



# Executive Summary

In May of 2010 in Austin, Texas, 70 medical society executives, representing 36 state medical societies came together to discuss the future of state medical societies. The sessions evoked passion and thoughtful analysis from the participants and were a crucial first step in a continuing dialogue between state societies to ensure the continuation and success of the missions of these organizations. Below are summaries and highlights of the speakers from each of the conference's sessions.

## **Keynote Address**

Jeff Goldsmith  
President  
Health Futures, Inc.

The AAMSE State Medical Societies Futures Conference started with noted healthcare futurist Jeff Goldsmith. Goldsmith's detailed presentation on the current state of the healthcare system, as well as issues expected to have a major impact on healthcare in the future laid a solid foundation for the rest of the conference. Goldsmith's conclusions on the healthcare bill signed into law by President Obama are ones of concern. Through his four readings of the 1,400+ page bill, he discovered the bill to be a massive new entitlement which will have a wide ranging effect on much of our economy – including all businesses, insurance companies and the physician community. The new law has transformed health "insurance" into a federally-defined, employer-financed, tax-subsidized benefit program.

The bill is expected to provide insurance coverage for an additional 30 million more people, but with that comes open ended premium subsidies for 20 million and a requirement of purchase by 10 million who currently do not have insurance. The US Department of Health and Human Services and the states have been put under an increased administrative burden by the increased regulations and compliance that they are expected to develop.

The bill also does very little to curb costs – completely ignoring or giving short shrift to such issues as the shortage of primary care physicians and the sustainable growth rate (SGR). As the government continues to try and shrink the federal deficit, focus for possible reductions turns to the most expensive items within the umbrella of Medicare and Medicaid such as payments to hospitals and physician specialists.

Additionally, as the basic minimum care package becomes politicized at the federal level, societies should be prepared for increased scope of practice battles with fringe medical care providers lobbying to be included.

The new law provides medical societies an opportunity to get involved in many new and creative programs. Many of them, likened to "science projects", will provide funding for pilot programs across the country. Dual eligible, patient navigator, bundle payment and community based transition programs are just some of the new and innovative programs medical societies should be taking an active role in.

Goldsmith concluded by recognizing that the medical community is moving through a period of great turbulence and physicians should be turning to medical societies to provide them with guidance and leadership through these challenging times.

### **Organizational Evolution**

Bob Vosburgh  
President  
9g Enterprises, Inc.

The needs and expectations of medical society members are changing drastically. It is your role, as the leader of a medical society, to lead the organization through an evolution to meet these needs and expectations. Bob Vosburgh's presentation laid the groundwork for how executives can prepare their organization and volunteer leadership for these changes.

Vosburgh started his presentation by identifying essential traits of a successful volunteer board (high level of commitment, responsibility and accountability) as well as organizational excellence (strong team, receptive atmosphere). He stressed that while the organization is evolving it must be prepared and willing to make mistakes – the key is to not repeat those missteps.

Organizational evolution is a 3-step process – you must **reflect** on what the organization has been and where it needs to be, you need to **observe** where the organization currently is and then you must work to **improve** the organization so that it meets the needs of its members.

Organizational evolution should not be a one-time process, but instead should be an annual reinvention through which the organization can prioritize its initiatives and ensure it is fulfilling the needs of its members.

### **Cultural Changes Within Physicians Employment**

Matthew Phillips, MD  
President  
Austin Heart

Dr. Matthew Phillips closed the day with a sobering depiction of the stresses physicians are currently facing in the current healthcare system. As president of Austin Heart, a successful cardiologist group practice, Phillips had to make the difficult decision to enter into negotiations with St. David's HealthCare to acquire Austin Heart. Despite its stellar service and profitability, Austin Heart faced both a federal agency that was increasing hostile towards physician owned ancillaries and hospitals and a possible 30% cut in reimbursements. With these two major issues facing them, it would be very likely that no matter how successful Austin Heart was, they would not be able to sustain profitability. Starting in 2008, discussions on changing the current structure began. As of February of this year, the acquisition has been completed and Austin Heart is now part of St. David's.

As the employed physician model becomes more prevalent, medical societies need to evolve to meet the changing needs of physicians. Medical societies have traditionally served individual physicians and employed physicians have different priorities and needs. Phillips stressed that hospitals do not want to manage physicians – this isn't in their skill set – and if physicians can prove they can competently manage themselves, hospitals will be more than happy to give them that freedom. Medical societies can therefore play an integral part in preparing physicians for these leadership roles. In addition, societies can develop resources for physicians who are facing acquisition by health systems and serve as a resource for physicians after the transition is complete.

With healthcare reform not addressing key issues such as SGR, and the reputation and reimbursement of physicians declining, some physicians have begun to question the effectiveness of medical societies. Societies need to challenge this thought process and communicate the value physicians receive from membership in medical societies.

Dr. Phillips believes physicians will look to medical societies first for support, but if the societies are not prepared to help them, they will move onto other organizations that have evolved as they have.

### **Staying Sustainable**

Louis J. Goodman, PhD, CAE  
Executive Vice President/CEO  
Texas Medical Association

Participants were asked to develop a list of programs and initiatives which will be important in keeping their organization sustainable for the future. The ideas presented by the attendees can be categorized in four main areas:

#### **1. Professionalism**

- a. *Physician leadership programs/institutes*  
Several societies have invested in developing leadership programs designed specifically to meet the new demands facing physicians in their new work environments. These programs have proved popular with the membership.
- b. *Role of physicians and discipline*  
Societies could take a more active role in disciplining physicians, so that other organizations, which may not have the interest of physicians or the practice of medicine as their chief concern, could not play a major role.
- c. *Identify key thought leaders/champions for priority projects*
- d. *Protect the physician brand*

#### **2. Membership**

- a. *Segmentation of membership*  
To better understand the wants and needs of the membership, it is important to make sure you understand the different constituents within your organization and if their needs are being fulfilled.
- b. *Individual vs. group memberships*  
The idea of group memberships should be considered. It is easier to focus on serving the needs of one decision maker, instead of each individual, but it may be harder to connect with the individual and make them an active member. About half of participants say that they would consider moving to a group membership structure, with some organizations already offering it.
- c. *Unifying projects*  
Creating projects that unite members instead of programs that divide the group is an approach that has found success in some societies. An example of this is the projects built around the quality movement.

#### **3. Collaboration**

- a. *Partnering with hospitals and health systems to help manage physicians*  
Societies have both the trust of physicians and the tools to help physicians learn to manage themselves in an increasingly bureaucratic world. Societies can work with both hospitals and health systems to ensure physicians are treated in a way where they can practice medicine at the highest possible level.
- b. *Increased regionalization*  
Integration and care coordination will be important. Education coordinated by the state and provided with county or regional societies is a model that works for some societies. This type of outreach will be very important in rural areas.

- c. *Pool resources with other state societies*  
State societies become very powerful if they work together to provide useful products and services, such as nonprofit health plans. Working collectively, societies can be a much stronger force.

#### **4. Messaging and Communications**

- a. *Define issues and needs with changing practices*  
In a time of intense turmoil it is often the first, not the best, source that is allowed to define what is and is not important. It is therefore crucial that societies work to maintain message discipline.

#### **Creating Value in Membership**

William A. Jerome, MBA  
President/Chief Strategist  
CrossRoads Strategies, Ltd.

Is your organization indispensable? This was the question posed by Bill Jerome to begin the final session of the conference. State societies are in a unique position to affect healthcare reform, one of the most important issues facing our country today, and have a responsibility to ensure that both physicians and the practice of medicine are preserved in a way that ensures positive outcomes for the patients. No other group is focused on what is best for medicine and what is best for physicians. Physicians are looking for a group to have their interests be a priority. As the medical society meets this need for its members, this message needs to be delivered repeatedly. Jerome provided the following insights and strategies to challenge participants' thought processes:

1. What would be the top 1 to 3 things that would make you indispensable to your members?
2. Ask your members, either formally or informally, "what has been the greatest impact of your membership on your career, your profession or your personal development?" In a formal setting, you might send out a survey celebrating xx years of your association (even a strange number like 38 would be okay) and you want to assess the impact you have had on your members during this time. This could serve as a published piece when all responses are compiled. Use this as way to re-enforce the value you have had on your members.
3. In the area of advocacy, there are ways to increase "giving" even if the perception is that things will get done even without their membership. Here are 3 ways to address this:
  - a. Reinforce any achievements the society has made in advocacy (document with specifics and any member testimonials pertaining to the success) and equate this with the dollars it took to achieve the goal. Mention that "this would not have happened without the full support and dues of our membership."
  - b. Build an "aspiration" of what future advocacy will achieve, but that it will require dollars to get there. Without full support, it will not achieve the impact that the society hopes.

In a related approach to (b) above, think of the association in terms of being "missional;" meaning the society's goal is to achieve specific success in key areas, much like a mission-driven organization. To think about this, consider this: how would your president respond to the question: "If I gave you 1 million dollars, what would you be able to do in your advocacy efforts that you can't do today?" Start to build your "advocacy wish list" which serves as a "justification list" for membership, and possible donations.

4. Think of your personal legacy. If you were asked, "What is the key thing you want to be remembered for while leading your association, what would it be?" Then passionately pursue that. Align your board with it. Justify it with member input as necessary. This will become the "missional" approach for your association and should be promoted as the ultimate value that you are striving to deliver. Let your members know the impact this will have and the opportunity they have to support and benefit from your leadership and efforts in this area.
5. Finally, be encouraging. The medical society should serve as a community for its members. A place where they come together to celebrate and share common concerns. The society leadership is responsible for leading the profession through challenging times and to provide the tools needed for members to prosper. Members want to have their voices effectively represented and will continue to support the society as long as that need is met.