|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Board Member | 10-10 | 12-5 | 1-18 | 3-6 | 5-1 | 6-5 | 8-7 |  | Member | 10-10 | 12-5 | 1-18 | 3-6 | 5-1 | 6-5 | 8-7 |  |
| L. Ryan, DO, Chair  | P | P | CC | P | P | P | CC |  | J. Petzel, MD | P | P | P |  |  |  | CC |  |
| P. Cain, MD | P |  |  | P |  | P | P |  | B. Pierce, MD | CC | CC | P | P | P | P | P |  |
| R. Chagrasulis, MD | CC | CC | P | CC | P | P | P |  | G. Raymond, MD | P | CC | P | CC | P | P | P |  |
| J. Charity, MD | P | CC |  |  |  | CC | CC |  | C. Reddy, MD |  |  |  |  | CC |  |  |  |
| K. Christian, MD |  | P | P | P |  | P |  |  | B. Young, MD |  | CC |  | P |  |  | P |  |
| N. Cummings, MD | P | CC |  | P | CC | P |  |  |  |  |  |  |  |  |  |  |  |
| G. D’Augustine, MD |  | P |  | P |  | CC | CC |  |  |  |  |  |  |  |  |  |  |
| S. Feder, MD | P |  |  | P | CC | CC | P |  |  |  |  |  |  |  |  |  |  |
| K. Flanigan, MD | P | CC |  | CC | CC |  | CC |  | Staff |  |  |  |  |  |  |  |  |
| R. Flowerdew, MD | CC | CC | P | P | CC | P | P |  | J. Barnard | P | P | CC |  | P | P | P |  |
| M. Gleaton, MD | CC | P | P | CC | P | P | P |  | H. Lukas | P | P | CC | P | P | P | P |  |
| L. Jett Anderson, MD | P | CC | P | CC | P |  |  |  | A. MacLean | P | P | P | P | P | P |  |  |
| D. Kreckel, MD | P | P | P | P | P |  | P |  | D. McMahon | P |  P |  | P | P | P | P |  |
| G. T. Marshall, MD | P |  | P | P | P |  |  |  | G. Smith | CC | P | P | P | P | P | P |  |
| M. McAllister, MD | P | P | P | P | P |  |  |  | D. Poulin | P | P | P | P | P | P | P |  |
| D. McDermott, MD |  | P |  | CC |  |  | CC |  |  |  |  |  |  |  |  |  |  |
| B. Miller, MD | P | P | P | P | P | CC | P |  |  |  |  |  |  |  |  |  |  |
| K. Mitchell, DO | P | P |  | P | P | P | P |  |  |  |  |  |  |  |  |  |  |
| M. Parker, MD | P | P | P |  | P |  | P |  |  |  |  |  |  |  |  |  |  |
| C. Pattavina, MD |  | P | P | P | P | CC | P |  | Meeting Ranking |  |  |  |  | 7.08 | 7.67 | 7.60 |  |

| **Topic** | **Discussion** | **Action** |
| --- | --- | --- |
| 1. Call to Order
 | Dr. Kreckel called the meeting to order at 4:19 p.m.  |  |
| 1. Review and approval of minutes of May 1, 2013.
 | The June 5, 2013 meeting minutes were approved as presented. | **Accepted.** |
| 1. Report of Executive Committee Conference Call 7-29-13
 | Dr. Ryan reviewed the Executive Committee Call; the BOD agenda of 8-7-13 was reviewed and approved, Board of Agenda dates for 2013-2014 approved. In an Executive Session the proposed employment contract of Mr. Smith was reviewed. |  |
| 1. Membership Report
 | a. Membership Report. The membership continues to grow with the addition of 7 new members in July. 141 new UNE students will be added in August, with an expected 39 Tufts-MMC students to be added as well. Mr. Smith noted that with incremental progress he does expect MMA to reach the year end membership goal of 2400 for active members.b. New and potential groups. Mr. Smith continues to work with Chest Medicine Associates and meets with the Medical Director, Stephen Gorman, DO, on August 22. Mr. Smith’s expectation is to have a group membership at the conclusion of that meeting. Mr. Smith continues work with other groups, including St. Mary’s, CMMC, a nephrology group and EMMC. Financial difficulties of some of the practices; i.e. Martin’s Point with MMA retaining their membership at a 50% discount has negatively impacted dues collection. The membership issues continue of engagement of members and finances. Board philosophy has been that MMA have its arms around all physicians and that members should receive something in return for membership dues. Group discussion followed re: membership in the Association. Employed physicians frequently do not see value in MMA membership, they do not relate to federal or state issues and have very little to do with hospital governance as it is out of their hands. Dr. Raymond shared his hospital offered to pay 50% of MMA dues but the physicians had little interest in paying the other 50%. (Ultimately the physicians agreed to contribute 50% of the cost.) How to gain and retain membership – shared thoughts - via medical specialty societies; do more with medical staffs; advocate more for individual memberships and work with hospitals separately.  | **Declining dues paid per active members will be shown in graph design at Annual Session.****At the 2014 President’s Retreat, discuss current Membership Model.** |
| 5. Finance Report: Dr. Flanigan, Dr. Parker and Ms. Lukas | a. June/July 2013 Financials. Important aspects were noted. Continue struggle with membership dues to reach the $615,000 goal. FQHC ‘s are paying a lump sum for membership dues with Ms. Lukas offsetting the cost of services by reflecting the services they are utilizing thru MMA. **Dr. Flanigan noted that through one avenue or another, it must be remembered that we need to fund the organization.**  |  |
| 6. Priority Presentations & Topics | a. Proposed 2014 Budget. Dr. Flanigan walked Board members through the proposed 2014 Budget. The 2014 Budget is more in line with income in 2014. The proposed 2014 Budget was presented and reviewed. The 4-4.5% draw from investments on the 5 year average would be $32,500 for 2014. Dr. Parker noted the importance to continue to see the draw reduced. b. EVP Contract Renewal. Executive Session followed. The Board of Directors approved the following motion:  **"The Chairman of the Board of Directors is authorized to make changes to the contract renewal for the Executive Vice President that were discussed in detail in the Executive Session.  If there are no substantial changes to the contract other than the ones discussed, she is authorized to execute the contract with the EVP on behalf of the Board of Directors for a term not to exceed six years”.**c. Prioritization of Services. Mr. Smith shared his plan as to how to receive more feedback on the matrix of 25 services of the MMA. He will share the matrix with the top 150 engaged members of the association for consideration with relatedness to the MMA mission and the value to them and/or their practice. The second group selected will be a random group of 200 physicians (this is a higher number to avoid any chance of duplicates). This will present the opportunity to view any difference the rank and file members of the association versus board members. These physicians will have an opportunity to complete the survey on paper or electronically.d. Representation for MHA Board. Mr. Smith opened discussion on how to select two physicians from the MMA Board to represent MMA at two MHA board meetings over the next year as part of the exchange of physician board members with MHA. Is there a benefit to continuity of representation or differentiation of representation? It was noted that Dr. Stephen Diaz is a member on the MHA board and he will be consulted for his opinion. Dr. Pattavina noted of importance the representatives reporting back on the content of the meetings.e. Choosing Wisely Initiative. The list of the Top 7 Things Physicians and Patients Should Question was shared and discussed. This is a top focus of medical societies and a national movement that will be shared with medical offices and patients. Dr. Kreckel noted that these seven are just the beginning of a much larger list. | **A motion made to change the draw down from $32,500 to $30,000. The motion was seconded and approved. A motion was made to accept and move the proposed 2014 budget for a vote at the General Membership meeting at the Annual Session. The motion was seconded and approved.****Motion on Executive Vice Contract so noted**.**Board members asked to review attached proposed letter to the physicians and to report any recommended changes to Mr. Smith.****Mr. Smith to contact Dr. Diaz.** |
| 7. Leadership Reports | a. President: Dr. Kreckel. The June AMA meeting in Chicago was a successful and informative meeting. Dr. Kreckel deferred to Dr. Gleaton AMA Delegate for more details. Dr. Gleaton noted areas of interest –consideration of continuation of the AMA Interim meeting involving Mr. Smith and other executives across the country (coming down to another study). Other areas of interest: addition of a women’s physician section, to have bylaws on a senior section, discussion of costs associated with EMR and ICD10 for those in private practice, discussion of the large sums of money physicians must spend to maintain their certification with a study to be completed and referred back to the Board; work on an education piece on student loan interest rates. The AMA Public Health section did propose that obesity is a disease and the members of the HOD agreed.b. President-elect: Dr. Raymond. Dr. Raymond encouraged each Board member to read ***Road to Relevance*** noting its the prioritization exercise the Board is engaged in.c. Board chair: Lisa Ryan, DO. Dr. Ryan noted the Physician Leadership Academy at the Kellogg School at Northwestern, was a very successful educational conference.  | **MMA to purchase additional Road to Relevance books. Copies will be circulated to Board members.** |
| 8. EVP Report; Gordon Smith | a. EVP Report. Attached for FYI.b. Annual Session. 1. Sam Surprise Video Interviews. Interviews continue.  2. Cushman Award. Mr. Smith would like authorization for Dr. Mutty to chair a small subcommittee for  consideration of two nominations for the domestic award for 2013. Board members in support.  3. Recognition of Hanley Fellows. Mr. Smith would like to recognize physicians of the Hanley PELI and possibly the  Health Leadership Development (HLD) course by inviting them to the Anniversary Gala Dinner event on  Saturday, October 5. The cost of the dinner is $80, thus roughly a total cost of $5,000. The  Board members supported seeking a sponsor for the $5,000. If a sponsorship is not attainable, invitation would  be extended at their own expense. 4. Marketing of meeting. Mr. Smith encouraged all Board members to be focused on marketing of this meeting and  to bring both members and enthusiasm to the meeting. Ideas shared – if you have a relationship with a vendor  encourage them to exhibit or donate to the Silent Auction (great cause as funds are for medical student  scholarships). In 2003 we raised $10,000. Recruit at least one physician to attend at least a portion of the Annual  Session. 5. Hosting of guests. It is expected we will have many guests attending from both the Congressional delegation or  other state medical societies. Steven Stack, MD, Immediate Past Chair of the Board of Trustees of the AMA has  confirmed attendance. 6. Nominating Committee. Mr. Smith has been in contact with Dr. Lash although a meeting has not yet been  conducted. Drs. Pattavina and Evans have agreed to be nominated for their continuing AMA roles. A Nominating  Committee report to be presented on the next Executive Committee Conference call in September. c. Interim studies authorized by the Legislature; Ms. Barnard. Work has started on the study of health system financing and transparency of cost of services to patients with MMA recommending names of physician participants to the Speaker of the House. A study on overseeing the health insurance exchange; a study of cancer in Maine will involve two or more physicians; and a study on stimulant prescription drugs prescribed to children. Payment Reform Grant event with Jay Want, MD is to be held Tuesday, August 14 from 6-8 pm at MMA. Participation is available via WebEx.d. Aroostook County Medical Society. The funds of $58,000 are now in a local Key Bank account with Mr. Smith and Ms. Lukas as signatories. These funds are for medical scholarships for students from Aroostook County. Aroostook County Medical Society does plan to meet once a year. | **Executive Conference Call to be scheduled in September to discuss results of Cushman Award subcommittee recommendations.** **Highest priority is marketing of this program. Board Members encouraged to support MMA will all aspects of marketing this meeting.** |
| 9. Other Business10. Adjourn | e. Maine Rx card. This new royalty program is already showing its value to MMA with $100 in income for May.f. Annual Golf Tournament and 2013 Practice Education Seminar. The Golf Tournament netted about $2,000 which goes to the MMET scholarship fund. PES was a successful program although the finances have not yet been finalized. In future planning for the 2014 program, MMA will seek speakers who do not request an honorarium. Two speakers this year received an honorarium, representing a total cost of $3200, which represented most of the net income. g. SIM Grant Steering Committee. Mr. Smith noted that Dr. Noah Nesin is our representative with Dr. Flanigan as chair.A special thank you to the Kreckel’s for their hospitality in opening their home to the MMA Board.Meeting evaluation results on a scale of 1 to 10. (1 being the Worst and 10 being the Best) 7 – 7 votes 8 – 7 votes 9 – 1 vote AVERAGE = 7.60Meeting adjourned at 6:15 pm. **NEXT MEETING: FRIDAY, OCTOBER, 4, 2013 MMC – BRIGHTON CAMPUS TOURS 8:30 AM – MEETING 10 AM** | **Encourage members to read all materials.**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |