

President's Message

Dolly B. Tyon, Ph.D., dip. ABHI

September 17, 2001

Dear Colleague:

This letter to you was drafted just prior to the tragic events last week in New York City, Washington and Pennsylvania. Some of you have experienced personal loss of family and/or friends and we all grieve with you. All of us have experienced an individual and corporate loss of the liberties we cherish and have taken for granted. And all of us are in shock and pain. From this refining moment, so difficult to endure, I believe we will emerge stronger and better human beings. We must take this time to reflect upon, question and perhaps redefine many of our priorities, determine where we can make a difference, and become involved to make the world a better place. We need to recommit to listening to and caring for each other. Each of us has a role to play. And we do not know how much time we have to play it.

As many of you know from Dr. Bray's extremely kind words in the last ASHI Quarterly, my husband died in early May. He was, as Dr. Bray commented, a tremendous source of strength, wisdom, courage and guidance for me, and I feel much diminished by his absence, even more so at this time. But I do want to tell you all how very much your emails, cards, letters, flowers, plants and charitable donations meant to me. It would have been impossibly difficult to go through these days without your support, encouragement, and timely, caring words. If I don't thank each of you individually, I hope you will know that your thoughtfulness is very precious to me and that I have thanked you many times in my own heart. Thank you again, now.

By contrast with the foregoing, the events of ASHI take on a different dimension. But it is important to apprise you of all that has been going on.

Many people in ASHI have been working diligently on the strategic plan. This is very much in keeping with redefining our corporate priorities. In a previous issue of the Quarterly I outlined the major points of the strategic plan. Here I want to lay out for you the key strategic objectives that were conceived (see attached list) and to update you on some of the progress. The committees will update you on their progress toward the other objectives at the annual meeting.

Major progress has been made toward two of these objectives (#1 - analyzing the current structure and #3 - developing a public policy agenda). During the strategic planning process, it became clear that the ASHI infrastructure was inadequate to achieve the objectives we all felt were so important. As a consequence, Council decided that one necessary step was to terminate our contracts and/or issue new RFPs for management, government relations, and proficiency testing to be sure that the contracts we have would be consistent with reaching our goals. This process has been essentially completed for the management and government relations contracts and is nearing completion for the proficiency testing. As you hopefully saw from my earlier email, ASHI's new management company is Association Headquarters (AH) in Mt. Laurel, NJ. Of the 10 groups that they manage, we will be in the top third in size. They also manage AST, and so have considerable experience in transplant related issues and putting on high quality scientific/clinical meetings. While we will benefit from their experience with AST, we have required that management of the two organizations be clearly demarcated so that conflicts of interest will not occur. AH has already begun

the transition of our accreditation program and there is an ASHI member transition team in place to work with them and AMP on the rest. It is our goal to make this seamless to you. Already AH has some exciting plans in place to help our society enhance its image and raise its profile. I think you can look forward to some innovative and creative ideas.

In another effort to raise our profile, Council has voted to retain a new government relations firm, MARC Associates. This group is very well respected in Washington and will assist us with key regulatory and legislative issues. You finally can expect to see some help with the coding and reimbursement issues that have plagued many of us. Further, you should expect to see timely and frequent updates on policy issues going on in Washington. Topics such as genetic testing, HIPAA regulations and stem cell research are all matters we can expect to be kept informed about. We are also hopeful that we will eventually be able to obtain appointments for ASHI members on some key advisory/governmental committees. Council believes we can look forward to substantial progress in these long overlooked areas.

In this regard, one issue that personally concerns me is the absence of ASHI members on key committees everywhere. Major changes impacting our field are occurring all around us. UNOS is currently considering elimination of HLA match points for kidney transplantation except for zero mismatch organs and has already decided not to use HLA at all for pancreas transplants (based on 20 transplants that could be analyzed). It has also eliminated extra points for phenotypic matches. I think we can anticipate more erosions like this, and we need to be prepared to evaluate whether policies made in earlier years with different immunosuppressive regimens still make sense. We also need to be insisting on evidence based medicine. In any case, we need to be tuned in and actively participating in the quickly moving discussions. In addition, we need to be educating the patients!

For the objective of raising our profile and identifying common interests with other societies (#4), I am happy to report that we have increased our interactions with our sister societies this year. While we still have a lot of work to do, we have or will sponsor sessions with AAI, AMLI, AABB and FOCIS this year. Next year, with the hard work of our Scientific Affairs committee, we will do a joint workshop/meeting with NIH. Look for upcoming announcements.

Finally, let me bring you up to date on our progress regarding histocompatibility testing for non-renal transplants. Numerous discussions have been held by Council, the public policy committee and with our clinical/surgical colleagues. There is now a commitment by ASHI, AST, and ASTS to hold an invited joint task force meeting to review the data and come up with a consensus position (insofar as possible) regarding what the policy should be. All of the societies have made equal financial commitments to underwrite the costs, and a grant proposal has been submitted to HRSA, where this meeting is viewed favorably. The consensus position will then be submitted to CLIAC for review and recommendation for modifying the Code of Federal Regulations, as necessary. This whole process represents an enormous step forward in partnering with our clinical colleagues for the good of the patients. It has also laid the foundation for one of the successes of this year, in which ASHI members were among a select group of about 100 transplant experts to be invited to a March meeting in Crystal City, Virginia, to discuss issues related to using expanded donors. This meeting was highly interactive, evidence based, and collegial, and it went a long way toward starting to mend some fences with our clinical colleagues. Reasoned discussions, based on good data, promote our reintegration into the greater transplant community of professionals.

We have come a very long way this year. But we have a very long way to go. I hope each of you will find a place to get involved and bring your energy and enthusiasm into helping to rejuvenate and redirect our society into something better and more worthwhile than it has ever been before. And I trust you will do

this, not only for ASHI, but that you will also find a way to make a difference outside of ASHI in your own circle of influence for the sake of all those who are no longer with us. I offer my thoughts and prayers for our collective success.

Sincere warm regards,

A handwritten signature in cursive script that reads "Dolly".

Dolly B. Tyan, Ph.D.
President

STRATEGIC OBJECTIVES

1. Assess the current organizational structure to see if it fits the plan we have articulated
2. Identify effective two-way channels of communication
3. Develop a prioritized public policy agenda
4. Identify common interests between other societies and ASHI
5. Create and implement a process for real-time ongoing needs assessment
6. Create and implement a marketing program to target current and potential new members
7. Establish a prioritized research agenda
8. Develop an organized structure to initiate and conduct clinical studies
9. Create a database of members to include their demographics, expertise, research and clinical activities
10. Position our members on committees and boards of other key organizations
11. Develop a process for continuity of leadership-succession plan
12. Develop a process to collate/compile data and information
13. Enlarge the scope of our journal to reflect the new vision of our Society
14. Coordinate information gathering process
15. Develop a strategy to recognize member achievement in science
16. Create and implement an on-going process to assess ASHI's role and capabilities within the current and future practice of medicine
17. Prioritize resources for current strategic plan