

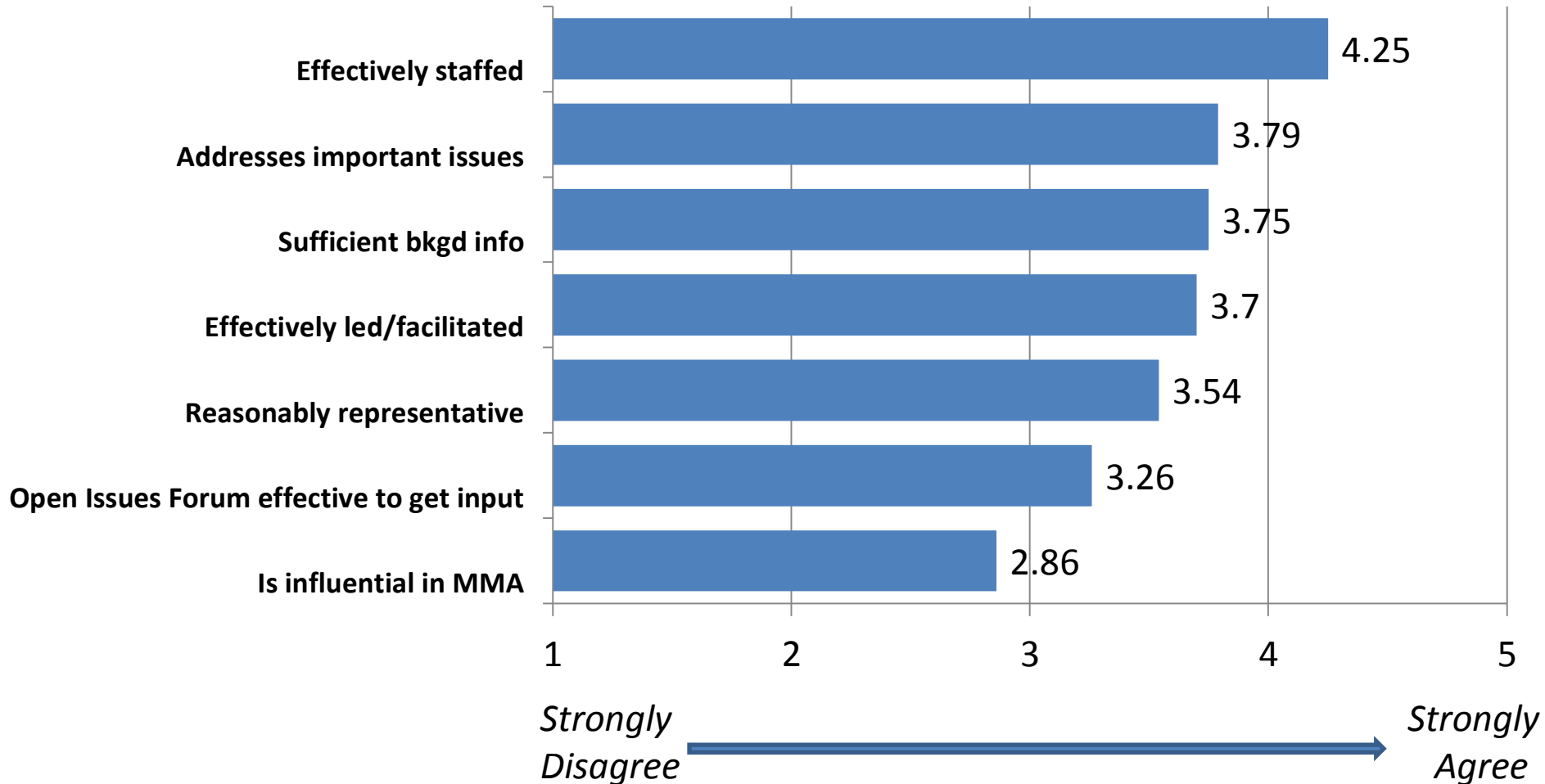
Policy Council Evaluation

August 15, 2016

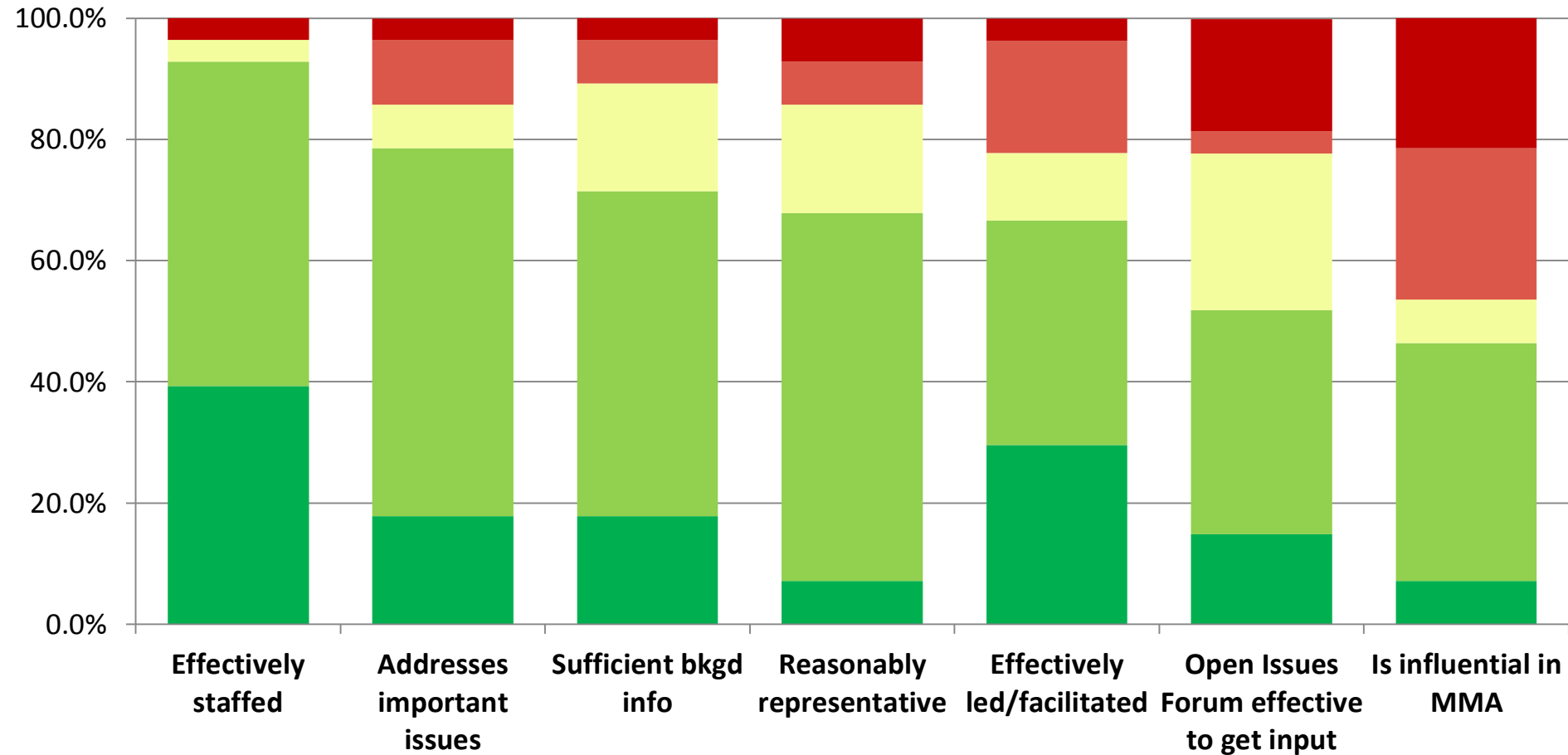


MINNESOTA
MEDICAL
ASSOCIATION

Council Evaluation: Weighted Scores

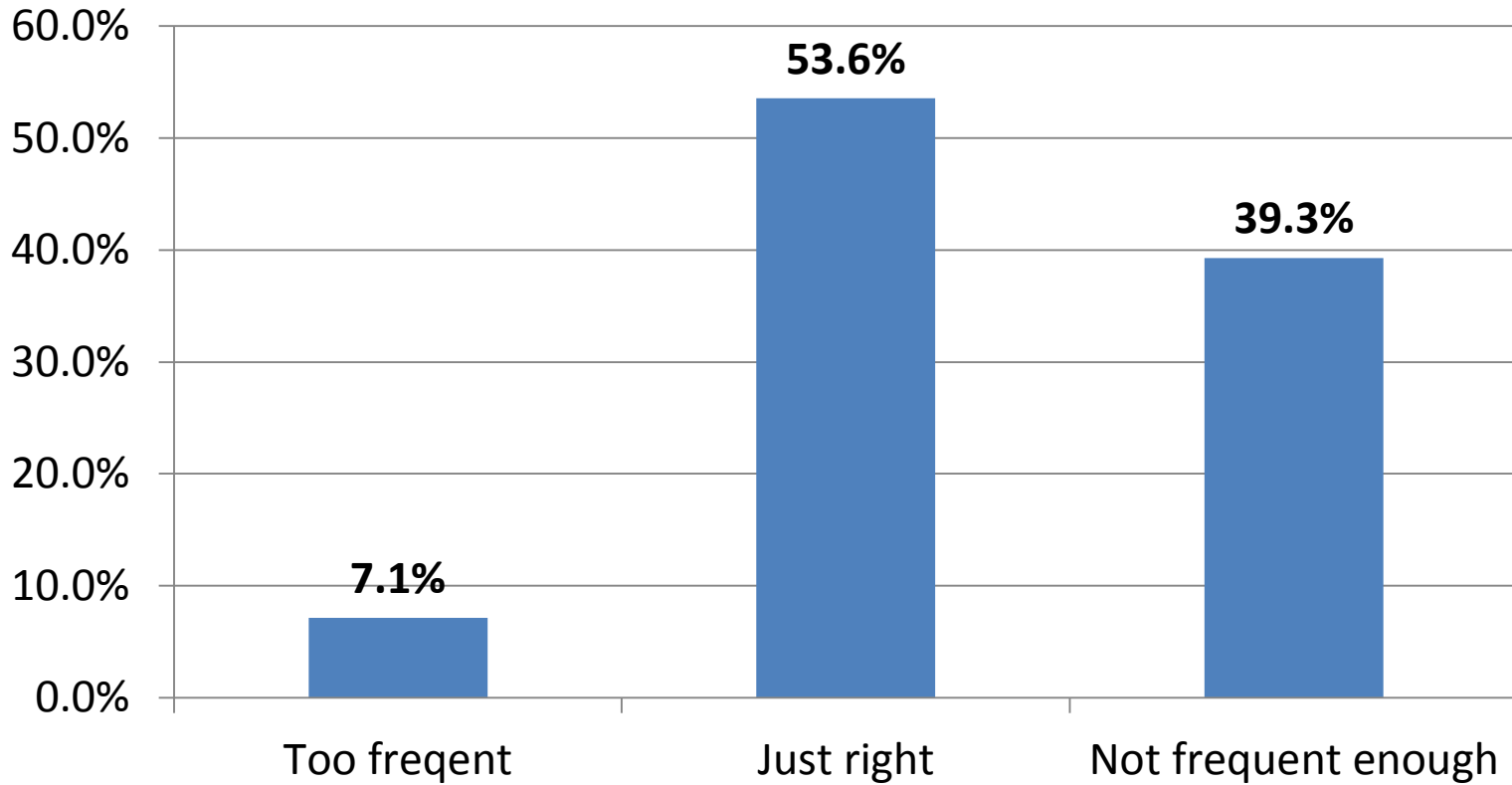


Council Evaluation

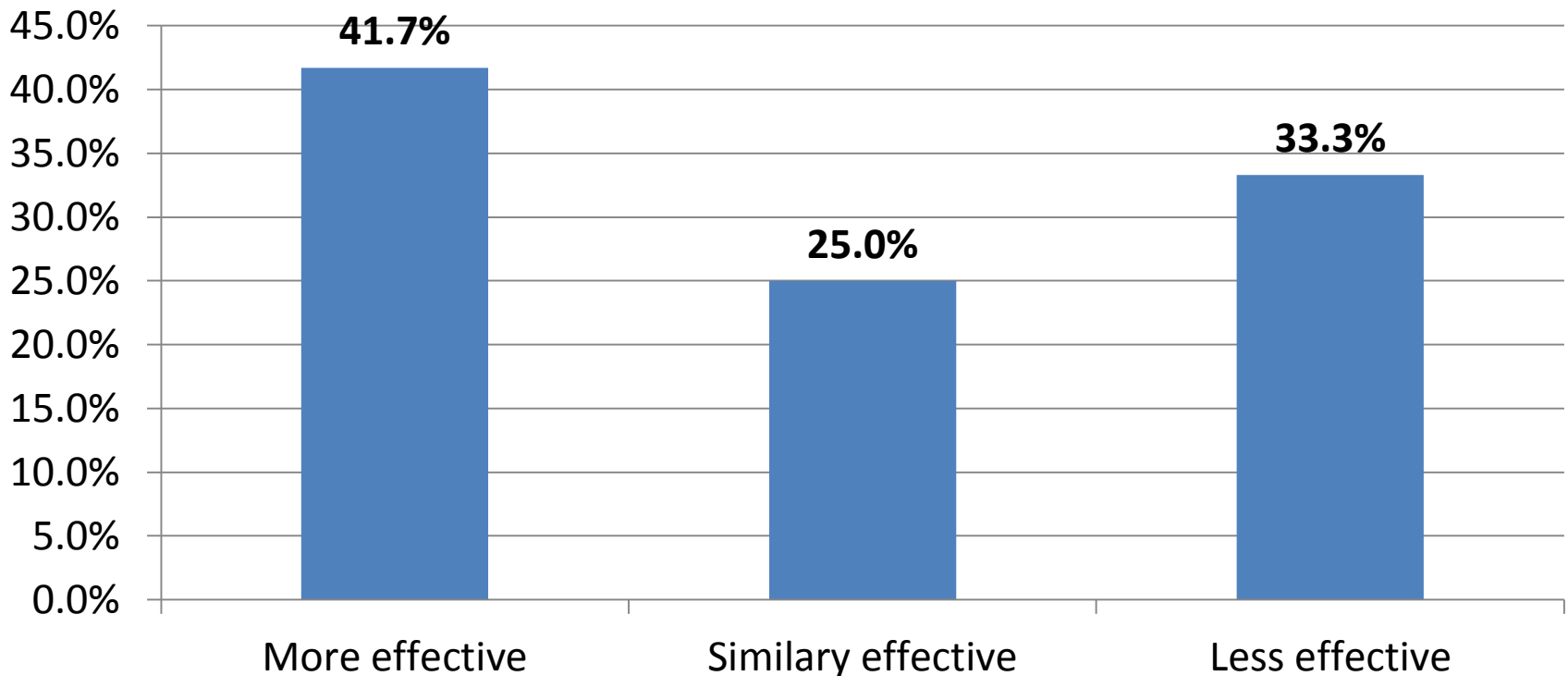


Greens: Strongly agree + Agree
Yellow: Neutral
Reds: Disagree + Strongly disagree

Frequency of Council Meetings

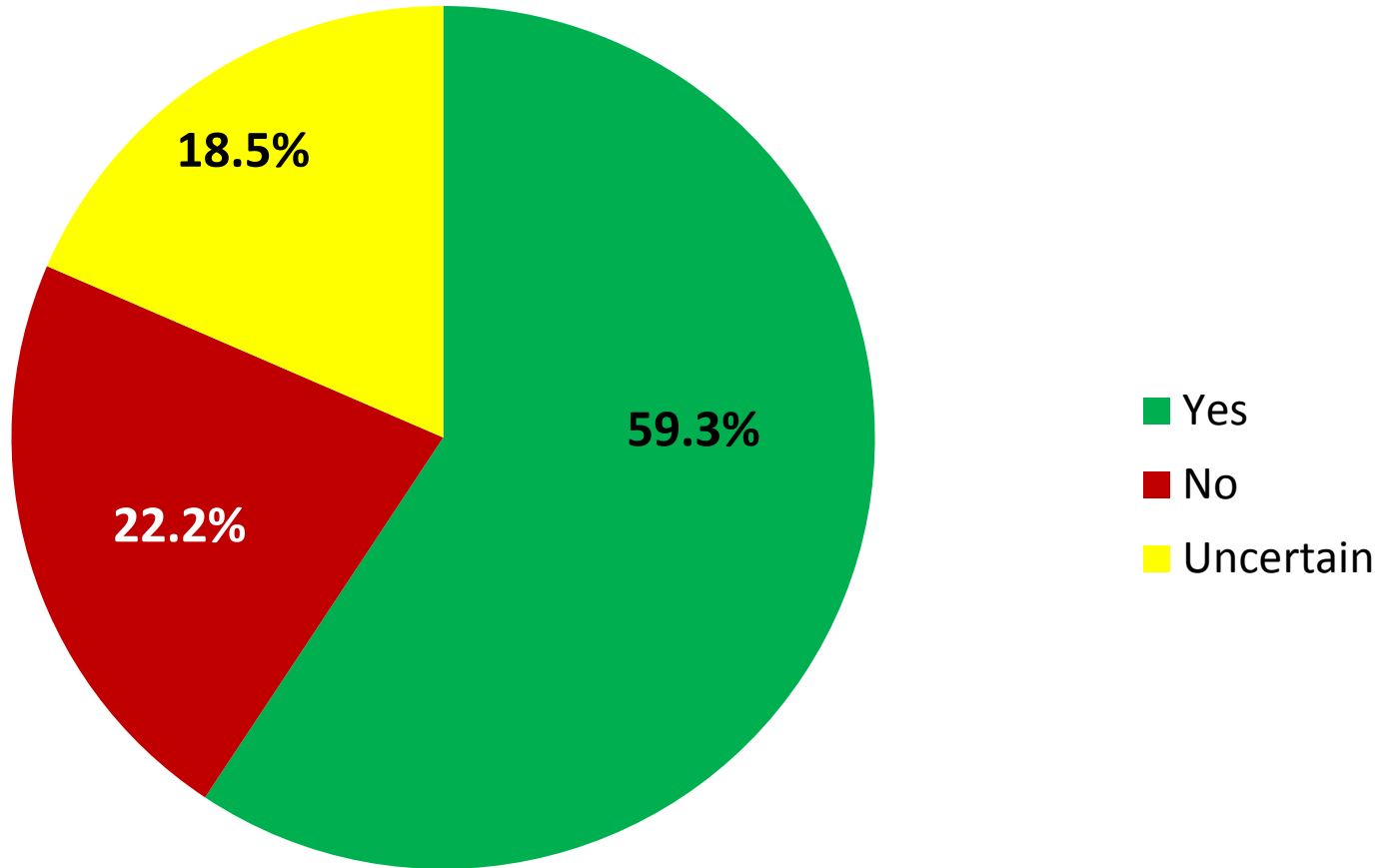


Compared to HOD, Council is _____ in terms of identifying important issues/developing policy



*Percentages reflect only those that have attended the MMA House of Delegates (excludes 4 respondents).

Continue the Council?



Comments: Council

(-)

- Hard for individual physician concerns to be heard/suppression of minority voices (3)
- Better pre-forum communication/outreach
- Better pre-meeting material
- Too few physicians making rooms./providing input (2)
- Too large (2)
- Lack of decision-making authority/influence (5)
- Don't meet enough
- 3-year term may be too long
- PC needs to identify and advance more issues directly – need clearer process to do so
- Voice on Council not respected by Council governance

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- Appreciate interactions and hearing perspectives of other physicians/specialties
- Lively conversations
- In-person > video

Proposed Resolution

(Governance Evaluation WG and BOT)

- Dissolve HOD
- Continue Policy Council
 - To synthesize member input and make recommendations to the Board on critical policy issues
 - Meet at least 2x/ year, including at the Annual Conference, and as needed throughout year
 - Council recommendations adopted with at least a 2/3 majority can only be overturned by the Board of Trustees with at least a two-thirds vote by the Board of Trustees
- Set Board size at 17 members, with 15 voting members
 - 3 officers (President, President-Elect, Immediate Past President)
 - 11 trustees (1 from each of the 6 trustee districts + 1 medical student + 1 resident/fellow at time of election)
 - No more than 50% of 11 can be from any one trustee district
 - 1 appointee (Policy Council)
 - 2 non-voting members (AMA delegation chair and CEO)
- All-member, electronic voting: President-Elect, MMA trustees, and members of AMA delegation
 - Nominations from components, societies, sections, and individuals – reviewed and approved by the MMA Nominating Committee
 - Strive for contested races, particularly for open seats
 - Components may nominate at least 1 nominee for a trustee position who will be assured to be on the ballot, if that society has a trustee opening from their trustee district
- Continue to hold Annual Conference – combination of educational opportunities, prominent speakers, and policy discussions
- Changes to take effect upon approval of the MMA bylaws amendments needed to implement these changes by the membership. (Date?)

Comments: Resolution

(-)

- HOD allowed individuals/everyone opportunity to be heard
- Without HOD, members have no unique policy input (vs non-members)
- HOD provides legitimacy for MMA representation of physicians – just a business group without it
- Reorg HOD as community board (not legislative) – change HOD, don't end it
- Council ineffective and impotent compared to HOD (despite it being slow and cumbersome)
- Open Issues Forum inadequate to fully explore issues
- Opposed to smaller/shrinking BOT
- Allows too much influence by large groups
- PC should not lose 1 spot on BOT
- Oppose voting slot for med student on BOT
- Council lacks power vis-à-vis BOT
- Dislike member-wide voting

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- HOD has outlived its usefulness
- No longer relevant
- Right thing to do
- Too unwieldy

(Other)

- With groups paying dues for many docs, MMA needs to consider the groups as stakeholders
- Suggestions for changes to Council/processes dismissed by leadership and staff