



## ANNUAL REPORT OF EXECUTIVE VICE PRESIDENT

September 2011

It is my pleasure to submit this Annual Report as I complete my 31<sup>st</sup> year with the Association. As I report regularly to members and MMA leadership in the *Weekly Update, Maine Medicine* and in reports between Executive Committee meetings to the leadership, I will not attempt to repeat in this Annual Report information that I have previously shared or that would be duplicative of the other reports prepared for Annual Session. Rather, I will focus on the high points of the past year and discuss the opportunities and challenges I see for the year ahead.

The past year has been a very positive year for MMA, its leadership and its staff. Despite the many challenges presented by the economic conditions, the 2010 election and implementation of health care reform, the Association has managed to achieve a number of milestones, none of which would have been possible without the strong leadership of President Jo Linder and a dedicated voluntary leadership team. Despite having been around for quite a few years, I never cease to be amazed at the unselfishness of Maine physicians when it comes to finding time to lead an organization of volunteers such as the Maine Medical Association. It has been a particular pleasure to work closely with Dr. Linder who has led the organization with great skill and dedication. I remember vividly the day, now more than ten years ago, that my friend Jack Lewin, M.D., at that time EVP of the California Medical Society (he now directs the American College of Cardiology) called to inform me that two of CMA's young superstars were leaving that state for Maine, those persons being Jo and her husband Sam Solish, M.D. Jo and Sam had been through innumerable leadership positions in both the county and state societies in CA. Certainly Dr. Lewin was sad to see them leave, but was also courteous enough to give me a heads up that what we had coming were not simply two well trained physicians, but also physicians highly engaged and experienced in organized medicine. And was Jack ever right! MMA has been the beneficiary of their leadership right from the time of their arrival more than a decade ago. Both have served in the AMA House of Delegates, representing their specialty societies. Sam has served as President of the Maine Society of Eye Physicians and Surgeons and had the vision and talent to be the founder of the very successful Downeast Ophthalmology Symposium which continues, in its tenth year, to attract nearly one hundred ophthalmologists to Bar Harbor each Fall. Jo has held many positions of leadership at MMA culminating in her Presidential year concluding today. And she has provided exceptional leadership despite maintaining a schedule of clinical work and new responsibilities as Director of Student Affairs at the Maine Medical Center and her continuing responsibilities at the American Board of Emergency Medicine. We will miss her active leadership, but both she and Sam deserve an opportunity to pursue other interests as they continue life's journey. I am eternally grateful to both of them and the Association owes them a great deal for their stewardship during this time of significant change and transformation. Jo is joined today at the meeting not only by Sam but her dad (the original Dr. Linder), her sister, Dr. Jean Linder and her extended family. We welcome this exceptional medical family to Maine!

### EXTERNAL ISSUES

In any given year, the Association spends a significant portion of its resources on advocacy, both at the state and federal level. This past year was certainly no exception. On the federal level, the enactment of the Affordable Care Act in 2010 and the urgent need to find a solution to Medicare's Sustainable Growth Rate formula have dominated the landscape. On the state level, the dramatic change in the political landscape occasioned by the election of 2010 presented both opportunities and challenges. The legislative materials and reports prepared by attorneys Andrew MacLean and Jessa Barnard and Legislative Committee Chair Lisa Ryan provide the details I will not repeat here. But I do want to acknowledge how fortunate we are to have such a strong legal and advocacy team. The legislative process demands a great deal of time, frequently evenings and weekends and I very much appreciate the incredible work that Andy and Jessa do. We were also fortunate this past year to have two legal interns, Kristin Murray-James, CNM and Sandy Nesin, who also provided valuable assistance in research and monitoring. Maureen Elwell completes the team and does a terrific job coordinating the Doctor of the Day program and performing other supportive functions. You will note from reviewing the 50-page summary of our work (prepared by Jessa) that we had a number of successes during the session, protecting patients, physicians and the public health. I am particularly impressed with the work

of our Public Health Committee, chaired by Norma Dreyfus, M.D. and Lani Graham, M.D. and staffed by Jessa.

There are several very public issues that MMA continues to be engaged in, perhaps none more critical than the state's problem with drug addiction and the diversion of prescription medication. We have a number of initiatives responding to the problem and we are also working with the legislature, the LePage administration, the DEA and licensing boards to review the problem and develop solutions to it. Many other issues regarding public health and health system reform are covered in other reports so I will not repeat them here.

We are finding more ways to receive input from members on what issues they would like us to be working on. We now do a quarterly survey, using the internet tool of survey monkey to quickly receive feedback from those members we have an e-mail address for and we have a monthly question for members on the MMA website. We also utilized outside funding to do a very comprehensive survey of member opinion over a year ago. It was this survey, and our continuing belief that the interests of members are significantly changing over time, that led to our fifteen minutes of fame due to the New York Times article published on Memorial Day. The article, by Times Science Correspondent Gardiner Harris, explored the issue of whether the increasing employment of physicians impacted on the issues they were interested in and used Maine as the poster child to establish the point. If you haven't seen the article and would like to, see me during the meeting.

### *INTERNAL ISSUES*

As you can see from the other committee and staff reports, the Association had a very successful year. We increased membership and collected the most dues ever collected. We increased the number of group memberships. We met the budget voted by the membership and are likely to do so again this year. More significantly, the Budget & Investment Committee, chaired by Kevin Flanigan, M.D., is presenting at this meeting a budget for 2012 that is not only balanced but, if met, will produce a small amount of net revenue for MMA to put back into the reserve. The growth of the existing reserve remains a high priority. We continue to have the services one day a week of a Development Director, Dee DeHaas, and Dee, along with the Committee for Tomorrow chaired by Brian Jumper, M.D. manage several events and solicitations throughout the year to raise funds for MMA, the Maine Medical Education Trust and the Maine Medical Education Foundation. Dee recently lead the effort to re-dedicate the MMA Office in memory of Frank Stred, who served as Executive Director of MMA from 1979 to September, 1993 and was responsible for a number of significant MMA advancements, not the least of which was purchasing the land upon which the Frank O. Stred Building and Hanley Building sit.

All of the Association's projects and initiatives are having good years, with the exception of the office-based Quality Improvement Program, which will continue to struggle until adequate staff time can be committed to it. But I feel very good about the External Peer Review program, the several grants and contracts we have (i.e., Academic Detailing, Chronic Pain consultations, expanding coverage, etc). We also continue to have success with our educational programs and our CME program under the direction of Gail Begin with assistance from Committee Chair George Davis, M.D. and Committee member Buell Miller, M.D.

We continue to provide administrative and advocacy services to a dozen specialty societies and the Downeast Association of Physician Assistants (DEAPA). These contracts provide important revenue, but more importantly, help position MMA as the house of medicine in the state. Staff transitions will necessitate some changes in these contracts but, by and large, our revenue from these contracts will continue at approximately the existing level.

Relative to membership, this Fall we hope to focus on several potential groups, which are not currently participating in the group membership programs. We are very proud of the fact that we have never lost a group that joined and we work very hard to provide value for the dues and to engage the members in Association committees and activities. We also expect, in the Fall, to hold at least one event for younger physicians that will be intended to solicit input from them as to how MMA can be more relevant to them and their professional needs.

Providing value to members in the future, given the changing modes of practice, will require nothing less than a transformation in the way MMA does business. The change required, and even the pace of

change, will be a challenge to staff and leadership alike. No one really likes change, but to just conduct business as usual (i.e., *this is the way we always do it*) will not cut it any more. MMA leadership has been very progressive in moving the organization to a knowledge-based, modern governance structure. At this meeting, members will be asked to approve bylaw amendments intended to take the organization another step forward. A special thanks to Immediate Past President David McDermott who shepherded the ideas formed by an ad hoc committee chaired by Dr. Linder through to concrete bylaw revisions. The major change is to have the current 28 member Executive Committee evolve into a Board with the current 7 members Operations Committee becoming the Executive Committee. In addition, a robust Nominating Committee will look for physicians across the state throughout the year, and will not be constrained by county lines. To survive what is coming, a successful state medical society will have to be nimble, lean and knowledge-based. And it will need to have products and services that are relevant, needed and desired by the members. MMA has led this discussion with our colleagues around the country and is seen as a leader in this transformation. But we still have far to go

### COMMUNICATIONS

Although the staff has adopted communications as the theme for the 2011 year, we are just beginning our discussion as to how to better communicate with each other and with the members. Relative to membership, we will be examining how a member wishes to communicate. We are engaged presently in a re-design of the MMA website ([www.mainemed.com](http://www.mainemed.com)) and we hope to complete the re-design and build during 2012. It is hoped that the website re-design will also allow for an examination of other social media as potential ways to link to and engage members. This will require an examination, as well, of our existing publications such as *Maine Medicine* and *Maine Medicine Weekly Update*.

### TRANSITIONS

2011 has seen some important transitions in our staff. Early in the year, Andy was named Chief Operating Officer (COO) in addition to retaining the titles of Deputy EVP and General Counsel. As he is now responsible for HR functions and is the primary liaison to the Medical Professionals Health Program, I am freed up to recruit and retain group members and to do a variety of other professional tasks, including legal review of employment contracts for members and working with medical staffs and medical staff bylaws. If business were not quite so brisk, I would do more strategic planning and environmental scanning. I will also lead the website re-design and hope to work with each staff member to develop some performance metrics that will make up a dashboard on the website. I have become a believer in the Don Berwick mantra that you cannot improve what you have not measured. (I also like his quote that, *some is not a number, soon is not a time...*)

Nov. 11, 2011 is Warene Eldridge's last day with MMA, as she and her husband will be transitioning to retirement and spending more time in Florida. Through contracts, she may continue to do some specialty society work, but those contracts will be directly between her and the societies.

Anna Bragdon left for Florida with her husband Tarren and MMA was asked to pick up the contract for admin work for the Maine Chapter of the American College of Emergency Physicians. Maureen Elwell has been assigned to that contract and she is doing a great job. She is also handling the Maine Radiological Society and the Maine Association of Urologists. She will continue to staff our advocacy efforts as well.

In noting the successful year, I would be remiss if I did not acknowledge all the staff and the work they do. They are experienced and dedicated and I am sure we all realize that no one person accomplishes these successes. So a sincere thank you to Andy, Jessa, Heidi, Diane, Shirley, Gail, Lisa, Warene, Maureen, Cathy, Lani, Maggie, John, Dee and Barbara for all you do every day for the physicians of Maine and for the Maine Medical Association. A special thanks as well to Dr. Buell Miller who assists in a variety of ways and who will receive his 50 year pin this year.

And a thank you again to Dr. Linder, President-elect Nancy Cummings, M.D. and the entire Executive Committee, chaired very capably by Kenneth Christian, M.D., for their support and effort during the past twelve months. And finally, special thanks to all those physicians who chose to belong to the oldest and largest physician organization in the state. We salute you and the work you do every day for your patients and the public. It is a special privilege to work for you and I will never take that for granted.

Gordon Smith, Esq.