

## American Society for Blood and Marrow Transplantation Preferred Future

### By 2020, ASBMT...

- Is known as the clinical and translational experts in cellular therapy and transplantation biology
- Has established a recognized credentialing program in clinical stem cell transplantation
- Has attracted more medical professionals and scientists to the field
- Has reduced barriers to access to cellular therapy and increased understanding of the field

### Preferred Future - Timeline

#### May 6, 2013

- It was announced that ASBMT is embarking on the creation of a new Strategic Plan and we have retained The Forbes Group to facilitate this process. The Forbes Group is a 31-year-old company that specializes in helping associations think, plan, and act strategically. They focus on healthcare and have helped dozens of medical organizations.

#### May to June 2013

- Bruce Butterfield, president of The Forbes Group, interviewed members of the Board of Directors to start the pre-planning process.

#### September 18, 2013

- The strategic planning session started on September 18 at the O'Hare Hilton. Planning materials are enclosed.

#### October 1, 2013

- The draft Preferred Future Strategic Plan document was released for review.

#### February 2014

- The Final Preferred Future Strategic Plan was released to the membership

#### February 2015

- Committees were requested to develop 3 strategies to be implemented during 2015.

#### February 2016

- Committees were requested to update 2015 strategies and identify efforts for 2016.

## Planning a Preferred Future – Initial Plan

### *Step 1: Preparatory Analysis*

Thoroughly review, analyze and assess all relevant documentation including bylaws, planning documents, publications, minutes of relevant meetings, research, etc. to achieve the necessary base-line understanding of ASBMT.

### *Step 2: Strategic Assessment*

Prepare questions for personal telephone interviews with staff, the Board of Directors and the five SIG chairs to address the critical issues confronting the profession and the association.

*Step 3: Member Survey* Using the strategic assessment analysis, perform an online survey to get member input into strategic issues and association approaches

### *Step 4: Strategic Planning*

Design and facilitate a strategic planning session with the following goals:

- a. Discuss how ASBMT should be perceived and structured for the future.
- b. Based on this discussion, develop a preferred future that
  - is realistic, feasible and attainable
  - is credible and easily understood
  - is empowering, energizing and optimistic
  - is measurable
  - is flexible and evolving
  - will be shared and communicated
  - can be implemented
  - will attract support from the ASBMT membership

The strategic planning session using this methodology was certainly more focused than others we have attended. After review of the research and informational materials, the board was guided to develop a preferred future that described where we wanted ASBMT to be by 2020, deliberately choosing to look past the usual 3 year planning cycle. By defining goals for the future, the board was able to work backward from that future date and indentify the steps to achieve those goals as well as the interim milestones to measure success.

The Board identified four major priorities that are outlined below:

### **By 2020 ASBMT...**

- **Is known as the professional society for clinical and translational experts in cellular therapy and transplantation biology**

**Objective – Establish and strengthen preferred relationships (e.g. ISCT, FACT, CIBMTR, NMDP, WMDA, WBMT, AST) with other organizations in the field by 2014.**

**Objective – Develop joint programs in stem cell and T cell gene therapy with ASGT by 2015**

**Objective – Create educational products for specified audiences on cellular therapy by 2015**

- **Has established a recognized credentialing program in clinical stem cell transplantation**

**Objective – Determine the rational and feasibility for a certification program by 2016**

**Objective – Establish the ASBMT Institute as the home for online education by 2017**

**Objective – Add two PIM modules by 2016**

**Objective – Extend CE to allied professionals by 2016**

- **Has attracted more medical professionals and scientists to the field**

**Objective – Develop strategic relationships with nursing, medical schools, and allied professional societies to reach potential providers earlier by 2017**

**Objective – Create a mentoring system for transplant programs to use to expose undergraduates to the field by 2015**

**Objective – Coordinate a system to match premed and medical students with programs by 2015**

**Objective – Create a consortium to develop a K12 transplantation biology program by 2016**

- **Has reduced barriers to access to cellular therapy and increased understanding of the field**

**Objective – Establish a formal, targeted public affairs program with clear messages and audiences by 2014**

**Objective – Establish relationships with disease-specific organizations that can reach patients by 2014**

**Objective – Create a patient and physician advocacy program by 2015**

## ASBMT Preferred Future

Evolution	A.) Is known as the clinical and translational experts in cellular therapy and transplantation biology	B.) Has established a recognized credentialing program in clinical stem cell transplantation	C.) Has attracted more medical professionals and scientists to the field.	D.) Has reduced barriers to access to cellular therapy and increased understanding of the field.
Original Plan	<p><b>1.) Establish and strengthen preferred relationships with other organizations in the field (e.g. ASCT, FACT, CIBMTR, NMDP, WMDA, WBMT, ASGCT and others) by 2014.</b></p> <ul style="list-style-type: none"> <li>• Appoint Ex Officio members to the Board of Directors (First Quarter 2014)</li> <li>• Require submission of articles on cellular therapy and transplantation biology to <i>BBMT</i>.(ongoing)</li> <li>• Sponsor ASBMT sessions at each organization's meeting and invite speakers to the BMT Tandem Meetings (2014/2015)</li> </ul>	<p><b>1) Determine the rational and feasibility for a certification program by 2016.</b></p> <ul style="list-style-type: none"> <li>• Have staff identify the costs and resources needed, and report back to the Board of Directors by 2015.</li> </ul> <p><b>2.) Establish the ASBMT Training Institute as the home for online education by 2017.</b></p> <ul style="list-style-type: none"> <li>• Direct staff to lay the foundation in 2014, 2015 and 2016.</li> </ul> <p><b>3.) Add two PIMs by 2016.</b></p> <ul style="list-style-type: none"> <li>• Charge the Committee on Education and Sub-Committee on Web-Based Learning to identify and complete two new PIMs. (2015)</li> </ul>	<p><b>1.) Develop strategic relationships with nursing, medical schools and allied professional societies to reach providers earlier.</b></p> <ul style="list-style-type: none"> <li>• Offer "in-training" membership dues of \$75 to all Allied Health members of BMT (i.e. NP, PA, PharmD, RN).(2013)</li> <li>• Secure support from Phama.(2015)</li> <li>• Attract infectious disease professionals and establish a new SIG. (2014)</li> </ul> <p><b>2.) Create a mentoring system for transplant programs to use to expose undergraduates to the field by 2015.</b></p> <ul style="list-style-type: none"> <li>• Direct staff to identify the costs and resources needed and report back to the Board of Directors. (2014)</li> </ul>	<p><b>1.) Establish a formal, targeted public affairs program with clear messages and audiences by 2014.</b></p> <ul style="list-style-type: none"> <li>• Budget \$10,000 for a public relations/marketing plan for lobbying efforts and work with consultants. (2014)</li> <li>• Promote BMT transplantation with large community hospitals and oncology private practices.(2014)</li> </ul> <p><b>2.) Establish relationships with disease-specific organizations that can reach patients.</b></p> <ul style="list-style-type: none"> <li>• Have staff identify the costs and resources needed and report back to the Board of Directors (2014)</li> <li>•</li> </ul>

		<ul style="list-style-type: none"> <li>Collaborate with AHRQ. (2015)</li> </ul>		
<b>Evolution</b>	<b>A.) Is known as the clinical and translational experts in cellular therapy and transplantation biology</b>	<b>B.) Has established a recognized credentialing program in clinical stem cell transplantation</b>	<b>C.) Has attracted more medical professionals and scientists to the field.</b>	<b>D.) Has reduced barriers to access to cellular therapy and increased understanding of the field.</b>
	<p><b>2.) Develop joint programs in stem cell and T cell gene therapy with ASGCT by 2015.</b></p> <ul style="list-style-type: none"> <li>Change the Task Force on Cellular Therapy to a full Committee. (First quarter 2014)</li> <li>Invite a representative from ASGCT to sit on the Committee on Cellular Therapy (First quarter 2014)</li> </ul> <p>Create two joint programs with ASGCT (2015)</p> <p><b>3.) Create educational products for specified audiences on cellular therapy.</b></p> <ul style="list-style-type: none"> <li>Offer two programs (i.e. sessions at BMT Tandem Meetings) that include cellular therapy (2015)</li> <li>Create an ASBMT Training Institute to offer fee-based training.</li> <li>Create an ASBMT New Programs Committee to develop new fee-based programs</li> </ul>	<p><b>4.) Extend continuing education (CE) to Allied Professionals by 2016.</b></p> <ul style="list-style-type: none"> <li>Have staff identify the costs and resources needed and report back to the Board of Directors. (2015)</li> <li>Start implementation in 2015 and 2016)</li> </ul>	<p><b>3.) Coordinate a system to match premed and medical students with programs by 2015.</b></p> <ul style="list-style-type: none"> <li>Have staff identify the costs and resources needed and report back to the Board of Directors (2015)</li> </ul> <p><b>4) Create a consortium to develop a K12 transplantation biology program by 2016.</b></p> <ul style="list-style-type: none"> <li>Work with NIH on development of a K12 program (Nancy DiFronzo can possibly assist). (2014)</li> <li>Have staff identify the costs and resources needed and report back to the Board of Directors (2015)</li> </ul>	<p><b>3.) Create a patient and physician advocacy program by 2015. Ensure that research is included.</b></p> <ul style="list-style-type: none"> <li>Have staff identify the costs and resources needed and report back to the Board of Directors. (2015)</li> </ul>

	and explore the feasibility of forming a Foundation. (2015)			
<b>June 9, 2014 Committee Goals</b>	<b>A.) Is known as the clinical and translational experts in cellular therapy and transplantation biology</b>	<b>B.) Has established a recognized credentialing program in clinical stem cell transplantation</b>	<b>C.) Has attracted more medical professionals and scientists to the field.</b>	<b>D.) Has reduced barriers to access to cellular therapy and increased understanding of the field.</b>
Committee on Quality Outcomes				<p>Develop plan to acquire comprehensive Quality of Life outcome data on SCT patients that can be implemented across all centers or by the CIBMTR on behalf of centers</p> <p>Identify socio-demographic factors which can be collected simply yet identify disadvantaged groups and evaluate methods to validate their importance in outcomes.</p> <p>Develop a “recipe” with CIBMTR and FACT which can guide underperforming center’s (SCTOD one year survival) improvement strategies.</p>
Sub-Committee on Informatics	Use informatics tools to facilitate the handling of clinical research, administrative quality management and financial data in such a way as to enhance BMT practice and research.		Foster interaction between clinicians and IT professionals.	Conceive of and provide guidance for the development of computer systems and applications designed to assist in carrying out the missions of the Society

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Committee on ASBMT RFI				<p>Continue to work toward the goal of a standardized RFI that is acceptable to all payors. Recruit Payors participation in the development of the ASBMT RFI.</p> <p>Modify the RFI yearly considering changes in the field and be responsive to programs' concern about the potential for misinterpretation of outcome data by Payors with a release of a revised RFI version every February.</p> <p>Be responsive to BMT program questions on how to complete the RFI and submit updates to payors at the biennial UNOS meeting.</p>
Committee on Cellular Therapy	Conduct cellular therapy sessions during the BMT Tandem Meetings		<p>Develop joint programs in stem cell and T cell gene therapy with ASGCT by 2015:</p> <ul style="list-style-type: none"> <li>• Invite a representative from ASGCT to sit on the Committee – 2014.</li> <li>• Create two joint programs by 2015.</li> </ul>	

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			Establish and strengthen preferred relationships with other organizations in the field by 2014 (e.g. AST, ISCT, NMDP, WMDA, WBMT, and ASGCT): <ul style="list-style-type: none"> <li>• Sponsor ASBMT sessions at each organization's meeting and invite speakers to the BMT Tandem Meetings by 2015.</li> <li>• Require submission of articles on cellular therapy and transplantation biology to BBMT.</li> </ul>	
ASBMT Corporate Council	Establish and strengthen relationships with pharmaceutical and medical device makers. Continue to recruit members to the Corporate Council.  Share information, advice and assistance in developing new products and services to improve blood and marrow transplantation.  Build relations which Industry and BMT thought leaders which can result in problem-solving discussions throughout the year.			

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Practice Guidelines Committee	<p>Develop a Myeloma EBR manuscript for BBMT.</p> <p>Develop a "How to" paper on Busulfan use in HCT</p> <p>Create a White paper with the Joint Task Force on "Indications for HCT"</p> <p>Create a paper on "Graft Choice Considerations in allo-HCT"</p>			
Committee on Education	<p>Continued development of the Clinical Case Forum.</p> <p>Establish an ASBMT Learning Institute.</p> <p>Continue development and expansion of the PIMs Program.</p>	Explore development of an ASBMT Certification Program.		
Business Development	Develop new fee-based educational and resource programs		<p>Explore funding from non-traditional sources.</p> <p>Explore new membership sources.</p>	
<b>Accomplishments</b>				
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	<p><b>Develop and Expand Educational Tools and Training</b></p> <ul style="list-style-type: none"> <li>ASBMT Guidelines for Hodgkin Lymphoma and Multiple Myeloma</li> <li>ISCT/ASBMT Cell Therapy Training Course Oct 2015 in Houston</li> <li>ASBMT Reviews for Myelofibrosis and Sickle Cell Anemia</li> <li>Clinical Case Forum very successful</li> <li>Mobile App under development: ASBMT Guidelines</li> <li>Teaching Slide Deck: Early Referrals</li> <li>Improved practice improvement modules (PIMs).</li> <li>Education tracks at BMT Tandem Meetings.</li> <li>Clinical Education Conference at Tandem</li> <li>ASBMT Training Institute under development</li> </ul>	<ul style="list-style-type: none"> <li>Possible on-line fellowship in HCT (Education Committee)</li> <li>Collaboration with FACT on cell therapy accreditation (Committee on Cellular Therapy)</li> <li>Exploring feasibility of certification program for clinical HCT (Education Committee)</li> </ul>		<p><b>Reduce Barriers for Patients</b></p> <ul style="list-style-type: none"> <li>CMS approval for sickle cell and myelofibrosis; myeloma, lymphoma next.</li> <li>ASBMT/CIBMTR/BMT-CTN/NIH initiative to increase funding for research in stem cell transplantation.</li> <li>CMS/NMDP/ASBMT project to cover costs of transplantation for myelofibrosis, sickle cell, myeloma, lymphoma.</li> <li>Aligning Quality and Value: NMDP-CIBMTR-ASBMT joint project. Minneapolis July 2015 meeting: involves ASBMT, NMDP, ASH, ACS; White Paper prepared by Dr. Fred LeMaistre.</li> </ul> <p><b>Improve the quality of life for long-term survivors</b></p> <ul style="list-style-type: none"> <li>NIH Consensus on Late Effects in Long-Term Survivors</li> <li>Integrate clinical and scientific objectives with:</li> <li>Aligning Quality and Value</li> <li>Practice Guidelines</li> <li>Healthcare Economics</li> <li>Compensation</li> </ul>
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	<p><b>Develop Tools for Improved Practice (Quality Outcomes Committee and Informatics Sub-Committee)</b></p> <ul style="list-style-type: none"> <li>• Collaborate with FACT for outcomes reporting of autologous HCT to SCTOD.</li> <li>• Work with FACT on cell therapy accreditation.</li> <li>• Collaborate with CIBMTR on risk-adjusted outcome model.</li> <li>• Identify QOL to be added to evaluations.</li> <li>• Develop BRIDG/SCT domain data model in collaboration with NCI, CIBMTR, NMDP and University of Minnesota.</li> <li>• Complete SCT CDE array with NCI and CIBMTR.</li> <li>• Collaborate with EPIC and CIBMTR to develop a transplant domain.</li> </ul>		<p><b>Established and Strengthen Relationships:</b></p> <ul style="list-style-type: none"> <li>• ISCT, ASGCT: ASBMT symposium at FOCIS (Committee on Cellular Therapy)</li> <li>• PBMTTC (Pediatric Blood and Marrow Transplant Consortium) (Pediatric SIG)</li> <li>• ASH Practice Cmt: NIH Consensus Project for Clinical Trials for cGVHD (Committee on Practice Guidelines)</li> <li>• Palliative Care Task Force: <ul style="list-style-type: none"> <li>• ASH</li> <li>• ASCO</li> <li>• AAHPM (American Academy of Hospice and Palliative Medicine)</li> </ul> </li> <li>• MASCC (Multinational Association of Supportive Care in Cancer).</li> <li>• Committee on Quality Outcomes: <ul style="list-style-type: none"> <li>• CIBMTR</li> <li>• FACT Clinical Quality Cmt</li> <li>• SCTOD</li> <li>• ASCO Clinical Guidelines Cmt</li> <li>• NQF (National Quality Forum)</li> </ul> </li> </ul>	<p><b>Physician Advocacy:</b></p> <ul style="list-style-type: none"> <li>• CMS request for separate specialty designation for BMT and cellular therapy physicians that is distinct from hematology-oncology.</li> <li>• Hospital coding needs: must capture medical acuity of transplant patients.</li> <li>• Expand CMS coverage for myelofibrosis, myeloma, sickle cell and in the future lymphoma.</li> <li>• 2016: Find ways to cover full costs of allogeneic search and procurement</li> <li>• Upgrade management codes for professional services that reflect the true work in care coordination.</li> <li>• Partnering with American College of Physicians on chronic care management payment and specialty medical home models.</li> <li>• Ongoing work with RUC on coding for outpatient chemotherapy and bone marrow aspirations.</li> </ul>

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			<p><b>Two New Special Interest Groups:</b></p> <ul style="list-style-type: none"> <li>• Cord Blood</li> <li>• Value and Health Economics</li> </ul> <p><b>New Task Force Groups</b></p> <ul style="list-style-type: none"> <li>• Palliative Care</li> <li>• Regulatory &amp; Reimbursement</li> <li>• Bone Marrow Harvest</li> </ul> <p><b>Leveraging BMT Program Directors</b></p> <ul style="list-style-type: none"> <li>• 45% are not members</li> <li>• Coordinating membership development at institutions</li> </ul> <p><b>Strengthen Relationships with Related Societies</b>  <b>ASH, ASCO, ASGCT, FOCIS, ISCT, AAHPM, MASCC</b></p>	<ul style="list-style-type: none"> <li>• Ongoing collaboration with UHC for hospital measures and RVU measures to improve accuracy and validity of data.</li> </ul>
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			<p><b>Promoted National and International Collaboration</b></p> <ul style="list-style-type: none"> <li>• CIBMTR for research funding with NIH</li> <li>• FACT and NMDP</li> <li>• ASH/ASCO/APHGM for Palliative Care</li> </ul>	

			<ul style="list-style-type: none"> <li>• NIH NHLBI State of Science International Consensus Project on Late Effects of Transplant Survivors</li> <li>• China BMT Society</li> <li>• European Society for Blood and Marrow Transplantation (EBMT)</li> <li>• Japan Society for Hematopoietic Stem Cell Transplantation</li> <li>• Turkish Blood and Bone Marrow Transplantation Association</li> <li>• World Wide Network for Blood and Marrow Transplantation (WBMT)</li> </ul>	
			<p><b>Continue dialogue with NIH</b></p> <ul style="list-style-type: none"> <li>• Leadership of NCI, NHLBI, CIBMTR, ASBMT, BMT CTN meet regularly.</li> <li>• Maintain and expand funding for current programs including BMT CTN</li> <li>• Create new training grants</li> </ul>	