g., tissue engineering, transplantation

#### **Access to Quality Care Globally**

- Every patient that needs a craniofacial operation can get one
- Every patient with a craniofacial anomaly gets the quality care they require
- The perfect balance of access, quality and cost is achieved

#### **Quality Indicators and Assessment; Measures of Outcome; Evidence-Based Medicine**

- Outcomes based medicine is established for the craniofacial patient
- The aspects of care that define a quality outcome are determined
- Cost effectiveness studies define the nature of craniofacial care and the role of new technology

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## GOALS

### ~ 3-5 YEAR PLANNING HORIZON ~

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***Goals** describe the outcomes the organization will achieve for its stakeholders (members, customers, the association itself, etc.). Three to five-year time frame; reviewed every year by the Board.*

**GOAL A: AWARENESS**

Medical professionals, support groups, corporations and individuals with craniofacial concerns will recognize the value of craniofacial surgical care and the role of the Society as the preeminent group in helping shape the delivery of that care.

**GOAL B: QUALITY CARE**

Disparities in the delivery of quality care will be reduced.

**GOAL C: PRACTICE PARAMETERS**

Objective craniofacial practice parameters will be established (and used throughout the world).

**GOAL D: EDUCATION**

ISCFS will serve as an international forum for the majority of those active in craniofacial surgery and related basic research.

**GOAL E: ADVANCEMENT OF THE FIELD**

Young plastic surgeons will be attracted to craniofacial surgery as a career choice.

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## GOALS AND OBJECTIVES

### ~ 3-5 YEAR PLANNING HORIZON ~

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**Goals** describe the outcomes the organization will achieve for its stakeholders (members, customers, the association itself, etc.). Three to five-year time frame; reviewed every year by the Board.

**Conditions** describe why the goal is an important goal. They describe the nature of the current or anticipated environment, and serve to identify what we will seek to change.

**Objectives** describe what we want to have happen with an issue. What would constitute success in observable or measurable terms? Indicates a direction - increase, expand, decrease, reduce, consolidate, abandon, etc. Reviewed every year by the Board.

**Possible Strategies** describe how the association will commit its resources to accomplishing the goal. Brings focus to operational allocation of resources. Indicates an activity - redesign, refine, identify, revise, develop, implement, create, establish. Serve as a link from long-term planning to annual planning. Set strategic priorities for committees, staff and all other work groups. Note: Possible strategies have been included in some instances but should not be considered a complete list of possible strategies.

#### **GOAL A: AWARENESS**

Medical professionals, support groups, corporations and individuals with craniofacial concerns will recognize the value of craniofacial surgical care and the role of the Society as the preeminent group in helping shape the delivery of that care.

#### **Conditions**

- There is increased competition and fragmentation among organizations for influence in areas related to craniofacial surgery.
- Low recognition of the Society outside the field.
- Other Societies are attempting to achieve position of leadership and expertise.
- Underserved areas of the world need access to expertise and assistance.
- There are other groups with expertise and significant involvement in aspects of craniofacial surgery.
- Movers and shakers in the delivery of world health care (e.g., World Health, UNICEF) do not recognize the Society as an invaluable resource.
- Within the Society, there is significant knowledge of approaches to quality care.
- Situation varies depending on geographic area:
  - US – CFS low priority, driven in part by low reimbursement

- Europe – plastic surgeons generally not interested in CFS
- Latin America – plastic surgeons generally not interested in CFS
- Japan – many surgeons doing a few surgeries; weak relationship between ISCFS and Japanese CF organization
- England – centers of excellence are recognized by government

***Objectives***

- A1. Increase influence of the Society on key world health organizations.
- A2. Strengthen our relationship with regional societies and take a leadership role in overall coordination.
- A3. Increase influence of the Society on key national organizations.

**GOAL B: QUALITY CARE**

Disparities in the delivery of quality care will be reduced.

***Conditions***

- There is a disparity in CF training and care.
- There is a need to establish (quality) standards in training.
- Inadequate distribution of centers and practitioners.
- Centers without practitioners; practitioners without centers.
- Training programs need to train individuals to provide care in underserved areas.

***Objectives***

- B1. Define/Achieve standards in training.
- B2. Improve the distribution of Centers and practitioners.
- B3. Define standards for Centers of Craniofacial Care.
- B4. Define and facilitate standards for CME.

***Possible Strategies***

- Establish a task force to develop those standards: (1) Education and Training; (2) Centers of Craniofacial Care (protocols); (3) CME.
- Identify existing Centers of Craniofacial Care.
- Identify existing needs for craniofacial care.
- Develop a plan to fill those needs identified.
- Implement the standards with great sensitivity to resource equalities around the world.

## **GOAL C: PRACTICE PARAMETERS**

Objective craniofacial practice parameters will be established (and used throughout the world).

### ***Conditions***

- There are significant variations in the way our membership care for craniofacial patients.
- There is currently no consensus on outcome measures in the care of craniofacial patients.
- There are no standardized or universally accepted indicators for therapeutic intervention of craniofacial patients.
- There is currently no universally accepted definition of quality.
- The lack of clarity in outcomes and indicators hampers our overall mission to care for craniofacial patients to engender support from national and international organizations.
- There is no basis for change.

### ***Objectives***

- C1. Define quality.
- C2. Establish outcome measures (indicators).
- C3. Construct a database.
- C4. Implement protocols to collect and standardize data.
- C5. Analyze the data.
- C6. Utilize the data as a basis from which to construct multi-center trials.

### ***Possible Strategies***

- Organize a focus group designed to fulfill the objectives.
- Presentation to the body of Society.
- Gain consensus.
- Implement collection of data.

## **GOAL D: EDUCATION**

ISCFS will serve as an international forum for the majority of those active in craniofacial surgery and related basic research.

### ***Conditions***

- We are a small body.

- Journal lacks prestige.
- Limited participation in academic activities of other specialties.
- Lack of interest in basic research.
- Website not well recognized.
- Biannual Meeting has limited attendance.
- Lack of other specialty input at Biannual Meeting.

### ***Objectives***

- D1. Expand the visibility of the Society vis-à-vis other specialties.
- D2. Strengthen the prestige and value of the Journal.

#### ***Possible Strategies***

- Attract broader and better papers to the Journal, both within and outside our specialty.
- Expand the distribution of the Journal.
- D3. Promote cooperative interactions with other specialties.
- D4. Increase usership of the Website.
- D5. Increase basic science research exposure in the Journal, meetings, and symposia.
- D6. Enhance the Biannual Meeting.

#### ***Possible Strategies***

- Increase direct and indirect attendance at the Biannual Meeting.
- Reexamine the relevance of topics and focus of the Biannual Meeting.

### **GOAL E: ADVANCEMENT OF THE FIELD**

Young plastic surgeons will be attracted to craniofacial surgery as a career choice.

### ***Conditions***

- Lack of exposure – limited number of cases, perceived lack of importance by program directors, restricted training
- Belief that the field is not a financially viable career or less potentially remuneration
- Fragmentation of how the specialty is practiced, i.e., trauma center, cancer center, congenital anomalies center
- No research fellow

### ***Objectives***

- E1. Improve exposure during residency.
- E2. Promote the moral imperative of helping the facially deformed.
- E3. Demonstrate the efficacy of craniofacial techniques when applied to trauma and tumor cases.
- E4. Start sponsored research fellowship.

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## PRELIMINARY MEGA ISSUES

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*Mega-issues are issues of strategic importance that represent challenges the organization will need to face in implementing the ultimate direction of its long-range plan. These issues represent potential impediments to achievement of the envisioned future and form a basis for dialogue about the **choices facing the organization**.*

1. How can we effectively behave consistent with the core value of cultural sensitivity?
2. What can we do about addressing financial considerations that impact access and treatment to care?
3. Where is the financial support for the organization going to come from in order to achieve our goals?
4. How fast do we go and how far do we go in terms of changing the infrastructure of ISCFS?
5. Is the current structure of the organization a good fit with vision and goals? Does it provide sufficient continuity?
6. How do we change our focus from a surgeon-oriented to a patient-oriented Society?

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## PLANNING ASSUMPTIONS

### ~ 3-5 YEAR TIME HORIZON ~

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*Assumptions about the relevant future environment will help the association purposefully update its strategic plan on an annual basis. An annual review of these assumptions will help the association ensure the ongoing relevance of its strategy. When conditions change, strategy needs to be adjusted.*

#### SOCIAL AND CULTURAL ENVIRONMENT

1. There will be no significant increase in the frequency of the occurrence of “craniofacial disease.”
2. There are a significant number of patients who are receiving poor or inadequate care. (There are approximately 250,000 new congenital craniofacial cases globally per year. If you include clefts, trauma, and tumors then the number is easily over 1 million.)
3. Equal access to quality care will remain a major issue of concern, leaving members of lower socio-economic status with no ability to receive adequate care.
4. The Internet and websites will increasingly be a primary resource of health information for the general public.

#### GLOBAL AND ECONOMIC FACTORS

5. The practice of craniofacial surgery varies considerably from country to country regarding presence of multidisciplinary teams, reimbursements, government support, etc. This creates a great disparity in access, level, and availability of care.

#### GOVERNMENT/POLITICAL ENVIRONMENT

6. The government of each country will play a major role in determining the future course of craniofacial patient care.
7. In the U.S federal and state law will have a major role in governing the course of craniofacial care.
8. Craniofacial surgery in the future will depend on the influence of reimbursement and coverage issues varying considerably in each country. In the U.S laws at both the federal and state level will influence the level of care. Some states provide for more support and reimbursement than others including multidisciplinary care.
9. In the U.S. there will be increased scrutiny of surgical outcomes.

#### ECONOMIC AND BUSINESS FACTORS

10. Public interest in cosmetic surgery will increase.

11. Income from cosmetic surgery may decrease due to increased competition.
12. Reimbursement for craniofacial surgery procedures will not increase and may continue to decrease.
13. Reimbursements for reconstructive surgery will be reduced.
14. Surgical interest will likely decline in those areas where reimbursements decline.

#### SCIENCE AND TECHNOLOGY

15. Tissue culturing is and molecular biology will affect our field in the future.
16. Prenatal diagnostics in some countries may reduce patient numbers.

#### THE PRACTICE OF CRANIOFACIAL SURGERY

17. Access to excellence of care is inadequate.
18. Clinical research has the potential for creating new areas of craniofacial clinical practice.
19. Competition in craniofacial surgery and in the aesthetic portion of craniofacial area will be increased particularly with invasion of oral surgeons (maxillofacial surgeons) into the facial plastic surgery territory, in addition to otolaryngologists.

#### CAPACITY AND STRATEGIC POSITION OF ISCFS

20. ISCFS is the preeminent International society in craniofacial surgery.
21. A strategic decision for the future of ISCFS is to continue to be a society primarily of plastic surgeons who subspecialize in craniofacial surgery or promote and open membership to maxillofacial surgeons who meet our membership qualifications.
22. A strategic decision is whether to continue with our very successful biennial scientific meeting as the society's primary focus or expand the activities of the society to take a leadership role in craniofacial surgery such as access, universal care, education of fellows, stimulate and promote research and advocacy for patients and to promote multidisciplinary centers of excellence on a global basis. Another example is to address reimbursement issues.

# **APPENDIX**

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## **HISTORY OF ISCFS**

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### **Why Was ISCFS Founded?**

Mutual support in an otherwise hostile world

- Intellectual and technical sharing – communications; sharing spectacular examples of success
- Promote excellence
- Promote the specialty; recruiting; promoting interest in the specialty
- Recognize the unique concept of multidisciplinary care

### **Major Successes of ISCFS**

- Scientific promotion of the subspecialty – clinical care, research, education
- Established craniofacial surgery as a subspecialty
- Advanced treatment
- Innovation

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## **STRATEGIC DIALOGUE ON MEMBERSHIP ISSUE**

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### **STRATEGIC QUESTION:**

What structure and approach should ISCFS take regarding membership? E.g., Should ISCFS recruit and accept other professionals that meet the current qualifications? Should the current qualification be changed? How inclusive or exclusive should ISCFS be regarding membership?

### **BACKGROUND INFORMATION: WHAT DO WE KNOW?**

*QUESTION #1 – What do we know about the needs, wants, and expectations of members and others that is relevant to this decision?*

- There are a number of surgeons of various types who would welcome the opportunity to be a member of this society.

- Twice in the last decade, we have passed motions to include maxillofacial surgeons in the organization.
- Maxillofacial surgeons who qualify according to our bylaws are eligible for membership.
- There are orthodontists worldwide involved with this work.
- In England, there are 4 CF centers recognized by the government and 1 does not have plastic surgeon.
- There are several pediatric neurosurgeons who would like to be invited.
- The ISCFS is the preeminent international society for CF surgery.
- From the young members' standpoint, the exclusivity and prestige of the Society is an important aspect.

QUESTION #2 – *What do we know about our “capacity” and “strategic position” that is relevant to this decision?*

- In terms of intellectual property, there is a considerable amount that would be of benefit inside rather than outside the organization – weakening our strategic position.
- The quality of care of patients may improve if we become more inclusive.
- ISCFS is viewed as a leader in CF surgery internationally – an advantage.
  - Brazil – inclusive society; ISCFS viewed as too exclusive but high prestige.
  - Mexico – positioned as the leading group
  - Netherlands – still the leading group, but maxillofacial are gaining momentum
  - Asia Pacific - the Asian Pacific org. is viewed as more accessible; larger membership that meets every two years, strong interactions among members. ISCFS is viewed as irrelevant and remote by most.
  - Australia – ISCFS very well respected as the elite body
  - France – ISCFS not well known; those who do consider it too exclusive; 600 plastic surgeons, 10 involved in CF. European Society of Cranio-Maxillo meeting – estimate of 3500 attending
  - Japan – viewed as very exclusive; 3 active members. Japan Society of Cranio-Maxillofacial Society 1000 members.

QUESTION #3 – *What do we know about the changing dynamics of our member's world that is relevant to this decision?*

- Plastic surgeons who do CF surgery usually do lots of other surgery as well; the non-plastic surgeons doing CF surgery come out of a discipline that does only facial or CF work. (They are more focused.)

- Number of patients is decreasing (?) while the number of practitioners is increasing.
- Worldwide, the work to do is enormous.
- More CF surgery is being performed by non-plastic surgery CF surgeons than in the past.
- The educational level of maxillofacial surgeons in Europe is different than in the US.
- In Japan, more CF surgery by plastic surgeons.
- Where there is a CF center, CF surgeon is involved in more simple cases than in the past.
- There is a decreasing reimbursement, with a non-decreasing expectation of lifestyle among CF surgeons.
- The birthrate is decreasing in Japan – decrease in number of cases.
- There are too many CF surgeons in the US performing the work, with inadequate numbers for each.
- There is a lack of surgeons available in 3<sup>rd</sup> world countries.
- In the US, a significant number of infant CF operations are performed by neurosurgeons working in isolation.

QUESTION #4 – *What are the ethical implications? Who might be advantaged or disadvantaged by what we decide to do?*

- Are we adding to more exclusivity, or not?
- Can we morally decide to keep people out of the group who we know are doing excellent work?
- Being inclusive will ultimately eliminate CF from within plastic surgery.
- Being exclusive may limit the availability of care for children with...
- Won't be able to achieve stated goals without maximizing the talent in the org.
- With the number of people in Society now, can't treat people needing treatment now.
- Being exclusive may limit the survival of ISCFS.
- Inclusion and exclusion will have criteria.

### **CHOICES:**

*What strategies could we employ? What alternatives or choices do we have in formulating our response to this issue?*

1. Status quo; no change in membership criteria or related actions.

2. Maintain current membership criteria, but actively recruit eligible members.
3. Maintain current membership criteria and leverage existing resources (intellectual capital, time and talents) of members in better ways.
4. Maintain current membership criteria, and work with other Societies to achieve vision/goals.
5. Utilize the Honorary Membership category to recognize those who are doing quality work but are not eligible for Active membership.
6. Become a multidisciplinary organization open to everyone involved with craniofacial surgery.
7. Reengineer the Society – significant changes in membership, by-laws, etc.

### **DETERMINING AREAS OF CONSENSUS:**

*Are there any choices we can eliminate? Are there choices that can be combined? Is there one we can put together from the others or select on its own that we can agree on?*

A consensus quickly emerged that the current membership criteria should not be changed. Thus, the first four (4) choices listed above were further explored.

### **RECOMMENDATIONS:**

*What actions does this choice suggest for the Board, Staff and/or other workgroups?*

The following conclusions emerged as consensus among participants:

- Maintain the current membership criteria.
- Recruit /foster greater interaction and membership among eligible pediatric neurosurgeons.
- Actively recruit those who are members of regional Societies who would be eligible for full or associate membership in ISCFs.
- Establish a category for research individuals.
- Actively recruit, on a selective basis, those who qualify for membership under the current criteria. Reach out to attract those who are doing quality work and meet membership criteria.