

Centering on SCCM's future

The Presidential Address from the 29th Educational and Scientific Symposium of the Society of Critical Care Medicine

I thank you, the SCCM members, for the honor of serving as your president in this coming year.

Like Presidents before me, I know it is an honor shared by family and friends. I would be remiss if I did not acknowledge my family and dear friends who are here with me today, along with Presidents Rob Taylor, Dennis Greenbaum, and Eric Rackow, who served SCCM so well and who have been so supportive of my participation. I would like to thank Norma Shoemaker, who was executive director when I joined SCCM and who, too, was so encouraging of my early involvement. Also, I thank Eric Scott. Many of you know of Eric as an excellent bedside teacher and role model, for which he received our Shubin-Weil Award in 1989. However, I know him as the teacher who introduced me to the intensive care unit as a first-year medical student at Cooper Hospital in Camden, New Jersey. More importantly, I know him as a mentor and role model, a genuinely kind and thoughtful individual, a colleague, and a friend these past 30 years. Please join in thanking all of them for me.

I want to talk this morning about football, a subject about which I know almost nothing. However, as I have observed on most Mondays in the doctor's lounge, as they divvy up the football pool, neither do many of my colleagues.

There is a position on a football team that intrigues me. It is not the quarterback, or the end, or the kicker. It is the center. I am fascinated by the center on the football team. He gets no glory, has no crowd of attractive girls hanging outside the locker room, seldom is sought

for a postgame interview, and almost never sees his name in the newspaper.

Instead, the center on the football team toils in anonymity. He eats dirt—or Astro-turf—all afternoon. He is in the middle of the action. On each play his mission—his sole mission—is to hurl his body headlong across the line of play. The center sacrifices his body, protecting his quarterback.

The center is mission-driven. He is the intensivist, if you will, of his football team. Just like an intensivist, the football center is highly specialized and fully focused. Both the center and the intensivist are indispensable to the success of their teams. That is what I want to talk about this morning: the importance—the imperative—that our specialty of critical care has to be highly specialized, fully focused, and mission-driven.

We intensivists are nearing our 30th year as a specialty. SCCM members, like that football center, must now be one hundred percent intensivists. No longer can we be nephrologists who practice critical care medicine part-time, or pulmonologists, or anesthesiologists, or traumatologists, or any other "ists" with critical care medicine as a sideline. If we believe in the worth of our specialty, we must commit to practicing that specialty. We must make critical care the focus of our entire clinical activity. We must commit to critical care medicine as a singular career choice.

The job of an "intensivist" is one of the 21 hot jobs for the 21st century, according to *U.S. News & World Report*. The organization that represents us, SCCM, must also commit to a singularity of mission. I stand here before you this morning to assure you that we, the leaders of SCCM, are committed to this mission. Last April, I joined the other members of the SCCM leadership in Chicago for a weekend-long strategic planning session that guarantees our singularity of purpose.

I became a member of SCCM in 1977 and have watched the Society develop

during these past 23 years. The Society's mission in 1977 was, and still is, to improve outcomes of care for critically ill patients. I am committed to that mission, and I like how our Society has gone about fulfilling it.

First, we recognized that membership in SCCM should be open not only to physicians, but also to the other members of the healthcare team: nurses, pharmacologists, respiratory therapists, and veterinarians—industry executives, hospital administrators, and basic science investigators. Our Society welcomes anyone involved in critical care, its development, and its science.

In 1977, this membership philosophy was unusual, as most professional societies were open only to one discipline. As a young Society, we (understandably in our early years) focused on education as the best method to improve patient care. Our annual Symposium quickly became one of our most important activities, along with our other educational efforts such as self-assessment tests and multidisciplinary review courses.

We also understood the importance of supporting and recognizing research in critical care. In addition to SCCM's awards and grant programs, our annual Symposium offers scientists the opportunity to present their work and to engage in discussion and debate.

Of course, the Society needed to develop a vehicle to showcase research and developments in critical care. Thus, the journals *Critical Care Medicine* and *New Horizons* were established. Completing this family of publications will be the soon-to-be-published journal, *Pediatric Critical Care Medicine*.

It did not take SCCM long to recognize that our obligation to our members did not stop with education and research. We also had a responsibility to develop a program of representation and advocacy. When you spend two hours at a bedside, resuscitating and stabilizing your critically ill patient, and his insurance com-

Presented, in part, at the 29th Educational and Scientific Symposium of the Society of Critical Care Medicine, Orlando, FL, February 12, 2000.

Address requests for reprints to: Carolyn Bekes, MD, One Cooper Plaza, Cooper Hospital, Camden, NJ 08703.

Key Words: strategic plan, Society of Critical Care Medicine, intensivist, multidisciplinary critical care

Copyright © 2000 by Lippincott Williams & Wilkins and the Society of Critical Care Medicine

pany values your skills and knowledge at fifty dollars, something is wrong with that system. As an individual physician, you are powerless to challenge it. However, when you band together collectively, using the voice of not only SCCM, but also other specialties and other professional societies, you can effect change.

You can make a difference—and SCCM has.

From pushing HCFA [Health Care Financing Administration] to accept critical care codes to acknowledging the need for appropriate reimbursement, I am proud of the difference SCCM has made, and continues to make, in our practice lives.

I am also proud that SCCM recognized early that our membership and obligations do not stop at America's borders. We have a global responsibility to improve the care of critically ill patients everywhere in the world. The popularity and usefulness of our Fundamental Critical Care Support program has led to a dramatic increase in international members during the past few years.

We have accomplished a lot in our first 30 years. Also, the April strategic planning meeting I spoke of earlier guarantees that SCCM has set the course for accomplishing much more in its future years.

I know that we have all done the strategic planning drill—where we spent a day or a weekend holed up in some meeting room. Our time at most of these meetings is spent setting goals and objectives that get bound into a booklet and relegated to a shelf, forgotten at best, or never implemented at worst. Many of us quickly return to business as usual.

Last April for SCCM, it was *not* business as usual. Your leadership developed a smart, sensible, doable plan that will not be relegated to a shelf. Every word, every program, every expenditure in the SCCM plan had to meet one single overriding litmus test: Is it mission-driven, and can we pay for it?

The SCCM plan outlines four strategic initiatives that meet this test. More importantly, the SCCM plan has timelines with definite measurable goals. Let me tell you about these initiatives:

- First, to establish the intensivist-led model of critical care as the standard
- Second, to have SCCM recognized as the preeminent international critical care organization
- Third, to offer educational programs on multiple platforms and to distribute them worldwide

- And fourth, to promote standards of care using evidence-based medicine.

It is a tall order, but we have a track record that says we can fill it. Time does not permit me this morning to go into great detail, but you can look for the full SCCM strategic plan on our website, www.sccm.org. Even if you do not read the plan in detail, what I want you to carry away with you this morning is the assurance that your organization is committed to providing the leadership and support you need to do your job as a critical care specialist. Let me summarize the gist of that weekend of work and what we have committed to do.

First, SCCM will promote the model of the multiprofessional, intensivist-led team and will objectively demonstrate its value for patients and payers. The Society will help *you* raise awareness of the vital role of the intensivist in your hospital and community. Do you remember the 2010 video that was showcased at this meeting last year? That 13-minute video was designed specifically for you to use in speaking to other medical specialties, civic organizations, students, payers, and hospital administrators as you try to explain what we do. It is available to you as a member. After we have accomplished these tasks, we need to recognize intensive care units that meet our standards in the same way that the American College of Surgeons recognizes trauma units.

We are also committed to making SCCM the preeminent international critical care organization. To do this, we will need an expanded financial base and, therefore, are launching a foundation to promote philanthropy and other forms of giving.

At the same time, we plan to make our educational offerings available on multiple platforms. We are all finding that limited finances prevent us from attending many meetings. By using the Internet and CD-ROM resources, we can offer continuing education to audiences around the world.

Finally, by developing guidelines and protocols that are evidence-based, we can help you improve care in your communities. We have developed Project IMPACT to be used as a tool to measure what kind of job we are all doing. Project IMPACT can also be used by each of us to compare the performance of our intensive care unit with the performance of similar units.

There are two speed bumps we need to cross on our way to these objectives. First of all, SCCM is moving to Chicago. Why? The lease on our headquarters building in Anaheim is up in 2001. It makes good sense to use this opportunity to move our organization closer to a place that is more accessible to you: the middle of the United States, near one of the world's major transportation centers.

Moves are never easy, or cheap in the short run. However, they are often necessary and financially prudent in the long run. Taking SCCM to the center of the country, to the home of so many other medical organizations, is the right move for us. Also, now is the right time.

Undoubtedly this will be a difficult time—we will lose many staff members who have played such a critical role in our success. We will miss them enormously.

We also must not underestimate the financial cost and its short-term impact on what we do. However, this move is *essential* for us to continue to position ourselves to reach the goals we have set.

Also, there is one more challenge facing us. We will need to identify a new Chief Executive for our organization. Steve Seekins, who has served SCCM so well for close to five years, has decided that the time is right for him to move on. In June, Steve will be leaving us. Please join me in thanking Steve and wishing him well.

SCCM's first 30 years have been amazing. The Society has grown from a handful of the first critical care doctors to today's nearly 10,000 professionals committed to addressing the critical care needs of our patients. We have seen so many changes in these last 30 years. We can only wonder what the next 30 years hold in store. The possibilities are endless and exciting.

Like that center on today's football team, we may see our equipment refined, the rules changed, and the game altered. However, our single-mindedness of purpose, our mission, is and must remain steadfast. We must improve outcomes of care for our critically ill patients.

I do not need to be in the office pool to know that is a winner.

Thank you for your attention and your support.

Carolyn E. Bekes, MD, MHA, FCCM
2000 President
Society of Critical Care Medicine