Policy Council Evaluation

August 15, 2016
Council Evaluation: Weighted Scores

- Effectively staffed: 4.25
- Addresses important issues: 3.79
- Sufficient bkgd info: 3.75
- Effectively led/facilitated: 3.7
- Reasonably representative: 3.54
- Open Issues Forum effective to get input: 3.26
- Is influential in MMA: 2.86

Options: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree
Greens: Strongly agree + Agree
Yellow: Neutral
Reds: Disagree + Strongly disagree
Frequency of Council Meetings

- Too frequent: 7.1%
- Just right: 53.6%
- Not frequent enough: 39.3%
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?

- Yes: 59.3%
- No: 22.2%
- Uncertain: 18.5%
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

(+) 

• 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

(+)  

• 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