
CONSORTIUM OF MULTIPLE SCLEROSIS CENTERS

Revised Strategic Plan

April, 2002

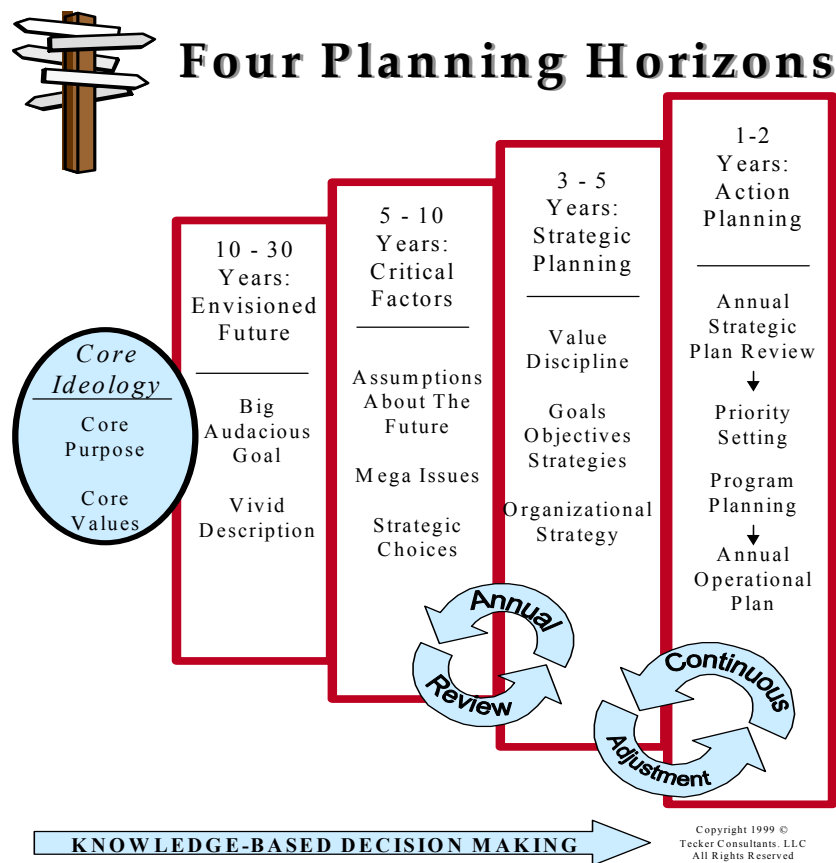


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OVERVIEW

The Consortium of Multiple Sclerosis Centers (CMSC) has embarked on a process which will lead to the completion of a long-range strategic plan for the organization. This will facilitate (a) CSMC's identification of the future needs of members, and (b) CSMC's options for satisfying those needs.

On March 15th, 2002, the Board met to complete the process of strategic planning for the organization. Jean Frankel, Principal Partner of Tecker Consultants, LLC (TC), led the group in the process. The plan was constructed within the context of a set of planning horizons:



- Consideration of factors in the long-range planning horizon (10-30 years into the future), and the articulation of a core purpose, core values, a Big Audacious Goal, and a vivid description of what attainment of the goal will be like;

- A set of assumptions about the future of CMSC, treatment of those affected by MS, and the business environment of the future;
- A set of guiding principles that provide the continuity an organization needs in order to be as flexible as the world of the organization and its members demand;
- Identification of a set of mega issues – critical questions that will need to be answered in order for CMSC to position itself strategically in the future;
- Long-range visioning articulated in five goal statements that identify where CMSC could be in the next several years and how it can get there.

10-30 YEAR PLANNING HORIZON

~ CORE IDEOLOGY & ENVISIONED FUTURE ~

Core ideology describes an organization's consistent 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. **Envisioned future** conveys a concrete, but yet unrealized vision for the organization. It consists of a **big audacious goal** – a clear and compelling catalyst that serves as a focal point for effort – and a **vivid description** – vibrant and engaging descriptions of what it will be like to achieve the big audacious goal.

CORE IDEOLOGY

Core Purpose

To maximize the ability of MS healthcare providers to impact care of people who are affected by MS, thus improving their quality of life.

Core Values

1. Interdisciplinary approach to education, care and research.
2. Collaboration.
 - Locally, nationally, internationally.
3. Evidence-based practice.
4. Commitment to MS education and research.
5. Respect and compassion for those affected by MS.
6. The organization is committed to equally serving all healthcare professionals involved in the care of MS patients.

ENVISIONED FUTURE

Big Audacious Goal

To be recognized as the preeminent professional organization for MS healthcare providers and researchers in North America, and a valued partner in the global MS community.

Vivid Descriptions

1. There will be more academic presentations.
2. More of CMSC's educational programs will tie into research – and be evidence-based.
3. CMSC will urge and promote more clinical research.
4. Patients and their families will know that their centers should be members of the consortium. They will expect and ask the centers to be members. This will increase the value professionals place on the Consortium.
5. Professionals will find the Consortium indispensable.
6. People will call CMSC and ask for its views and input (e.g. policy makers).
7. CMSC's knowledge and insight will be viewed as state-of-the-art.
8. CMSC will be trusted and timely with its information.
9. Partners around the world will seek CMSC's involvement.
10. CMSC will be seen as culturally sensitive and appropriate.
11. The MS care community will provide input into the training of MS professionals, as well as into the field of MS. The type of care in the U.S. will be more appropriate, using a new model for MS care that fits the patients' needs and not economic situations. No other organization will be as well positioned to make this type of change.
12. CMSC will influence the economic environment and effect reimbursement.

5-10 YEAR PLANNING HORIZON

~ STRATEGIC PRINCIPLES ~

Strategic principles are concrete statements grounded in the organization's core values that give guidance about direction and provide parameters for action. They will help an organization assess if an opportunity fits within its service niche. Based on these principles, staff will be able to work at the tactical level. Staff will develop them and the Executive Committee/Board will approve them. Statements in *italics* indicate questions asked but not answered by the Board.

1. CMSC will act in an ethical manner.
2. CMSC must continually include input from multidisciplinary healthcare providers and people affected by MS (includes families).
3. Collaboration and communication with organizations and individuals that share or compliment the CMSC's ethical goals and standards must be sought, where applicable.
4. CMSC must have quality control and final approval over content of its own educational programs.
5. CMSC projects must be reviewed a minimum of every three years for continuing relevancy.
6. Programs must demonstrate documented benefits to members and/or patients.
 - *How will this be measured and documented?*
7. Research activities of the CMSC must be focused on clinical research, healthcare delivery research, rehab research, etc., but not on basic research.
 - *Will this discourage current or future members?*
8. Project proposals must identify funding sources or strategies.
 - *Should this be included since it is an administrative activity directed by the Board?*
9. Educational activities of the CMSC must be primarily directed towards healthcare professionals.
 - *What should CMSC do for patient education?*
10. Education Committee, in conjunction with the Executive Committee, must set priorities for CMSC programming as pertaining to education.

- All committees will still have some level of control over the education programs that pertain to their work.
- The Education Committee will require representation from appropriate disciplines and partners.

11. Education Committee Chair must be involved in selected education activities.

- *Won't this create unnecessary bottleneck?*

12. Projects must have time-linked measures of success and structured outcomes.

- *Even though this is desirable, it is not always possible.*

5-10 YEAR PLANNING HORIZON

~ MEGA ISSUES ~

Mega issues are issues of strategic importance that represent challenges the organization will need to face in defining the ultimate direction of its long-range plan. These issues form a basis for dialogue about the choices facing the organization. They can also serve as an ongoing menu of strategic issues that the board can use--in a knowledge-based approach to gathering insights relative to CMSC's strategic position and directional choices--to create regular opportunities for strategic dialogue about the issues facing the industry.

High Importance:

1. How will the CMSC identify the education need of MS care providers?
2. How do we define our members/stakeholders?
3. What do we do to become the most trusted name in MS informatics and to whom professionals/people with MS and their families turn to?
4. Can the CMSC develop a more stable financial basis and budget process?
5. What role should the CMSC play in advocacy?
6. Who are the critical people/organizations that CMSC should partner with to reach the long-term goals?

Moderate Importance:

7. How can the CMSC contribute to a successful MS advocacy groups/coalition?
8. How can an organization like CMSC impact healthcare policies?
9. How can we improve our ability to strategically partners with others?
10. How can we measure the outcomes in MS care and provide continuous quality?
11. In what areas should the CMSC focus to take a national/international leadership role?
12. How will we train the next generation of MS professionals?
13. How do we continue to provide state-of-the-art information to our constituents when the amount of information and the demand for information is increasing?
14. What support can the CMSC expect from industry? What factors influence industry support? [can we expand areas of support?]

3-5 YEAR PLANNING HORIZON

~ DRAFT GOALS ~

Goals are outcome-oriented statements that represent what will constitute the association's future success. The achievement of each goal will move CMSC towards the realization of its vision. The goals are not in any order of priority. Every goal will need to be accomplished if the organization is to fully achieve its vision.

Next, the group reviewed the goals and identified draft **objectives** – descriptions of what direction it wants to take with an issue, and **strategies** – descriptions of how CMSC will commit its resources to accomplishing the goal.

GOAL #1: EDUCATION

CMSC educational programs will be in demand and respected in the MS community because of the promotion of evidence-based clinical practice.

GOAL #2: RESEARCH

CMSC will be recognized as a forum for the promotion, dissemination and translation of research in MS.

GOAL #3: CLINICAL PRACTICE

CMSC will elevate the standards of care for those affected by MS, thus improving clinical practice.

GOAL #4: ADVOCACY

CMSC will be recognized as an influential advocate for MS healthcare providers and individuals affected by MS.

GOAL #5: RECRUITMENT & RETENTION

There will be an increased number of healthcare professionals with subspecialty education in MS care with access to expanded education and employment opportunities.

GOAL #1: EDUCATION

CMSC educational programs will be in demand and respected in the MS community because of the promotion of evidence-based clinical practice.

Draft Objectives:

1. Increase collaboration with other professional MS organizations involved with education of MS healthcare providers – e.g., RIMS, ECTRIMS, ACTRIMS, NMSS.
2. Increase focus on peer-reviewed platform presentations at the Annual Meeting – i.e., new research.
3. Increase member involvement and communication – use the Internet, tele-conferencing, regional meetings. The Annual Meeting should not be the only way for members to connect to CMSC.
4. Increase the number of research-oriented articles in the journal.
5. Increase the amount of patient-focused information on our website.
6. Achieve index status.

Preliminary Strategies:

1. Deliver education globally through collaboration with international organizations.
2. Explore opportunities to deliver web-based education.
3. Collaborate to deliver educational programs with those who are already offering them.
4. Provide limited education to patients in order to influence their providers about changes in MS care.

GOAL #2: RESEARCH

CMSC will be recognized as a forum for the promotion, dissemination and translation of research in MS.

Draft Objectives:

1. Increase the number of scientifically sound, topic-driven meetings.
2. Increase recognition of the Annual Meeting as a forum for presentation of scientific research.
3. Increase promotion of research in multi-disciplinary areas.
4. Enhance clinical applications of new research findings.
5. Increase the number of scientific presentations at CMSC meetings.
6. Expand efforts globally.

Preliminary Strategies:

1. Pursue short, focused meetings on specific topics for the review of current knowledge and the identification of future research needs.
2. Translate meeting results to standards of care.
3. Establish a cooperative studies group that is multi-disciplinary.

GOAL #3: CLINICAL PRACTICE

CMSC will elevate the standards of care for those affected by MS, thus improving clinical practice.

Draft Objectives:

1. Increase recognition as the resource for education on standards of care in MS by other professional organizations.
2. Increase the number of individuals with MS treated in member centers and clinics.
3. Elevate the standards of care in communities that do not have MS centers and clinics.
4. Increase the participation of people affected by MS in healthcare decisions.
5. Increase preceptorships and fellowships at member centers and other environments.
6. Increase collaboration with other organizations - e.g., to present seminars and other programs on MS at their meetings (Speakers' Bureau).
7. Improve the website to enable more efficient dissemination of information - i.e., focused on driving patients to their local member center.

Preliminary Strategies:

1. Facilitate the evolution of diverse and effective models of MS care.
2. Contact relevant professional organizations to present seminars and other programs at their meetings (e.g., Speakers' Bureau).
3. Provide educational opportunities to community physicians (non-MS center physicians).
4. Disseminate information on member centers and clinics.
5. Explore and develop effective models of care.
6. Provide billing and practice management information - particularly as more and more nurse practitioners and non-MDs provide MS care.
7. Establish links to relevant websites.

GOAL #4: ADVOCACY

CMSC will be recognized as an influential advocate for MS healthcare providers and individuals affected by MS.

Draft Objectives:

1. Develop and sustain an infrastructure for advocacy so that CMSC is ready and able to assess and respond quickly to issues as they arise.
2. Promote CMSC as a forum for advocacy of MS care.
3. Increase collaboration with organizations that focus on advocacy.
4. Increase participation of membership in advocacy activities – e.g., by providing suggestions for grassroots advocacy; identifying threats and opportunities.

Preliminary Strategies:

1. Identify current advocacy issues and concerns – e.g., using membership surveys.
2. Inform membership when issues arise.
3. Communicate with members at via the website and the Annual Meeting.
4. Designate certain member as spokesperson who can quickly make statements as issues arise.

REVISED GOAL #5: RECRUITMENT & RETENTION

There will be an increased number of healthcare professionals with subspecialty education in MS care with access to expanded education and employment opportunities.

Draft Objectives:

1. Increase understanding about why professionals remain in or leave MS healthcare.
2. Improve reimbursement of MS care, particularly to non-MDs.
3. Increase MS-related information in basic curriculums (e.g., nursing, psychology).
4. Increase regional and local education and training opportunities.
5. Increased funding for clinical fellowships, preceptorships, etc. in a variety of disciplines related to MS care.

Preliminary Strategies:

1. Encourage and support studies about the cost effectiveness of MS care by non-MDs – e.g., decrease in number of falls, retention of employment by the patient.
2. Change the image that healthcare professionals have of MS patients.
3. Sponsor six-month to one-year fellowships for nurse practitioners and neuro-psychologists.
4. Change the coding system for MS care provided by non-MDs to ensure adequate reimbursement. Stress the cost effectiveness of this level of care to decision makers.
5. Evaluate the perception of healthcare professionals regarding MS careers and work.
6. Develop and provide healthcare schools and programs with appropriate curriculum and materials on MS.
7. Develop web-based CME courses and lectures (based on annual meetings, lectures/workshops, guidelines, journal).
8. Examine how other countries recruit and retain healthcare professionals to MS care.