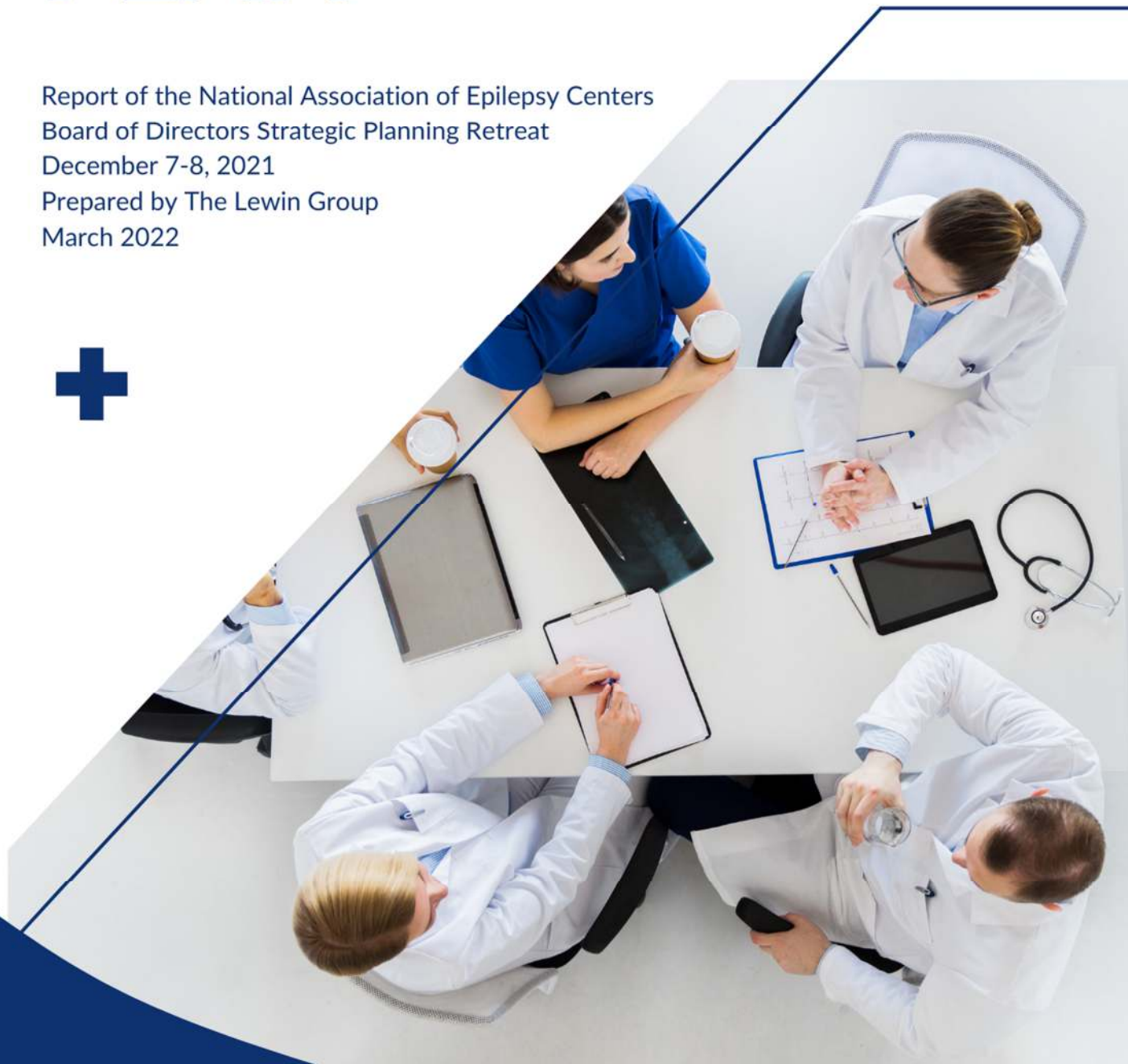




# NAEC STRATEGIC PLAN



Report of the National Association of Epilepsy Centers  
Board of Directors Strategic Planning Retreat  
December 7-8, 2021  
Prepared by The Lewin Group  
March 2022



## Introduction and Summary

The National Association of Epilepsy Centers (NAEC) Board of Directors and staff met December 7-8, 2021, to create a strategic plan to guide NAEC work for the next five years. This is the second five-year strategic plan NAEC has adopted, following the one developed at a strategic planning meeting in 2016.

The 2016 strategic plan adopted a vision, mission, and goals with objectives and initiatives to guide the association's work. The 2016 strategic plan adopted three key pillars of focus for the organization: *Standard Setting, Advocacy, and Member Support*. That strategic plan included three key insights on the organization:

1. NAEC needs to maintain its strong focus on advocacy and seize several real opportunities to support the role and viability of epilepsy centers in a changing healthcare landscape.
2. Accreditation needs to evolve to reflect quality measures and outcomes evidence without becoming overly bureaucratic or burdensome.
3. NAEC should provide epilepsy centers with the expertise, evidence, and resources to support their role as specialized centers of care.

The 2021 NAEC strategic planning meeting had three priorities:

1. Review progress made on initiatives and programs identified in the previous strategic plan, to set the stage for the next set of goals.
2. Examine the association's strengths and weaknesses, as well as external opportunities and threats, to inform the priorities of the organization for the next five years.
3. Review the organizational pillars to ensure that they adequately address organizational mission and adopt programmatic initiatives to meet stated goals for next five years.

The 2021 strategic planning meeting was facilitated by Clifford Goodman, PhD, a Senior Vice President at The Lewin Group, a health care policy and human services consulting firm based in Falls Church, Virginia. He is a nationally recognized health issues moderator and panel facilitator.

During two days of discussion, the NAEC Board derived a strategic direction for the next five years. This strategic plan reaffirms the association's focus on its core mission of supporting epilepsy centers via three main pillars along the lines of those established in 2016: *Setting Standards for Accreditation, Advocating for Members, and Supporting Members through Knowledge and Resources*. Further, NAEC added a new pillar, *Community*, to emphasize an increased focus on collaborating with diverse stakeholders in the epilepsy community, including other epilepsy organizations, advocacy groups, and patients.

The Board also identified five cross-cutting organizational functions or attributes that pertain to multiple pillars: (1) Education and Awareness, (2) Strategic Collaboration, (3) Measurement and Quality Improvement, (4) Research, Dissemination, and Implementation, and (5) Diversity, Equity, and Inclusion. These cross-cutting elements should be routinely considered and incorporated as appropriate into NAEC programmatic initiatives pursuant to its vision and mission.

This strategic plan will be shared with NAEC members and stakeholders and used to engage them in continuing dialogue about how NAEC can be most effective in supporting specialized epilepsy centers and their patients in assuring high quality epilepsy care within the broader epilepsy community.

## NAEC Strategic Plan 2022-2026

### Approach

The NAEC Board's formulation of this strategic plan update involved the following main steps:

- Review of the NAEC 2016-2020 strategic plan and status of goals and objectives
- Outlook for the healthcare sector presentation (see Appendix A for topics)
  - Discussion of the impacts of the healthcare sector outlook on patients with epilepsy, management of epilepsy, and epilepsy centers
- Implications of the healthcare sector outlook for NAEC for the next five years: SWOT analysis (see Appendix B)
  - Strengths (internal, advantageous to NAEC)
  - Weaknesses (internal, disadvantageous to NAEC)
  - Opportunities (external, advantageous to NAEC)
  - Threats (external, disadvantageous to NAEC)
- Reassessment of NAEC pillars
  - Current pillars: Standards Setting, Advocacy, Member Center Support
  - Potential expansion of NAEC pillars
- Identification of cross-cutting functions or attributes
- Priority programmatic initiatives pursuant to NAEC pillars
  - Identification of candidate initiatives
  - Priority initiatives (based on criteria)

### Pillars

Building on detailed discussion of the implications of the healthcare sector outlook and the SWOT analysis, the NAEC Board reassessed the existing pillars, *Standard Setting*, *Advocacy*, and *Member Center Support*, and determined that they remain relevant and represent core roles of NAEC. The Board also considered whether the three current pillars should be augmented. Following discussion and careful consideration of the scope of the current pillars and potential new ones, the board determined that adding a fourth pillar for *Community* would strengthen the organization's ability to pursue its mission in the evolving health care landscape (Table 1).

The addition of *Community* represents a renewed, broader, and explicit NAEC commitment not only to its member specialty centers, but to other stakeholders in the epilepsy community including, yet not limited to, other epilepsy organizations, advocacy groups, and patients. This broader community orientation is increasingly essential for delivering comprehensive, high-quality care to people with epilepsy within and beyond the current scope of NAEC member centers.

The Board observed that adding this pillar will better enable pursuing the other three pillars. Further, the Board recognized that the *Community* pillar embraces most, if not all, of the cross-cutting functions listed below.

**Table 1. Vision, Mission, and Core Pillars**

**Vision:** Assuring quality epilepsy care by supporting strong specialized epilepsy centers.

**Mission:** NAEC supports epilepsy centers in delivering quality comprehensive care to people with epilepsy, by setting standards of care, advocating for access to high quality epilepsy center services, providing knowledge and resources to its member centers, and collaborating with and otherwise serving the epilepsy community.

<b>Standard Setting</b>	<b>Advocacy</b>	<b>Member Center Support</b>	<b>Community</b>
NAEC will define continuously improving standards for epilepsy centers to ensure the highest quality care.	NAEC will ensure the current and future role, value, and viability of epilepsy centers.	NAEC will be the comprehensive resource for the organization and administration of epilepsy centers.	NAEC will collaborate with the epilepsy community to improve access to centers and resources.

**Cross-cutting Functions**

Drawing from the extensive discussion of existing and potential new pillars for the association, NAEC distilled a set of functions or attributes that cut across its pillars:

- Education and Awareness
- Strategic Collaboration
- Measurement and Quality Improvement
- Research, Dissemination, and Implementation
- Diversity, Equity, and Inclusion

The Board determined that all these cross-cutting items apply to multiple, if not all, of the four pillars

## Programmatic Initiatives

The Board engaged in an iterative brainstorming process for developing a candidate set of programmatic initiatives for NAEC to pursue in the next five years. This process drew in part from the earlier healthcare sector outlook discussion and the SWOT analysis. In discussing these candidate priorities, the Board applied a set of criteria to help assess and narrow the candidate set of programmatic initiatives to several priorities. These criteria included:

- **Relevance:** pillar(s) to which initiative would apply
- **Complexity:** degree of difficulty or time to implement
- **Yield:** magnitude or extent of benefit to NAEC
- **Partnership:** to be accomplished by NAEC alone or in collaboration with other organization(s)

Through a voting process, the NAEC Board identified six programmatic initiatives. Each priority has a corresponding pillar, complexity level, yield level, and partnership requirement. During its deliberations, the Board found that most of these priorities applied to multiple pillars; the one of primary relevance to each priority is noted (Table 2).

## Action Plan and Timeline

NAEC staff and Board members will establish an action plan pursuant to continuing or embarking on all six priority programmatic initiatives identified in this strategic plan in 2022. Guideline development, already underway, and its publishing, and dissemination will be the priority, with the other five initiatives beginning on a rolling basis throughout 2022.

**Table 2. Programmatic Initiatives**

<b>Initiative</b>	<b>Pillar</b>	<b>Complexity</b>	<b>Yield</b>	<b>Partnership</b>	<b>Timeline</b>
Develop, publish, and disseminate NAEC Guidelines	Standard Setting	High	High	No	Completion Q1/Q2 2023
Collect data on patient access and patient outcomes	Standard Setting	High	High	Yes	Development 2022
Incorporate diversity, equity, and inclusion into all NAEC initiatives	Community	Low	High	No	Ongoing with all initiatives 2022
Formalize relationships between different levels of NAEC centers and referring physicians	Member Support	Low	High	No	Part of marketing strategy and center tools development 2022
Expand and strengthen accreditation criteria	Standard setting	High	High	No	Ongoing
Develop a Center of Excellence model with patient-facing orgs	Community	-	-	Yes	Part of marketing strategy and center tools development 2022

## **Appendix A: Outlook for the Healthcare Sector: Main Topics**

- Pandemic and sequelae
- Climate change
- Health industry consolidation
- Workforce shortages
- Digital health
- Telehealth/telemedicine
- Big data
- Health policies
- Social determinants of health
- Disparities in access, outcomes
- Diversity, equity & inclusion
- Big data in health care
- Cellular and gene therapies
- Clinical practice guidelines
- Supply chain management
- Health care policy issues in play
- Build Back Better (health care)

**Appendix B: NAEC Strengths, Weaknesses, Opportunities, and Threats**

The Board participated in a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis of NAEC in the context of the healthcare sector outlook. The SWOT themes identified by the NAEC Board are summarized below.

Strengths	Weaknesses
<p><b><u>Mission</u></b></p> <ul style="list-style-type: none"> <li>• NAEC is the only organization representing epilepsy centers</li> <li>• NAEC has a manageable mission that is evolving and expanding conservatively</li> </ul> <p><b><u>Member Support</u></b></p> <ul style="list-style-type: none"> <li>• NAEC membership is valuable to centers because the organization listens to and incorporates member feedback</li> <li>• NAEC serves diverse member centers and leverages member expertise skillfully</li> </ul> <p><b><u>Accreditation</u></b></p> <ul style="list-style-type: none"> <li>• NAEC establishes, writes, and publishes the <i>Guidelines</i> for centers, which are broadly accepted and can be used to help centers get resources from their institutions</li> <li>• <i>US News &amp; World Report</i> recognition of NAEC incentivizes membership</li> </ul> <p><b><u>Resources</u></b></p> <ul style="list-style-type: none"> <li>• NAEC is financially strong and has effective organizational structure that allows it to be responsive and forward-thinking</li> <li>• The Board is committed with well-respected members of the community who are involved with other organizations and hospitals and bring a diverse perspective</li> </ul>	<p><b><u>Mission</u></b></p> <ul style="list-style-type: none"> <li>• Dual mission as accrediting body and membership organization that advocates can be difficult to navigate</li> <li>• Communicating mission to centers to demonstrate NAEC value</li> </ul> <p><b><u>Member Support</u></b></p> <ul style="list-style-type: none"> <li>• Some members do not find value in their dues payment, think they should get more</li> <li>• Addressing needs of centers with unique circumstances is difficult</li> </ul> <p><b><u>Accreditation</u></b></p> <ul style="list-style-type: none"> <li>• Some feel the criteria could be improved (e.g., more detailed/precise, less surgery focused, outdated)</li> <li>• Accreditation process/meaning is unclear to patients, not enough transparency</li> <li>• Inclusive approach to accreditation makes increasing standards difficult</li> </ul> <p><b><u>Other</u></b></p> <ul style="list-style-type: none"> <li>• Not enough collaboration with patient organizations</li> <li>• NAEC does not participate in enough research</li> <li>• NAEC does not currently measure or track diversity, equity, and inclusion initiatives</li> </ul>
Opportunities	Threats
<p><b><u>Community</u></b></p> <ul style="list-style-type: none"> <li>• Use community-based approach to give better definition for patients and families</li> <li>• Collaborate with patient orgs on recognizing centers with association/expertise in rare disorders</li> </ul> <p><b><u>Accreditation</u></b></p> <ul style="list-style-type: none"> <li>• Create infrastructure for collaboration across centers - develop consortia across NAEC centers to meet patient needs (i.e., women’s clinics, rare epilepsies, etc.)</li> <li>• Partner with other orgs to create educational</li> </ul>	<p><b><u>Community</u></b></p> <ul style="list-style-type: none"> <li>• Centers do not understand how patients get referred to centers, or how they find care</li> <li>• Narrow networks make referrals more challenging; how do we connect with patients early in their diagnosis?</li> </ul> <p><b><u>Accreditation</u></b></p> <ul style="list-style-type: none"> <li>• What if other groups try to take on accreditation? Rare Epilepsy Network groups want to certify centers with</li> </ul>



<p>materials that we identify as needs. Identify needs that we can support in other purviews that support accreditation</p> <p><b><u>Data</u></b></p> <ul style="list-style-type: none"> <li>• Drive data collection to improve standardization and patient outcomes</li> <li>• Expand data collection to keep track of patients, where costs are added and where centers need more resources</li> <li>• Provide guidance on what data to collect, how to use it. Provide core building blocks of how to build data tracking at centers</li> </ul> <p><b><u>Member Tools</u></b></p> <ul style="list-style-type: none"> <li>• Build core guidelines and provide toolkit for how hospitals can meet that guideline</li> <li>• EHR data underutilized, teach centers how to program that</li> <li>• Provide resources so we can support centers to approach their administrations</li> </ul>	<p>expertise in rare epilepsies – if we do not, they may</p> <p><b><u>Data</u></b></p> <ul style="list-style-type: none"> <li>• Collecting data is difficult as EHR vendors do not always share or collaborate</li> <li>• Centers may not want to dig into their data, risk finding things they do not want to find</li> </ul> <p><b><u>Other</u></b></p> <ul style="list-style-type: none"> <li>• NAEC centers may create extra competition, market themselves/ differentiate in a way that is confusing or misleading to patients</li> <li>• Membership in society is based on centers, rather than a member society</li> <li>• Product is not educational. If NAEC goes into education and research, does it lose focus on accreditation, reimbursement etc. “mission creep”</li> </ul>
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