Our Business | Mission
EBAA sets standards, provides education, and engages in advocacy to support donation, transplantation and research.

Our Impact | Vision
To restore sight and eliminate corneal blindness worldwide.

Ongoing Operations
- Accreditation
- Certification
- Medical Standards
- Education
- Metrics
- Community Building
- Publications
- Advocacy (Legislative and Regulatory)
- Member/Volunteer Support
- Operational support

Strategic Drivers

Member Value
Physician & Medical Director Engagement
Organization Strength
Strategic Intelligence
Advocacy

Our Beliefs and Values
Quality | Collaboration | Innovation | Advocacy | Service
## STRATEGIC DRIVER: Member Value

<table>
<thead>
<tr>
<th>Strategic Driver</th>
<th>Goals</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td><strong>Member Value</strong></td>
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<tr>
<td>Develop and deliver innovative, high-value, timely solutions that support members’ evolving professional development and business needs</td>
<td>• Increase member satisfaction</td>
<td>• 10% increase in member satisfaction</td>
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<td></td>
<td>• Strengthen programs, products, and services</td>
<td>• Create 3 new offerings that support members’ operations and achieve at least 50% adoption/utilization</td>
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<td></td>
<td>• Build member community</td>
<td>• Publish medical standards that are appropriate for use outside the United States</td>
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<td></td>
<td>• At least 50% of the staff of EBAA members are engaged with EBAA</td>
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<td></td>
<td>• At least 70% of members’ staff see EBAA resources and experiences help them do their jobs effectively.</td>
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<td>• Increase number of international members by 50%</td>
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Member satisfaction will be determined by our accomplishment of all the other activity anticipated in this strategic plan.

We propose the creation of a committee, comprised of CEOs and eye bank staff, to help identify members’ needs and expectations. Initial opportunities include:
- Discount Programs
- Education/Training
- Financial Services

We may also want to create a similar committee of physicians to propose products and services to meet their needs.

Member engagement includes meeting/webinar attendance, committee service, list serve participation, responses to EBAA communications.

We will need to enhance benefits to international eye banks before we can actively recruit them. Much of our content and delivery systems are US/English oriented. Areas in need of globalization include:
- Medical Standards
- CEBT Exams
- Conferences and Training
- Branding of EBAA Accreditation
### STRATEGIC DRIVER: Physician & Medical Director Engagement

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| Physician & Medical Director Engagement | • Increase information sharing                                         | • Create list serve for Medical Directors.  
• Satisfaction metrics:  
  • 75% retention of subscribers  
  • At least 2 substantive discussions each quarter  
  • Earn satisfaction score better than 3 on 1-7 scale  
  • At least 1 case/year could be developed for presentation to the membership or publication in IJEB. |
|                                  | • Build the physician community                                       | • Increase physician attendance at EBAA meetings  
• At least 10% of participants in committees are physicians. |
|                                  | • Involve young physicians                                             | • At least 50% of PLP attendees will serve on EBAA Committees for the first 2 years of the program.  
• 75% will be retained for future committees.  
• 50% of PLP participants will attend another EBAA sponsored meeting in the next two years  
• The majority of cornea fellowship programs will use EBAA education materials |

A list serve for Medical Directors will compete with KERA-Net and other organizations’ resources, so it must be eye bank-specific. Areas of particular interest may include interesting or unusual Medical Directors’ consultations or case studies. We can also touch on reimbursement and advocacy, although we must ensure that we have the expertise to provide trustworthy answers. In all cases, we will need senior physicians and Medical Directors to monitor the list and seed discussion topics.

It is unclear that attendance at EBAA events is representative of the strength of the physician community, but this sets aspirational goals to pursue. The essential task is to introduce the next generation of surgeons to eye banking and to help them understand the profession.

EBAA has direct relationships with 11 fellowship program directors and indirect access to a further 23 programs. We can work with these physicians to develop and distribute educational content that supplements their curriculums; may also host events for them during our meetings.

Our Scientific Symposia are very well received by physicians; enhance these programs and use as catalyst to attract new doctors. We can also use IJEB as an engagement tool.

As noted in the Member Value driver, a physician committee may help us determine what these members’ needs and interests are and can help us enhance the benefits of Paton Society membership.
## STRATEGIC DRIVER: Organization Strength

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</table>
| **Organization Strength**  
Build an organizational structure and the financial resources to support volunteers and staff in fulfilling our mission | • Diversify the business model | • Generate three new sources of revenue or offsets to expenses by $50,000/year |
| | • Strengthen governance | • Establish new member category(ies) with at least 20 new members |
| | | • Increase participation in HOD |
| | | • Establish a Governance Review Committee focused on both the Board and House of Delegates (by March, 2016). Committee will offer proposals no later than December, 2016. |

New revenue sources will reduce our reliance on members, whose dues, registrations and accreditation fees accounted for 82.4% of our FY 2015 revenue. However, as a small profession with relatively few vendors, our opportunities are limited.

New membership categories may require bylaws amendments and philosophical shifts (for-profit v. non-profit). The benefits offered to these new members must justify their dues expense because they lack the affinity for EBAA that eye bankers and physicians have.

OUTSTANDING ISSUE: HOD participation may not effectively measure the strength of our governance model. 38% of registered delegates didn’t pick up their packets in 2015, but we have never asked why. We must distinguish between voting and genuine deliberation and participation in the leadership process, and must facilitate more vibrant and compelling discussions.

A Governance Review Committee can help us determine what members feel is lacking in our governance structure, which can help guide reform efforts.
### STRATEGIC DRIVER: Strategic Intelligence

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</thead>
<tbody>
<tr>
<td>Strategic</td>
<td>Identify medical, technical, and business trends/issues that will impact eye banking</td>
<td>• Actively scan the environment for medical and technical advances</td>
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<tr>
<td>Intelligence</td>
<td></td>
<td>• Create a diverse, multi-disciplinary Innovation Committee by June 2016 that identifies areas of further study</td>
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<td>• The committee’s findings will drive new product and service development</td>
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<td>• Establish relationships with at least 2 entities in each area monitored</td>
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<td></td>
<td>• Look out for changes in the business environment that would impact either members or EBAA</td>
<td>• Establish a business intelligence function that regularly provides information to members</td>
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</table>

The Innovation Committee should include members from outside eye banking/ophthalmology profession. Eye bankers on the committee will likely face conflicts between participating in the discussions and protecting proprietary information.

The committee must pursue multiple lines of inquiry throughout its tenure to guard against getting locked in on one course of action.

Establishing relationships with entities and individuals outside eye banking will require us to provide insights and benefits of interest to them. This may require openness in a number of areas, including membership and representation.

Our business intelligence efforts must not only notify members about possible environmental shifts, but also give them resources to respond to those changes. Thus, this can be the source of new member programs and services.
**STRATEGIC DRIVE: Advocacy**

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<tbody>
<tr>
<td>Advocate to Physicians</td>
<td>• The majority of corneal fellowship programs will feature the Follow the Cornea Program</td>
<td>• Develop a strong brand image for EBAA’s Accreditation program</td>
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<td></td>
<td>• Develop a template for eye banks to calculate the cost to recover and process corneal tissue</td>
<td>• Develop and launch a “Medical Director of the Year” award</td>
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<tr>
<td>Advocate to Government</td>
<td>• Create a data bank of tissue recovery and processing costs</td>
<td>• Host FDA Liaison meeting with member participation by September 2016 and hold annually thereafter</td>
</tr>
<tr>
<td>Advocate to and with other organizations</td>
<td>• Develop 2 new partners for advocacy</td>
<td>• Equip members with tools and for reimbursement that have a satisfaction of at least 3 (on a 7 point scale)</td>
</tr>
</tbody>
</table>

As noted in Member Value section, EBAA has strong relationships with many fellowship programs and can draw on that to develop and distribute educational materials.

Branding our Accreditation program will entail advertising and marketing expense. The physician panel proposed in Member Value and Physician Engagement should help us develop an effective strategy.

Documenting eye banking’s cost structure will help justify cornea processing fees if reimbursement is challenged in Medicare or private insurance. Eye banks will have to share sensitive cost data if we will get usable info; this is not information that we intend to share unless forced to do so by to protect our reimbursement levels.

FDA liaison meetings can dovetail with Innovation initiatives to ensure that the regulatory setting allows eye banking to benefit from new medical advances.

Advocacy partners could include the ASC Association, OOSS, Nat’l Assn of Medical Examiners, Nat’l Funeral Directors Assn and others. Working with them will likely require us to expend effort on issues not directly tied to eye banking, but will give us a more complete picture of the environment in which our members operate.

Developing resources to help members conduct effective reimbursement advocacy will require data collection from eye banks and from government and private sources and may require the use of consultants and other experts. These will carry expenses that will be determined and presented to the Finance Committee and Board of Directors for approval.