



**IHPBA**

INTERNATIONAL HEPATO PANCREATO BILIARY ASSOCIATION  
2010 Strategic Planning Session Summary  
Buenos Aires, Argentina  
DRAFT

# SUMMARY

## IHPBA

### Vision

The IHPBA will be the premiere international organization devoted to relief of worldwide human suffering caused by hepato-pancreato-biliary (HPB) disorders by improving education, training, innovation and patient care.

### Mission

The mission of the IHPBA is to improve evidence-based care and optimize the outcomes of patients with HPB disorders throughout the world by:

- Disseminating research findings and best treatment practices
- Advancing HPB specific training
- Fostering research and innovation
- Encouraging multidisciplinary collaboration

## *OVERVIEW DISCUSSION*

Wright Pinson began the meeting by stating that many of the goals set five years ago in our previous strategic planning in 2005, have in fact been met, such as the improvement of the Journal and the basic organizational efficiency.

Some of the previous goals such as clinical trial standards and support for the Warren Foundation have not fully materialized.

Some potential goals are expansion of the Education & Training Committee and expansion of the website in regard to education.

Scott Helton commented that he felt the mission and vision are fine, but executing the principles are problematic, such as Principle 2 (The IHPBA encourages the recruitment, mentorship, training and career development of individuals interested in hepato-pancreato-biliary disorders).

There is a need to create the value for members to retain them, such as the ones that simply join every 2 years for discount for registration.

Sean Mulvihill asked if there were really potential groups out there of doctors who might join.

Wright pointed out the positive aspect of the joint membership, but there needs to be more benefits and more resources, such as patient care information.

Scott said that he also felt that encouraging the national chapters to be organized better would assist in their support of the international group. Nick Vauthey said that he felt the off-Congress years were down time and needed to be filled in greater at the regional meetings.

Henry Pitt mentioned that there used to be a plan to have the IHPBA lecture at these regional meetings, but that can cost some money.

Quality and safety starts with education and training.

Look at the structure of the Regional associations in conjunction with the International organization. There appears to be some “Awkwardness” of the 3 tier structure.

The need for the Regional Associations varies around the world.

Some issues are the User (customer) needs and related costs.

Reid Adams said that it really boils down to finances as to whether members can participate on these different levels and also to attend the meeting – there has

to be a really significant value to the local surgeon in order to make membership on these different levels affordable.

Chuck Vollmer added that the membership focus question is whether it should be on academic surgeons or the general surgeons.

Possible support might be from philanthropic foundations.

Mention was made of Gazi Zibari's work in Iraq and the fact that projects like that can be good PR for the organizations.

Wright moved on to updating goals:

Chuck suggested writing one International Clinical Trial.

Henry suggested a quality and safety goal; added that in the US that some things can be covered that the ACS missed with clinical trials here that the IHPBA could fill in.

Wright asked Pierre his opinion as EHPBA President on any subject discussed and he said that the communication was the most important part.

Accountability issue follows throughout everything we've discussed and more regular communication needs to occur, especially via teleconference.

The website is being rebuilt to accommodate improved communications for committees.

There was also discussion regarding creating an addition of education component to website – James Garden is working on a proposal for this. It would be a great value-added proposition to the members.

Mark Callery spoke to the point of increasing this about publication in the journals and with the acceptance rate allowing for 12 issues. Also, the web-based educational vehicle Could be a huge benefit to members.

## ***STRUCTURE DISCUSSION***

How can we help regional associations get their strengths in management? How can we keep the energy up on the committees?

Mention was made of the committee management portion of the website – improved communications platform; also use the alert notification when something new is posted up.

Tool for tracking (mgmt. to do)

Role of the counselor at large

Review bylaws for chair roles

Can we group the large membership committee under the Region - the councilor in that region can mentor those members of the membership committee in that Region.

Retention is the largest problem.

Adding Value to the membership:

- 1) they would like more education;
- 2) Need Guidelines
- 3) Need website to ask questions

Need more interaction to the website and more posting of local and regional meetings.

Lack of alignment between the regional associations and the IHPBA = this includes the committee structure – much redundancy and overlapping. We need to look at the committee structure of all regional associations.

We should look at the way the officers and chairs are cross-appointed and also the length of terms and how they work together.

This has to do with continuity and institutional memory as well; mgmt company should also be part of this institutional memory.

Mention of the blog would work well for the Asian group for communications – i.e., face to face works well, but teleconferences are difficult for them because of the language barrier. Therefore the blog or listserve

type of communication would work well for them.

Membership of affiliates What is the value...it has to be well encapsulated to ensure that an association is not controlled and actions dictated by Industry. As a professional society we need to address value support, and identify what research and value a specific company adds to the association.

## ***MEMBERSHIP DISCUSSION***

It was stated that we need to identify the VALUE of the IHPBA to RETAIN our members. This is in relation to the question about why the membership spikes every 2 years and then falls quite dramatically. The answer is that it usually increases by around 400 members in the years during a World Congress when local surgeons join in order to get the meeting registration discount, but then after the meeting, allow their membership to lapse.

We need to somehow create VALUE within the organization to retain these surgeons and thus continue to grow the membership.

Many surgeons cannot afford to be members of all the organizations—How can we get to be the ONE organization that all can belong to? Again what UNIQUE value is offered by the IHPBA?

### **1. CREATING VALUE**

- Dues Structure
- Patient care resources—EBM- Clinical trials.
- Supporting NEW National Chapters--- Help them get started.
- Must create a BETTER FLOW— Avoid a two-year downtime.
- Need to increase regional activity and IHPBA support; perhaps send IHPBA speakers to the areas that need increased membership.

Who is the IHPBA's CUSTOMER? Public? Industry?

IHPBA Structure:

There is an awkwardness to the three tiered Structure of:

- National
- Regional
- International

There is a need for the Regional Associations to be variable around the world.

Issues:

- Users (customers) needs?
- Cost
- What are the ROLES of the Association's different tiers?
- What is the UNIQUE FUNCTION of the IHPBA within the association's tiers?
- There is a BIG QUESTION of MONEY.... Most members cannot participate because of the cost of attending the IHPBA's meetings.

South America:

One South American surgeon explained how he feels that getting together by working with the surgeons in the South American Countries; training etc. them would CREATE GOODWILL within the countries as they work in conjunction with the residents / trainees / members.

The IHPBA members should go on more mission trips to SPREAD AWARENESS of the IHPBA. This would create word of mouth and a reputation of goodwill for the IHPBA and thereby increase its membership. He recommended organizing these type of efforts throughout the IHPBA target countries. He expects it would INCREASE IHPBA VISIBILITY, MEMBERSHIP & GOODWILL.

## Specific Goals & Objectives:

International Clinical Trials were suggested, but it is a question of infrastructure; there is none at this time.

How to create infrastructure? Perhaps in collaboration with Industry, because of cost, quality and safety goals.

### *Notes from the AHPBA MEMBERSHIP COMMITTEE Meeting which was incorporated as part of this session*

AHPBA's current numbers show an INCREASE of 72 members, giving them 122 new members for the year. Therefore they have matched last year's increase of 125 new members. One-third of this year's new members are Candidate members.

Tim Pawlik is the new Chair, taking over from Chuck Vollmer.

- A New Membership Philosophy
- Target new Members with personal letters, containing a synopsis of the AHPBA's VALUE to them;
- At the Executive Level, have some fewer requirements and check the interest VS the merit. Have an Acceptance of the IHPBA.

In reference to Dr. Callary's Presidential goal of "GOING GLOBAL," the committee has developed several Global Initiatives:

- Have ALL of the AHPBA's initiatives consider a Global Methodology;
- Create an infrastructure that facilitates a "Native Tongue" Philosophy;
- Add Value to AHPBA's membership without a fee increase;
- Initiate a NEW COMMITTEE INFRASTRUCTURE with fewer North American Members and more South American members;
- Need to Identify delegates from countries with the most interest in the AHPBA;
- Create some National Delegates to actively recruit and scout new members as advocates of the AHPBA.

## SPECIALTY RECRUITING:

### START AN E LETTER WRITING CAMPAIGN:

- Short
- Personal
- Focused on the Relevance of AHPBA to them
- Promote members recruiting members
- Pursue post Congress registrants
- Create new member flyers

### BREEDING GROUNDS FOR NEW MEMBERS:

- Fellowships 30 % now
- Approved HPB 9AHPBA)
- Surgical Oncology (SS)
- MIS/UGI (Fellowship Council)
- Transplant (ASTS) 150 go to meeting in November

### GENERAL SURGERY RESIDENCES:

- Program Directors
- Has worked well in the past –easy to operate

### PARTNERSHIP WITH THE IHPBA:

- Combined dues.
- Create efficiencies -reigned in HPB duplication.
- Portray a stronger partnership—membership by association.

### USING CANADA AS A MODEL:

- Manageable: Canada is 10% the size of the Americas yet is WELL ESTABLISHED.
- Use Sean Cleary as an example.
- He ID'd unaffiliated HPB Surgeons.
- Targeted fellowships and GS directors
- The Canadian HPB Club has annual meetings and scientific programs.

### Other champions of the AHPBA:

- Carlos of Mexico
- Nestor of Ecuador
- Paulo of Brazil

### Native Tongue Outreach:

Need to check out a FULL WEB PAGE of Google translate

## NEW ARENAS OF MEMBERSHIP:

- An Affiliate (Allied Health) category.
- Consider a Corporate/ Industry category.
- Yet there is a development committee problem. We need to get the industry into the AHPBA, which may take a liaison within Industry.

## RESULTS: 2008-2010

- Increase new Members is 297
- A 38% increase of new members in two years.
- 205 Active
- 92 Candidates
- 54 non-North Americans
- 56 from combined IHPBA these were driven by meetings recruitment.
- Therefore the total now is: 86 out of 786 are NON North American.

## NEW HORIZONS:

- These 86 non North American members are but a tip of the iceberg.
- There is potential for hundreds of new members from South America.
- There is a need for integration of the national chapter.

ONCE AGAIN.... COST-- May be too expensive to be a member of all groups.

## FOR SOUTH AMERICA:

What is the cost?

What is the cost solution? ---- JOINT MEMBERSHIP???

There is a NEED to RECRUIT YOUNG NEW MEMBERS As a joint member.

## The JOURNAL:

- A PRIMARY VALUE of membership.
- AHPBA has some of the LOWEST MEMBERSHIP FEES of all medical associations.

Would like to choose not to increase membership fees, yet in the next few years these fees will grow. The Journal is the most costly part of the AHPBA.

## AHPBA CANDIDATE MEMBERSHIP:

- This is the SEED of membership.
- How to keep it a COST NEUTRAL/ Loss Leader item.
- Can Candidate Membership Be A DUAL MEMBERSHIP?
- Question of the IHPBA's decision on Duality in Membership for candidates.
- Does IHPBA want to make money from Candidate Membership?
- Should Candidate membership charge ONLY FOR THE JOURNAL?

## QUESTION—

- What does each association offer?
- \_ Do they DUPLICATE VALUE?
- How could they change to be more efficient and effective to membership.
- How should the compliment each other and promote membership in each.

## SOUTH AMERICANS AS AHPBA MEMBERS TO RECRUIT:

- Who does not have the money to attend the meetings?
- How to keep them interested as members if they cannot afford to attend the meetings?

## BLOGS--- CHAT ROOMS--- In this way we could GO TO THEM

Other way:

Go to their country; Perform surgery in the morning, discuss with the country's residents the work done and then get them to respect the GOODWILL offered and then become members.

--Perhaps a CHANGE from them coming to us and learning from us, to us going to them and then they learn from us. Thus becoming influenced and encouraging membership in the AHPBA.

Problem of COST:--- Costs an average of \$12,000.00 per surgeon to travel and perform surgery.

Does this represent a PRIORITY to the leadership of the AHPBA?

--If so does it get funding?

THEREFORE: HOW DO WE BRING ALL THE DIFFERENT ASSOCIATIONS TOGETHER TO ATTRACT 100% OF THE POSSIBLE MEMBERS THAT WE ARE NOT TAPPING INTO.

One strategy that combines ALL ASSOCIATIONS:

- Regional
- AHPBA
- IHPBA

How can we bring to the regional chapter an infrastructure that captures that of the National and international associations as the Canadian Club and the IHPBA do?

-- Does each level of association have an IDENTIFIABLE VALUE SEPARATE from the OTHERS?

COMPUTER/ INTERNET MARKETING:

ADOBE platform would be FREE because of educational nature.

This can increase the exposure of the AHPBA 600 plus attending a webinar  
These folks can support the AHPBA by offering monies for membership and travel expenses for meeting attendance.

THEREFORE: Perhaps we should consider the use of a dual approach to increasing membership:

- Increase the Internet exposure
- Redouble Regional efforts at recruiting members.

OR... Have the AHPBA meetings taped and then charge to see it virtually a month or so later, highlighting the important points of interest. Items may be added later for broadcast beyond the actual meetings.

--Have Industry sponsor the video capture as an educational outreach, then get the sponsors to distribute the videos/CD's for free.

QUESTION: restrictions of the Video Capture..

- Is it for residents only?
- A need to identify the regions to be distributed the video capture/CD's

will go to; therefore the sponsors could target their largest markets and gain their own exposure to them.

“Industry Council”

Provide access to members  
Set up trials  
Caveat – isolation

In relation to regional meetings, there should be reciprocal discounts for registration.

Chuck suggests one fee to cover all membership fees; perhaps mirroring the international fee structure on the chapter level.

Do we need additional committees – like Development or Communications?

What should the role of the Research Committee be?

STS website – Reid cited as an example of functionality and corporate support.

We will write up the strategic planning notes. And post to the website.



## Verbatim Notes from Planning Sheets

### *FIRST SESSION*

#### Sheet 1

---

Mission and Vision

OK

Quality and Safety wordsmithing

Mission work –“giving back”

Link to oncology organizations

Principles

Execution issue – re: membership flat

Recruitment OK

Retention problem

Need to make value clear

Accountability re: goals

Action items to minutes on website page

#### Sheet 2

---

Creating Value

Dues Structure

Patient Care resources – EBM

Clinical Trials

Supporting new national chapters to get started

Better Follow Up – avoid 2 year “downtimes”

More regional activity and IHPBA Support

Send IHPBA speakers

Who is the customer?

• Public • Patients • Industry

Virtual Congress

#### Sheet 3

---

Structure

Awkwardness of 3 tier structure

Need for Regional Association strengthening  
-variable around the world

Issues:

User (customer) needs

Cost and affordability

Role of different tiers?

Much better communication

Website – post minutes

Each Committee to have a page

#### Sheet 4

---

Goals

Run a clinical trial – pick a hot issue

Cost – support – industry

Set up infrastructure to do so

NSQUP or expand European base or Cancer Ontario

Quality and Safety



Education webpage to be expanded

HPB Journal adding papers and additional unpublished material

Video – Cases

International Trainee Blog

## *SECOND SESSION*

### Sheet 1

---

Committees- Structure

Scientific/Program

Education & Training

Publications – separate Chair

Research

Warren Fellowship

Membership

Nominating

Development

-ongoing; worldwide; payout; alignment

? Communications

Web mgmt. committee

### Sheet 2

---

Board of Directors

12 members

3 students

3 counselors

6 board – 9 year terms

### Sheet 3

---

Committees Function

Meeting schedules to follow – up

Listing members and contacts

Communications Platform

- Mgmt to do
- IT strength
- Find advisor
- List serves
- Emails with links
- VSTS website
- Corporate Support

Tool for Tracking

- Mgmt to do
- IT Strength

Role of Counselor At Large

- Support membership committees in their Region

Review Bylaws for Chair Roles

### Sheet 4

---

Regional Associations and National Chapters – Issues

- Regular Communication/Coordination
- Language
- Economics
- Management Support
- Develop Alignment
- IHPBA committee members from regional committees

## Sheet 5

---

### Value

- Education
- Guidelines – EBM
- Website to ask questions
- Much more active website
- Reduced registration for all members at all meetings – reciprocal
- Variable membership fee

## Sheet 6

---

### Membership Affiliates

“Industry Council”

Provide access to members

Set up trials

Advise on trials

Caveat – Isolation

Formal Guidelines

NCC template/EBM Guidelines

Individual Memberships – Limited

Separate sheet

---

No more committees

Communication – web manager – google docs – Skype

Value-added schemes for recruiting new members

Councillors to mentor

