Implementation Update on MMA Governance Changes

September 10, 2014

Introduction
The 2012 and 2013 House of Delegates adopted a number of changes to the Minnesota Medical Association's (MMA) governance structures. In 2012 the House approved a new structure for the Board of Trustees (Board) and in 2013 it suspended future House of Delegates meetings for three years, created a new Policy Council, and established member-wide elections of officers and Board members. These changes were designed to address concerns that the MMA was not attracting physicians who were representative of the membership and that the old structure made it difficult to act nimbly and strategically in an ever changing health care environment.

The 2013 House of Delegates adopted these changes in Substitute Resolution 300, which also directed the Board to develop measurement tools to determine whether the changes achieved the intended goals (Attachment A). It directed the MMA to provide annual implementation reports to the membership with a final report with recommendations for the future of the House of Delegates presented to the membership prior to the 2016 House of Delegates.

This is intended to provide an update on the implementation changes so far. The first annual implementation report to members, with data on how the changes are working, will be published by the end of 2014.

Governance Evaluation Work Group
To develop the tools to evaluate the changes, the Board created the Governance Evaluation Work Group chaired by the Speaker of the House and comprised of two members appointed by the Board and two members appointed by the Policy Council. The Work Group includes:

Robert Moravec, MD, Chair
Stephen Cragle, MD  Policy Council
Fatima Jiwa, MBChB  Board of Trustees
Randy Rice, MD  Board of Trustees
R. Jay Widmer, MD  Policy Council

The Board approved the following charter for the Work Group:

- 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 the annual member updates on the progress of the governance changes
- Create a final report for action by the 2016 House of Delegates.

At its first meeting on July 29, 2014, the Work Group discussed what specific changes should be measured and what tools should be used to measure the success or failure of the changes. The Work Group decided it was necessary to identify distinct changes that could be measured. They include:

- The use of listening sessions to gather member concerns
- The use of policy forums to engage members in policy discussions
- The creation of the new Policy Council to make policy recommendations to the Board
- The size and composition of the Board
- The member-wide, electronic election
- The newly structured Annual Conference

**Data Gathered**

To address the specific items articulated in the charter data will be gathered for each of the six changes. Below is a summary of the information we will gather for each specific change:

**Listening Sessions**
- How many listening sessions have been held?
- How many physicians have participated?
- Have participants felt their voice has been heard?

**Policy Forums**
- Number of policy forums held
- Attendance at policy forums
- Number of members and physician non-members
- Geographic location of members
- Geographic location of the forums
- Survey of attendees
  - Satisfaction with the forum
  - Are the issues important to attendees
- Impact the forum has on MMA's policy decision-making
- Budgetary impact of policy forums

**Policy Council**
- Composition of Policy Council membership reflective of MMA membership
- Attendance of Policy Council members
- Survey Policy Council members. Do they feel their work is valuable?
Size and Composition of the Board of Trustees
- Geographic mix of the Board compared to MMA membership
- Gender mix of Board compared to MMA membership
- Specialty mix of Board compared to MMA membership
- Age mix of Board compared to MMA membership

Member-wide Election
- Percent of members voting
- Number of contested races
- Number of component medical society direct nominations

Annual Conference
- Number of attendees
- Number of first time attendees
- Satisfaction of attendees
- "Would you attend another Annual Conference in the future?"
- Budget of Annual Conference vs. House of Delegates

In addition to this information, the MMA will track membership changes from year to year to see if these changes are impacting overall membership of the MMA. We hope the information will be valuable for delegates when we reconvene the 2016 House of Delegates to again debate the ideal governance structure for the MMA.
SUBSTITUTE RESOLUTION 300: PROPOSED GOVERNANCE CHANGES AND BYLAWS AMENDMENTS

RESOLVED, that Minnesota Medical Association continue an Annual Meeting that has a strong public policy focus as a way to gather input and engage members in our policy development; and be it further

RESOLVED, that the MMA House of Delegates be suspended until 2016 while the MMA pilots the new governance model recommended by the Governance 2.0 Task Force; and be it further

RESOLVED, that during the period until 2016 there will be increased Policy Forums, Listening Sessions and other avenues held throughout the year to gather member input on critical public policy issues; and be it further

RESOLVED, that resolutions can be submitted to the Policy Council directly from Component Medical Societies and must be considered as an item of business by the Policy Council; and be it further

RESOLVED, that during this three year period a new Policy Council be created consisting of 40 members appointed consistent with the recommendations in appendix 3 of the Governance 2.0 Task Force report, with its chair to be elected by the policy council, that it use Parliamentary rules of order and majority vote and to meet at least two times each year to discuss and recommend positions to the Board of Trustees on critical policy issues; and be it further

RESOLVED, that recommendations adopted by the Policy Council with at least a two-thirds majority can only be overturned by the Board of Trustees with at least a two-thirds vote by the Board of Trustees; and be it further

RESOLVED, that the Policy Council shall elect 2 members to serve as full voting members of the Board of Trustees; and be it further

RESOLVED, that member-wide, electronic elections be established for the election of MMA President-Elect, trustees, and members of our AMA delegation to allow all members the opportunity to vote, with nominations from component medical societies, specialty societies, and individuals submitted to and reviewed by the MMA Nominating Committee; and be it further

RESOLVED, that all component medical societies be authorized to nominate one 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; and be it further
RESOLVED, that the MMA develop specific measurements to determine whether these governance changes are successful in increasing member engagement in policy decision making, that annual updates be provided to the membership on the implementation of the changes, and that a formal report be presented to the MMA Board of Trustees and to the 2016 reconvened House of Delegates that will meet for the sole purpose of determining whether the new model shall continue; and be it further

RESOLVED, that the MMA Board of Trustees, acting as the bylaws committee, draft the needed bylaws amendments to implement these changes and then send them to all registered delegates for their approval via electronic ballot within sixty days.