MINUTES
Committee on Leadership Effectiveness and Development (LED)
6:00 pm, October 10, 2012
Craig Conference Room
Minnesota Medical Association Offices
1300 Godward Street NE, Suite 2500
Minneapolis, MN 55413

Members Present
David Agerter, MD-Chairperson
Beth Baker, MD
Raymond Christensen, MD
David Thorson, MD
Michael Heck, MD
Robert Meiches, MD

Members Absent
Roger Kathol, MD

Guests Present
None

Staff Present
George Lohmer

I. Call to Order/Approval of Minutes
The meeting was called to order at 6:00 pm... The minutes of the meeting were reviewed. The following motion was made, seconded and passed:

Motion: That the minutes of the LED Committee meeting of March 7, 2012 be approved.

II. Review of/Recommendations for Committee Appointment Process
The following are the MMA’s standing committees:

MMA Committee on Administration & Finance
MMA Committee on Ethics & Medical-Legal Affairs
MMA Committee on Health Care Access, Financing & Delivery
MMA Committee on Membership & Communications
MMA Committee on Minority & Cross-Cultural Affairs
MMA Committee on Public Health
MMA Committee on Quality

Staff started soliciting committee nominations in late May 2012 through email blasts, Minnesota Medicine notifications, website articles, requests through CMS and state specialty societies, requests to committee chairs and staff and MMA board members. All that work resulted in 5 qualifying nominations.
It is estimated that staff has expended about 56 hours (approx. $2,500) in managing this nomination process.

The number of openings on the standing committees for 2013 were 20 (excluding 5 chairs whose terms will expire) based on the following:

- Members whose 2nd terms are ending and are not eligible for reappointment
- Members whose 1st terms are ending who have been contacted by committee staff and have not responded to a request to indicate continued interest to serve a second term
- Members who have resigned midterm or whose attendance did not meet LED guidelines

MMA history indicates that for physicians who do not respond to inquiries about continuing to serve a second term do continue being an active member on the committee. If that is not the case the member will resign. If you assume that all 1st term members will be reappointed the number of available slots drops to 8.

Based on members indicating a desire to serve on MMA committees it was recommended that 3 volunteers be appointed and an additional one physician to be appointed if he becomes a member. This leaves either 4 or 5 vacancies. (Note: One vacancy on the Quality Committee has already been filled through appointment by the MMA board chair.) Staff will continue to identify members for open positions on MMA standing committees and those nominations can be routed through the MMA board chair.

Staff’s experience over the last couple of years seem to indicate a reluctance on the part of MMA members to long-term commitments to serve on MMA committees. We have significantly less challenges when we put together short-term workgroups. It is staff’s recommendation that LED review the standing committee nomination process starting with its October 2012 meeting. This review would seem relevant regardless of the changes being proposed in the MMA’s governance structure.

Conclusions:

1. Staff expends a considerable amount of time managing the committee appointment process with meager returns.
2. Two sources of possible nominees seem fruitful: Through staffed CMS and through electronic notification (email and website). Other channels that seem less productive are through officers of CMS, specialty societies, current board and committee members and MMA staff.
3. Based on past experience, almost all first term members of committees will serve second term.

Recommendations:

1. Reduce publication activities to staffed CMS and electronic (i.e., email blasts, email newsletter and website articles).
2. Default to automatic re-appointment to a second three year term (with an opt-out option).
3. Consider trimming the number of committees (to be undertaken in concert with re-structuring of MMA board) and making them shorter or more topical.

The following motion was made by made, seconded and passed:

**Motion:** That the staff recommendations above be the approved.

### III. Review of/Recommendations for MMA BOT Reviews

The LED Committee has managed a process of evaluating the effectiveness of trustees for three years. In its first year the board reviewed a number of board activities like meeting dates, food, location in a one time survey. A second survey was also distributed on the board chair performance. A third set of surveys were also sent evaluating the effectiveness of board members whose terms are ending but are eligible for re-election. In most years this is between 3-5 trustees.

Changes made over the past years in the evaluation process include:

1. Add pictures to aid in identification of board members.
2. Incude attendance information.
3. Add a roll-up question on board member effectiveness.

**Recommendations**

1. Add and opt-out question for board members who do not want to complete the survey on a particular trustee or the board chair due to short tenure on the MMA board.
2. Add an additional question to the board member survey as follows: “Are there some talents of this board member which could be utilized by the MMA”.
3. Redistribute the Board Self-Assessment survey minus the questions regarding the Executive Committee Assessments by members of the Executive Committee.

The surveys will be distributed after the January board meeting.

The following motion was made, seconded and passed:

**Motion:** That the staff recommendations be adopted.

MMA board members who would be evaluated the coming year are Robert Koshnick, Carl Burkland and Michael Ainslie.

### IV. Independent Practice Task Force (IPTF) Evaluation

The MMA board authorized the convening of an Independent Practice Task Force to examine issues unique to independent practice. The workgroup issued its report which was approved at the May 2012 MMA board meeting. Selected member(s) of the workgroup raised a number of issues which were referred by the board chair to the LED Committee. The issues were:
• Who can be the chair/moderator/facilitator of the workgroup (e.g., staff or physician member)?
• What options exist for the appointment of members to the workgroup?
• Should minority opinions be allowed and what level of MMA resources should be used to support the development of minority opinions?
• Other issues

The IPTF met during the fall of 2011 through May of 2012 when it delivered a report to the MMA board. In September, 2012 task force met a final time to look at implementation issues coming out of the report and the board’s review. Between the submission of the report to the board and the September meeting of the IPTF these issues were raised. A number of the issues raised may have been addressed at the September meeting. Dr. Agerter will talk with selected members of the IPTF regarding whether the issues raised during the process of putting together the IPTF report were now not issues.

Questions which could be asked include:
• Has the continuation of the workgroup’s activities to include a discussion of implementation options addressed issues of timing and the need for a minority report?
• Is there an understanding of the role of the chair/facilitator for the IPTF?
• Do the committee/task force members understand that they are making recommendations to the MMA board and that the MMA board is the final arbiter regarding MMA policy (except when the MMA HOD is in session)?
• Should the MMA provide staff or monetary resources for the production of task force minority reports, provide visibility/access to MMA standing committees or board for minority reports produced by members of a task force.

One additional issue was preliminarily discussed regarding the IPTF, that of the use of minority reports. Initial discussions within the committee indicate that the MMA does not have the resources to provide staffing for the development of minority reports. The MMA has always strived to find consensus in its position papers, most of the time finding common ground for divergent views. This process consumes significant staff time. To provide additional staff resources for the development of minority reports could consume more staff time and provide an incentive to not find common ground. The issue of providing visibility for member-produced minority reports was not sufficiently discussed and no motion was made on this topic.

David Agerter, MD Chair of the LED Committee will report back to LED Committee members the results of his discussion with members of the IPTF and provide an update to the Board in November.

V. Recommendations for Management of MMA Committees

The LED Committee was specifically asked to weigh-in on a staff recommendation that proposes that MMA staff serve as a moderator/facilitator for a committees or workgroups in lieu of a physician chair.
The original staff recommendation is attached to the minutes. Significant discussion addressing a number of related items is parsed below as part of the LED Committee’s review of this topic:

- **Appointment of Chair/Moderator:** The MMA board chair usually appoints the chairs of MMA ad hoc workgroups and committees. It is appropriate to consider staff as a moderator/facilitator of ad hoc groups due to their expertise or other unique factors in lieu of a physician chair. If staff is appointed as a moderator/facilitator of the committee or workgroup that person serves without the right to vote.

  Appointment of staff as moderator/facilitator for a committee or workgroup could be undertaken as a pilot. This pilot for an ad hoc committee could be undertaken for any new ad hoc committee convened by the MMA, a pilot for a standing committee could occur where there was no current appointed or eligible chair. Evaluations of staff role as a moderator/facilitator of an ad hoc workgroup would occur after the dissolution of the workgroup; the evaluation of staff role as a moderator/facilitator of a committee would occur after 2 years of staff leadership.

- **Appointment of Board Chair, MMA President or CEO as a Chair or Moderator/Facilitator of MMA Ad Hoc Workgroups.** As a standard operating procedure, the MMA board chair, MMA president and the MMA CEO would not chair or act as moderator/facilitator of a workgroup. An exception could be made in their appointment as chair or moderator/facilitator based on special circumstances (pros and cons) as determined by the board chair. Appointment as chair or moderator/facilitator places MMA leadership in the potential position to advocate for the position of the workgroup rather than representing the whole organization. It also opens up these same individuals to inappropriate criticisms and may inhibit their board or organizational effectiveness.

- **Appointment of Committee/Workgroup Members.** Workgroup members may be appointed through the use of multiple methods. Most workgroups need to reflect a number of characteristics based on the topic studied. These characteristics include:
  - Geography
  - Specialty
  - Practice size and type (e.g., physician-owned) representation
  - Age
  - Gender
  - MMA experience

  The sources for identifying nominees may be through:

  - MMA publications
  - Nominations by CMS and specialty societies or other organizations (health systems)
  - Referral by MMA members (e.g., board members, committee members) or staff

  Any or some of the options above may be selected for any particular workgroup. These options will be reflected in the workgroup charge.
The charges to the committees/workgroups are approved by the executive committee or board. Topics included in the workgroup charge include:

- Purpose of workgroup
- Workgroup composition
- Appointment process
- Number of meetings anticipated; estimated timeframe for meetings
- Approval process for workgroup product/accountability
- Workgroup deliverables

Staff was directed to develop a template that contains the basic requirements for a workgroup charge and questions that need to be addressed when building the workgroup charge.

VI. MMGMA/MMA Reciprocal Committee Appointment

At the May 2012 board meeting the Committee on Membership and Communications presented a proposal for an associate membership category for clinic administrators. After discussion by the board this motion was tabled pending further discussion with the Minnesota Medical Group Management Association (MMGMA).

MMA staff and MMGMA leadership have meet three times since the May board meeting to develop a set of principles, initiatives and a workplan. This document outlines a strategic partnership between MMGMA and MMA that will help both organizations better align efforts and jointly work toward success. Four key areas: cross-representation on each group’s committees, joint education programming, advocacy issues and membership growth have been identified. This document is attached to this memorandum.

The workplan calls for an exchange of representatives to serve on selected committees. The initial list of committees recommended for exchanged membership are:

**MMGMA Committees**
- Membership
- Education
- Government Affairs Committee (currently Dave Renner is the MMA representative on this MMGMA Committee)

**MMA Committees**
- Membership and Communications
- Quality
- Health Care Access, Financing and Delivery (currently Darla Morris-Preble, Clinic Administrator, Specialists in General Surgery, is the MMGMA representative on this MMA Committee)
Evaluation of the MMGMA/MMA relationship will be scheduled periodically and discussed with MMGMA at selected MMGMA/MMA staff meetings.

The following motion was made, seconded and passed:

**Motion:** That the MMA Board adopt the recommended exchange of representatives between the MMA and MMGMA on each organization’s respective committees.

VII. Workplan Update

George Lohmer updated the committee on two items:
- Movement of written MMA board orientation materials to the MMA board website
- Analysis and possible purchase of SaaS (Software as a Service) in lieu of the current board website.

VIII. Next Meeting/Adjournment

The next meeting of the committee has not been scheduled but will probably occur in late February, 2013. The meeting was adjourned at 8:15 PM.
Memo

TO: MMA Board of Trustees
FROM: Dave Thorson, MD Chair
DATE: July 14, 2012
RE: Task Force on Independent Practice of Medicine – Next Steps

At the May Board meeting you reviewed the Independent Practice of Medicine Task Force report, discussed concerns expressed by task force members and took action on the report. I am writing to provide an update and recommendation to the Board.

The Board had a robust discussion about the Task Force report in May. While there was no controversy about the report recommendations MMA staff shared concerns expressed by a few task force members; was additional time needed to discuss issues of payment reform/capitation and should the Task Force provide input on implementation? The Board spent time discussing these issues and took the following actions:

- Adopted the Task Force report and recommendations,
- Referred further discussion of “payment models” to the MMA Committee on Access, Financing and Delivery for deliberation as soon as possible,
- Asked that the Task Force have the opportunity to reconvene and/or provide input on implementation of the recommendations.

Your Board actions were communicated to the Task Force (memo dated May 23, 2012). Subsequently, five of the ten Task Force members expressed interest in reconvening to discuss implementation issues and a meeting is scheduled for July 31.

During the past few weeks one member of the Task Force has raised numerous concerns in writing about the “shortcomings” of the Task Force. While most of the focus has been on the issue of payment reform and capitation (addressed by the Board in May) numerous other “process” issues have been raised; task force membership, chairmanship/facilitation, etc. Dr. Meiches met with this member to discuss the issues on June 28. At the same time, informal conversations with other Task Force members have indicated support for the process and the work of the Task Force.

It is important that the internal processes of the MMA (Board, Committees, Task Forces, etc.) are of high quality and that, on behalf of our members, we strive to continually improve our work. I have asked the MMA Committee on Leadership Effectiveness and Development (LED), chaired by Dr. Agerter, to review the “process” of this Task Force. Did we do a good job? What can we learn? Are there opportunities to improve? The LED should explore issues it deems important. Specific questions could include; what are the roles of the facilitator/chair? How should we address “minority” opinions? The LED will report its findings to the full Board.

When the Task Force meets on July 31 to discuss implementation issues it is likely one member will ask that the report be reconsidered for further discussion (payment reform/capitation and/or other issues). Based on the actions of the Board in May it is my understanding that you
TO: MMA Leadership Effectiveness and Development Committee
FROM: MMA Staff
DATE: May 3, 2012
RE: MMA Committee/Task Force Chairs

At the suggestion of Dr. Thorson, MMA staff discussed the merits of changing the function and structure of MMA Committee/Task Force leadership roles.

Currently, all MMA Committees/Task Forces have a designated chair (1 year term, 3 year maximum, appointed by Board Chair for committees). The Chair works with staff to set agendas, convenes and facilitates the meeting, reviews minutes and presents recommendations to the Board of Trustees. Standing Committees also have a “board liaison” whose only major function is to provide a communication link to the Board. Staff roles include working with the chair to set the agenda, providing background information and coordinating meeting logistics.

What works well;
- Committee Chair and staff usually work well together – most often the chair relies heavily on staff for designing the agenda and framing the meeting.
- Designation of physician chair creates “peer environment” and voice for board presentation - a sense of increased credibility for some.
- Most of the time the chair is passionate about the committee and its work.

What doesn’t work as well;
- Chairs sometimes are very slow to respond to staff inquiries or can be difficult to reach.
- There is great variability in Chair’s meeting management skills – staying on focus and time, balancing member listening and contributing roles, addressing conflicts/difference of opinion. (Attempts to improve meeting management skills in the past via educational sessions were not particularly successful because of low participation and committee chair turnover).
- The inherent difficulties of trying to balance a personal desire of the chair to have a “voice” in the issues vs serving as facilitator of work.
- The challenges for staff to step in to facilitate the conversation/issue during the meeting when the chair struggles to do so.
- The challenges of finding a committee member willing to invest the time needed to chair (variable).
- The lack of definition of the Board Liaison roles..

It is our assumption that committee/task force meetings are most effective when there are pertinent and clear meeting agendas and goals, good meeting time management and broad participation from members. Members should enjoy the meeting and their participation. To accomplish these goals several options exist:

- Recruit chairs that have the time/expertise to effectively chair the committee/task force. Provide additional training if needed. Some associations provide a stipend for this work.
• This option could work but is very difficult to implement – limited number of qualified volunteers and turnover are the biggest challenge.

• Ask the Board Liaison to serve as Committee chair.
  o Similar issues as above. Asking BOT members who already volunteer a great deal of time to also serve as committee chairs is a stretch for some.

• Eliminate the Committee Chair role and have MMA staff serve as meeting facilitator. Ask Board Liaison or other designated Committee member to serve as communicator/presenter to Board.
  o This option would streamline agenda/committee preparation
  o Meeting management would be more consistent and likely more effective and efficient.
  o Committee members, who sometimes become frustrated with meeting management would probably be pleased with their meeting experience.
  o Board Liaison would serve as the committee spokesperson before the MMA BOT and ensure committee respect of both the facilitator and the committee process.
  o This approach was used successfully with the Independent Practice of Medicine Task Force and the Provider Tax Work Group

Recommendation:

Ask the LED Committee to consider a staff recommendation to phase out MMA Committee/Task Force Chair roles and use MMA staff as committee facilitators and Board Liaison as committee spokespersons to the BOT.

It is still unclear to me whether this recommendation applies to only standing committees or all committees and taskforces. If it is taskforces there may not be board liaisons and it might be necessary to have staff perform that function or appoint a member of the committee to represent the committee at the board meeting if that becomes necessary.