

**ACR Objective Exercise**

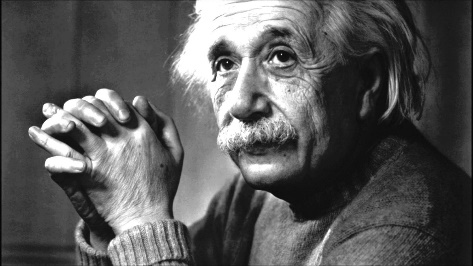
Please provide all names of your breakout group…should the objective team have follow-up questions. Thank you!

Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step One: Understanding the Desired Outcome.** Review and discuss this objective’s description.

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| **Objective Name** | **Objective Description** |
| **Increase External Influence** | * Raise profile of radiologists (not only medical imaging) throughout House of Medicine, government, and industry. * Leverage creation of standards, existing and new relationships along with communicating radiology’s value to healthcare. |

**Step Two: Defining the Challenge/Problem.** As a team, engage in honest discussion around “What is currently standing in the way” or “What’s the current problem and/or future problem” that is keeping us from advancing this objective?

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*“If I had an hour to solve a problem, I'd spend 55 minutes thinking about the problem and five minutes thinking about solutions.”*

-(Frequently attributed to) Albert Einstein

**Step Three: Suggesting the Change Needed.** Based on your team’s discussions, identify two or three new, ambitious, and potentially “game changing” initiatives that your breakout team *suggests for consideration* to best accomplish the objective. Please provide adequate detail of each proposed change initiative for the Objective Team to consider:

1. Proposed Change Initiative #1:

1. Proposed Change Initiative #2:

After completion, PLEASE email this entire template to AFaulkner@LBLStrategies.com

1. Proposed Change Initiative #3:

**Step Four (Optional, if time allows):**  Crosswalk this objective to the Strategic Opportunities and Threats

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| **Strategic Opportunities:** | **Opportunity Description:** | **Does this Objective significantly address the Strategic Opportunity? If so, how?** |
| **Listen to and understand member needs and communicate value of the ACR** | Cultivate a robust member engagement program via effective multi-platform bi-directional communication conveying that the ACR empowers us to be collectively stronger. |  |
| **Lead payment model discussions, championing the interests of all radiologists** | Proactively represent and bridge the radiologists’ interests in the evolution of alternative payment and practice models. |  |
| **Support early career radiologists** | Partner with and support early career radiologists through every stage of their career. |  |
| **Enhance advocacy and economic efforts** | The ACR’s core competence and primary responsibility is serving as the premier organization for advocacy/government relations and economics. |  |
| **Enhance diversity, equity, and inclusion within the radiology workforce** | Establish an effective strategy to develop a diverse and inclusive radiology workforce to include promoting opportunities in radiology for women, underrepresented minorities, and other marginalized groups. |  |
| **Cultivate interoperability** | Key to continued progress in radiology innovation and effective patient care, convene stakeholders to pursue interoperability across healthcare and develop a collective advocacy voice. |  |
| **Promote safe and effective utilization of AI, machine learning, and other emerging technologies** | Champion the interests of all radiologists by leading in AI, Machine Learning, and other emerging technologies, addressing both opportunities and potential threats. |  |
| **Advance healthcare equity initiatives in radiology** | Demonstrate radiology’s role in establishing equitable healthcare for optimal outcomes. |  |
| **Optimize the radiology workforce of the future** | Evaluate the current and future needs of the radiology workforce to optimize its size, skills, composition, and wellness. |  |
| **Threats:** | **Threat Description:** | **Does this Objective significantly address the Threat? If so, how?** |
| **Potential displacement of radiologists** | The threat incudes: 1) Potential displacement of radiologists, including scope-of-practice (AI, Non-radiologist physicians, non-physician radiology providers, or a combination), 2) Potential to redefine radiology as we know it today., and 3) Threat to relevance of ACR as an organization. |  |
| **Lack of focused and effective bi-directional communication** | Ineffective communication, even if in high volume, results in: 1) Incomplete understanding of member opinions and needs, and 2) Lack of member understanding/appreciation of ACR efforts with resulting lower member engagement and misperception of value of ACR membership. |  |
| **Divisiveness and loss of professionalism in the house of radiology** | The threat includes: 1) Members may feel that ACR is not representing their views, 2) Greater polarization and incidents of incivility among ACR membership.    Emphasis on polarization detracts from ACR’s stature as a leader in radiology and advocacy, a core competency of ACR. It misconstrues a thoughtful approach to decision-making for reluctance/hesitancy, with the expectation that ACR will not make the tough decisions to lead after weighing the pros and cons on an issue. |  |
| **Unclear how radiology fits into value-based payment models.** | The lack of systematic research demonstrating radiology’s contribution to value in healthcare. The threat is that the role of radiology is undermined in the new paradigm. |  |
| **Impact of corporatization of radiology and growth of large employed radiology groups** | Concern of lack of ongoing alignment between large entities and the ACR. This threat includes: 1) Displacing independent practice opportunities, 2) Resulting in changes in workforce and loss of autonomy for radiologists, 3) Resulting in disproportionate influence or exit from ACR, and 4) Constraint in employment opportunities. |  |
| **CMS reimbursement reductions** | Medicare Physician Fee Schedule systematically reducing radiology reimbursement impacting private payors as well. Perception of ACR effectiveness. |  |
| **Potential disengagement of early career members.** | ACR needs a pipeline of members to maintain the health and relevance of the organization. There is risk of disengagement of early career members during transition from the RFS stage to the YPS stage, ACR needs to maintain early career development and leadership opportunities for early career radiologists during the transition from RFS to YPS membership. |  |
| **Lack of interoperability between healthcare systems** | Because of radiologists’ reliance on data and technology, the lack of system interoperability affects us more acutely than other specialties. It jeopardizes our potential to be an information broker and steward of AI in the future. There is a need to convene stakeholders, communities of experts, and vendors. |  |

AFTER COMPLETION: Please email this entire template to AFaulkner@LBLStrategies.com