

Genesee County Medical Society Strategic Planning Committee 2005

Vision Statement Adopted March 22, 2005

“That the Genesee County Medical Society maintain its position as the premier medical society by advocating on behalf of its physician members and patients.”

GOALS	PRIORITIES	TACTICS	OUTCOME	RESULTS
Physician Advocacy	Improvement of the Processes of the Business of Medicine	<ul style="list-style-type: none"> • House of Delegates resolution specific to business of medicine • Remain engaged in the Greater Flint Health Coalition • Liaise with third party payers • Engage in political activity to improve the business environment for medicine ++ <i>Continue leading the pressure in Michigan to create an alternative to the tort based medical liability system.</i> 	<ul style="list-style-type: none"> • Timely payment action • Adhoc Committee on timely payment • Adoption of GCMS resolution by MSMS ++ <i>Maintain and improve relationships with payers and third-party payers.</i> ++ <i>Establish a pilot non-judicial alternative to torte medical liability in Michigan</i> + <i>Serve as convener of relevant parties on the issue of electronic prior authorization and computer-aided order entry, and electronic medical record interconnectivity issues</i> <ul style="list-style-type: none"> - <i>Focus on: Privacy, awareness, interoperability, quality, user friendliness, and quality of support</i> - <i>Work with MSMS and AMA cooperatively</i> + <i>Convene medical managers to discuss connectivity and interconnectivity issues</i> + <i>Foster exemplary activity to protect patient privacy, advocate, foster and protect patient privacy</i> + <i>Increase participation on MSMS Committees</i> 	<ul style="list-style-type: none"> • Chairing GFHC Timely Payment Task Force • Timely Payment Resolution Adopted • Constantly working on this issue • Legislation written by MSMS Task force and offered to AMA • GCMS resolution regarding portal and two resolutions on prior authorization approved by MSMS House of Delegates • GCMS has held multiple meetings on these issues in conjunction with MSMS and the GFHC, focused at physicians and Practice Managers. • GCMS continues pressure on legislature to make electronic prior authorizations standardized. • GCMS continues via hospitals PO's and the Health Coalition to focus on interconnectivity issues. • Performed monthly and intermittent meetings. Meetings held 10 issues per year with the group. Many meetings held with individual practice managers. • Via MSMS Connect, PPI Communications, and the Greater Flint Health Coalition • Solicited annually in Bulletin, solicited individuals and committees

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Physician Advocacy, cont.	Use Legislative Processes To Support Goals of GCMS	<ul style="list-style-type: none"> • Attend Capitol Check-up • Facilitate physician involvement in policy process • Legislative Liaison Committee activities • Facilitate physician involvement in political process • Meet with legislators <p>++ <i>Pursue passage of non-judicial alternative to torte</i></p>	<ul style="list-style-type: none"> • Increase MDPAC membership by 10% • Successful participation in passage of two pieces of legislation important to physicians • Increase Capitol Check-up participation by 100% <p>++ <i>Identify legislative path for non-judicial liability system</i></p> <p>++ <i>Enhance Political Action Strike Force</i></p> <p>+ <i>Strengthen Legislative Liaison Committee: Increase physician participation</i></p> <p>+ <i>Increase GCMS workshops on the MSMS Action Center</i></p>	<ul style="list-style-type: none"> • Exceeded • Smoking ban, defeat of Dr. Tax, ban of automotive texting. Push to eliminate MBT. Push for advancement of malpractice issues. • GCMS & GCMSA annually largest contingent • Legislation written and submitted to AMA • Spread Statewide. Local still intact. MSMS Strike Force not in place now. • Done • Added to GCMS.org website and emailed with each request for action. Action center still used by GCMS on all Legislature emails.
	Enhance Hospital/Physician Relationships and Empower Medical Staffs (+ and Hospital/Physician entities)	<ul style="list-style-type: none"> • Attend a meeting of the hospital Board Chairs, CEO's, and Chiefs of Staff to present common issues of concerns to physicians: Board/physician interaction and to discuss increased communication • Involve medical staff leaders in GCMS Board meetings • Encourage general member participation and attendance at GCMS meetings • Educate doctors on medical staff issues <p>++ <i>Seek hospital support for alternative to the current medical liability system</i></p>	<ul style="list-style-type: none"> • Have GCMS members present issues to meetings of the hospital Board Chairs, CEO's, and Chiefs of Staff • Increase Chief of Staff attendance at GCMS Board meetings <p>++ <i>Achieve hospital support for establishing a pilot program for a non-judicial alternative to the medical liability system</i></p> <p>+ <i>Advocate and take the lead developing logical, appropriate patient safety measures</i></p>	<ul style="list-style-type: none"> • Issues discussed constantly with CEO's chiefs of staff and VPMA's • Not successful to date December 2009. Hurley Chief of Staff attends, usually. • Meetings held with CEO's VPMA's and chiefs of staff. Hold up is not at local level. • Aggressive leadership via GFHC and other venues continues.

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Physician Advocacy, cont.	Identify Issues Between Physicians and Third Party Payers and Rectify Them	<ul style="list-style-type: none"> • Timely payment • Eliminate “all products” clauses • Enhance communication between GCMS leaders and 3rd party payers in Genesee County + <i>Reduce repetitive tasks that physicians must go through to get re-credentialed by insurance companies and others</i> + <i>Be active in shaping pay-for-performance implementation locally</i> 	<ul style="list-style-type: none"> • Increase communication between GCMS leaders and third party payers in Genesee County ++ <i>Continue to intervene on behalf of members with third-party payers and health plans</i> + <i>Work with MSMS on creation of a simplified uniform claims form to be used by all payers</i> + <i>Have all third-party payers disclose their reimbursement schedules annually before physicians sign contracts</i> + <i>Continue working with local health coalition to bring its members up-to-date on the impact of pay-for-performance and other electronic issues</i> 	<ul style="list-style-type: none"> • Ongoing and constant via GFHC and via individual meetings with key third party payer stuff. • Ongoing and constant • Process near completion within GFHC – Resolution from GCMS passed by MSMS House • On all websites. • Ongoing and constant. Also constant meetings with practice managers and physicians on PFP.

GOALS	PRIORITIES	TACTICS	OUTCOME	RESULTS
Leadership	Develop Young and <i>Other Diverse</i> New Leaders	<ul style="list-style-type: none"> • Identify, train, and involve young and new physicians in GCMS committees, Board meetings, and other activities • Increase young physician composition and participation 	<ul style="list-style-type: none"> • Confirm leadership development + <i>Leaders should learn about intergenerational communication</i> 	<ul style="list-style-type: none"> • Younger more diverse membership on Board and committees • Leaders integrated with MSMS and AMA. GCMS has 5 MSMS Board members. Entitled to two • Ten new GCMS Board members in 3 years 2009, 2010, and 2011.

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Leadership, Cont.	Increase Young and New Physician Composition and Participation	<ul style="list-style-type: none"> • Ask hospitals to continue paying for membership of employed physicians • Develop practice management and contracting seminars • Ask all hospitals to make GCMS application part of their medical staff and resident package • Chiefs of Staff report to GCMS Board regarding new members of their staffs and provide lists to GCMS offices 	<ul style="list-style-type: none"> • 100% enrollment in GCMS and MSMS of residents • Greater than 90% retention of resident members who stay in Genesee County as attendings • Sponsor practice management seminars specifically for house staff and first year practicing physicians + <i>Maximize the time physicians will give – think of new ways to engage younger physicians</i> + <i>Investigate new ways to hold meetings “virtually” or other ways such as by using instant messaging</i> + <i>Invite Chief Residents to Dinner Business meetings – focus on third and fourth year residents</i> 	<ul style="list-style-type: none"> • Not successful in reinstating all Genesys residents by 2011 • Done annually at hospitals willing to participate • Students and residents attend all GCMS Board Meetings and many committee meetings. • Some meetings held via phone, email • Ongoing, greatly improved participation in 2011.

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Leadership, Cont.	Maintain GCMS's Position As Referent Authority on Health Issues County-wide and State-wide	<ul style="list-style-type: none"> • Participation in all Greater Flint Health Coalition clinical taskforces, committees and Board • Continue to play leadership role in the Greater Flint Health Coalition • Allocate staff and physician time on an as-needed basis to Greater Flint Health Coalition in order to maintain an active, effective presence + <i>Enhance media relationships</i> 	<ul style="list-style-type: none"> • Place at least one member on each clinical taskforce of the GFHC ++ <i>Tie liability reform to quality achievements on key statements</i> ++ <i>Maintain GCMS' position as preeminent County Society in the State of Michigan</i> ++ <i>Increase GCMS' visibility as patient advocacy leader</i> + <i>Be more aggressive in terms of advocating healthy lifestyles – make statement proactive</i> + <i>Increase GCMS' participation on MSMS committees</i> 	<ul style="list-style-type: none"> • Done ongoing. Multiple reps on key committees. New board members. • Done ongoing • Subjective by all feedback this is a accomplished and maintained. • On going in media, GFHC, with legislators. • Aggressively advocating via News media, resolutions and GFHC. New initiatives by GFHC at GCMS's push. Total focus of Community & Environmental Health Committee. • Ongoing

GOALS	PRIORITIES	TACTICS	OUTCOME	RESULTS
Satisfaction	Improve Member Satisfaction	+ <i>Give tangible value to being a member</i>	+ <i>Advertise who is a member</i>	• Done annually in Roster.

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Satisfaction, cont.	Present Physicians in Positive Light in Public Venues	<ul style="list-style-type: none"> ● Proactively solicit media on medical/health issues important to the Medical Society and to the public ● Hold a media training seminar ● Continue the promotion of organ and tissue donation with the Bar Association and Alliance ● Represent physician community to news media 	<ul style="list-style-type: none"> ● Hold media training program ● Maintain GCMS as focus of media on physicians and health issues + <i>Increase visibility of GCMS members</i> + <i>Create visible representation of membership (i.e., decal for office)</i> 	<ul style="list-style-type: none"> ● Biannually, need to do in 2012. ● Constant ● Constant ● Not done, MSMS will do due to budget constraints.
	Publicly Advocate on Behalf of Patients	<ul style="list-style-type: none"> ● Continued leadership in Bioethics ● Represent patients at the Greater Flint Health Coalition ● Maintain leadership in Environmental Health 		<ul style="list-style-type: none"> ● Ongoing ● Ongoing ● Also with U of M & MSU Public Health Programs

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Governance (Internal Affairs)	Continue Strong Support of GCMS Alliance	<ul style="list-style-type: none"> ● Support of GCMSA leadership on President's Ball ● All GCMS Board members or spouses be members of GCMSA ● GCMS should respond to GCMSA requests for involvement 	<ul style="list-style-type: none"> ● A stronger GCMS and GCMSA 	<ul style="list-style-type: none"> ● GCMSA supports and plans Ball most GCMS Board member spouses in GCMSA ● GCMS staff supports GCMSA
	Reexamine Board Membership and Structure	<ul style="list-style-type: none"> ● The Board, at its discretion, should internally review its own attendance on an annual basis. At its discretion, it will take action + <i>Revisit board operations and structure</i> 	<ul style="list-style-type: none"> ● Increased participation and attendance at Board meetings ● Increased participation in committee meetings 	<ul style="list-style-type: none"> ● Board policy established with 50% attendance. Nominating Committee and Board reviews all attendance ● Committee meetings moved, place and time and telecommunication offered to improve attendance. Residents and students attending. ● Board turnover ongoing. 10 members in 3 years.
	Reexamine GCMS's Geographical Boundaries	<ul style="list-style-type: none"> ● Offer administrative services to other County Medical Societies 		<ul style="list-style-type: none"> ● Offers made to Shiawassee, Saginaw, and Lapeer county medical societies. Not accepted. Discussions ongoing in MSMS Governance Task Force.
	Establish Conflict of Interest Policy			<ul style="list-style-type: none"> ● Mentioned before Board meetings
	Clarify Subsidiary Relationships	<ul style="list-style-type: none"> ● Republish organizational personnel and leadership chart which includes subsidiaries ● Have regular <i>Affiliate</i> reports to the GCMS Board + <i>Improve transparency of governance of Affiliates</i> 		<ul style="list-style-type: none"> ● Done. Due to control group issues, decentralized ● Companies completely separated 2010 ● Finances completely separated via agreements of 2010
	Maintain Peer Review	<ul style="list-style-type: none"> ● Maintain Peer Review System + <i>Consider applying peer review to a broader scope of medical community</i> 	<ul style="list-style-type: none"> ● Maintain Peer Review System 	<ul style="list-style-type: none"> ● Done

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Governance (Internal Affairs), cont.	Continue Strong Participation In MSMS Leadership and Formulation of Policies	<ul style="list-style-type: none"> • Run candidates for MSMS offices and represent our members on key committees at MSMS. Make sure GCMS members are poised for leadership roles at MSMS + <i>Increase participation/exposure to MSMS process including House of Delegates</i> 	<ul style="list-style-type: none"> • Strong representation of members at MSMS • Recognition of GCMS by MSMS of GCMS's participation + <i>Take members who are not on the GCMS Board or MSMS committees to some MSMS committee and board meetings and the House of Delegates to expand their understanding of how organized medicine works</i> 	<ul style="list-style-type: none"> • Cathy Blight, Chair MSMS Delegate to AMA House of Delegates. Venkat Rao, Amitabha Banerjee, Shafi Ahmed, Chairs of MSMS IMG. Venu Vadlamudi chair of RFS. S. Bobby Mukkamala and Nita Kulkarni, chairs of YPS. Venkat Rao, Chair of MSMS Finance Committee, Ray Rudoni, Chair of MSMS Legs. & Regs., Pino Colone, Vice Speaker, Robert Soderstrom chaired MSMS No Fault Task Force. S. Bobby Mukkamala, elected to AMA Council on Science & Public Health. • Done every year to fill delegation and to see who is interested. Many new MSMS Alternative Delegates.
	Continue Strong Participation In AMA Leadership and Formulation of Policies	<ul style="list-style-type: none"> • Run candidates for AMA offices and represent our members on key committees at AMA. Make sure GCMS members are poised for leadership roles at AMA 	<ul style="list-style-type: none"> • Strong representation of members at AMA • Recognition of GCMS by AMA of GCMS's participation + <i>Increase participation on MSMS committees</i> 	<ul style="list-style-type: none"> • Cathy Blight chairs MSMS delegation to AMA. Drs. Banerjee and Rao are delegates from IMG section. Dr. Rao chaired IMG section at AMA. AppaRao and Bobby Mukkamala serve on AMA councils. Nita Kulkarni attends representing MSMS YPS. Venu Vadlamudi attends representing MSMS resident section. Pino Colone also alternate delegate • Efforts are constant

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Physician Services	Develop Tools for Assisting Physicians in Practice	<ul style="list-style-type: none"> ● Offer office practice seminars ● Hold semi-annual meeting for physicians to meet with third party payers to solve problems ● Hold estate planning seminar ● Create practice management and contracting education programs for young physicians 	<ul style="list-style-type: none"> ● Develop office practice seminars which must be self-supporting + <i>Focus on helping physicians with the electronic information revolution including EMR</i> + <i>Advertise MSMS' programs relating to assisting physicians in practice</i> + <i>Push MSMS to hold conferences in Genesee County</i> + <i>Help new physicians in practice by providing the MSMS book on opening a new practice</i> + <i>Provide training for house staff on business issues (target house staff for full membership)</i> 	<ul style="list-style-type: none"> ● Monthly for managers. Intermittent efforts for doctors ● Dinner Business meetings, articles, work with GFHC and MSMS and individual offices ● Ongoing in magazine and with managers ● Via Practice Managers and Dinner Business meetings ● Always ● Focused at Hurley, McLaren and Genesys
	Select Endorsement Products for Group Benefits	<ul style="list-style-type: none"> ● Ask PPI Board to solicit out of county medical societies and physicians to utilize PPI services + <i>Improve transparency of governance of Affiliates</i> 	<ul style="list-style-type: none"> + <i>Be proactive on endorsements with a focus on businesses that exist in this area, and which support the community, as opposed to those that are headquartered far away</i> 	<ul style="list-style-type: none"> ● No endorsements to date ● PPI & GCMS completely split off from GCMS

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