

MINUTES

MMA Committee on Communications/*Minnesota Medicine* Advisory Committee
Minnesota Medical Association
John Murphy Conference Room
1300 Godward Street NE, Suite 2500
Minneapolis, MN

Tuesday, July 29, 2008
6:00 p.m.

Members present:

Judith Shank, M.D., co-chair
Charles Meyer, M.D., co-chair
Maria Carrow
Neal Holtan, M.D.
Keith Murphy, M.D.
Donald Deye, M.D.
Jon Hallberg, M.D.
Martin Stillman, M.D.

Staff present:

Carmen Peota
Kim Kiser
Lorrie Holmgren
Jocelyn Cox

Members not present:

Jaspreet Dhaliwal, M.D.
Michael Huska, M.D.
Stephen MacLeod, M.D.
Samuel Marquez, M.D.
Farrah Mateen, M.D.
Kevin Murphy, M.D.
Stuart Sherry, M.D.
Vernon Sommerdorf, M.D.
Amy Williams, M.D.
Barbara Elliot, Ph.D.
Robert K. Meiches, M.D.
Gregory Plotnikoff, M.D.
Barbara P. Yawn, M.D.

I. Call to order

The co-chairs called the meeting to order at 6 p.m.

II. Discussion regarding *Minnesota Medicine* policies

- a. The group reviewed the charge to the committee, the mission of *Minnesota Medicine*, and the purpose of other MMA publications, *Physician Advocate*; *MMA News Now*, the email newsletter; and the website, www.mmaonline.net.
- b. The group reviewed survey results which found that 81 percent of regular members said that a variety of viewpoints should be presented in *Minnesota Medicine* editorials and articles and 4 percent said they should always be consistent with MMA policies. They also reviewed readership survey results that found that 88 percent of regular members reported reading at least one of the last four issues of *Minnesota Medicine* and that regular readership is higher than it is for other publications including the daily newspaper. And they looked at survey results about interest in various topics.
- c. The group reviewed email messages including one from the chair of the MMA Committee on Quality stating his belief that *Minnesota Medicine* must serve to promote the policies and advocacy agenda of the MMA and recommending that no contrary opinion should ever be published in *Minnesota Medicine* without an MMA position statement and editorial on that contrary opinion.

- d. The group discussed various ways to balance the wish of MMA members that *Minnesota Medicine* continue to be a lively forum for discussion of a variety of ideas, as expressed in the survey and in readership numbers, with the wish to clarify and support MMA policies and goals.

III. Recommendations regarding *Minnesota Medicine* policies

- a. The group made the following recommendations:
 - i. *Minnesota Medicine* should continue to be a forum for a variety of opinions and ideas on health care issues including those that are counter to MMA policies.
 - ii. *Minnesota Medicine* should include at the end of articles that refer to policies or advocacy issues a statement directing the reader to the MMA website for more information and possibly inviting the reader to comment and/or directing them to an article on the MMA position in the *MMA News* section of the journal. This would serve to clarify policy, and invite interaction. (The group decided not to recommend having a statement at the beginning of articles because it could tend to discredit the article.)
 - iii. *Minnesota Medicine* will continue to encourage readers to respond to articles through letters to the editor that are published in subsequent issues of the journal.

IV. Discussion of the MMA email newsletter and website

- a. The group reviewed survey results regarding readership of the email newsletter and visits to the MMA website. The survey found that 48 percent of regular members have read at least one of the last four email newsletters and most of them scan headlines or click to one or two articles. Twenty-six percent say they read it regularly and say it is their primary source of information about the MMA. Members report a wide variety of reasons for visiting the website. Ten percent of regular members report visiting the website weekly and 24 percent monthly.
- b. The group reviewed survey results that found that 43 percent of regular members and 26 percent of residents would approve if full access to the website were available to members only. Forty-seven percent of regular members would support having to use a password and 25 percent of them would find it an unreasonable nuisance.

V. The Joint Committees made the following recommendations regarding the email newsletter and website:

- a. The MMA website and email newsletter should include articles not only about MMA advocacy and activities, but also about other health care news.
- b. The website should be a forum for a variety of ideas and viewpoints even those that are not in line with MMA policy.
- c. If the MMA website includes blogs or opportunities to comment on articles or issues, this information should be visible to both members and

non-members, and both members and non-members should be allowed to participate in the online conversation.

(This recommendation was preceded by a great deal of discussion about the need to offer a benefit to members and concerns about having information posted that could be counter to MMA goals and interests. The group believed that in the future these interactive features could be Members-Only but at this point when not many MMA members are visiting the website, the goal should be to stimulate interest and draw more visitors to the web. They believed that if opinions counter to MMA interests or policy were posted that subsequent comments could serve to educate and enlighten as well as create interest.)

- d. There should be Members-Only features on the website that might include a CME tracker, minutes of meetings, internal documents related to governance, a virtual doctors' lounge where medical questions could be discussed, etc. When there was more traffic to the web, other interactive features could be moved into the Members-Only section.

VI. Discussion of policies for accepting advertising on website and in publications

- a. The group reviewed two ads that were rejected by the MMA and the current MMA policy on advertising, which was adopted in 1998.
- b. The group reviewed survey results that found that 50 percent of MMA members believed that advertisements should represent a variety of viewpoints; 25 percent believed that they should always be consistent with official MMA positions and policies; and 22 percent had no preference.

VII. Recommendations for policies for accepting advertising on website and in publications

- a. The MMA should reaffirm its current policy on advertising.
- b. The MMA should not refuse to accept an ad solely because it supports policy that is counter to that of the MMA, but it should clearly indicate that it is an advertisement and identify the organization that has placed the ad.
- c. If an ad deals with a medical procedure or product that seems questionable to staff, the editor in chief or CEO should review the ad.
- d. A statement should be added to the masthead of *Minnesota Medicine* letting readers know that publication of an advertisement in *Minnesota Medicine* does not imply endorsement or sponsorship by the Minnesota Medical Association.

VIII. Adjournment

Advertising Policy for Minnesota Medicine
Adopted by *Minnesota Medicine* Advisory Committee

Reaffirmed July 2008

1. Publication of an advertisement in *Minnesota Medicine* is not to be considered an endorsement of the product or service involved.
2. All advertising is subject to the approval of the *Minnesota Medicine* Advisory committee or editor-in-chief.
3. Advertisements may be rejected without explanation from the publisher.
4. Advertising copy will not be accepted if, in the opinion of the Advisory Committee or the editor-in-chief, the copy:
 - a. Does not comply with the provisions of the federal Food, Drug and Cosmetic Act (if applicable).
 - b. Violates the Principles of Medical Ethics of the Minnesota Medical Association or the American Medical Association.
 - c. Is indecent or offensive in any way to the readership.
 - d. Contains attacks of a personal, racial or religious nature.
 - e. Appears to be contrary to any regulation or law for the prevention of discrimination.
 - f. Contains misleading or invalid claims or is found to be a violation of the law.
 - g. Advertises or promotes alcoholic beverages, tobacco products, or other harmful products and services.
5. Advertisements submitted by law firms/attorneys who represent plaintiffs in medical malpractice cases are subject to the approval of the MMA CEO and/or legal counsel.
6. Advertisements submitted by allied health professionals are subject to the approval of the MMA CEO and/or legal counsel.
7. Advertisements promoting alternative/complementary medical care are subject to the approval of the MMA CEO and/or *Minnesota Medicine's* physician editor.