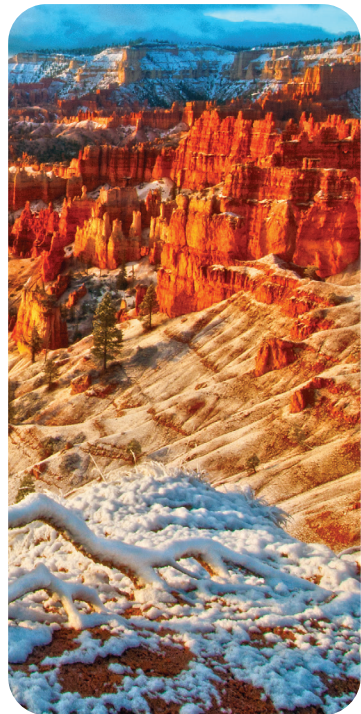
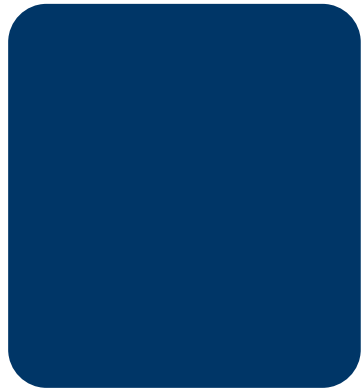


To be **visionary**  
is not to perceive things as they are,  
but as they could be.

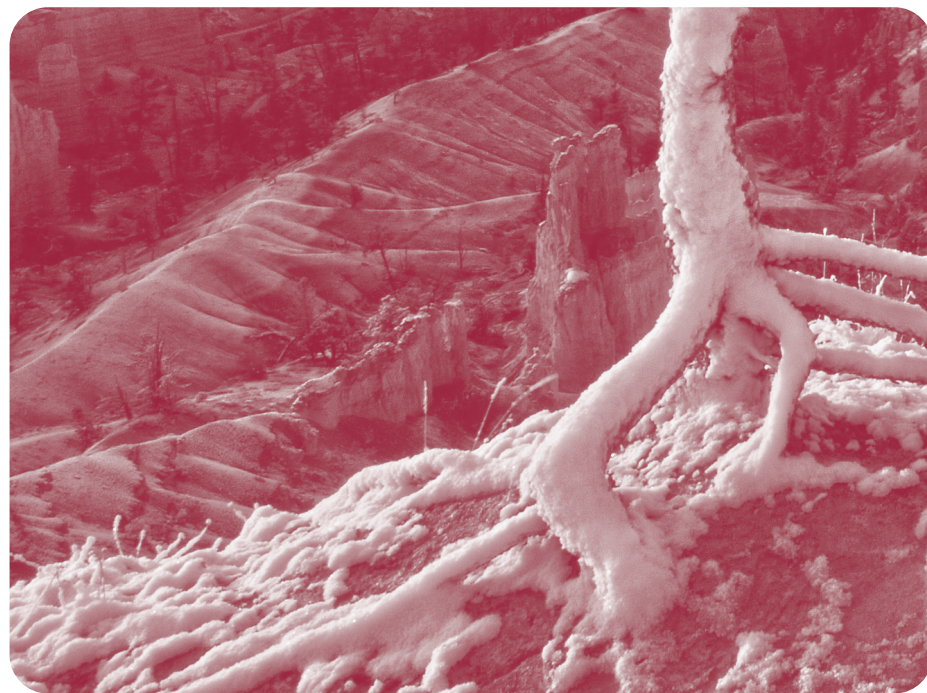
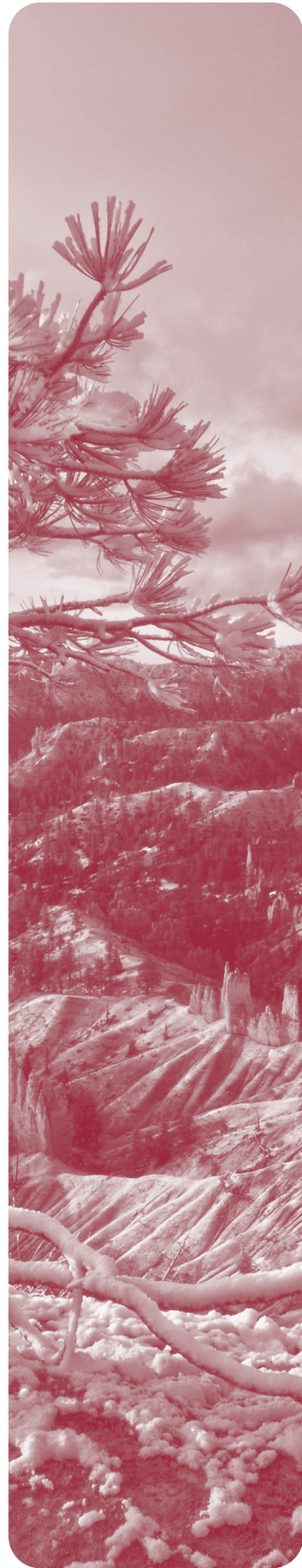


2012  
Executive Leadership  
Summit Report



American College of  
PHLEBOLOGY  
FOUNDATION







# Table of Contents

Narrative .....4

Education .....5

Best Practices ..... 10

Research .....11

Membership/Retention. .... 12

Public/Patient Education..... 14

Conclusion ..... 14



# Notes from Group Sessions at the ACP Foundation Executive Leadership Summit in Phlebology

August 24-26, 2012

## Narrative

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**Notes from the Group Sessions held at the Summit were used to create this narrative document.**

On August 24, 2012, The ACP Foundation hosted the first Executive Leadership Summit in Phlebology in Chicago, Illinois. The primary objective of the summit was to bring together those persons who have a stake in the future of the ACP and its Foundation to discuss ways to build upon our past successes and to develop consensus opinions on the future of the specialty. The desired outcome was for the medical and industry leadership to develop a shared vision for the specialty. The vision will sustain growth and opportunities for all who desire to improve patient care for persons with venous disease.

The ACP is a member driven organization and this type of forward thinking about the next 5-10 years was designed to give the current leadership and members an opportunity to build concrete plans to sustain personal and professional growth as well as the development of the specialty.

Prior to arriving in Chicago, attendees ranked [in order of importance] 20 predetermined topics for discussion. Those topics were grouped into five main categories as follows: Education, Best Practices, Research, Membership and Retention, and Patient Education.

In order to reach consensus it was necessary for participants to review current programs and services offered by the ACP and visualize desired outcomes in future years without focusing on tactics and/or strategies.

Participating leaders in the summit were from industry, private practice, and headquarters office staff. This document is a summary of those discussions, written as a concept to illustrate their vision of the future through possible news stories from the next 5-10 years.



# EDUCATION

## Phlebology Becomes an ABMS Recognized Specialty in 2017

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**Headline September 2017:**

**Phlebology becomes an ABMS recognized specialty in Medicine**

The study and treatment of Venous Disease known as Phlebology is the medical discipline that involves the diagnosis and treatment of venous disorders, lymphatic disorders, including varicose veins, chronic venous insufficiency, venous leg ulcers, gonadal venous insufficiency, congenital venous abnormalities, venous thromboembolism and other disorders of venous origin.

The American Board of Medical Specialties (ABMS) is considered the “Gold Standard” of accreditation for medical disciplines with regard to credibility and quality. It is widely referenced by healthcare organizations, insurance companies, law firms, recruiters and research organizations for their stringent requirements”. ABMS announced the approval of Phlebology as an ABMS recognized specialty under the auspices of the primary board certification of Vascular Surgery, with a qualifying board exam administered through the American Board of Phlebology.

## ACP Preceptor Program expands in 2014 – All Core Content Areas Covered

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**Headline September 2014:**

**ACP Preceptor Program expands to cover all Core Content Areas**

Last week the ACP Headquarters Office announced the approval of five new preceptorship programs completing the goal set in 2012 to have all content areas of the Core Content for the Subspecialty of Phlebology included in its preceptorship program. While there is no single preceptorship program that includes all content areas, this is the first time the ACP can direct preceptees to any area of interest that is listed in the approved Core Content in Phlebology.



# EDUCATION

ACP uses Social Media to increase public awareness for patients with venous disease, to establish “Best Practices”, improve membership retention, and share difficult and interesting cases with members.

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**Possible article appearing in ACP’s Membership Newsletter, Annual Report, on the ACP website, and in a formal press release.....**

## **September 2013**

At a recent Board and Staff retreat, the ACP developed an “open” strategy for the organization that weighs the benefits of social media platforms against the risks. They established a clear understanding of the implications of being open to its members and the public in social media platforms. Bruce Sanders, CAE, ACP’s Executive Director explained, “The concept of Open Leadership is having the confidence and humility to give up the need to be in control, while inspiring commitment from people to accomplish goals”. He goes on to say, “Open Leadership is not about being completely open and transparent, it is about finding the right level of interaction through social media outlets for your business”.

“The ACP Board and staff developed guidelines, policies, and procedures based upon other successful companies who have implemented and managed the “Open Leader” \*concept while ensuring they continued to maintain their business objectives.” He maintains that this will allow the ACP to embrace social media while allowing our leaders to transform the College to become more effective, decisive, and ultimately more profitable in this new era of openness in the marketplace.

ACP anticipates developing a concrete plan based upon the concept of “Open Leadership” utilizing social media and other tools for communication of our vision and mission. We will be tapping into FaceBook, Twitter, YouTube, Yammer, Jive and other popular social media sites that can improve efficiency, communication, and decision-making for leaders within Phlebology.

\* Charlene Li is founder of Altimeter Group and the author of the New York Times bestseller, Open Leadership. She is also the coauthor of the critically acclaimed, bestselling book Groundswell, which was named one of the best business books in 2008. Charlene Li is a graduate of Harvard Business School and received a magna cum laude degree from Harvard College. She serves on the Board of Directors for the Harvard University Alumni Association and is on the Board of Advisors for the Poynter Institute.

# ACP presents “Phlebology” at Grand Rounds, Community Based Lectures, and at University Faculty meetings

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**Possible article appearing in ACP’s Membership Newsletter, Annual Report, on the ACP website, and in a formal press release.....**

## **Dateline: 2015 Annual Congress**

ACP’s Education Committee Chair announces a series of Grand Round presentations at the ten top-rated medical schools in the United States.

Diana Neuhardt, RVT, RPhS, ACP Board Member and Education Committee Chair, announced the ACP has scheduled grand rounds presentations on “Phlebology, the Specialty of Vein Disease – an Introductory Primer” at medical schools across the U.S.

Ms. Neuhardt acknowledged the hard work of her fellow committee members in accomplishing this lofty goal set three years ago by the ACP Board of Directors. She attributed the acceptance by medical school Deans of scheduled talks on enhanced Speakers Bureau support materials, and offering scholarships to medical school faculty members to attend last year’s annual congress. Those scholarship award recipients then served as ambassadors for the ACP at each of the academic institutions to pitch the new lectures at each of their medical schools. The goal is that this additional exposure will translate into future acceptance of a phlebology core curriculum in medical school training programs.

## ACP creates White Paper on Standards of Care in Phlebology

**Dateline: 2014 Annual Congress**

Drs. Marlin Schul and Willy Chi announced today that the ACP has produced a white paper on Standards of Care in Phlebology based upon two years of data from ACP's Data Registry and Patient Outcomes Surveys. This paper contains current practices and treatment outcomes for phlebologic treatments and will be submitted to major peer-reviewed medical journals for publication. The desired outcome is to establish "best practices" through understanding and importance of proper diagnosis and treatment of venous disease. It is anticipated that these published best practice standards will also be used by third party payors to establish reimbursement guidelines for all phlebologic procedures.

At the 2014 Annual Congress it was mentioned that Blue Cross of Massachusetts responded positively to receiving the white paper that was co-authored by the Society for Interventional Radiology, the American Venous Forum and the American College of Phlebology. Blue Cross stated they would be reviewing their policy of restricting reimbursement to "only vascular surgeons and interventional radiologists" for phlebologic procedures. Of importance is the number of patients currently enrolled with the top ten insurance companies shown below and signifies the enormous impact the ACP can have in improving patient care.

Insurance Co.	Market Share in the U.S.	No. Policyholders	Annual Revenue
UnitedHealth Group	13.6% (12.36)	84 Million	\$80 billion
Wellpoint, Inc. (Anthem)	8.34%	54 million	\$56.3 billion
Kaiser Foundation Group	7.82%	50 million	\$48.4 billion
Humana Group	4.56%	30 million	\$26.6 billion
Aetna Group	4.13%	26 million	\$28.1 billion
Health Care Service Corporation (HCSC)	3.15%	20 million	\$18.3 billion
Highmark Group	2.11%	13 million	\$12.9 billion
Cigna Health Group	1.83%	12 million	\$18.0 billion
Coventry Corp. Group	1.69%	11 million	\$13.1 billion
Blue Shield of California Group	1.47%	9.5 million	*

\*Blue Cross Blue Shield is actually an organization made up of many different chapters with revenues reported individually.



# Reciprocal Educational Agreements Finalized with AVF, AAD, SVU, and ACC

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**In June of 2014**

With a long standing tradition of working with other medical organizations such as the American Venous Forum, American Academy of Dermatology, and the Society of Vascular Ultrasound, the ACP finalized arrangements this week with the American College of Cardiology to offer a superficial and deep vein symposium at their 2014 Annual Conference. The ACC will be offering a symposium at the ACP Annual Meeting in Phoenix in November 2014. This is one of several reciprocal arrangements the ACP has developed with other societies such as the AVF, SVU, & SIR and is in keeping with the ACP's strategic plan developed in January of 2013. The Strategic Plan calls for the education of physicians in other specialties. The plan intends to expose other specialties to phlebology for the proper referral of patients suffering from vein disease. A secondary benefit of that same goal [and ACP's Mission] is to train qualified phlebologists and to attract physicians in other specialties to become members in the ACP.

In addition to working with medical societies in the U.S., the ACP is currently collaborating with the German Society of Phlebology and the French Society of Phlebology to create a series of on-line webinars using "best" presentations captured from each society's annual meetings.

# BEST PRACTICES

## ACP Creates Multi-Society Consensus Quality Improvement Guidelines Committee

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### **Announced at the 2014 Annual Congress....**

The ACP has created a “multi-society consensus quality improvement guidelines committee” to establish treatment guidelines for various treatment regimens for varicose veins. The committee will use the model and methodologies originally developed by the Society for Interventional Radiology back in 2007 when they co-authored a paper titled “Treatment of Lower Extremity Superficial Venous Insufficiency with Endovenous Thermal Ablation”. Data will be provided from the ACP’s Venous Registry and Patient Quality Metric survey results.

A recognized expert will serve as the principal author, with additional authors assigned depending on the project’s scope. First, an in-depth literature search is performed with use of electronic medical literature databases, with the most important elements of care being (i) pretreatment evaluation and patient selection, (ii) performance of the procedure, and (iii) post procedural follow-up care. The outcome measures for these processes are (i) indications, (ii) success rates, and (iii) complication rates.

The guidelines for treatment will be submitted for publication to the New England Journal of Medicine mid-year 2015. As an adjunct to the new guidelines, the ACP CME Department will be using the data and information from the guidelines to create an interactive case comparison on-line course for best practices in Phlebology.

## New ACP Data Registry Program Collects EMR-Based Data

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### **Announced at 2012 Annual Meeting.....**

ACP announces EMR-based data collection methods to be used in the newly developed clinical data registry for phlebologic treatments. The research performed on data is expected to supplement and assist the ACP in providing enhanced patient care by creating best practices tied to [and based on] research data collection/translation. The ACP also expects they will have a risk assessment tool similar to the "Framingham heart attack risk assessment" for veins to educate medical professionals and patients on venous disease risk factors. This will be available on-line in the very near future.

A new research-dedicated division created within ACP headquarters office will bring new credibility to the college through analysis and publication of research data. This will bring additional recognition and improved patient outcomes to the specialty.

The ACP leadership also announced that they have created a joint task force with the American Venous Forum to define what research needs to be done in the next two years. This collaboration will foster transfer of basic science research into clinical research/practice. The ACP will be able to provide maximum measurable results of venous disease treatment to insurance companies, government entities, and Medicare. The ACP and the AVF leadership realize the importance of efficient design of research projects that will measure Quality of Life data for patients.

In coming years the EMR-based data registry will be open to allow global access to other member societies of the UIP, thereby allowing even greater numbers of procedures and patient data for worldwide research and analysis.



# MEMBERSHIP/RETENTION

## ACP Committee Structure to Undergo Reorganization

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### **March of 2013...**

The ACP Board created a special task force to evaluate ACP's current structure in order to recommend a revised structure to meet the members' needs during the next few years. The last review and reorganization of committees was in 2005. The ACP leadership met recently to review the results of the Executive Leadership Summit, to review the ACP 2012 Membership Needs Survey, and to update their long-range strategic plan. The result will be a clear, well-defined vision for the future of the specialty.

The new task force will be charged with creating a committee structure that is more responsive to members' needs, but also one that provides meaningful experience through volunteer work. The Board hopes to cast a broad net in order to involve all levels of members' expertise in committee work.

## ACP Launches Leadership Academy

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### **November 2013.....**

The changing environment for medicine requires additional training of volunteers within ACP to develop desired skills for succession planning for future leadership positions.

The ACP Board authorized activation of the recently proposed ACP Leadership Academy developed by the ACP Leadership Advisory Committee chaired by Dr. Helene Fronek. The new program will entail multiple levels of participation and instruction in order to receive a certificate of completion.

### **The courses will cover:**

- Identifying and developing leadership skill sets
- Understanding Financial Statements
- Best practices in managing employees and volunteers
- Mentoring new members
- Identifying and acting upon Members' best interests on relevant issues
- Improved committee communication and interaction
- Running successful recognition Programs

# ACP Revitalizes Membership and Retention Advisory Committee

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## **March 2013....New Charge for ACP's Membership and Retention Committee**

The ACP Board of Directors recently developed a new charge for the ACP Membership and Retention Advisory Committee based upon feedback received at the Executive Leadership Summit held in Chicago in August 2012. The Membership Recruitment and Retention Advisory Committee will develop a two-year plan to focus on:

1. Controlled well-organized growth that expands upon a culture of openness and inclusion.
2. Development of programs that resonate with all members and have relevant benefits.
3. Exploration and communication of new emerging technologies or reimbursement issues.
4. Creation of a mechanism(s) to establish two-way communication with members on the following topics:
  - a. Partnering with Insurance Companies on reimbursement issues
  - b. Raising awareness of Phlebology in local markets
  - c. Diversity issues (patients, employees, and members)
  - d. Committee work and accomplishments/needs
  - e. Engaging the experienced Phlebologists (Sessions on Morbidity/complications)
5. Creating a repository of phlebology articles
6. Exploration and engagement of medical schools, residency programs (future members)
7. Attracting future generations and more women

# PUBLIC/PATIENT EDUCATION

ACP and ACPF Leaders agree upon the need to address member and public/patient education for Chronic Venous Disease /Chronic Venous Insufficiency.

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## **October 2012....**

At the recent Executive Leadership Summit in Phlebology held in Chicago this summer, both corporate and medical leadership met to discuss the future of the specialty. The leadership discussed the future of patient education. All attendees agreed the future of the specialty depends upon the ACP developing effective tools and methods to educate the public and medical professionals about venous disease and directing them to the experts who can treat them most effectively.

Discussion summaries on this topic are broken into two different focus areas; ACP Members and the Public at large (medical and non-medical). From the Member perspective, the group believed that providing better resources to ACP members would help them to educate their patients. Discussions suggested the ACP find ways to connect educational information to member's office personnel. It was the consensus of the group that patients will have more voice in their medical care in the future and by providing better information through various channels, we will empower them to seek qualified phlebologists for their treatment.

ACP must become proficient in patient education and one suggestion was to develop a guide for ACP Members to use when building their websites that includes a "public education toolkit". The toolkit will contain information that will engage patients. The use of content and testimonials solicited from ACP members and data from successful corporate campaigns are already in place.

Leadership also suggested that in the new world of social media, targeted marketing would be key to educating the public in venous disease. People learn in different ways so leadership suggests using different methods to market to various personality types by getting their attention first, then educating them.

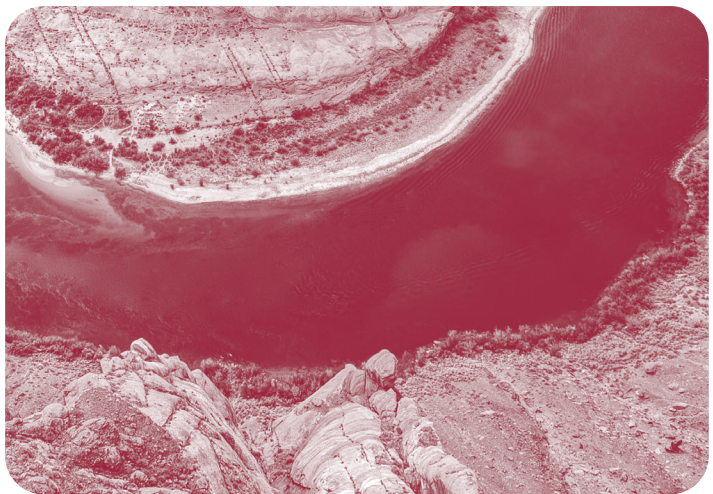
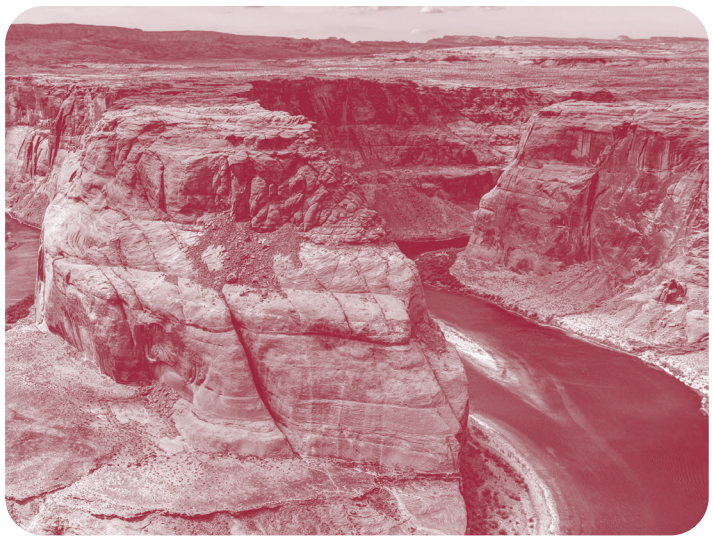
It was felt that in order to be successful the ACP would need to accomplish a high visibility program through a strong Web presence and developing good content in a "Patient Advocacy" platform.

# CONCLUSION

As stated earlier, The ACP is a member driven organization the mission of which is forward thinking about the next 5-10 years in order to give the current leadership and members an opportunity to build concrete plans to sustain personal and professional growth as well as the continued development of the specialty.

The ideas and concepts contained in this document represent the thinking of the participants of the Leadership Summit in Chicago. In the first quarter of 2013, the current leadership will be holding a strategic planning session where this document along with data from a member needs assessment will be the basis for the new strategic plan.









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