FOCUSED ON SUCCESS, DESPITE CHALLENGES

Physicians have faced many challenges this year.

The first was a late-starting, abbreviated legislative session. We were able to maintain the repeal of the provider tax but we once again faced strong resistance to our efforts to reform medication prior authorization. We also began the process of strengthening the state’s immunization laws through discussion and information.

We continued to wrestle with the problem of prescription opioid abuse. Abuse of these medications has been on the MMA’s radar for several years but we need to re-double our efforts. In July, our Board approved a series of recommendations from our public health committee that we are confident will begin to turn the tide. We also continued our education efforts on opioids with a series of excellent free webinars produced with the Steve Rummler Hope Foundation and the University of Minnesota Medical School.

We devoted much of this year’s Annual Conference to professional satisfaction, another issue that affects many physicians. We need to continue supporting our peers who struggle with their work-life balance and develop solutions that have a positive impact on our practices.

In addition, MMA work groups made great strides this year on two tough issues: 1) exploring ways to support physicians as they address racial and ethnic health disparities in their practices, and 2) improving the training and support for preceptors.

On a national level, we celebrated the end of the flawed Sustainable Growth Rate formula and are now trying to educate members on how the Medicare Access and Children’s Health Insurance Program Reauthorization Act of 2015 (MACRA) will affect our practices. The MMA has reached out to clinics across the state either in person or via webinars to help physicians learn about the new regulations. We’re making progress.

What this all adds up to is the fact that physicians need the MMA now more than ever. We will continue to work to make Minnesotans the healthiest in the nation and the best place to practice medicine, and to advance the medical profession. But we need your help. If you are already a member, thank you. If you are not, please join us.

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HEALTHCARE STEERING COMMITTEE (MARCH)**

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Stuart Cameron, MD

Rammik Dhaliwal, MD (resident)

Mark Eggen, MD

Alexander Feng (medical student)

Jessica Heiring, MD

Evan James (medical student)

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Ken Kephart, MD

Lisa Mattson, MD

Christopher Reif, MD

Doug Pryce, MD

Caleb Schultz, MD

Neil Shah, MD

Craig Walvatne, MD

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Robert Grill, MD

Dionne Hart, MD

Kathryn Lombardo, MD

Kim McKeon, MD

Noel Peterson, MD

Sally Trippel, MD

Jon Van Loon, MD

Tom Witt, MD

Jay Widmer, MD

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Stephen Cragle, MD

Kim Tjaden, MD

**RANGE MEDICAL SOCIETY APPOINTEE**

Michael Baich, MD

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Elizabeth Fracica

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Matthew Kruse, MD

**YOUNG PHYSICIANS SECTION APPOINTEE**

Meltiady Issa, MD

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Dave Agtert, MD

**AMA POLICY COUNCIL APPOINTEES**

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Resident, Regions Hospital, St. Paul

**MEDICAL STUDENT SECTION APPOINTEE**

Christopher Reif, MD

**RESIDENT AND FELLOW SECTION APPOINTEE**

Matthew Kruse, MD

**YOUNG PHYSICIANS SECTION APPOINTEE**

Meltiady Issa, MD

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Dan Heinemann, MD

Ernest Lampe, MD

Steven Meister, MD
THE OPIOID CRISIS
FRONT AND CENTER

The abuse of prescription opioids once again took center stage in 2016 when it was determined that Prince, the iconic Minneapolis musician, died of a fentanyl overdose in April. The MMA Board of Trustees voted in July to re-instate the MMA Prescription Opioid Management Advisory Task Force. The group will meet through the beginning of 2017 to consider solutions, including: mandatory use of Minnesota’s Prescription Monitoring Program when appropriate; required education/additional training with respect to opioid prescribing when appropriate; and expanding the number of buprenorphine providers. The task force will also be charged with reviewing the recommendations from the Minnesota Department of Human Services’ Opioid Prescribing Work Group to help guide the MMA’s response.

In addition, the MMA continued its education efforts on the epidemic. We worked with the Steve Rummler Hope Foundation, a Minneapolis-based nonprofit, and the University of Minnesota Medical School to create a series of free webinars to educate physicians on a variety of topics relating to pain, opioids and addiction. They are available for CME credit on the MMA website.

In addition, MMA member Charlie Reznikoff, MD, led an educational program on the changing landscape of opioid prescribing at the 2016 Annual Conference.

MEDICAL CANNABIS EDUCATION CONTINUES

On July 1, the state observed the one-year anniversary of its medical cannabis program. At the time, 1,588 patients had signed up to participate and 579 physicians, physician assistants or advanced practice nurses had registered to certify patients. Also on that day, intractable pain was officially added as a qualifying condition for which patients can receive medical cannabis. The MMA continued to monitor the growth of the state’s program and to educate its members about medical cannabis. In June, Minnesota Medicine published a special issue on the program and provided initial findings from the state about its use and success. The issue also examined the addition of intractable pain.
HEALTH DISPARITIES WORK GROUP TACKLES BIG DIVIDE
Disparities between the health of the general population and that of certain racial and ethnic groups are a reality in Minnesota. In an effort to determine how we might close the gaps, the MMA formed a work group in late 2015 with Fatima Jiwa, MBChB, as chair. The group surveyed physicians to determine their awareness of racial and ethnic disparities in the state and find out what resources are needed to assist them in addressing these disparities in their practices. The group was scheduled to submit its recommendations to the MMA board during the third quarter of 2016.

THE HEALTHIEST IN THE NATION

The work group also organized a two-part webinar series on implicit bias featuring member Stephen Nelson, MD, director of the Hemoglobinopathy Program at Children's Hospitals and Clinics of Minnesota. Nelson presented on implicit bias and served on a health disparities panel at the 2016 Annual Conference.

PRECEPTORS KEY TO PREVENTING PRIMARY CARE SHORTAGE
The MMA has been addressing the pending primary care physician shortage for several years now. In late 2015, we focused our attention on preceptors and formed the MMA Preceptor Initiative Advisory Group, chaired by Anne Pereira, MD, MPH, FACP, and Jeremy Springer, MD. As part of our initiative, we partnered with the University of Minnesota Medical School to interview health system leaders across Minnesota to assess medical student clinical training sites. We then determined what was needed to ensure that capacity meets the current need. We also surveyed preceptors across the state to learn what type of training and support they need.

The initiative yielded:
• A community preceptor toolbox that will include training videos and tip sheets for preceptors
• An ad in Minnesota Medicine thanking preceptors for their efforts
• Recognition of preceptors at the 2016 Annual Conference

STRENGTHENING IMMUNIZATION LAWS
Many consider childhood vaccinations a landmark public health advancement, saving millions of lives. Although Minnesota leads the nation in a number of metrics of good health, many physicians are shocked to learn that the state has one of the country’s weakest immunization laws, allowing parents and guardians to exempt their children from required vaccines because of conscientiously held beliefs." The MMA is seeking to change the law to allow exemptions only for medical contraindications. The MMA significantly raised the profile of the issue at the Legislature in 2016 and looks forward to strengthening Minnesota’s vaccine laws in 2017 and beyond.
In order to make Minnesota the best place to practice medicine, we need to focus on ways to allow physicians to be physicians. That means spending less time dealing with administrative burdens and more time working with patients.

**Prior Authorization Efforts Continue, Despite Resistance**
The MMA continues to work to reform medication prior authorization (PA). In 2016, we focused on illustrating how the PA process hurts patients (the previous year’s efforts revolved around how much of a burden it was for physicians). We emphasized the following points:

- Prior authorization hassles are prohibiting patients from getting the medications they need in a timely manner.
- Patients with chronic conditions can incur higher health care costs as a result of prior authorization.
- The MMA doesn’t seek to eliminate prior authorization altogether, rather we want to make sure patients know which drugs are covered and that changes to their drug coverage are limited.
- The MMA wants to limit the number of times a patient must go through prior authorization for the same drug.

Similar to the 2015 legislative session, our bill stalled in the House when representatives refused to give it a hearing. We will bring the bill back in 2017.

**MACRA Passed, Now What?**
Congress passed the Medicare Access and Children’s Health Insurance Program Reauthorization Act (MACRA) with strong bipartisan support in April 2015. Among MACRA’s notable provisions is the permanent repeal of the Sustainable Growth Rate (SGR), the flawed formula used for calculating updates to the Medicare physician fee schedule. Provisions in MACRA replace SGR with two paths for determining future Medicare payment

**MAKING MINNESOTA**
for physician services: 1) the Merit-Based Incentive Payment System (MIPS) and 2) alternative payment models (APMs).

In 2016, the MMA offered education for physicians about the new payment pathways through a webinar featuring national expert Harold Miller, informative articles in *Minnesota Medicine* and a series of in-person presentations by MMA Director of Health Policy Janet Silversmith. Work will continue in 2017 to prepare physicians and practice administrators for the law’s regulations.

**THE BEST PLACE TO PRACTICE**

**PROVIDER TAX REMAINS ON TRACK FOR REPEAL**

Although set for repeal at the end of 2019, some lawmakers proposed re-instating the provider (or sick) tax during the 2016 legislative session. The MMA went to work, arguing that it is regressive, selective and falls most heavily on the sick. Plus, it would add more than $720 million to the overall cost of health care in 2021, if it continues past its current sunset date.

In 2011, the MMA successfully lobbied for its repeal, which passed with bipartisan support and was signed by the governor. The MMA has opposed the 2 percent tax on medical services providers since its inception in 1992 and will continue to do so until it is finally repealed.
Advancing professionalism in medical practice can happen in a number of ways. The MMA has been promoting professionalism by helping physicians become more resilient to burnout, collaborating with specialty societies and hosting networking events where physicians and physicians-in-training can meet and talk about medicine in a relaxed atmosphere.

CONTINUING TO ADDRESS PROFESSIONAL SATISFACTION

According to national statistics, about half of all physicians say they have experienced burnout. That’s disturbing to the MMA and everyone in health care. We have been addressing this issue for several years now, first drawing attention to it, then educating physicians on how to combat and address it. Preventing burnout was a focus at the Annual Conference. Keynote speaker ZDoggMD spoke directly to the topic. The event also included sessions on building resiliency. This will continue to be an emphasis for the association in the coming years.

DAY AT THE CAPITOL DRAWS A BIG CROWD

More than 100 physicians and physicians-in-training lobbied their legislators in St. Paul on March 23 as part of the MMA’s annual Day at the Capitol event. Despite the snow, physicians and students gathered from across the state to meet with their legislators and educate them about the need to reform medication prior authorization, ensure the sunset of the provider (sick) tax and strengthen the state’s immunization laws.

At the 2016 Day at the Capitol, a group of physicians meets with state Sen. Kari Dziedzic (DFL-Minneapolis).
TALKING SHOP IN A SOCIAL SETTING
The MMA held physician socials in the Twin Cities, Rochester and Duluth this year. These free events, located near the state’s medical schools, attracted a good mix of physicians-in-training as well as physicians of all ages. Approximately 140 attended the Twin Cities event at Surly Brewery in Minneapolis; 110 attended the Rochester social at the Cambria Gallery. (Planning for a Duluth event continued as this Annual Report went to press.) The socials provide an opportunity for physicians, residents and medical students to gather over food and drinks and discuss their profession.

PARTNERING WITH SPECIALTY SOCIETIES
The MMA continues to strengthen its partnerships with specialty societies throughout the state. We recently worked with the Minnesota Dermatological Society to address a scope-of-practice issue related to esthetician licensure. Prior to the 2016 legislative session, the MMA and eight specialty societies met to discuss priorities and strategies. In addition, the MMA provides lobbying services to four specialty societies and meets with their individual boards to discuss how we can better work together. It’s in the best interest of all physicians to have a united front with the MMA and the state’s specialty societies.

A MARCH TOWARD LOWER HEALTH CARE COSTS
The Minnesota Action to Reduce Costs in Healthcare (MARCH) steering committee began developing recommendations for MMA policy/action to address several factors associated with high health care costs and affordability. The group is focusing on administrative inefficiencies, waste, and burden; prescription drug spending; unnecessary care; and, time permitting, other key drivers of health care costs.
MEMBERS

MACARAN BAIRD, MD
Baird is a long-time volunteer with the MMA. He has served on the board, on committees and is currently the chair of the MARCH (Minnesota Action to Reduce Costs in Healthcare) initiative. This group’s charge is to address administrative inefficiencies, prescription drug prices and unnecessary care, among other issues. Baird is also a member of the MEDPAC Board of Directors. In 2013, he was honored for his extraordinary involvement with the MMA’s Distinguished Service Award. This is on top of Baird’s role as head of the Department of Family Medicine and Community Health at the University of Minnesota.

ALEXANDER FENG
The University of Minnesota medical student isn’t allowing his studies to keep him from being active with the MMA, especially when it comes to advocacy. Feng is currently a member of the MMA’s Policy Council, a MEDPAC board member and an Advocacy All-Star. He has also been active with the AMA’s Medical Student Section serving as a member of the AMA’s Health Information Technology Task Force Committee. Feng is also a University of Minnesota Chapter Officer of IHI (the Institute for Healthcare Improvement), an independent non-profit organization based in Cambridge, Mass. Known for the Triple Aim, IHI is dedicated to the improvement of health and health care. Feng expects to receive his MBA and MD in 2018.

FATIMA JIWA, MBCHB
Jiwa is chairing the MMA’s efforts to address Minnesota’s racial and ethnic health disparities. In addition to her leadership on this issue, she has served on the MMA’s Board of Trustees since 2013 and has been a member of the MMA’s Governance Evaluation Work Group for the last three years. She also was involved with the MMA’s Minority and Cross-Cultural Affairs Committee until it was sunset. Outside the MMA, Jiwa serves on the Minnesota Chapter of the American Academy of Pediatrics’ Poverty/Disparities Work Group. Jiwa is a pediatrician at Partners in Pediatrics in Rogers.

DANIA KAMP, MD
In recent months, Kamp has amped up her volunteerism on behalf of medicine in Minnesota. This year, she is serving as president of the Minnesota Academy of Family Physicians. She is also a member of the MMA’s MARCH (Minnesota Action to Reduce Costs in Healthcare) initiative. In addition, Kamp testified before the Senate on behalf of medication prior authorization reform this past legislative session. When she’s not busy volunteering her time, Kamp practices family medicine including obstetrics at Gateway Family Health Clinic in Moose Lake.

You got into this profession to make a difference. And you do, every day. But there are some physicians who take their commitment to the human condition to another level. This year, the MMA recognizes seven physicians and one medical student who have gone beyond their day-to-day activities to improve health care in Minnesota.
MARILYN PEITSO, MD
This MMA Board of Trustees member recently received the 2016 Distinguished Service Award from the Minnesota chapter of the American Academy of Pediatrics. The St. Cloud pediatrician has held a number of volunteer positions. She was a member of the MMA’s Choosing Wisely Advisory Committee and is currently treasurer of the MMA Foundation’s Board of Directors. Last year, Peitso served on the state’s Health Care Financing Task Force. She is also a past president of the Minnesota Chapter of the American Academy of Pediatrics.

MAKING A DIFFERENCE

ANNE PEREIRA, MD, MPH, FACP, AND JEREMY SPRINGER, MD
Minnesota needs more physicians. Pereira and Springer are using their time and energy to make sure that happens by increasing the number of preceptors across the state who can help train future physicians. Pereira and Springer co-chaired the MMA’s Preceptor Initiative Advisory Group, which met from September 2015 through May 2016. They also were members of the MMA Primary Care Physician Workforce Expansion Advisory Task Force (Springer served as chair). When she’s not volunteering for the MMA, Pereira is assistant dean for clinical education at the University of Minnesota Medical School and practices internal medicine at Hennepin County Medical Center. Springer is a family physician at Park Nicollet, and an assistant professor in the University of Minnesota’s Department of Family Medicine and Community Health. He also directs the University of Minnesota Methodist Hospital family medicine residency program and serves as medical director of continuing medical education for Park Nicollet. Both have testified before the legislature on health care issues.

NEIL SHAH, MD, FAAD
In a relatively short time, Shah has become one of the most passionate voices at the Capitol and at the MMA. He serves on the MMA’s Policy Council and was a member of the MMA’s Telehealth Task Force. Although he is a dermatologist, Shah has strongly pushed the MMA on childhood immunization issues. He also helped organize a fundraising meeting with House Speaker Kurt Daudt days before the start of the 2016 legislative session to emphasize the importance of maintaining the provider tax repeal. Shah practices at Clarus Dermatology in St. Anthony.
2016 FINANCIAL HIGHLIGHTS

How your dues are used
1 GOVERNANCE 27%
   MMA Board, AMA delegation
2 ADVOCACY 29%
   Legislative and regulatory
   lobbying, payer relations, quality,
   public health
3 COMMUNICATIONS 21%
   Minnesota Medicine, MMA News
   Now, website, special reports
4 MEMBERSHIP 18%
   Member relations, Annual
   Conference, outreach, education,
   events
5 OTHER 5%
   Accreditation, co-sponsorships,
   credentialing, component society
   staffing

Total MMA Revenue: $3,700,000
1 DUES 54%
   Dues payments from members
2 NON-DUES REVENUE 46%
   Includes:
   • royalty income
   • revenue earned from
     advertising sold in Minnesota
     Medicine, MMA News Now
     and on the MMA website
   • revenue earned by the MMA
     for accreditation, sponsorships
     and lobbying support for
     medical specialties
   • income from investments,
     grants and events.

MEMBERSHIP OVERVIEW

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*Numbers as of Aug. 15, 2016

MEMBERSHIP

NORTH CENTRAL TRUSTEE DISTRICT
   South Park Region ………… 59
   Stearns-Benton …………… 249
   Upper Mississippi ……… 85
   West Central ……………… 21
   Wright …………………… 13

NORTHEAST TRUSTEE DISTRICT
   Lake Superior …………… 586
   Range …………………… 69

NORTHWEST TRUSTEE DISTRICT
   Headwaters ……………… 113
   Heart of the Lakes Region… 56
   Red River Valley ………… 69

SOUTHEAST TRUSTEE DISTRICT
   Freeborn ………………… 55
   Goodhue ………………… 72
   Rice …………………… 41
   Steele ………………… 63
   Wabasha ………………… 12
   Winona ………………… 15
   Zumbro Valley ………… 3,267

SOUTHWEST TRUSTEE DISTRICT
   McLeod-Sibley ………… 22
   Nicollet-Le Sueur ……… 29
   Prairie ………………… 563
   Waseca ………………… 9

TWIN CITIES TRUSTEE DISTRICT
   At Large ……………… 144

TOTAL: 10,171

Includes: regular/active, retired, students,
residents/fellows
Note: Resident and Student numbers can
fluctuate significantly throughout the year
due to large additions or subtractions.

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