Governance 2.0 Task Force
Report and Recommendations

As reviewed and approved by the
Board of Trustees.

May 4, 2013
Executive Summary

The 2012 House of Delegates adopted Resolution 400 that read:

Resolution 400 Minnesota Medical Association Governance Changes

RESOLVED, that the Minnesota Medical Association continue its discussion of the recommended model for a new governance structure as developed by the Governance Task Force and approved by the Board of Trustees and Executive Committee, in order to gather more member input on the proposed model and further define the details needed for full implementation, and be it further

RESOLVED, that prior to the next House of Delegates meeting the MMA begin piloting the listening sessions and policy discussions as proposed in the policy council model and report back to the House of Delegates whether these pilots increase member involvement and engagement, and be it further

RESOLVED, that the bylaws amendments recommended by the Governance Task Force, the Board of Trustees, and Executive Committee related to the changing of the size and composition of the Board of Trustees be adopted and phased-in over the next three years, and be it further

RESOLVED, that no action be taken on further governance amendments to the bylaws of the MMA be adopted until the next (2013) meeting of the House of Delegates.

In November 2012 the MMA Board appointed the Governance 2.0 Task Force to continue the work on gathering member input and refining the governance proposal. The charter for the Governance 2.0 Task Force was:

To continue discussion of the new governance model developed by the Governance Task Force and approved by the Board of Trustees and Executive Committee to:

• Further define the details needed for full implementation;
• Incorporate additional member input in the proposed model; and
• Develop a plan to ensure member understanding of the model and build support for its passage by the House of Delegates.

The task force focused its work on addressing the positive and negative comments expressed by members related to the proposed governance structure. It determined which of those comments were related to a lack of understanding the goals of the proposal and could be addressed through better communication to our members and which were related to content issues that needed to be reexamined and potentially modified.

The task force held four meetings from November 2012 through April 2013 and developed a report and set of recommendations that were presented to the May 4, 2013, meeting of the Board of Trustees. Following 3-1/2 hours of discussion the Board of Trustees approved the task force report and the following six recommendations. The Board also voted to submit a resolution to the 2013 House of Delegates to
implement these recommendations, along with any needed changes to the MMA’s Articles of Incorporation and Bylaws.

The six recommendations are as follows:

RECOMMENDATION 1: Continue the Listening Sessions and Policy Forums and embed these activities into MMA practices.

RECOMMENDATION 2: Embed formal processes for receiving input from individual members and constituency groups through many different avenues (i.e. letters, phone calls, emails, Component Medical Society meetings, web site comments) and ensure that all input is triaged and sent to an MMA committee, the Policy Council, or the Board of Trustees for discussion and action. The MMA should regularly promote this process to its members through MMA multiple communications tools. (Appendix 2)

RECOMMENDATION 3: Reaffirm replacing the House of Delegates with the Policy Council as proposed in 2012. The Policy Council will be appointed by the Component Medical Societies and MMA Sections with a proportionate membership and meet at least two times each year, one of which is during the Annual Meeting. The first meeting shall be no later than the Annual Meeting 2014. These meetings will have a series of policy forums from which policy recommendations shall be made for the Board of Trustees. (Appendix 3)

RECOMMENDATION 4: Adopt the principles recommended by the Leadership, Effectiveness, & Development Committee to ensure a fair all-member voting process. Included in these principles is a provision for when an open trustee position exists (per MMA Bylaws), any component medical society may nominate one candidate for its trustee district whose name will be placed directly on the election ballot. Additional component medical society trustee nominations will also be submitted to the Nominating Committee. The Nominating Committee may recommend other names from the same society to be included on the ballot. (Appendix 4)

RECOMMENDATION 5: Implement a formal review of the governance changes by the Board of Trustees and report to the membership the outcomes of the new governance structure three years after implementation. The report shall review participation in the policy forums and the Annual Meeting, as well as the development of MMA policy direction. The findings of the report shall be shared with all members. (Appendix 5)

RECOMMENDATION 6: Adopt the attached communications plan to inform members of the details of the recommendations and why they are being proposed. (Appendix 6)
Report of the Governance 2.0 Task Force

Background

In 2011 the Minnesota Medical Association created a task force to look at the MMA’s governance structures and develop recommendations for the 2012 House of Delegates. This task force was appointed to address multiple concerns with the governance structures of the MMA, including declining attendance at the House of Delegates and the lack of ability of current governance structures to be nimble and strategic in the ever changing health care environment.

The charge for the 2012 Governance Task force was to explore the structure of our governing bodies, including the House of Delegates, Board of Trustees and Executive Committee; the role of each of these groups; and, how the roles of each body align with MMA strategic direction.

The Board of Trustees adopted the recommendations of the task force and submitted them as a resolution to the 2012 House of Delegates. The recommendations included:

- Reconstituting the Board of Trustees with 12-14 members composed of members who meet identified important competencies.
- Assuring geographic representation on the Board with a minimum of 1 member from each Trustee District and no more that 50 percent coming from any one Trustee District.
- Replacing MMA House of Delegates with an all-member annual meeting and a broad-based Policy Advisory Council responsible for meeting at least two times per year to develop and forward a set of external policy recommendations (e.g., legislative/regulatory) for consideration by the Board.
- Implementing more Policy Forums and Listening Sessions to promote member input in policy development.
- Instituting member-wide elections for MMA officers and Trustees based upon a slate put forward by the Nominating Committee.

The 2012 House of Delegates established a special Reference Committee to discuss these recommendations. The final action of the House approved the restructuring of the Board, but asked that the MMA continue its discussions of the other governance changes in order to further define the details of the new structures and to gather more member input on the recommendations. The House also asked the MMA to begin piloting the Policy Forums and Listening Sessions to determine whether they will increase member involvement and engagement, and that these findings be reported back to the 2013 House.

Governance 2.0 Task Force

In November 2012 the MMA Board appointed the Governance 2.0 Task Force to continue the work on gathering member input and refining the governance proposal. The new task force members include some members from 2012 to ensure continuity of our discussions along with new members to ensure that we are receiving a broader perspective of ideas. (Appendix 1: Task Force Roster) The Governance 2.0 Task Force met on January 21, February 28, March 27 and April 17.
The charter for the Governance 2.0 Task Force is:

To continue discussion of the new governance model developed by the Governance Task Force and approved by the Board of Trustees and Executive Committee to:

- Further define the details needed for full implementation;
- Incorporate additional member input in the proposed model; and
- Develop a plan to ensure member understanding of the model and build support for its passage by the House of Delegates.

The task force focused its work on addressing the comments, both positive and negative, that have been expressed by members related to the proposed governance structure. It determined which of those comments were related to a lack of understanding of the goals of the proposal and could be addressed through better communication to our members and which were related to content issues that needed to be reexamined and potentially modified.

**Member Engagement**

Clearly the goal of every interested member is how to best engage our membership in the MMA’s policy discussions and development. This was a major focus of task force. In the comments received by the task force there were members who felt that the elimination of the House of Delegates will result in the loss of "the voice of one." Task Force members believe this is both a bad and a good outcome. On the negative side the elimination of the House of Delegates removes the ability of any member who is a delegate to bring any issue forward that they believe is important. On the positive side, this change removes “the voice of one” who can dominate the proceedings in a way that may not always been beneficial to the MMA. The task force believes that it is crucial that all members feel empowered to freely enter the policy discussions and have the ability to influence the MMA agenda.

To ensure that members have a voice in the MMA’s process, and to respond to the House of Delegates’ request for information on whether these proposed changes will increase member engagement, the MMA is in the process of piloting the Listening Sessions and Policy Forums. Listening Sessions are scheduled with groups as small as a one-physician practice, with component and specialty society meetings, and with large physician practices. These sessions include a brief presentation on MMA priorities but mostly focus on listening to what members believe our priorities need to be. These sessions will continue throughout the year, leading up to the 2013 House of Delegates.

The MMA has also begun a series of Policy Forums. These forums focus on a key policy topic with an educational component and a member engagement component. The topics of the forums include state public health care programs, opioid and narcotic diversion and abuse, physician workforce, health care payment strategies, and more. Each of these events includes the use of audience response systems to gather member input on these issues.

Based on the preliminary success of both the Listening Sessions and Policy Forums the task force proposed and the Board of Trustees approved Recommendation 1.

**RECOMMENDATION 1: Continue the Listening Sessions and Policy Forums and embed these activities into MMA practices.**
In addition to these new venues the task force recognized the need to ensure ongoing avenues for members, either individually or as groups, to provide input on the MMA policy direction. We need to maintain the opportunity for the “voice of one” to engage.

As member input comes in through letters, phone calls, emails, and web comments this input must be triaged and sent to MMA standing committees, to the new Policy Council, or to the Board of Trustees for recommendations and formal action. The task force recommends that these processes be formalized and communicated to all members through MMA publications. In addition, at the MMA annual meeting an Open Issues Forum must be available for any member to present information on any issue of importance to the MMA. (Appendix 2: Opportunities for “Voice of One”)

To ensure multiple avenues for member input the task force proposed and the Board of Trustees approved Recommendation 2 for a formalization of processes for member input.

RECOMMENDATION 2: Embed formal processes for receiving input from individual members and constituency groups through many different avenues (i.e. letters, phone calls, emails, Component Medical Society meetings, web site comments) and ensure that all input is triaged and sent to an MMA committee, the Policy Council, or the Board of Trustees for discussion and action. The MMA should regularly promote this process to its members through MMA multiple communications tools. (Appendix 2)

Policy Setting Body

Among the loudest criticisms heard was related to the loss of the House of Delegates as a policy setting body. Opponents have made the case that the newly proposed Policy Council is only “policy advising,” eliminating direct impact on MMA direction. This concern is the most difficult to address because of the conflicting goals the MMA has in its governance needs. This conflict, documented in association management literature as “governance polarity,” is where on one hand, the MMA very clearly needs to have a governance structure that is efficient, is nimble in its decision-making, and can remain focused on long-term goals aligned with our strategic plan; while at the same time, the MMA must provide opportunities for member engagement in the MMA’s policy direction. The goal of the MMA’s governance proposal is not to eliminate governance polarity, but instead to maximize the benefits of both of these goals while trying to minimize the downsides.

The 2012 House of Delegates saw the value of a more efficient and strategic Board of Trustees by approving the recommendations to move to a smaller, more competency-based Board.

In reviewing all of the comments the task force continues to believe that that best way to engage more members in our policy setting discussions is to replace the House of Delegates with the Policy Council concept as proposed last year (Appendix 3). The Policy Council provides a formal mechanism to receive member input through a council that appointed by the component medical societies and sections, but provides for a more nimble and efficient decision-making process.

To maximize the positive goals of governance polarity the task force proposed and the Board of Trustees approved Recommendation 3.
RECOMMENDATION 3: Reaffirm replacing the House of Delegates with the Policy Council as proposed in 2012. The Policy Council will be appointed by the Component Medical Societies and MMA Sections with a proportionate membership and meet at least two times each year, one of which is during the Annual Meeting. The first meeting shall be no later than the Annual Meeting 2014. These meetings will have a series of policy forums from which policy recommendations shall be made for the Board of Trustees. (Appendix 3)

Check and Balance on Board of Trustees

Another concern the task force heard is that the elimination of the House of Delegates removes a check and balance on the decisions made by the Board of Trustees. In reviewing the history, the task force could not find any examples in the recent past where the House of Delegates overruled the Board and significantly changed a policy decision it had made. However, the task force agrees that there is value in having a structure to ensure that there is additional oversight of the Board of Trustees.

The task force discussed ways to provide checks and balances to the Board of Trustees. One idea was to add up to 10 members of the Policy Council to the Board of Trustees for two meetings each year. Because the Policy Council members are primarily appointed by the Component Medical Societies, this was also thought to assure that the societies and sections will have input on the policy direction of the MMA.

In the end this recommendation was not approved by the Board of Trustees. An overwhelming majority of trustees believed that this would create confusion in the operations of the Board of Trustees with certain members on the Board for some meetings and not on the Board for other meetings. Ultimately it was determined, that as with most associations, the ultimate check and balance members have is the ability to elect or un-elect officers and trustees.

Future Member-Wide Elections

If the House of Delegates is to be replaced the MMA will have to find a new way to elect its leaders. Also the 2010 “Annual Meeting Work Group” report suggested there may be value in moving to all-member elections. Resolution 400 (2012) proposed all-member elections. Delegates at the 2012 House of Delegates meeting clearly expressed a need for a better understanding of the details of how a new member-wide election process would work.

The MMA Leadership, Effectiveness, & Development (LED) committee has done additional work to develop the details of an all-member election of officers. The LED developed a set of principles for consideration if the House of Delegates agrees to move to member-wide elections that were reviewed by the task force (Appendix 4: LED Principles of Member-Wide Elections). These were presented to the March Board of Trustees meeting and the Governance 2.0 Task Force.

In addition to the LED report, the task force reviewed recommendations from the Twin Cities Medical Society designed to include component medical societies in the Trustee nomination process. Based on that input the task force modified the LED recommendations to provide more component medical society input to the nominating process so that one nominee submitted by a component medical society would be included on the ballot for election. Those names would be presented to the MMA Nominating Committee
for their review and the nominating committee could also recommend additional names from that society for the ballot if it believed different competencies were needed.

The task force proposed and the Board of Trustees approved Recommendation 4.

RECOMMENDATION 4: Adopt the principles recommended by the Leadership, Effectiveness, & Development Committee to ensure a fair all-member voting process. Included in these principles is a provision for when an open trustee position exists (per MMA Bylaws), any component medical society may nominate one candidate for its trustee district whose name will be placed directly on the election ballot. Additional component medical society trustee nominations will also be submitted to the Nominating Committee. The Nominating Committee may recommend other names from the same society to be included on the ballot. (Appendix 4)

Review of Proposed Changes

The task force heard many comments asking whether these types of changes have been tried in other states and what happens if the proposed changes don’t work. What if we adopt this change and it does not result in increased member engagement and more strategic decision making?

The task force asked MMA CEO, Robert Meiches, M.D. to survey other state medical societies that have either made similar changes or were in the process of doing so and gather information from their experiences. Virtually every state medical society he talked to is having the same discussion the MMA is having—“What changes do we need to make to engage more of our members?” Over half of the states surveyed are actively pursuing governance changes. Some states did this a number of years ago and some have been more recent.

A majority of those states are looking to “right size” their board, looking for new approaches to policy setting, and considering all-member elections. Of those states that have eliminated their HOD and have had enough years of experience to measure, overwhelmingly the states are happy with their decision and they have received positive reactions from their members.

While most states are asking the same questions we are, there is no preferred solution—each state is looking at changes that meet their specific needs.

This information gave some comfort to the Board of Trustees that we are not blazing new trails in the discussions we are having. The fact that so many other state medical societies are having similar discussions indicates that our proposed changes are not as radical as some have suggested.

Clearly if the MMA is to make these changes we need to monitor the changes and measure whether they have been successful. The task force members have assumed that is inherent in making any major change. Still, the task force and the Board of Trustees agree that this needs to be clearly articulated. We need to create a formal process to assess whether the changes achieve the goals of increasing member engagement and a more efficient decision making. Very clear criteria must be developed to measure success and a formal report must be presented to the Board of Trustees and the membership as a whole whether the changes “worked.” The report would be presented no later than three years after the new governance
structure is adopted. If the 2013 House of Delegates approves these changes that report would be due no later than the end of 2016, with a report by Annual Meeting 2017.

The June 10, 2013 Executive Committee and the July 13, 2013 Board of Trustees reviewed and adopted a more detailed plan for reviewing the outcome of any governance changes. (Appendix 5: Implementation Review Plan)

The task force proposed and the Board of Trustees approved Recommendation 5.

**RECOMMENDATION 5:** Implement a formal review of the governance changes by the Board of Trustees and report to the membership the outcomes of the new governance structure three years after implementation. The report shall review participation in the policy forums and the Annual Meeting, as well as the development of MMA policy direction. The findings of the report shall be shared with all members. (Appendix 5)

**Communications Issues**

A number of comments related to the need for more communications of these changes were heard by the task force. The fact that members believe the current House of Delegates is becoming less and less representative of the membership, that it doesn’t meet frequently enough to be responsive to the rapidly changing public policy issues that arise, and that it does not do a good job of identifying the crucial issues that are facing today’s physicians have been the factors leading to these changes. However, the MMA released the final proposal very late in 2012 and did not provide enough time for members to fully understand the recommendations or provide enough time for incorporation of important member comments.

These comments support the need for an aggressive communications plan directed at all members. The task force reviewed and adopted a communications plan (Appendix 6: Communication Plan) for the time leading up to the 2013 House of Delegates to ensure that all members have the chance to become fully informed prior to having to act on the recommendations.

The task force proposed and the Board of Trustees approved the implementation of a detailed communications plan included in Recommendation 6.

**RECOMMENDATION 6:** Adopt the attached communications plan to inform members of the details of the recommendations and why they are being proposed. (Appendix 6)
## Appendix 1: Task Force Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Medical Society</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ken Kephart, MD, Chair</td>
<td>Geriatrics</td>
<td>Twin Cities Medical Society</td>
</tr>
<tr>
<td>Beth Baker, MD</td>
<td>Occupation Med.</td>
<td>Twin Cities Medical Society</td>
</tr>
<tr>
<td>Juan Bowen, MD</td>
<td>Internal Med.</td>
<td>Zumbro Valley Medical Society</td>
</tr>
<tr>
<td>Stuart Cox, MD</td>
<td>Otolaryngology</td>
<td>Twin Cities Medical Society</td>
</tr>
<tr>
<td>Don Jacobs, MD</td>
<td>Surgery</td>
<td>Twin Cities Medical Society</td>
</tr>
<tr>
<td>Paul Matson, MD</td>
<td>Ortho. Surgery</td>
<td>Blue Earth Co. Medical Society</td>
</tr>
<tr>
<td>Robert Moravec, MD</td>
<td>Emergency Med.</td>
<td>Twin Cities Medical Society</td>
</tr>
<tr>
<td>David Sproat, MD</td>
<td>Family Med.</td>
<td>Lake Superior Medical Society</td>
</tr>
<tr>
<td>Rahul Suresh</td>
<td>Medical Student</td>
<td>Zumbro Valley Medical Society</td>
</tr>
</tbody>
</table>

### MMA Staff

- Dave Renner
- Robert Meiches, MD
Appendix 2: Opportunities for “Voice of One”

There are many opportunities for members to express their voice and the MMA must promote avenues for that voice to be heard and included in the policy development process.

Under the new governance model members could:

- Be elected by their component medical society to serve on the Policy Council.
  - Policy Council members have a direct voice in recommending policy positions to the BOT.
  - Participate in MMA Policy Forums to express their opinions on the issue being discussed.
  - Policy Council includes that opinion in the recommendations sent to the BOT.

- Participate in the open issues session of a Policy Forum to propose a new idea for policy
  - The idea is triaged and sent to MMA standing committee, Policy Forum or BOT for action.

- Submit a letter, send an email or call the MMA with an idea or opinion.
  - That information is triaged and sent to MMA standing committee, Policy Forum or BOT for action.

- Develop a position through a component medical society and that is sent to the MMA for action.
  - That position is triaged and sent to MMA standing committee, Policy Forum or BOT for action.

- Present ideas for action through the link on the MMA website that calls for new ideas and input.
  - The use of electronic discussion groups and issue forums shall be developed to facilitate member input.
  - That information is triaged and sent to MMA standing committee, Policy Forum or BOT for action.
Appendix 3: Policy Council Membership and Role

- The House of Delegates is replaced with a broad-based Policy Council responsible for developing and forwarding a set of external policy recommendations (e.g., legislative/regulatory) to the Board.

- The Policy Council will have 40 members appointed proportionally to reflect overall MMA membership distribution.

- A majority of the Policy Council members will be appointed by Component Medical Societies for two-year terms, with a maximum of two terms.
  
  - 31 members appointed by staffed Component Medical Societies as follows:
    - 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
  
  - 5 members representing non-staffed Component Medical Societies shall be appointed by the Board of Trustees.
  
  - 1 member each shall be appointed by the Medical Student, Resident & Fellow, and Young Physician sections.
  
  - MMA Board members and committee chairs may not be members of the Policy Council
  
  - The MMA President-Elect shall be a member and serve as Chair.

- At least two Policy Council Forums shall be held each year, one in conjunction with the MMA Annual Meeting. The first forum shall be held no later than Annual Meeting 2014.

- All MMA members will be invited to attend and participate in Policy Council Forums on key issues, along with open-issues forums as needed. Each Forum will produce Council-recommended policies for the Board based on the issues addressed at the Forum.

- The Policy Council provides ongoing and diverse sources of input to the MMA Board of Trustees on priority issues for membership along with recommended policy positions.
Appendix 4: LED Principles on Member-Wide Elections

Proposed Principles

Following are statements of principles regarding the direct MMA elections. These statements are based on the “Identified Issues” cited above and represent a set of responses to those issues.

1. The MMA will assure that all members are notified of nominating and balloting processes so an informed membership can fully participate.

2. The LED committee will design a candidate nomination process that:
   a. Broadly publicizes to the membership the nominating and election process and schedule.
   b. Encourages members to self-identify for nominations to their CMS or the MMA Nominating Committee.

3. The Nominating Committee will review/vet candidates for:
   a. President-Elect
   b. MMA trustee
   c. AMA candidates

4. Each election cycle Component Medical Societies (CMS) may nominate one candidate for trustee consistent with the requirements of the MMA bylaws and principles/guidelines adopted by the MMA board. All CMS candidate nominations must be received prior to the review of all candidates by the Nominating Committee.

5. In addition to trustee nominations timely received from the CMS, the Nominating Committee may nominate one or more additional candidates for each available office(s).

   All candidates who self-nominate and are not placed on the ballot by the Nominating Committee will be provided with the reasons they were not nominated.

6. The LED committee will develop campaign guidelines addressing:
   a. Candidate distribution of information regarding their candidacy, credentials and reason(s) for running for office.
   b. How candidates will be labeled on the ballot.
   c. Distribution of email addresses for candidate use.
Appendix 5: Implementation Review Plan

In attempt to provide more clarity to members on how changes would be reviewed and assessed on whether they were successful the Executive Committee at its June 10, 2013 meeting reviewed a staff suggestion to develop additional clarity on how recommendation #5 would be implemented. Following a full discussion it recommended a set of procedures and recommendations for action by the full Board of Trustees. At the July 13, 2013 meeting of the Board of Trustees it approved the following review process as outlined below to be included as an addendum to the Governance 2.0 report to be available for discussion at the House of Delegates.

If the recommended governance resolution to eliminate the House of Delegates, to institute a Policy Council and to move to all-member voting passes review and assessment on the success of these changes will be as follows:

- There will be an annual review of implementation progress with any major concerns identified by the MMA Governance Committee reported to MMA membership.
- A formal review of governance changes will be completed by Annual Meeting 2017, which allows three cycles of annual meetings. The results of this formal review will be shared with all members.
- A task force of three members from MMA Governance Committee, three members appointed by Policy Council, and chaired by an MMA Past President will oversee the formal review.
- The task force will use an external consultant who will serve as an unbiased participant and resource.
- The task force will review what is working and what is not working with the governance changes. They will focus on:
  - The Policy Council
  - Policy Forums and Listening Sessions
  - Replacement of the House of Delegates with a new Annual Meeting
  - Member Wide Voting
  - Board of Trustees size and composition

The task force will develop measures to assess success, including but not limited to:
- Have the changes had an impact on MMA membership?
- Has member engagement and inclusiveness improved?
- Has the new structures resulted in participants being more representative of all members?
- Have the changes improved our ability to make informed decisions that are more in line with our strategic direction and more nimble?
- Are members participating in the all-member voting? Do we have fair, contested races?
- Are members satisfied with the changes through member surveys?

There will be a second formal review after six cycles in 2020 with any modifications recommended by 2017 task force.
Appendix 6: Governance 2.0 Communications Plan
Revised: July 12, 2013

Background:
The MMA has heard repeatedly that it needs to remain relevant to members. In order to do so, we need a governance structure that allows us to be efficient, nimble, inclusive and most importantly, strategic. The proposed changes are designed to achieve those goals while ensuring mechanisms to engage our members in important policy discussions that impact their ability to practice. In addition, research shows that smaller, more nimble association boards are best-practice.

At the 2012 Annual Meeting, the House of Delegates directed the MMA to “continue its discussion of the recommended model for a new governance structure as developed by the Governance Task Force and approved by the Board of Trustees and Executive Committee, in order to gather more member input on the proposed model and further define the details needed for full implementation.”

The HOD also directed the MMA to begin piloting the listening sessions and policy forums that were proposed in 2012 to determine whether these new formats will result in increased member involvement in MMA’s public policy development process.

As we move toward the 2013 Annual Meeting, several pieces are in place. We need to continue communicating the governance issue to members.

Objectives:
Communicate the proposed changes being considered by the MMA and its members.
Get more Minnesota physicians involved in the policymaking process.

Target Audiences:
MMA members active in Annual Meeting
MMA members not active in Annual Meeting

Key Messages:
The MMA is trying to engage more members for feedback so that it is more representative.
Policy is made with the help of our active members.
Help shape the advocacy efforts that affect all Minnesota physicians.

Strategy:
Employ as many MMA communication channels as possible to educate and inform members on needed changes to governance.

Tactics:
News Now (In progress)
Write stories in eNews keeping tabs on progress of the governance issue.
Timing:
Write story – Completed as needed.
Publish – First story published on Jan. 17.
Follow up - Additional stories as needed.
Physician Advocate (In progress)
Write stories in the Advocate keeping tabs on progress of the governance issue.
**Timing:**
- Write story – Completed as needed.
- Publish – Stories in June, August and September issues.

Viewpoint (Complete)
Write opinion piece that focuses on the need for physicians to get more engaged at policy forums and listening sessions and as a result more actively involved in shaping policy.
**Timing:**
- Write Viewpoint – Feb. 21 – 25
- Review by Renner, Thorson – Feb. 26 – March 1
- Publish – April issue of Minnesota Medicine (will be out around April 5)

Insights (Complete)
Write a more pointed opinion piece that talks about the need for change and the courage to try new things.
**Timing:**
- Write Insights – May 1 - 15
- Review by Meiches and Thorson – May 15 - 30
- Publish – July edition of Insights

Web Banner/Website
Direct visitors from the front page of mnmed.org to the Governance page, which includes FAQs, webinar and other information on governance changes.
Review the current governance page and update as appropriate.
**Timing:**
- Renner reviews website content – Mid-July
- Write new website content – Late July
- Create rotating banner for front page of mnmed.org – Late July
- Publish - Early August

eBlast
Mention the governance discussion as part of the general eBlast that goes out to encourage members to attend the Annual Meeting.
**Timing:**
- Write – Mid-July
- Distribute – July 22
- Repeat – Aug. 12 and 26

Talking Points/Elevator Speech for Leaders
Develop talking points to be shared with Board members promoting passage of the governance changes. Focus on moving decision making from a small, select group (House of Delegates) to all members. Encourage leaders to email and call other physicians to go over key messages and urge them to attend the Annual Meeting to support the proposed changes.
**Timing:**
- Create - Mid-July
- Distribute – Late July
The MMA Podcast
   Record podcast on issue of governance and direct people to the governance website. Promote new podcast in eNews, too.
   **Timing:**
   - Record podcast – Late July
   - Edit podcast – Early August
   - Broadcast podcast – Mid-August
   - Promote in eNews – Aug. 22

Digital Rounds (new MMA blog)
   Use the new blog as a platform to publish a series of posts by members on why the governance structure needs to change. Potential posters include: Carolyn McClain, M.D., Will Nicholson, M.D., Ken Kephart, M.D.
   **Timing:**
   - Write posts – Late July – early August
   - Publish posts – Late August – early September

YouTube Video
   Create a video that clearly explains the issue why MMA leadership is recommending the changes to our current governance structure.
   **Timing:**
   - Write script – Late July
   - Tape – Early August
   - Edit – Mid-August
   - Post on YouTube – Aug. 21

Powerpoint for Delegates
   Develop Powerpoint to explain to Delegates why the governance changes are needed. Email to all registered delegates from Maddox and Smith.
   **Timing:**
   - Create – Late August
   - Distribute – Early September