



MINNESOTA
MEDICAL
ASSOCIATION

MMA Annual Update

2010 - 2011

It's at New Day at the MMA

Dear Colleague and MMA Member,

It has been an extraordinarily busy and productive year for the Minnesota Medical Association (MMA). Typically, annual updates are provided to members through reports sent to the House of Delegates (HOD). Last year the HOD decided to forego the reports and, instead, asked that the MMA develop an Annual Report that could be shared with all members. This “Annual Update” is our initial effort to provide a report to members that summarizes key activities since the 2010 Annual Meeting. Although it doesn't cover everything, it attempts to highlight key items and identifies reports and staff contacts for those who wish to know more. Enjoy!

Annual Update -- 2010-2011

Key Advocacy Issues

MMA leaders and staff spent most of the year focused on key advocacy issues, many of them at the Minnesota Legislature. The Legislature was wrestling with the two-year budget for the state and facing a multi-billion dollar deficit. MMA worked to minimize cuts to many of our health and human services programs. In the end, after a 20-day state government shutdown followed by a one-day special session, cuts to physician payments were mixed—a 3 percent cut to physician services in fee-for-service public programs with much larger cuts to health plans which are part of PMAP (Prepaid Medical Assistance Program). Most of these cuts will likely be passed on as lower payments to physicians. Although significant, the cuts could have been much worse.

Other legislative advocacy highlights included the following:

- Acceptance of the early enrollment option in Medicaid for adults without children. This will allow individuals to qualify for MA and eliminate the need for our state-funded General Assistance Medical Care (GAMC) program.
- After years of lobbying, the Legislature and Governor finally acknowledged the need to eliminate the provider tax, and legislation was passed for its repeal. The tax will be phased out over many years and eventually repealed on December 31, 2019.
- MMA was actively involved with more than 50 legislative issues this session, with the vast majority of their outcomes aligned with MMA direction.

- MMA also weighed in, directly with our members of Congress and via the AMA, on the deliberations that led to passage of the Affordable Care Act (ACA). Although MMA members were split on the ACA, there was consensus on key aspects of the legislation, and MMA efforts were directed toward shaping the legislation.
- Once the ACA passed, MMA opposed efforts for its repeal and was ready to work to influence its implementation by modifying or eliminating undesired aspects of the law.

Many of MMA’s advocacy efforts were in the regulatory arena. MMA worked with the Minnesota Department of Health and the Department of Human Services to shape rules, regulations and policies. This year, MMA work focused on assuring appropriate implementation of Health Care Homes and the emerging Provider Peer Grouping initiative (set for release of initial data this fall).

Other advocacy efforts included the following:

- MMA continued to work on health care and physician practice measurement issues such as pay for performance, Minnesota Community Measurement and other programs.
- MMA informed and educated members about payment reform concepts such as total cost of care and accountable care organizations (ACOs) through conferences, webinars, outreach, and electronic and print communications.

Strategic Planning

During the course of the year, the MMA Board of Trustees spent much of its time on the development of a strategic plan that will move MMA into the future. While the MMA Core Purpose and Mission (“To provide advocacy, information, education, and leadership for Minnesota physicians and their patients”) were unchanged, the Envisioned Future and Goals were substantially modified:

MINNESOTANS

- 1. Through MMA leadership and advocacy, health care is reformed to provide universal access to high-quality, low-cost health care to all Minnesotans.**
- 2. MMA’s advocacy for healthier lifestyles has significantly contributed to Minnesotans being the healthiest in the nation.**

HEALTH PROFESSIONALS

- 3. Minnesota’s highly acclaimed health care system values the physician-patient relationship, values the physician in the allocation of health care resources, and serves as a universally recognized model for the entire country.**

PHYSICIANS

- 4. Minnesota physicians credit MMA with creating an environment that makes Minnesota the best state in which to practice.**

MMA AND ITS MEMBERS

- 5. MMA is recognized as being the catalyst for leading and establishing access to high-quality and affordable health care for all Minnesotans.**

Your board and staff are working to refine the plan to include specific strategies and measures of success. Beginning at the annual meeting, and over the next few months, we will more fully communicate the plan to all members. We also will be asking important questions, such as: How can we best achieve the vision? What will need to change? What should stay the same? How should we prioritize resources? We look forward to your input on these and other key questions.

New MMA brand identity unveiled

While the board worked on strategic planning, the Marketing and Communications team worked to reflect its vision in a new brand identity. This new, updated MMA brand identity was unveiled at the 2011 annual meeting in Duluth. The new identity and the strategic plan work together to position MMA as an organization that is ready to meet the challenges of the new health care marketplace. In the future, you will see the new identity on all MMA materials, including stationery, website, e-newsletter, Minnesota Medicine and Physician Advocate.

Physician Wellness/MMIC Transition

Two other unique issues warrant discussion.

- MMA's exploration into physician wellness was catalyzed by Patty Lindholm, MD, MMA president. A work group explored the adage "physician, heal thyself" and recommended that MMA help educate and provide members with information on a wide array of physician wellness issues. MMA has developed [several resources on physician wellness](#) and has scheduled a [physician well-being summit](#) for leaders in October 2011.
- The Midwest Medical Insurance Company's (MMIC) proposal to transition from a Stock Company to a Mutual Holding Company consumed a great deal of time and energy during the past 18 months. MMA, as the Class B stockholder for MMIC, worked to support the transition, which will better position MMIC for future growth while assuring that MMIC remains a key partner with Minnesota physicians (in providing both medical liability coverage and other services of value). The new structure also will secure the long-term relationship and commitments to MMA. The MMIC proxy vote to approve this transition is currently in the hands of Class C stockholders (MMIC insured).

Membership

As expected, MMA membership in 2010 dropped for the first time in seven years. In 2011, one large clinic withdrew membership for a large portion of its physicians and others have chosen not to renew or join. The 2011 year-to-date membership is 10,035. There are many factors involved in this decline – the economy, lower physician reimbursements, the move to large group practices, the need to redefine the MMA value equation and more. The evolving strategic plan is focused on addressing these issues.

Two-thirds of regular active members now participate in some type of dues discount program.

Financial Position

The financial position of MMA remains strong. The 2010 budget expectations were met, resulting in \$1,920 net revenue. While 2011 year-to-date operations are behind budget, there is a good likelihood that [year-end financial projections](#) will be met. The MMA long-term investment account continues to mirror the external market and has reserves of 18 months of operations. The [year-end financial audit](#) performed by the auditing firm Olsen, Thielen and Company for the calendar year 2010 is available. [MMA Board of Trustees and Executive Committee minutes](#) are available.

Finally, we must give our heartfelt thanks to many people – colleagues and staff alike. During the past year the MMA Board, officers, AMA delegation, MMA House of Delegates, MMA committee and task force members, and MMA staff worked hard to support the MMA and thereby support Minnesota physicians. Many thanks to all.

Patty Lindholm, MD, MMA President

Dave Thorson, MD, MMA Chair, Board of Trustees

Robert Meiches, MD, Chief Executive Officer

MMA Committees and Work Groups

Administration and Finance Committee and Treasurer's Report

The committee has met five times since the last MMA Annual Meeting. The committee is responsible for recommending the 2011 budget and dues level to the MMA Board. Key activities included the following:

- Submitted a budget, subsequently approved by the MMA Board, with an operating deficit of \$30,000 (deficit of 0.75 percent) including a recommendation for a \$10 RA dues increase.
- Monitored MMA long-term investments, which showed a return of 6.32 percent (based on a 60/40 equities/fixed investment and, through March 2011, a 4.00 percent return using the same asset mix.
- Reviewed the MMA investment policy.
- Revised the MMA audit process and met with the auditor to review year-end reports.
- Recommended approval of policies for 990 reporting.

Chair: David Westgard, MD

Learn more about the [Administration and Finance Committee](#).

Contact: George Lohmer, Director, Business Development and CFO, (glohmer@mnmed.org)

Accreditation and Continuing Medical Education (ACCME) Committee

- **2010 CME Recognition Program**

As a CME provider, MMA complies with the ACCME Updated Accreditation Criteria and Standards for Commercial SupportSM and the American Medical Association (AMA) criteria for *AMA PRA Category 1 CreditTM*.

MMA worked with a variety of non-accredited organizations to jointly sponsor more than 70 events, which provided physicians 730 hours of education. The programs were attended by 3,800 physicians and 2,900 non-physicians.

- **2010 CME Accreditation Program**

MMA currently accredits 22 health care organizations in Minnesota. MMA-accredited providers sponsored 6,325 credits attended by 37,030 physicians and 36,935 non-physicians. Commercial support and exhibitor funding for programs continues to be in decline.

The committee conducted five site surveys; two providers (HealthEast and Essentia) achieved the high level of accreditation. Mayo Health Clinic-Mankato and Mayo Health Clinic-Albert Lea voluntarily withdrew as accredited providers.

Chair: Jack Wilson, MD

Learn more about the [Accreditation and Continuing Medical Education Committee](#).

Contact: Stephanie Turkowski, Manager, Education, (sturkowski@mnmed.org)

Other key activities included the following:

- MMA, in partnership with Minnesota Medical Group Practice Association and Twin Cities Medical Society, hosted an Accountable Care Organization event, featuring Harold Miller. The event attracted more than 175 people and was co-sponsored by the Range Medical Society.
- MMA hosted a variety of free webinars on various topics. Most notable was the series on Peer Grouping, which included topics such as quality and cost reporting and provider peer group overview.
- MMA collaborated with various health care organizations to showcase topic experts including: Paul Kleeberg, MD, clinical director for REACH; Mark C. Rattray, MD, CareVariance, LLC; experts from Minnesota Department of Human Services and Minnesota Department of Health; Stratis Health; and MN Community Measurement.

Ethics and Medical Legal Affairs Committee

The committee has met four times during the year. Key activities included the following:

- Tracked the work of the Board of Medical Practice's (BMP) Maintenance of Licensure and Continuing Competency Task Force.
- Participated on the Wisconsin Licensure Portability Advisory Committee -- BMP and MMA were invited to participate on this committee which was created by the Wisconsin Medical Society (WMS) to develop and deploy an interstate licensure portability program that reduces statutory and regulatory barriers to cross-border licensing for physicians.
- Reviewed the AMA's Center for Ethics and Judicial Affairs (CEJA) Policies — MMA was asked by AMA to review a list of AMA CEJA policies and make a recommendation on whether any policies needed revision based on MMA's related work. MMA provided recommendations on two CEJA policies: Policy 8.061 on Gifts to physicians (marketing practices) and Policy 9.0305 on Physician health and wellness.
- Invited MMA President Patty Lindholm, MD, to speak about her presidential initiative of promoting the health and well-being of physicians. Lindholm identified opportunities for MMA to take a leadership role in proactively combating physician, resident, and medical student burnout for members. Some of the opportunities she identified included providing information by listing published resources on the MMA website and in MMA publications; offering education through retreats, CME programs, and seminars; and working to foster a sense of collegiality among physicians. She recommended meeting with interested stakeholders to understand what currently is being done in Minnesota to combat burnout and facilitating the formation of wellness groups in which physicians from around the state can participate.
- Continued to convene the Provider Orders for Life-Sustaining Treatment (POLST) Task Force, which was formed in 2009. The task force continues to meet bi-annually to make revisions and discuss ongoing implementation efforts throughout Minnesota.

Chair: Todd D. Brandt, MD

Learn more about the [Ethics and Medical Legal Affairs Committee](#).

Contact: Karolyn Stirewalt, JD, (kstirewalt@mnmed.org)

Health Care Access, Financing and Delivery Committee

The committee has met five times since the 2010 MMA Annual Meeting. Key activities included the following:

- Researched and developed policy recommendations for the MMA Board of Trustees on nurse staffing ratios (see MMA policy 60.323); health care workforce (report to the MMA Board of Trustees in response to HOD-10, Resolution 209); and site-of-service payment disparities (HOD-10, Resolution 301; see Report B in Reference Committee A). The committee began its analysis of additional items, including challenges associated with prior authorization of medications (HOD-10, Subst. Resolution 201).
- Engaged on relevant legislative issues, including MinnesotaCare defined contribution proposal. The committee also met with Rep. Jim Abler, chair of the House Health and Human Services Finance Committee to discuss his high-cost provider proposal.

- Reviewed developments regarding Minnesota’s health insurance exchange and reviewed proposed rules for Medicare’s shared savings program (ACOs).

Chair: Douglas L. Wood, MD

Learn more about the [Health Care Access, Financing and Delivery Committee](#).

Staff: Janet Silversmith, Director, Health Policy, (jsilversmith@mnmed.org)

Leadership Effectiveness and Development Committee

The committee is charged with improving MMA leadership effectiveness, and developing and encouraging future MMA physician leaders. Key activities included the following:

- Assessed the effectiveness of the MMA Board, individual board members, and the board chairperson using surveys and committee review.
- Distributed a survey to the members of the 2011 House of Delegates seeking their assessment of MMA Board performance. The results were made available at the MMA Annual Meeting.

Chair: David Agerter, MD

Learn more about the [Leadership Effectiveness and Development Committee](#).

Contact: George Lohmer, Director, Business Development and CFO, (glohmer@mnmed.org)

Membership and Communications Committee

The committee was formed in 2011 to address topics that had been under the auspices of the former Communications Committee and the Membership Task Force. This newly created committee will focus on membership recruitment and retention, as well as provide direction to MMA Marketing and Communications. Key activities included the following:

- Provided input for MMA rebranding.
- Reviewed and enhanced the membership dues structure, including multi-year membership plans. A recommendation that includes dues pricing and customer enhancements will be made for the 2013 dues year.

The committee will be conducting an in-depth analysis of the following topics during the next year:

- Membership recruitment and retention; specifically addressing the membership value equation and how to grow MMA membership as the health care environment changes dramatically.
- Communications to members; how to better use electronic and print vehicles to enhance member communications.

Chair: Keith L. Stelter, MD

Learn more about the [Membership and Communications Committee](#).

Contact: Kathy Messerli, Director, Member Relations and Education, (kmesserli@mnmed.org)

Contact: Terry Ruane, Director, Marketing and Communications, (truane@mnmed.org)

Other key activities included the following:

Rebranding

- Created logo and new brand identity for MMA. In the future, this new look will be on all MMA materials, including stationery, website, e-newsletter, *Minnesota Medicine* and *Physician Advocate*.

Minnesota Medicine

- Earned six awards of excellence from the Minnesota Magazine and Publications Association, including: Silver Award for overall Excellence, Gold Award for Best Single Cover and Gold Award for best “how-to” article.
- Redesigned magazine, giving it a more contemporary look.
- Saved \$1,500 per issue by changing printers.
- Launched digital version for medical students and residents.
- Introduced two new features: “Meet a Member” profile and MMA in Action.
- Unique visitors to Minnesota Medicine’s web page will increase by a projected 37 percent, from 120,500 in 2010 to a projected 165,700 in 2011; and unique visitors from Minnesota will increase by a projected 40 percent, from 26,880 in 2010 to a projected 37,669 in 2011.

Media Highlights

- Conducted media campaign raising concern about Medica’s Premium Designation Program in 2011. This topic received extensive coverage, including:
 - Star Tribune front page story
 - WCCO AM Radio 10-minute interview
 - WCCO-TV, FOX-9 TV and MPR
- Co-sponsored Childhood Vaccination program, which featured press release that appeared in Duluth, Northfield, and several other community newspapers.
- Three-hundred thirty-one MMA media mentions in 2010.
- Placed two editorials/op-ed stories in Minneapolis/St. Paul newspapers.

Website

- Redesigned website to reflect new branding.
- Launched President’s Blog in late 2010, published 20 blog entries with more than 4,000 page views.
- Began sending a customized version of MMA News Now e-newsletter to non-members with special membership messages.
- Developed Health Care Reform web pages, including an interactive health care reform timeline, which showed major events related to Minnesota’s 2008 health care reform law.

Advocacy

- Helped launch Freshman Friday’s initiative to help physicians connect with 60 new Minnesota lawmakers. Program connected with 40 of the targeted lawmakers.

Minority and Cross-Cultural Affairs Committee

The committee has met three times since the 2010 Annual Meeting. Key activities included the following:

- Continued to educate physicians about the Culturally and Linguistically Appropriate Services in Health Care (CLAS) standards with a focus on those standards that are federally mandated and pertain to language access.
- Collaborated with MMA membership staff and the Minnesota Academy of Family Physicians Foundation to present language services training sessions to clinics and hospitals, including presentations at HealthEast Rice Street Clinic, St. Paul; University of Minnesota (U of M) Family Medicine Interest Group; Affiliated Community Medical Centers, Willmar; and U of M Medical School, Duluth. The committee developed this presentation in collaboration with UCare and the U of M's Program in Translation and Interpreting, both of which are members of the Upper Midwest Translators and Interpreters Association's Interpreter Stakeholders Work Group.
- Approved a two-year work plan that includes efforts such as reaching out to other cross-cultural stakeholders in Minnesota, supporting Native American and medical student interchanges, and partnering with the MMA's Public Health Committee.
- Researched the licensing difficulties of internationally-trained medical graduates.
- Continued to provide advice and support to the MMA's Medical Student Section, which operates the mentoring program for high school students interested in medicine at Harding High School in St. Paul.

Chair: Dionne A. Hart, MD

Learn more about the [Minority and Cross Cultural Affairs Committee](#).

Contact: Scott Smith, Manager, Communications and Media Relations, (ssmith@mnmed.org)

Public Health Committee

The committee has met four times during the year. Key activities included the following:

- Helped Minnesota Department of Health (MDH) produce an orientation handbook for the state's Community Health Board medical consultants.
- Worked on both the tobacco tax ("Raise it for Health") coalition and a coalition to support continued funding of the Statewide Health Improvement Program (SHIP).
- Reviewed and endorsed modifications to the MDH lead clinical guidelines drafted by an expert advisory group that included public health committee member Beth Baker, MD.
- Met with primary staff for the Minnesota Chlamydia Partnership (MCP) to learn more about the Chlamydia epidemic in Minnesota, review the MCP Statewide Action Plan, and consider opportunities for physician education. Submitted a resolution regarding Chlamydia screening to the 2011 House of Delegates.
- Discussed chronic Hepatitis B infection in Minnesota immigrant communities with representatives from the Lao Assistance Center of Minnesota and the African Wellness Program of the Minneapolis Urban League.
- Learned about the Minnesota Cancer Alliance – for which public health committee member Al Levitan, MD, is the MMA representative – and discussed HPV vaccination policy as well as physician links to the entire 2011-2016 Cancer Plan.

- Evaluated 2010 Resolution 402: Health Notes for Proposed Legislation and advised the MMA Board of Trustees to adopt the resolution and advocate for the inclusion of critical, health-related perspectives as part of the debate surrounding certain state legislation.
- Evaluated 2010 Resolution 405: Removal of Fruit Juice from the Women, Infants, and Children Program (WIC) and the Minnesota Food Stamps Program, and advised the MMA Board of Trustees to adopt a slightly modified version that supports the removal of fruit juice only from WIC, and advocates the substitution of fresh fruits and vegetables.
- Received an update from Ruth Lynfield, MD, state epidemiologist, regarding infectious diseases in Minnesota, the importance of patient vaccination, and the spring measles outbreak.
- Received staff updates from Britta Orr, policy analyst, regarding public health elements in the Affordable Care Act and progress that has been made during the first year of implementation; heard about links to ongoing public health activities in Minnesota (such as SHIP) and funding opportunities that have been secured or are in the process of being secured.
- Began to explore overlapping interests with MMA's Minority and Cross-Cultural Affairs Committee and scheduled a joint meeting.

Chair: Amy Gilbert, MD

Learn more about the [Public Health Committee](#).

Staff: Britta Orr, Policy Analyst, (borr@mnmed.org)

Quality Committee

Key activities included the following:

- Developed principles to guide MMA policy on comparative effectiveness research.
- Addressed concerns related to the Minnesota Statewide Quality Reporting and Measurement System mandate to collect patient experience data.
- Provided input and guidance on two noteworthy projects: the Minnesota Alliance for Patient Safety (MAPS) patient safety culture roadmap for all health care settings and the Minnesota Medical Association Foundation HIT toolkit for small and specialty practices.
- MMA staff provided leadership in efforts to: reduce readmissions, ensure safe site surgery, report on and monitor quality measures, advance health care homes, increase health information technology adoption, and identify links between quality and continuing medical education and maintenance of certification.

Chair: Kurtis M. Hoppe, MD

Learn more about the [Quality Committee](#).

Contact: Becky Schierman, Manager, Quality Improvement, (rschierman@mnmed.org)

Work Group to Advance Health Care Reform

The work group was convened in response to HOD-09, Resolution 311. The group completed its work in late 2010 and submitted a final report and recommendations at the January 2011 meeting of the MMA Board of Trustees (see MMA policy 290.57). An article describing some of the analysis conducted by the group on various payment models was published in the [February 2011 issue of *Minnesota Medicine*](#).

Chair: Peter Dehnel, MD

Learn more about the [Health Care Reform Work Group](#).

Contact: Janet Silversmith, Director, Health Policy, (jsilversmith@mnmed.org)

MMA Sections

Medical Student Section – (MSS)

MSS worked toward strengthening interest and educating medical students about changes to health care systems. Key activities included the following:

- Hosted a recruitment social which was the springboard for much of the board and committee participation for the year.
- Organized lunch lectures on organized medicine at individual campuses.
- At the 2011 MMA Day at the Capitol, MSS held their own pre-session meeting with presentations from Minnesota Medical Association Foundation Executive Director Dennis Kelly; MMA President Patricia Lindholm, MD; MMA Legislative Director Dave Renner; and Rep. Bud Nornes, chair of the Higher Education Policy and Finance Committee.
- Six MSS leaders from across the state attended the 2010 MMA Annual Meeting.
- Two students attended the AMA Lobby Day in Washington, D.C.
- Six students attended the 2010 AMA Interim Meeting in San Diego and 10 students attended the 2011 AMA Annual Meeting in Chicago.
- Continued work on the Medical Explorer Program, an outreach program to teens interested in medicine in St. Paul and Rochester.

Chair: Blake Fechtel

Learn more about the [Medical Student Section](#).

Contact: Dennis Gerhardstein, Manager, Physician Outreach, (dgerhardstein@mnmed.org)

Resident-Fellow Section – (RFS)

Key activities included the following:

- Organized a panel discussion at Mayo Clinic regarding the impact of duty hour restrictions. The panel included an expert in resident fatigue, residency department coordinators and a former ACGME Board member. More than 100 residents registered for the event, making it one of our most successful gatherings.
- Fifteen MMA member delegates attended either the AMA-RFS General Assembly or the Interim Meeting.
- MMA staff displayed at the University of Minnesota’s Resident Orientation sessions.

Chair: Mary Burgess, MD

Learn more about the [Resident-Fellow Section](#).

Mandy Rubenstein, Manager, Physician Outreach, (mrubenstein@mnmed.org)

Young Physicians Section – (YPS)

YPS is comprised of physicians age 40 and younger, or who have been in practice less than eight years. Key highlights included the following:

- Revised bylaws to expand section leadership.
- The first YPS Trustee Jason Eldrige, MD, began his term on the MMA Board of Trustees.
- Nearly 50 young physicians and their families attended a social event at Target Field.
- YPS members Dionne Hart, MD, and Stephanie Stanton, MD, represented MMA-YPS at the AMA-YPS Annual Assembly meeting.

Chair: Wade Swenson, MD

Learn more about the [Young Physicians Section](#).

Contact: Mandy Rubenstein, Manager, Physician Outreach, (mrubenstein@mnmed.org)

AMA Delegation

Key highlights included the following:

- Interim 2010 meeting in San Diego
 - Introduced Resolution 813 – Reduction of Burdensome CMS Signature Compliance Requirements – as requested by the 2010 MMA House of Delegates. The resolution was adopted as amended to direct the AMA to re-engage CMS to re-evaluate the Medicare requirement that physicians sign all notes and orders such as reoccurring physical therapy and lab orders to reduce the overwhelming and time-consuming compliance burdens placed on physicians.
- Annual 2011 meeting in Chicago
 - John Abenstein, MD, served as a member of Reference Committee G.
 - John Van Etta, MD, ran for a seat on the AMA Board of Trustees, but was not elected.
 - Stephen Darrow, MD, was elected Speaker of the House of the AMA Resident and Fellow Section to the House of Delegates. With his election, he also will serve on the AMA-RFS Governing Council.

- Maya Babu, MD, was elected as the RFS Delegate to the AMA House of Delegates.
- Dionne Hart, MD, was elected Chair of the AMA Minority Affairs Consortium Governing Council.

Chair: John Van Etta, MD

Learn more about the [AMA Delegation](#).

Staff: Dave Renner, Director, State and Federal Legislation, (drenner@mnmed.org)

Related Organizations

MMA Alliance

The Minnesota Medical Association Alliance (MMAA) has seen dramatic changes in its membership over the past few years as several county alliances have disbanded, leaving only two county organizations – Lake Superior and Zumbro Valley. During 2010-2011, the MMAA Board faced difficult decisions regarding the future of the Alliance. After seeking input and discussing a potential restructuring of the organization, the remaining two county alliances and several members-at-large affirmed their belief in the Alliance and committed to seeing it continue. MMAA has begun the process of moving the organization in a new direction that includes supporting county/MAL community health projects and mentoring leadership skills among active county members.

MMA staff liaison Mandy Rubenstein works with Alliance President Judy Bernhardt to ensure open lines of communication between the organizations. In addition to regular board and executive committee meetings, the MMAA would like to report the following:

- The MMAA Annual Meeting was held in conjunction with Zumbro Valley's meeting in May. Twenty-two members participated in a presentation on healthy eating, heard reports from committee members, and voted on business matters. A full complement of 2011-2012 officers was installed. They are:
 - President: Judy Bernhardt, Duluth
 - Co-Presidents-Elect: Doris Folger and Conrad Schiebel, Rochester
 - Treasurer: Mary Schlosser, Duluth
 - Membership Treasurer: Kim Bell, Rochester
 - Secretary: Sandra Weissler, Rochester
- MMAA members Dianne Fenyk and Judy Bernhardt attended the AMA Alliance Annual Meeting in Chicago.

MMAA looks forward to working with MMA to communicate the value and relevancy of both organizations to all members of the family of medicine.

President: Judy Bernhardt

Contact: Mandy Rubenstein, Manager, Physician Outreach, (mrubenstein@mnmed.org)

Minnesota Credentialing Collaborative

The Minnesota Credentialing Collaborative (MCC) is a joint venture of Minnesota Medical Association, Minnesota Hospital Association, and Minnesota Council of Health Plans to improve the health plan and hospital credentialing process. MCC provides secure electronic storage and distribution of credentialing information used by Minnesota-based hospitals and health plans. This service became available in May 2008. Currently, 5,600 providers, about 25 hospitals and more than 10 health plans or payors are participating in the collaborative.

Chair: Janny Dwyer Brust

Learn more about the [Minnesota Credentialing Collaborative](#).

Staff: George Lohmer, Director, Business Development and CFO, (glohmer@mnmed.org)

Minnesota Medical Business Resources/Minnesota Physicians Insurance Agency

The Minnesota Medical Business Resources (MMBR) and Minnesota Physicians Insurance Agency (MPIA) are equally-owned subsidiaries of MMA and Twin Cities Medical Society. The mission of MMBR and MPIA is to provide valuable products and services to individual physicians and their practices. MMBR has changed its name to “Member Advantage.” This new name clearly provides a statement of the role Member Advantage can play in helping MMA members and their clinics succeed in providing quality health care. The subsidiaries provide the following products and services:

- Group insurance
- Individual insurance
- Office products and medical supplies
- Vehicle leasing and purchase
- Mortgage services

Contact: George Lohmer, Director Business Development and CFO, (glohmer@mnmed.org)

Minnesota Alliance for Patient Safety

The Minnesota Alliance for Patient Safety (MAPS) was founded in 2000 by Minnesota Medical Association, Minnesota Department of Health, and Minnesota Hospital Association to promote patient safety among all participants of the health care system. This year has been a year of transition for MAPS. Key activities included the following:

- Decision to branch further into “all health care settings” with a focus on safety in patient transitions, ambulatory, and long-term care environments.
- Decision to change MAPS governance, staffing and funding models, including establishing a board of directors and advisory committee, hiring an executive director, formalizing a funding model, and initiating membership fees.

- In the next five years, MAPS will develop and disseminate best practices for a safety culture in Minnesota; build a clearinghouse of patient safety knowledge and resources; support development of publicly reported ambulatory measures in safety; and work with community coalitions to eliminate wrong site surgeries or invasive procedures.

Chair: Robert Meiches, MD, MMA; Lorry Massa, MHA; Edward Ehlinger, MD, MDH

Learn more about the [Minnesota Alliance for Patient Safety](#).

Contact: Becky Schierman, Manager, Quality Improvement, (rschierman@mnmed.org)

MN Community Measurement

MN Community Measurement is a collaborative effort of Minnesota Medical Association, Minnesota Hospital Association and seven non-profit Minnesota health plans to develop measures and publicly report information about the cost and quality of health care services. Key activities included the following:

- Recognized nationally for its diabetes and depression outcome measures.
- Developed measures for total knee replacement and maternity care.
- Worked to develop measures for spine surgery.
- Approved development of future measures for pediatric prevention, readmissions, cost/efficiency/value, and ADHD.
- Led Minnesota's Aligning Forces for Quality (AF4Q) collaborative to improve the quality of care for patients with chronic conditions. MMA staff member Becky Schierman serves as the chair of the AF4Q leadership team.

Chair: Barry Bershow, MD

Learn more about [MN Community Measurement](#).

Contact: Becky Schierman, Manager, Quality Improvement, (rschierman@mnmed.org)