



International Society for  
Maxillofacial Rehabilitation

# STRATEGIC PLAN

INTERNATIONAL SOCIETY FOR  
MAXILLOFACIAL REHABILITATION

2010-2014

March 2010

## BACKGROUND

### **International Society for Maxillofacial Rehabilitation (ISMR):**

#### *HISTORICAL CONTEXT*

In the late 1980s, it was realized that maxillofacial rehabilitation needed to have an international body to represent its interests. In April of 1994, Dr John Beumer hosted an international conference on maxillofacial prosthetics in Palm Springs, California, United States. Following this conference, under leadership from Dr John Beumer (School of Dentistry, University of California at Los Angeles, California), Dr Salvatore Esposito (Department of Dentistry, Cleveland Clinic Foundation, Cleveland, Ohio) and Dr Ian Zlotolow (Dental Service, Department of Surgery, Memorial Sloan-Kettering Cancer Center, New York, New York), the International Congress of Maxillofacial Prosthetics was established and incorporated in California in October 1996. Support for this activity was also received from the Albert & Elaine Borchard Foundation, Woodland Hills, California. As the organization developed, it was understood that professional groups other than prosthodontists contributing to head and neck related care wished to participate in the organization. In recognizing this and the need to create an international organization that brought a diversity of professional groups together, the organization was renamed the International Society for Maxillofacial Rehabilitation (ISMR) on January 7<sup>th</sup>, 2002 to create an international organization that brought a diversity of professional groups together.

The ISMR's focus is on advancing maxillofacial reconstruction and rehabilitation, and more broadly, on head and neck care, teaching and research. The ISMR is dedicated to improving the quality of life of individuals needing care by supporting professionals involved in care, teaching and research and raising awareness of maxillofacial reconstruction and rehabilitation. The ISMR Membership is drawn from the international clinical and research community. The ISMR is an inclusive organization that places particular value on mutual respect of diverse disciplines in delivering excellence in care and research.

# ISMR STRATEGIC PLANNING

## Objectives

The ISMR is undergoing a critical transition in its evolution. The original founders are retiring and are supporting the development of a new strategy that will set the vision and longer-term strategic priorities for the next four years and beyond. The primary purposes of the strategic planning process were to:

- Facilitate a more active, engaged board by establishing a formal process that highlights good governance, proactive planning and a clear accountability framework;
- Identify major developments and trends likely to impact the operating environment;
- Engage the Board in discussions to define a vision or “preferred future” for the ISMR;
- Establish our mission, vision and values;
- Reach agreement on the most important strategic priorities;
- Define what results we wanted to achieve relative to each priority;
- Reach agreement on key strategic initiatives designed to advance the agenda in each priority area;
- Establish timelines that were appropriately aligned with resource requirements and organizational capacity to deliver the plan;
- Establish accountabilities and timelines for strategy implementation; and
- Establish the basis for an ongoing planning process that includes regular review and provision for annual update/renewal of the plan.

## Framework

The ISMR is accountable to the members for five core functions, namely: providing educational programs; enhancing public awareness of maxillofacial rehabilitation; facilitating best practices in interdisciplinary care; facilitating research in maxillofacial rehabilitation; and services to members. Focusing on these core functions, assessment of strengths/weakness/opportunities/threats and assessment of trends affecting the ISMR (Appendix 1), strategic priorities/ major goals were identified. For each of these strategic priorities, key result statements were developed that define **what** the organization is to achieve; and finally, strategies were developed that define **how** the organization will focus its energy and resources to achieve the desired outcomes.

*The ISMR will constitute a new Board of Directors in May 2010. It will be critical to achieve the approval and engagement of the new Board for this Strategic Plan. Additionally, an assessment of the resources required to implement the strategies should be completed by Management and reviewed with the Board. During this process, strategies or the timing of their implementation may be adjusted to reflect economic realities. The finalized Strategic Plan, which includes the recommended budget, should be presented to the new Board after it is established in May 2010 for review and approval.*

## ISMR VISION AND MISSION

### Vision 2014

The ISMR is the preeminent interdisciplinary international organization in maxillofacial rehabilitation with:

- Enhanced public and professional awareness of interdisciplinary maxillofacial rehabilitation
- Active, growing membership with balanced representation from multiple professional disciplines
- Sustainable educational, outreach and research programs that are recognized as the best in the field
- Well established regional groups

### Mission

**ISMR ADVANCES INTERDISCIPLINARY MAXILLOFACIAL REHABILITATION THROUGHOUT THE WORLD.**

*“EDUCATION, PATIENT CARE, OUTREACH AND RESEARCH”*

## VALUES

The ISMR uses the following values and principles to guide its operations.

- Focus on delivering value and service to patients and members
- Commitment to outward looking, interdisciplinary, future oriented and innovative patient care, research, education and outreach
- Respect for cultural, gender and professional diversity
- Commitment to quality governance that is open, transparent and interdisciplinary

## STRATEGIC PRIORITIES

**Priority 1:** Redefine the ISMR brand to enhance awareness of ISMR

**Priority 2:** Ensure sustainability of the ISMR: secure financial and operational resources

**Priority 3:** Establish international regional groups that deliver on the mission of ISMR

**Priority 4:** Develop programs and services of value to members, patients, institutional stakeholders and industry partners

**Priority 5:** Grow ISMR’s interdisciplinary and international membership

**Priority 6:** Develop and maintain effective governance structure and processes

## STRATEGIC PRIORITY 1

### REDEFINE THE ISMR BRAND TO ENHANCE AWARENESS OF ISMR

#### Key Results

- By the end of 2012, there will be increased awareness of ISMR, maxillofacial rehabilitation, ISMR's members and their achievements by: patients, public and other disciplines as evidenced by increased membership, donor revenue, media coverage

#### Strategies

- Implement an effective brand redevelopment and communications strategy

#### Action Plan

Action	Responsibility	Timeline
<b>Redefine brand</b> – new logo and website home page completed	RES, Wolfaardt	May 1, 2010
Send pre and post-conference e-letter (focus on changes in ISMR and new strategic plan)	Reisberg, Davis, Reintsema, Wolfaardt, RES	May 1, 2010 July 1, 2010
Establish Communications Committee	Board (include Board Executive liaison)	May 22, 2010
Complete and Implement Communications Plan	Committee	October 31, 2010
<b>Redevelop Website</b> – more interactive, patient friendly	Committee	Dec 31, 2010
<b>Publish newsletter</b> : Review articles, Member activity, Outreach activity	Committee	March 1, 2011

## STRATEGIC PRIORITY 2

### ENSURE SUSTAINABILITY OF THE ISMR: SECURE FINANCIAL AND OPERATIONAL RESOURCES

#### Key Results

- Increase membership revenue by at least \$60K/year
- Have dedicated management and fundraising resources in place by 2014
- Increase donor revenue to minimum of 25% of total revenues by 2014
- Establish 2.5x operating budget reserve (Dec 31, 2012)

#### Strategies

- Develop and implement fund development plan
- Put dedicated management support in place

#### Action Plan

Action	Responsibility	Timeline
Develop ED Job Description	Sharma, RES, Wolfaardt	May 1, 2010
Establish Fund Development Committee	Board (to include Board Liaison: Beumer)	May 22, 2010
Identify/Secure financial resources- Goal -\$30,000 to support Half time ED	Beumer with Committee	August 2010
Develop and Implement Fund Development Plan (Focus on dedicated donor strategy and dedicated fundraising support)	Committee	1 month before 2011 Interim Board Meeting

## STRATEGIC PRIORITY 3

### ESTABLISH INTERNATIONAL REGIONAL GROUPS THAT DELIVER ON THE MISSION OF ISMR

#### Key Results

- Regional program structure, operating and financial arrangements will be developed by Jan 31, 2011
- At least 5 regional groups operational by 2014, bringing 75 new individual members to the ISMR
- At least one ISMR program delivered by a regional group by 2014

#### Strategies

- Define and implement ISMR/Regional Program relationships and structures
- Establish regional groups Italy and Netherlands, China, Korea, Thailand
- Solicit proposals for 2014 ISMR meeting

#### Action Plan

Action	Responsibility	Timeline
Prepare TOR and expectations for potential conference Hosts	Beumer, Esposito, RES	March 31, 2010
Request proposals for ISMR 2014 from: <ul style="list-style-type: none"> <li>▪ China</li> <li>▪ India</li> <li>▪ Australia</li> <li>▪ Singapore</li> </ul>	Beumer Sharma Chambers, RES Beumer, Reintsema	September 2010
Define and implement ISMR/Regional Program relationships and structures	Reintsema (lead), Sharma, Gassino	December 2010
Establish Regional Groups <ul style="list-style-type: none"> <li>▪ China</li> <li>▪ Italy, Netherlands</li> <li>▪ Korea</li> <li>▪ Southeast Asia</li> </ul>	Beumer Gassino, Reintsema Chambers Nock	2011 2011 2013 2014
Regional Groups recruit members to ISMR (75)	Reintsema, Sharma, Gassino	August 2014
China to implement didactic outreach program	Beumer	December 2014

## STRATEGIC PRIORITY 4

### DEVELOP PROGRAMS AND SERVICES OF VALUE TO MEMBERS, PATIENTS, INSTITUTIONAL STAKEHOLDERS AND INDUSTRY PARTNERS

#### Key Results

- Increased member enrolment and satisfaction
- Sustainable and effective membership programs in place – outreach (3 programs delivered); education (9 on-line programs by 2014); research (dedicated journal by Dec 2010)

#### Strategies

- Program Committee to review international outreach and educational programs and to develop ISRM program plan

#### Action Plan

Action	Responsibility	Timeline
Establish Program Committee	Board; Board Liaison TBD	May 2010
Review international outreach and educational programs and develop ISRM program plan. Ideas: <ul style="list-style-type: none"> <li>▪ Ask-the-Experts service – MFP clinical educational and business</li> <li>▪ Web-based Informational resources for patients and industry partners</li> <li>▪ Online Educational Power-points (3 per year)</li> <li>▪ Outreach Programs</li> <li>▪ Didactic: South America/China</li> <li>▪ Clinical Outreach: 1, with partner by 2014</li> </ul>	Committee  Beumer, Chambers, Esposito, Rieger Gassino Beumer Reintsema	One month before Interim Board Meeting 2011 Dec 2010 (First 3) Dec 2014 Dec 2014
ISMR Visitor Program (ISMR advertises and facilitates; poss. fellowship – through donor funds)	Program Committee	By Interim Board Meeting
Secure Dedicated Journal for ISMR	Wolfaardt	Dec 2010

## STRATEGIC PRIORITY 5

### GROW ISMR’S INTERDISCIPLINARY AND INTERNATIONAL MEMBERSHIP

#### Key Results

- 400 Members by 2014 with balanced representation from MFP, basic science, management, surgeons, allied rehab professionals.
- At least 50% of new members from developing countries

#### Strategies

- Engage the membership at large in recruitment
- Target other professional groups to attract members: dysphagia society, HN surgery, radiation oncology, behavior medicine
- Implement a facilitative membership structure: new membership fee structure to be responsive membership from other countries; allied professionals

#### Action Plan

Action	Responsibility	Timeline
<b>Membership recruitment program</b> – Board members recruit 2 new members <ul style="list-style-type: none"> <li>▪ Advertise in pre-conference e-letter</li> <li>▪ Ensure referrals can be tracked on membership form</li> </ul>	Board  JBeumer, Chambers, Esposito, Rieger  RES	May 2010
Establish Membership Committee	Board; Board Executive Liaison TBD	May 2010
Develop Membership Plan	Membership (lead) and International Relations Committees	December 2010
Develop facilitative fee structure	ED, Membership Committee	December 2010

## STRATEGIC PRIORITY 6

### DEVELOP AND MAINTAIN EFFECTIVE GOVERNANCE STRUCTURE AND PROCESSES

#### Key Results

- Board has balanced professional discipline representation (2010)
- Professional relationship with RES maintained
- New Incorporation Documents filed (June 2010); Constituent documents in place (June 2011)
- Effective Board Orientation practices in place
- Effective and active Committees in place, with clear accountability and reporting mechanisms
- Governance best practices in place – transparency, communications

#### Strategies

- Establish balanced Board membership (geographic/disciplinary)
- Board Committee structure established and implemented (Nominating, Audit and Finance, Governance) with TOR and on-line reporting mechanism in place
- Implement Board Orientation Program

#### Action Plan

Action	Responsibility	Timeline
Revise by-laws and circulate to Board for review and consensus	Wolfaardt, RES	March 19, 2010
Bylaws posted on website; notify members	Wolfaardt, RES	April 15, 2010
Bylaws approved at ISMR business meeting	ISMR Membership	May 21, 2010
Board Orientation Program established: <ul style="list-style-type: none"> <li>▪ Board summary document</li> <li>▪ Full program</li> </ul>	Wolfaardt, RES	May 2010 December 2010

# SUMMARY OF STRATEGIC DIRECTION FY2010 – FY2014

VISION	Strategic Priorities		Key Results	Strategies
<p>The ISMR is the preeminent interdisciplinary international organization in maxillofacial rehabilitation with:</p> <ul style="list-style-type: none"> <li>Enhanced public and professional awareness of interdisciplinary maxillofacial rehabilitation</li> <li>Active, growing membership with balanced representation from multiple professional disciplines</li> <li>Sustainable outreach, research and educational programs that are recognized as the best in the field</li> <li>Well established regional groups</li> </ul>	Redefine the ISMR brand to enhance awareness of ISMR		By the end of 2012, there will be increased awareness of ISMR, maxillofacial rehabilitation, ISMR’s members and their achievements by: patients, public and other disciplines as evidenced by increased membership, donor revenue, media coverage	<p>Action Plans</p> <p>Implement Measure Success</p>
	Ensure sustainability of the ISMR: secure financial and operational resources		<ul style="list-style-type: none"> <li>Increase membership revenue by at least \$60K/year</li> <li>Have dedicated management and fundraising resources in place by 2014</li> <li>Increase donor revenue to minimum of 25% of total revenues by 2014</li> <li>Establish 2.5x operating budget reserve (Dec 31, 2012)</li> </ul>	
	Establish international regional groups that deliver on the mission of ISMR		<ul style="list-style-type: none"> <li>Regional program structure, operating and financial arrangements will be developed by Jan 31, 2011</li> <li>At least 5 regional groups operational by 2014, bringing 75 new individual members to the ISMR</li> <li>At least one ISMR program delivered by a regional group by 2014</li> </ul>	
	Develop programs and services of value to members, patients, institutional stakeholders and industry partners		<ul style="list-style-type: none"> <li>Increased member enrolment and satisfaction</li> <li>Sustainable and effective membership programs in place – outreach (3 programs delivered); education (9 on-line programs by 2014); research (dedicated journal by Dec 2010)</li> </ul>	
	Grow ISMR’s interdisciplinary and international membership		<ul style="list-style-type: none"> <li>400 Members by 2014 with balanced representation from MFP, basic science, management, surgeons, allied rehab professionals.</li> <li>At least 50% of new members from developing countries</li> </ul>	
	Develop and maintain effective governance structure and processes		<ul style="list-style-type: none"> <li>Board has balanced professional discipline representation (2010)</li> <li>Professional relationship with RES maintained</li> <li>New Incorporation Documents filed (June 2010); Constituent documents in place (June 2011)</li> <li>Effective Board Orientation practices in place</li> <li>Effective and active Committees in place, with clear accountability and reporting mechanisms</li> <li>Governance best practices in place – transparency, communications</li> </ul>	
<p>MISSION</p> <p>ISMR advances <b>interdisciplinary maxillofacial rehabilitation</b> throughout the world <i>“education, research, patient care and outreach”</i></p>				
<p>VALUES</p> <ul style="list-style-type: none"> <li>Focus on delivering value and service to patients and members</li> <li>Commitment to outward looking, interdisciplinary, future oriented and innovative patient care, research, education and outreach</li> <li>Respect for cultural, gender and professional diversity</li> <li>Commitment to quality governance that is open, transparent and interdisciplinary</li> </ul>				

## APPENDIX 1: STRATEGIC CONTEXT

### SWOT

A review of the internal strengths and weakness, threats, opportunities and trends impacting the ISMR was conducted in consultation with members of the Board. It was recognized that each of the issues identified could potentially fall into multiple categories.

#### Strengths

- Very eager group of professionals
- International membership over all continents; commitment from Japanese, Italian, Thai and Dutch groups
- Excellent and committed management (RES Seminars and Eben Yancey)
- Capable and committed executive and council members
- Long term committed core of members
- Presently the only international, interdisciplinary organization focused on maxillofacial reconstruction and rehabilitation
- Its members and worldwide recognition of their institutions as the “leaders in maxillofacial rehabilitation”
- Well regarded and attended bi-annual conference

#### Weaknesses

- Limited funding
- Greater annual expenses than income
- Multiple non-ISMR responsibilities of the executive officers
- Board with no strategic sense of direction or plan of action
- Board that does not understand what the standards and expectation are of a NFP Board
- Poor attendance at interim board meetings
- Poorly developed value proposition for members, institutional partners, industry stakeholders or potential donors
- Not interdisciplinary – this is changing
- Only a few countries are well represented
- Membership has been in decline; membership not engaged
- Membership declines between meetings
- No outreach programs on an organized sustainable basis
- No vital, relevant and vigorous ongoing communication with membership
- Difficult to maintain on-going engagement of regional organizations that have hosted a conference

## Threats

- Poor awareness of the organization
- Over-reliance on RES to provide direction, oversight and strategic management
- Pool of potential members in maxillofacial prosthodontics is shrinking in North America
- Other organizations competing for membership
- Poor awareness/acceptance by disciplines other than maxillofacial prosthetics
- Lack of funding development beyond membership
- Global economy affecting fund development opportunities and discretionary expenditures of potential members, institutional stakeholders and industrial partners

## Opportunities

- To become the preeminent **international interdisciplinary** head and neck reconstruction and rehabilitation society.
- To develop membership in Asian, European and South American markets
- To develop interdisciplinary membership: no other opportunity exists in other orgs
- Broad range of interdisciplinary educational topics that could be facilitated by ISMR
- Opportunity for ISMR to facilitate multi-center research studies
- Develop a journal dedicated international interdisciplinary head and neck reconstruction and rehabilitation; develop other media for educational purposes
- Develop virtual outreach programs
- Create a very strong internet presence so the membership, related industry and public are vigorously engaged on an ongoing basis
- Develop special interest groups in areas such as: end of life experiences in treatment selection and business management of head and neck programs
- Engage institutions in ISMR (potential for ISMR to add value as an information portal, marketing mechanism)

## Trends

- Use of digital technologies in H&N care
- Social networking (membership)
- Interdisciplinary care teams
- Expanding access of clinical care services to underserved locations
- Focus on the development of best practices and indicators
- Younger professionals not joining organizations
- Industrial engagement in professional organizations
- Changes in health care funding and delivery structures worldwide