

SART's FIVE-YEAR STRATEGIC PLAN (2019 to 2023)

Purpose

This document describes the strategic plan for the Society For Assisted Reproductive Technology (SART) over the five years from January 2019 to December 2023. It contains four sections:

- A description of SART's mission and business model.
- A description of our five year overall aim and key priorities, with a rationale for each.
- Strategic goals for each of these priorities and how we will achieve them.
- An operating plan and progress-tracking grid that contains, for each priority, a summary of the strategic goals, and allocated responsibilities and timelines for each task described under "How SART will achieve these goals."

The plan does not describe some ongoing work of SART, for which there are no specific goals for the five-year period but which is still critical to our success.

SART's Mission and Business Model

SART's mission is to establish and help maintain the highest medical, ethical and professional standards for ART in an effort to better serve our members and our patients. SART's primary function is to maintain a database of cycle-specific data for all patients served by SART member clinics. An annual summary of treatment cycles and outcomes collected in the Clinic Outcome Reporting System (CORS) is presented as a national aggregate as well as by each member center in the Clinic Specific Report (CSR). The CSR is intended to aid clinicians as they discuss the odds of success with patients. The national report provides member clinics with means to benchmark their performance against the national average. SART monitors the quality of the data provided by each clinic and takes action to ensure compliance with federally mandated requirements. The data in SART CORS is made available for research to SART members, some of which involves identification of best practices. In partnership with the American Society for Reproductive Medicine (ASRM), SART promotes and advocates for the field of ART.

SART's business model is based on its central function: its main source of revenue is annual clinic member fees plus fees paid by clinics for each cycle they initiate and report. SART's ability to achieve its mission and its continued viability is therefore rooted in its ability to continue delivering benefits to the member clinics. The most important of these benefits are:

- The SART CSR:
 - The benchmarks that this provides to clinics.
 - The sense of parity of reporting requirements between clinics that the CORS and its public availability creates.
- SART's brand, as a sign/warrant to patients of quality and safety.
- Research – both the ability for SART members to request data for their own research, using the data in the SART CORS, and the research that SART has conducted with a contracted epidemiologist, which results in knowledge that enhances patient outcomes..
- Information through SART's communications with member clinics and patients.
- Education and guidance on clinical practice.
- A common voice for the industry in advocacy and in dealing with the CDC.
- Standards of excellence.

- Tools that facilitate patient care: for example, universal model consent forms and a patient predictor.

The ultimate beneficiaries of all the work of SART and its members are patients and the families they wish to build.

SART's Five-Year Aim and Priorities

SART's achievements over the last five years

Since the agreement of the last strategic plan, in 2013, SART has achieved significant success in delivering its mission. There has been a substantive reduction in multiple births, as the result of: a shift of focus by SART from pregnancy rates to safety and efficacy, specifically by changing the Clinic Specific Report (CSR) to de-emphasize pregnancy rates per embryo transfer and focus on full term, singleton live births per cycle start. In order to improve the accuracy of cycle reporting, SART developed a process for centers to correct data either on a voluntary basis or when warranted after a validation visit. We have also contributed to the development of safer practice by: enabling substantial research output; developing and maintaining SART's practice guidelines, which provide member clinics with 3rd party legitimacy; developing and providing tools for clinics, including the forthcoming app, which enables tracking the data in real time and universal consent forms. And we have helped support patients by providing outcome data for them on the SART website, including, especially, the patient predictor and patient friendly micro videos.

SART's overarching aim for the next five years (2019 to 2023,) is continued improvements in the quality, safety of, and accessibility to, the practice of ART, measured by a further increase in safe pregnancies and healthy children.

In order to achieve this aim, we have identified nine strategic priorities. These are as follows, with the rationale for each explained.

SART's top three priorities

1. To transform the quality of our communications and engagement with member clinics.

Communication and engagement with its member clinics and patients is a critical activity for SART:

- Clarity of understanding among all the key professionals in each clinic about what they are required to do in terms of data entry, maintaining data integrity, and other reporting, about the necessity of compliance, and about the benefits of meeting the requirement is essential to SART's effectiveness.
- Ensuring that members both understand and appreciate all the benefits of SART membership is critical to SART's ability to continue developing the field.
- Helping patients understand clearly the nature of ART and their probability of success and any risks associated with treatment is central to SART's mission.

SART's communications have failed to achieve these goals fully mainly because of uncertainty about how to articulate benefits, insufficient capacity, dependence on ASRM's communications system; and inadequate mechanisms to engage in two-way communications with member clinics.

2. **To build the SART brand so that member clinics, patients and policymakers associate SART uniquely with quality and safety.**

By 'brand' we mean what all audiences understand when they see or hear "SART." As an institution, membership of which represents a stamp of approval for both patients and insurance companies, SART will benefit significantly by reinforcing the association between high standards of practice and care and therefore safe outcomes and its activities and services: patients will be reassured and membership in SART will be validated in the minds of people leading and practicing in a clinic. At present the brand is not applied consistently or strategically: for example, many member clinics do not use it in their own communications or have it posted on their own websites. SART has not in the past had a specific plan designed to build its brand.

3. **To continue to enhance the quality of the SART CORS and improve the quality and clarity of information based on its data.**

The database is the critical and unique strength of SART: the integrity of the data is high; the other database in the US, the CDC's NASS, is significantly more difficult to access and use. The most powerful 'product' underpinned by the CORS is the Clinic Specific Report (CSR) which enables each member to compare itself with relevant benchmarks. Clinics benefit because patients and insurance companies trust those clinics that are members because their adherence to the highest standards can be validated, which means they are more likely to attract patients to serve and therefore income to sustain their work, and the data, in its sophistication and accuracy, ensures that clinics can be confident that they are playing on a level playing field. There are significant challenges to achieving this goal. The increasing complexity of the field requires more complex data collection, which adds work/cost to clinic data reporters. And the increasing complexity of the data is borne out in the increasing complexity of the CSR. There is a natural debate regarding how complex an analysis benefits patients who have less sophistication with data analysis than researchers or some clinic staff. Finally, validation of data this complex necessitates a publication delay that is now 2 years past the date of collection..

SART's Other Priorities (not in order)

4. ***To enhance SART's relationship with Redshift.***

Redshift, SART's database vendor, is central to the effectiveness of the SART CORS, and is our largest expense. Slow response times for assistance with software help are an increasing problem. Redshift's recent expansion to other major clients presents a potential impediment to providing improved service to member clinics. Establishing better oversight strategies to manage our contract with regard to timely service from Redshift is a significant need.

5. ***To improve SART's relationship with the CDC.***

The CDC is the agency charged with overseeing the federal mandate to record all IVF cycles; although it is significantly more burdensome to enter data into the CDC database and their reports take much longer than SART's to be made available, the clinics can enter data directly, for no charge (clinics are not required to submit their data to SART.) Although this seems very unlikely, it is possible that the CDC significantly improves its database and

thus becomes a more attractive option than SART. Although our missions are not fully aligned, we have common interests in safety and good research that improve patient care. It is therefore strategically important for SART to continue to seek accommodations with the CDC.

6. ***To enable research and development of Practice Guidelines to contribute further to safe practice and improved outcomes.***

SART has contributed to the development of safer practice in ART by developing Practice Guidelines and enabling a large number of peer-reviewed articles based on the SART CORS data. These publications have enabled clinics and SART to improve the quality of patient care and the implementation of safer practices. The ability to leverage the SART CORS in this way is a major strength of ours and underlines the importance of the SART CORS as an asset. A long-term relationship with a contracted epidemiologist has facilitated investigations of long-term effects of ART by linking patients and their offspring to other health registries.

7. ***Advocacy: to continue our positive relationship with our ASRM-based lobbyist, while raising the profile of SART in advocacy initiatives alongside patient advocacy groups.***

It is critical to our mission to promote access to care by increasing the number of states that allow insurance companies to cover ART and the amount of coverage provided by insurers; to ensure that legislators and others who influence policy are aware of the increasing safety levels and success of ART; and, if necessary, contribute to the debates about morally and emotionally sensitive matters such as genetic testing, embryo preservation, and the implications of changes such as personhood amendments.

8. ***Out-of-compliance clinics: to take steps to ensure that 100% of clinics are in compliance.***

A small percent of member clinics are routinely out of compliance with SART data protocol standards. Some of these clinics correct one problem only to commit a different offense shortly thereafter. Since first time offenses are treated differently than a repetition of the same offense these clinics appear to be “gaming the system.” Preventing this pattern of serial offense is essential to our mission of providing safe and ethical treatment to all patients, a level playing field to all providers and assurance to the public at large that the SART brand has integrity at its core. Therefore, creating a consistent and fair system that corrects violations, prevents them from occurring in the future and rewards clinics who “play by the rules” is essential. Operationalized criteria and a balance between sanction and remediation are critical. To date this has not been the case.

9. ***SART’s infrastructure: to ensure we have sufficient committee and paid staff resources to achieve the goals of this plan.***

Some committees are understaffed and Kelley Jefferson, our paid administrator, does not have the bandwidth to tackle all her current workload.

SART’s strategic goals for each priority and how SART will achieve these

This section provides, for each of these priorities, a description of our strategic goals for the priority and how we will make those goals a reality (our operational objectives.)

SART's top three priorities

1. To transform the quality of our communications and engagement with member clinics.

Strategic goals:

- Clinics are empowered and able to access necessary information easily.
- There is effective two-way communication between SART and its member clinics.
- Appropriate clinic staff (data entry personnel and others) have accurate and up to date data entry information.
- All SART clinic staff know what SART is and the benefits of membership.
- A sense of community develops among the membership.
- There is 100% compliance with standards.
- Data quality improves.
- Patients understand how IVF/ART works, what they can expect, what their chances of success are and what risks are involved.

How SART will achieve these goals:

- For member clinics, we will adopt a new communications and engagement strategy:
 - We will differentiate between the various key professionals and key staff in each clinic: physicians, the people entering data into the SART CORS, the laboratory directors, nurses, practice managers and mental health professionals.
 - Using online surveys and a suggestion box on the website, SART will seek information from its members about: their key personnel; what they perceive are the benefits of membership of SART; how they would like to participate in SART; what SART could improve and how; and how they experience SART processes, for example, validation visits.
 - We will tailor our messages in line with the results of this market research, but place an emphasis on the benefits of SART membership and the importance of data collection, its integrity, and on how to make data entry easier and/or less time consuming and costly.
 - We will continue initially to communicate with member clinics by e-mail but will transition to a system of portals. This system will give SART better access to the correct e-mail addresses, improve confidentiality and will improve our capacity to get feedback; these methods of communication will be supplemented with messaging through the app, text and social media.
 - SART will also experiment with town hall style meetings in person but especially online, using available and inexpensive conferencing technology.
 - SART will update its website content and promote aggressively the benefits of being a member of SART.
- For patients, we will:
 - Enhance the quality of the information and its presentation on the website, the principal means of direct communication with them.
 - Develop our messages to improve further patients' understanding of the process of IVF and what they may realistically expect from treatment in terms of outcomes.
 - Reinforce constantly that a clinic's SART membership means quality and safety for them as patients.
- SART will invest in new communications infrastructure:

- A switch from using the ASRM email system to using the SART CORS Portal System for email. This will improve SART's ability to communicate with key personnel within a SART member clinic who are not members of ASRM.
- Further development of portals – currently research (up and running) and advertising (about to be deployed) portals have been developed. Eventually, validation and QA will work through similar SART CORS portal systems.
- Additional staff (or communications vendor support) for Kelley Jefferson.
- An agreement with Redshift on how they will enhance their responsiveness in their dealings with the membership.

The operational plan to execute these strategies is a combination of actions that relate to market research among members, the development of an initial messaging plan that focuses on data and the benefits of SART membership, changes in communications infrastructure, experimenting with a town hall online, an agreement with Redshift and adding staff or contractor support for Kelley Jefferson.

2. To build the SART brand so that member clinics, patients and policymakers associate SART uniquely with quality and safety.

Strategic Goals

- There is explicit acknowledgment of the benefits of being a member of SART.
- A sense of community develops among the membership.
- There is 100% compliance with standards.
- Data quality improves.
- Member clinics explicitly associate their own high standards and successes with membership of SART.
- All clinics use the SART logo in their promotional activities because it symbolizes the highest quality of care, for example by featuring it on their websites and providing links to the SART website.
- All Patients understand more clearly how IVF/ART works, what they can expect and what risks are involved as intended parents, donors or surrogates, and for intended parents what their chances of success are.

How SART will achieve these goals:

SART will invest in a professionally developed and delivered branding plan, using a branding agency. In order to oversee this, we will create a branding subcommittee of the Electronic Communications Committee, which will prepare a brand initiative brief with the assistance of in house ASRM expertise (Julie Beckman) and an RFP for the project.

3. To continue to enhance the quality of the SART CORS and improve the quality and clarity of information based on its data.

Strategic Goals

To enhance the benefits that the SART CORS offers, to minimize the “pain” experienced by member clinics in the form of additional time and effort entailed in entering ever more data per cycle, and to address the increasing complexity and out-of-date nature of the CSR data in some way.

How SART will achieve these goals:

- Develop a new SART CORS query engine that will enable member clinics to access their data in real time in an efficient way. This significantly enhances a current benefit by addressing the challenge of out-of-date data.
- Develop a dashboard of process metrics including benchmarks, with key performance indicators, clinic by clinic. This will advance the sophistication and practical relevance of data available through the database (by introducing metrics for process as well as outcomes.) This constitutes an additional benefit.
- Develop a more robust system for validation (through the portal,) which will further increase the quality of the CSR and reinforce the sense of a level playing field.
- Offer data entry training, to help clinics reduce the time, effort and cost of the process.
- Maintain the quality of the CSR, as a key source of member benefit.
- Provide information on how to use and explain the CSR so that patients can understand it better and a clinic's staff can use it more to enhance clinical practice. These steps address the challenge of the intelligibility of the CSR.

SART's other priorities (not in order)

4. *To enhance SART's relationship with Redshift*

Strategic Goals

- To enhance our relationship with and oversight of, Redshift, essentially in order to mitigate the risks inherent in the contract and the fact that we depend on one key person.

How SART will achieve these goals:

- SART will initiate a regular face-to-face review of service performance with our main contact in order to review and agree the details of what Redshift does and what SART pays for; understand who works on the SART account; and agree basic standards of service and the means of monitoring performance against these.
- SART will ensure that there is a disaster plan put in place for our main contact.
- Designate one person to be our liaison with Redshift, with clearly defined responsibilities for oversight of the contract.

5. *To improve SART's Relationship with the CDC*

Strategic Goals

- Our long-term, 'ideal,' goals are that: there be one registry; we own the data; both SART and the CDC have access to the data; SART has control over what data is collected and that the CDC stays in its lane and serves its own research needs related to public safety and allows and encourages SART to pursue its own.
- Short-term, to improve SART's relationship with the CDC somewhat by opening up contacts, and attempting to identify some common projects, which could act as trust-builders.

How SART will achieve these short-term goals:

- Identify and make contact with, key CDC decision-makers.
- Obtain clear understanding of CDC staffing and other changes in the relevant section.
- Identify a SART CDC liaison person.
- Discuss and agree with key contacts at the CDC on a modest collaboration.
- If the relationship improves, seek agreed definitions of data fields.
- Continue to pursue one database.

6. *To enable research and Practice Guidelines to contribute further to safe practice, improved outcomes, and expanded access to care.*

Strategic goals

- To develop an overarching research strategy that is perceived to benefit the field, patients and clinics; is attractive both to members and researchers outside the membership; and aligns with ASRM's agenda.
- To plan for our contracted epidemiologist's succession.
- To encourage inter-disciplinary research that is perceived to benefit the field, patients and clinics.
- To continue to work with the ASRM Practice Committee to develop Practice Guidelines that define modern standards of care for ART.

How SART will achieve these goals:

- Develop a research strategy.
- Engage with ASRM's Research Institute..
- Develop a succession plan to contract/collaborate with one or more epidemiologist.
- Work with the ASRM Practice Committee to develop Practice Guidelines

7. *Advocacy: to continue our positive relationship with our ASRM-based lobbyist, while raising the profile of SART in advocacy initiatives alongside patient advocacy groups.*

Strategic goals

- Continue working with ASRM as our principal means of supporting advocacy for the field, for clinics and patients.
- Raise the visibility of SART'S advocacy efforts and in particular our identity alongside that of ASRM.
- Exercise more 'oversight' of advocacy priorities to ensure that SART's priorities are appropriately represented in ASRM's advocacy work on its behalf.
- Engage members more in advocacy, with a long-term goal of facilitating state level advocacy on behalf of clinics.

How SART will achieve these goals:

- Clarify the role of our public affairs representative (the Past, Past President) to include advocacy.
- Where appropriate, co-brand our advocacy materials "ASRM/SART."
- Fund two members of the presidential chain to attend Advocacy Day beginning 2019.
- Engage members in advocacy days on the Hill.
- Design our planned survey of members to include an opportunity to share with SART their key issues for advocacy.
- Support awards for accurate reporting on IVF/ART in social media and elsewhere.
- Identify state liaison clinic directors or other personnel where possible as "point" persons for rapid-response advocacy challenges that arise. Encourage members through awards or otherwise for taking on such roles. Create links between state liaisons and SART public affairs representatives.

8. *Out of Compliance Clinics: to take steps to ensure that 100% of clinics are in compliance.*

Strategic goals:

- All member clinics will be in compliance with SART requirements (i.e. each clinic will either have come into compliance or been removed from the SART membership.)

How SART will achieve these goals:

- Review the Validation Committee SoP and ensure consistency with the QA SoP.
- Ensure that all clinics flagged for a validation visit, who are identified as potentially having advertising infractions or QA issues, and all those requiring data remediation, also have QA and advertising audits.
- Change Redshift reporting of outlier clinics to highlight noncompliance.
- Review and update all SART standard operating procedures and ensure internal consistency between them.
- Utilize “warning letters” to those programs whose infractions do not meet the indications for trigger of a validation visit thus educating programs that are at risk for future validation visits and promoting future compliance with reporting requirements.
- Affirm good performance, clinic by clinic, to ASRM and to the public.
- Pilot offering clinics education and training programs, online or in person.
- Strengthen registry and validation committees’ membership.

9. *SART’s infrastructure: to ensure we have sufficient committee and paid staff resources to achieve the goals of this plan.*

Achievement of these strategic goals will require some additional human resources. At present, as has been noted, some committees are under-resourced; with the additional work implied by some of the goals defined in this plan, they will need to be strengthened. We plan, therefore, to strengthen committees, in particular Validation, Registry and Membership. This committee strengthening will be achieved, in part, by having two additional members elected to the Executive Council, with one allocated to the Registry committee the other to the Membership committee. The additional work will also require further support for the paid staff of SART.

Operating plan and progress tracking grid

The final section of this plan, from page 10, below, is a grid that contains, for each priority, a summary of the strategic goals, and allocated responsibilities and timelines for each task described under “How SART will achieve these goals.” This plan has been designed also to be a simple progress-monitoring tool. In adopting this plan, the EC commits to implementing an annual review of progress towards the achievement of its goals. The status column is color coded to indicate progress or the lack thereof:

Green: on or ahead of time and is going as planned.

Yellow: somewhat behind schedule and/or there are some challenges.

Red: significantly behind and/or there’s a serious problem that needs attention.

Purple: Completed successfully.

Please note that responsibilities have been allocated to named individuals for the purposes of clarity; but each individual is responsible by virtue of their office in SART so, when a new person takes up a position, she/he also takes on the responsibilities described in this plan.

SART'S STRATEGIC PLAN: OPERATIONAL PLAN AND PROGRESS TRACKING CHART

Strategic Priority 1: To transform the quality of our communications and engagement with member clinics.

Strategic Goals

- Clinics feel empowered and that they can access necessary information easily.
- Effective 2-way communication, with feedback from clinics, both positive and negative, flowing freely to SART.
- Clinics clearly understand all that they need to about data entry.
- Explicit acknowledgment of the benefits of being a member of SART.
- A sense of community among the membership.
- 100% compliance with standards.
- Data quality improves.
- Patients understand how IVF/ART works, what they can expect, what their chances of success are and what risks are involved.

How SART will achieve these goals

Objectives	Timeline	Special factors	Status as of [progress review date]	Comments (e.g. reason for progress, delay)
Commission and execute member survey	Mid-2019	<ul style="list-style-type: none"> ▪ Needs accurate list of key people in each member clinic. ▪ Will need staff support. 		
Initial messaging plan	30 September, 2019	Messaging plan depends on survey responses.		
Switch to Portal system for e-mail with members	December 30, 2018	Needs agreement with ASRM?		Could this be part of the 'finalization of data' in Nov/Dec 2018?
Agreement w/Redshift on enhanced responsiveness	End of calendar 2018			
Update content on website	Mid-2019	<ul style="list-style-type: none"> ▪ Patient-facing content ▪ In support of new messaging to members. 		
Add staff or vendor support	End of calendar 2019			
Online town hall trial run	End-2019			

Strategic Priority 2: To build the SART brand so that member clinics, patients and policymakers associate SART uniquely with safety and positive outcomes.

Strategic Goals:

- There is explicit acknowledgment of the benefits of being a member of SART.
- A sense of community develops among the membership.
- There is 100% compliance with standards.
- Data quality improves.
- Member clinics explicitly associate their own high standards and successes with membership of SART.
- More clinics use the SART logo.
- Patients understand more clearly how IVF/ART works, what they can expect, what their chances of success are and what risks are involved.

How SART will achieve these goals

Objectives	Timeline	Special factors	Status as of [progress review date]	Comments (e.g. reason for progress, delay)
Create a branding sub-committee of the Communications Committee	End-September, 2018			
Prepare a brand initiative brief and an RFP for the project	Mid 2019			
Agency selected for project completes its analysis and makes recommendations on brand strategy.	Mid-2020			

Strategic Priority 3: To continue to enhance the quality of the SART CORS and improve the quality and clarity of information based on its data.

Strategic Goals:

- Enhance the benefits that CORS offers.
- Minimize the “pain” experienced by member clinics in the form of additional time and effort entailed in entering ever more data per cycle.
- Address the increasing complexity and out-of-date nature of the CSR data.

How SART will achieve these goals

Objectives	Timeline	Special factors	Status as of [progress review date]	Comments (e.g. reason for progress, delay)
Develop dashboard of process metrics.	Ready by mid-2019			
Develop a new CORS query engine.	<ul style="list-style-type: none"> - Plan ready by October 31, 2018 - Start work November 1, 2018 	Will need feedback from Lab and Clinic Directors		
More robust system for validation	End 2020			
Data entry training	Start November 2018			
Maintain quality of CSR	Ongoing			
Guides and other educational tools on how to use the CSR (for both clinics' and patients' benefit)	End-2019			

Strategic Priority 4: To enhance SART's relationship with Redshift

Strategic goal: enhance our relationship with and oversight of, Redshift, in order to mitigate the risks inherent in the contract.

How SART will achieve these goals

Objectives	Timeline	Special factors	Status as of [progress review date]	Comments (e.g. reason for progress, delay)
Initiate a face-to-face review of service performance with Ethan in order to <ul style="list-style-type: none"> ▪ Review and agree the details of what Redshift does and what SART pays for what. ▪ Understand who works on the SART account. ▪ Agree basic standards of service and a means of monitoring performance against these. Insist on a disaster plan for Ethan.	Urgent and then annually			
Designate one person to be the liaison between SART and Redshift, with clearly defined responsibilities in relation to oversight of contract performance and the maintenance of the relationship.	– End-September 2018			

Strategic Priority 5: To improve SART's relationship with the CDC

Strategic Goals:

Long-term, 'ideal' goals:

- There be one registry; SART owns the data; both SART and the CDC have access to the data; SART has control over what data is collected
- The CDC stays in its lane and serves its own research needs related to public safety and allows and encourages SART to pursue its own.

Short-to-medium term:

- Improve SART's relationship with the CDC by opening up contacts.
- Identify some common projects, which could act as trust-builders.

How SART will achieve these goals

Objectives	Timeline	Special factors	Status as of [progress review date]	Comments (e.g. reason for progress, delay)
Identify and make contact with key CDC decision makers	End-July, 2018			
Obtain clear understanding of staffing and other pertinent changes in the CDC ART section.	- End-calendar 2018			
Identify a SART CDC liaison person	- End-September 2018			
Discuss and agree with key contacts at the CDC a modest collaboration (e.g. education materials for patients.)	End-2019	CDC may have budget for this		
If relationship improves, seek agreed definitions of data fields	End-2020			
Continue to pursue one registry database	Ongoing	Specifications of RFA		

Strategic Priority 6: *To enable research and Practice Guidelines to contribute further to safe practice and improved outcomes.*

Strategic Goals

- To develop an overarching strategy that is perceived to benefit the field, patients and clinics; is attractive both to members and researchers outside the membership, and aligns with ASRM’s agenda.
- To plan Barbara Luke’s succession.
- Continue to work with the ASRM Practice Committee to develop Practice Guidelines

How SART will achieve these goals

Objectives	Timeline	Special factors	Status as of [progress review date]	Comments (e.g. reason for progress, delay)
Research Strategy development	Mid-2019	Needs full understanding and engagement with ASRM research policy and staff.		Strategy to include proposed new project: “Development of the SART CORS and SART mobile app as a unified platform for assessing long-term outcomes of ART treatments.”
Initial discussions with the ASRM President	– September 2018			
Succession planning of Barbara Luke	– End-March 2019	Depends on precise timing of retirement.		

Strategic Priority 7: Advocacy: to continue our positive relationship with our ASRM-based lobbyist, while raising the profile of SART in advocacy initiatives alongside patient advocacy groups.

Strategic Goals

- Continue working with ASRM as our principal means of supporting advocacy for the field, for clinics and patients.
- Raise the visibility of SART’S ASRM’s advocacy efforts and in particular identity alongside that of ASRM.
- Exercise more ‘oversight’ of advocacy priorities to ensure that SART’s priorities are appropriately represented in ASRM’s advocacy work on its behalf.
- Engage members more in advocacy, with a long-term goal of facilitating state level advocacy on behalf of clinics.

How SART will achieve these goals

Objectives	Timeline	Special factors	Status as of [progress review date]	Comments (e.g. reason for progress, delay)
Clarify role of Public Affairs Rep (the Past Past, Past President) to include Advocacy	Immediate			
Where appropriate, co-brand advocacy materials “ASRM/SART”	Immediate in case of ASRM Tool Kit for SART patients			
Fund two members of the presidential chain to attend Advocacy Day	In time for next Advocacy Day 2019			
Engage members in advocacy days on the Hill	Starting Feb. 2019			
Design planned survey of members to include opportunity to share with SART their key issues for advocacy	End-2019			

Strategic Priority 8: Out-of-compliance Clinics: to take steps to ensure that 100% of clinics are in compliance.

Strategic Goal: All member clinics will be in compliance with SART requirements (i.e. each clinic will either have come into compliance or been ejected from the SART membership.)

How SART will achieve this goal

Objectives	Timeline	Special factors	Status as of [progress review date]	Comments (e.g. reason for progress, delay)
Review Validation Committee SoP and ensure consistency with QA committee SoP.	End-2018	Needs coordination with QA Cttee.		
Ensure that all clinics flagged for a validation visit who are identified as potentially having advertising infractions or QA issues, and all those requiring data remediation also have QA and Advertising audits	Ongoing			
Institute a system of warning letters for clinics that are at risk for future validation visits and promoting future compliance with reporting requirements	Immediate			
Change Redshift reporting of outlier clinics to highlight non-compliance	End-2018			
Review and update all SART Standard Operating Procedures and ensure internal consistency.	Mid-2021	Place emphasis on performance in fertility preservation and prospective reporting		
Affirm good performance <ul style="list-style-type: none"> - Clinic by clinic – with letter from Validation Committee acknowledging excellence. - Publicly – identify good performers as exemplars 	Routine begins March 2019			
Pilot offering these clinics education and training	1 st pilot completed by end-2019			
Strengthen Registry and Validation committees	By end-Sept. 2018			