

**New Hampshire Medical Society**

**Retreat Report**

**November 18 – 19, 2011**

*The issues bring our members to the table; relationships keep them here...*

Dr. Murthy

Prepared for NHMS by Cotton Cleveland, Mather Associates

## **Retreat Background**

The New Hampshire Medical Society [“NHMS”] convened a special retreat on November 18-19, 2011, for the purpose of deliberating and making recommendations for the future of the organization. The participants composed a diverse group, including NHMS past, present and future leadership; private practice and hospital employed physicians; a range of physician specialties; a broad range of demographic diversity; guests from the Maine Medical Association and several non-physician participants.

The formal goals for the meeting were:

- ❖ Analyze and discuss implications to NHMS from the recent survey data of NH physicians and other healthcare stakeholders
- ❖ Determine future “big tent” vision for NH Medical Society, including both current and future members and their perceptions and needs
- ❖ Deliberate on key strategic goals to reaching that vision in the areas of program, infrastructure and outreach
- ❖ Determine process, timetable & metrics for accomplishing strategic goals, subject to input and approval from NHMS Council

The participants were tasked ahead of the retreat to review the survey data and articles in the meeting packet and to come prepared to answer the question: In five years, how will the NH Medical Society ideally be functioning effectively and successfully? Dr. Kassler, president, encouraged the group to think “outside the box” about the future of the NHMS and asked for each participant to bring their own thoughts and expertise to the table.

The retreat participants are unanimous in offering the following report to the NHMS Council for their deliberation and approval.

## Executive Summary

**Ideally by 2017 the New Hampshire Medical Society will:**

**1. Have a high profile and effective leadership role in the State:**

We will be the “go to” place to for physicians and other healthcare stakeholders. All NH physicians will want to join because the organization is relevant; serves physician needs; is cost effective; and is instrumental in enhancing physician satisfaction with practicing medicine in New Hampshire. We will continue to embrace diverse groups of physicians: employed and independent; specialty/primary care; various interests and passions. Our infrastructure will be cutting edge and will support our focus on being a vital, engaged, proactive and highly effective leadership organization.

**2. Advocacy & policy development will continue to be our primary mission:**

With a clear focus on improving health systems, we will be a major influencer in: responsible stewardship; spending on public health care; patient safety; quality improvement; and more effective legislation and policy arenas with awareness of activism. We will have a strong presence in the areas of radio, print media and on-line social media and will be seen as advocates for the public not just ourselves. We will have highly effective lobbying by many committed members by linking important issues to our community of physicians and facilitating positive action.

**3. Education & Development: High Quality Programs & Process:**

All our educational programs will have high quality content AND high quality processes to assure the most active engagement of members and partners. All programs will be developed to assure the maximum amount of networking amongst physician members and non-members; development of a sense of collegiality and inclusion; and to promote a wide variety of valuable mentorship experiences. Our vibrant sub-committees and task forces will include many active and diverse members, thus enhancing our focus on involvement, networking, collegiality and mentorship.

**4. Outreach, Networking & Partnership – Focus on Health Systems:**

Because of our proactive focus on improving health systems, we will have developed highly effective partnerships with other state healthcare professionals. We will be a safe and proactive place for convening discussion:

hospitals, employers, healthcare professionals and the public, will all believe in the Medical Society. Physicians, other healthcare professionals and the public will recognize NHMS as the premier source of information on health care. We will continue to work effectively and proactively with specialty societies.

**We recommend further development and implementation of these Strategic Goals to reach the NHMS 2017 Ideal Scenario:**

- 1. Develop leadership in health system changes in New Hampshire;**
- 2. By 2014 NHMS will have a robust portfolio of health policy related activities;**
- 3. Enhance/Grow Membership;**
- 4. Enhance engagement & develop networking capabilities with NH physicians and with others;**
- 5. Minimize financial risk to NHMS -- Assure organizational financial viability;**
- 6. Develop proactive agenda: Annual agenda to be developed by subcommittee and approved by council;**
- 7. Enhance communications to members and the non-member physician community; and**
- 8. Enhance networking capabilities: Creating connectivity toward achieving our strategic goals by enhancing physician self-worth and motivation; enhancing NHMS credibility; and enhancing collaboration with like-minded groups.**

## **NHMS Vision, Mission and Values**

### **Vision**

The world we hope to create through our work together

The New Hampshire Medical Society envisions a State in which personal and public health are high priorities; all people have access to quality healthcare, and physicians experience deep satisfaction in the practice of medicine.

### **Mission**

Our role as an organization in creating the world we envision

The mission of the New Hampshire Medical Society is to bring together physicians to advocate for the well-being of our patients, for our profession and for the betterment of the public health

### **Values**

The principles and values that we expect to guide our work together

- **Altruism** – We will act with unselfish regard for the welfare of others.
- **Integrity** – We will conduct our activities in an atmosphere of openness and honesty. Members, officers and staff will uphold the highest standards of personal ethics.
- **Inclusiveness** – We will seek out and respect individuals with diverse perspectives and opinions to enrich our work.
- **Humanism** – We will embrace the art of medicine and the importance of the person in all that we do.
- **Science** – Our work will be grounded in principles and knowledge that can be studied and evaluated.
- **Respect** – We will treat other individuals and professions with due consideration.
- **Activism** – We will take action to address issues of importance to our mission.
- **Excellence** – We will bring the highest standards and quality to our work.

## **Ideal Future Scenario for NHMS for 2017**

### **NHMS will have a high profile and effective leadership role in the State**

- All NH physicians will want to join because the organization is relevant; serves physician needs; is cost effective; and is instrumental in enhancing physician satisfaction with practicing in New Hampshire
- A large majority of physicians in the state – both independent and hospital employed are members
- We are the “go to” group for legislative issues, for the public health community, for health information. NH physicians are actively involved; we add real value to the broader community
- We embrace diverse groups of physicians: employed and independent; specialty/primary care; various interests and passions
- Our infrastructure is cutting edge and supports our focus on being a vital, engaged, proactive and highly effective leadership organization

### **Advocacy & Policy: Advocacy will continue to be our primary mission:**

- With a clear focus on improving health systems, we will be a major force in: responsible stewardship; spending on public health care; patient safety; quality improvement; and more effective legislation and policy arenas with awareness of activism
- Strong presence of radio, print media and on-line social media and are seen as advocates for the public not just ourselves
- We have highly effective lobbying by many committed members by linking important issues to our community of physicians and facilitating positive action

### **Education & Development: High Quality Programs & Process**

- All our educational programs will have high quality content AND high quality process to assure the most active engagement of members and partners
- All programs will be developed to assure the maximum amount of internal networking (amongst physician members); development of a sense of collegiality and inclusion; and to promote a wide variety of valuable mentorship experiences
- Our vibrant sub-committees and task forces include many active and diverse members, thus enhancing our focus on involvement, networking, collegiality and mentorship

**Outreach, Networking & Partnership – Focus on Health Systems**

- Because of our proactive focus on improving health systems, we have developed highly effective partnerships with other state health professionals
- We are a safe and proactive place for convening discussion: hospitals, employers, health professionals and the public, all believe in the Medical Society
- Physicians, other health care professionals and the public recognize NHMS as the premier source of information on health care
- We continue to work effectively and proactively with specialized societies

## **Strategic Goals to reach our 2017 Ideal Scenario**

### **Summary of Strategic Goals & Participants who Developed Goals at Session**

1. Develop leadership in Health system changes in NH (full group added this)
2. Develop internal organization policy expertise for membership services and advocacy (Bill K)
3. Enhance Membership (Tina, Chi, Gordon)
4. Enhance networking capabilities – among NH Physicians & with others (Lisa, Gary, John Yvonne)
5. Assure financial viability (Charlie, Scott)
6. Develop a proactive agenda that we can act on (Bill, Anthony)
7. Enhance communications and marketing – internal & external (Travis, Cindy)
8. Align Continuing Medical Education (CME) & education programs with organization mission and goals (Seddon, Janet, Jose)

### **Strategic Goals – Drafted by each team with comments from others**

#### **1. Develop leadership in health system changes in New Hampshire:**

NOTE: This goal is seen as overarching, both a goal and philosophy

#### **2. By 2014 NHMS will have a robust portfolio of health policy related activities that include:**

- a. Educational offering – how to thrive
- b. Referral to services/consultations for practice adaptation and transformation
- c. Resources for patients, communities and policy – makers for key policy issues
- d. Substantive engagement to shape health systems changes
- e. Program for NH physician leaders

#### **Process:**

- Staff development – EVP (masters TDI), communication specialized societies
- Consultation with TDI/NH Policy institute
- Hire staff on visiting scholar/share with other org. (IPA)
- Portfolio priorities TBD by members
  - Possible: HIT/HIE/ICD-10, payment policies (ACO bundled payments, gain sharing, etc.)
  - Performance measurement
  - Patient safety



### **3. Enhance Membership – Long Term Goal**

- Attract and engage all physicians in NH
- Increase membership numbers
- Residents – explore options of no dues; or graduated dues as they
- Employers – explore:
  - Flexible prices for groups
  - Opt out strategy
  - Hospitals, Medical groups, FQHC (Federally Qualified Health Centers), State/Fed
- Bottom line – grow dues but allow flexibility
- Metrics - # members (total)
  - # Members (in practice)
  - Total dues revenue
- Target groups
  - International
  - Newbies to NH
  - Specialist societies

### **4. Enhance Engagement & Develop Networking Capabilities with NH physicians and with others with a goal of 100% awareness of the Medical Society among physicians and 75% of others know something about NHMS**

- Target
  - Non members
  - Former members
  - Future members
- Needs assessment to ascertain value of the Society
  - Focus group
  - Surveys
  - Gather comparable data from other state societies
- Opportunities for involvement
  - Committees – standing and ad hoc
  - Allow tele-participation
  - Networking
  - PH
  - CME
  - Thank you – never underestimate the value of thanking members who volunteer!!
- Recruitment “Bonus”

**5. Minimize financial risk to NHMS -- Assure organizational financial viability**

1. Outcome: Run in black
  - Metric – positive bottom line
  - Process - Clear budgeting, expense management/monitor – w/appropriate response
  - Timeline - ongoing
2. Outcome: Diversify Revenue
  - Metric - Improve from 71.5% dues toward 50% AAMSE
  - Process - Explore alternative
    - Programs
    - Services insurance agency etc.
    - Grants
    - Philanthropy
  - Timeline – 5 years
3. Outcome: Ability to meet new program needs
  - Metric -- Mechanism to evaluate new programs
  - Process - Enhance current:
    - CAP
    - Newsletter (ads)
    - RX income
    - Hospital accreditation AGCME
    - Specialty Society fee
    - Education sponsorship
  - Timeline - ongoing

**6. Develop proactive agenda: Annual agenda to be developed by subcommittee and approved by council**

- Topic items (new and standing) generated by pillar groups (i.e. obesity, vaccinations, tort reform...)
- Annual survey for topics

**7. Enhance communications to members and the physician community to:**

- Highlight activities and benefits
- Further our advocacy agenda
- Create a dialogue on important health issues
- Build our brand as the “go to” group

- Processes:
  - Create Facebook/twitter presence
  - Align communications with advocacy, education, benefits
- Metrics:
  - Member numbers
  - Benefit utilization
  - Advocacy action
  - Facebook friends, likes, comments

**8. Enhance networking capabilities: Creating connectivity toward achieving our strategic goals by enhancing physician self-worth and motivation; enhancing NHMS credibility; and enhancing collaboration with like-minded groups**

- Process – Robust interactive website
  - Texting, social media presence
  - NHMS blog (supported)
  - Mentoring
  - Catalog and memorialize persona of interest
  - Create purposed networks
  - Enhance task force activities
  - Support interest groups at meeting and at MD training programs and in non-physician settings
- Measure: web hits, network count, membership participation. Monitor calls for assistance, satisfaction surveys, question “external customers”

**DO IT NOW!**

## **Analysis of Strengths & Challenges for NHMS**

### **NHMS Pillars – Membership Services**

Advocacy & Policy  
Education & Development  
Outreach, Networking & Partnership  
Health Systems Focus

### **NHMS Pillars – Infrastructure**

Communications & Marketing  
Member Services  
Finances & Administration

### **What incents current physicians to join NHMS?**

- Help with navigation through Board of Medicine
- Continue strength in legislative arena
- Engage in hot button issues – this can be expanded from present level
- Develop a sense of collegiality and sense of belonging
- Focus on advocacy: “Being able to advocate makes me feel less powerless.”
- Provide medical/dental insurance and enhanced finances
- Legislative issues fire docs up to seek help: Medicare cuts, tort reform and workers compensation
- Stress

### **What factors might incent future physicians to join NHMS?**

- International Medical Physicians (IMG’s) need to be asked to join, welcomed; Medical Society should be proactive
- Enhance task force and leadership
- Utilize “Linked In” and other social networking on-line groups
- Develop and stay cutting edge with a robust website and online presence
- Provide mentoring for professional practice and for socializing (inclusion) to build a community of physicians
- Provide leadership on issues
- Provide networking opportunities
- Assure that local papers & internet sites publish news of physicians
- Reduce financial barriers to membership
- Discounted membership approach

- Monthly payments
- Develop a job posting center, including income ranges of jobs in openings and around the state
- Emphasize and develop collaborations & partnerships with other organizations
- Increase outreach to medical students and residents; bring them to the table
- “Grand Rounds” – weekly, monthly teaching forum or video outreach
  - For example, Mass Medical Society holds an annual “State of the State” on health issues
- Explore offering Physician Leadership Program using model from Maine Medical Association
  
- Find ways to emphasize and remind members of our values

## **NHMS Current Programs**

### **1. Which ones should we keep:**

- AIM
- Solicit member feedback (larger issues) -- Dialogue on important issues
- Advocacy – public health, practice of medicine
- Legislative Capacity
- Admin support of specialty societies
- Health Insurance
- CME
- Collegiality and network
- Tangible Physician Benefits

### **2. Which ones should we bolster/enhance:**

- Leadership on issues: communication and engage
- Clinical expertise
- Collegiality
- Proactive v. Reactive – bills

### **3. Which ones should we Fade:**

- Bank card
- Bi monthly newsletter on line
- Insurance will change
- White papers
- Discounted products and services \$

**Regarding Infrastructure & Outreach:**

**1. What does NHMS current do that works well?**

- Legislative capacity
- Infrastructure and outreach

**2. What does NHMS do that needs improvement?**

- **CME with** mission
- **Good** media capacity
- **Good** policy expertise

**3. What needs to be developed for future for NHMS?**

- Influence Beyond Concord

**Parking Lot – Issues we did not have time to address:**

- Nurse Practitioners and other direct providers
- What is our competition?

**Thought & Comments regarding Survey Data:**

(Friday evening session notes courtesy of Seddon Savage)

- Collective advocacy- why is it important?
- Younger docs go to work, then go home, it is a different profession
- Do we know what people want from the Med Society?
- Who are our audiences: physicians or the public?
- One voice for everyone so what is the values of membership. Public health vs. doc support - Advocacy clearly is the primary issue
- Need an issue to get people to the table, but it is relationships that keep them there. What will get people to the NHMS table? Can we use some form of social media (it was low on the list in the survey, but there may be a way)
- Diversity of incomes: do some not join due to costs relative to benefit?
- Tort reform important to all

- Old programs: similarity between prospective and current members. New program preferences do not offer anything that is of particular interest to prospective members. Comprehensive array of efforts vs. one issue that unites everyone. Not sure which we should do. As more people become employees maybe we become more of a union.
- What is the role of independent physicians vs. the role of hospital physicians? Trend is to employment. There is a perception that the society serves the specialist rather than primary care.
- Could the Medical Society be an advocate for the patient, i.e. by expanding to nutrition, schools, farmers and others who are involved in health? How do we support local agriculture etc.? Who are new/other stake holders? Under-served housing community. How do we bring all this together to make sure our patients are healthier?
- Understanding generational differences.
- What are the barriers to joining NHMS?
- Do MDs understand the value of collective advocacy or are they more complacent about the practice of medicine, i.e. don't really care about others enough to join?
- Medical Society advocating against the hospital cuts. We are often doing what physicians want but not communicating effectively.
- Self-advocacy to members. Need to prove our value.
- There may be times we want our members to know what we are doing but if it makes legislators or other uncomfortable, we may not want to be as public about an issue.
- Within the tent of NHMS there are different priorities/values of different specialties (reimbursement for time vs. procedure – PCPs vs. surgeons)
- Membership proportionally reflects different specialties and suggests that we are addressing cross cutting issues.

- New programs did not include advocacy for public health and serve the people causes. Many physicians join to advocate for the public health...we need to serve them.
- Have to prove NHMS value to members, not just demonstrate that we are working on issues.
- NHMS must be the key source for “outsiders” when medical issues and legislation are on the table. What is the role of the medical society to physicians and the public? Do we have different roles in serving these different audiences?
- Need to acknowledge the groups that aren’t current members (younger, female etc.)
- What does “advocacy” mean for the physician, for our profession?
- What is “value added” of NHMS membership. Why pay if other advocate for you?
- Value is in advocacy, not so much program seminars. All in less than 35%.
- Return on investment (ROI) insurance
- If the survey shows that NHMS allows members to have a great advocacy input and to speak with one voice...what do they want us to speak about? Tort reform and reimbursement satisfy them.
- To make physicians feel what membership is worth to them individually.
- Tort reform important.
- What was the Med Society role in the recent state action levying taxes on all hospitals?
- Is the Med Society respected voice for legislators to look for guidance?
- Former members’ perceptions of the Society, different needs.



- Silver bullet approach vs. comprehensive array of sources. Nothing that stands up above all others.
- Prospective members are employees? Is it our future to be their union?
- Increasing the number of employed physicians and decreasing number of solo and independent groups.
- Physicians tend to be younger, therefore need to appeal to different demographic/generation. (generational currency)
- There is a priority in survey for advocacy on healthcare issues and changing healthcare environment.
- Concern about role of independent practitioners vs. hospital owned practitioners. There is a perception among private docs that medical society is becoming more geared toward employed model. Also a perception that NHMS provides more support for specialists than primary care.
- Marketing important too (i.e. CMEs). Not informed enough about Med Society role in legislation and what NHMS is doing for us.
- Communicating what we do. We do great things but no one knows about it.
- How do the employed physicians feel? That NHMS is a support network? More than their employee group and their colleagues. A value added resource to their current support resources.
- Building bridges between multiple sectors that effect health, quality of life, schools, housing, farmers...
- Is there a question in the survey that asks "what do you most want from the society?"
- Are we reaching out to residencies and new providers?
- How can we reach out to the 30% that aren't members?

