Minnesota Medical Association

1300 Godward Street NE, Suite 2500
Minneapolis, Minnesota 55413
612-378-1875 | 800-342-5662
mnmed.org

Background

In 2013 the Minnesota Medical Association's House of Delegates adopted a resolution to pilot several governance changes for the MMA. The changes approved by the House of Delegates included a new structure for the Board of Trustees that reduced the size and created new criteria other than geography for selection of board members; a suspension of the House of Delegates for three years; the creation of a new Policy Council designed to gather input from a large, representative group of members; the continuation and expansion of listening sessions and policy forums to gather input throughout the year; and, the establishment of member-wide elections of officers, board members, and AMA delegation members.

These changes were designed to address two key concerns: 1) that the House of Delegates was no longer representative of MMA members, because of the small number of attendees and the demographics of the attendees, and 2) the role of a House of Delegates as part of MMA's governance structure hampered the MMA's ability to act nimbly and strategically in a rapidly changing health care environment. The final resolution that was adopted directed the MMA to pilot these changes for three years and asked that the House of Delegates be reconvened in 2016 to review the three-year pilot and decide the future of the changes.

In 2016, the House of Delegates reconvened to review the results of the three-year pilot and consider recommendations for the future of the governance changes. The recommendation from the Governance Work Group and the Board of Trustees was to permanently adopt all the changes in the original pilot. The House of Delegates instead voted to adopt the changes related to board size and composition, listening sessions and policy forums, and all-member elections, but asked that the House of Delegates be reconvened once again in 2018 to review the effectiveness of the Policy Council before deciding to permanently end the House of Delegates. Specifically, the resolution read, in part, as follows:

> *RESOLVED, that based on the experience of the three-year pilot on MMA governance changes, as well as ongoing concerns primarily related to maintaining engagement of membership and issues related to the position and function of the Policy Council within the organization, the MMA House of Delegates remain suspended for an additional two years; and be it further*
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> *RESOLVED, that during this additional two-year period, the Policy Council review and report back at the annual meeting in 2018 on issues that would increase the effectiveness of advocacy efforts for our members and patients by studying the optimal Council size, slotted positions for trainees, term lengths, membership engagement and communication with the Council members, the scope of its charge, and other metrics as determined by the Policy Council; and be it further*

RESOLVED, that the 2018 House of Delegates meet for the sole purpose of reviewing the effectiveness of the Policy Council and the future of the House of Delegates and that the Policy Council chair serve as the Speaker of the House for that meeting; and be it further

In August 2017, the Policy Council approved a framework to guide its work to "review the role and effectiveness of the MMA Policy Council in supporting MMA advocacy efforts." The Policy Council Review Work Group was created in January 2018. Work group recommendations are to be acted upon by the full Policy Council, reviewed by the Board, and submitted to the 2018 House of Delegates for action.

In the charter the Work Group was asked to review the following items:

- Council purpose and scope
- Council size
- Council composition, including slotted positions for trainees
- Term lengths
- Membership engagement and communication with Council members
- Role of policy forums and open issues forum
- Other…

Members of the Work Group included existing and former members of the Policy Council, including the chair of the Policy Council as an ex officio member. The members were:

Stephen Cragle, MD	former Council member
Osama Ibrahim, MD	current Council member
Lisa Mattson, MD	Council chair
Doug Pryce, MD	former Council member
Craig Walvatne, MD	current Council member
Lauren Williams, MD	current Council member
Doug Wood, MD	President-Elect, current Council member
Dave Renner	Work Group staff

Council Purpose and Scope

The purpose of the Policy Council, as defined in the Council Operating Procedures approved by the MMA Board of Trustees in November 2014, is to "provide a representative mechanism and simplified process for obtaining broad member input, feedback and ideas on critical health policy issues facing Minnesota physicians."

At the first meeting of the Work Group each member was asked whether the defined purpose remained relevant. Everyone agreed that the purpose remains relevant. Through the composition of the Council, it can gather input from a broad spectrum of members. The Work Group members believe the Council should be viewed as the "think tank" for the MMA and focus on issues that

impact most members and where more deliberate discussion is needed to develop recommended position statements.

Work Group members reviewed the agendas of the Policy Council since its inception and concluded that the agendas demonstrate significant attention to important issues, often with an issue being considered at more than one meeting of the Council. This kind of deep-dive analysis was never possible with reference committees and the House of Delegates. Also, because the Council meets four to five times each year, the MMA can be more responsive and timely in responding to important issues.

There was consensus that the effectiveness of the Council should not be based on the quantity of issues considered, but instead should be based on the quality and importance of issues. The goal of the Council should not be to weigh in on all issues that come before the MMA, but to focus effort and resources on the key issues that require in-depth discussion. Those who have served on the Council for many years agreed that the quality of the discussions at Council meetings has been very good.

Council Size

The current size of the Policy Council is 40 members, appointed by a combination of staffed component medical societies, MMA sections, and the MMA Board. A 40-member Council ensures that a broad array of members with multiple perspectives and expertise from throughout the state are included. The purposeful composition of the Council provides better expertise and more diverse input than what was achievable in the more random composition of the House of Delegates.

However, some have questioned whether the large size of the Policy Council makes it less efficient and effective than it could be with a smaller size. There was unanimous agreement among Work Group members that the size of the Council should not be reduced. Clearly, committees can be more efficient if they are smaller, but it is critical that MMA have a forum that includes many, diverse voices. If the Council size is reduced, that diversity will be lost and the purpose of "broad member input" will be lost. Furthermore, given that some members may be unable to attend a specific meeting, the current size means that there are still a significant number of members available to have in-depth discussions of issues.

Council Representation

The Policy Council is appointed by a combination of staffed component medical societies, MMA sections, and the MMA Board. The current allocation is 15 members from the Twin Cities Medical Society, 11 members from the Zumbro Valley Medical Society, two members from the Stearns Benton Medical Society, one each from the Medical Student Section and the Resident/Fellows Section, and the MMA President-Elect. The remaining nine members are appointed by the Board to represent members from non-staffed societies or at-large members.

The current apportionment has changed from the original apportionment because of the dissolution of the Lake Superior Medical Society, the Range Medical Society, and the Young Physicians Section. This raises the question whether the specified number of appointees remains accurate to reflect both MMA and component membership.

There is strong support for maintaining the role of staffed component medical societies in appointing a majority of the members, proportionate to the number of members of each CMS. There may be a need to change the specific numbers appointed by each CMS because of constantly changing membership numbers, but the work group recommends waiting on making any changes to the apportionment numbers until after the planned discussion between MMA and CMS leadership on the future roles and structure of the relationships.

Term Lengths

The current Policy Council term is three years, with a member allowed to serve a maximum of two terms. Terms are staggered such that approximately one-third of the membership is up for appointment each year. The work group members believe that these term limits are long enough to allow members to get to know the issues and each other, while also ensuring a mix of new voices on a regular basis. No recommended changes are proposed for term lengths.

Membership Engagement and Communications/ Policy Forums

An ongoing challenge for the MMA is to find ways to engage as many members as possible in our policy discussions and policy development. Through the House of Delegates, member participation was dropping and many of those who attended became frustrated with the arcane parliamentary rules. Also, the agenda was dictated by a small number of members who submitted resolutions, and these resolutions were not always aligned with the MMA's strategic initiatives. The reference committee structure also resulted in a very small number of people involved in the analysis of testimony and formulation of recommendations for the House of Delegates.

In reviewing the agendas of the past Policy Council meetings, the work group concluded that the quality and importance of the issues being discussed has greatly improved. Over the last four years, the Policy Council has discussed issues related to telemedicine, end-of-life care, narrow health plan networks, health information technology, workforce needs, value-based payment models, restrictive covenants, tort reform, hospital bylaws, paid sick leave, mental health issues, prescription drug importation, electronic health records, the future of MinnesotaCare, and more. Many of these issues were ones for which a solution was not always evident and that required in-depth discussions.

Review of the agendas also revealed that the Council has spent considerable time thinking about not only what MMA's position should be on an issue, but also planning for the best way to manage and triage important topics. The House of Delegates and its reference committees provided a more reactive approach resulting in the same level of initial discussion and review for any issue, regardless of whether it was a relatively narrow issue of interest to only a few physicians or had profound implications for all physicians. There was not any significant capacity to plan for work

and to rank topics as to importance, nor did the House of Delegates have a mechanism for proactive, strategic thinking about potential future issues.

Going forward the work group concluded that the Council needs to be more deliberate in its efforts to communicate its role to members, including reminding members of the processes available to submit issues to MMA for consideration. Members can submit issues through the Open Issues Forum at the Annual Conference, but can also submit issues directly to the MMA throughout the year. Staff and the Council have mechanisms in place to triage and manage issue submissions.

The work group concluded that the MMA must also commit to be more deliberate in its efforts to engage members from outside of the Twin Cities area. This engagement could be done through more policy forums throughout the state, through more streaming opportunities, or through other means. The MMA must ensure it is hearing from all members.

Interaction with MMA Standing Committees

A concern has been raised that with the creation of the Policy Council there is confusion in the role of the Council versus the role of MMA standing committees—specifically the Public Health Committee, the Ethics & Legal Affairs Committee, and the Medical Practice & Quality Committee. As a new issue is identified, it can be unclear whether an issue should be referred to the Council or to a standing committee that deals with that subject.

The work group discussed a proposal where standing committees would report to the Policy Council instead of the Board of Trustees. In this scenario, committees would recommend policy positions to the Council, which would take final action on committee recommendations. This would remove that work from the Board. In this way the committees would be accountable to the Council and could better coordinate the work flow of issues.

Work group members raised concern that this could potentially become time consuming for the Council and reduce their ability to have the time for in-depth discussions on key issues. The consensus of the group was that the current structure should remain, where the Council triages key issues and, when needed, refers certain issues to standing committees for more discussion. This would allow the Council to remain in the role of the "think tank."

Voice of the Individual

One criticism of the new structure, with the elimination of the House of Delegates, is that the MMA has lost the opportunity for an individual MMA member to raise issues that are important to him/her. Without the House of Delegates and the ability of any member to submit a resolution, critics argue that we have lost the voice of the individual.

Work Group members believe that is not true. At every Annual Conference there is the Open Issues Forum where any member can submit an issue. These issues are reviewed by the Council and have been one factor in developing the Council's annual work plan. Furthermore, any member

can submit an issue at any time during the year to the MMA and it will be reviewed for referral to the Policy Council or a standing committee.

But the work group strongly believes the MMA needs to be more effective in making members aware of opportunities to raise issues for consideration. Communication needs to be improved to ensure that members know that issues can be submitted throughout the year. As issues are submitted, staff and the Council will triage the submissions.

Authority of the Policy Council

Another criticism of the Policy Council is that, unlike the House of Delegates, the Council does not have final policy-setting authority. Some have used this fact to diminish the work of the Council and question whether its work is important to the MMA's advocacy work.

While it is true that the Council does not have final decision-making authority, review of its work shows that its work is greatly valued by the Board. The House, in creating the Policy Council, recognized its importance by requiring a higher standard for the Board to overrule a Council recommendation. All recommendations that come from the Council that have been approved with a greater than 2/3 majority vote can only be overturned by a 2/3 majority of the Board. This added weight to the Council's recommendations shows how valuable their work is to the Board, both in the depth of the analysis and the breadth of support of members of the Policy Council. On only one occasion has the Board not accepted a Council recommendation, and most times Policy Council recommendations are approved by the Board on its consent calendar, with very little further discussion.

The Work Group members noted that the amount of decision making by the House of Delegates varied. Many resolutions submitted to the House of Delegates were ultimately referred to the Board of Trustees for final decision. In addition, MMA bylaws have always granted the Board the authority to make organizational decisions when the House was not in session. With the Policy Council meeting throughout the year, it is now possible to deal with issues as they arise and not have to wait for the House to meet.

Recommendations

In reviewing the work of the Policy Council over the last four years, the work group concluded that the Policy Council is achieving the goals it was created for and is an effective resource for the MMA's development of a strong advocacy agenda.

The work group recommends adoption of the following improvements and, with these changes, the Policy Council should continue in its current role of advising the Board of Trustees on policy development and the House of Delegates should be permanently sunset:

1. The MMA Policy Council should continue its role of providing a representative mechanism and simplified process for obtaining broad member input, feedback, and recommendations

on critical health policy issues facing Minnesota physicians. This function can best be accomplished by a Policy Council that focuses on issues that have the greatest impact on the most members and for which deliberate, in-depth discussion is needed.

2. As members submit issues for MMA consideration, not all of them should be dealt with by the Policy Council. Each issue should be triaged to determine whether it is best addressed by the Council or a standing committee (the Public Health Committee, the Ethics & Legal Affairs Committee, or the Medical Practice & Quality Committee.

3. A key role of the Policy Council is to gather input from a broad representation of MMA members, which can best be accomplished with the current 40-person size.

4. The current appointing process for Policy Council members, which includes appointments from the staffed component medical societies, the medical student section, the resident/fellow section, and the Board of Trustees should be maintained. The specific number and proportion of members from each of these groups may need to be adjusted in the future to reflect current membership, but no changes should be made until further discussion about MMA and component medical society structure is completed.

5. The MMA must continue to be diligent in its efforts to communicate the role of the Policy Council to members, including communication that explains the processes available for any member to submit issues for consideration throughout the year.

6. The MMA must continue to be deliberate in its efforts to engage all members, both those practicing in larger population centers and those in more remote areas. This can be done using more policy forums throughout the state, the use of more streaming opportunities, and other means.

7. The MMA should incorporate in its Annual Conference a member business meeting to report the strategic direction of the MMA, its annual activities, and the financial wellbeing of the organization. There should be an opportunity for members to ask questions and provide feedback at this business meeting.