



**AMERICAN
THYROID
ASSOCIATION**

FOUNDED 1923

2008-2009

President

Kenneth D. Burman, M.D. (2008-2009)
Washington, DC

Secretary/Chief Operating Officer

Richard T. Kloos, M.D. (2007-2011)
Columbus, Ohio

Treasurer

David H. Sarne, M.D. (2007-2011)
Chicago, Illinois

President-Elect

Terry F. Davies, M.D. (2008-2009)
New York, New York

Directors

Rebecca S. Bahn, M.D. (2008-2009)
Rochester, Minnesota

Matthew D. Ringel, M.D. (2005-2009)
Columbus, Ohio

Mary H. Samuels, M.D. (2005-2009)
Portland, Oregon

Antonio C. Bianco, M.D., Ph.D. (2006-2010)
Miami, Florida

Alan P. Farwell, M.D. (2006-2010)
Boston, Massachusetts

Michael T. McDermott, M.D. (2006-2010)
Aurora, Colorado

Ian D. Hay, M.D., Ph.D. (2007-2011)
Rochester, Minnesota

R. Michael Tuttle, M.D. (2007-2011)
New York, New York

James A. Fagin, M.D. (2008-2012)
New York, New York

M. Carol Greenlee, M.D. (2008-2012)
Grand Junction, Colorado

Executive Director

Barbara R. Smith, CAE

Headquarters Office

American Thyroid Association
6066 Leesburg Pike, Suite 550
Falls Church, Virginia 22041

Phone: 703 998-8890

Fax: 703 998-8893

E-mail: bsmith@thyroid.org

Web: www.thyroid.org

ATA STRATEGIC PLAN 2009 – DRAFT
September 21, 2009

GOAL: Infrastructure that has the capacity to fulfill the needs of membership with the ability to allow and support future growth.

Infrastructure: Bahn, Burman, Kloos, Fagin, Smith

1. **Action- Governance:** Anticipate greater financial needs of next Secretary, off-set elections of Secretary or Treasurer, Treasurer transition to an unpaid officer and continue as Chair of Finance & Audit Committee. (SM)
2. **Action-Governance:** There is a need to be cognizant that the compensation for the Secretary should be commensurate with the level of time commitment involved (it is probable that it needs to be increased); move the Treasurer to an unpaid position and shift the burden of daily oversight to a full-time CFO; offset terms (in years) of secretary and treasurer—they would still be four year positions but would be staggered. Stagger the exit of the secretary and treasurer terms by extending the current treasurer's term by two years (treasurer term will be over in 2013 instead of 2011). (SM)
3. Decision has been made that the past president be on the board. Effort needs to be made to ensure that those applying for board positions need to be made fully aware that consulting work must be foregone during their tenure so that an informed decision can be made. (SM).
4. **Governance: Ethics:** This committee has been functioning; however, there are two bona fide ethicists on the committee who have not been present on the conference calls. One of the short term goals of the committee will be to ensure that at least one of the ethicists is present on each call. The group agrees that the Past President (instead of the Secretary) should settle disputes with either the Board or members. In the event that the Board does not agree with the Ethics Committee on an issue, the Board will be the final arbiter; however, the lack of agreement will be disclosed to the membership. (SM).
5. **Action- Committee Structure:** Chairs report to Board on calls and all Committees have liaison from Board on all calls. (SM)

6. **Committee Structure:** all 26 committees and task forces were reviewed and the need for each was upheld. A change was recommended to try to increase the number of members of the board who are chairs of these committees. In the longer term, more frequent feedback to the board by the committee chairs will be needed. (SM).
7. **Action- ATA Office:** Build capacity for more staff; reconfigure office space; share offices with part-time permanent, professional staff; access network remotely. (SH)
8. **Action- ATA Office:** Hire a ½ time CFO; move to more space in same office building; add a Director of Membership. (MH)
9. **Action- ATA Office:** Transition Plan for new Exec. Director (MBA and/or association professional); expand office and purchase office space. (LH)

KEY:

SL – Short Term, Low Impact
SM – Short Term, Medium Impact
SH – Short Term, High Impact

ML – Medium Term, Low Impact
MM – Medium Term, Medium Impact
MH – Medium Term, High Impact

LM – Long Term, Medium Impact
LH – Long Term, High Impact

GOAL: Education and scientific meetings to support mission, attract new members, and further thyroidology.

Education and Meetings: Tuttle, McDermott, Bianco, Davies, Coates

1. **Action-** Include/seek out different voices/integrate young members. (SL) There needs to be a strong effort to integrate younger members into the organization and to make the meetings more worthwhile for them. A key effort in this regard will be to explore the accessibility and affordability of the meetings for fellows and/or young, not established members. Increasing their integration may also dovetail with the impact of *Thyroid*. Perhaps there could be a fast track of review of their articles to encourage submissions. (SL)
2. **Action-** Offer prizes/awards for young members/Fellows. (SL)
3. **Action-** Annual Spring Meeting in Washington, DC (endorsed). (SM)
4. **Action-** Develop and maintain clinical guidelines to cover five core areas (thyroid cancer, thyroid nodules, hyperthyroid, hypothyroid and lab testing). (SH)
5. **Action-** Integrate Thyroid Hormone Resistance Group meeting into an ATA meeting. (SH)
6. **Action-** Partner/joint meeting with AAES. (SH)
7. **Action-** Thyroid Surgical Task Force activities. (SH)
8. **Action-** ACT—clarify interactions. (SH)
9. **Action-** Winter meeting: topics/profitability/city selection, explore possibility of more regional focus. (MM)
10. **Action-** Web-based clinical question and answer session. Need to consider a trial of the web-based clinical questions and determine whether it would be for profit. One suggestion is to create a set of “pat answers” or resources that could address frequent questions. In some respects, if the guidelines are truly updated, this may be less necessary but there will still be some clinicians who would value the opportunity to ask direct questions. (MM)

KEY:

SL – Short Term, Low Impact
SM – Short Term, Medium Impact
SH – Short Term, High Impact

ML – Medium Term, Low Impact
MM – Medium Term, Medium Impact
MH – Medium Term, High Impact

LM – Long Term, Medium Impact
LH – Long Term, High Impact

11. **Action-** Web-based education opportunities. (MM)
12. **Action-** Develop basic science guidelines (methods and techniques). (MH)
13. **Action-** Develop guidelines for: Basic Science (Dr. Tony Bianco), Pediatric thyroid nodules and cancer (Dr. Gary Francis), anaplastic thyroid cancer (Dr. Robert Smallridge), pregnancy and thyroid (Dr. Alex Stagnaro-Green). (MH)
14. **Action-** Reduce length of annual meeting. (LM)
15. **Action-** Bundle topics/areas of interest within the meeting. (LM)
16. **Action-** Further develop *Clinical Thyroidology* to make it profitable, meet clinical needs and define role. (LH)
17. **Action-** Increase impact factor for *Thyroid*. (LH) There is discussion regarding whether there should be a charge for downloading the guidelines. Although it could potentially bring revenue, there are administrative fees that would need to be considered. (MH).
18. **Action:** Guidelines-There is discussion regarding developing and updating the guidelines and interaction with other societies. There is agreement that, at a strategic level, this is desirable but not always possible. Clear policies would need to be set out regarding who takes the lead, whether there are mandates for completion dates, and whether it is accomplished by requesting endorsement of existing guidelines or by inviting representatives of other societies at the onset of the project. Cooperation with other Societies in developing or revising guidelines will finally be decided by the Board with the input of the specific Guideline Chair, Ideally, it is optimal to have one set of guidelines on a particular topic that are endorsed by all the groups. However, the reality is that many groups will not endorse ATA derived Guidelines. Some of the other groups are writing guidelines that are based on expert opinion or traditional practice and the ATA guidelines are formulated based on evidence based medicine. Therefore, joint guidelines might work best if the ATA takes the lead. (MH)

KEY:

SL – Short Term, Low Impact
SM – Short Term, Medium Impact
SH – Short Term, High Impact

ML – Medium Term, Low Impact
MM – Medium Term, Medium Impact
MH – Medium Term, High Impact

LM – Long Term, Medium Impact
LH – Long Term, High Impact

GOAL: Maintain and increase financial and development ability to support current and future programming, infrastructure, and marketing.

Finance and Development: Sarne, Samuels, Hay, Slaughter

1. **Action-** Subscription fee for Friends of the ATA. (SL)
2. **Action-** Pilot of online education. (SL)
3. **Action-** Solicit electronic advertising in *Clinical Thyroidology*, *Clinical Thyroidology* for patients, and the ATA website. (SM)
4. **Action-** Contingency Plan for loss of industry support in 2009-2010. (SH)
5. **Action-** Increase contributions from senior membership—new opportunities for support such as sponsorship of awards, lectureships, training, web education. (MM)
6. **Action-** Expansion of industry contributors [equipment manufacturers (e.g. ultrasound); device manufacturers, manufacturers of oncology drugs; and metabolism as relates to thyroid hormone analogs]. (MM)
7. **Action-** Online education (streaming video) as an alternative or supplement to offsite workshops. (MM)
8. **Action-** Corporate board consisting of relevant industrial members who would seek ATA input in a bi-directional exchange of ideas. (MH)
9. **Action-** Philanthropic Advisory Board: made up of dedicated, interested patients and other possible benefactors. (LM)
10. **Action-** Obtain support for ATA Meetings from NIH and other unique sources. (LM)
11. **Action-** Fundraising Campaign: potentially to include a professional fundraiser (either full or part time). (LH)

KEY:

SL – Short Term, Low Impact
SM – Short Term, Medium Impact
SH – Short Term, High Impact

ML – Medium Term, Low Impact
MM – Medium Term, Medium Impact
MH – Medium Term, High Impact

LM – Long Term, Medium Impact
LH – Long Term, High Impact

GOAL: To develop appropriate strategic plans and actions to support society functions including meetings, policy statements, guidelines, and technology.

Futures: Farwell, Ringel, Greenlee, Hoke

1. **Action-** Awards: right amount of awards, non-overlap. (SL)
2. **Action-** Eliminate expenses for Van Meter. (SL)
3. **Action-** Funding through direct appeal. (SL)
4. **Action-** Funding through add-on cost to meeting registration. (SL)
5. **Action-** Any fund restrictions? (SL)
6. **Action-** Reduce Honorarium. (SL)
7. **Action- Society Interactions/FDA:** Guidelines. (SM)
8. **Action- Society Interactions/FDA:** Alliance-videos with Diabetes Health Network, patient forums. (SM)
9. **Action- Membership Growth:** Retention of core members. (SH)
10. **Action- Membership Growth:** Fellows, basic scientists, non-member meeting attendees, non-adult endo thyroid specialists. (SH)
11. **Action- Society Interactions:** Joint Symposium—clinical and basic science. (MM)
12. **Action- Society Interactions:** Guidelines. (MM)
13. **Action- Society Interactions:** Policy statements. (MM)
14. **Action- Society Interactions:** Goal oriented. (MM)
15. **Action- Membership Growth:** Outreach: non-adult endocrinology thyroid specialists—surgeons, pathologists, oncologists, radiologists, pediatric endocrinologists. (MH)
16. **Action- Membership Growth:** Website specialist finder. (MH)

KEY:

SL – Short Term, Low Impact
SM – Short Term, Medium Impact
SH – Short Term, High Impact

ML – Medium Term, Low Impact
MM – Medium Term, Medium Impact
MH – Medium Term, High Impact

LM – Long Term, Medium Impact
LH – Long Term, High Impact

17. **Action- Membership Growth:** Affordability of venues. (MH)
18. **Action- Membership Growth:** Value added -- PowerPoint for members. (MH)
19. **Action- Membership Growth:** Local/Regional less costly meetings. (MH)
20. **Action- Membership Growth:** Joint symposium with other societies. (LH)
21. **Action- Membership Growth:** Affordability of venues. (LH)
22. Corporate board: at this point, the perception surrounding this has changed and it has become more accepted. What this idea needs is a leadership champion who can see it through. (LM)
23. Philanthropic Advisory Board: can be difficult at academic institution since there is sometimes multiple potential recipients for the funds (i.e., the school, the society, the doctor) (LM)
24. Membership Growth: The group discusses the philosophy of membership growth and whether there is a desire to keep the organization small so as to facilitate more intimate interaction with members and leadership or to expand it so as to have expanded industry impact and prevent insulation. The group is in favor of a strategic plan to grow 20-30%. (LH)
25. Awards: ideas are discussed for new awards such as best clinical abstract and best oral abstract. (SM)

KEY:

SL – Short Term, Low Impact
SM – Short Term, Medium Impact
SH – Short Term, High Impact

ML – Medium Term, Low Impact
MM – Medium Term, Medium Impact
MH – Medium Term, High Impact

LM – Long Term, Medium Impact
LH – Long Term, High Impact