Meeting the challenges of modern medicine
Thriving in Change

Meeting the challenges of modern medicine

For physicians, change is constant. We are masters at adapting. But that comes with a cost. When we are pulled in multiple directions, it can get stressful. That’s where the MMA comes in. The MMA helps the entire profession navigate the daily landmines that are modern medicine. At the Capitol. In the courts. In the boardrooms.

The past year proved no different. You’ll get a sense of the overwhelming amount of change we faced by reading this annual report. Here are just a few examples: Lawmakers dropped medical cannabis into our laps. Advanced practice registered nurses lobbied hard to practice independently. We continued to face down the primary care physician workforce shortage. And we battled prescription opioid abuse, addiction and diversion.

We will continue to face challenges; but together we will stand strong and keep improving the health care environment in Minnesota.

So on that note, we thank you for your membership. Together, we can accomplish great things. If you are not a member already, ask yourself this simple question — why not? We need to stick together as a profession in order to fight the outside forces that affect how we will do our jobs and treat our patients. Physicians should be making decisions for physicians. Join the MMA and help us continue to thrive in change!

CINDY FIRKINS SMITH, M.D.
PRESIDENT, 2013-2014

DAVID THORSON, M.D.
CHAIR, BOARD OF TRUSTEES

ROBERT MEICHES, M.D.
CHIEF EXECUTIVE OFFICER
Physicians working for physicians

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Rogers G. Kathol, M.D., Cartesian Solutions, Burnsville
Phillip H. Stoltenberg, M.D., Minnesota Gastroenterology Clinic and Endoscopy Center, St. Paul
David C. Thorson, M.D., Entira Family Clinics, St. Paul

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RESIDENT AND FELLOW SECTION
Neel Shah M.D., Mayo Clinic, Rochester
Jennifer Bartlotti Telesz, M.D., Mayo Graduate School of Medicine, Rochester

RESIDENT AND FELLOW SECTION
Jennifer Bartlotti Telesz, M.D., Mayo Graduate School of Medicine, Rochester
Eric McDaniel, University of Minnesota Duluth

AMA DELEGATION
Raymond G. Christensen, M.D., University of Minnesota-Duluth
Kenneth W. Crabb, M.D., Advanced Specialty Care for Women, St. Paul

MEMBERSHIP AND COMMUNICATIONS
Chair: Keith L. Stelter, M.D., University of Minnesota Physicians/Mayo Clinic Health System, Mankato

MINORITY AND CROSS-CULTURAL AFFAIRS
Committee was sunsetted in 2014

PUBLIC HEALTH
Chair: Laurel M. Ries, M.D., HealthEast Rice Street Clinic, St. Paul

QUALITY
Chair: Carolyn McClain, M.D., Emergency Physicians Professional Association, Minnetonka

ISSUE-SPECIFIC MMA TASK FORCES
CHOOSING WISELY
Chair: Thomas E. Kottke, M.D., Regions Hospital, St. Paul

PRESCRIPTION OPIOID ABUSE, ADDICTION AND MISUSE
Committee completed its work and was sunsetted in 2014

PRIMARY CARE PHYSICIAN WORKFORCE SHORTEAGE
Committee completed its work and was sunsetted in 2014

PROFESSIONAL ADVISORY TEAM
Committee completed its work and was sunsetted in 2014
The MMA made significant progress on many of the key areas of its strategic plan in 2014 thanks to the work of dozens of committed physician-members who are supplying the ideas, effort and expertise to keep the organization moving ahead. Here’s an update on each goal and the work that is taking place.

### Supporting Your Practice

#### MMA’s strategic plan

Making Minnesota the best place to practice medicine

- **Administrative burdens/prior authorization for medications**
  - Relieving the burden of prior authorization for medications. During 2014, the MMA collected physicians’ experiences with prior authorization and began documenting prior authorization variation across health plans. A work group was launched in September 2014 that will craft solutions to the prior authorization hassles.

- **Promoting new and innovative payment and care models**
  - Looking into the future of payment and care models. The MMA intends to further prepare physicians for the new payment and care delivery models that are on the horizon.
  - The first program, “Single Payer – Is it right for Minnesota” was offered in August 2014 to educate physicians on the pros and cons of the single payer option. Education about other models and their affect on physicians are in development for 2015.

### Thriving in Change: Meeting the Challenges of Modern Medicine

#### Making Minnesotans the healthiest in the nation

- **Improving the quality of care**
  - Fighting prescription opioid abuse. The Prescription Opioid Management Advisory Task Force completed its work with the joint publication of clinical protocols for acute pain assessment and opioid prescribing with the Institute for Clinic Systems Improvement.
  - Reducing unnecessary tests and procedures. The MMA received one of 21 nationwide grants to implement a Choosing Wisely® campaign to raise awareness among physicians about how to talk with patients about unnecessary tests and procedures.
  - Lobbying to improve health. The MMA successfully lobbied at the Capitol on a number of health-related bills, including measures prohibiting indoor tanning by people younger than 18 and placing stricter regulations on e-cigarettes.
  - Reducing the burden of quality measurement on practices. The MMA continued to address the growing burden of quality measurement on physician practices. Advocacy directed at MN Community Measurement and the Minnesota Department of Health seek to cap the number of measures and to pre-define performance goals as means to ensure measures are appropriately retired. Additional efforts started with a “Quality Summit” in October 2014 will give physicians an opportunity to voice their thoughts on Minnesota’s future measurement goals.

- **Primary Care workforce shortage**
  - Improving access to physician care. The Primary Care Physician Workforce Expansion Advisory Task Force developed several recommendations as it wrapped up its work in 2014. The MMA will now carry out the recommendations and work to relieve the physician shortage by: increasing the number of preceptorship sites; increasing funding for loan forgiveness and loan repayment programs; continuing the ACA-mandated Medicaid primary care payments; increasing GME funding; and creating a medical-education council to oversee workforce planning and activities.

### Advancing professionalism in medicine

- **Protecting the core values of the medical profession**
  - Regulating medical practice. The MMA recommends physicians to the governor to serve on the Minnesota Board of Medical Practice to monitor trends in regulatory policies.
  - Ensuring local access to quality CME programming. The MMA accredits 22 Minnesota and North Dakota health organizations to ensure they meet CME quality standards. This provides physicians local access to high quality education.

- **Bringing physicians together around professionalism**
  - Advancing professionalism through networking and collegiality. The MMA’s Professionalism Task Force identified the current state of professionalism in Minnesota and made recommendations to enhance the professionalism of physicians. These include a series of “generational dialogues” to discuss what professionalism means to physicians of different ages, a website to recognize “inspiring physicians” and professionalism programs in medical student and residency training programs.
  - Training to assist physicians in this difficult environment. The task force also recommended that MMA offer physician leadership and burnout/well-being programs to help physicians in this time of uncertainty. Several leadership and burnout programs were offered at the MMA’s new Annual Conference in September 2014.
Meeting the challenges of modern medicine

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**Addressing the projected primary care physician shortage**

If you can’t provide medical students with a chance to learn about primary care, then you can’t effectively battle the shortage of primary care physicians. That was the driving principle behind the work of the MMA’s Primary Care Physician Workforce Expansion Task Force last year.

“Our number one thing was to try to improve access for medical students to clinical preceptorships,” says Jeremy Springer, M.D., chair of the task force. “We wanted to try to get students exposed more to primary care in their first and second years of medical school and to have the message be that primary care is a good place to work.”

Since January 2013, the task force has been formulating strategies to address the shortage and increase awareness of it among health care organizations, physicians, lawmakers and other stakeholders. The task force organized a summit held in November 2013 that served as a venue to discuss possible solutions and talk about ways to transform physicians’ practices in order to reinvigorate primary care.

In addition, the task force surveyed both students and preceptors to try to uncover the reasons why medical students shy away from primary care careers. The survey results were surprising. Springer says salary/compensation actually ranked lower on the list of concerns than they thought it would. What bubbled to the top was a lack of educational opportunities, and that was reflected in the task force’s recommendations to the MMA.

“The MMA has access through its membership to encourage participation of providers as preceptors and help link the university with those folks,” Springer says.

Although the task force officially finished its work this year, Springer says the work at the state level is just beginning. “The Legislature needs to come to an appreciation of what the needs are to improve primary care access in the state,” he says. “As MNSure comes on and we get more and more coverage, it will worsen the shortage a little bit, but the biggest push will come from the aging population.”

**Taking on administrative burdens**

The MMA continues to be concerned about the hassles and confusion associated with prescription drug prior authorization. We are tackling the problem in two ways. First, we support national efforts to establish a technical solution by enhancing e-prescribing standards so that authorization can be done electronically. Second, at a local level, we are working to standardize the list of drugs that Minnesota health plans require for prior authorization.

In 2013, the MMA partnered with member George Schoephoerster, M.D., to meet with a variety of stakeholders and document examples of the hassles experienced by physicians and their staffs as they navigate the medication prior authorization process.

The team also documented the health plans’ medication prior authorization requirements and are working to obtain metrics on the volume of prior authorization requests.

A new MMA work group was launched in September 2014 and is expected to deliver recommendations to the Board of Trustees in early 2015.

**Work continued on MMA’s goal to reduce administrative burdens and improve physicians’ practices throughout the state**
Restricting e-cigarette use
Thanks in part to the MMA’s efforts, e-cigarettes now face stronger regulations in Minnesota. Those changes couldn’t have come at a better time, says Daniel Maddox, M.D., MMA immediate past president and an allergist at Mayo Clinic, as e-cigarette use continues to grow especially among young people. “This phenomenon has taken the country by storm, and it has burst upon the scene with very little medical research having been accomplished yet,” he says.

Legislation passed this year prohibits use of e-cigarettes in day care centers, hospitals, clinics and other health care facilities in the state. In addition, use is prohibited in state-owned or operated buildings plus state colleges and universities. The MMA had advocated for prohibiting their use in all indoor spaces including bars; however, lawmakers wouldn’t go that far.

This is a good first step, but more needs to be done, Maddox says. “Nicotine is arguably one of the most addictive substances on earth, and e-cigarettes are being marketed to our youths relentlessly.”

In addition to the restrictions on where e-cigarettes can be used, this year’s legislation also included a ban on selling e-cigarettes at mall kiosks and a requirement that the liquid used in e-cigarettes come in child-resistant packages. Those restrictions will be phased in over several months.

Keeping on top of the e-cigarette industry and its marketing efforts, especially as they relate to young people, is critical to helping improve the health of all Minnesotans—a fundamental goal of the MMA.

Tackling opioid addiction
In recognizing the problem of prescription opioid abuse and addiction, the MMA collaborated with several groups to champion development of a treatment protocol for acute pain, increase awareness of the growing problem of opioid addiction in the state, and educate medical students and physicians about how to prevent misuse.

Last winter, the MMA partnered with the Institute for Clinical Systems Improvement (ICSI) to develop an acute pain assessment and opioid prescribing protocol. The ICSI protocol, along with other treatment guidance from the Department of Labor and Industry and the Department of Human Services, should provide physicians with consistent guidance around using opioids to treat patients with acute pain. “The most important thing in managing chronic opioid use is to prevent it in the first place,” says Howard Epstein, M.D., former chief health systems officer with ICSI.

Chris Johnson, M.D., an emergency physician who was a member of the MMA’s Prescription Opioid Management Advisory Task Force, says until the tide turns, opioid issues will continue to warrant attention. “We have to take steps to get our population healthier and to understand that the data on long-term use of opioids isn’t there,” he says. “Because these are prescriptions, we should have better control over them.”
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Restricting indoor tanning
The battle against melanoma saw a major victory this year when Minnesota lawmakers voted to prohibit the use of commercial indoor tanning equipment by minors. For current MMA president and practicing dermatologist Cindy Firkins Smith, M.D., this was an issue that couldn’t be ignored.

“Dermatologists across the state and across the nation have seen a phenomenal increase in melanomas,” Smith says. “When I first started practicing, I saw maybe one new melanoma every month or so. Now I see a dozen follow-up melanoma patients in a day.”

The new law, which went into effect July 1, prohibits anyone under the age of 18 from using commercial tanning equipment or tanning beds. The previous law required parental consent for anyone younger than 16 years of age. The new law also requires commercial tanning businesses to post stronger warnings about the dangers of tanning. Smith hopes these efforts will help young adults realize that their desire for a bronzed look comes with significant risks.

Smith says passing this law was a “team effort” of the MMA, the Minnesota Dermatological Society (MDS) and engaged physicians, and she believes this is a big step forward in improving the health of Minnesotans. “I really feel like physicians in the MMA and the MDS will leave a legacy with this legislation and that we will absolutely save lives.”

Capitol successes
Heading into the 2014 legislative session, the MMA had eight key priorities. Here’s a quick look at how we fared on related legislation:

- Advocating for team-based care, not independent APRN practice – APRNs received independent practice but only after they complete the equivalent of one year of on-the-job training in a collaborative practice setting.
- Battling prescription opioid misuse by strengthening the Prescription Monitoring Program and increasing access to naloxone, the drug that reverses overdoses – Bills pass that improve the PMP and make naloxone available to first responders.
- Increasing regulations on e-cigarettes PASSED
- Prohibiting minors from using tanning beds PASSED
- Restoring the state’s Newborn Screening Program PASSED
- Expanding the use of the all-payer claims database (APCD) and discontinuing Provider Peer Grouping PASSED
- Improving the ability to share clinical data DID NOT RECEIVE A HEARING
- Ensuring the continued phase-out of the provider tax ACCOMPLISHED

In addition to bills on these priority issues, several others that directly affect members and their practices were passed. One makes medical cannabis available to qualified patients in mid-2015. The MMA did not support this controversial law but did influence legislators, as earlier versions would have put physicians in the awkward, and illegal, position of having to certify that a patient might benefit from the use of this Schedule I drug. Also, the MMA successfully fought a bill that would have greatly expanded physician liability in wrongful death cases. And, the work of an MMA task force led to the formation of a commission that will study the primary care physician workforce shortage.

For a comprehensive look at the legislative session, visit www.mnmed.org/Advocacy/At-the-Legislature.
Promoting and developing **high health care standards** in Minnesota

**Managing a mental health crisis in the middle of Minnesota**

In mid-March, a major mental health care facility that served patients in five east-central Minnesota counties closed. Immediately, thousands of patients had nowhere to turn. In response, the MMA quickly called upon all physicians in the affected counties to step up and help.

“The MMA believes it is the responsibility of physicians to engage and help serve patients in times of need,” says MMA Board Chair Dave Thorson, M.D.

The MMA set up a website with resources that physicians in the area could use to gather information on helping these patients.

By the end of March, several MMA members and other health care providers gathered for a group discussion on mental health needs in the area. The meeting included an overview of the involved jurisdictions, a discussion of the statewide need for improved mental health services, an assessment of service gaps, and a discussion of ways to serve the immediate needs of the affected patients as well as next steps.

**Clarifying APRNs’ roles**

Advanced practice registered nurses (APRNs) play a crucial role in the delivery of care in this state. However, they are not a substitute for physicians, and that was the MMA’s main point of contention as APRNs lobbied to expand their scope of practice.

In the end, a compromise was reached when lawmakers and Gov. Mark Dayton approved legislation that allows nurse practitioners and clinical nurse specialists to practice independently after 2,080 hours of on-the-job training. The law also prohibits APRNs from identifying themselves as doctors when treating patients and from interpreting advanced imaging such as MRI, PET or CT scans.

The most controversial part of the legislation dealt with the role of certified registered nurse anesthetists (CRNAs) in acute and chronic pain management. The new law maintains the requirement for CRNAs to have a collaboration plan with a physician when treating patients with acute and chronic pain. CRNAs treating chronic pain also will need to have a written prescribing agreement with a physician who works at the same licensed facility.

**Partnering with specialty societies**

In its efforts to collaborate more closely on advocacy efforts, MMA representatives met several times in 2014 with presidents of Minnesota-based specialty societies.

“This is a great example of how we can all be stronger when we work together,” says Cindy Firkins Smith, M.D., MMA president, who chaired the meetings. “While we may not have all of the same priorities, we must find ways to support each other where we can. We are all physicians first.”

The meetings included discussions about legislative priorities and how all of the groups can work together to achieve shared goals.
Connecting physicians with volunteer opportunities

In the spring of 2013, the MMA Foundation surveyed Minnesota physicians and found that 92 percent of respondents said they would volunteer their services, if they could find the right position. “We thought if we could connect them with a meaningful volunteer experience we could get some of them engaged in medically underserved areas,” says Dennis Kelly, Foundation chief executive. Thus, the Physician Volunteerism Program was born.

So far, the Foundation has created a webpage where physicians can find local, legitimate organizations offering volunteer opportunities.

“We know that volunteering improves the quality of one’s life, and one thing that comes up more and more is the importance of physician well-being,” Kelly says. “If we can improve the quality of a physician’s life—and volunteerism is one way to do that—and help improve the community at the same time, that’s success.”

Thinking twice about medical tests and procedures

Minnesota’s Choosing Wisely initiative kicked into high gear in 2014 under the guidance of an 11-member advisory committee chaired by Tom Kottke, M.D.

The goal of Choosing Wisely is to encourage physicians to talk to patients about whether certain tests and procedures are appropriate to their care. The advisory committee developed a survey to measure physician’s baseline understanding of Choosing Wisely and the challenges facing physicians in talking with patients about unnecessary care. The committee also recruited seven clinic organizations throughout the state to implement Choosing Wisely tools, measure outcomes and share their experiences.

In April, the MMA invited physicians from the seven pilot clinics to attend training at the Guthrie Theater in Minneapolis. Actors led two workshops designed to help physicians further their communication skills in ways that build trust and facilitate shared decision-making. Two more workshops were scheduled for October.

Future plans for Choosing Wisely include having the pilot organizations share their experiences and doing a follow-up survey to measure the results of the initiative.
Creating a big small-town legacy

Robert Bösl, M.D., has spent the majority of his life serving his country, community and people in need. This past year he was recognized for his dedication to service. A highly decorated Vietnam veteran and practicing family physician, Bösl was named 2013 Staff Care Country Doctor of the Year for his “spirit, skill and dedication to America’s rural medical practitioners.”

Bösl has been practicing medicine in the town of Starbuck, Minn. (population: 1,302) for more than 30 years. He’s on call 24/7, makes house calls in the dead of winter, and even used his life’s savings to build a modern clinic in Starbuck. Bösl believes his deep dedication to the community is what helps make the care he provides superior. “I really know my patients and they really know me,” Bösl says. “It’s a community where I can follow people over many years, and in a lot of ways the care is better because I know information that sometimes might not just come out in other ways.”

Bösl hopes that because of the publicity he has received, others will come to see the benefits that come with being an integral part of a community. Despite the award and attention, Bösl doesn’t see himself as all that unusual. “I am just one of the guys and gals out here trying to do a good job taking care of people.”

Inspiring others on her own time

It had been one of those weeks for Dionne Hart, M.D., when she made a phone call to the executive director of the Minnesota Psychiatric Society (MPS) that would turn her week around.

“I called her to help problem-solve something, and she said, ‘Did you get my letter?’ And I thought, ‘Oh my goodness, what’s going on now?’” Hart says. The executive director informed Hart that she had been named the Minnesota Psychiatric Society’s Psychiatrist of the Year for 2014. “I was completely shocked — a very good surprise. I was just very grateful.”

MPS lists Hart’s “dedication as a voice for psychiatric education, excellence in patient care and leadership in closing the gap in treating minority patients” as the reasons why she was honored.

Hart, a physician with the Federal Medical Center in Rochester, remains very active with the MPS among other organizations and just last year became the Minnesota delegate to the American Psychiatric Association. And it’s all on her own time and dime. “I work for an institution that doesn’t support that work, so I do it on my vacation time at my own expense,”
Hart says. “It was nice that my peers noticed my sacrifices for the profession and my patients.”

In addition, Hart received the MMA Foundation’s 2013 Minority Affairs Meritorious Service Award, is chair of the AMA’s Minority Affairs Section and was chair of the MMA’s Minority and Cross-Cultural Affairs committee before it was sunsetted.

Getting young physicians involved in groups like the MPS and keeping them active is difficult, Hart says. She hopes this honor goes a long way in showing the benefits of being involved. “I’m hoping young physicians realize that your work is not only acknowledged by your peers, but it impacts our profession and hopefully makes it better for our patients to access care and have greater outcomes. I’m really hoping it motivates my peers to get involved.”

The personal rewards of giving back

“I basically felt I was being rewarded for something I enjoy doing,” says Brian Sick, M.D. who, this past year, received the MMA’s Community Service Award.

The MMA singled Sick out for his work with the Phillips Neighborhood Clinic, a student-run facility in south Minneapolis that provides care to those in need. Services range from dental care to psychiatric services and are provided by more than 300 student volunteers. Sick acts as medical director, working on a volunteer basis.

The students’ involvement in the community goes beyond the clinic’s walls. “We have 16 outreach sites, and the students do things like tutoring, legislative advocacy, or run support groups as part of a partnership with other organizations,” Sick says.

Finding renewed energy and focus is just one of the benefits Sick says he gains from his volunteer work. He hopes his story will inspire others to find an opportunity to give back. “Even after a really long day in my regular practice, when I go and volunteer in the Phillips Neighborhood Clinic it’s different,” he says. “It makes me a better person.”
Improving quality, transforming care

Improving quality may sound like a dry topic to some, but to Tim Hernandez, M.D., it is a passion. “If people do not believe I am doing this work because I am passionate about it, it does not matter what I say,” says Hernandez, a physician with Entira Family Clinics in St. Paul.

The MMA honored Hernandez with its 2014 MMA Physician Leadership in Quality Award for his ongoing work to uncover ways to improve care and outcomes for patients.

As Hernandez views things, quality improvement is essential to helping health care organizations thrive. “The health care systems that are going to be most successful will learn how to manage multiple segments of the population effectively,” he says. “To do this well, an organization needs a strong commitment to [quality improvement] as a central mission, highly motivated staff, and providers who are armed with the analytics necessary to give them the necessary information in a timely fashion.”

Hernandez hopes others will come to see quality improvement as he does, as a way to transform health care delivery models and organizations. And he knows the best way to achieve that is to show, rather than tell, them. “I hope to inspire other physicians first by example,” he says.

Members making a difference

In 2014, these other MMA members stood out for their work and contributions to health care.

Roger Kathol, M.D., and John Chandler, M.D., were named to a work group that will study the state’s all-payer claims database.

Daniel Broughton, M.D., FAAP, received the 2014 Distinguished Service Award from the Minnesota Chapter of the American Academy of Pediatrics.

Richard Lindstrom, M.D., was named the most influential person in ophthalmology in the United States and the fourth internationally by The Ophthalmologist publication.

Cindy Firkins Smith, M.D., received the Distinguished Alumni Achievement Award from the Minnesota State University, Mankato Alumni Association.

Sheldon Burns, M.D., was selected as the Minnesota Academy of Family Physicians 2014 Family Physician of the Year.

Michael Stuart, M.D., served as team physician for the U.S. Olympic Men’s Ice Hockey team in Sochi, Russia.

John Noseworthy, M.D., and Julie Anderson, M.D., were invited to attend President Barack Obama’s 2014 State of the Union speech.

Elise Carey, M.D., FAAHPM, received an early career physician award as part of the 2014 Hastings Center Cunniff-Dixon Physician Awards.
MMA’s **strategic partners**

The MMA aligns itself with a range of entities to help meet all of its members’ needs and enhance health care in Minnesota.

**Institute for Clinical Systems Improvement (ICSI)**

ICSI works to develop collaborative relationships that improve health care quality and value. Recently, the MMA worked closely with ICSI on several projects including creating an acute pain assessment and opioid prescribing protocol. The MMA is also collaborating with ICSI on the Choosing Wisely Minnesota campaign. And in recent years, the MMA has partnered with ICSI on the Reducing Avoidable Readmissions Effectively (RARE) program. More than 100 hospitals participate in the program. RARE has prevented nearly 2,000 avoidable readmissions since its inception.

[www.msci.org](http://www.msci.org)

**MEDPAC**

MEDPAC is the MMA’s political action committee. It endorses pro-medicine candidates for state office, contributes to the campaigns of endorsed candidates, generates grassroots action and recommends candidates for national office to AMPAC, the AMA’s political action committee.

[www.mnmed.org/Advocacy/MEDPAC](http://www.mnmed.org/Advocacy/MEDPAC)

**Midwest Medical Insurance Company (MMIC)**

MMIC is the largest policyholder-owned medical liability insurance company in the Midwest. It serves the entire health care community, including physicians, large health systems, hospitals, outpatient facilities and long-term care facilities. Minnesota’s current medical professional liability rates are the second-lowest in the nation. MMA continues to work closely with MMIC to maintain a sustainable malpractice insurance rate for all physicians in Minnesota.

[www.mmicgroup.com](http://www.mmicgroup.com)

**Minnesota Community Measurement (MNCM)**

MNCM works to improve the health of Minnesotans by developing and reporting quality measures. The MMA works with MNCM to provide education about the Minnesota Statewide Quality Reporting and Measurement System. Several MMA-recommended physicians serve in MNCM leadership and technical positions.

[www.mncm.org](http://www.mncm.org)

**Minnesota Credentialing Collaborative (MCC)**

MCC provides a secure, centralized, web-based technology that allows a provider to collect, send and store credentialing data and supporting documents. These documents include licenses, attestations and privilege forms. The information is owned by the provider and moves with him or her. The owners of the MCC include the Minnesota Medical Association, the Minnesota Council of Health Plans and the Minnesota Hospital Association, with endorsement from the Minnesota Medical Group Management Association. The MCC board of directors is composed of members from the founding organizations.

[www.mncred.org](http://www.mncred.org)

**Minnesota Medical Group Management Association (MMGMA)**

The MMGMA offers its membership advocacy, education, information and representation. Its primary mission includes enabling medical practice executives and their organizations to recognize and improve the health status of the community of patients they serve. This is accomplished through the physician/administrative team approach to health care and medical group management. The MMGMA also focuses on enhancing the professional role, knowledge and skill of their members.

[www.mmgma.org](http://www.mmgma.org)

**Minnesota Alliance for Patient Safety (MAPS)**

MAPS was founded in 2000 by the MMA, the Minnesota Hospital Association and the Minnesota Department of Health to promote patient safety across all health care provider entities. The MMA has worked with MAPS to develop and implement a Patient Safety Culture Roadmap that offers an evidence-based process for improving safety in all health care settings.

[www.mnpatientsafety.org](http://www.mnpatientsafety.org)

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[www.mmgma.org](http://www.mmgma.org)

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[www.mnpatientsafety.org](http://www.mnpatientsafety.org)
How your dues are used
1 **GOVERNANCE 13%**
   MMA Board, House of Delegates, Annual Meeting, AMA delegation
2 **ADVOCACY 38%**
   Legislative and regulatory lobbying, payer relations, quality, public health
3 **COMMUNICATIONS 32%**
   Minnesota Medicine, MMA News Now, website, special reports
4 **MEMBERSHIP 11%**
   Member relations, outreach, education, events
5 **OTHER 6%**
   Accreditation, co-sponsorships, credentialing, component society staffing

Total MMA Revenue: $4,000,000
1 **DUES 55%**
   Dues payments from members
2 **NON-DUES REVENUE 45%**
   Includes royalty income, revenue earned from the advertising sold in Minnesota Medicine and on the MMA website, revenue earned by the MMA for accreditation, co-sponsorships and lobbying support for other related organizations, and income from investments, grants and events
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Membership

NORTH CENTRAL TRUSTEE DISTRICT ……… 425
South Park Region ………………….. 59
Stearns-Benton ……………………… 176
Upper Mississippi ………………… 157
West Central ……………………….. 18
Wright ……………………………… 14
Park Region ………………………… 1

SOUTHEAST TRUSTEE DISTRICT ……… 3,705
Freeborn …………………………… 40
Goodhue ……………………………… 63
Rice ………………………………… 41
Steele ………………………………… 71
Wabasha ……………………………… 5
Winona ……………………………… 15
Zumbro Valley …………………… 3,470

NORTHWEST TRUSTEE DISTRICT ……… 571
Lake Superior …………………… 473
Range ……………………………… 98

NORTHEAST TRUSTEE DISTRICT ……… 222
Clay-Becker ……………………… 55
Headwaters …………………… 102
Red River Valley ………………… 65

SOUTHWEST TRUSTEE DISTRICT ……… 495
McLeod-Sibley ………………… 49
Nicollet-Le Sueur ………………… 18
Prairie …………………………… 420
Waseca …………………………… 8

TWIN CITIES TRUSTEE DISTRICT ……… 4,537

NORTH EAST TRUSTEE DISTRICT ……… 571

Lake Superior …………………… 473
Range ……………………………… 98

NORTHEAST TRUSTEE DISTRICT ……… 222
Clay-Becker ……………………… 55
Headwaters …………………… 102
Red River Valley ………………… 65

SOUTHWEST TRUSTEE DISTRICT ……… 495
McLeod-Sibley ………………… 49
Nicollet-Le Sueur ………………… 18
Prairie …………………………… 420
Waseca …………………………… 8

TWIN CITIES TRUSTEE DISTRICT ……… 4,537

NORTH CENTRAL TRUSTEE DISTRICT ……… 425
South Park Region ………………….. 59
Stearns-Benton ……………………… 176
Upper Mississippi ………………… 157
West Central ……………………….. 18
Wright ……………………………… 14
Park Region ………………………… 1

SOUTHEAST TRUSTEE DISTRICT ……… 3,705
Freeborn …………………………… 40
Goodhue ……………………………… 63
Rice ………………………………… 41
Steele ………………………………… 71
Wabasha ……………………………… 5
Winona ……………………………… 15
Zumbro Valley …………………… 3,470

NORTHWEST TRUSTEE DISTRICT ……… 571
Lake Superior …………………… 473
Range ……………………………… 98

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Prairie …………………………… 420
Waseca …………………………… 8

TWIN CITIES TRUSTEE DISTRICT ……… 4,537

MEMBERSHIP
OVERVIEW

<table>
<thead>
<tr>
<th>Year</th>
<th>Regular/Active Members</th>
<th>Total Members</th>
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<tbody>
<tr>
<td>2005</td>
<td>5,746</td>
<td>10,858</td>
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<td>10,347</td>
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<td>2013</td>
<td>4,912</td>
<td>9,998</td>
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<tr>
<td>2014</td>
<td>4,818*</td>
<td>10,025*</td>
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</table>

*Numbers as of August 18, 2014

Includes: regular/active, retired, students, residents/fellows

Note: Resident and Student numbers can fluctuate significantly throughout the year due to large additions or subtractions.
Thriving IN Change

Meeting the challenges of modern medicine