

2011 House of Delegates Survey

September 2011



Purpose of Survey

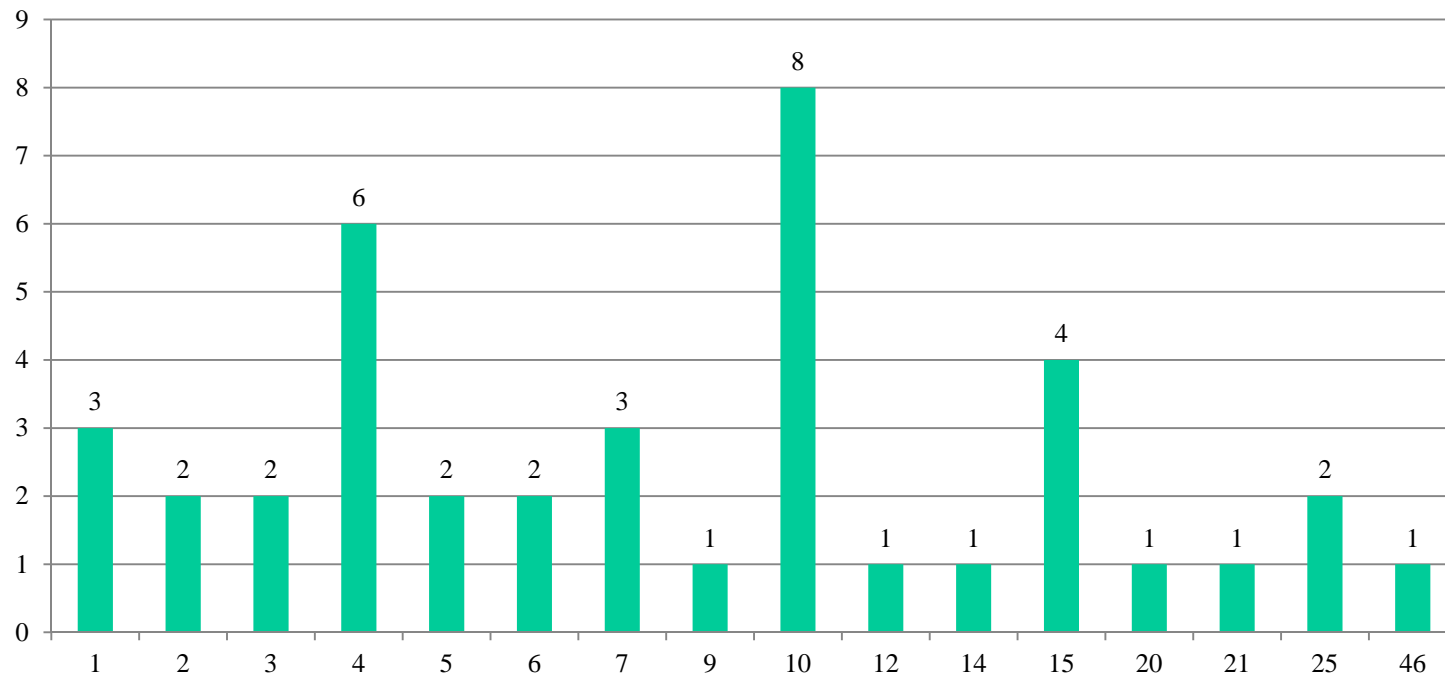
- Assess MMA delegates perception of the effectiveness of the MMA Board of Trustees
- Obtain feedback from delegates on the:
 - relationship between the House and the board
 - board's communication to the delegates and members
 - Board's management of the association

Survey Parameters

- Sent of all 78 registered delegates as of August 12, 2011
- 53 completed responses received (67%)
- 23 of the 53 (43%) responses indicated that they are or have been MMA board of trustees members
- Were not able to compare demographics of delegates to demographics of members or the demographics of Minnesota physicians due to high percentage of respondents who chose to not provide data (20-25%). However for those who did provide data, delegates would seem to be:
 - Older
 - From Smaller Practices
 - From outside of the Twin Cities

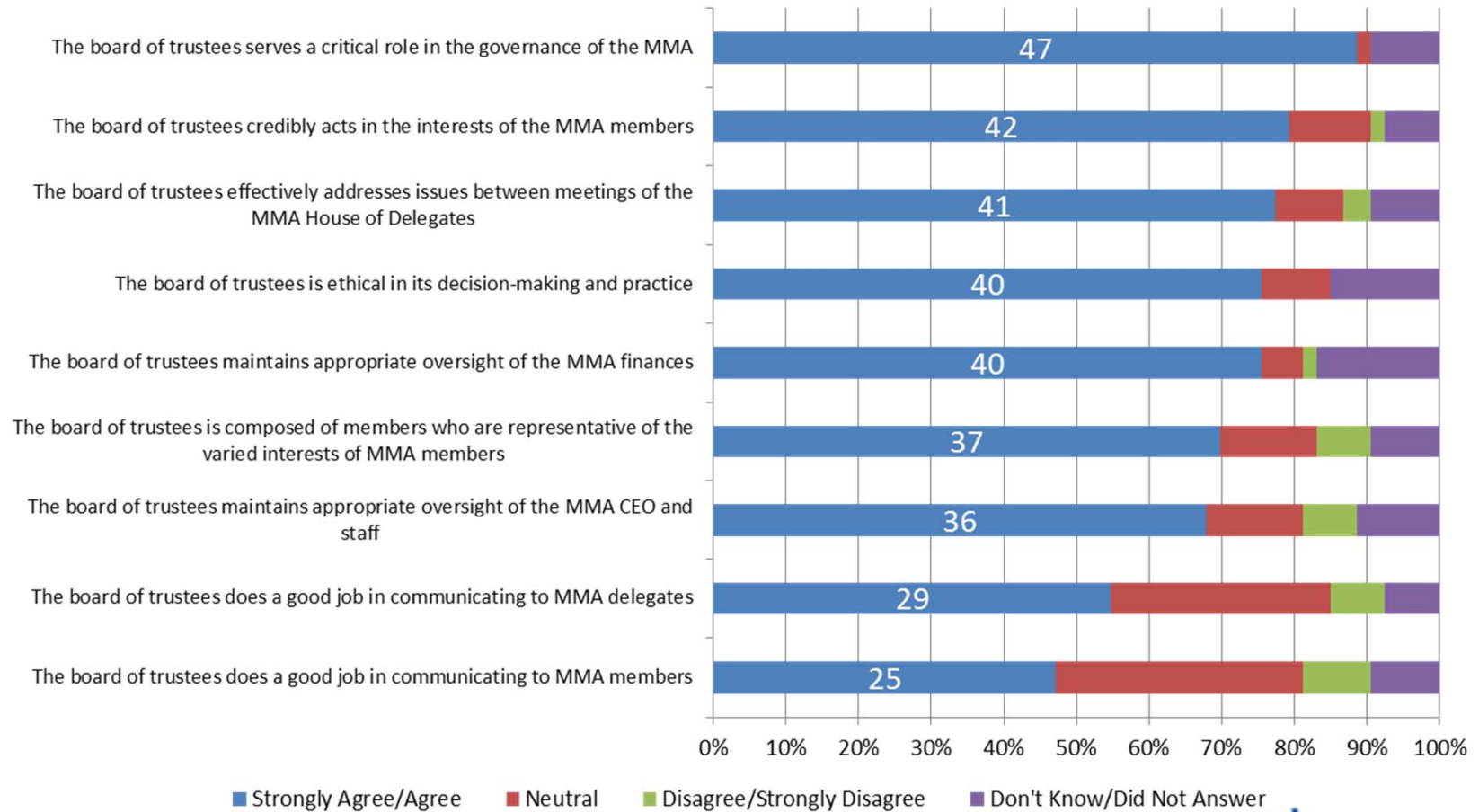
Delegates-Number of Meetings

Number of Meetings as a Delegate



Average is 10 times as a delegate; median is 9; mode is 10

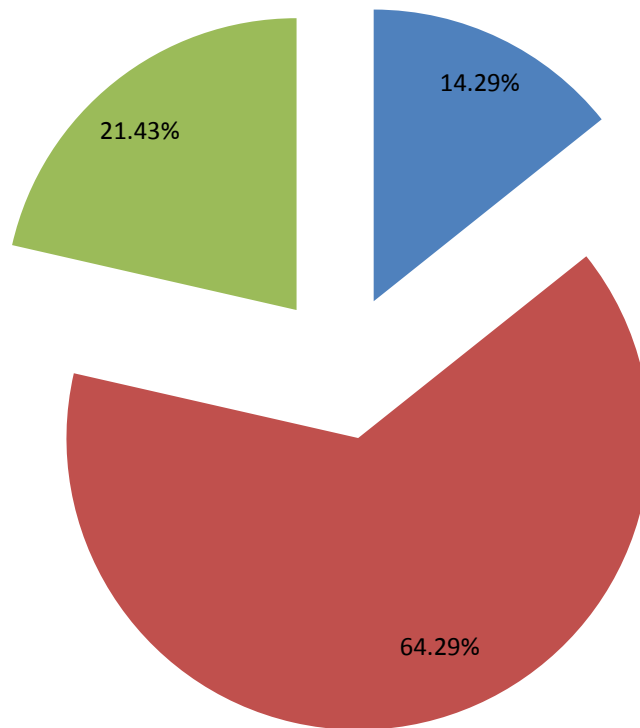
Survey Results



N=53



Role of HOD and BOT



- The Board of Trustees implements the decisions of the MMA House of Delegates (e.g., if the House has not spoken on an issue then the MMA board can not either).
- The Board of Trustees acts for the MMA House of Delegates when the House of Delegates is not in session (e.g., if the House has not spoken on an issue then the MMA board can take a position).
- The Board of Trustees acts for the MMA House of Delegates when the House of Delegates is not in session but the board must have its decisions ratified by the House of Delegates.

Note: Persons who did not respond have been dropped.

Sample Comments of BOT Effectiveness

- Dealing with changing health policy
- Very effective in reacting to time sensitive issues
- Strategic management of the prioritization of MMA staff and resources. Physician advocacy in policy matters.
- working out issues where society membership is conflicted
- 1) Overall I am unable to provide a useful response to this question because I lack sufficient knowledge of BOT's activities 2) diversity and representation of BOT seems to be improving over last few years. I believe the MMA is facile at addressing issues of the public health.
- Governance, House issues, Legislative actions, ethical issues
- MMIC reorganization
- State health issues regarding healthy lifestyle and goals for state health including smoking, child safety, taxes on lifestyle products which may effect health (alcohol), and obesity.
- Involving a diverse group of physician ideas
- Decision making between annual meetings of the House of Delegates
- When House refers Resolution or other matter to Board for study. Response to legislation being considered that greatly affects patient care.
- Informing MMA members of the upcoming resolutions
- Advocating for improved public access to care Advocating for improved funding of medical education around the state and at the medical school

Sample Comments for BOT Improvement

- Communications with members and dealing with changing practice environments for Minnesota physicians
- I feel that the BOT remains overly focused on primary care issues and gives non primary care physicians little if any attention. Also, it appears to me that for most members of the HOD and certainly the broader membership, they have no idea what the BOT does. Communication needs to improve dramatically.
- It should implement the will of the membership, via the House of Delegates, and not act independently of the membership. It should welcome and seek diversity of opinion on the Board. It should be more accountable, by communicating its members' names with every MMA newsletter. The minutes aren't made public; should they be? Most of all, MMA should be less "top-down".
- I believe the MMA BOT may be mistakenly convinced it has tacit understanding of the area of medical economics as it pertains to supported positions. The AMA had the same mistaken belief and is now running backward almost as fast as it can.
- 1. Better communication with MMA delegates and society members when legislative issues effecting health care providers and the health of Minnesotans come up. It is often "after the fact" when I hear about an issue that I think is important. If I had known about the issue in a more timely fashion I could contact my legislator(s) and provide input.
 2. Better and more active working relationship with societies representing other health care team members (nurses, pharmacists, etc.)
- leadership of different health care constituencies in the state
- Trustees could do more in recruiting members. Our membership has been declining, and it should be growing
- New models of care including single payer or other models which are too unpopular among physicians to discuss
- Electronic communications

Sample Comments for BOT Improvement

- I believe some constituencies are under-represented on the Board, including younger physicians - maybe minorities, primary care, group practice/employed physicians, and to some degree women.
- 1) Polling the membership before making decisions that affect medical practice in a major negative way, (i.e. MMA supporting unfunded mandates to have medical practices report "outcomes measures"). 2) Eliciting input from a balanced representation of physicians (the Board is heavily biased to the agenda of the CEO) regarding relevant practice issues. 3) Abandoning the policy of "being at the table", and standing stronger for physicians' rights. We gave medicine away in MN by over compromising
- Be more forceful in opposition of nationalized healthcare and be more aggressive in pushing for Market Solutions to current healthcare concerns and push for more transparency from health insurance companies on costs and lack of physician reimbursements.
- More inclusive and credible assessment, understanding, and positions on the unintended outcomes of supported payment reforms and risk adjustment/performance metrics - as well as being a better proponent of the profession and speaking on behalf of those professionals. Occasionally being appropriately read and dispassionate on specifics of economics in medicine is very hard, demanding work - and may not make one popular at the legislature where we see that grasping reality there is often failing.
- Representing the interests of medical practice rather than individual physician interests.
- Helping with what is discussed at committee meetings if those items are not being accomplished

Themes Taken from Comments

- Board generally deals with a broad range of issues effectively (policy, ethics, MMIC, public health, finances, staff oversight)
- Communications to delegates and members on issues in general and HOD resolutions could be better
- Should be more forceful in advocating for various health delivery issues (generally “my” issues)
- Board could be more representative of all interests

Findings

- Delegates generally believe the MMA board:
 - serves a useful and necessary function
 - effectively addresses issues between meetings of the HOD
 - Can speak for the HOD between meetings of the HOD (consistent with current MMA bylaws)
 - is ethical in its decision-making
 - maintains effective oversight of MMA finances and staff
 - is representative of varied interest of members
- However, delegates also believe that the board needs to develop more effective communications to delegates and members of board and HOD actions

LED Continued Work

- Develop recommendations for improving communications from the board to all members (including delegates)
 - About what the MMA is doing
 - About the work that comes out of the HOD

This will require work with other MMA committees.