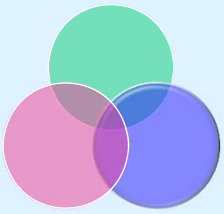
ENHANCING YOUR SOCIETIES' EFFECTIVENESS THROUGH SUCCESSFUL COLLABORATION, MEMBERSHIP INNOVATION & MARKETING, AND MEMBER ENGAGEMENT

Presented to the
Council of Florida Medical Society Executives

Susan G. D'Antoni, FAAMSE
Montgomery County Medical Society, MD



DISCUSSION OUTLINE FOR TODAY

5 minutes – Getting to Know Each Other

15 minutes – Competition & Collaboration

15 minutes – Membership Marketing & Innovation

15 minutes – Member Engagement

10 minutes – Other Topics/Q&A

PROFESSIONAL BACKGROUND

BS, Health Sciences, Auburn University; Graduate studies, Political Science & Business, UAB

Hospital/Department Administration – University of Alabama Birmingham

Health Care Consulting with Deloitte in New Orleans- strategic planning for hospitals & health care facilities, space planning, productivity studies

Hospital Strategic Planning & Marketing including physician recruitment, development of birthing center, community & public affairs

Medical Association Management (29 years) – New Orleans & now Maryland/DC –

Only county exec on the Federation Study/President of AAMSE

Lobbyist - Maryland

May be the only two-disaster exec in the country

- Exec of the Orleans Parish Medical Society in 2005 when Katrina hit New Orleans flooding the City and causing widespread death and destruction. Eventual loss of over 800 physician members.
- Three years into my current role at MCMS, all six of our office condos burned- we lost everything.

Strategic Planning & Membership Consulting & Facilitation

DISASTER NOTES

- Take care of yourself, your family and your employees first. Identify the medical and psychological needs, physical needs like shelter, food, clothing before you begin to worry about your professional responsibilities. You are of more help in the long term than the immediate aftermath.
- Accept every offer of assistance and support. The AAMSE family has been amazing.
- Every one and every organization has the potential to have a "Katrina" or a devastating fire – your disaster might be in the form of a significant loss of membership or failed nondues revenue venture. Have a post-disaster leadership and communications plan, evacuation plan for you and your family, a home and office inventory, computer file backup and redundancy, operational and financial contingency plans, replacement value insurance.
- No two disasters are the same. Some defy the plan. Just do it!
- Develop and nurture collaborative relationships NOW – before the disaster – as they will serve you well in the aftermath. Broken relationships don't get better when disaster strikes. When it's survival of the fittest, competition for resources and donations soar.
- Disasters represent a great collaborative opportunity so that there is a coordinated plan in place between societies and stakeholders

COMPETITION & COLLABORATION

Collaboration

- Requires shared vision/inclusivity/trust/accountability
- Participants must be willing to give up something for the greater good
- Requires leadership & innovative culture
- Requires great communication skills, follow up
- Requires hard work and dedication to the vision
- Can be inter/intra-organizational

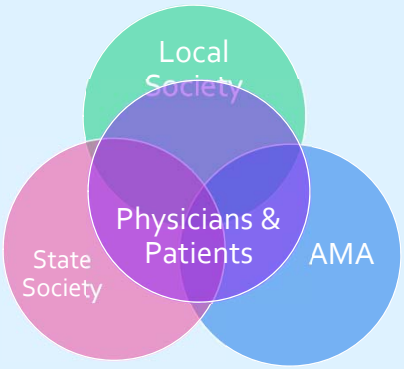
Competition

- Single vision/exclusivity
- Easier to implement – no communication, sharing or accountability required
- Survival of the fittest
- We want it all! Circle the wagons!
- Can be inter/intra-organizational
- Friendly & not-so-friendly

Collaboration can easily transition to competition when shared vision ceases due to changes in staff or governance leadership or both, or new organizational agenda

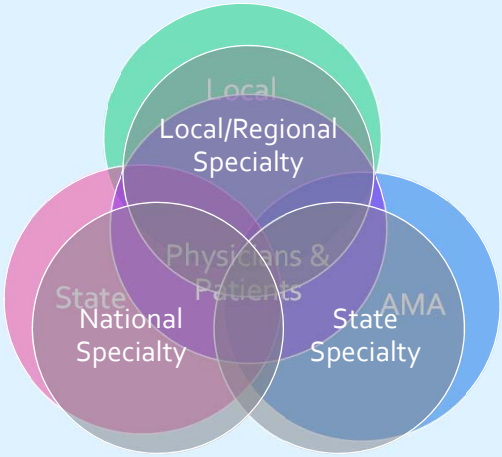
IF all organizations within the Federation have complementary missions, are strong and effective in our service to physicians and patients [and we/leadership plays well in the sandbox]

TOGETHER WE ARE STRONGER



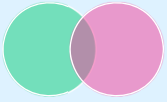
TOGETHER WE ARE STRONGER

IMAGINE OUR POTENTIAL!



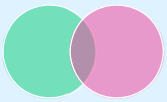
COMMON COLLABORATIVE PARTNERS FOR MEDICAL ASSOCIATIONS

- Each other – county/county & county/state or counties/state
- AMA, National Medical Assn, Hispanic Association
- Specialty societies- local, state, national & Ethnic societies
- Hospitals/health systems
- Group Practices/IPAs/Super Groups
- Local/State Health Departments
- Disease Entity Organizations
- Advocacy Organizations
- Pharma
- Physician-Service Organizations



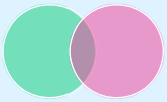
COMMON COLLABORATIONS BETWEEN MEDICAL ASSOCIATIONS

- Membership Processing
- Membership Recruitment and/or Retention
- Service/Program Development
- Non-dues Revenue
- Public Health Initiatives
- Advocacy Initiatives
- Foundation/Grants



COMPETITION BETWEEN MEDICAL ASSOCIATIONS

- Membership Recruitment and/or Retention
- Service/Program Development
- Non-dues Revenue/For-profit Activities
- Public Health Initiatives/Funding
- Advocacy Initiatives
- Foundation/Grants



UNIFICATION OR DE-UNIFICATION DOESN'T MAKE OR BREAK THE COLLABORATIVE RELATIONSHIP – PEOPLE DO!

Examples of Medical Society Collaboration

Texas Medical Association/Components – Unified (Texas Envy)

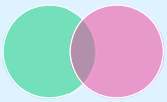
Defined by healthy respect for each other's mission, perspectives and abilities/core competencies

After discussion agree to disagree/Friendly competition

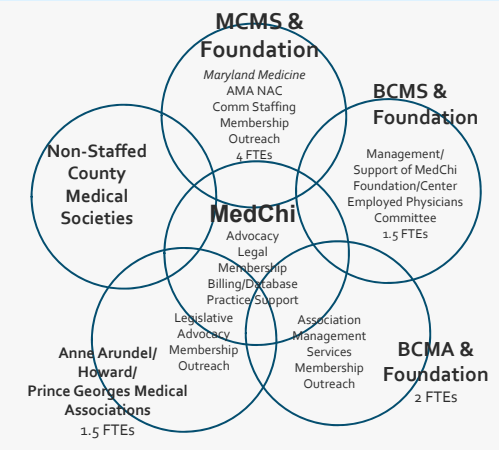
What makes the relationship successful?

Shared vision, leading from the top, culture of collaboration & trust

TMA is a collaborator outside Texas too!



MARYLAND (MEDCHI & COMPONENTS) UBER UNIFIED



One dues amount for both (no separate dues for county) and $ portion to county depends on the core competencies and services provided to the "whole"

Dues:

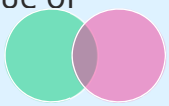
$500/annually for active members

Collaboration Rating:

Maryland (MedChi & Components) Uber Unified

Observations:

- Culture of Collaboration/Accountability since 2000
- Uber unification removes most of the competition
- Constant balancing of interests
- Written agreements help secure relationship over time
- More collaboration needed in non-dues area
- People in positions change/Perception of value of collaboration can change

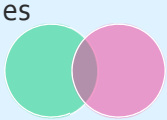


Medical Assn of Georgia/Atlanta Medical Society – De-Unified

De-unification was driven by a prior state exec and supported by physician leadership many years ago

Struggle was with inactive counties which held dues, didn't elect new leaders, and didn't engage physicians at local level

Today:
State exec & staffed county execs go together to recruit large groups and work together on projects
Would they like to re-unify? Yes, with large staffed counties but they still struggle with smaller non-staffed county society issues



California Medical Society & Its Components– Unified

Challenge: Some highly functioning county societies and other nonfunctioning.
Vision: Strengthening the effectiveness of organized medicine in CA
Question: How do we help the county societies function more effectively?

Today
Response: State society financially supported Shared Services Organization to provide services to county societies – billing, marketing, management (interim CEO), etc.

Invested more than $1million into the start-up

STRATEGY FOR MORE EFFECTIVE PARTNERSHIP/COLLABORATION

- Approach collaboration with assumption of positive intent.
- Approach the "why" – Shared Vision. Collaboration increases value in both organizations and builds capacity to serve physicians and patients, enhance the public health, etc.
- Identify the barriers to collaboration and address them through transparency, authentic communication and trust
- Articulate the rules of engagement.
- Identify the "what" – what can we do collaboratively which will improve our ability to be more effective. Consider a "trial". Start small.
- Identify the "how" – how will we collaboratively accomplish the shared vision?
- Hold each other accountable.
- Measure the outcome of collaboration.
- Celebrate outcomes. Rinse and repeat.

COLLABORATION EXERCISE

- Describe a Current or Potential Collaboration:
- Identify the Partners in the Collaboration
- Identify the Factors that Have/Will Make the Collaboration Successful (could be personal or environmental factors)
- Describe the Metrics Used to Measure the Success of the Collaboration

MEMBERSHIP INNOVATION & MARKETING

Favorite Innovation Quotes

"Stupidity is doing same thing and expecting different results."
- Einstein

“Innovation distinguishes between a leader & a follower.”
- Steve Jobs

“Cultivating innovative thinking starts at the top. Leaders can foster a culture of innovation by encouraging creativity and experimenting with new ideas.” - Lynne Doughtie

“There is no innovation and creativity without failure. Period.”
- Brene Brown

ESTABLISHING A CULTURE OF INNOVATION

I call my office "The Laboratory!"

TWO APPROACHES TO INNOVATION

Evolutionary Change	Revolutionary Change
Performance Improvement/Growth	Survival
Incremental	Transformational
Responding to member needs/demands Responding to changes in marketplace	Responding to crisis
Tweak the membership model	Design new model

REVOLUTIONARY CHANGE

Blank Sheet of Paper or Back of a Napkin

IDEA GENERATION: ROUND 1

MEMBERSHIP ENGAGEMENT TEAM DISCUSSION (PHYSICIAN COMMITTEE)

- Discussion of recruitment challenges
- Barriers to Innovation (MCMS & MedChi Bylaws, Respective Boards, HOD)
- What If's?

MCMS submitted a resolution to set aside MedChi bylaws for a period of two years.
(Discussed with MedChi Exec/Staff prior to submitting about vision)

Approved by MedChi HOD (Sept 2016)

- Maintain the current dues structure allocation for current members while setting aside its Bylaws for a period of two years starting with the 2017 membership year to encourage membership recruitment through membership model innovation together with component societies;
- Prior to proposing any new membership model to a group practice, health system, etc., MedChi work directly with component(s) involved in the development of the new model to ensure collaboration, transparency, and acceptance of the proposed membership model and appropriate allocation of dues and/or fees, and that the proposed model be approved by the boards of the participating component (s) and MedChi prior to implementation;
- Each new membership model implemented must be evaluated using appropriate metrics, and the outcomes of the new membership models be reported to MedChi's Board of Trustees and the House of Delegates.

Note: Resolution approved 9/17 to remove sunset to allow for continual innovation.

IDEA Generation: Round 2

Perceived Barrier to Joining	Proposed Model Trials
"Physicians who have never joined don't understand the value. They say the dues are prohibitive."	**# 1: INTRODUCTORY MEMBERSHIP MODEL**
"Small to Medium-Sized Groups need us, but they are only having one or two docs join to get all the value."	**#2: PRACTICE MODEL**
"Hospital-based/Contracted Physicians don't join. They work a shift, go home, and don't need much of what we offer."	**#3: ADVOCACY MODEL**

KEYS TO SUCCESS OF THE MEMBERSHIP MODEL TRIAL

- **Buy-In/Ownership/Partnership:**
- Approval by both component society & MedChi boards for model to be implemented
- Component Society & MedChi Physician Leaders & Staff
- **Effective Target Marketing, Outreach & Recruitment**
- **Effective Onboarding & Engagement = Value**
- **Effective Evaluation/Report to Governance**
- **Joint Decision-Making to Adopt Trial or Not**

MODEL 1: INTRODUCTORY MEMBERSHIP TRIAL

DESIGN:
Introduce potential members to value of component society & MedChi for a "no brainer" intro rate. As perception of value is enhanced, raise the dues.

GOAL:
Enhanced engagement & renewal each year as member understands value

- For individual physicians who have never been members before
- $99 rate for Year 1; graduated to $300 in Y2, $400 in Y3 & $500 by Y4
- Access to All Membership Benefits
- Dues Split Between Component Society & MedChi according to existing allocation formula
- Open to all component societies for implementation

Target Groups:

1)Nominated by MCMS Board 2)100 Randomly Chosen

Model 2: Practice Model Trial

Design: Engage small to midsize practices which are not affiliated with health systems to assist/support their efforts to remain independent (Component Society's & MedChi's sweet spot)

Goal: Enhanced recognition of the value of Component Society & MedChi to practices. May involve development of new solutions for practices and nondues revenue. Greater awareness of issues and importance of organized medicine.

- Must have a champion (physician or practice administrator)
- For groups of 5-20 "ish"
- Okay if a few have been members before or are currently
- All physicians who qualify in practice must become members
- Access to Entire benefit package
- Practice physicians are still individual members
- Discounted dues but all must be enrolled
- Same Dues Split As Current Allocation Between Component Society & MedChi
- Annual fee will not increase in Y2

Practice Model Trial Dues Amounts:

3-5 Physicians:	$1,250
6-10 Physicians:	$2,500
11-15 Physicians:	$3,750
16-20 Physicians:	$5,000

*Dues calculation:
Upper Limit of cohort x $500/annual dues/2 = Dues for practice
**Dues based on ASAE model*

Can't just be seen as a dues discount model; instead as a way to increase engagement, Society success.

How do you justify to a much larger group (60+) which pays full dues?

Model 3: ADVOCACY MEMBERSHIP TRIAL

Design: Engage large groups of employed/contracted

Goal: Renewal in Y2 and beyond. More engagement in advocacy. Greater awareness of issues and importance of organized medicine to group

- For hospital-based hospitalists and ER groups. Not for specialists who have outpatient practices also, like Radiologists.
- Okay if a few have been members before
- $49 for electronic membership & attendance at Lobby Day event. Reduced charge for attending any other event.
- All physicians are individual members.
- Same Dues Split Between Component Society & MedChi
- Annual fee will not increase in Y2

ONBOARDING PROCESS EXAMPLES

Prior to Initiative
Board Orientation to acquaint them with onboarding expectations

Application Received
Week 1:
Enter into ClearVantage for Immediate Receipt of Communications
Board member recruit? Inform Board member for follow up
Mailing? Assign to Board Member for follow up
Thank you for Joining Email from Board Member Recruiter
Welcome Email from Executive Director with list of resources, attachments of upcoming events (Women in Medicine and/or Early Career if appropriate, GMM)
Welcome Email from President
If a group practice, offer to meet with their practice leaders to assess special needs/interests

Week 3:
Staff and Board Member Follow up to ensure they are receiving/reading enews from MCMS & MedChi.

Monthly:
Special email communications from staff and board members to the new members to make sure they are aware of upcoming events, committee involvement, etc.

What's Been the Impact?
Too early to say. Stay tuned.

Introductory Model Roll Out May 1
- 8 New Introductory Members in MCMS & MedChi
  (other new members during period at full dues)
- Just beginning in other county societies

Practice Model:
- 3 practices enrolled – 35 new members

Advocacy Model:
Slated for roll out Sept 1.

Challenges So Far:
Staff Turnover
Lack of Board Member Follow Through Due in Part to Timing of Implementation

Observations – Take Aways re: Innovation

- When there's a will; there's a way!
- Don't be afraid to innovate on a trial basis
- Don't be afraid to ask physicians why they are not joining which could lead to new trial model design
- Get physician leader involvement early on for buy in
- Culture of innovation, transparency & collaboration is key
- Don't be afraid of failure, but the trial actually might succeed. You will have at least learned something along the way.
- Don't be afraid to partner/collaborate with other stakeholders

INNOVATION EXERCISE

- Describe a membership challenge your organization is facing
- Describe a possible innovative "trial" idea to address this challenge
- Identify the potential barriers to its implementation
- Write a brief marketing pitch
- How would you measure success of your Society's innovative idea?

MEMBERSHIP MARKETING TIPS

- **Be VISA or Lands End in a small way** – customize your content
  - Email Newsletter – segment your lists & customize subject line and first paragraph to your target market
- **Use of Collaterals in Meetings to Demonstrate Value & Presence**
  - Membership Proposal for Group Practices
- **Use of Direct Mail**
  - ROI Letter for Retention & Recruitment of Individual Physicians
  - Postcard with application inside
- **Gratitude Pop Ups** – (Thanks Sacramento Medical Society!)
- **Use of Testimonials**
- **Use of Social Media in Moderation?**

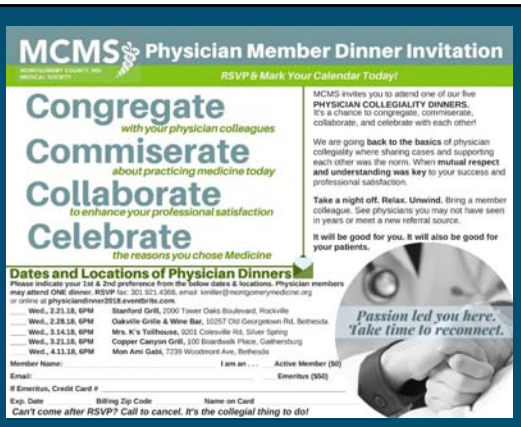
MEMBERSHIP ENGAGEMENT

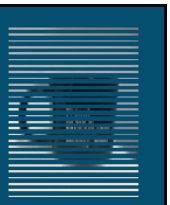
How do we define engagement? How do you track engagement?

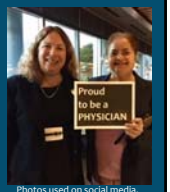
- Use Surveys – 5 Qs/5 Mins; Annual Survey, Board Strategic Planning Survey
  - Surveymonkey is the best innovation since sliced bread!
- Creative Events
  - Physician Collegiality Dinners
  - Targeted Segment Events
    - Early Career Docs: *MEDTalks *Vertical Networking *Speed Networking
    - Women in Medicine: * Networking Night at Seasons Oil & Vinegar *Annual Networking Brunch in Private Home *Night at the Theatre
- Social Media in Moderation
  - Tuesday Takeover with TMA
- Podcasts & Videos were trending at AAMSE!

MCMS Physician Collegiality Dinners Held to Celebrate Physicians

- Theme: Proud to be a Physician
- 5 Held During 1st/2nd Qtrs 2018 Instead of General Membership Meeting
- Local restaurants throughout the county ($1,500 minimum usually)
- Limited to 40
- Members targeted & limited to one dinner; some potential members invited
- No charge to attend
- Gave each physician coffee cup filled with chocolate kisses, recruitment card, and Physician Wellbeing Referral Card
- Sponsors recruited $250/each event (Limit 4 sponsors) Sponsors were introduced at the beginning of dinner and then exited.
- 5:45 p.m. – 6:30 p.m. Networking; 6:30 – 8:30 p.m. dinner
- Tables of 6-8
- Host did "toasts" and the group told medical stories that made them proud to be a physician (Staff-scripted)
- Physician Leader Host chosen for each one along with Board members who were table facilitators
- Facilitators given questions to pose re: relevant programs/services







Photos used on social media. Physicians encouraged to post on their own Facebook, Twitter, etc.

Results:

- More laughter, more enjoyment, more comradery than at any other event – Physicians loved it! When it feels like everyone else is beating up on them, MCMS was here to celebrate them and be their cheerleaders
- The attendees enjoyed that there was no "talking head"
- Had more diverse physician engagement than a regular membership meeting
- Done as trial in 2018; Based on survey results, repeating in 2019
- Changing bylaws to require only one membership meeting for business transaction
- Cost less than general membership meeting
- Not as much sponsorship revenue in 2018 as a GMM

FINAL THOUGHTS

- Make sure your organization has a strategic plan.
- Don't be afraid to steal others' ideas. They may not all work, but some will.
- Use tools to be more efficient and responsive.
- And, last but most importantly, have fun, know YOU are valued and doing valuable work.

Thank you for the opportunity to share with you today!

Contact Information

Susan D'Antoni, FAAMSE
CEO, Montgomery County Medical Society
301.921.4300
sdantoni@montgomerymedicine.org