

MMA Policy Council: An Overview

April 26, 2014



MINNESOTA
MEDICAL
ASSOCIATION

MMA

- 160 years old
- 10,000 physicians and physicians-in-training
 - Value of membership
- 22 local/component medical societies
- Mission:
 - To provide advocacy, information, education, and leadership for Minnesota physicians and their patients.



Strategic Plan: 3 Goals

1. Minnesotans are the healthiest in the nation.
2. Minnesota is the best place to practice medicine.
3. MMA is the source for advancing professionalism in Minnesota.



3 Priorities

1. MMA will help physicians deliver the highest-quality clinical care to all Minnesotans.
 - A. Foster a culture of quality improvement and promote resources to support physician improvement activities.
 - B. Improve the delivery of effective care (care that is based on scientific knowledge).
 - C. Improve the efficiency of care (reducing waste).
 - D. Increase the safety of care delivered to Minnesota patients.



Priorities

2. MMA will work to ensure that all Minnesotans have access to physician services.
 - A. Increase Minnesota's primary care physician workforce.
 - B. Improve the practice environment for primary care through adoption of care delivery models that value primary care.

3. MMA will encourage and support physician leadership in reducing racial and ethnic health disparities (*recent*).
 - A. Focus areas in development
 - Policy Forum scheduled for June 17, 2014.



2 Priorities

1. MMA will work to reduce administrative burdens that reduce the time physicians have to care for their patients.
 - A. Reduce complexity/hassle associated with medication prior authorization

2. MMA will help physicians in navigating the changes associated with accountable/value-based payment and delivery models.
 - A. Critically analyze the advantages and disadvantages of various payment and delivery models for physicians and patient care.

2 Priorities

1. MMA will promote and develop high professional standards and protect the professional interests of practicing physicians.
 - A. Competency
 - B. Resource stewardship
 - C. Maintaining patient trust

2. MMA will work to foster an improved culture of professionalism among Minnesota physicians.
 - A. Promote physician professionalism
 - B. Physician leadership
 - C. Address physician burnout/well being

MMA Policy Council




Policy Council: Origins

- An alternative to MMA House of Delegates
 - Limited attendance
 - Less and less representative of MMA membership and practicing MDs
 - Perceived barriers to participation
 - Limited relevance of debated topics

Policy Council: Origins

- Conceived by MMA Governance Task Force
 - Proposed and refined over two years ('12-'13)
- Enacted by 2013 House of Delegates
 - Pilot project
 - HOD suspended until 2016

Policy Council: Functions

- Convene Minnesota physicians for education, dialogue, and discussion on critical health policy issues facing Minnesota physicians.
 - Support simplified processes for obtaining broad member input, feedback, and ideas.
- 

Policy Council: Functions

- Synthesize and process physician input.
- Make recommendations for consideration by the MMA Board of Trustees.
 - Recommendations with at least 2/3 majority can only be overturned with 2/3 majority of MMA BOT

Members

- 40 members (no alternates or proxies)
- 1 - MMA President-Elect
- 5 - appointed by MMA Board of Trustees
- 34 - appointed by staffed component medical society (31) or section (3):

Twin Cities Medical Society	15 members
Zumbro Valley Medical Society	11 members
Lake Superior Medical Society	2 members
Sterns Benton Medical Society	2 members
Range Medical Society	1 member
Medical Student Section	1 member
Resident and Fellow Section	1 member
Young Physicians Section	1 member

Terms of Office

- Members:
 - 3-years (from end date of MMA Annual Meeting)*
 - Eligible for 2 complete, consecutive terms
 - ~ 1/3 of members will rotate off each year
- Chair
 - Initially convened by President-Elect
 - Elected from among members
 - 1-year term; maximum of 3 terms

**Initial members' terms will begin when appointed and end no later than September 2016.*

Meetings

- Meet no less than 2x per year
 - Coincide with issue-based Policy Forums
 - At least one meeting as part of MMA Annual Meeting
 - September 19-20, 2014 (Madden's on Gull Lake)
 - To include "New Issues" Forum
- 2-3 planning meetings per year expected
 - Define Forum topics, timing
 - Process physician input, develop recommendations for MMA Board

Council and BOT

- Council shall elect 2 members to serve as full-voting members of the MMA board.
- Term of office on the board shall be three years, limited to one term.
 - Physicians who have previously served a maximum nine-year term on the board are not eligible to serve as Council representatives to the board.

Evaluation of Model

- Tasks:
 - Develop specific measures to determine whether the governance changes have:
 - Increased member engagement in the public policy development process
 - Improved member satisfaction
 - Increased MMA membership
 - Review and approve annual member updates on the progress of the governance changes
 - Create report for action by 2016 House of Delegates.
- 5 members
 - Policy Council (2); MMA Board (2); Speaker of the House (Chair)
- 3-5 meetings, mid-2014 thru mid-2016

Questions?