The battle continues

Annual Report

2021

The battle continues
Progress amid a persistent pandemic

It is once again my privilege to share with you the MMA Annual Report for 2021. This is an important opportunity for us to briefly recap the scope and impact of our work over the past 12 months.

The year was, of course, memorable for the lingering COVID-19 pandemic, which continued to challenge you and your colleagues in ways few ever experienced or imagined. The fear and uncertainty that was common in 2020 was replaced in 2021 with misinformation, incivility and preventable loss and suffering. Workforce shortages increased, misinformation raged, and a Delta-fueled surge wore on and on. In mid-December, Minnesota recorded its 10,000th COVID-19 death. That is a number roughly equivalent to the entire 2020 population of several Minnesota cities, including Hermantown, Arden Hills, Detroit Lakes and Cambridge.

Despite ongoing and new challenges, physicians continued to answer the call — you delivered care in hospitals at capacity, you advocated for safe schools by urging universal masking, you spoke up for disadvantaged communities to ensure vaccines were equitably allocated and administered, you explained the importance of vaccination to countless uncertain patients and families, you urged legislators to preserve telehealth policies that enable critical access to care, you paid attention to the health and well-being of your colleagues, and so much more.

The MMA is honored to be your trusted partner as the collective voice of medicine for patient health, for prevention, and for science. The following pages highlight the change and impact we made together this past year.

I am proud of the progress we made in 2021 and excited about our plans for 2022. Thanks to your support, the MMA will continue the important work of making Minnesota the healthiest state and the best place to practice.

Janet L. Silversmith, CEO
MMA LEADERSHIP
(JANUARY THROUGH SEPTEMBER 2021)

2021 Officers
PRESIDENT
Marilyn J. Peitso, MD, St. Cloud
PRESIDENT-ELECT
Randy J. Rice, MD, Moose Lake
IMMEDIATE PAST PRESIDENT
Keith L. Stelter, MD, Mankato
SECRETARY/ TREASURER
Carolyn McClain, MD, Edina
CHAIR OF THE BOARD
Edwin Bogonko, MD, MBA, Shakopee
CHIEF EXECUTIVE OFFICER
Janet Silversmith

Board of Trustees
NORTH CENTRAL TRUSTEE DISTRICT
Kim Tjaden, MD, MPH, St. Cloud
NORTHEAST TRUSTEE DISTRICT
Dania Kamp, MD, Moose Lake
NORTHWEST TRUSTEE DISTRICT
Abigail Ring, MD, Detroit Lakes
SOUTHEAST TRUSTEE DISTRICT
Lynn Cornell, MD, Rochester
Dionne Hart, MD, Rochester
SOUTHWEST TRUSTEE DISTRICT
Amrit Singh, MD, Mankato
TWIN CITIES TRUSTEE DISTRICT
Edwin Bogonko, MD, MBA, Shakopee
Elizabeth Elfstrand, MD, Minneapolis
Carolyn McClain, Edina
Rebecca Thomas, MD, Plymouth
RESIDENT/FELLOW
Maria Arciniegas Calle, MD, Minneapolis
MEDICAL STUDENT
Derrick Lewis, Rochester
POLICY COUNCIL APPOINTEE
Caleb Schultz, MD, MPH, Minneapolis

AMA Delegation
Chair: Cindy Firkins Smith, MD, Willmar
Vice Chair: David L. Estrin, MD, Minnetonka
John Abenstein, MD, MSEE, Rochester
Andrea Hillerud, MD, St. Paul
David Thorson, MD, White Bear Lake

AMA ALTERNATE DELEGATES
Lisa Mattson, MD, Plymouth
Dennis O’Hare, MD, St. Paul
Ashok Patel, MD, Rochester
Laurel Ries, MD, St. Paul

MMA Committees
FINANCE AND AUDIT
Chair: Carolyn McClain, MD, Edina

ETHICS AND MEDICAL - LEGAL AFFAIRS
Chair: Dennis O’Hare, MD, St. Paul

EQUITY IN ACCESS & QUALITY
Chair: Kevin Donnelly, MD, St. Cloud

PUBLIC HEALTH
Chair: Cresta Jones, MD, FACOG, Minneapolis

COMMITTEE ON ACCREDITATION AND CONTINUING MEDICAL EDUCATION
Chair: Robert Moravec, MD, Oakdale

MINNESOTA MEDICINE ADVISORY COMMITTEE
Chair: Zeke McKinney, MD, Minneapolis

MMA Policy Council
Chair: Britt Ehler, MD
Nusheen Ameenuddin, MD
Amy Boles, MD
Christy Boraas, MD, MPH
Nicole Chaisson, MD
Joshua J. Crabtree, MD, MBA
Jonathan Gelber, MD
Rachel Gordon, MD
James Hebl, MD
Randy Hemann, MD
James Hoffman, DO
Andrea Joplin, MD
Sheila Jowsey-Gregoire, MD
Ryan Kelly, MD
Meg Kersey-Isaacson, MD
Thomas Kingsley, MD
Kevin Koo, MD
Robert Koslinick, MD
Kathy Lombardo, MD
Thomas Mulrooney, MD
Anne Pereira, MD
Laura Princ, MD
Spencer Pruitt, MD
Frank Rham, MD

Caleb Schultz, MD
Jennifer Tessmer-Tuck, MD
Rebecca Thoman, MD
Verna Thornton, MD

RESIDENT FELLOW SECTION REPRESENTATIVE
Zach Shaheen, MD

MEDICAL STUDENT SECTION REPRESENTATIVE
Adrine Kocharian

MMA PRESIDENT-ELECT
Randy Rice, MD

MMA Medical Student Section
Co-chair: David Soriano (Mayo Clinic Alix School of Medicine)
Co-chair: Kaylie Evers (University of Minnesota, Duluth Campus)

MMA Resident and Fellow Section
Chair: J.P. Janowksi, MD, Rochester

MMA Foundation
Board President: Juan Bowen, MD, Rochester
CEO: Kristen Gloege
Board members:
David Agerter, MD
Luis A. (Alex) Antezana (Medical Student)
Macaran Baird, MD
Gabrielle Cummings (Medical Student)
Ed Ehlinger, MD
Fatima Jiwa, MBChB
Nick Jungbauer (Medical Student)
George Lohmer
Stephen Palmquist, MD
Marilyn J. Peitso, MD
George Schoephoerster, MD
Patrick J. Zook, MD
Janet Silversmith

MEDPAC (MMA’s political action committee)
Chair: William Nicholson, MD, Maplewood
COVID-19 CONTINUES

Battling the Virus and Misinformation

Few people in healthcare expected the COVID-19 pandemic to last just one year but when effective vaccines received initial approval under Emergency Use Authorization from the U.S. Food and Drug Administration in late 2020, many became cautiously optimistic. If we could get enough shots into arms by the Fourth of July of 2021, the pandemic stood a chance of being contained, we were told.

MMA members began the push to the other side of the pandemic by fervently promoting and providing vaccinations, but then had to pivot to fight a tsunami of misinformation.

From the outset, the MMA advocated for physicians and their patients. In January, the MMA worked to improve the state’s communication and processes regarding COVID-19 vaccine distribution for and to physicians, particularly those who were in non-hospital settings. The MMA heard the frustrations and confusion from physicians and medical groups who struggled to access specific information on vaccine access or timing for their staff and for their practices.

The MMA also advocated for equity in COVID-19 vaccine distribution, noting the gap in vaccination rates among Minnesota’s historically underserved communities. We launched resources and education to help physicians address vaccine hesitancy among their patients and in their communities. We released a video on social media featuring MMA members urging all Minnesotans to get the COVID-19 vaccine when they get a chance.

Along with promoting the new vaccines, the MMA continued its campaign to encourage Minnesotans to Practice Good Health by continuing the other preventive measures — washing their hands, keeping their distance when out in public, getting tested, reporting any symptoms they experienced and wearing masks. MMA President Marilyn Peitso, MD, testified before the House Health Finance and Policy Committee in February, in strong support of legislation that would strengthen the state’s mask mandate.

In April, the MMA Foundation helped bring more person power to the vaccine effort. In partnership with the Minnesota Department of Health and Blue Cross Blue Shield Minnesota, the Foundation recruited physician volunteers to serve on mobile vaccination units and help administer COVID-19 vaccinations to underserved communities across the state.

In mid-June, the MMA distributed a press release to media across the state urging Minnesotans to get
vaccinated by July 1. Gov. Tim Walz had set that date as the goal for 70% of Minnesotans 12 years and up to get at least one dose of the COVID-19 vaccine. The goal was partially reached on July 4, when Minnesota hit the 70% threshold for those 18 and over.

In early July, as a result of legislative negotiations and vaccine optimism, the governor ended the state’s peacetime emergency, and the MMA released a statement from Peitso thanking state leadership, public health professionals, essential workers and all healthcare workers for their work and dedication during the COVID-19 crisis. A week later, the Delta variant became the dominant strain of COVID-19.

While Delta led to an increase in infections and hospitalizations, another insidious foe wreaked havoc — the spread of misinformation. In mid-July U.S. Surgeon General Vivek Murthy, MD, MBA, issued a warning to the American public regarding the threat of health misinformation. “Health misinformation is an urgent threat to public health. It can cause confusion, sow mistrust, and undermine public health efforts, including our ongoing work to end the COVID-19 pandemic,” he said.

In September, the MMA compiled some of the common COVID-19 vaccine questions and concerns physicians were being asked. The FAQ resource garnered positive response and was supported by physicians in their efforts to educate patients and address their fears and concerns.

Medical groups and other healthcare organizations worked to lead the way in vaccinating their own staff and encountered resistance among a vocal minority. In late July, the AMA and 56 other groups representing physicians, nurses, pharmacists and other healthcare workers, released a joint statement calling for mandatory COVID-19 vaccinations for all U.S. healthcare workers. With broad and overwhelming member support, the MMA Board of Trustees followed suit and publicly called for all Minnesota healthcare organizations to adopt vaccination requirements for their staff.

Undeterred, in late September, a group of nearly 200 healthcare workers across Minnesota filed a federal lawsuit that would prohibit their employers from requiring them to get vaccinated for COVID-19. Incoming President Randy Rice, MD, spoke with the media on the issue, reiterating the association’s support for universal healthcare worker vaccination. The lawsuit was eventually withdrawn.

With the school year approaching and in the absence of a state peacetime emergency and uniform masking requirements, the MMA, the Minnesota Academy of Family Physicians and the Minnesota Chapter of the American Academy of Pediatrics in August contacted superintendents of all school districts urging them to embrace requirements for “all students, teachers, staff, and visitors in K-12 school buildings to wear masks indoors regardless of vaccination status.” The MMA further asked members across the state to attend school board meetings to urge them to pass mask mandates to help fight the spread of COVID-19 among children.

A few months into the school year, the FDA gave approval of the vaccine for 5- to 11-year-olds. The health department worked with the MMA to help prepare healthcare workers to get kids vaccinated as soon as possible.

As in 2020, COVID-19 remained prominent in the association’s event offerings. At least a dozen of the MMA’s monthly noon-time Physician Forums focused on a variety of pandemic issues from enforcing vaccine mandates, exploring ethical considerations, understanding federal vaccination mandates, to contemplating new and potential variants. The MMA also kicked off its Annual Conference with a sobering address by leading COVID-19 expert, epidemiologist Michael T. Osterholm, PhD, MPH.

During the last quarter of the year, the MMA continued promoting vaccinations and then when they became readily available to Minnesotans, booster shots.

In mid-December, with hospitals near capacity, the MMA took part in a press conference in which a large group of physicians shared stories of what they’ve been dealing with during the pandemic and made personal pleas for their fellow Minnesotans to get vaccinated.

Before she left office, Peitso voiced the concerns of many physicians in an Insights article shared with membership. “Patients and family members are
Patients and family members are rejecting our advice about COVID-19 vaccinations, rejecting the same expertise that may have carried them or their family member through a stroke, heart attack or difficult pregnancy in the not-too-distant past. We are all frustrated and tired of this pandemic. The naysayers, the skeptics and the peddlers of misinformation will not succeed. Medicine and science are the keys to emerging from this pandemic — the times are uncivil, but your work is vital.

— MARILYN PEITSO, MD
Health equity work continues with partnership, education

The MMA’s strategic commitment to advancing health equity and confronting systemic racism progressed in 2021, with increased investments and energy. The work is based off three primary areas of focus approved by the MMA Board of Trustees. They include: 1) diversifying the physician workforce; 2) alleviating social impediments to health; and 3) changing the culture of medicine.

Diversifying the workforce
In April, the MMA hosted an online discussion with the creators of a documentary titled, “Black Men in White Coats.” More than 140 physicians, physicians-in-training, educators and other stakeholders gathered virtually to examine why only 2% of current American physicians are Black men, and to discuss strategies to develop a more diverse medical workforce. The film examines the systemic barriers preventing Black men from becoming physicians and the related health disparities in diverse communities. Its aim is to educate those involved in accepting, educating, training and supervising medical students, residents, fellows and health staff about the barriers to increasing the number of Black men in medicine.

In addition, the MMA is working to increase student exposures to careers in medicine. We continued to partner with Northwestern Health Sciences University in an effort to match mentors with pre-medical students from backgrounds that are under-represented in medicine. The MMA also provided shadowing opportunities to the Minority Association of Pre-Medical Students (MAPS) at the University of Minnesota, Twin Cities Campus. This is a pipeline program sponsored by the Student
National Medical Association, a national medical student organization. Its mission is to support current and future underrepresented minority medical students, to address the needs of underserved communities and to increase the number of clinically excellent, culturally competent and socially conscious physicians.

During 2021, the MMA also convened a task force to examine the barriers to workforce diversification in physician education, training and licensure. The task force is made up of 37 members, including leaders from Minnesota’s medical schools and residency training programs, community physicians, residents, medical students and pre-med students. The task force intends to complete its work in 2022.

Alleviating social impediments to health
The MMA has consistently worked to improve the conditions for health, whether taking aim at tobacco, safe driving or vaccination. A newer area of focus is housing, specifically people experiencing homelessness. A similar focus is shared by the Zumbro Valley Medical Society, which has launched a Street Medicine educational effort and created a new elective for Mayo medical students.

The MMA also recognized the critical role that high-quality early childhood care, education and paid parental leave plays in childhood health and success by adopting strengthened policy to inform legislative advocacy work.

Changing the culture of medicine
In listening sessions in 2020, physicians told the MMA that efforts to improve health equity required a change in the culture of medicine, both within the MMA and within medical groups and systems.

We took that feedback seriously. To start, MMA leadership recognized that we needed to better understand the MMA’s history and its role in perpetuating discrimination and/or racism. With support from a doctoral student from the University of Minnesota’s History of Science, Technology and Medicine program, we reviewed more than 100 years of our journal, Minnesota Medicine, the association’s House of Delegates proceedings and MMA’s policy compendium. The results of this analysis will be published in 2022 and are intended to stimulate further dialogue as we look to learn from our past and sustain a more inclusive and responsive organization into the future.

The MMA also established a “Health Equity Time Out” to embed a culture of health equity in all its policy and decision-making processes. At its board, Policy Council and committee meetings, the MMA now pauses to contemplate the health equity ramifications of policy proposals. The association urges consideration of this approach by other physician leaders as one way to establish a strong diversity, equity and inclusion foundation in the organizations or teams they lead.

In October 2021, MMA staff, the Board of Trustees and committee/task force chairs participated in an intensive, systemic racism training session. This valuable and foundational work is designed to help position MMA to internalize a culture of anti-racism. We are extremely excited about the new two-year initiative we launched in 2021 to address implicit bias and support cross-organizational health equity work. This expanded work is thanks to new and generous support from UCare. Educational programming on microaggressions and implicit bias were held in 2021, with expanded offerings planned for 2022. We also convened a new Minnesota Health Equity Community of Practice (CoP) in August 2021 to bring together health system/clinic equity leaders and champions to share their work and define opportunities for collective action.
2021 brought loss, change and progress

New year begins with tragedy
The optimism many of us felt with newly approved COVID-19 vaccines and the start of a new year was unfortunately replaced quickly with sorrow. On January 5, the MMA learned that one of its staff members had passed away over the New Year’s holiday break. Eric Dick, the MMA’s manager of state legislative affairs, was found dead in his home at age 45. He worked at the MMA for 10 years, bringing a wealth of energy, humor, political acumen and insight to the association’s efforts.

A few weeks later, on February 9, firearm violence became personal to everyone in healthcare in Minnesota when a disgruntled patient walked into the Allina Health Clinic in Buffalo, Minnesota, and shot and killed one person and injured four others. The MMA once again renewed calls at the Legislature for common-sense changes in Minnesota’s gun laws, but the split Legislature failed to take action.

Component medical society changes
For the past several years, the role and function of component medical societies — local societies chartered by and part of the MMA — have evolved. The evolution is multifactorial but includes changes in how medicine is organized and practiced locally, improved methods of communicating and disseminating information, new technologies that bridge geography, increased demands on physician time and the challenges of recruiting sufficient local volunteer leadership. Over the past three years, 16 component societies made the decision to dissolve their local organizations, five of which occurred in 2021. MMA membership for physicians in those areas is unaffected. Relatedly, in April, Twin Cities Medical Society (TCMS) leadership announced that it would separate from the MMA at the end of 2021, resulting in the MMA Board of Trustees revoking its charter as of January 2022. In 2022, three components remain in place —Steele County, Wright County and Zumbro Valley medical societies.

Supporting physician health and well-being
The problem of physician burnout before COVID-19 has only spread and intensified during the pandemic. To combat burnout, the MMA continued its advocacy work to reduce administrative burdens overwhelming physicians. We led efforts during the 2021 legislative session to promote legislation that would limit unnecessary formulary changes that result in disruptive and dangerous medication changes for stabilized patients.

Expert resources and strategies to support physician health and well-being were also front and center in 2021, as the MMA hosted a virtual Reclaim the Joy of Medicine/5th annual Bounce Back clinician resilience conference in January. During the summer of 2021, the MMA launched its Practice Well Collaboratory, an innovative and cooperative way to share, promote, and explore strategies and best practices to support individual physician health and well-being needs, to convene well-being leaders and champions from across the state and to examine systems change opportunities. An advisory committee was convened in 2021 and additional programming is planned for 2022.

After several years of work, real and tangible change to support physician health occurred in September when the Minnesota Board of Medical Practice voted unanimously to amend the licensure application language requiring disclosure of past and current health conditions that if untreated could impair physicians’ ability to practice safely. There was broad agreement that this language had a chilling effect on physicians throughout the state. Some went so far as to refuse to address their mental health, in part because they feared having their medical license denied or limited. The change, effective January 1, 2022, will instead ask “do you currently have any condition that is not being appropriately treated which is likely to impair or adversely affect your ability to practice medicine with reasonable skill and safety in a competent, ethical and professional manner?” The MMA convened many partners to accomplish this change and applauds all involved for their commitment and collaboration.

Advocating on behalf of making Minnesota the best place to practice and healthiest state
During the 2021 legislative session, the MMA successfully advocated for expanded, ongoing coverage for telehealth and telephone services. This effort garnered bipartisan support to continue coverage for services from a patient’s home and to include audio-only services. Legislators weren’t completely comfortable with this large expansion, so they included a sunset for the audio-only coverage in 2023.

The MMA also successfully lobbied for legislation that expands Medical Assistance (MA) coverage for pregnant women to cover postpartum care for 12 months. The previous law only covered 60 days postpartum for some MA enrollees.

After several years of work, real and tangible change to support physician health occurred in September when the Minnesota Board of Medical Practice voted unanimously to amend the licensure application language requiring disclosure of past and current health conditions that if untreated could impair physicians’ ability to practice safely. There was broad agreement that this language had a chilling effect on physicians throughout the state. Some went so far as to refuse to address their mental health, in part because they feared having their medical license denied or limited. The change, effective January 1, 2022, will instead ask “do you currently have any condition that is not being appropriately treated which is likely to impair or adversely affect your ability to practice medicine with reasonable skill and safety in a competent, ethical and professional manner?” The MMA convened many partners to accomplish this change and applauds all involved for their commitment and collaboration.

The MMA continued advocating in the court room as well, standing up for Edina’s local ordinance prohibiting the sale of flavored tobacco; defending the constitutionality of the state’s COVID-19 eviction moratorium as a way to acknowledge the importance of safe and stable housing for overall health, particularly during a pandemic; and cautioning the court that mental health care in Minnesota could be negatively impacted if physicians and other mental health providers can be held legally responsible for the behavior of any patient for whom they prescribe medications containing a black box warning.
Members making a difference

Practicing medicine is rarely a 9-to-5 endeavor. Instead, on most days it seems to be an around-the-clock profession. And yet, no matter how busy it is, there are physicians and physicians-in-training who put in more time and effort. These people go above and beyond the call of duty regularly and are truly making a difference in people’s lives. We are proud to call them all MMA members.

Jill Amsberry, DO
Amsberry, a pediatrician, served as the MMA’s representative to the Minnesota Department of Health’s Minnesota COVID-19 Vaccine Allocation Advisory Group. She played a key role in ensuring that the voice of Minnesota physicians was heard when the state worked on plans for allocating the vaccine, and helped share information about the dissemination strategy with her fellow physicians and the public. She also serves as the medical director of the Pediatric and Adolescent Clinic at CentraCare and is a faculty member for the University of Minnesota St. Cloud Family Medicine Residency.

Juan Bowen, MD
As the president of the MMA’s Foundation, Bowen has made a significant impact. He personally secured a $200,000 gift honoring the lifetime work of his long-time friend and mentor Barry Friedman, MD, and used it to establish a new enduring scholarship fund at the Foundation to spark interest in primary care and encourage the capabilities of medical students. During the first COVID-19 stay-at-home order, Bowen, along with his colleagues on the Board, mobilized the MMAF and created a Philanthropy in Practice campaign that raised nearly $30,000 in emergency funds for homeless shelters and foodbanks. Bowen is an assistant professor of medicine at the Mayo Clinic College of Medicine and Science, and a consultant in the Department of Internal Medicine at the Mayo Clinic College of Medicine Residency.

Dyrbye is a scholar and leading advocate for physician well-being. She is an assistant dean of faculty development at the Mayo School of Graduate Medical Education; director, Academy of Educational Excellence; co-director, Program on Physician Well-Being; professor of medicine and medical education; and consultant, Division of Primary Care Internal Medicine.

Andrew Slattengren, DO
Slattengren is one of those physicians who when asked to contribute always has his hand in the air. In 2020, he served as president of the Minnesota Academy of Family Physicians, and during the MMA’s 2021 Advocacy Week he stepped up to help his peers by sharing some tips for how to use social media to effectively interact with legislators. He is a family physician and assistant professor at the University of Minnesota Medical School. He currently serves as the associate program director and director of osteopathic education for the University of Minnesota North Memorial Family Medicine Residency.

Liselotte (Lotte) Dyrbye, MD
Dyrbye is a scholar and leading advocate for physician well-being in Minnesota. In 2021, she partnered with MMA and others to lead the fight for the state’s Board of Medical Practice to amend its licensure application language to remove questions that discouraged physicians from seeking mental health care. This was a significant victory for medicine and well-being. She is an assistant dean of faculty development at the Mayo School of Graduate Medical Education; director, Academy of Educational Excellence; co-director, Program on Physician Well-Being; professor of medicine and medical education; and consultant, Division of Primary Care Internal Medicine.

Rebecca Thomas, MD
Thomas, a current MMA Trustee, has been busy this year advancing her passion for gender equity in medicine. She spearheaded the MMA’s new Women in Medicine convenings to provide a safe and validating space for women to share their experiences; network with peers; identify future programming; and determine policy and advocacy needs. The oncologist also served as host and facilitator for epidemiologist Michael T. Osterholm, PhD, MPH, at this year’s Annual Conference. Along with her board duties, she has served on the Committee on Finance and Audit as well as the Physician Well-being Advisory Committee.

Verna Thornton, MD
Thornton is a co-chair of the MMA’s Barriers to Workforce Diversification in Physician Education, Training and Licensure Task Force, which convened in 2021. This group is tasked with crafting recommendations to reduce or eliminate the policies, practices and structures in medical education, residency training and licensure that perpetuate racism and/or otherwise limit Minnesota physician workforce diversification. She is also a member of the MMA Foundation’s board and has participated with the Health Committee of the Duluth branch of the NAACP. That group has been present throughout the greater Duluth area and has been instrumental in giving away thousands of face masks and hand sanitizer containers to the homeless, minority and underserved communities.

Making a difference at a local level

MMA’s Component Medical Society leaders

GOODHUE COUNTY MEDICAL SOCIETY*
President: John Goeppinger, MD
Secretary/Treasurer: Jerry Rogers, MD

HEART OF THE LAKES MEDICAL SOCIETY*
President: Robert Koshnick, Jr, MD
Interim CEO: Annie Krapeck

STEELE COUNTY MEDICAL SOCIETY
President: Grant D. Heslep, MD

TWIN CITIES MEDICAL SOCIETY**
President: Sarah Traxler, MD
Interim CEO: Annie Krapeck

WRIGHT COUNTY MEDICAL SOCIETY
President: Robert G Milligan, MD, FAAFP

ZUMBRO VALLEY MEDICAL SOCIETY
Co-President: Ashok Patel, MD
Executive Director: Beth Kangas, PhD

* Group dissolved in 2021
** Separated from and MMA charter revoked 1/1/2022
Membership overview

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>9,089</td>
</tr>
<tr>
<td>2001</td>
<td>9,162</td>
</tr>
<tr>
<td>2002</td>
<td>9,109</td>
</tr>
<tr>
<td>2003</td>
<td>9,116</td>
</tr>
<tr>
<td>2004</td>
<td>9,297</td>
</tr>
<tr>
<td>2005</td>
<td>10,858</td>
</tr>
<tr>
<td>2006</td>
<td>10,835</td>
</tr>
<tr>
<td>2007</td>
<td>10,909</td>
</tr>
<tr>
<td>2008</td>
<td>10,969</td>
</tr>
<tr>
<td>2009</td>
<td>11,330</td>
</tr>
<tr>
<td>2010</td>
<td>11,250</td>
</tr>
<tr>
<td>2011</td>
<td>10,106</td>
</tr>
<tr>
<td>2012</td>
<td>10,347</td>
</tr>
<tr>
<td>2013</td>
<td>9,998</td>
</tr>
<tr>
<td>2014</td>
<td>10,309</td>
</tr>
<tr>
<td>2015</td>
<td>10,257</td>
</tr>
<tr>
<td>2016</td>
<td>10,171</td>
</tr>
<tr>
<td>2017</td>
<td>10,260</td>
</tr>
<tr>
<td>2018</td>
<td>10,637</td>
</tr>
<tr>
<td>2019</td>
<td>11,011</td>
</tr>
<tr>
<td>2020</td>
<td>12,017</td>
</tr>
<tr>
<td>2021</td>
<td>11,711</td>
</tr>
</tbody>
</table>

Counts include: regular/active, retired, students, residents/fellows.

2021 Membership Information

NORTH CENTRAL TRUSTEE DISTRICT .......................... 501
NORTHWEST TRUSTEE DISTRICT ............................. 67
NORTHEAST TRUSTEE DISTRICT .............................. 630
SOUTHEAST TRUSTEE DISTRICT .............................. 5,251
SOUTHWEST TRUSTEE DISTRICT .............................. 557
TWIN CITIES TRUSTEE DISTRICT ............................ 4,705
TOTAL: ...................................................... 11,711

2021 Financial Highlights

TOTAL MMA REVENUE: $3.2M
1 DUES 50%
2 NON-DUES REVENUE 25%
3 SPENDING POLICY 25%

HOW YOUR DUES ARE USED
1 MEMBER ENGAGEMENT 19%
Member engagement, Annual Conference, Day at the Capitol, Doctors Lounge, Joy of Medicine Conference, other events, committees & taskforces, student & resident sections, component society services
2 ADVOCACY 23%
Legislative and regulatory lobbying, C-ASIC, CANDOR
3 COMMUNICATIONS 20%
Minnesota Medicine, MMA News Now, website, special reports, accreditation, joint providership, education
4 GOVERNANCE 16%
MMA Board, AMA delegation
5 INFRASTRUCTURE & OVERHEAD 22%
Infrastructure, finance & human resources, professional development, professional liability, partnerships & sponsorships

Membership types

<table>
<thead>
<tr>
<th>Member Type</th>
<th>2021 Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular</td>
<td>4,384</td>
</tr>
<tr>
<td>Resident/Fellow</td>
<td>3,940</td>
</tr>
<tr>
<td>Retired</td>
<td>1,615</td>
</tr>
<tr>
<td>Student</td>
<td>1,772</td>
</tr>
</tbody>
</table>

TOTAL ................................. 11,711