

## Case Study – American Society of Nuclear Pathologists

Like many associations, the American Society of Nuclear Pathologists is challenged to maintain relevance and its competitive position in the face of rapidly-changing industry, scientific, political and technological environments and dramatic shifts in demographics and member expectations. While ASNP has seen substantial membership, program, and revenue growth over the last decade, there are signs that membership and revenue are flattening while new competitors are entering the market.

ASNP is an organization of 50,000 members and a budget of approximately \$50,000,000. ASNP was founded in 1905. With offices in Chicago and Washington, DC, ASNP's major focus areas are education, practice management and advocacy. Benefits include educational resources, an annual meeting, a robust website, quality reporting, a peer reviewed journal, and a monthly magazine.

### THE CHALLENGE

By all accounts, the Society is doing well. Following substantial investment over the last 10 years in staff, technology and infrastructure, the Society has seen substantial growth in membership, programs and revenues. However, there are significant challenges emerging:

- For the last several years membership and non-dues revenue have flattened while expenses continue to grow.
- Changes in health payment and delivery are requiring the Society to think through fundamental changes to who it serves and how it serves them. One major challenge is the implementation of the 2015 bipartisan Medicare Access and CHIP Reauthorization Act which is being implemented in 2017 and mandates significant practice reporting in order for physicians to earn incentives and avoid penalties.
- Members are facing competition from other credentialed practitioners who, in roughly 30% of the nation, can provide services directly to patients, independent of a physician's supervision.
- There is increasing competition from universities, social networks, and subspecialty organizations.
- The Society is lagging the introduction of member-facing technologies.
- ASNP members are credentialed by an independent certifying body. Their requirements are changing but require demonstration of lifelong learning, ongoing self-assessment and quality improvement.
- Demographic trends illustrate rapid growth in millennial members (approximately one-third) while retiring baby boomers continue to dominate in the governing structure.
- Attendance at our Annual Conference has been generally flat, though we have seen sharp increases in certain venues, like Boston and San Diego, largely due to international attendance.
- Exhibits, sponsorships, and advertising have been flat over the last 5-year period.
- The profile of attendees and buying power of our members and attendees has become increasingly concentrated in large corporate groups and hospital systems. Members are largely influencers, but not as often decision makers. Increasingly, practice executives who are important decision makers have become both associate members and attendees at our meetings.

### RECENT HISTORY

ASNP was founded in 1905. Its history is probably not much different than many other associations and followed five general phases:

- **Infancy and Adolescence:** For the first 20 years, the organization operated as a small regional society.

- **Growth:** During the next 60 years, the organization grew from a regional to national organization. The profession transformed from an area of interest to a fully certified or credentialed specialty. The organization was largely member driven and key positions were filled by volunteers. The organization introduced an annual scientific meeting and launched a peer-reviewed journal. However, the major focus of the group was to advocate for member interests at the Federal level. In addition to the establishment of a Washington office, the organization also initiated a successful political action committee. There was a staff, but it was relatively small and focused on supporting governance and the annual meeting. ASNP developed a strong advocacy voice. ASNP represents approximately 75% of the overall nuclear pathology professional market.
- **Maturity:** During this phase, membership growth flattened and the organization fell behind its peers in terms of programs, technology, and revenues. In response, elected leadership identified the need for a change strategy. As noted in a report from the time, “Our Society’s infrastructure, however, has undergone minimal substantive changes in the past fifty years to keep pace with the speed at which business decisions are now made. We must ensure that we have the organizational capabilities to effectively manage a large, complex organization in today’s demanding business environment.”
- **Transition and Renewal:** With the assistance of a consultant, ASNP invested in staff, technology and facilities. Processes for strategic planning, budgeting, governance and human resources were documented and implemented. The group introduced new programs in education, practice management, and web-based resources. Membership and budget grew. A CEO was appointed in 2013 and put in place a new management team. In recent years, the Federal government introduced complex incentives for quality reporting and value based payment. ASNP responded with comprehensive resources and advocacy. However, as noted, we have observed flattening of membership and revenues in the last 2 to 3 years. Member surveys show high value but several factors appear to be contributing to this including:
  - Sub specialization: Most members subspecialized and specialty organizations are beginning to more effectively meet the needs of these ASNP members.
  - Consolidation: The specialty has been one subject to major financial investment with the result that nearly 25% (and growing) of members now belong to mega groups (of over 1,000 physicians). These groups often obviate the need for professional society engagement since they provide needed education and practice resources.
  - Generational and demographic changes: Younger professionals are less likely to join. Women have been noted to move in and out of the workforce – many opting to work part time and not join.
  - Member feedback indicated ASNP’s lack of ability to keep up technologically. The learning management system was outdated, e-learning resources were limited, and the web site was difficult to use. New programs and services were difficult to introduce. More technologically nimble competitors have emerged.
- **Digital: Current phase:** The organization has made aggressive investments in digital strategy, quality and practice based resources, and business development.

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