Maine did it in 2003. Oregon did it last year. Is Minnesota next in line? The “it” refers to dissolving the state medical association’s House of Delegates (HOD). It’s a thorny topic, and passions run high on both sides of the debate whether it’s in Oregon, Maine, Minnesota or a half dozen other states where medical associations are currently considering such a change.

Each organization is trying to find ways to stay relevant to members. And although they have approached that goal from different angles, they are reaching a similar conclusion—in order to attract a younger, more diverse membership, they need to embrace new strategies to get input from a majority of the membership.

In Minnesota, the HOD, the Board of Trustees and a handful of members have been debating governance for the past three years. Some conclusion should be reached on September 21 at the 2013 MMA Annual Meeting in Brooklyn Park, when the House votes on whether it will replace itself with a policy council that will meet at least two times a year (one being at an all-member annual meeting).

Those opposed to dissolution recognize that the HOD is not working optimally but contend it just needs to be strengthened and improved.

Proponents argue that the HOD is beyond repair. They point to participation, which has been decreasing over the past decade, and note that those who do participate are getting older and don’t accurately reflect the diversity of the MMA’s membership.

These are all familiar refrains to leaders from other state associations. The Oregon Medical Association (OMA) began examining its governance five years ago. As OMA leaders traveled around their state,
they found that 24 out of 36 counties had no functioning county medical society to elect delegates. They heard from members, time and time again, that the House was a barrier to participation; it was unappealing to members.

They ended up overhauling the OMA bylaws and establishing the OMA Board of Trustees as the policy-making body. This decision resulted in an opportunity to review and set policy more than once a year and the transformation of what used to be the House gathering into a general meeting for all members.

“With strong physician leaders at the helm, supported by committed board members from across the state, the Oregon Medical Association took on the challenge to change its governance structure in order to do what’s in the best interest of the organization—ensure we remain relevant,” says Joanne Bryson, executive vice president and CEO of OMA.

The Maine Medical Association did away with its House of Delegates in 2003 and replaced it with a general membership meeting held once a year. “The reaction to the change has been overwhelmingly favorable and our attendance at the meeting has improved,” says Gordon Smith, executive vice president. “We can still consider resolutions at the meeting, but since 2012 the resolutions are advisory only to our 25-member board of directors.”

In addition to Minnesota, state medical associations in California, Pennsylvania, Tennessee, Virginia, Washington, Kansas and Ohio are also debating whether to dissolve their House of Delegates.

If the HOD does vote itself out of existence, it does not necessarily mean it’s gone for good, however. If the new governance structure is adopted, the MMA will create a formal process to review whether the change is working. The process would result in a report being presented within three years to the Board of Trustees.

Hearing all voices

While most of the focus (and debate) has been around the possible dissolution of the MMA’s House of Delegates, there’s another issue in play—whether to open up the election of MMA leaders to all members.

Currently, only delegates are allowed to vote for president, board members and AMA delegates. With the number of delegates decreasing over the past decade, fewer and fewer members have had a hand in deciding MMA leadership. Thus, it has been proposed that the MMA implement an electronic process so that all members can vote for these positions.

If the measure passes, the MMA will create a nominating committee that will review and vet candidates. During each election cycle, Component Medical Societies (CMSs) will be able to nominate one candidate for trustee, consistent with the requirements of the MMA bylaws and the principles/guidelines adopted by the MMA board. All nominations must be received prior to the review of all candidates by the committee.

The nominating committee also may nominate one or more additional candidates for each available office.

In addition, the MMA’s Leadership Effectiveness and Development committee will create campaign guidelines addressing:

- Candidate distribution of information regarding their candidacy, credentials and reason(s) for running for office
- How candidates will be labeled on the ballot
- Distribution of email addresses for candidate use

If approved, the first all-member electronic elections will take place in the fall of 2014.

Governance changes in a nutshell

- Reduce the size of the Board of Trustees from 33 to 12 to 14 (approved in 2012; full implementation by 2015)
- Hold policy forums on timely issues across the state (approved and in progress)
- Use listening sessions to hear from members in all settings (approved and in progress)
- Dissolve the House of Delegates and replace it with an all-member annual meeting to discuss policy
- Create a 40-member Policy Council to advise the Board of Trustees
- Implement electronic all-member elections of president, trustees and AMA delegates
2013 resolutions: A seismic shift

Change is afoot for this year’s Annual Meeting. Of the resolutions submitted to the House of Delegates, more than a quarter of them deal with how the MMA will govern itself in the future.

Twenty-eight resolutions were submitted. Six were initially rejected, referred to the Board of Trustees for consideration or reaffirmed by a resolution review committee made up of eight members. Registered delegates had the opportunity to vote whether to keep these resolutions in early August and voted to bring several back. In the end, 26 resolutions will be considered by the House.

The bulk of the resolutions were generated by the Twin Cities Medical Society (TCMS), the state’s largest component medical society (CMS), and nearly half of those deal with governance. Several of the TCMS resolutions seek to maintain and modify the House and its procedures. The MMA Board of Trustees, on the other hand, has put forth a resolution that recommends dissolving the House.

Governance is not the only topic to be considered, though. Others include:

- The future of several CMSs. Park Region Medical Society, East Central Minnesota Medical Society and Mower County Medical Society have proposed dissolving. Plus, in southwestern Minnesota, several CMSs have proposed merging. They include: the Blue Earth County Medical Society, the Blue Earth Valley Medical Society, Camp Release District Medical Society, Lyon-Lincoln Medical Society, Mid-Minnesota Medical Society and the Southwestern Minnesota Medical Society.
- The Minnesota Academy of Family Physicians has put forward two resolutions asking the MMA to study the cost implications and administrative burdens associated with providing quality-improvement data.
- The MMA’s Prescription Opioid Management Advisory Task Force has submitted a resolution seeking to embed the state’s Prescription Monitoring Program (PMP) into electronic health records so it’s easier for physicians to access.

Comedian to perform at president’s dinner

This year’s Annual Meeting won’t be all debate and seriousness. Nationally known comedian Bob Stromberg of “Triple Espresso” fame will entertain those attending the president’s inaugural dinner on September 20.

Originally from Pennsylvania, Stromberg now calls Minnesota home. For more than 30 years, he has entertained audiences of all ages with his unique style of clean comedy. For more information, visit his website at www.bobstromberg.com.

The 2013 Annual Meeting takes place September 20-21 at the Minneapolis Marriott Northwest in Brooklyn Park. For more information, visit www.mnmed.org/AbouttheMMA/2013AnnualMeeting.
Appeals court makes physician-friendly ruling in legal guardian case

A Minnesota Court of Appeals reversed a district court's decision and ruled in late July that a guardian can authorize removal of a ward's life support without court approval. The ruling regarded the case of The Guardianship of Jeffers A. Tschumy.

Earlier this year, the MMA submitted an amicus brief supporting the argument that legal guardians have the inherent power to make medical decisions on behalf of their wards, including the decision to decline medical care and to terminate life support. The MMA urged the Court of Appeals to reject the district court's assertion that all guardians must obtain a court order before authorizing "end of life" care for their wards.

“This is an important ruling from the Court of Appeals,” says Teresa Knoedler, J.D., the MMA's policy counsel. “Medical decisions are best made by family and guardians in conjunction with physicians and other providers. This ruling keeps that decision-making out of the courts in most circumstances. It's a good outcome for Minnesota physicians.”

National expert to speak at primary care summit in November

Scott Shipman, M.D., M.P.H., director of Primary Care Affairs and Workforce Analysis at the Association of American Medical Colleges, will be the keynote speaker at the MMA's Primary Care Physician Workforce Expansion Summit November 12 in Minneapolis.

“The summit is aimed at identifying and sharing strategies for increasing Minnesota’s primary care physician workforce,” says Juliana Milhofer, an MMA policy analyst who is helping organize the event.

The MMA formed a task force earlier this year in an effort to address the state’s primary care physician shortage. Between 2000 and 2030, the percentage of Minnesotans’ population age 65 and older is expected to increase from 12 to 24 percent. And in January, when the Affordable Care Act kicks into full gear, more Minnesotans will find themselves in the health insurance pool. Meanwhile, primary care physicians in Minnesota are getting older and closer to retirement. In 2011, more than a third were age 55 or older.

“This is a very serious issue,” says MMA President Dan Maddox, M.D. “Figuring out how to address the shortage is a critical priority for the MMA. The number of patients is growing, while the number of physician is decreasing. That adds up to trouble for any of us who will need care in the future.”

The summit will be held from 4 to 8 p.m. at the Ramada Plaza Minneapolis, 1330 Industrial Boulevard, N.E. For more information on the summit, contact Milhofer at 612-362-3735 or email her at jmilhofer@mnmed.org.

MMA celebrates its 160th anniversary in July

In July, the Minnesota Medical Association turned 160 years old. On July 23, 1853, John H. Murphy, M.D., and 10 young physicians gathered in St. Paul for the first-ever medical profession convention in Minnesota. This convention was the formation of the Minnesota Medical Society, which in 1903 changed its name to the Minnesota Medical Association.

“I can't imagine those 11 physicians knew what they were starting back in 1853, but I'm sure they would be proud of how their creation turned out,” says MMA President Dan Maddox, M.D. The MMA now has more than 10,000 members and continues to work on behalf of Minnesota physicians and their patients.

Resident program on employment contracts set for October

The MMA will host an informational session/social event on employment contracts for Minnesota residents on October 17 at 6:30 at Rojo Mexican Grill, 1602 West End Boulevard, in St. Louis Park.

This is an excellent opportunity for residents to receive advice from legal experts as well as representatives from large health care provider organizations and independent practices.

For more information, contact Kathleen Baumbach (kbaumbach@mnmed.org), MMA’s manager of physician outreach, at 612-362-3729.
MMA supports changes to how sunlamps are classified

In late June, the MMA offered its full support for a U.S. Food and Drug Administration (FDA) proposal to reclassify sunlamps used in artificial tanning facilities to better protect the public from the dangers of artificial tanning.

The FDA categorizes devices in three ways based upon the risk they pose to health. Currently, sunlamps are listed as a Class I device, the category used for such items as tongue depressors and bandages. The proposal before the FDA is to reclassify sunlamps as a Class II device.

Under the new classification, tanning bed manufacturers would be required to affix labels to the devices noting that there are clear risks to their use, that users should get regular cancer screenings and that sunlamps are not recommended for use by youths.

In the letter, MMA President Dan Maddox, M.D., encouraged the FDA “to take further actions in the future to completely restrict access of minors to artificial tanning facilities.” Such an effort would mirror legislation that the MMA will advocate for in 2014—the complete banning of access to artificial tanning facilities by minors.

Research has shown that exposure to the UV radiation emitted by artificial tanning devices increases one’s risk for developing melanoma by 75 percent. Each year, more than 12,000 Americans die from skin cancer, 9,000 of whom have melanoma. Melanoma rates are rising dramatically across the country, and in Minnesota, the incidence of melanoma among women ages 20 to 49 has doubled since 1995.

Member physicians testify at immunization hearing

Two MMA member physicians testified before an administrative law judge in June in favor of proposed changes to Minnesota’s school and child care immunization law.

Both Laurel Ries, M.D., chair of MMA’s Public Health committee, and Robert Jacobson, M.D., a Mayo Clinic physician who is president of the MN Chapter of the American Academy of Pediatrics, spoke on behalf of the proposed rule changes.

The changes, which would take effect in September 2014, include:

- requiring children enrolling in child care and school-based early childhood programs to be vaccinated for hepatitis A and B
- requiring secondary students to get a meningococcal vaccination beginning in seventh grade
- replacing the current seventh-grade tetanus-diphtheria vaccine with one that also includes pertussis (Tdap).

In addition, the timing of the polio vaccine and DTaP vaccine would be changed to match current medically acceptable standards, and the age for the first varicella (chickenpox) immunization would be changed from 18 months to 15 months for children enrolling in child care and school-based early childhood programs.

“Ensuring that Minnesota’s children are being vaccinated against serious and often life-threatening disease is good medicine, cost-effective medicine, and essential for the health of the public,” Ries testified.

The changes would bring Minnesota in line with the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices recommendations.
MMA in action

Terry Ruane, the MMA's director of membership, marketing and communications, Brian Strub, an MMA manager of physician outreach, and Dave Renner, MMA director of state and federal legislation, attended at the American Association of Medical Society Executives annual meeting in St. Louis in mid-July. The event included a number of educational programs on issues affecting medical societies and physicians.

Renner also attended the AMA State Legislative Strategy Conference in Chicago in early August. This meeting of state medical and specialty society government affairs staff included a discussion on state legislative issues related to health reform, scope of practice, public health and quality improvement. In addition, Renner participated in the AMA Advocacy Resource Center’s Executive Committee meeting. Renner serves as vice chair of the committee.

Renner, Eric Dick, the MMA’s manager of state legislative affairs, and MMA Board Chair Dave Thorson, M.D., convened a meeting of several specialty society leaders and lobbyists in July to discuss legislation that could expand the scope of practice for advance practice registered nurses (APRNs). The meeting included representatives of family medicine, anesthesia, psychiatry and pain medicine.

In mid-July, Immediate Past President Lyle Swenson, M.D., TCMS President Edwin Bogonko, M.D., and Strub participated in a listening session with the physicians of Metro Urology.

Kathleen Baumbach, an MMA manager of physician outreach, attended Honoring Choices Minnesota’s fourth annual Sharing the Experience Conference in Minneapolis in mid-July.

In July, Baumbach and Strub met with MMA Board member Fatima Jiwa, M.B.Ch.B., to discuss member outreach to pediatricians, physicians with young children and women in medicine.

In late July, Strub and Nancy Bauer of the Twin Cities Medical Society, met with Kevin Brown, D.O., of Hennepin County Medical Center’s Neurology & Specialty Clinic in Chaska, to discuss the role of delegates to the Annual Meeting, resolutions and the ways physicians can have an impact with the MMA and TCMS.

Janet Silversmith, MMA director of policy, was the featured speaker at a general session during the Minnesota Medical Group Management Association summer conference at Breezy Point Resort in late July. Her talk was titled “The Affordable Care Act: T – 6 Months.”

In early August, Strub attended the University of Minnesota’s Medical School orientation. The MMA and TCMS co-sponsored a lunch-and-learn event to welcome new medical students.

Upcoming MMA events

Hippocrates Cafe
Celebrate the creative side of medicine
6:30 p.m.
September 19
Mill City Clinic, Minneapolis

MMA Annual Meeting
September 20-21
Minneapolis Marriott Northwest, Brooklyn Park

What You Need to Know about Employment Contracts
6:30 p.m.
October 17
Rojo Mexican Grill, St. Louis Park

Minnesota Community Measurement Data Portal (webinar)
7:30-9 a.m.
October 31

Primary Care Physician Workforce Expansion Summit
4 to 8 p.m.
November 12
Ramada Plaza Minneapolis

The 2014 Patient Experience Measure (webinar)
7:30-9 a.m.
November 21

Visit www.mnmed.org for more information and to register for each event.