

American Society for Reproductive Medicine

2021-2025 STRATEGIC PLAN DEVELOPMENT

Discussion Manual
September 2020



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Plan Development Overview and Methodology

Background

The American Society for Reproductive Medicine (ASRM), founded in 1944, has grown to become a multi-disciplinary non-profit professional organization comprised of medical professionals and other professionals with a discipline in the field of reproductive medicine. The society currently has nearly 40 employees and an operating budget of approximately \$12.5 million.

ASRM highly values strategic planning as a means to provide guidance and structure in its forward progression. The most recent strategic plan covered the time period of 2014 – 2019. It provided an excellent roadmap to follow, and the society has been successful in achieving its key goals and tactics. It is now time to finalize a new strategic plan that will take ASRM forward for the next five years.

Plan Development Objective and Methodology

Westman & Associates (W&A) was engaged to facilitate development of a strategic plan – originally covering the time-period of 2020 – 2024 but extended by a year given the outbreak of COVID-19 and corresponding delays in completing the planning process. The strategic plan will include

- ASRM vision, mission, and values statements (**already completed**)
- Goals and strategies to support attainment of the vision and mission.
- An articulation of potential societal trends that could impact plan implementation and how ASRM will respond if the trends materialize.
- Defined methodologies to employ during plan implementation to:
 - Communicate progress in attaining plan milestones.
 - Systematically add, delete, and in other ways modify the strategic plan as warranted by changes in the operating environment.

Plan Development Overview and Methodology

The following action steps were identified for completion:

Action Step	Target Complete
Step 1: Gather and analyze documentation	Complete
Step 2: Facilitate development of a strategic program analysis pertaining to ASRM's current products, programs, and services	Complete
Step 3: Conduct individual interviews with ASRM member and staff leaders	Complete (35)
Step 4: Facilitate a survey process with member leaders to follow up on interview results	Complete
Step 5: Facilitate an additional survey with member leaders to elicit perceptions of possible values statements and future trends that could impact ASRM	Complete
Step 6: Prepare a discussion manual summarizing results from the surveys, along with providing a framework for discussion during a strategic plan development retreat.	Complete
Step 7: Facilitate a strategic planning retreat.	September 21-23
Step 8: Prepare a planning retreat results report.	September 30
Step 9: Facilitate debriefing teleconference	Mid-October
Step 10. Finalize tactical priorities, funding, and metrics (proposed by staff and approved by the Board)	November-December

The following sections of this manual should be referenced by retreat participants in preparing to effectively contribute to strategic plan development.

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Setting the Stage for Plan Development

Overview

ASRM leaders have only two days together in September to develop a strategic plan framework covering the time-period of 2021-2025. It was therefore imperative that a significant amount of pre-work be undertaken to make the best use of our time together. This involved W&A facilitating 35 individual interviews and administering two survey processes - building on interview results and addressing various strategic issues. Collectively, these activities resulted in a set of data that will enable us to “hit the ground running” at the retreat.

Future Focus Survey

A total of 209 ASRM stakeholders participated in this survey process, which included both quantitative and narrative response questions. The survey elicited feedback on 38 potential future priorities – any of which could serve as a basis for developing goal and strategy statements. These potential priorities were categorized as follows:

- Membership, Recruitment, and Engagement
- Professional and Patient Education
- Advocacy and Reputation Management
- Research

Survey respondents were asked to assess the level of criticality that should be placed on each of the potential priorities. They were also given an opportunity to provide narrative feedback relative to their choices. Quantitative survey results are presented on the following pages, with verbatim narrative feedback conveyed in the Appendix.

Setting the Stage for Plan Development

Future Focus Survey

Survey Demographics

<u>Leadership role</u>			
Affiliate society, PG, or SIG Board member	56%	<u>Age</u>	
ASRM Board or committee member	28%	40 years or under	18%
Neither	16%	41-60 years	52%
		Over 60 years	29%
<u>Career role</u>			
Physician	67%	<u>Number of ASRM annual meetings attended last 5 years:</u>	
Basic scientist	5%	None	4%
Nurse	3%	1 or 2	11%
Laboratory personnel	8%	3 or 4	31%
Non-physician administrator	2%	All five	54%
Legal professional	3%		
Other	12%	<u>Self-perceived utilization of ASRM products, programs, and services:</u>	
		Heavy user	25%
<u>Location</u>		Moderate user	59%
Live in the US	91%	Minimal user	16%
Outside the US	9%		

Setting the Stage for Plan Development

Future Focus Survey

How ASRM Should Address Potential *Membership, Recruitment, and Engagement* Strategic Directions

Potential Strategic Directions	Critical to Address	Important to Address	Nice to Address	No Need to Address
Increase focus on recruiting and engaging with early-career professionals	52%	39%	8%	1%
Increase focus on recruiting and engaging with non-physician care team professionals	28%	48%	24%	1%
Increase focus on recruiting and engaging individuals of diverse backgrounds	38%	43%	16%	2%
Increase focus on recruiting and engaging international reproductive health professionals	24%	40%	31%	5%
Enhance recruitment and engagement of practitioners who care for patients with reproductive disorders (e.g. endometriosis, leiomyomas, menopause, PCOS, hirsutism, etc.) but who do not primarily treat infertility.	27%	41%	28%	4%
Enhance focus on providing group memberships to group practices/organizations	14%	35%	41%	10%
Refresh the ASRM annual Congress	23%	41%	33%	4%
Increase utilization of social media to foster relationship/community building amongst members	30%	40%	27%	2%
Increase engagement with Affiliate Societies, Professional Groups (PGs), and special interest groups (SIGs)	42%	39%	17%	1%
Launch a philanthropic campaign to build the ASRM endowment to enhance organizational sustainability and member value	26%	44%	25%	5%
Develop consulting services to assist members in improving their administrative and operational efficiency and effectiveness	15%	41%	37%	7%

Setting the Stage for Plan Development

Future Focus Survey

How ASRM Should Address Potential *Professional and Patient Education* Strategic Directions

Potential Strategic Directions	Critical to Address	Important to Address	Nice to Address	No Need to Address
Introduce new practice pedagogies in delivering education	22%	50%	25%	3%
Further develop education opportunities for residents in training.	27%	46%	25%	2%
Increase educational opportunities for non-physicians at ASRM annual meetings	25%	40%	32%	3%
Enhance and expand ASRM's simulation education programs	17%	41%	37%	6%
Develop leadership development programs for members	32%	43%	20%	5%
Enhance educational on the non-infertility management of patients with reproductive disorders such as endometriosis, leiomyomas, menopause, PCOS, hirsutism, etc.	20%	49%	27%	4%
Develop ASRM's non-physician reproductive health provider accreditation programs and processes	23%	39%	34%	4%
Expand patient education resources	39%	47%	12%	3%
Enhance accessibility and ease of use of ASRM educational assets	43%	38%	17%	2%
Improve ASRM's website	35%	35%	27%	3%
Increase the use of social media for enhanced patient and provider education	36%	35%	25%	5%
Increase the use of mobile apps for enhanced patient and provider education	36%	41%	17%	6%
Identify opportunities to monetize ASRM's educational offerings	12%	40%	26%	21%

Setting the Stage for Plan Development

Future Focus Survey

How ASRM Should Address Potential *Advocacy and Reputation Management* Strategic Directions

Potential Strategic Directions	Critical to Address	Important to Address	Nice to Address	No Need to Address
Focus advocacy on state level legislation impacting reproductive health	68%	24%	8%	1%
Focus advocacy on federal level legislation impacting reproductive health	67%	25%	6%	2%
Focus advocacy on governmental agencies to further infertility care coverage and reimbursement	57%	34%	8%	1%
Focus advocacy on employers to provide further infertility care coverage and reimbursement	51%	37%	11%	1%
Focus advocacy on managing and mitigating government regulation	52%	35%	12%	1%
Focus advocacy on the international arena to improve reproductive health care in lower income countries	20%	40%	34%	6%
Identify and engage “influencers” of public opinion (entertainment, sports, broadcast figures, etc.) to further ASRM messaging	22%	44%	28%	7%
Develop a proactive communications strategy to manage and drive media messaging on reproductive health	48%	40%	11%	2%

Setting the Stage for Plan Development

Future Focus Survey

How ASRM Should Address Potential *Research* Strategic Directions

<u>Potential Strategic Directions</u>	Critical to Address	Important to Address	Nice to Address	No Need to Address
Support and fund any and all reproductive health research to the extent possible	25%	46%	24%	5%
Support and fund reproductive health research to the extent possible, but only if it is not fundable by government agencies	25%	39%	28%	7%
Develop a program to support the compensation and expenses of trainees in reproductive health	14%	28%	47%	10%
Further develop the ASRM Research Institute's operational infrastructure	30%	43%	24%	4%
Launch a philanthropic campaign to assure sustainability of the ASRM's Research Institute and research granting	34%	43%	22%	1%
Develop an ancillary business leveraging and monetizing ASRM's registries and other databases (e.g. for contract research)	14%	33%	43%	10%

Setting the Stage for Plan Development

Future Focus Survey

How ASRM Should Address Potential Strategic Directions – Top to Bottom Relative to Critical to Address

Potential Strategic Directions	Critical to Address	Important to Address	Nice to Address	No Need to Address
Focus advocacy on state level legislation impacting reproductive health	68%	24%	8%	1%
Focus advocacy on federal level legislation impacting reproductive health	67%	25%	6%	2%
Focus advocacy on governmental agencies to further infertility care coverage and reimbursement	57%	34%	8%	1%
Focus advocacy on managing and mitigating government regulation	52%	35%	12%	1%
Increase focus on recruiting and engaging with early-career professionals	52%	39%	8%	1%
Focus advocacy on employers to provide further infertility care coverage and reimbursement	51%	37%	11%	1%
Develop a proactive communications strategy to manage and drive media messaging on reproductive health	48%	40%	11%	2%
Enhance accessibility and ease of use of ASRM educational assets	43%	38%	17%	2%
Increase engagement with Affiliate Societies, Professional Groups (PGs), and special interest groups (SIGs)	42%	39%	17%	1%
Expand patient education resources	39%	47%	12%	3%
Increase focus on recruiting and engaging individuals of diverse backgrounds	38%	43%	16%	2%
Increase the use of mobile apps for enhanced patient and provider education	36%	41%	17%	6%
Increase the use of social media for enhanced patient and provider education	36%	35%	25%	5%
Improve ASRM's website	35%	35%	27%	3%
Launch a philanthropic campaign to assure sustainability of the ASRM's Research Institute and research granting	34%	43%	22%	1%
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Setting the Stage for Plan Development

Future Focus Survey

How ASRM Should Address Potential Strategic Directions – Top to Bottom Relative to Critical to Address

Potential Strategic Directions	Critical to Address	Important to Address	Nice to Address	No Need to Address
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Launch a philanthropic campaign to build the ASRM endowment to enhance organizational sustainability and member value	26%	44%	25%	5%
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Refresh the ASRM annual Congress	23%	41%	33%	4%
Develop ASRM’s non-physician reproductive health provider accreditation programs and processes	23%	39%	34%	4%
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Focus advocacy on the international arena to improve reproductive health care in lower income countries	20%	40%	34%	6%
Enhance and expand ASRM’s simulation education programs	17%	41%	37%	6%
Develop consulting services to assist members in improving their administrative and operational efficiency and effectiveness	15%	41%	37%	7%
Develop a program to support the compensation and expenses of trainees in reproductive health	14%	28%	47%	10%
Develop an ancillary business leveraging and monetizing ASRM’s registries and other databases (e.g. for contract research)	14%	33%	43%	10%
Enhance focus on providing group memberships to group practices/organizations	14%	35%	41%	10%
Identify opportunities to monetize ASRM’s educational offerings	12%	40%	26%	21%

Setting the Stage for Plan Development

Future Trends Survey

Aside from considering potential future strategic directions, ASRM leaders need to consider trends impacting the association world and how they could impact ASRM’s future strategic directions. The American Society of Association Executives (ASAE) recently articulated 50 trends that potentially can impact all associations. Nearly 40 ASRM leaders, through a survey process, provided their opinions as to how these trends may impact the Society. Following are the 10 trends identified by these leaders as most likely to significantly impact ASRM:

Trends	Likelihood the Trend will Significantly Impact ASRM				Total Very High + High Likelihood
	Very High Likelihood	High Likelihood	Low Likelihood	Very Low Likelihood	
Shifting Terrain for Advocacy: In the United States, a bitterly divided House and Senate, shifting power between Congress and regulators, and conflicts among federal, state, and local governments will change the nature of policymaking. National-level gridlock will drive more efforts at policy innovation toward state and city governments. All of this will change the arena in which advocacy occurs.	40%	54%	3%	3%	94%
Microlearning: Workers will need to continually learn, but many want small, specific bursts of information tied to immediate job demands, available at a time of their choosing. New media forms will enable modules that are small, timely, and focused. Certification will need to change to allow microlearning modules to be assembled in innovative combinations for new forms of certification.	51%	43%	6%	0%	94%
Healthcare Disruption: New players will inject a dose of capitalism into American healthcare, shifting it to a more retail-like experience. American healthcare delivery will be further unbundled and disintermediated due to nontraditional actors and businesses moving into the healthcare delivery space, as well as to growing use of technology that liberates care from hospital and clinic settings.	49%	43%	9%	0%	92%
Ethical Edge of Innovation: Fast-moving technological innovation is outpacing the legal and regulatory structures designed to protect public safety, promote business and trade, and foster ethical practices. While new technologies often roll out ahead of laws, in the coming decade the public pressure to curb unintended consequences will intensify.	50%	41%	9%	0%	91%
New Journal Models: The traditional model of academic publishing is facing disintermediation by new, technology-enabled forms of scholarly communication. Open-access journals, preprint archives, and research data aggregators make it increasingly easy for researchers to bypass traditional publishing. Both traditional and nontraditional journals need to develop sustainable business models and rethink how to maintain editorial quality standards in a changing publishing environment.	66%	23%	9%	3%	89%
Next-Gen Professionals: Millennials are now the largest generational cohort in the workforce, and generation Z is right behind them. These next-gen professionals are the future of associations and, contrary to some conventional wisdom, they are willing to both join and stay with organizations that meet their career development needs. Organizations will need to provide the kinds of training, mentoring, content, and other services that next-gen professionals value most, encouraging engagement that leads to loyalty.	57%	31%	11%	0%	88%
Socializing Reshaped: Social media, telecommuting, digital entertainment, and shifting social norms are reshaping patterns of socializing, both online and in person. A growing percentage of social interaction is now digitally mediated. Work life and social life are increasingly occurring in the context of online social tribes and communities. The need to change one’s physical location to socialize and work with others is declining.	43%	40%	14%	3%	83%
Marketing and Advertising Transformation: Advertisers and marketers are exploring innovative ways to connect with the public. Online advertising is growing, but concern is rising about vulnerabilities to abuse for other purposes, including fraud, as well as whether the model is even effective. Meanwhile, innovations in marketing and advertising are reshaping practices and assumptions by blurring the lines between marketing, entertainment, advertising, and content.	31%	51%	17%	0%	82%

Setting the Stage for Plan Development

Future Trends Survey

Trends	Likelihood the Trend will Significantly Impact ASRM				Total Very High + High Likelihood
	Very High Likelihood	High Likelihood	Low Likelihood	Very Low Likelihood	
Virtualized Meetings: Ubiquitous broadband, the mainstreaming of virtual reality, and robotics are accelerating the capabilities of telepresence technologies. These technologies could enable the telepresence of both speakers and participants at meetings. Or meetings could take place entirely in a shared digital reality. While these technologies can broaden participation and generate novel experiences, the social and experiential benefits of “real life” may prove challenging to replicate.	20%	60%	17%	3%	80%
Shifting Environment for Content: Content producers face an increasingly challenging environment. Audiences are fragmented and distracted, and they expect to be entertained and informed for free. Delivery channels are shifting rapidly for both economic and technological reasons, a trend likely to accelerate over the medium-term future.	34%	43%	23%	0%	77%

For reference, following are the remaining 40 possible trends impacting associations identified by ASAE:

Aging World: Most of the world’s societies are aging, with the shares of elderly poised to rise steeply in both the advanced economies and most emerging economies. This could reshape political, financial, and social priorities as countries grapple with issues related to aging populations, such as rising dependency ratios, retirement and the workforce, and costs of caring for older citizens. These issues will play out for associations in areas such as workforce and benefits.	Blockchain Platforms: Blockchain technology uses a distributed digital ledger to record data, contracts, and transactions, financial and otherwise, without the need for third-party validation. While bitcoin was the first proof-of-concept for the efficacy of blockchains, blockchains have applications beyond virtual currencies. By embedding trust in the algorithms of the blockchain, blockchains can enable trustless transactions and data exchanges, eliminating the need for supervision by intermediaries or government authorities.
Algorithmic Politics: The power of algorithms to influence politics—shaping the way information flows, manipulating individuals, and even participating as bots—is increasing. There is growing public concern that the same internet algorithms that customize content and personalize online interactions can enable tech companies to imperceptibly filter information, alter and focus attention, and provide conduits for messaging micro-demographic niches.	Cartel Capitalism: Mergers and acquisitions have caused a growing number of industries to be dominated by a smaller number of companies, while in the tech industry, network effects have led to the dominance of firms like Apple, Amazon, and Google. While these firms benefit from economies of scale that cut costs, their dominance can reduce competitiveness and economic dynamism. Additionally, by attracting the best talent, these world-beating firms capture a disproportionate share of productivity growth, contributing to stagnation in the rest of the economy.
American Inequality: Inequality in America is growing worse, though there are scattered signs of progress. Since the 2970s, income inequality and the share of wealth in the hands of the most advantaged 2 percent of Americans have been rising, though poverty has declined. Americans face a widening opportunity gap as a function of socioeconomic status, as well as significant racial, ethnic, and socioeconomic gaps in primary, secondary, and postsecondary education—though some of these gaps are shrinking.	Climate Change Resiliency: The climate change debate is shifting away from large-scale national and international solutions toward practical, smaller-scale actions aligned with particular geographies or industries. Businesses and organizations are exploring ways to mitigate their environmental impact and build their resiliency against risks such as business disruption and loss of public support.
Anticipatory Intelligence: Big data, data analytics, and artificial intelligence are enabling predictive analytics used to anticipate needs, opportunities, and threats in an organization’s environment. The market for predictive analytics is growing rapidly, and major computing companies are key players. Organizations view predictive analytics as one of the most important ways to leverage big data.	Declining Trust: In the United States, trust in institutions—including government, media, science, and medicine—is falling, with important social, political, and economic implications. This decline in trust could fuel deeper political polarization and further erode social cohesion.
Automating Work: Machine learning, innovative robotics, data analytics, and affective computing mean that growing swaths of work are potentially automatable. The impacts of automation on work and workers will vary substantially by industry, occupation, and even workplace—but they could transform most kinds of work and affect workers at every level, including senior management. Associations’ members and their own workforces will increasingly be affected by automation.	Diversity + Inclusion: American society and workplaces will continue to grow more diverse and inclusive as values evolve and younger generations increase their share in the demographic mix. This will occur against a backdrop of social, political, and racial polarization—and the workplace will be a primary arena in which contending views collide and issues are worked out. To meet these challenges, inclusion efforts can be treated as a systemic priority, supported by a new generation of tools and processes.
Bifurcated Workforce: Trends may create two classes of American workers: mission-critical players who move the organization forward and foot-soldiers who do the basic work. The latter are regarded by employers as relatively disposable, with lower prestige and pay. Such a two-tiered workforce is not assured, but it is being driven by deep structural forces, including the expansion of gig and freelance work and the rising inequality of opportunity for workers.	Empowered Women: In many countries, changing workplace needs, women’s educational advances, and the reduction of discrimination could enable women to dominate more professions. Associations have a unique and important role to play in promoting women in the workplace and making their presence visible. Gender equity discussions are important considerations in policy decisions and external communication.

Setting the Stage for Plan Development

Future Trends Survey – Additional Trends Identified by ASAE

<p>Empowering the New Workforce: New structures are emerging to support workers' rights and protections in the face of economic change. Workers are confronting challenges from two directions: deep structural changes—automation, the gig economy, and broader economic trends—that are shifting the balance of power in favor of employers, and the decline of unions and other traditional protections. Now, driven by innovative startups, a handful of political initiatives, and workers themselves, new solutions are emerging—including from associations, which can both contribute to and benefit from this movement.</p>	<p>More Human Humans: Automation will steadily increase the relative value of certain human qualities in work, including social skills and creativity. In the age of artificial intelligence, humans will remain relevant not by knowing but by thinking, listening, relating, and collaborating at the highest level.</p>
<p>Ethical Consumption: Younger U.S. consumers are engaging in more “ethical” and values-driven spending on products and services and investing in companies seen as doing good. The values and demographic weight of the millennial generation suggest that this trend will grow.</p>	<p>New Forms of Work: Freelance, gig, contract, and temporary work and the infrastructure to support them (e.g., online platforms and reputation systems) are growing. The number of independent professionals is expanding, and networked organizations rely on them. Associations will have new opportunities to serve these workers and advocate for their interests.</p>
<p>Fast Data: The drive to leverage big data will lead to more data-gathering and more effective use of existing data. An increasingly important form of data analytics is “fast data,” which emphasizes real-time decision-making based on the idea that the greatest value from data comes from immediate application. Examples include fraud detection, recommendation engines, personalization, and real-time demand forecasting. In all of these cases, the value is dependent on quickly processing and acting on the data—and this value can diminish quickly as the data get stale.</p>	<p>Nichification: Big Data Segmentation: The big data revolution makes it feasible to define new niche demographic segments that share common motivations and interests and to target them with tailored and tested appeals. Associations will be able to communicate to and even predict the interests of very specific segments but will run the risk of limiting broader audience awareness of content and messaging.</p>
<p>Fraying Cybersecurity: Risks to digital infrastructures are growing, even as dependence on them rises. Employees are both worried and harried—concerned about digital privacy and security in the workplace, and tired of the difficulty and complexity of maintaining system security. Associations face the same internal risks as other organizations but also have opportunities to support their members in new ways.</p>	<p>Personalized Artificial Intelligence: Rapidly advancing machine learning is combining with data analysis to enable software equipped with increasingly accurate pictures of consumers' lives and likes. This technology can support personalized microtargeting and allow organizations to offload customer service work to chatbots and other interfaces. Individuals may interact more and more with software that seems to know and understand them, sometimes better than their friends.</p>
<p>Global Power Shifts: Existing global power structures are breaking down, as new centers arise and power diffuses. Power is shifting among nation-states and flowing to several kinds of transnational and sub-national organizations and groups. This will change the operating environment for associations, especially those with cross-border reach.</p>	<p>Philanthropy Reshaped: Demographic and political changes, loss of trust in institutions, and the growth of donor-advised funds and impact investing will drive shifts in the channels, targets, and geographic focus of American philanthropy. These shifts will offer opportunities for associations to access new resources, engage new members, and create new partnerships.</p>
<p>Higher Education 4.0: Traditional educational models are under tremendous pressure as changes in work, technology, and student expectations demand both new curricula and new modes of instruction. Higher education is facing new threats of disintermediation by online education and alternative credentialing systems. While the knowledge economy places a premium on analysis and thinking, it is also creating new alternatives to the university that threaten to transform how students receive postsecondary instruction.</p>	<p>Population Health: The concept of population health is reshaping approaches to health in the United States. Population health looks beyond delivering health services to individual patients and instead pushes healthcare providers to adopt a more systemic approach to identifying and influencing the determinants of community health. Managing population health will require new techniques to identify community health risks and the most effective, efficient community-health interventions.</p>
<p>Human-Machine Cooperation: Though many forecasts include substantial job losses due to automation—and such losses are indeed already occurring—many jobs will rely on cooperation between humans and machines. While less disruptive than total automation, human-machine cooperation will be a massive shift, with entire work processes becoming machine-oriented and humans learning to complement automation's role.</p>	<p>Productivity Paradox: In recent decades, growth in economic productivity has failed to match growth rates of the post-World War II era despite exponential advances in computing and the rise of the information economy. Economists are concerned that today's information technology (IT) innovations are not economically transformational and are unable to support higher rates of productivity growth. Low productivity growth has contributed to a contracting middle class and marginal wage growth for a majority of workers</p>
<p>Immigration-Driven Demography: Immigration has become the central driver of American population growth—and will reshape not only demographics but also values and attitudes in the decades ahead. For associations, this will result in a more diverse membership with new ideas, expectations, and needs.</p>	<p>Rejection of Expertise: Public skepticism toward well-credentialed experts is growing, in part because of a perception that they have failed to recognize or address persistent sociopolitical problems. Expert pronouncements are having less impact on public perception, with the public turning instead to non-credentialed and “unofficial” sources for guidance and information. At the same time, information is increasingly able to route around gatekeepers, diminishing their influence and ability to shape discussion and debate.</p>
<p>Mentoring 3.0: Mentoring, even as it takes new forms, remains a central way to share organizational knowledge. Millennials are especially enthusiastic about using mentoring as a path to learning. Increasingly, technical advances are affording the opportunity to make more informed mentoring assignments and to use mentoring to capture institutional wisdom.</p>	<p>Reputation by the Numbers: Vast amounts of data will support reputation systems, and reputation will increasingly eclipse credentials for landing a job. As worker reputation systems and human resources analytics grow, assessment of an individual's suitability for a job will be driven by a person's algorithmic match to needs.</p>

Setting the Stage for Plan Development

Future Trends Survey – Additional Trends Identified by ASAE

<p>Re-Working Career Pathways: The idea that the course of people’s professional lives is settled in their twenties is long-outmoded, but employers and life structures have been slow to adapt to this fact. However, organizations are increasingly assisting with midlife transitions—such as going back to school or enhancing skills for new career directions—or allowing for reduced hours so that employees can pursue other interests. Such steps create a need to rethink work, education, and social safety nets to accommodate new approaches.</p>	<p>Toward a Spectrum of Abilities: Changing attitudes and technological interventions are shifting the nature of disability and blurring its boundaries. Gaining ground is the concept that disability and ability are not a binary but instead a spectrum, with every individual’s physical, behavioral, and cognitive traits falling on multiple points along that spectrum. These changes will increase the number of workers who would once have been unable to work due to disability, while also broadening our understanding of differing abilities. Organizations will need to navigate a complex and evolving terrain of expectations and rules.</p>
<p>Sharing Economy: The sharing economy—the peer-to-peer exchange of goods and services—will continue to grow globally and expand into new areas of commerce, posing a greater challenge to incumbent firms in many industries. The sharing economy portends a shift in the balance between access and ownership, with owners getting new opportunities to extract rents, and users getting new opportunities to use goods and services with more flexibility. The sharing economy can blur the lines between commercial operations and person-to-person exchanges, creating a growing regulatory challenge.</p>	<p>Trade in Transition: The rules of global trade are up in the air, with growing uncertainty about whether the trend toward global trade harmonization will be maintained. The United States and the United Kingdom have begun renegotiation of once-settled trade policies that supported economic globalization, pushing the world trade system toward greater economic nationalism.</p>
<p>Splintered Society: Americans are self-segregating along multiple divides, both online and offline: politics, economic status, educational attainment, social life, consumer spending, media choices, and geography. This is being fueled as much by political polarization as by economic and social inequality.</p>	<p>Transparent Organizational Ethics: Organizations will face new kinds of scrutiny as drivers of transparency proliferate. Ubiquitous connectivity and information-capture, new sensing capabilities, and pervasive social media all enable hyper-transparency of organizations’ actions, necessitating actively managing reputation in a world increasingly concerned about ethical behavior.</p>
<p>Standards Under Pressure: Standard setting will be marked by more conflict. Internationally, countries are using standards to advance competitiveness or dominance. Within countries, social issues are playing out in standards, making them more political in a polarized era. Associations will be participants in these conflicts—and also potential mediators.</p>	<p>Volunteering: Cultural, demographic, and technological changes are altering volunteer expectations and experiences in an increasingly dynamic and digital organizational environment. Associations and nonprofits are experimenting with more flexible roles and structures to support collaboration and contribution.</p>
<p>Taming Big Tech Dependency: A handful of global consumer-technology platforms—Facebook, Google, Apple, Amazon, and their subsidiaries—increasingly shape entertainment, news, commerce, and even personal interaction. The unprecedented (and still growing) power and influence of these companies create a variety of challenges for both governments and civil society, prompting governments to step up their oversight.</p>	<p>Who Owns the Data?: In the United States, there is a growing movement among technologists and consumers to give individuals more control over data about themselves (their identifying information, online communications, purchasing histories, social media habits, etc.). This idea may prove a challenge to existing industry models, as free consumer data is the lifeblood of many popular online services and programs, particularly mobile applications.</p>

Strategic Program Analysis

A final potentially helpful input in crafting ASRM’s next strategic plan is a critical review of what the society currently offers members in return for their membership dues – products, programs, and services. Section 9 of this manual provides an inventory of these items and, for each one, a potential future strategy (i.e., grow, maintain, or cut back/divest).

Homework Assignment

In preparing for your participation in the September strategic planning retreat, what do you consider to be the top three key insights you gleaned from data included in this section of the manual and appendices that you believe should influence design of ASRM’s 2021-2025 strategic plan?

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Strategic Planning Retreat Agenda

Following is the tentative agenda for our upcoming virtual strategic planning retreat. Time slots are presented as targets to shoot for and will be adjusted on-site depending upon the extent of conversation generated for each topic.

Day 1 - September 21, 2020

Time Slot (EDT)	Discussion Topics	Facilitator
9:30 – 9:45 AM	Session Overview: <ul style="list-style-type: none"> • Introductions • Recap of retreat purpose and anticipated outcomes • Overview of World Café approach to meeting facilitation • Recommended ground rules 	Racowsky/Azziz/ Westman
9:45 – 10:00 AM	Goals and Deliverables of Strategic Planning Retreat	Racowsky
10:00 – 10:30 AM	Setting the Stage for Strategic Planning	Azziz
10:30 – 11:00 AM	Vision, Mission and Value Statements <ul style="list-style-type: none"> • Present approved statements • Discussion 	Racowsky/Azziz
11:00 AM	Break	N/A
12:00 – 1:15 PM	Survey Results Discussion – Key Insights Impacting Plan Design	Westman
1:15 – 2:30 PM	Goal and Strategy Statements <ul style="list-style-type: none"> • Definition, guidelines, and examples (full group) • Goal category identification (full group) 	Westman
2:30 – 3:00 PM	Break	N/A
3:00 – 5:00 PM	Goal and Strategy Statement Brainstorming – Round 1	Breakout Leaders
5:00 PM	Adjourn	N/A

Strategic Planning Retreat Agenda

Day 2 - September 22, 2020

Time Slot (EDT)	Discussion Topics	Facilitator
9:30 – 11:00 AM	Goal and Strategy Statement Brainstorming – Round 2	Breakout Leaders
11:00 – 11:30 AM	Break/Prepare for Round 3	N/A
11:30 AM – 1:00 PM	Goal and Strategy Statement Brainstorming – Round 3	Breakout Leaders
1:00 – 1:30 PM	Break/Prepare for Round 4	N/A
1:30 – 2:30 PM	Goal and Strategy Statement Brainstorming – Round 4	Breakout Leaders
2:30 PM	Adjourn	N/A

Day 3 – September 23, 2020

Time Slot (EDT)	Discussion Topics	Facilitator
9:30 – 11:30 AM	Goal and Strategy Statement Finalization	Westman
11:30 AM – 12:00 PM	Break	N/A
1:00 – 2:30 PM	Alternative Future Scenario Analysis <ul style="list-style-type: none"> • Introduction of scenarios • Discussion of scenario impact on identified goals and strategies 	Breakout Leaders/ Westman
2:30 – 3:00 PM	Recap Progress and Discuss Next Steps <ul style="list-style-type: none"> • Tactic and Milestone Development • Plan Implementation and Board Reporting Guidelines 	Racowsky/Azziz/ Westman
3:00 PM	Adjourn	N/A

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Vision, Mission, and Values Statements

Overview

At the Board of Directors meeting, held on April 24, 2020, updated Mission, Vision and Values statements were adopted. These statements are designed to articulate the core values of the organization.

Mission

The American Society for Reproductive Medicine (ASRM) is dedicated to the advancement of the science and practice of reproductive medicine. The Society accomplishes its mission through the pursuit of excellence in evidence-based, life-long education and learning, through the advancement and support of innovative research, through the development and dissemination of the highest ethical and quality standards in patient care, and through advocacy on behalf of physicians and affiliated healthcare providers and their patients.

Vision

The American Society for Reproductive Medicine (ASRM) will continue to be the national and international leader for multidisciplinary information, education, advocacy, and standards in reproductive medicine and science, with the goal of ensuring accessible, ethical, and quality reproductive care for every person.

Values

At the American Society for Reproductive Medicine (ASRM) we value:

- Learning, including life-long education, scholarship, and the open sharing of information and knowledge.
- Discovery, including advancing the care of patients world-wide through innovative research and invention.
- Advocacy, including prioritizing patients' reproductive care and emotional well-being, access to care, reducing disparities, and the fundamental right to family building.
- Diversity, Equality and Inclusion, including a commitment to promote diversity within the ASRM membership and leadership and to promote access to quality reproductive care for all patients.
- Integrity, including honesty, trustworthiness, transparency, and ethics in all our interactions and initiatives.
- Collaboration, including collegiality, teamwork, and cooperation to achieve our mission and global vision.
- Excellence, including distinction and quality in all our endeavors.

Reactions/Discussion

During the retreat Drs. Racowsky and Azziz will convey an overview of how these statements were finalized. He will then elicit reactions from retreat participants regarding how these statements will be referenced and utilized going forward in assuring ASRM is appropriately focused.

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Goal and Strategy Development

Goal and Strategy Definition and Guidance

- Goal as defined by www.businessdictionary.com: An observable and measurable result having one or more objectives to be achieved within a more or less fixed timeframe. Goals tend to be long on direction, and short on specific tactics. For example, an organization can set a goal of returning to a positive bottom line in two years or becoming the most recognized foundation within the field in five years without ever determining how it will be accomplished. A typical well-designed strategic plan will have two to no more than four goals – preferably fewer to maintain focus.
- Strategies (sometimes labeled objectives) are high-level statements that articulate how the organization will achieve its goals. These strategies should be supported by defined tactics and annual milestones within an organization’s operating plan. To assure appropriate focus, no more than three strategies should be articulated for any given goal.

Goal and strategy development should focus on the most critical issues facing ASRM, as well as critical deficits in the society’s operations – relying on the to-be-developed operating plan to address ongoing operations and incremental improvements.

Ideally, a strategic plan should include at most four goals and no more than three strategies, on average, per goal. Why? Think of it this way.....If ASRM ends up with four goal statements with an average of three strategy statements per goal, the result is 12 strategies for ASRM to accomplish or make significant progress on over the next several years. That is a lot, especially when considering each strategy will have one or more operational tactics associated with its completion.

Finally, in developing goal statements, they should be stated as accomplishments that can be measured or at least observed. Strategy statements should be phrased as actions – starting with a verb.

Potential Goal Categories

During the interview and survey processes, participants were asked to prioritize issues for ASRM to address within its next strategic plan. As a result, we anticipate building the strategic plan utilizing the following categorization:

- Membership recruitment and engagement
- Member and patient education
- Advocacy/reputation
- Research

These categorizations will serve as the basis for establishing goal and strategy statements.

Goal and Strategy Development

Example Goal and Strategy Statements

Following are example goal and strategy statements gleaned from strategic plans developed by various associations that relate to ASRM's identified priorities:

Membership Related: Example Goal - Association X is recognized by current and target members as offering the most and best value amongst competing associations.

- Utilize market and member research to determine which current and new member benefits will best serve Association X in attracting and retaining members.
- Actively recruit ____ and retain them when they become Association X members.
- Enhance and differentiate membership value by member categories and demographics.
- Promote active and ongoing involvement of members in the Association X's activities.

Education Related: Example Goal - Association X is recognized as the ____ profession's leading education and certification body in North America.

- Expand educational offerings beyond the Annual Meeting.
- Develop and promote a new certification to recognize and support ____ members that perform to a high standard of ethics and operational excellence.
- Produce practice guidelines publications addressing the current and future needs of the profession.
- Cultivate the development of novel educational technologies that meet the needs of ____ worldwide

Advocacy Related: Example Goal - Association X's input is sought and considered by regulatory agencies, media, and the general public relative to all critical ____ issues.

- Forge new partnerships with other medical societies and interest groups.
- Advocate aggressively for the profession and public in all arenas.
- Promote, protect, and enhance Association X's brand throughout all communications.
- Improve knowledge of the many ways Association X's products, programs, and services benefit individuals and ____.

Goal and Strategy Development

Research: Example Goal - Association X funded research has contributed to at least ___ breakthrough, FDA approved drugs for the treatment of ___

- Strategy: Partner with stakeholders to identify primary research needs for each disease category and address them.
- Strategy: Focus future research grants more on _____ and less on _____.
- Strategy: Partner with corporations, other organizations, and/or individuals to undertake research addressing _____.
- Strategy: Increase awareness within the research community of opportunities to partner with Association X.
- Strategy: Streamline the process for vetting research proposals.
- Strategy: Develop a system for defining/measuring impact and utilize it to guide program strategy.

Participant Homework Prior to September Retreat

- Review:
 - ✓ Goal and strategy statement definitions/guidance
 - ✓ Survey prioritization of issues to address and detailed responses to narrative response questions.
 - ✓ Example goals and strategies from other associations.
- Come prepared to discuss and reach consensus on a set of future ASRM goals and strategies.

Anticipated Session Accomplishment

Achieve consensus on a set of ASRM goals and strategies, which will be documented as part of the 2021-2025 strategic plan.

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Tactic and Milestone Development

Overview

Tactics and milestones typically fall outside the bounds of strategic plans – picking up where strategies leave off. In most organizations staff is charged with identifying specific initiatives (tactics) that will support strategy attainment, with both short and longer-term milestones identified for each tactic. Although proposed by staff, an association’s Board frequently approves the recommended tactics and milestones in conjunction with the budgeting process. Following is template Mr. Westman has found helpful in articulating and documenting tactics and milestones – with a completed example from another organization:

Goal 2: A sustainable \$15 million fund is achieved by 202X to support research goals.

Strategy 2: Launch a capital campaign aimed at corporate and individual donors.

Tactics/Accountability	Anticipated Milestones FY 2021	Anticipated Milestones FYs 2022-2023
<p>G2S2T1: Assess interest amongst _____’s corporate partners and members in contributing to a capital campaign.</p> <p>Governance Entity Accountability: Capital Campaign Task Force</p> <p>Staff Accountability: Development Director</p>	<ul style="list-style-type: none"> • A Task Force is established to direct the capital campaign. • Organization X’s top 10 corporate partners are approached about their interest in supporting a capital campaign targeting research. • Members donating more than \$X,XXX annually to the Organization X Foundation are approached about their interest in supporting a capital campaign. • A report is delivered to the Task Force summarizing key corporate and member interest in a capital campaign 	<ul style="list-style-type: none"> • N/A
<p>G2S2T2: Undertake an RFP process to identify and engage a vendor to coordinate the campaign</p> <p>Governance Entity Accountability: Capital Campaign Task Force</p> <p>Staff Accountability: Development Director</p>	<ul style="list-style-type: none"> • Potential fundraising vendors are identified to participate in a capital campaign RFP. • An RFP is developed and disseminated to selected fundraising vendors. 	<ul style="list-style-type: none"> • The RFP process is administered, with a final vendor selected. • TBD launch steps may apply for the second half of 2021.

Tactic and Milestone Development

Participant Homework Prior to September Retreat

None anticipated. Although retreat participants are welcome to suggest ideas for tactics and milestones during the retreat or at other times, staff will take the lead role in this process.

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Homework Recap and Next Steps

Recap of Meeting Participant Homework Assignments Prior to September Retreat

- Read Sections 1 - 6 of this Discussion Manual.
- Setting the Stage for Plan Development – Be prepared to answer the following questions:
 - What you consider to be the top three key insights you gleaned from survey data that you believe should influence design of ASRM’s 2021-2025 strategic plan?

- Goal and Strategy Development:
 - Review
 - ✓ Goal and strategy statement definitions/guidance.
 - ✓ Survey prioritization of issues to address and detailed responses to narrative response questions.
 - ✓ Example goals and strategies from other associations.
 - Come prepared to discuss and reach consensus on a set of future ASRM goals and strategies.

Remaining Steps in Strategic Plan Development Process

Following is a recap of remaining steps in the work plan.

Action Step	Target Complete
Step 7: Facilitate a strategic planning retreat	September 21-23
Step 8: Prepare a planning retreat results report.	September 30
Step 9: Facilitate debriefing teleconference	Mid-October

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Appendix - SPA Methodology and ASRM Results

Overview

Strategic Program Analysis (SPA) is a tool typically used on the front-end of strategic planning. It is based on three assumptions:

- There are more opportunities than there are resources to address them.
- The Society generally should not directly duplicate Products, Programs, and Services (PPS) offered by other organizations.
- Focus is important. Providing mediocre or low-quality PPSs in many areas is inferior to providing higher-quality PPSs in response to a set of focused interests.

SPA assesses current and potential Products, Programs, and Services in three dimensions.

- **Attractiveness:**
 - How central is it to the Society's mission?
 - How central is it to the Society's financial viability?
 - How valuable do Society stakeholders perceive it to be?
 - Will the need/value continue in the future?
- **Capabilities:**
 - Financial resources?
 - Human resources time and expertise?
 - Society reputation relative to the PPS?
 - Technology?
- **Competitive Position:** Extent to which other organizations are positioned to serve the same stakeholders through similar PPSs.

Generic Strategies

In its pure form, SPA identifies eight potential strategic directions for a given PPS depending on assessments of Attractiveness, Capabilities, and Competitive Position. W&A recommends a modified set of potential strategic directions – identified as follows:

Appendix - SPA Methodology and ASRM Results

Assessments	Current PPS's	Potential PPS's
Strong assessments for all three dimensions	Grow or continue as is	Implement if possible
Weak assessments on one or more of the three dimensions	Identify specific strategies to overcome the weakness(s) or exit	Consider only if strategies to overcome the weakness(es) are identified
Weak assessments on all three dimensions	Exit	No consideration

SPA Application at ASRM

The following pages include a detailed inventory of ASRM products, programs, and services, along with an assessment

Appendix - SPA Methodology and ASRM Results

Category	Products, Programs, and Services	Attractiveness			Capabilities			Competitive Position			Generic Strategy
		High	Med.	Low	Strong	Med.	Weak	Strong	Med.	Weak	
Advocacy	Advocacy Day	X				X		X			Strengthen delivery capability
Advocacy	National Lobbying Initiatives	X				X		X			Strengthen delivery capability
Advocacy	State Lobbying Initiatives	X					X	X			Overcome weakness or exit

Education	Andrology Certificate Course	X			X			X			Grow or continue as is
Education	ARM National Meeting	X				X		X			Strengthen delivery capability
Education	ASRM airLearning	X			X			X			Grow or continue as is
Education	ASRM Micro-presentations	X			X			X			Grow or continue as is
Education	ASRM QBoost		X		X			X			Build perceived attractiveness
Education	ASRM Scientific Congress & Expo	X			X			X			Grow or continue as is
Education	Basic Infertility Course	X			X			X			Grow or continue as is
Education	Best of ESHRE and ASRM	X			X			X			Grow or continue as is
Education	Embryology Certificate Course	X			X			X			Grow or continue as is
Education	Embryo Transfer Simulator Program	X			X			X			Grow or continue as is
Education	Grand Rounds	X			X			X			Grow or continue as is
Education	Mental Health Professional Certificate Course	X			X			X			Grow or continue as is
Education	Micro-videos	X			X			X			Grow or continue as is
Education	REI Nurse Certificate Course	X			X			X			Grow or continue as is
Education	Resident Education Modules	X			X			X			Grow or continue as is
Education	Resident Education Program	X				X		X			Strengthen delivery capability
Education	SREI Fellows Symposium	X			X			X			Grow or continue as is
Education	SRS/SREI REI Fellows' Surgical Boot Camp	X				X		X			Strengthen delivery capability

Appendix - SPA Methodology and ASRM Results

(1) Is the item of high or low value to members? (2) Is the Society in a strong or weak position to deliver the PPS? (3) Is the Society in a strong or weak position vis-à-vis competitor organizations to deliver the PPS?

Category	Products, Programs, and Services	Attractiveness			Capabilities			Competitive Position			Generic Strategy
		High	Med.	Low	Strong	Med.	Weak	Strong	Med.	Weak	
Networking/Career	ASRM Affiliated Societies	X			X			X			Grow or continue as is
Networking/Career	ASRM Awards		X		X			X			Build perceived attractiveness
Networking/Career	ASRM Career Center	X			X			X			Grow or continue as is
Networking/Career	ASRM Connect	X			X			X			Grow or continue as is
Networking/Career	ASRM Member Directory	X			X			X			Grow or continue as is
Networking/Career	Embryomail		X				X	X			Overcome weakness or exit
Networking/Career	Professional Groups	X			X			X			Grow or continue as is
Networking/Career	Special Interest Groups	X				X		X			Strengthen delivery capability

Patient Resources	Coverage at Work Program (in conjunction with RESOLVE)	X					X	X			Overcome weakness or exit
Patient Resources	Find a Health Care Professional Directory	X			X			X			Grow or continue as is
Patient Resources	Infertility Awareness Week	X					X	X			Overcome weakness or exit
Patient Resources	Infographic Gallery		X				X	X			Overcome weakness or exit
Patient Resources	Patient Education Fact Sheets and Booklets	X			X			X			Grow or continue as is
Patient Resources	Patient FAQs	X				X		X			Strengthen delivery capability
Patient Resources	ReproductiveFacts.org	X				X		X			Strengthen delivery capability
Patient Resources	SART "Predict My Success" Tool	X				X		X			Strengthen delivery capability
Patient Resources	SART Clinic Report	X			X			X			Grow or continue as is
Patient Resources	SART Patient Videos and Information	X			X			X			Grow or continue as is
Patient Resources	Short and Full-Length Patient Education Videos	X					X	X			Overcome weakness or exit

Appendix - SPA Methodology and ASRM Results

(1) Is the item of high or low value to members? (2) Is the Society in a strong or weak position to deliver the PPS? (3) Is the Society in a strong or weak position vis-à-vis competitor organizations to deliver the PPS?

Category	Products, Programs, and Services	Attractiveness			Capabilities			Competitive Position			Generic Strategy
		High	Med.	Low	Strong	Med.	Weak	Strong	Med.	Weak	
Publications/Commun.	ASRM Social Media	X				X				X	Overcome weakness or exit
Publications/Commun.	Coding Corner	X			X			X			Grow or continue as is
Publications/Commun.	Ethics Committee Documents	X			X			X			Grow or continue as is
Publications/Commun.	<i>Fertility and Sterility</i>	X			X			X			Grow or continue as is
Publications/Commun.	<i>Journal of Assisted Reproduction and Genetics</i>	X				X		X			Strengthen delivery capability
Publications/Commun.	Newsletters	X			X			X			Grow or continue as is
Publications/Commun.	Practice Committee Documents	X			X			X			Grow or continue as is
Publications/Commun.	Press Releases and Bulletins	X			X			X			Grow or continue as is

Research	ASRM and SREI Research Grants	X			X			X			Grow or continue as is
Research	ASRM Research Institute	X				X		X			Strengthen delivery capability
Research	ASRM/NICHHD/DUKE Clinical Research/Reproductive Scientists Training (CREST) Program	X				X		X			Strengthen delivery capability
Research	Graduate Level Training in Basic Reproductive Research	X					X	X			Overcome weakness or exit
Research	Reproductive Scientist Development Program (RSDP)	X					X	X			Overcome weakness or exit

(1) Is the item of high or low value to members? (2) Is the Society in a strong or weak position to deliver the PPS? (3) Is the Society in a strong or weak position vis-à-vis competitor organizations to deliver the PPS?

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Appendix – Future Focus Survey Narrative Feedback

Raw survey data, in addition to what was presented earlier in this Manual, are included in this Appendix. Retreat participants are encouraged to read and consider this input in making decisions relative to ASRM’s strategic plan.

What do you perceive ASRM’s top two strengths to be in fulfilling its current vision and mission over the next five years?

international reach and credibility # intellectual capital and access to leaders of reproductive medicine
(1) Historical contributions; (2) Membership numbers
(1) international reputation and leadership for guidelines and practice standards; (2) visibility among trainees and young practicing physicians
1- Teaching, . 2- Going global: association with international serious societies
1) Participation of the national and many international leaders within our field - it is truly an inclusive organization with excellent representation. 2) I believe in the potential of the new research endowment, if successful, to drive the field in this country forward in a way that public funds cannot.
1) Education via ASRM annual meeting 2) Education via modules
1) High level of member engagement 2) Excellent journals and dissemination of information
1) large international membership : 2) inclusion of genetics
1) large, international, interdisciplinary (e.g., research and clinic), national meetings are the place to go if you want to network with physicians who are research savvy and have access to patients. As a researcher, I have felt embraced and included by a society that I originally viewed as purely clinical; 2) dissemination of best practice guidelines, ethics committee opinions have a real impact on patient care
1) Leadership through the presidential chain and the ASRM office; and 2) the global acknowledgement of ASRM as the most valued partner organization in reproductive medicine
1) Medical research; 2) Patient services
1) plenty of reserves, 2) Good infrastructure
1) Strong member base from a variety of areas, 2) Heavily engaged members
1) The annual meeting is a huge strength. 2) ASRM provides small research grants to enhance research efforts in reproductive medicine.
1) The diversity of its membership, 2) Willingness of members to become involved
1. education of patients and its members 2. supporting conventional research endeavors
1. Ability to cater and tightly focus on reproductive medicine market, 2. Financially strong international medical
1. Access to care; 2. Resource for practitioners and trainees
1. ASRM's financial state; 2. Organizational structure and infrastructure.
1. Brand name 2. Strong leadership
1.- comunicación, 2.- more discussion groups
1. Excellent Educational program 2. Strong leadership commitment
1. It's well funded. 2. It has shown flexible thinking when it comes to things like interactive offerings at the annual meeting and supporting infertility insurance coverage that can expand access to care.
1. Leading International fertility organisation with strong clinical base. 2.fertility sterility Journal
1. Organizational Support of Research Mission as evidenced the initiatives such as: ASRM Research Institute, CREST Scholars Program, SART-CORS, ASRM/SREI Research Grants 2. Organizational Support of Guidelines and Evidence Based Medicine: Outstanding and Comprehensive Committee Opinions, ASRM Grand Rounds, Best of ASRM/ESHRE, Online Educational Offerings
1. physician and patient resources 2. Retreats and Boot Camps to enhance the next generation of REI's

Appendix – Future Focus Survey Narrative Feedback

What do you perceive ASRM’s top two strengths to be in fulfilling its current vision and mission over the next five years? (continued)

1. responsive to important advocacy needs as they emerge; 2. primary source for disseminating information on reproductive medicine
1. Serving as the consensus builder for the practice of REI, 2. Serving as the voice for REI practice to the outside
1. Society membership - high percentage of practicing REI physicians as well as those who practice reproductive medicine (psychologists, embryologists, urologists) are ASRM members. 2. Annual meeting has a lot to offer
1. Specific committee addressing specific issues and concerns; 2. Great email communications and updates
1. Wide range coverage of the field of reproductive medicine, 2. Offering training opportunities for physician from outside North America (e.g., mini fellowships)
Access to all Board Certified REs in the US, Funding to initiate meaningful programs
Active membership; research funding
Advancing the science and practice of reproductive medicine.
advocacy and education
Advocacy work, publications (journals, practice documents)
Advocacy, practice guidelines
advocacy; geographic representation
Advocate of access to fertility care and extension of medical education
Advocates, society guidelines
annual meeting; advocacy
ASRM has a largely unified and active membership.
ASRM has a tremendous outreach to practitioners and great start to its online presence for both physicians and
ASRM's current mission is not known to me but their strengths are the fact that they are not strictly a medical organization and that there is opportunity for collaboration amongst the other, equally important,
Being inclusive
brand awareness, membership
Bringing multiple perspectives: clinical, epidemiological, and basic science
Bringing scientists, physicians, and other beauty care providers together to stay on top of the latest research and best practices and reproductive medicine.
Broad membership (from all over the country and world). Multi-disciplinary members (from different fields).
Continuing education and advocacy
Coordinating and establishing best practice policies ,education, advocacy and physician empowerment in the reproductive field.
Courses through E-Learn, members communications
Current and in-depth coverage of timely and relevant topics from Practice and CME committee. Strong annual
Dedicated leadership, outstanding staff/organization in Birmingham
Dedicated members and staff and healthy reserve
Dedicated professionals; Committment to excellence
disseminating state of the art treatment instruction for ART; frontlines monitoring and action for state and federal legislation impacting RM
Diverse membership, strong leadership and organizational structure
Diverse membership; fiscal resources
educating our membership and the public AND enabling multi-centered studies to provide better answers to complicated questions that require larger numbers of patients.

Appendix – Future Focus Survey Narrative Feedback

What do you perceive ASRM’s top two strengths to be in fulfilling its current vision and mission over the next five years? (continued)

education advocacy
Education and Advocacy
education and policy/guideline development
education, access
Education, Conference
Education, Disseminating Evidence Based guidelines
educational opportunities. Leadership
Educational Resources and Societal Diversity
Enforcing evidence-based practice and keeping the influence of large (now multi-national) practices off the
Engaged membership and respected positioning in the world of reproductive medicine
engagement by the REI community. large amount of \$
Experienced leadership and administrative staff. Active members, many who readily take on uncompensated
Extensive network with depth, management with vision and the ability to execute on it.
F & S conveyed scientific education
fertility and sterility, high attendance to scientific congress
Funding initiatives for principle investigators. Funding opportunities for post-docs and trainees
Funding support of scientific research, particularly by early stage investigators and the opportunity to share research findings at meetings
generation and sharing the advances in reproductive sciences, capacity to build and maintain educational
Global leadership, excellent educational program (PG courses)
good marketing support and website presence
Good online education; Strong educational courses
great people, good mission
Hard to say, since you don't list the mission statement -- I think the online presence and communication is
I like the idea of dividing the journals such that clinicians like me can focus on clinical updates instead of less translatable basic science work
Implementing and planning for change. Establishing committees with a mixed group of members to help provide guidance from different perspectives.
In cooperation with Resolve, lobbying efforts are making headway to improve access to care. Thanks to the ASRM's executive office's education team, member education is now delivered in a variety of ways.
Increasing educational tools and publications
Interdisciplinary integration in conference PC and Congress sessions, global perspective
Interdisciplinary membership, annual meeting
International interest Balanced views
International organization; represents most of the REI in the YS
INVEST IN RESEARCH AND EDUCATION (BOTH PHYSICIAN AND PATIENTS)
Investing in research not fundable by NIH, education through committee opinions/bulletins/annual meeting
Its effective dissemination of innovative research and its reputation of being ethical and trustworthy
It's members, both in the number of members as well as the diversity of disciplines of the members.
Its new educational offerings (qBoost, Grand Rounds, Simulation, microvideos) and first rate guidelines
Its organization; its leadership position globally on the subject of reproductive medicine

Appendix – Future Focus Survey Narrative Feedback

What do you perceive ASRM’s top two strengths to be in fulfilling its current vision and mission over the next five years? (continued)

Journals and annual meeting
Large membership and financial strength
Large membership base both Nationally and Internationally across multiple subspecialties. Unique perspective on reproductive health issues and ability to focus on the science of potentially socially controversial issues
large membership with strong resources
Largest and most respected reproductive medical society in the US; Has resources to lobby congress and
Leadership, Capacity to be effective
leading scientific congress in field; educational reach
meeting relevance to membership--very strong; outreach and resources for members (not only the meeting)
Members and Financial Stability
Membership of most professionals in the field of reproductive medicine; organizational and financial strength
Money in the bank and Excellent smaller groups (SIGs, SREI, Practice Committee)
Money, international membership
Most representative organization of REIs in the US; great potential for fundraising
motivated group of providers and patient partners, exciting landscape ahead re: new technologies
Multidisciplinary; Collaborative
networking affiliate society input
On the cutting edge of Fertility advancements; Using experts in the field to facilitate meetings and educate members/non-members
Online courses, Grand rounds webinars
Participation of REIs in administration and meetings
Passionate leadership. Members are bright, engaged, inquisitive. Transformative science.
Physician education. High impact journal
Place to find education and networking
practice guidelines and policy development
Preparing guidelines for practice, advocating for reproductive health issues
Presenting the views standards guidelines of most reproductive medicine specialists in the US. Providing a central platform for connection and collaboration for Reproductive Medicine specialists globally.
Protecting alternative families, multidisciplinary approach
Providing educational materials, webinars and practice guidelines to learners especially fellows as well as the Jounal Club live. Provding research grants.
providing guideline and communicating to public
Providing quality evidence-based medical information; providing a setting where medical professionals can gather and form collaborations
quality of offerings, organizational strengths
Recent completion of an excellent strategic plan which will encourage the development and implementation of another terrific strategic plan by a capable staff and forward thinking Board. The release of the additional
Relying on strong support from key opinion members- Quick dissemination of new vision and mission plans
reputation and status
reputation, leadership

Appendix – Future Focus Survey Narrative Feedback

What do you perceive ASRM’s top two strengths to be in fulfilling its current vision and mission over the next five years? (continued)

Research and advocacy
Research and network
Research funding, meeting
Resource for physicians (committee opinions, F&S, etc.) and providing networking/exchange of info at
resources for research, core of dedicated staff and volunteers
Scale and content
Scientific rigor (quality of the information) and the breadth of information/expertise available
Senior, well respected, academically oriented leadership, and supporting strong ongoing research to advance
Size of organization(i.e. membership); Well organized educational programs.
Starting the asrm research initiative and strong advocacy for fertility mandate
strong financial status, skilled leadership
Strong history of leadership in professional and ethical guidance; economic strength
Strong leadership and engaged membership
Strong link to practice and influence on clinical practice of reproductive medicine; International influence.
Strong membership, significant resources
strong reputation among physicians and all in the field, stong funding base and membership
Supporting SART. Journal publications.
Targeted educational resources and well done documents
The annual meeting, organization and information
The strength of ASRM in its members. The membership and attendance at meetings seems to grow each year.
Their reputation and their global reach

Appendix – Future Focus Survey Narrative Feedback

What do you perceive ASRM’s top two weaknesses to be in fulfilling its current vision and mission over the next five years?

too much focus on ART # diversity and wider international accessibility and membership
(1) Commitment to evidence; (2) Susceptibility to political influence
(1) dated media, online interface and social networking presence; (2) engagement at a junior faculty level
?
1) Can be too large and overwhelming for new members. Large size is also a strength, so need to be creative about how to make the society more accessible to new members. 2) Need to recruit/engage more leading researchers into the leadership.
1) Commercial influence, 2) long term scientific vision
1) Dilution of services to members by other organizations limits the strength of ASRM as a leading body, 2) Failure to adequately support and embrace all members equally
1) Not enough sessions on Complementary and Integrative medicine
1) Not sufficient incentive for young professionals to become society members; and 2) Insufficient incentives for engagement with the "universe" of clinicians.
1) Political climate 2) Limitations on access to care
1) Reproductive Research Advocacy; 2) low membership engagement in special interest groups
1) we suck at reproductive surgery; 2) we really suck at reproductive surgery
1. advocacy and increasing access to care for patients 2. ASRM branding and benefits of membership to patients, non members and members
1. Biased coverage of reproductive medicine toward US members only, 2. Lowered interest in non-US reproductive medicine specialists
1. F+S is not the top journal in the field (perceived that review and editorial process are uneven and biased); 2. Fundraising
1. Need greater emphasis awareness of volitional/ nutritional factors and fertility; 2. More member support/donations to achieve greater goals and outreach
1. Not enough money to support top quality and multiple research awards 2. Competition from MIGS
1. Not involving more young members in the decisions 2. Weak forays into the digital age
1. Patient Outreach and the Online Space -- What is the current traffic to the patient information elements in the website. When I did a Google search of terms including “do I have infertility”, “how to find an infertility doctor” and “what is infertility” ASRM does not come up on the first page of results. Resolve came up on one of the searches at the bottom of the page. Does our current strategic partnership with Resolve help to promote patient utilization of our information resources? I think we are all concerned about patient misinformation from online sources and how it impacts care utilization. •We need to better understand and surveil the desire of our patients to self-monitor there fertility and reproductive health. Self-monitoring of reproductive health could be a treatment access point but could also have the consequence of patients delaying evaluation and needed treatment. 2. •The increasing and un-remedied burnout among physicians, nurses, fellows, and support staff in our field – ASRM should start to address this more and could do so in partnership with organizations like the National Academy of Medicine
1. Providing guidance for emerging controversies (crispr, mosaic embryo management, cryo storage management); 2. Engaging new and young non MD members
1.- realization de annual conferences ,2.- more virtual congress
1. Should improve its advocacy role, 2. Stronger advocacy for reproductive medicine research with funding sources such as NIH
1. Small organization size and limited staff resources, 2. Competition from larger medical associations that can offer similar benefits and services at a potentially lower cost.

Appendix – Future Focus Survey Narrative Feedback

What do you perceive ASRM’s top two weaknesses to be in fulfilling its current vision and mission over the next five years? (continued)

1. Small organization size and limited staff resources, 2. Competition from larger medical associations that can offer similar benefits and services at a potentially lower cost.
1. Technology - website is improved but not amazing. Would be better to have app based discussion boards, podcasts, more current means of communication and education. 2. Engagement of members - as the field is moving towards more private practice and less academics we need to do a better job of keeping everyone involved and not just those that are university affiliated
1. There is a risk that private equity acquisitions of medical practices will ramp up, leading to some negative consequences for physicians (particularly younger ones) and lower quality care for patients. Very hard to know how to prevent the negative consequences. 2. I don't know ASRM well enough to have more insight.
1. There needs to be involvement with the developing world to achieve your vision. 2. We need to promote cost research for low cost treatment for the infertile population.
a top down "club" of primarily academics that manage decision making in the society AND the influence of corporate interests
A vision of what the most important, pressing issues will be for our members in the next 10 years, and educating the members about the importance of advocacy for reproductive health
a website that is difficult to find information
Adequate funding for embryo research, having a fully engaged membership
aging of members, costs of membership
aging of membership; relevance of medical meetings in general
appealing to a changing demographic (from the historic core constituency)
ASRM is very medical-centric and that feels exclusionary to the other necessary professional groups.
asrm needs to be more aggressive at the international level by having academic exchange with other sister organisations such as Isar. Asrm needs to do more in the area of corporate social responsibility. Needs more collaborative research projects with other countries.
ASRM's website has improved, but it remains a challenge to navigate. This is important for member engagement. The society needs to decide how inclusive it wants to be. If having nurses and laboratory staff be part of the membership, reduced fee structures (with reduced benefits) could be considered.
Availability of funds for society goals and for research, not always providing most up to date/rigorous summary of info (i.e. in published guidelines)
Beaurocracy and red tape. Things seem to move slow through the ranks, and it's difficult for new ideas to be implemented.
Catering to and bringing in younger members with a new perspective; Focusing more on Male Factor and Legal issues within the field
Chair and speaker selection
Change of staff and no longer getting support to develop webinars or new online courses especially for nurses
Commercial interests -
Continued legal challenges to reproductive rights in the US and around the world. Access to care barriers continue to be significant
Costs for attending conferences can be a hindrance. Cost to trainees to join ASRM
Costs of annual meeting (tuition and housing); Need to update committee options and practice guidelines in realtime
Costs of membership
Costs to membership (membership fees and and costs of conferences) and Weak state governmental lobbying

Appendix – Future Focus Survey Narrative Feedback

What do you perceive ASRM’s top two weaknesses to be in fulfilling its current vision and mission over the next five years? (continued)

Could be stronger in the interdisciplinary aspect of ART.
cumbersome software and archaic cme
declining Science quality, overemphasis on business angle
Demographic of current leadership is very different than demographic of the younger generation of providers.
Difficult to navigate website; patients turning to sources like google and blogs
Difficulty getting new membership and maintaining strong leadership
Disconnect of Leadership and Marginal Unification of Members
Diversity. Lack thereof
Excess focus on ART vs, other areas of reproductive medicine; its lack of proactive branding and communication strategy
Excessive focus on basic sciences at the expense of overlooking potential contribution of population scientists, translational scientists and applications of research to policy; Insufficient involvement of non-physician members in key roles and in broadening the mission of ASRM
Exclusion of it PhD/ScD scientists and its unwillingness to change.
exclusivity and failure to improve access to care for patients
Fertility and Sterility quality
From the perspective of the legal professional group it is difficult to grow our membership and raise money (which would allow us to potentially grow more) due to the restrictions imposed by ASRM.
frontier research selection and Attract more participants
funding
Generating funds; managing publications
Heavy reliance on donations from large practices/wealthy practitioners who are not necessarily the role models for the field.
Lack of transparency and true democratic ascension to the leadership positions
I feel the programs for the adminstravite teams which are important to keeping practices running keeps getting reduced at the annual meeting. It would be good to expand the offerings to Professional Groups given their support to keep the practices running.
If this work for strategic vision will be implemented then I don't see weakness
improve accountability and transparency of funds
improve social media, funding
Inability of leadership to think outside their own professional experiences; limited use of outside consultants with expertise not available within ASRM
Increasing decision making driven by private equity, adoption of non evidence based practices
Increasing privatization of REIs/move away from academic medicine & research
Instability and lack of cohesion with the Scientific/Medical director and staff at Birmingham
Integration of non clinical inputs
Lack of an easy delivery tool for training/education and a lack of resources to devote to developing content and furthering engagement for each discipline within the field
Lack of CMO currently - and recent turnover, financial uncertainty
Lack of collaboration with SSR to move research forward in REI. Academic physicians are leaving to go to private practice REI education is suf
lack of creativity, slow to adapt
lack of dedication to the prevention of fertility problems and concentrate mainly on what is economically more rewarding

Appendix – Future Focus Survey Narrative Feedback

What do you perceive ASRM's top two weaknesses to be in fulfilling its current vision and mission over the next five years? (continued)

Lack of diversity and industry overwhelming conferences
Lack of diversity in leadership positions. Unclear of long term planning
lack of funding earmarked for patient-facing web content, web marketing, social media content, social media marketing
Lack of multidisciplinary communication and coordination to best establish reproductive Medicine policy
Lack of organized national advocacy efforts for increased research funding,
Lack of professional diversity in it's board and leadership, lack of investment in nurse professionals
Lack of representation of full membership; no leadership diversity
large group of members who are not involved in ASRM (even to attend the national meeting),
Leadership tends to come from the same small number of institutions; rise of other international societies
Legal and ethical caution
Less and less funding for speakers and increase costs for the meeting registration. Involvement of younger members in the committees and recruitment of new members.
Less emphasis on pharmaceuticals/commercial products; stronger political activity
Limited European, South American and Asian involvement (thus, not truly international); a stronger global health initiative to make fertility diagnostics & treatment (including reproductive surgical) more accessible
Limited financial resources (albeit still overall stable/relatively strong compared with other organizations). Perception by some members that not all ASRM activities (e.g. support of research) has a direct benefit to them personally.
limited visibility outside the speciality
Little emphasis on the male; little visibility of innovations on track to clinical implementation
Little foreign representation; annual meeting has lost international attendance
Long term vision of how we self-regulate our service delivery to avoid govt regulation; development of a system to assess long term outcomes
Loss of members and financial support
Lots of leadership from only academic centers
male content, reproductive urology representation
Meeting so large it's hard to learn and even network now. Often difficult to use educational online programs, our residents struggle to get into online modules every rotation
Members are not aware of the vision / mission and those who are aware are not unified around the vision
moves too slow and more reactive than proactive when it comes to policy and messaging.
narrow focus (acute fertility medicine), not partnering well with other professional organizations for key topics
Need additional staff - need additional revenue to support operating budget for new staff
Need better integration of trainees and younger attendings into groups and taskforces; abs integration of providers globally including less well served areas
Need to be more tech savvy as the world becomes more reliant on technology, Too many RE's NEEDED to limit the number graduating each year.
Need to clarify and unify around central mission
NOT ENOUGH PHYSICIAN ADVOCACY
Not enough political action to support comprehensive reproductive healthcare including abortion. More support for non-REI specialists who are members of ASRM
Not reducing the challenge of SART data collection and not enforcing misleading marketing by clinics

Appendix – Future Focus Survey Narrative Feedback

What do you perceive ASRM’s top two weaknesses to be in fulfilling its current vision and mission over the next five years? (continued)

Office in Alabama. Could use major bump up in public relations.
outdated patient education materials and lack of awareness about how the profession and science is viewed by the public
Participation of Ob/Gyns in administration and meetings
Patient advocacy, international liason with societies from other countries
Philanthropic donation, member's endowment
Pursuing things that are not important to the majority of the members. This results in doing many things average and none great.
Research Grants, Support of male fertility
See above - hard to say since don't know current mission statement - nor do I see it articulated here. I think cross border medicine is critical to address and remote access to mental health professionals
Sidelines male factor infertility (as compared to female factor); Administrative support/Practice building support
Size makes the organization diffiult to manage; overreaching to add new types of non-physician/non-reasearcher members could cause ASRM to lose focus on it's core (MDs and researchers)
Social media can be a blessing and a curse, trying to keep up with current trends to keep your audience is extremely difficult. We will likely need to find younger people to assist in providing feedback on what patinents need and desire.
staying relevant with the younger generation of providers/patients
Still a bit of a nepotistic heirarchy
the heavy focus on science and technology (which can be a strength as well); however, it leaves a lack of focus on other members of repro healthcare team such as nurses
the same small group of senior people imparting the same messages and mission direction year after year; increasingly focused on IVF and not RM more broadly
there can be bias in assessing evidence, which can impair information dissemination.
To fulfill its vision of being international, it would benefit from greater international input in the form of main speakers, course designers and deliverers and other contributors. Similarly, it should create more training opportunities for medical professionals based outside USA, in particular those from lower income countries.
To much focus on physicians and not enough future vision
Too American politics focussed Few internationals on important committees
too focused on IVF
too heavily ART weighted
Too heavily dependent on industrial support- Too many objectives.
Too many "splinter groups", being in Alabama
Too many strategic goals, Coordination with SART
Too MD heavy, not enough inclusion of Non MD professionals
Too much focus on IVF—we are not focused on patients but rather a tool
training and communication
Unavoidably large. ?Impossible to effectively lobby for women's rights
Undisclosed conflict of interest, lack of laboratory scientist leadership role
unknown
use of social media; engagement of younger generation of society members
Very Medically focused to the exclusion of other disciplines, expensive membership/programs
Weak or ambiguous guidance documents and committee opinions. Many of these are outdated.
Web site search ability and non fertility disproportion low emphasis

Appendix – Future Focus Survey Narrative Feedback

What do you perceive ASRM’s top two opportunities to be to significantly increase its impact and/or improve member services over the next five years?

Foster high quality research # social justice and access to ART and other reproductive medical services
(1) Commit to evidence; (2) Support provider-patient decision-making ethics
(1) develop a rigorous and up to date website and perhaps even networking platform for members, (2) engage brand new faculty (esp women and URM) through transparency in leadership and committe member opportunities
?
1) Annual conference 2) Sessions geared towards Nurses
1) Continue to improve access to care; and 2) Increase opportunities for engagement of all professionals, but particularly clinicians, with the society.
1) Continued focus on access to care 2) Continued provision of services to the international community
1) Explosion of basic knowledge (genomics in particular); 2) Increasing infertility
1) I feel there is a great opportunity to engage in reproductive research advocacy on Capitol Hill to encourage more Congressional Support/Federal Funding for Reproductive Medicine Research. ASRM could form its own advocacy group or join the Coalition for Life Sciences, a currently operating, national advocacy organization. 2) ASRM could restructure its pilot grants to encourage more interactions between clinicians and basic scientists.
1) New journals, 2) research endeavors, 3) partnering with Resolve and other organizations to lobby, 4) partnering with regional societies
1) Outreach, acknowledgment, and utilization of all member professions, particularly those that are underrepresented, 2) Take a more vocal and active role in defining and enforcing guidelines before we are forced to follow those created by uninformed political bodies.
1) Strengthen and expand the research funding offered by ASRM, 2) Strengthen and expand the committee opinions offered by ASRM on topics patients seek guidance on
1) Support interdisciplinary research/clinical teams to pioneer next generation reproductive technologies. 2) Support multi-institutional initiatives with the recruiting power to produce impactful clinical research results. If the ASRM research institute achieves its fundraising goals, it can support research with the scientific quality and statistical power to transform the the future of reproductive medicine.
1) to embrace genetics into its main interest and educational goals; 2) to own reproductive surgery again
1. patient advocacy and increasing access to care 2. associating ASRM membership with excellence
1. •ASRM has a strong and abiding organizational desire to broaden access to care -- Actionable items from the last strategic plan including but not limited to Improved access for military veterans and Broadening utilization of low cost infertility treatments (Invozell, low cost IVF) but we can do better along a number of lines including 3rd party reproduction (especially the diversity of egg and sperm donors) and fertility preservation. 2. ,•Ability of members to galvanize support at the state and federal level that improves access to our services and reproductive agency for patients – we can provide tools to members to simplify communication with members of Congress when important legislative matters are addressed.
1. ASRM's Research Institute can catalyze major discoveries/changes in human reproduction; 2. Expansion of insurance coverage as women in congress are increasing.
1. Continue to advocate for the value of insurance coverage for IVF - it really does change doctors' minds. 2. Egg freezing has brought the conversation about infertility into the mainstream and ASRM (and RESOLVE) have the opportunity to achieve a stretch goal from ASRM's last strategic plan: to change the conversation about fertility treatment so that no one ever questions its value and necessity again (paraphrasing).

Appendix – Future Focus Survey Narrative Feedback

What do you perceive ASRM’s top two opportunities to be to significantly increase its impact and/or improve member services over the next five years? (continued)

1. Devise a strategy to attract and recruit new physicians that may not be done with their medical training, 2. Continue to develop and evolve educational offerings that are different from what one could earn at a university or medical center.
1. Global Access 2. New Journals
1. Help marshal resources to resolve controversial areas such embryo and oocyte freezing, 2. Advocate for better insurance coverage for reproductive medicine
1. Increase digital presence; 2. Increase outreach to non MD members
1. Increase junior membership among residents and fellows; 2. create programs that promote international membership
1. Interactive educational sessions with interested ASRM members globally. 2. Clinical Research facilitation in countries which lack research facilities in any of the areas which ASRM covers esp. PCOS which is highly prevalent in India.
1. Involve younger members actively 2. Aggressively move into the digital platform
1. technology as outlined above 2. research and collaboration among groups. many groups out there struggling to answer the same questions. Use of large data sets should be encouraged. Use of SART data is problematic and frustrating.
1.- virtual communication in different languages
1. Wider spectrum of the specialist (not dissimilar from ESHRE), 2. Promote reproductive medicine in other continents
Ability to continue to leverage international opportunities;
Ability to leverage a recognized brand and voice in advocating for its mission.
Add availability to access ESHRE publications to ASRM members, Increase opportunities for allied health professions to become members
Additional funding for innovation, as well as research
Advance research in Reproductive Medicine. Preparing RE/I physicians for the future of Reproductive Medicine.
Advocacy for access; fund development
allow as many people as possible to access fertility treatment by increasing access to care through getting members to participate in state and federal advocacy and RESOLVE's Coverage at Work program
As the field of IVF grows, it stands to reason that we should be able to bring more allied health professionals and international members into the fold.
ASRM Scientific Meeting program schedule. It is no longer the "go to" meeting for nursing education. Perhaps adding breakout sessions developed for nurses would enhance learning.
ASRM should engage its young members and strengthen ties with international members
Assist in moving infertility services (ART) to be covered by insurance nationwide; Narrow disparities in delivery of services
Attempts to cater to the younger generation; Focusing more on Female and Male factors working together in helping couples
Attract Asian members and pay attention to the application prospect of basic research
be more active in social media, disseminating information in a way patients/women can consume on platforms they use
Be more involved in expanding ART coverage- Sponsor research activities with immediate clinical/translational impact
be more relevant to the fellows and the women who are RE's
Because many members have a focus on ART, continue to develop resources that optimize ART practice (e.g. continued development of portal with ability to query key clinical/laboratory performance) Succinct and synthesized presentation of research findings affecting clinical practice (Practice Committee documents are needed to be up-to-date and available onfor all of the most relevant topics affecting clinical care).
Become a leader in the battle for reproductive rights (ie. legal, safe, abortion). The younger membership will be dismayed if ASRM ends up on the wrong side of this fight or is quiet. Many people already assume ASRM cares only about reimbursement for IVF
Being more inclusive.
Better outward facing communication about the organization -

Appendix – Future Focus Survey Narrative Feedback

What do you perceive ASRM’s top two opportunities to be to significantly increase its impact and/or improve member services over the next five years? (continued)

Bring in more young people into committees for future leadership. Help to decrease cost for fertility care
broader RM inclusivity; clear and loud messaging around reproductive rights
Careful program structure
changing demographics (age and sex and diversity) of membership; increasing electronic media/apps
Continue coverage of timely topics
continue to educate - perhaps get some time on FOX News
Continue to make patient teaching info, microvideos coming to keep practices up to date
Continue to support and invest in the Research Institute. Creation of additional F&S journals
contribute to education of professionals in LMIC and together with patients organizations develop advocacy strategies to facilitate access to fertility treatments
create opportunities for next generation of physicians; public outreach for impact of reproductive medicine
cutting edge/pivotal time in health care; engaged membership
development of registry for data mining research, support of transnational research
easier access to be more inclusive of membership in decision making AND changing state/federal coverage regulations to permit greater access to care for patients.
Educational activities and advocacy
Engage members to determine what issues that they want ASRM's guidance on, ask the members what can be changed in the annual meeting to improve its effectiveness for them
engage non-professional groups better
engaging with payers to reimburse for services; increasing support for patients who are burdened by repro med care.
evolve the tech we have so that all members can access ASRM initiatives easily, Minimize the number of fellowships
Feed the homeless at annual meeting from vendor contributions, fund research
For Ob/Gyns, increase the amount of non-ART material
Funding stipends for trainees to attend meetings. Make membership cost low for trainees and post-docs
fundraising probably needs to be one to satisfy its ability to do much; but really I might recommend committing more energy to up and coming members that have more energy than us
Get young people involved; emphasize training and medicine/physiology and health services research
Have large private companies to invest in research and education as good citizenship. Remove experimental label on ovarian cortex freezing
Having a presence in Washington, expand internationally
I have seen many groups forming societies, organizing meetings in USA and the rest of the world, and I don't see that Healthy, in contrary I consider it a kind of business that is trying to have a piece of a cake already shrinking. ASRM with some international friends should meet and discuss the issue and plot a strategy to do something about it .
I would love to see a reduced membership cost for new RNs to get involved. Maybe it is free or less for the first year... This would allow for them to take advantage of the great learning opportunities while they become educated in the complex field.
Improve diversity in leadership; get state mandates on infertility in all 50 states
improvement of diversity in leadership (balance representation of age, gender, private practice, specialty, etc) and Creation of Value-Driven Events that unify and reflect the diversity of this society
Increase branding of the organization; increase its international reach
Increase in the live streaming of the most important sessions of the meeting for the members. Increase in certification and hands on training.
Increase Male Factor-associated programming and research support; Health Policy training with focus on reproductive health and reproductive rights

Appendix – Future Focus Survey Narrative Feedback

What do you perceive ASRM’s top two opportunities to be to significantly increase its impact and/or improve member services over the next five years? (continued)

Increase outreach and resources to entice non-REI members such as specialists in Family Planning. Increase political actions to support comprehensive reproductive healthcare
Increase participation in leadership of members who are not MDs
Increase teaching opportunities directed toward OB/GYN residents to engage REI interest earlier in training; engage more globally by collaborating with other well established organizations and societies
Increased ability to communicate and network given social media
Increased number of publications, ASRM research institute
Increasing coordinated research activities for multi-center research efforts, and increasing organization of advocacy efforts for funding.
increasing public awareness about reproductive aging and technologies; growing insurance coverage (and advocacy for it)
Increasing social media and societal dialogue about infertility could allow ASRM to increase impact by reaching more patients/potential patients
inter personel interactions
International interest in ASRM Become THE world leading society
Involve a broader diversity of providers in leadership opportunities
Involve more senior members in ASRM committees and annual meeting involvement
Involve more women and people of different ethnic backgrounds
It has the funding to be able to give greater financial support to research. It could also hold ASRM symposiums in different countries throughout the world.
It would be great to have more physicians join the different professional groups to allow for more collaborative advancements in this field.
Legal advice for members needed and stances on gene editing
Legislative lobbying to keep ART alive and social media to keep member enlighten
Listen to feedback and include non MDs in decision making
male reproductive focus, political advocacy
Managing publications; impacting legislative goals
member education, social media presence
more advocacy as the challenges to practioners practicing ART and to patients for access increases
More focus on the other professionals, MHP, Legal, ARM, Nurses, etc.
More inclusivity of other disciplines, tiered cost effective membership dues
More networking opportunities; expanding opportunities for non-physician doctoral level scientists
more opportunities for remote learning, expand offerings/benefits to members
More partnership with SREI
offer more innovative online opportunities. be more inclusive of all members of reproductive healthcare team
Offer more support to more groups and expand online resources
Opportunity to contribute significantly to research mission as NIH dollars become scarce, Digital age can help to spread news and presence of ASRM
other ob gyn organizations tend to be reactionary and ASRM is more forward thinking, partnership with resolve
Pod Casts. Digital access to information
Potentially the only resource of quality data regarding embryo development, lead the charge in genetics
Provide real value to physician practices in light of insurance and financial influences

Appendix – Future Focus Survey Narrative Feedback

What do you perceive ASRM’s top two opportunities to be to significantly increase its impact and/or improve member services over the next five years? (continued)

Reach out to membership more. List specific topics in surveys so they can be ranked.
Recognize and value the variety of medical professionals that contribute to the mission of ASRM and Reproductive Medicine
recruit a more diverse workforce
Reduce the challenge of SART data collection and enforce misleading marketing by clinics
regular use of social media to educate and to amplify core messaging;
Remove of the influence of "rich" practices/practitioners and industry and improve the system of governance/elections
research grants!
RESOLVE provides opportunity to increase access to care. Fertility preservation an appealing story
Simplify electronic access to resources AND small financial incentives for lower level leadership
Social media should bring asrm everywhere; China should be a target
Social media/website, establish a well infrastured educational and research institution
Solicit nominations from members for officers
stay on top of new guidelines/education (i.e. re - PGS)
Stream line meeting sessions, improve ease of use of online education modules
Strengthening Fertility and Sterility, fund REI research
Subsidize conference registration fees and member fees
Supporting research and advocating for fertility benefits
technology and better CME methods
Technology can allow us to make connections and collaborations easier, less formal, more fluid even as advances in genetic technology and reproductive technology make connection, dialogue, collaboration and finding consensus about the use of these technologies more urgent.
The physical move to DC is an opportunity to be more visible in the public arena. This gives more access for political leverage and educational opportunities.
The revitalization of the patient education committee could have a huge impact. Content is easy, keeping up with packaging/delivery in a manner that appeals to the population of reproductive age is the challenge. Likewise, the society needs to consider an app for members. Email is becoming less effective.
to increase affordability so Medical family building options will be available to a great % of the people that are struggling to concieve
Truly independent guidelines to associates - implementation of evidence based reccomendations on enviromental requirements in IVF
Truly, not just symbolically moving the headquarters to DC area. If the research center takes off with a dramatic increase in funding byouside sources and donors.
Try to engage more members.
unknown
use technology to make more convenient educational offerings
Use the groups, the professional groups and special interest groups. Give narrower opportunities for individual groups throughout the year in addition to the big annual congress.
Website and curricular development
Website education, practice bulletins
website makeover and further development of funding of ASRM Research Institute

Appendix – Future Focus Survey Narrative Feedback

What do you perceive ASRM’s top two threats to be in fulfilling its vision, mission, the livelihood of members, reproductive health of patients, etc. over the next five years?

to become an IVF forum # club-like culture/lack of diversity
(1) apathy among REIs, (2) political climate changes and threat to reproductive rights
1) Decreasing focus on Integrative health strategies 2) Failure to address the demand from patients for Complementary and Integrative medicine
1) Lack of membership engagement. I think we need to increase membership participation in special interest groups. 2) location of the annual meetings.
1) political climate 2) insurance limitations
1) Politics; 2) Funding
1) The current divisive political climate, 2) Apathy from members who feel that certain internal cliques direct the path of ASRM more than the common will of the society as a whole
1) we have become a bunch of egg suckers while we should own the fields of genetics and surgery
1. not committing to the unique requirement that ASRM/SART members report their outcomes correctly so that we can maximize patient safety and outcomes, 2. bureacracy, politics and personal agendas derailing what is good for patient
1. •While the 2020 NIH budget increased by more than 6% we have to continue to apply pressure to continue to support federal funding for a robust reproductive research agenda and the inability to robustly fundraise to support investigators through our own mechanisms. 2. •Quality and transparency – Rare cases of freezer mishaps and mistakes in embryo transfer get significant media coverage when they occur and erode patients trust in our field. What has ASRM’s role been when these occurrences happen? How can we better support clinics in providing optimal quality to our patients?
1. Being less inclusive to its wider membership, 2. Promote training and research outside North America
1. Domestic political situation; 2. Increased dominance of ESHRE (education, practice, networking)
1. European and Asian Societies 2. Lack of Required commitment to REI Surgery
1. Losing global reach to other societies like ESHRE 2. Conservative political climate with implications for future care of our patients
1. Loss of interest as more of the field becomes privatized, 2. Consolidation of reproductive medicine into larger consortia
1. Potential private equity incursion. 2. Not sure.
1. private equity groups taking over REI practices and focus on income, business, proprietary data sets, proprietary lab techniques over collaboration. 2. Insurance coverage for ART, either lack thereof reducing access to care (loss of state mandates) or diminished reimbursement forcing practices to close, sell or consolidate
1. Scientific Congress attendance could suffer as a result of ongoing and emerging technologies that allow professionals to connect without the expense of traveling to a meeting, 2. Spreading our resources too thinly. We are a small organization, and we need to maintain focus on retaining and growing our customer base through services that our customers care about rather than expending efforts on things that they may not care about so much.
1. State based limitations on access to care for women’s health; 2. State based limitations on lab staffing leading to severe staffing shortages
a potential for reduced attendance at annual meeting by milenials and reduced corporate sponsorship
Abortion restrictions including fetal personhood laws. Lack of significant involvement of non-REI specialists in ASRM
access to care and political/legal climate
Access to care, Advocacy for insurance coverage
Access to carefor patients, and reduction in funding from Departments and time for members to attend the annual meetings. Less interest in younger REIs to attend meetings due to family obligations.

Appendix – Future Focus Survey Narrative Feedback

What do you perceive ASRM’s top two threats to be in fulfilling its vision, mission, the livelihood of members, reproductive health of patients, etc. over the next five years? (continued)

Alabama, being a predominant ART meeting
Aligning with politically motivated goals, either way/party, that may fractionate members
anti-family bills at state and local level
apathy, maintaining the status quo
Artificial intelligence and declining fertility rates
As clinical demands increase, willingness to give time to things like committees will decrease; fewer fellows pursuing academics
ASRM will lose the support of these other groups quickly if they do not give the groups equal opportunity at conferences and within the organization.
availability of funds, competing societies / opportunities for info
Being able to successfully navigate the increasingly polarized political climate without becoming labelled and while still advocating for care and science in reproductive medicine.
Being Medically focused and short sighted.
Being overly focused on catering to physician scientists and big pharma
changes in fertility policy in different countries, focused only in treatments and forget prevention in prevention
Commercial influence, Journal bias
commercialism of ARTs; lack of a credible research program
Competition by local/regional/ESHRE societies; Its need to raise philanthropic funds.
Competition for members attention from other organizations (e.g. NAMS, surgical societies, regional societies). Decreased time that members can volunteer due to increasing administrative burden in practice.
Competition from too many meetings- Little new information at the yearly meeting
Competitive societies such as SSR, ASA, SRF, etc. can draw crowds away, but can continue to be more symbiotic. Funding climate for research is low around the globe, and will likely continue to have a negative impact.
Complacency; inadequate buy in by membership
Conservative political leadership infringing on reproductive rights; Losing touch with providers in private practice who might otherwise be interested in teaching, research (as much as possible), and committees etc. As part of this, more didactic or review sessions at ASRM, plenaries that are not just cutting edge science but immediately applicable to practice (ESHRE) would help with this and be much appreciated; ALSO The advent of internet rating of physicians puts strain and stress on physicians and may lead to unfair disadvantage to providers of a certain age or practice model
Continuing to function as a hierarchy.
cost of care, insurance threats
Cost of membership; lack of high quality research
current political climate
Decreasing membership by young members. Lack of funding for research by members
Diminishing number of academic REI programs due to over commercialization of REI. Conservative view of federal funding restricting research dollars to our field.
Divisiveness within membership. Competing commercial vs scientific interests.
Don't see any threats.
Economy and health care coverage impacts use of fertility treatments
embryo person hood movement
emphasis on ART
ESHRE American politics
external politics, anti-choice movement making it hard to move field forward

Appendix – Future Focus Survey Narrative Feedback

What do you perceive ASRM’s top two threats to be in fulfilling its vision, mission, the livelihood of members, reproductive health of patients, etc. over the next five years? (continued)

fake news twisting the relevance of anecdotal cases in lieu of population-based statistics AND access to care
Far right politics
Focus on advanced ART as the immediate upstream intervention for infertility
funding
Funding, Trump politics
Genetic modification leading to severe restrictions, “life” begins at fertilization and we are all in jail
Globalization and Medical Tourism
Government interference, insurance companies forcing REs to accept a lower reimbursement
Government regulation (federal and state)
Government regulation of ART; Lack of a long term maternal and infant ART outcome registry
Government regulations on research and clinical services provided, and decrease in funding available for reproductive research efforts.
Having leadership take members for granted.
Heavy commercial interests in several ASRM activities and scientific evidences
Heavy reliance on outside financial supporters (see above) and behind the times governance.
I think ASRM is a terrific society. It has become my "home" society, which is pretty impressive considering that I am a basic scientist. Anything that ASRM can do to maintain/expand inclusiveness and attract more outstanding researchers doing patient focused research. Patient focused can include basic, translational, preclinical or clinical, but should address issues that impact human health/reproductive health..
I would like to discuss these threats in person with the ASRM authorities.
improve connectivity with members
In the current financial environment, the cost of participation in USA-based events is prohibitive for many medical professionals from outside the USA without financial support. The limited number of articles accepted for publication in ASRM official journals, especially those from outside of USA, may reduce its international impact.
Inability to change and be inclusive
Increasing burden on physicians make it more difficult for them to become engaged in organization, political environment that does not promote womens reproductive health
Increasing influence of venture capital, other financial players into the field
Increasing involvement of corporate interests in reproductive medicine; financial challenges to healthcare practitioners
Influence of other societies such as eshre
Interference from political sources and rogue scientists/clinicians
Investor run/influenced practices
Keep up strong lobbying activities to support access to infertility treatment and reproductive health care
Keeping the status quo as far as membership; not focusing on Fertility as a "couple's issue"
Lack of cohesion and continuity with leadership and the staff
Lack of diversity and unnecessary financial expenditure
Lack of diversity in representation or thought; no longer being a relevant organization
Lack of interest among young reproductive Med and losing current old pioneer leaders
lack of reimbursements for repro med services; abortion laws that could restrict reproductive medicine services collaterally.
lack of support to good male infertility microsurgical training for many male infertility specialists and not enough well-trained microsureons
Large size, multiple focus obligations - what do we really stand for
laws that may affect practice; ??
leadership regarding society stance on CRISPR and gene editing technology

Appendix – Future Focus Survey Narrative Feedback

What do you perceive ASRM’s top two threats to be in fulfilling its vision, mission, the livelihood of members, reproductive health of patients, etc. over the next five years? (continued)

Legal challenges as described above. Being perceived as an "industry" rather than a subspecialty of medicine
legislation, politics
legislative agenda focused on personhood of embryos
Legislative threats in some states, maintaining core base of physicians and scientists
loss of interest by members internet making the annual meeting not needed
Loss of safe, legal, abortion. Gene-editing and lack of vision in its implementation.
Many of those that have been around a long time are retiring. There is not a great way to "pass the baton" and make it enticing for new people to become involved. The cost of ASRM membership and conferences is also very high, maybe there could be programs to help reduce this for people other than just ne REIs or fellows..
Membership drops and annual meeting attendance
Misguided state and national legislative endeavors to limit women's rights, access to reproductive health care, and research; lack of support for the entire REI practice (surgical, menopause, pediatric, contraceptive, etc), and supporting those remaining academic REI programs that continue to teach and do research
money, number of old members that make decisions and are on board/committees that limit forward movement
need to raise funds for research initiative - decisions to add services before tapping the membership about interest
no comments
Not continuing to evolve as REI practice issues change, and not proactively communicating with the membership at large
not making changes. not appealing to the whole team
not sure
Not sure...
Online education. Lack of interest and involvement by younger members
Other professional groups offering more specailized meetings and competing content for participation.
perception that junior and midcareer members have few leadership opportunities; economic, sociologic, and legislative barriers to RM health care access.
Personhood mandates and similar, laws restricting research in certain areas
physician burnout, insurance industry
Political climate
Political conservatism on reproduction, improvement of other peer-reviewed journal quality
Political conservatives.
Political realities in the US; Political realities in the US (yes twice!)
Political threats to mission, Keelung pace with evolving genetics
Political/Health Policy impact on reproductive rights
possible legal influences (ie personhood), drop in membership from non-physicians
Quality of the program and high accomodation and registration costs
Quantity over quality - too much about products and not enough about evidence
Religious right wing politics; government interference in reproductive choice.
Right wing led restrictions on reproductive rights at state and national levels. Influence of large corporate private practice.
sacrificing quality based on baest evidence insider politics
see above
staying with the "old" model of patient care where physicians were basically the only recognized provider of care
The biggest threat is harmful legislation to this field and reproductive care.
The current political environment seems to threaten efforts to improve reproductive research and health and this seems to disproportionately and negatively impact women's health. :(

Appendix – Future Focus Survey Narrative Feedback

What do you perceive ASRM's top two threats to be in fulfilling its vision, mission, the livelihood of members, reproductive health of patients, etc. over the next five years? (continued)

The current political threats to women's reproductive choices will change our field. With increasing shifts in the number of corporate or hospital owned practices, the educational experience for residents and fellows may change. For the same reason, it is becoming increasingly more difficult to combine clinical work and meaningful research.
The emergence and proliferation of open access journals
The increasing costs of engaging in the society and a large generation hitting retirement age
The media is a constant threat, with bad press. The current administration of the US is another, with laws that could impede the livelihood of members and the opportunities of patients.
The reputation of ASRM is threatened by the popular concept that the organization is money hungry; there is a threat of outside governmental interference into our medical practice
The US government. Younger generation may no longer want to attend annual meetings.
There has not been a strategic planning retreat akin to the one in 2008 that invited expression and implementation of new member ideas. While ASRM leadership cannot be a free-for-all, it seems to often that committees are more leaned towards discussion that does not often affect pre-determines executive decision
This might be easier to answer after the election is over. Protection of reproductive rights continues to be at the top of the list. Fortunately, advocacy efforts have been able to protect them most of the time. The second threat is the ever-diminishing funding for research. ASRM has done an excellent job responding to the need for funds. Sustaining this endeavor is going to require a significant amount of work.
Too MD heavy...need to include non MD members more
Trying to do too many things that are not the primary perview and interests of the members. Forgetting who you are really serving.

Appendix – Future Focus Survey Narrative Feedback

What additional potential strategic directions, if any, do you suggest relative to membership recruitment, retention, and engagement?

1. working with electronic health records (especially Epic) to increase efficiency of use in Reproductive Medicine. 2. increase formal mentorship programs, especially for women
1.Subsidized Memberships for developing countries. 2. Create a Council of accredited Membership societies to reach out globally
above captured my SWOT
Achieve ambitious fundraising goals of the ASRM Research Institute: \$100-200M endowment to support \$5-10M research awards per year.
Allow for members at any level to lead courses and have a voice, many times it is only "the elite" that are engaged.
become more inclusive to the integrative medicine community.
Better coordination and representation of stake holders
Better Science. Broaden the scope to include contraception, abortion.
campaign to increase international membership
Collaborate with our international colleagues via joint guidelines, committee opinions, journal clubs, etc.
Collaborate with Society of Family Planning annual meeting to separate them by at least 1 week.
Continue to make membership professionally essential for providers and researchers (as has always been true of ASRM)
Continue to provide strong support in areas of legislation and advocacy as you currently are. Adequate staffing and resources to work with Resolve.org and other similar organizations. Especially in our current political environment where so many reproductive health issues area vulnerable to being impacted negatively by forces other then medical and scientific data.
continued practice committe and ethics guidance documents
Continued topics of interest to membership
cost effectiveness of membership and the conferences.
Court or establish regional affiliates to add local connection within the ASRM community
Creation of as many events that create value propositions for all members, including scientists, allied health and non-academic reproductive professionals. I would start with a strategic planning meeting
Develop more non-scientific "white paper" content that can be disseminated online, through podcasts, question banks, etc. Develop a salary survey.
Easy access tilt information on web site
educate and constantly brand ASRM current membership and its benefits through social media, internet influencers to not only ASRM members but also non members who don't join because the cost benefit ratio does not work for them
Emphasis on innovative clinical care solutions that can be more quickly brought to market.
engage and support clinician and basic scientists through the ASRM Research Institute
Engage more with South America
Establish partnerships with foreign societies, become a global leader, engage younger members with social media awareness
focus on how to engage millienials onto their professional groups' website; basically how to make the website valuable to their members
focus on the younger members and practice deveolpment
focus on trainees (fellows, residents)
For private practitioners in related fields, adjusting pricing for ASRM convention. It is REALLY expensive to those of us not affiliated with a medical practice.
Greater emphasis on fellowship education to enhance life-long learning, especially for those going into private practice
I have heard from members that they feel excluded from participation in ASRM decision-making by an exclusive clique of people who recruit and retain only their friends. This discourages professional and monetary support from members and limits input and growth.

Appendix – Future Focus Survey Narrative Feedback

What additional potential strategic directions, if any, do you suggest relative to membership recruitment, retention, and engagement? (continued)

I think hyou are doing a good job but earlier in my career it felt hard to find a sense of belonging.
improve guidelines - these are high value and frequently utilized, but writing does not seem as rigorous / process not as transparent as that used for ACOG PBs, for example (with methodology of how studies were chosen, etc)
inclusion inclusion inclusion of as many members as possible.
Increase promotion of the value of the special interest groups and increase membership and blog communication such as case presentations.
Increased outreach to the new Complex Family Planning subspecialists to engage them as possible ASRM members
Increasing social media outreach for younger members
institutional memberships
Involvement of more members in activities
Make international equals with respect to committee recruitment, including President, and access to funds
Mid career individuals
More aggressive campaign Can reduce membership for countries in asia , africa and Latin America.
more lobbying power re: political climate and threat to reproductive health (and be sure members know this is going on!)
n/a
N/A
Need insurance reform!!! Work with the government to get this done
no
None
none
none
other international orgaizations are growing asrm must compete
Perhaps a buddy system pairing up new fellowship graduates with more senior ASRM members
Possibly create tools that can assist all practices. examples are: Onboarding of new employees, consents framework, Programming that supports leadership development and addresses burnout
Provide a Certification course NOT a Certificate course for Nurses. This will increase membership of nurses.
provide structured sessions for networking
Recruiting and engaging younger and diverse members to fill leadership roles/board positions etc
renewed effort to provide sample consents templates to practices
resdient curriculum
Review the plenary lecture from 2019 and get a handle on who you are communicating with and how best to do that
Reward smaller roles at meetings such as round table, symposium speakers, etc.
Scholarships
Social media is key and currently underutilized
Stipends to attend meetings for trainees, and reduced membership costs for students and post-docs. Funding opportunities for basic scientists to bring new technologies toward the clinic.
Streamline best practice guidelines for reproductive care (for both professionals and patient versions)
The annual meeting has started to drift from concrete clinical practice, advancements and innovations immediately applicable; plenaries are a bit off subject, not critical to current clinical care. The meeting should be a draw to physicians wanting to practice better, more evidence based. I think current attendees feel a bit lots in a muddle of interesting but not yet applicable abstracts; I think many really want to hear from the experts, be brought up to date, and I don't think the current plenaries or abstracts are doing that. ESHRE does this well.
The Annual Scientific Program is very large, fragmented, and often the symposium or interactive sessions are standing room only. There are no presentations to view and people take pictures on their cell phones which end up being difficult to see or relate back to your practice. It seems like there are many times during the day that could be better utilized and enhance engagement especially for non-physician professionals.

Appendix – Future Focus Survey Narrative Feedback

What additional potential strategic directions, if any, do you suggest relative to membership recruitment, retention, and engagement? (continued)

The SREI Digest has been great. I dont' know if other affiliate societies are using such a platform, but I would encourage it
This is the key to ASRM's future success. "Increase engagement with Affiliate Societies, Professional Groups (PGs), and special interest groups (SIGs)"
top priorities address them already
Try to keep membership fee low
Twice a year electronic newsletter from President and CEO to membership.
Use video media to increase knowledge e.g. for improving administrative and operational efficiency etc.
Utilizing social media to encourage discussion (if possible) amongst members and non-members
You need to explicitly address diversity

Appendix – Future Focus Survey Narrative Feedback

What additional potential strategic directions, if any, do you suggest relative to professional and patient education?

1. Increase collaborations 2. Encourage translations of your content in various languages.
Be the No. 1 educational resource for reproductive medicine
Collaborate with groups such as bedside.org to improve patient educational materials
Continue to move the Patient Education initiative forward with new reproductivefacts website
Continue work with Resolve
Development of standardized consent forms for infertility treatment, ART. Better MD education of endocrine disorders and opportunity for ongoing education
Direct to consumer efforts and education around infertility
Do patients even use ASRM? I don't know any clients I work with that cite to ever looking at ASRM. It seems to be much more in existence for the professionals. I say this as a 17 year veteran in this field...
Don't get suckered in to mobile app and social media expenditures. People have fatigue around this. No one in their right mind will ever download and ASRM app. Just have an accessible website.
Education cannot occur without connection. Asrm needs to be more accessible to patients and the general public in terms of its educational offerings. So much to offer but not easily accessible or digested and needs to be more appealing,.especially for a population that is so profoundly impacted by a need for secrecy due to shame anxiety etc
Engage with other societies internationally
engaging all members of the healthcare team and utilizing that not only for each professional group but making it available to all ASRM members. Their focus is on multidisciplinary courses for the ASRM congress, but I feel that the website is a different story and very segregated. Also, the APP group (part of NPG) used to host quarterly webinars, and those have gone by the wayside. Would be nice to bring those back to engage more nurses and APPs.
Enhanced accessibility of patient education website
Fix the membership directory for patients and members. It is terrible.
get rid of lecture formats as primary method of education
Grandfather those of us who have been practicing if going to institute Accreditation programs
greater support for affiliate organizations such as SMRU
I can't answer the last question regarding monetizing educational offerings. It is a good ideas if funds are needed to cover the cost of the programs offered.
I think one of the most important benefits of non-physician members is the continuing education opportunities. I think looking for ways to monetize educational offerings would be a negative.
Improve patient awareness of ASRM and it's mission and function as it relates to their needs. Basically we need a PR department that caters to the public.
Increase in the number of local ASRM meetings for those who cannot travel.
Innovation in education
institute small workshops like ESHRE does; at present, annual meeting and one ASRM/ESHRE meeting emphasize just how closed ASRM is to educating and reaching more of membership
literature for patients is always much appreciated
Modern pedagogies /approaches (eg infographics)
More downloads for patients
n/a
N/A

Appendix – Future Focus Survey Narrative Feedback

What additional potential strategic directions, if any, do you suggest relative to professional and patient education? (continued)

Need a consulting service for practices to develop their own products
no
No additional comments on these topics
None
not sure this is best place to put resources
NOTE: I didn't understand the first point on this list. Additional opportunity is interactive/entertaining educational platforms. once website and/or apps are developed, encouraged clinics to link to your website for comprehensive information (rather than each clinic having their own). Consider developing a practice standard certification (like SCOPE with ACOG) so that REI practices can be certified by ASRM (after on site inspection, quality measures, spectrum of services offered and success rates/multiples reviewed)
Organize more national/local educational programs throughout the year.
Promote tools for interpreting the data; promote evidence based practice
Provide a competence-based training course for new nurses.
Q Boost is great - nice example of innovative education - more of this please!
The resources are there. I think this is something that ASRM has greatly improved over the last decade. An improved board review course outside of the national meeting and more educational accreditations (e.g. the nursing center of excellence was a great idea that added member value and societal revenue) and other similar initiatives would be value propositions
There is a serious shortage of embryologists - this has reached critical proportions and needs very urgent attention
There may be a way to package and monetize educational programs developed specifically for fellowship programs. Also, we may be able to develop a basic fertility course meant for patients or influencers in the field.

Appendix – Future Focus Survey Narrative Feedback

What additional potential strategic directions, if any, do you suggest relative to advocacy and reputation management?

Advocacy for reproductive rights is to me the primary concern I have for the next 5 years in our field. It will directly impact our patients and our careers.
advocacy towards insurance companies to reduce barriers to care- eliminating requirement for 6 IUIs prior to IVF. I think we also need to take a critical look at our own practice patterns, repeat cycles in patients who have a poor prognosis (futile) drives up costs. In states with mandated coverage, very poor patients will attempt cycles because they are perceived to be "free" while many others cannot access care. For infertility to be taken seriously as a medical disease we need to re-think our treatment of reproductive aging as infertility. I think we need to advocate for LGBTQ access to infertility, a lesbian woman should not have to pay out of pocket for 12 IUI cycles before being allowed to pursue care. I think we should define infertility as "medical" or "biological" with medical being disease driven and biological pertaining to missing organs necessary for reproduction (congenital absence, same sex reproduction).
Advocacy, advocacy, advocacy
ASRM is doing a lot already. Nothing more to suggest.
Brand recognition among patients
Communications office might be strengthened with resources. It is good, maybe more important in the age of tweets.
Consider partnering with the Society of Family Planning for joint activities. ASRM and SFP conferences are often back to back weeks (which means people will not go to both) on opposite coasts. Consider finding a way to separate these two more.
Continue to take firm stance against abortion restrictions and "personhood" amendments
Current physician burnout, dissatisfaction and frustration with the realities of clinical medical practice make advocacy a low priority for most physicians. Inspiring physicians to look up from their computers and get involved in asrm as a vehicle for Advocacy would go a long way in improving our ability to accomplish all asrm missions. So advocacy needs to become familiar, easy and fun. Asrm has done that for me but for physicians who are not interested it will take more. On the other hand the generation in training more or just out of training appears to be extremely interested in advocacy and patient education and engagement. The gap is that they need more opportunities to help drive and even lead these conversations and efforts.
don't know
Establish ASRM as the premier society for reproductive medicine and always be mindful of that role and its implications on global reproductive health
Focus advocacy on fighting restrictive legislature on reproductive rights both on the state and federal level
Help employers realize that fertility care options will increase female employee loyalty
I believe alliances with reputable patient organizations like RESOLVE and AFP are essential to advance our shared interest in improving the public and private policies surrounding infertility treatment.
I mentioned in my answers to the SWOT analysis that we have to understand why online searches for infertility do not pull up ASRM more readily.
I think ASRM does reasonable work at present in this regard. My concern is that with increasing corporatization of practices through midlevel entities (e.g. Progyny) and private equity acquisition of practices that ASRM is already ceding its influence with insurers and legislators regarding patient coverage to these entities.
Messaging and education are vital, as our research has suggested that those who identify infertility as a disease or disability and those who are personally affected by the disease are more likely to support funding. We need to continue to work to increase awareness.
More opportunities for training of members on how to deal with legislators and the press.
n/a

Appendix – Future Focus Survey Narrative Feedback

What additional potential strategic directions, if any, do you suggest relative to advocacy and reputation management? (continued)

rather than focusing on influencers who already have the means and attention to receive whatever care they desire, focus on identifying stories from the typical american who suffers from infertility and / or RM conditions but can't get treatment due to incorrect information or barriers in geographic, economic, and sociologic access. All americans would resonate with their stories. it's the difference between our losing the messaging around "partial birth abortion" when true stories of couples who experienced the agony of decision making around anencephaly would have resonated.

seem to have to devlop like acog a political and an educational focus

Target moderates to gather support within political and religious groups that otherwise seek to limit reproductive rights so as to build bi-partisan support for our mission. Work with these groups to attain common sense solutions to their concerns where possible and understand their positions where it is not.

We should control the narrarative. Evidence based thoughtful

Appendix – Future Focus Survey Narrative Feedback

What additional potential strategic directions, if any, do you suggest relative to research?

be sure you include social, ethical, educational and legal research - research beyond pathological
Collaborate, assist and mentor research in the developing world
Develop research priority agenda (for example, projects not eligible for NIH funding)
Doing a great job
Emphasis on spermatogenesis.
enhance and contribute to the development of next generation of reproductive medicine scientists
Focused, multiyear fundraising campaign for the ASRM Institute with goal to be able to distribute \$5-7M PER YEAR for research
focusing on multidisciplinary research
fostering collaboration among groups. Using large datasets to answer important questions. Advocacy to lift the ban on federal spending for embryo research. Philanthropic campaign targeted away from the physicians in the field but towards private equity, private donors, big pharma who can donate millions of dollars.
Identify and publicize key areas of necessary research that will promote and defend the mission of ASRM and accepted practices in reproductive medicine.
In addition to holding the annual gala to raise research funds, invest time and resources to identify previously infertile, high profile individuals with deep pockets. Hire a fund-raiser?
It is important to support only excellent research proposals
It would be better if Research grants not only available for US Researchers but also to international researchers.
mandate statistical reviewer for f&S all submissions
Monetizing the registries will be counterproductive. We want excellent research - the registries should be non-profit
Not sure what is meant in question 1 "any and all research".
Offer mentorship opportunities geared toward younger docs *post-training* who want to continue conducting research after fellowship.
One of the best plenary speakers at the last annual meeting, Kayte Spector-Bagdady, cautioned against the privatization of health data. I'm not sure if the last item on this list would be species of this.
Possibly develop a patient-targeted philanthropic fund for research or access to care grants
Promotion of and education about research quality.
publish an annual report that highlights needed research to help focus researchers on specific topics and competitive grants. Work with NIH to develop these topics if possible.
Reinvest profits from annual meeting into a balanced research program that extends beyond the current in-house/exclusive research committee and leadership
Related to responses above, I would prioritize research areas that are important to the ASRM mission and not fundable by government agencies. However, I would not restrict to only research that is not fundable by government agencies. Should fund the very best research that has the best potential to impact the reproductive health.
This is a low-hanging fruit for the society and consistent with its mission. I think getting ASRM members to promote and support research is challenging since most donating individuals seek tangible and immediate results from their donation and research may be more esoteric to non-academic constituents
This is the second pillar for asrm, advocacy being the first.
This is very important. Not sure the research in fellowships will survive the next 10 years with ACGME. We NEED ASRM to be a strong voice. Otherwise, our advances will grind to a halt. The US will fall behind other countries.
Thoughtful oversight. With limited resources must insure that awards go to projects with real potential to impact the field.
To words: Basic Science.

Appendix – Future Focus Survey Narrative Feedback

Picture yourself on December 31, 2024. Looking back at the previous five years, please identify one big accomplishment you believe ASRM should have made to support its vision and mission between now and then.

(Interesting question. I don't know if the survey is supposed to be anonymous, but it won't be after I submit this!) ASRM should have found a way to back Medicare for All, which would vastly expand the number of people obtaining treatment for infertility. Meanwhile, the continuing increases in income/wealth inequality mean the market for IVF is slowing or stagnant.
1) An extraordinary ASRM Research Institute supporting world leading research that transforms the future of reproductive medicine. 2) Advocacy that improves access to reproductive health care for all patients. America lags behind the rest of the world in this regard.
a new website for both clinicians and patients
A successful fund development program that supports the research insitute making it sustainable over time.
A sustainable endowment that supports research and the strategic mission of ASRM
Access for Sart data research
Access to care, insurance coverage
Access to reproductive care for all
Accessibility for more diverse group of members in the field of REI
Achieve better access for patients to treatment
Additional investment in R&D
Advocate to support access to women's health in US states
an america where all women and men have access to high quality reproductive health care. where our problem for the next 5 years is how to provide this care to this huge portion of the US population.
An integrated app that allows members to access their education and training without much effort
ASRM should have been bolder and more genuine with regards to supporting free and legal abortion. Infertility medicine is increasingly perceived as business and not a science or objective arm of patient care.
ASRM should have engaged the professional groups, most specifically NPG, and has greater nursing attendance than it did in the past.
assure surgery is better integrated into education for REI fellows
Be innovative and inclusive. Do not monetize one group of researchers
Be known as a premier research organization in Infertility, andrology, Reproductive Endocrinology and Embryology
be more active in the defense of the right to found families of persons with different family models
Being more inclusive of non-physician scientists.
Being successful at recruiting and retaining the next generation of professionals at an earlier stage, thus growing our customer base.
better cme methods
Bring gene editing to fruition
Bring more internationals to asrm
Bring reproductive surgery back
broade base viable annual m,eeting
Broaden its appeal to non-physician scientists and engagement with state and federal policymakers across party lines
Broadening insurance and fertility preservation coverage, and public awareness about reproductive aging and options. I realize raising public awareness can be difficult/controversial.
Changing it's name to reflect HEALTH (versus medicine) and be INCLUSIVE (equal value in all members)- we can be BIG is we think big.

Appendix – Future Focus Survey Narrative Feedback

Picture yourself on December 31, 2024. Looking back at the previous five years, please identify one big accomplishment you believe ASRM should have made to support its vision and mission between now and then. (continued)

Consensus building among providers and optimization of effective practice guidelines and bulletins
Content of meetings
continue initiatives such as ASRM research grants to support young investigators
Continuing education and member engagements
Cross membership of 15000
developing an effective philanthropy mechanism to fund reproductive research and mentor trainees
Diversity. Reaching out to employers
Doing everything possible to ensure that infertility treatment is available everyone who needs it regardless of race, religion, income, etc
Dramatically improved public opinion on topics relating to reproduction and fertility.
easy to navigate website with integrated patient education info, professional practice guidelines and vision statements with linked to affiliate organizations (SART, SREI etc)
emphasize reporting outcome mechanism so that useful research can be done to improve patient and birth outcomes
engage more members - no only physician based
Engaged with the younger members of the society in an effective way
Establish itself as one of the premier voices in societal dialogue around all topics reproductive medicine
Establish itself as the go to resource for patients and physicians in education advocacy research for both physicians health providers and patients
Establishment of a robust research institute that has a hundred million dollars in funding.
Expanding access to care to more than half of those who need it
Expanding membership opportunities through group memberships or other means.
Fertility insurance coverage available and mandatory in all states
Figuring out ways to make reproductive care more affordable to lower income persons.
Focus on research and prevention of women and men’s reproductive health. Work closely on advocacy of state and federal policies, laws, bills.
Full integration of non MDs and other diverse populations in the ASRM leadership.
Fund the Research Institute through philanthropic funding
funding research -- show that you are spending some of the huge amt of money in ASRM's coffers!
global leader, well established education and research insitution
Grooming next generation of leaders
Health care professionals, patients, government agencies, and other orrganizations regard ASRM is regarded as the go-to source for issues related to infertility and its treatment, nationally and internationally. We already reach many health care providers and researchers, but could perhaps better serve patients and provide more support for physicians in practice.
Health insurance reform for REs
Help to secure insurance coverage for infertility and reproductive care
Huge attendance at the annual meeting as the quality of research and the plethora professionals supported have improved
I had to go to the ASRM website to see the mission statement. I'd like to see ASRM have more of a public face for advocacy.
I would like ASRM to be better known to the general public. And it to be a well respected and highly regarded institution.
Identify and welcome new members and provide increased public education.

Appendix – Future Focus Survey Narrative Feedback

Picture yourself on December 31, 2024. Looking back at the previous five years, please identify one big accomplishment you believe ASRM should have made to support its vision and mission between now and then. (continued)

impacted critical federal legislation to preserve and expand reproductive services
Improve educational tools and access
Improve fund development to result in \$5 million increase in corpus annually. Use for advocacy, education and research.
Improve involvement of minorities such as gay and under represented ethnic minorities in asrm and resolve
Improving access to fertility care through advocacy/policy change
Increase access to reproductive medicine treatments
Increase state insurance mandates to include IVF coverage
increased coverage and access
Increased educational offerings to patients and their doctors
Increased grant funding for reproductive research that cannot be funded by the government and distribution of projects in a fair and equitable way.
Insurance coverage for all infertility patients
Insurance mandates for IVF coverage
Integrating and making of qual importance the MHP, LPG, ARM, NPG, etc. The "Medical" part of ASRM is only one piece and the doctors cannot to this without the other professionals and the current message from ASRM to those professionals is that we are chopped liver and not necessary.
Invest in ASRM membership outside North America
It should have improved its social media engagement.
It should have promoted the identification and characterization of an acceptable, objective, research supported, timepoint after which a growing embryo may be considered an entity and not just tissue, thereby providing a foundation for both supporting and contradicting the various political attempts to characterize "personhood" through the exercise of scientific methodology.
Listen to all your members. Be even more creative in how they are brought together and unified under societal events and endeavors
Make a public stance that reproductive health includes preventing and ending pregnancy
mandated infertility insurance coverage nationally
more access to infertility care
More input from PGs and non MD/REs
More involvement by Reproductive Urologists in conjunction with Reproductive Endocrinologists; More involvement by the LPG (Legal Professional Group) within the Society.
More medical professionals throughout the world are actively participating to ASRM programs, courses and publications.
more sessions on Complementary and Integrative medicine
new topic discussion and aboard membership
organizational growth in membership and finance
Overhaul meeting. It is so large with so many sessions, it is no longer enjoyable and often not useful.
Position itself as the premier reproductive endocrinology and infertility organization worldwide
prevent government regulation
Probably in 2024 I will be retired from the ART world

Appendix – Future Focus Survey Narrative Feedback

Picture yourself on December 31, 2024. Looking back at the previous five years, please identify one big accomplishment you believe ASRM should have made to support its vision and mission between now and then. (continued)

Protection and support of access to reproductive medicine for all people.
Provide more education and learning opportunities for nurses to develop their professional careers.
Provide more educational videos or podcasts for providers (to cover areas such as: best 3 articles in F and S per month; Top 10 articles per year, Topic summaries, Controversies)
Publicly established itself as a voice of science in the fight against legislation that restricts reproductive rights
Raise \$50M for the Research Institute (ultimate goal: \$150-200M)
Research success led by ASRM funding initiatives.
Restructure the Annual Meeting
see a migration of content for patients and providers from a website to social media.
Significantly greater improvement in access to care for infertility treatment so that people wishing to complete their families can do so without regard to financial constraints
Sponsoring research that has led to one or more "breakthroughs" in reproductive medicine
Successfully change the image of ASRM from Americans who want to make money to a collegial, ethical organization that has strong international ties and a broader focus than just infertility.
Successfully implemented insurance coverage mandates in most of US states.
Support advocacy for reproductive health care
Support the Professional Groups and their involvement. Every year this is minimized.
Supported more research
sustain a pipeline of serious and innovative scientists in the area of reproductive medicine
The flagship Fertility and Sterility journal is the number one cited/resource journal for gynecology because of its excellent quality
The one big accomplishment would be to make it the first "name" which should show up for anything related to Women's Reproductive Medicine. This could be achieved by focusing on all area of Reproductive Medicine making treatment of Infertility / Assisted Reproduction easily available and affordable to all and by reaching out globally and being the "Big Brother"
The president will be non-Norther American!
The recognized world wide leader and knowledge resource for patients and practitioners.
This is a tough question as it suggests we should look forward and anticipate ASRM has missed a major opportunity in strategic planning. I would hope by 2024 we have gained some traction in treatment costs and found a way to do the tough work of reducing medication costs (no small feat I know) but Im not incredibly optimistic about this goal.
To be discussed in later business meetings
To own reproductive surgery
Transparency and freedom from big money
unifying message and membership
Universal fertility coverage, expand impactful translational research in IVF, delivery of more consistent evidence based practice across the US
Universal infertility coverage
universal insurance coverage for reproductive care, registry on wellness of ART offspring
we should have been more inclusive and emphasized the patient and indications for procedures and technologies, not the procedures and technologies themselves.
Web site function searchability
With ASRM involvement, there will be a breakthrough in treating female/male infertility.
working for nobel prize

Appendix – Future Focus Survey Narrative Feedback

What additional input do you have that you perceive should impact development of ASRM's strategic plan?

1. Seek to involve ASRM wider membership in ASRM affairs, 2. Promote research in reproductive medicine outside North America, 3. Consider courses and certification in reproductive medicine for developing countries
A focus on the male factor component as critical for the evaluation research education and advocacy efforts
Aim to be the world's international reproductive organisation
Appeal to a younger and more diverse base
As the global health and access initiative evolves, please recognize that this includes not just ART but also reproductive surgery, nursing development, business development, etc
Better support and interaction with affiliated societies and interest groups.
big donors help
developing a means of obtaining long term outcomes from ART
Differentiation and feedback surveys
Encourage retention of academic physicians
Engage male fertility specialists - both urologists and reproductive biologists
engage young talent for media, web design and social engagement
Enhance the involvement of young practitioners, researchers, realted professionals and trainees entering the field.
Focus less on big pharma and more on science.
Foster more communication between physician and non-physicians for integrative patient treatment care
Going global. And filling all gaps that permitted the birth of mini societies
Have a nurse be president of ASRM
Hire aggressive digital marketing group and aggressively spend on digital marketing to. Chi eve all the objectives such as increasing membership , becoming more international by reaching out through digital , giving full text access of fertility sterility to non members within 1 year of publication Of more Csr for the needy
I think it is important to survey those actively involved in ASRM and those who are not involved to understand why they are not involved and how ASRM can meet their needs
identify ways for ASRM to give back to infertile couples and facilitate their access to treatment
increase diversity in ASRM leadership and endorse a diversity-friendly annual ASRM meeting
Increased global influence.
Input from smaller academic centers should be prioritized as financial pressures on these are enormous.
Interaction with ESHRE for shared guidelines in ART
invest in research and not just for early career scientists
Involvement of the entire breadth of the membership in the process.
It definitely took me more than ten minutes to do this survey. :-)
Key to focus on engagement and education through social media, strengthening advocacy at federal and state level and supporting research endeavors
Legislation and insurance coverage should be strategic focus
Maintaining an excellent staff in Birmingham is another key to the success of this organization. Perhaps it doesn't fit into a strategic plan, but it cannot be forgotten. They provide the life jackets that keep many in the sea of volunteers afloat and perform more rescue operations than any of us could imagine.
Make treatments more affordable and support new "adds on" only AFTER being proven (in RCT) as effective.

Appendix – Future Focus Survey Narrative Feedback

What additional input do you have that you perceive should impact development of ASRM’s strategic plan? (continued)

Members will appreciate ongoing and perhaps increasing support for clinically relevant endeavors, such as the patient predictor model, SART CORS query engine, the Practice Committee to allow it to stay on top of so much information, patient education, clinically relevant research, and other endeavors which serve patients and practices.
MONEY. MOneyMONEY-EH
More involvement from Complex Family Planning subspecialists
Need ensure a vision and brand
None. However, after seeing the long list that I was queried about, maybe ASRM should be more focused in its planning, and not try to do everything.
Obtain as much input as possible from the membership at large, with particular emphasis on those who are new to their practices.
Our field is changing rapidly. Moving away from academic medicine to private groups and large networks; increasing social media and societal interest in fertility; focus on only the "I" in REI (I find this problematic); ongoing legislation trying to limit reproductive choice - all these require a nimble organization that is savvy to the times and projects a relatable but authoritative voice aimed at physicians, non-physician providers + scientists, AND the general population.
Our international membership and support is weakening, needs more focus
Rapid finalization of the strategic plan so implementation can get underway
Research is so important but so is patient education and counseling. Nurses are such an important part of a patient's experience; yet there appears to be a constant decrease in nurse attendance to the Scientific Congress because there are a lack of programs that appeal to nurses. Hopefully that will change in the future.
Same as above
Same as above
Simplify mission statement and follow through on the goals.
Some of the staff at the ASRM office are ineffective and dysfunctional to PIG/SIG and overall organization.
Support for translational research throughout the world
Support training for the next generation of providers and researchers
The ability to increase commercial funding to support ASRM without leading to bias.
The current political climate throughout the world are likely to have a significant impact on reproductive health and reproductive rights. As it is beyond the power of ASRM to govern these through partisan efforts it is critical to use the diversity of our membership to shape our future in such a manner that is thrives without regard for the political leanings at any particular moment while still promoting ethical standards that further its objectives.
the desired outcomes should inform how much money is needed and then strategies to increase revenue should be determined. likely multi-modal
The training of Reproductive Medicine specialists is an old model that is already inadequate to meet current needs. How can we address the tremendous resources required to support fellowship training programs in an environment that is driven by economic forces that favor very short term commercial interests? Training fellows will require a national village since the resources for providing the academic support and funding seem to be diminishing every day as more and more of us become contracted to and owned by for profit entities that
the user-friendliness of our operations and the work flows within the society need to be optimized to be more intuitive to both users and the providers in the society

Appendix – Future Focus Survey Narrative Feedback

What additional input do you have that you perceive should impact development of ASRM's strategic plan? (continued)

This can be seen in how little of the programming we are given. Share the programming equally. Collaborate with the PIGs and SIGs.
To become a more well-rounded society (bringing in folks from a multitude of specialties) by having Female Fertility, Male Fertility, and the Legal Group work together in solving ongoing issues within the Fertility field.
We can't do any of these things without good staff. Staff support is critical. Providing resources, training, moral support, and opportunities for advancement should be something that's addressed in the plan.
Work with the government to make meaningful changes in health care insurance reform
Would just add that I have been on committees continuously for about fifteen years, am in the middle of my career and despite being proud of our society I have never felt less involved or engaged with ASRM leadership