## Reference Committee C — MMS Administration

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*Placed on Speakers’ Consent Calendar*
The following item approved by the House of Delegates (HOD) has been referred to the Committee on Bylaws by the Board of Trustees (Board) for a report back at I-19:

ITEM A: Resolution A-19 C-301 Bylaw Change for Districted Appointed Member and Alternate Member to MMS Committees on Legislation and Nominations

That the MMS request that the MMS Bylaws be amended to implement the following:

*Committee on Legislation Membership:* Members of the Committee on Legislation of the Massachusetts Medical Society shall serve one-year terms with a maximum of nine consecutive years. Alternate members of the Committee on Legislation of the Massachusetts Medical Society shall serve one-year terms with a maximum of nine consecutive years.

Notwithstanding the foregoing, each district may, by a three-quarter vote at a District Annual meeting by ballot, extend eligibility of a member or alternate member of the Committee on Legislation beyond nine consecutive years.

*Committee on Nominations Membership:* Notwithstanding the foregoing, each district may, by a three-quarter vote by ballot at a District Annual meeting, extend eligibility of a member or alternate member of the Committee on Nominations beyond eight consecutive years. (D)

Pursuant to Section 21 of the Procedures of the House of Delegates, on behalf of the Board of Trustees of the Massachusetts Medical Society, the President sent a memorandum dated March 18, 2019, to the Committee on Bylaws recommending the following Bylaws change:

ITEM B: That the Committee on Bylaws propose a Bylaws amendment to change the composition of the Committee on Finance (COF) of the Massachusetts Medical Society so that of the nine appointed members of the COF, five at a minimum must be appointed from the members of the Board of Trustees.
THE REPORT

The Committee on Bylaws recommends that the House of Delegates approve the following amendments to the Bylaws (except as otherwise noted, added text is shown as “text” and deleted text is shown as “text”):

ITEM A:

CHAPTER 3 • District Societies

3.21 Committee on Nominations Membership

Only delegates who have served as such for at least two years and have been members of the Society for at least five years are eligible to become members or alternate members of the Committee on Nominations of the Massachusetts Medical Society. Members of the Committee on Nominations shall serve one-year terms and shall not serve for more than eight total years as a member, after which they shall not be eligible for re-election. Alternate members of the Committee on Nominations shall serve one-year terms and shall not serve for more than eight total years as an alternate member, after which they shall not be eligible for re-election. Total years served includes all time served, regardless of when it was served, except that total years served shall not include time served filling a vacancy on the Committee on Nominations.

The eight-year term limit for members and alternate members of the Committee on Nominations shall become effective as of the close of the 2015 annual meeting of the Society.

Notwithstanding the foregoing, each district society may, by a three-quarter vote by ballot at its annual meeting, extend eligibility of a member or alternate member of the Committee on Nominations of the Massachusetts Medical Society beyond eight total years.

3.22 Committee on Legislation Membership

Members of the Committee on Legislation of the Massachusetts Medical Society shall serve one-year terms with a maximum of nine consecutive years. Alternate members of the Committee on Legislation of the Massachusetts Medical Society shall serve one-year terms with a maximum of nine consecutive years.

Notwithstanding the foregoing, each district society may, by a three-quarter vote by ballot at its annual meeting, extend eligibility of a member or alternate member of the Committee on Legislation of the Massachusetts Medical Society beyond nine consecutive years.
CHAPTER 11 • Committees

11.01 Term and Qualifications of Committee Members

Committee members elected by districts shall serve for one-year terms with a maximum of nine consecutive years, unless otherwise specifically provided in these bylaws set forth in 3.21 and 3.22.

11.04 Committee on Legislation

The Committee on Legislation shall be composed of a chair and a vice chair, both appointed from among the committee members by the President-elect and one member and alternate from each district society as provided in 3.14 and 3.22. When an immediate decision is needed concerning legislative action, the decision shall be made by the President (or in the absence of the President, by the President-elect; or in the absence of the President and President-elect by the Vice President) in consultation with the committee chair (or in the absence of the committee chair with the vice chair) of the Committee on Legislation. The chair of the Committee on Legislation shall report this decision to all members of the committee.

ITEM B:

CHAPTER 7 • Board of Trustees

7.08 Committee on Finance

The Board of Trustees shall have a Committee on Finance, which shall consist of nine members each of who shall have been a Regular member of the Society for at least five years. Of these nine members, at least five must be current trustees. In addition, the Secretary-Treasurer and the Assistant Secretary-Treasurer shall each be a member ex-officio of the Committee. In addition, one member of the Medical Student Section and one member of the Resident and Fellow Section shall be a member of the Committee, but neither shall be included in the determination of the number of members to which the Committee is entitled.

(D)

Fiscal Note: No Significant Impact

(Estimated Expenses)

Estimated Staff Effort to Complete Directive(s): No Significant Impact
MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES

Item #: 2
Code: BOT Report I-19 C-2
Title: Affiliate Membership for Commonwealth of Massachusetts Schools of Public Health Non-Physician Deans
Sponsor: Board of Trustees
Maryanne Bombaugh, MD, MSc, MBA, FACOG, Chair
Referred to: Reference Committee C
Tom Amoroso, MD, MPH, Chair

Background
Massachusetts schools of public health serve as integral partners of the Massachusetts Medical Society. The MMS Strategic Plan FY2020–FY2024 includes a number of public health strategic initiatives, including access to care, social determinants of health, and care integration. To advance our goals, the Medical Society will be engaging more than ever with our robust public health community and collaborating with educators, researchers, and clinicians.

The MMS Bylaws, Chapter, 2, Membership, Section 2.104, provides the following regarding affiliate membership:

2.104 Affiliate Members. Affiliate membership consists of persons other than physicians who are involved in or associated with medicine and wish to participate in achieving the purposes of the Massachusetts Medical Society.

2.1041 Requirements. Affiliate membership is conferred by a majority vote of the House of Delegates at a stated meeting provided an application signed by five Regular members was submitted at a previously stated meeting and the application has been approved by the Committee on Membership as provided in 11.0427.

2.1042 Rights and Privileges. Affiliate members may attend and address meetings of the Society and may serve on committees, but shall not be granted other rights and privileges, except that Affiliate members may be elected as Delegates-at-large and, if so elected, shall have the right to vote in the House of Delegates.

Discussion
On August 22, 2019, the Committee on Membership approved a recommendation of affiliate membership for Michelle A. Williams, dean of the faculty, Harvard T.H. Chan School of Public Health, and Anna Maria Siega-Riz, PhD, dean of the School of Public Health and Health Sciences, University of Massachusetts, Amherst.

Historically, the MMS has provided delegate-at-large status to the physician deans of Massachusetts medical and public health schools. Previously, the former dean of the faculty of the Harvard T.H. Chan School of Public Health, a non-physician, was approved for affiliate membership and was elected delegate-at-large to the MMS House of Delegates.
At the September 25, 2019, Board of Trustees (BOT) meeting, the BOT voted to approve the following:

1. That the Board of Trustees approves recommending to the House of Delegates at I-19 that MMS grant affiliate membership to non-physician deans of Massachusetts schools of public health, and further recommends

2. That the House of Delegates grant affiliate membership to Michelle A. Williams, Dean of the Faculty, Harvard T.H. Chan School of Public Health, and Anna Maria Siega-Riz, PhD, Dean of the School of Public Health and Health Sciences, University of Massachusetts, Amherst.

Relevance to MMS Strategic Initiatives
An MMS strategic priority is MMS/7/Intermediate: Create strategies that will engage various member constituent groups and increase engagement, diversity, and trust in MMS.

Conclusion
It is recommended that the MMS approve granting affiliate membership to any non-physician deans of Massachusetts schools of public health and grant an affiliate membership to Deans Williams and Siega-Riz. Upon approval of affiliate membership, these deans will be eligible for appointment as delegates-at-large to the HOD as recommended by the BOT at the Annual Meeting.

Recommendations:
1. That the MMS grant affiliate membership to non-physician deans of Massachusetts schools of public health. (D)

2. That the MMS grant affiliate membership to Michelle A. Williams, dean of the faculty, Harvard T.H. Chan School of Public Health, and Anna Maria Siega-Riz, PhD, dean of the School of Public Health and Health Sciences, University of Massachusetts, Amherst. (D)

Fiscal Note: No Significant Impact
(Estimated Expenses)

Estimated Staff Effort to Complete Directive(s): No Significant Impact
MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES

Item #: 3  
Code: CSP Report I-19 C-3 [A-19 C-4, Section C, 8c]  
Title: MMS Committees Structure Principles Policy  
(Policy Sunset Process: Reaffirmed One Year at A-19  
Pending Review)  
Sponsor: Committee on Strategic Planning  
David Rosman, MD, MBA, Chair

Report History: OFFICERS Report A-19 C-4 (Section C, 8c)

Referred to: Reference Committee C  
Tom Amoroso, MD, MPH, Chair

Background
At A-19, through the sunset policy review process, the following policy was reaffirmed for  
one year pending analysis for a potential new policy submission. The Board of Trustees  
referred this item to the Committee on Strategic Planning (CSP). The policy for review  
states:

MASSACHUSETTS MEDICAL SOCIETY ADMINISTRATION AND ORGANIZATION

Committees/Sections
The Massachusetts Medical Society (MMS) supports the following principles and  
recommendations:

MMS Committee Structure Principles
The CSP shall:
a) Review the MMS committee structure as warranted;
b) Develop a comprehensive action and communication plan for any committee  
structure changes;

The MMS shall:
c) Review committee productivity against committee action plans and current  
environmental/leadership needs, including the Society’s strategic priorities;
d) Review a more comprehensive leadership and coaching process for the  
MMS leadership (including district, committee, and potential future leaders)  
regarding their responsibilities and leadership skills;
e) Explore, develop, and promote new methods for encouraging committee  
participation that will attract and retain members;
f) Prior to each Presidential Year, develop a comprehensive outreach  
communication plan to members and specific targeted populations to  
promote the work of the MMS committees.

(HP)  
MMS House of Delegates, 5/13/05  
Amended and Reaffirmed MMS House of Delegates, 5/19/12

Reference Committee Testimony
At the A-19 reference committee, no testimony was given, and the reference committee  
supported the officers’ recommendation in their report to reaffirm this policy for one year,  
pending further review.
Relevance to MMS Strategic Initiatives
An MMS strategic initiative is MMS/3/Immediate: Reform governance to accomplish the strategic goals and objectives.

Discussion
The CSP met on September 10, 2019, and reviewed the policy. The CSP reviewed the MMS Strategic Plan with a particular focus on MMS/3/Immediate: Reform governance to accomplish the strategic goals and objectives. Much of that work will be undertaken by the CSP during the coming year with the assistance of Tecker International. It was noted that the committee chairs, vice chairs, and staff liaisons had been invited to an orientation to learn of the strategic initiatives and the need to align committee activities with them. It was also noted that with the new Strategic Plan in place and review of committees' action plans by the presidential officers and the Board of Trustees, the work of the CSP will be significantly different than the policy. A vote was taken to recommend that the policy be sunsetted. The CSP and a process for review of committee activities in alignment with the MMS Strategic Plan will continue.

Conclusion
The work of the CSP in alignment with the new Strategic Plan will be significantly different than the current policy would suggest, and the principles should be sunsetted.

Recommendation:
That the Massachusetts Medical Society sunset the MMS Committee Structure Principles policy amended and reaffirmed at A-12, which reads as follows:

MMS Committee Structure Principles
The CSP shall:
   a) Review the MMS committee structure as warranted;
   b) Develop a comprehensive action and communication plan for any committee structure changes;

The MMS shall:
   c) Review committee productivity against committee action plans and current environmental/leadership needs, including the Society’s strategic priorities;
   d) Review a more comprehensive leadership and coaching process for the MMS leadership (including district, committee, and potential future leaders) regarding their responsibilities and leadership skills;
   e) Explore, develop, and promote new methods for encouraging committee participation that will attract and retain members;
   f) Prior to each Presidential Year, develop a comprehensive outreach communication plan to members and specific targeted populations to promote the work of the MMS committees.

(HP)

MMS House of Delegates, 5/13/05
Amended and Reaffirmed MMS House of Delegates, 5/19/12

Fiscal Note: No Significant Impact
(Estimated Expenses)
Estimated Staff Effort to Complete Directive(s): No Significant Impact
EXECUTIVE SUMMARY

As directed by the House of Delegates (HOD), all requests for approval of special committee continuance should include a brief written evaluation and recommendation by the Board of Trustees (BOT) as presented in the attached report. This report has detailed information, including background, history, and current requests from 17 of 22 special committees seeking renewal/continuance for three years; the evaluation process and request for data from special committees on how their work supports the strategic plan; review of data collected; observations/conclusions; and recommendations.

In support of the recommendations, the BOT recognizes the following points:

- The MMS must preserve the participatory, democratic nature of the organization, and the importance of member engagement.
- The MMS must ensure that key structures such as committees and processes support the MMS’s longer-term vision and strategy as directed by the FY2020–2024 Strategic Plan approved at A-19.
- The structure for member engagement is changing, with current data indicating practicing physicians prefer short-term, focused project work over long-term commitments of serving on committees.
- In order to take advantage of future opportunities and respond to future challenges, there needs to be increased flexibility, responsiveness, nimbleness, and adaptability in the structure and processes by which work is done.
- Most special committees were created to advise on a specific topic, and be a resource, or provide counsel for targeted populations or specific subject matter. Most were not designed to produce concrete work products.
- Creating efficiencies in the way committees are structured will allow us to engage more members in specific work, increase work impact, increase responsiveness, increase communication and integration of group work, eliminate ongoing duplication of work and support the strategic initiatives.
- The BOT’s fiduciary responsibility to the MMS is to oversee stewardship of both its financial and human resources.

In summary, the BOT recommends that beginning in FY21, the work of all current FY20 special committees and any proposed future special committees be aligned within any future governance model which may include existing standing committees, task forces, sections, or member interest networks.

The Board of Trustees trusts that the Medical Society would benefit from the adoption of the recommendations being made. The recommendations would change the structure of how strategically aligned work is planned and done, and therefore increase the impact towards achieving the MMS goals. If approved by the HOD, the MMS leadership and the BOT will design an action plan with the special committee leadership and their committee members to transition the special committees’ structure into a new model.
MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES

Item #: 4  
Code: BOT Report I-19 C-4  
Title: Special Committee Renewals  
Sponsor: Board of Trustees  
Maryanne Bombaugh, MD, MSc, MBA, FACOG, Chair  

Referred to: Reference Committee C  
Tom Amoroso, MD, MPH, Chair

Background
To position the MMS to take advantage of future opportunities and respond to future challenges, we must also ensure that key structures, such as committees and processes, support the MMS’s longer-term vision and strategy while preserving the participatory, democratic nature of the organization. To this end we have taken an objective and comprehensive look at our committee structure with specific focus on special committees that are up for renewal.

The House of Delegates (HOD) adopted policy in 2006 directing that all requests for approval of special committee continuance should include a brief written evaluation and recommendation by the Board of Trustees (BOT). Previously the BOT charged the Committee on Strategic Planning (CSP) with gathering information for special committees requesting term continuance. Per a motion approved at the October 5, 2016, BOT meeting, the MMS Presidential Officers are now charged with gathering this information and providing recommendations to the BOT on special committee renewals.

The charge to the Officers included gathering the following information for special committees requesting term continuance and reporting their recommendation to the Board of Trustees for review, approval, and submission to the House of Delegates.
- How well the committee met its stated objectives
- Frequency of meetings and attendance
- Evidence of an effective work product
- Additional evidence (such as educational benefit, publications, increased membership, etc.)
- Reasonable cost to the Massachusetts Medical Society (MMS) for work performed
- Uniqueness of the committee (i.e., function not duplicated elsewhere in the Massachusetts Medical Society)

For reference, the MMS Bylaws state the following regarding special committees:

**Special Committees.** The House of Delegates may at any meeting establish special committees as provided in 11.051.

**11.05 Special Committees**

**11.051 Special Committees Established by the House of Delegates**
Special Committees may be established by the House of Delegates at any time. Unless the House of Delegates directs otherwise, the President shall appoint the committee members and the committee members shall elect the chair of each such committee.

Each special committee established by the House of Delegates shall exist for a term up to three (3) years as shall be designated by the House of Delegates and shall cease to exist at the end of the term unless the House of Delegates directs otherwise.
11.0511 Special Committee Members Appointed by the President-elect
The President-elect may, subject to approval by the House of Delegates, appoint special committees to serve during the term of office as provided in 8.053(3)(c). Each such committee member’s term shall end at the close of the next Annual Session of the Society unless the then President-elect obtains approval by the House of Delegates to re-establish the committee. Each committee shall select its chair from among the members who have had at least one-year experience on the committee, except for new committees. The chair selection will occur at the first committee meeting of each presidential year.

11.052 Activities of Special Committees
Special committees may not be given assignments that conflict with or duplicate functions of any other committee of the Society.

History
In October 2018, the Officers’ findings from the reports from eight (8) committees requesting renewal (Accreditation Review, Diversity in Medicine, Environmental and Occupational Health, Men’s Health, Nutrition and Physical Activity, Sponsored Programs, Oral Health, and Senior Physicians) were presented to the Board of Trustees and approved for submittal to the House of Delegates. The report indicated at that time that the MMS was engaged on several fronts to review its strategic planning, governance, and future focus and anticipated that this work will encompass a review of committee purposes and alignment with other committees. To that end, they recommended a one-year continuance for these committees while this work was taking place and it was approved by the House of Delegates. The report also indicated that the recommendation was not a reflection on the value of the work of these committees.

Current Requests for Renewal
The following committees were renewed for one (1) year at I-18 for the period FY20 (June 2019–May 2020) and currently are seeking renewal for a three (3) year term beginning in June 2020 for FY2021–FY2023 (June 2020–May 2023)
1. Accreditation Review
2. Continuing Education Review (formerly Sponsored Programs)
3. Diversity in Medicine
4. Environmental and Occupational Health
5. Men’s Health
6. Nutrition and Physical Activity
7. Oral Health
8. Senior Physicians
9. Geriatric Medicine
10. History
11. Information Technology
12. LGBTQ Matters
13. Maternal and Perinatal Welfare
14. Senior Volunteer Physicians
15. Student Health and Sports Medicine
16. Violence Intervention and Prevention
17. Young Physicians

The following additional committees with three (3) year terms ending in May 2020 are seeking renewal for another three (3) year term beginning in June 2020 for FY2021–FY2023 (June 2020–May 2023).
1  Process
2  In June 2019, the new fiscal year started with an education and training session for all
3  committee chairs, vice chairs and staff liaisons to acquaint them with the new Strategic
4  Plan (Attachment A) and its priority strategic initiatives. Committees were advised to
5  review the plan and align their activities this year with priority initiatives identified as
6  critical or immediate on the Strategic Initiative Priority Grid (Attachment B).
7
8  In preparation for this annual process, the Presidential Officers considered what
9  additional data was needed to be collected from committees to objectively evaluate how
10  their activities align with the new Strategic Plan. The template for the Committee
11  Reports on Activities and Initiatives (Reports) was updated to include requests for the
12  additional data to assist in the review process and to assess how the work of the
13  committee is supporting the Strategic Plan. For those seeking continuance of their
14  committee, additional information was requested on how their work aligns with the
15  strategic plan and how the committee activities support MMS Strategic Initiatives 1–3
16  under Goal C: The Massachusetts Medical Society, as illustrated below.
17
18  GOAL C: The Massachusetts Medical Society
19  MMS will be the most trusted and respected leadership voice in health care, advancing
20  medical knowledge and the medical profession to improve patient care and outcomes,
21  maintaining a sound financial position and a diverse, engaged, and expanding
22  membership.

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<th>Strategic Initiative</th>
<th>Priority</th>
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<td>MMS</td>
<td>1</td>
<td>Evaluate impact and relevance of member-related products, services, and activities, and initiate a plan to discontinue those that do not offer strategic value to the membership.</td>
<td>Critical</td>
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<tr>
<td>MMS</td>
<td>2</td>
<td>Narrow focus and prioritize activities to align with our strategic plan.</td>
<td>Immediate</td>
</tr>
<tr>
<td>MMS</td>
<td>3</td>
<td>Reform governance to accomplish the strategic goals and objectives.</td>
<td>Immediate</td>
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23  At the President’s Advisory Meeting on Wednesday, September 11, 2019, the Officers
24  discussed the process for reviewing the data and developed objective criteria for
25  evaluation of special committees seeking renewal. A Special Committee Renewal
26  Decision Tree (Attachment C) was created addressing alignment with the strategic
27  priorities, overlap or synergies with other committees, whether quorum was met for 2/3
28  of committee meetings, and affordability/cost to the MMS (direct expenses plus
29  dedicated staff resources).
30
31  Recognizing the need for support with this task and its urgent timeline as requested
32  renewals were imminent, the Officers reached out to Trustees to assist in this more
33  comprehensive review process. At their meeting on September 18, the Presidential
34  Officers and two Board volunteers reviewed the data collected from the 43 committees in
35  preparation for the Board meeting on September 25. The charge for the working group
36  was to review all Special Committee Requests for Renewal (17 committees) against the
37  Special Committee Renewal Decision Tree and prepare draft recommendations for BOT
38  approval and a report for submittal to the HOD at I-19. The charge also included a
review of all Committee Reports on Activities and Initiatives (43 committees) to
determine alignment with the Strategic Plan.

Review of Data
MMS staff prepared a summary document (Attachment D) of the data collected
from the Reports (special committee reports available at
www.massmed.org/specialcomm/). The summary includes committee type, year
established, renewal date for special committees, any assignments from strategic
initiative plans for FY20, self-identified strategic initiatives, average attendance at
meetings, number of meetings/number with a quorum, FY19 expense, FY20 budget,
FY20 estimated cost of staff resources, total FY20 estimated expenses (FY20 budget
plus staff), number of committee members in FY20, number of advisors, and estimated
cost per member.

Conclusion
During the process of applying the Decision Tree to each of the special committees, it
became clear, based on the objective data collected on the committees, that the special
committees as structured did not meet the criteria to continue to serve in their current
capacity and to be granted another three (3) year term.

Based on the data provided, the following observations were made:
• Most special committees were created to advise on a specific topic area, be a resource or
provide counsel for targeted populations or a specific subject matter. Most were not
designed to produce concrete work products.
• Six (6) of the 22 special committees were assigned work to support the current critical and
immediate priority strategic initiatives, although each of the others did self-identify a strategic
initiative for their activities.
• In some cases, the committees have been in existence for more than 30 years and up to
40+ years, with a small number of engaged members currently attending meetings [e.g.,
Maternal and Perinatal Welfare (est. 1988): 9 of 18 members on average attending
meetings/Nutrition and Physical Activity (est. 1976): 7 of 12 members on average attending
meetings.]
• Several committees failed to meet a quorum. (e.g., Diversity in Medicine: 0 of 5 meetings;
Men’s Health: 1 of 6 meetings). In the case of Men’s Health, additional information was
shared regarding challenges with engaging members and finding a volunteer to lead the
committee.
• The estimated total cost to support the efforts of special committees is approximately
$250,000 in FY20 (e.g., catering, staff resources, etc.)
• The average cost per member (289 members) assigned to all special committees is
$865/member, with an average attendance of 59%, (not including 43 advisors). Note: The
289 members are not unique special committee members, there is member overlap among
committees.
• Synergies with current standing committees, task forces, sections, and member interest
networks:
  o There was agreement that most special committees could be categorized as
  serving in an advisory/counsel role to existing standing committees. Examples
  below:
  • Clinical/Medical Practice (CQMP)
    o (e.g., Information Technology, LGBTQ Matters, Maternal and
      Perinatal Welfare, Men’s Health, Sustainability of Private
      Practice, Women’s Health, Young Physicians)
  • Membership/Member Interest Networks
    o (e.g., Senior Physicians, Senior Volunteer Physicians, Young
      Physicians)
- Public Health
  - (e.g., Global Health/Preparedness/Environmental and Occupational Health/Violence Intervention and Prevention)
- Operational Function
  - [e.g., Accreditation Review and Continuing Education Review (formerly Sponsored Programs), provide an operational function that supports a core function of providing CME, History]

- Designated Representative Seats
  In some cases, it was agreed that designating a seat on a standing committee (as mentioned above) to represent a specific population or interest may serve the mission or goal of certain special committees without duplicating the efforts and associated expenses to support another committee structure. (e.g., Women’s Health — Advisory to Committee on Quality of Medical Practice with a representative seat on Women Physician Section; LGBTQ Matters — Advisory to Committee on Quality of Medical Practice with representative seat on Minority Affairs Section, Committee on Quality of Medical Practice, and Committee on Public Health)

- Creating efficiencies in the way committees’ function will allow us to engage more members in specific work and support the strategic initiatives to steward our human and financial resources.

Options (not mutually exclusive) for restructuring included the following:
- Subcommittees of Standing Committees
  - Serve under the umbrella of a standing committee.
  - Would have a budget and designated staff to support meetings and work products.
  - Results of Subcommittee work would be reported up through the standing committee.
- Advisory Panels to Standing Committees
  - Appointed experts serving as needed on a designated panel in advisory role to support the work of a standing committee.
  - Budget and staff resources allocated as needed.
- Ad Hoc Committees
  - Advisory panel members convened for a specific task.
  - Budget and staff resources allocated as needed.
- Task Forces
  - Appointment of members to address a specific task for a defined period. It was noted that in a recent MMS study conducted by Denneen & Company, our members prefer to engage on task-oriented groups for short periods of time, with a defined goal and measured results.
  - Budget and staff resources allocated as needed
- Member Interest Networks
  - For those committees offering networking and engagement around a specific topic of interest or similar demographic.

Restructuring of Special Committees would occur thoughtfully with input from all stakeholders. Examples of possible Special Committee synergies and realignment of work with standing committees, task forces, sections, member interest networks follow:

1. Accreditation Review (Subcommittee of Committee on Medical Education)
2. Continuing Education Review (Subcommittee of Committee on Medical Education)
3. Diversity in Medicine (*Minority Affairs Section*)
4. Environmental and Occupational Health (*Advisory Panel — Committee on Public Health*)
5. Geriatric Medicine (*Advisory Panel — Committees on Quality of Medical Practice and Public Health*)
7. History (*Advisory Panel — Committee on Administration and Management*)
8. Information Technology (*Advisory Panel — Committee on Quality of Medical Practice*)
9. LGBTQ Matters (*Advisory Panel — Committee on Quality of Medical Practice, Representative Seat — Minority Affairs Section, Committee on Public Health*)
10. Maternal and Perinatal Welfare (*Advisory Panel — Committee on Quality of Medical Practice*)
11. Mental Health and Substance Use (*Task Force, Representative Seat — Committee on Quality of Medical Practice*)
15. Senior Physicians (*Member Interest Network*)
16. Senior Volunteer Physicians (*Member Interest Network*)
17. Student Health and Sports Medicine (*Advisory Panel — Committee on Public Health*)
18. Sustainability of Private Practice (*Subcommittee of Committee on Quality of Medical Practice*)
19. Violence Intervention and Prevention (*Advisory Panel — Committee on Public Health*)
20. Women’s Health (*Advisory Panel — Committee on Public Health*)
21. Young Physicians (*Advisory Panel — Committee on Quality of Medical Practice, Member Interest Network*)

(Men’s Health not included — recommended for sunset.)

The changes suggested in the report would provide benefits such as opportunities to increase member engagement and work impact, increase responsiveness, increase communication and integration of group work, eliminate ongoing duplication of work, and create efficiencies and work effort flexibility that are not currently present.

The Board of Trustees trusts the Medical Society would benefit from the adoption of the recommendations being made in place of recommending approval of special committee requests for renewal for three (3) years in their current structure. The BOT has been charged by the HOD through the approved strategic plan to align the work of committees with the strategic initiatives and goals in a manner that demonstrates stewardship of human and financial resources and optimizes the impact of MMS work efforts.

If approved by the HOD, MMS leadership and the BOT will design an action plan with all stakeholders to transition the special committees' structure into a new model.

**In summary, the BOT, as the fiduciary of the Medical Society, after comprehensive and careful review of special committee data, thoughtful and extensive discussion, and consideration for transitions and communications, approved the following recommendations regarding special committees:**

To recommend to the House of Delegates at I-19:

1. That beginning in FY21, the work of all current FY20 special committees and any proposed future special committees be aligned within any future governance model,
including the existing standing committees, task forces, sections, or member interest networks.

2. That the MMS sunset the following special committees requesting renewal at the end of FY20 (May 2020): Accreditation Review, Continuing Education Review, Diversity in Medicine, Environmental and Occupational Health, Geriatric Medicine, History, Information Technology, LGBTQ Matters, Maternal and Perinatal Welfare, Nutrition and Physical Activity, Oral Health, Senior Physicians, Senior Volunteer Physicians, Student Health and Sports Medicine, Violence Intervention and Prevention, and Young Physicians, and further recommends

That the MMS sunset the following special committees at the end of FY20 (May 2020): Global Health, Mental Health and Substance Use, Physician Preparedness, Sustainability of Private Practice, and Women’s Health.

3. That the MMS sunset the Committee on Men’s Health, effective immediately, with gratitude for the past work and efforts of its members (12) currently serving on the committee.

Recommendations:

1. That beginning in FY21, the work of all current FY20 special committees and any proposed future special committees be aligned within any future governance model including the existing standing committees, task forces, sections or member interest networks. (D)

2. That the MMS sunset the following special committees requesting renewal at the end of FY20 (May 2020): Accreditation Review, Continuing Education Review, Diversity in Medicine, Environmental and Occupational Health, Geriatric Medicine, History, Information Technology, LGBTQ Matters, Maternal and Perinatal Welfare, Nutrition and Physical Activity, Oral Health, Senior Physicians, Senior Volunteer Physicians, Student Health and Sports Medicine, Violence Intervention and Prevention, and Young Physicians, and further recommends

That the MMS sunset the following special committees at the end of FY20 (May 2020): Global Health, Mental Health and Substance Use, Physician Preparedness, Sustainability of Private Practice, and Women’s Health. (D)

3. That MMS sunset the Committee on Men’s Health, effective immediately, with gratitude for the past work and efforts of its members (12) currently serving on the committee. (D)

Fiscal Note: No Significant Impact
(Estimated Expenses)

Estimated Staff Effort to Complete Directive(s): Item 1: One-Time Expense of $9,000

Attachments:
A) MMS Strategic Plan FY2020 – 2024
B) Strategic Initiatives Priority Grid
C) Special Committee Renewal Decision Tree
D) Special Committee Reports Summary
MMS Purpose, Mission, and Values

Taken together, core purpose, mission, and core values describe an organization’s consistent identity that transcends all changes related to its relevant environment. Core purpose describes our reason for being. The mission describes who we are, what we do and how we do it. Our core values are the enduring principles that guide the behavior of the organization.

CORE PURPOSE:

To unite clinicians, support the medical profession and the practice of medicine, and improve patient care and outcomes through advocacy, member services, and the dissemination of medical knowledge.

MISSION STATEMENT:

“The purposes of the Massachusetts Medical Society shall be to do all things as may be necessary and appropriate to advance medical knowledge, to develop and maintain the highest professional and ethical standards of medical practice and health care, and to promote medical institutions formed on liberal principles for the health, benefit and welfare of the citizens of the Commonwealth.”

– Commonwealth of Massachusetts Act of Incorporation, Chapter 15, Section 2 of the Acts of 1781

CORE VALUES:

- Community
- Professionalism
- Quality
- Integrity
- Commitment
MMS Envisioned Future

Envisioned Future conveys a concrete, yet unrealized vision for the organization. It includes a description of how the world could be different for key stakeholders and a clear and compelling catalyst that serves as a focal point for effort. The Envisioned Future vividly depicts the intersection of what a group is passionate about, what they do best, and what they can marshal the resources to accomplish.

VIVID DESCRIPTION OF A DESIRED FUTURE

The Massachusetts Medical Society (MMS), the professional association for all physicians in the Commonwealth of Massachusetts, is the most trusted and respected leadership voice in health care, advancing medical knowledge and the medical profession to improve patient care and outcomes. We are a proactive organization that advocates for the shared interests of patients and our profession and takes a leadership role in the development of health care policy. We enhance and protect the physician-patient relationship and preserve the physician’s ability to make clinical decisions for the benefit of patients. We encourage the development of standards for high quality care, and promote medical education, training, research, and the continuing education of physicians.

| ASPIRATIONAL SHARED VISION (across MMS and NEJM Group) | The Massachusetts Medical Society is the most trusted and respected leadership voice in health care, advancing medical knowledge and the medical profession to improve patient care and outcomes. |
| IMPACT | The MMS is a leading voice in health care in Massachusetts. We lead collaboration to extend our reach across the region and have a strong voice at the national level to drive the betterment of medical practice and health of the population. |
| RELEVANCE | The MMS provides differentiated value to enhance clinical knowledge, collaboration, and professionalism for every clinician we serve, and to advance the interests of every institution we serve. We clearly communicate our strategy and our value, which are understood and supported by our key stakeholders. |
| SUSTAINABILITY | The MMS effectively monetizes products and services to support a financially independent advocacy and member relations operation with the ability to achieve a minimum financial threshold of break-even in perpetuity |
Goals, Objectives & Strategic Initiatives

**Goals** will serve the organization for the next three to five years. They are outcome-oriented statements that represent what will constitute the organization’s future success. The achievement of each goal will move MMS towards the realization of its vision. **Objectives** describe what we want to have happen with an issue. What would constitute success in observable or measurable terms? Objectives have a three to five-year timeframe and are reviewed every year by the Board. **Strategic Initiatives** describe how the association will commit its’ resources to accomplishing the goal. They bring focus to operational allocation of resources and have a one to three-year timeframe reviewed every year by the Board.

**Priority Levels (To Be Determined):**
- **Critical:** Work on this strategy must be completed in the coming year
- **Immediate:** Work on this strategy must occur in the coming year
- **Intermediate:** Work on this strategy should occur in the coming year if at all possible
- **Later:** Work on this strategy can/should wait until subsequent year

**GOAL A: PATIENTS**

All people will achieve optimal health and wellbeing through patient engagement and improved health literacy, and equal access to timely, comprehensive, affordable, high-quality, integrated health care throughout their lives.

**Objectives:**
1. Advance patient health, wellbeing, and engagement, prioritizing the most critical individual and public health areas.
2. Increase patient access to appropriate care, with prioritized focus on vulnerable populations.
3. Increase the affordability of quality health care for patients.
4. Decrease the adverse impact of social determinants and health disparities.
5. Increase care integration to improve patient outcomes and experience.

**Strategic Initiatives:**
1. Advocate for technology and communication tools that improve health literacy, price transparency, and increase patient engagement. (Intermediate) (Objective 1)
2. Assess vulnerable populations and determine where the MMS can have the strongest impact on access to appropriate care, including social determinants of health and health disparities. (Critical) (Objective 2)
3. Advocate for affordability of care. (Intermediate) (Objective 3)
4. Evaluate the establishment of an MMS principle that declares health in all its dimensions, including health care, as a human right. (Critical) (All Objectives)
5. Enhance collaboration with patients; health care and technology organizations; community resources; and state, federal, and other stakeholders; with a focus on our patient-centered objectives. (Intermediate) (All Objectives)
6. Advocate for access, affordability, and quality of patient care to be the primary objectives of care integration. (Immediate) (Objective 5)
GOAL B: PHYSICIANS

Physicians will enjoy a satisfying career in medicine that is grounded in high-quality care, intellectual growth, and financial sustainability in an inclusive environment with minimal regulatory burden.

Objectives:
1. Reduce unnecessary regulations and administrative burdens.
2. Advance physician wellness, professional growth and satisfaction, and promote inclusive work environments.
3. Increase physicians’ financial sustainability within the health care environment.
4. Increase the affordability of medical school education.

Strategic Initiatives:
1. Identify and implement three high-impact initiatives to advocate for the reduction of unnecessary regulations and administrative burdens. (Critical) (Objective 1 and 2)
2. Create a physician community that includes opportunities for networking. (Intermediate) (Objective 2)
3. Provide leadership development offerings for physicians and physician-led teams. (Immediate) (Objective 2)
4. Identify factors that contribute to satisfying work environments and advocate with stakeholders for action, where needed. (Intermediate) (Objectives 2 and 3)
5. Advocate for fair and equitable systems of compensation. (Intermediate) (Objectives 2 and 3)
6. Pursue options to increase medical school affordability, including the option of free medical education. (Immediate) (Objective 4)

GOAL C: THE MASSACHUSETTS MEDICAL SOCIETY

MMS will be the most trusted and respected leadership voice in health care, advancing medical knowledge and the medical profession to improve patient care and outcomes, maintaining a sound financial position and a diverse, engaged, and expanding membership.

Objectives:
1. Increase the alignment between products, services, and activities and the preferences of current and future members, eliminating offerings that do not demonstrate strategic value.
2. Reduce the extent to which funding for member-related activities is dependent upon NEJM Group revenue.
3. Increase dissemination of medical knowledge worldwide through NEJM Group.
4. Increase MMS brand recognition and profile, both regionally and nationally.
5. Increase physician utilization of MMS as a primary resource for professional support.
6. Increase physician engagement and diversity.
7. Increase engagement and collaboration with key stakeholder groups in support of MMS goals and objectives.
Strategic Initiatives:

1. Evaluate impact and relevance of member-related products, services, and activities, and initiate a plan to discontinue those that do not offer strategic value to the membership. (Critical) (Objectives 1 and 2)
2. Narrow focus and prioritize activities to align with our strategic plan. (Immediate) (Objectives 1 and 2)
3. Reform governance to accomplish the strategic goals and objectives. (Immediate) (Objectives 1 and 2)
4. Evaluate alternative sources of revenue in support of member-related areas to ensure MMS sustainability. (Intermediate) (Objective 2)
5. Ensure the financial strategy supports NEJM Group’s sustainability. (Critical) (Objectives 2 and 3)
6. Develop a strategy to increase MMS brand recognition, profile, and communication with targeted audiences. (Intermediate) (Objective 4)
7. Create strategies that will engage various member constituent groups and increase engagement, diversity, and trust in MMS. (Intermediate) (Objectives 5 and 6)
8. Expand advocacy efforts in collaboration with key stakeholders on issues deemed critical to physicians and patients. (Immediate) (Objective 7)
APPENDIX

Environmental Scan – Building Foresight

CONDITIONS, TRENDS AND ASSUMPTIONS

These statements, developed by the Board of Trustees and Committee on Strategic Planning and informed by a comprehensive environmental scan, help to purposefully update the strategic plan on an annual basis. Since the outcome-oriented goals that will form the basis of the long-range strategic plan will be based on the vision of the future that appears in this section, an annual review of this vision will be an appropriate method of determining and ensuring the ongoing relevancy of the goals.

Care Delivery

1. Roles of advanced practice clinicians (e.g. NPs, PAs) as part of a team-based care model will continue to grow as health care costs rise and care access issues become more significant.
2. With changes in political leadership and increasing polarization in the health care space, federal legislative efforts will not quiet—care delivery at the system level will be ever-evolving.
3. The ongoing shifting demographics of practicing physicians in Massachusetts (e.g., active physician cohort trending older, percentage of female practicing physicians increasing, and Millennials making up most of the workforce) are changing the behaviors and the values of the workforce.
4. A majority of health care services in Massachusetts will be delivered by 3-4 large integrated health systems.
5. Consumers will be more engaged in their health overall, more heavily utilizing online medical content, direct-to-consumer medical products, online reviews of providers, etc., but will still largely rely on providers for decision-making.

Costs/Economic Climate

1. Health insurance regulations, Medicare/ Medicaid reimbursement, and other federal changes will continue to increase the cost burden for hospitals, health systems, and physician organizations, and squeeze overall budgets.
2. Physicians will almost exclusively be employed by integrated health systems or large physician organizations; physician-level economic trends are increasingly incentivizing practitioners to leave private practice for larger organizations.
3. Employers/ plan sponsors will aggressively seek to manage health care costs, pressuring payers and providers, and seeking alternative solutions.
4. Drug pricing—particularly specialty pharma—will remain a significant contributor to overall health spending.
5. Health care costs will continue to rise both nationally and in Massachusetts.
6. Both public and private payers will continue to squeeze reimbursement and drive the industry towards “value” to combat rising health care costs.
7. Physician reimbursement will be more variable, and increasingly based on outcomes and cost.
Technology & Science

1. Genomics and other scientific advances will lead to increasingly personalized treatment plans for complex care (e.g., cancer therapies).
2. Technology and decision tools (e.g., AI, machine learning) will assist in clinical diagnoses for routine procedures, reducing variation in care and improving outcomes.
3. Technology (e.g., AI) will enable the standardization of routine care.
4. AI and machine learning will be heavily leveraged to improve customer experience (e.g., adaptive learning and quizzing, personalized content/curation).
5. AI and machine learning will be heavily leveraged to supplement human publishing expertise around content production (e.g., taxonomy creation, detection of data manipulation/plagiarism/other fraud).

Medical Societies

1. Member needs will shift as the demographic makeup of the physician workforce will shift, with the active physician cohort trending older, percentage of female physicians increasing, and Millennials making up most of the workforce.
2. Medical societies will see changing priorities of members, with increasing value placed on issues such as burnout and work-life balance.
3. Members will increasingly want to engage with peers, educational content, and advocacy through interactive digital channels, though the value of in-person collegiality will persist.
4. State medical societies will have increasing opportunities to expand engagement and collaboration with a variety of entities, including provider organizations and specialty societies.
5. Sustainability of medical societies’ economic models will rely on increased alignment with institutions.

Academic Publishing

1. Trust, integrity, and quality will be significant differentiators in a world of over-information.
2. Pharmaceutical companies will increasingly demand metrics-based digital advertising (e.g., targeted access to specified clinicians, prescribing patterns).
3. The market share of different advertising media will continue to shift away from print.
4. Academic research will almost exclusively be distributed digitally.
5. Users will rarely browse journals to discover content, instead heavily utilizing digital content discovery platforms (e.g., Google Scholar) which will continue to become more advanced and precise.
6. Rather than sifting through journal articles, physicians focused on clinical tasks will primarily utilize practical tools embedded into the workflow (e.g., UpToDate) for determining the latest medical protocols.
7. Libraries will more aggressively negotiate subscription pricing for even the highest quality content.
8. Domestic and international university libraries will continue to see flat or decreasing budgets overall.
Key Drivers of Change

Key drivers of change are powerful forces that require MMS to develop strategic initiatives to address. They are conditions and dynamics in the relevant environment that will make tomorrow very different than today.

**MMS KEY DRIVERS:**

1. Rise of advanced practice clinicians and move towards “care team” (NPs and PAs with physician as leader)
2. Health care cost: Employers/plan sponsors will aggressively seek to manage health care costs, pressuring payers and providers, and seeking alternative solutions (reimbursement limits, single payer)
3. Regulations/government mandates
4. Changing physician demographics (increase in females and millennials) shifting priorities toward work-life balance and wellness vs. burnout
5. Shift toward employed physicians
6. Changes in technology impact publishing, practice of medicine (AI, machine learning, robotics, patient engagement with digital technology), personalized medicine (genomics), EHRs, isolation
7. Consolidation/Regionalization
8. Increased consumer engagement in their own care
9. Medicare/Medicaid (increased administrative burden; decreased reimbursement)
10. Member priorities for advocacy more focused on improving the delivery of care and public health
11. Changes in the academic publishing environment (shifting ad revenues/users away from print); financial pressures across organization
## Strategic Initiative Priority Grid

<table>
<thead>
<tr>
<th>Goal/Beneficiary</th>
<th>Init #</th>
<th>Strategic Initiative</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>1</td>
<td>Advocate for technology and communication tools that improve health literacy, price transparency, and increase patient engagement.</td>
<td>Intermediate</td>
</tr>
<tr>
<td>Patients</td>
<td>2</td>
<td>Assess vulnerable populations and determine where the MMS can have the strongest impact on access to appropriate care, including social determinants of health and health disparities.</td>
<td>Critical</td>
</tr>
<tr>
<td>Patients</td>
<td>3</td>
<td>Advocate for affordability of care.</td>
<td>Intermediate</td>
</tr>
<tr>
<td>Patients</td>
<td>4</td>
<td>Evaluate the establishment of an MMS principle that declares health in all its dimensions, including health care, as a human right.</td>
<td>Critical</td>
</tr>
<tr>
<td>Patients</td>
<td>5</td>
<td>Enhance collaboration with patients; health care and technology organizations; community resources; and state, federal, and other stakeholders; with a focus on our patient-centered objectives.</td>
<td>Intermediate</td>
</tr>
<tr>
<td>Patients</td>
<td>6</td>
<td>Advocate for access, affordability, and quality of patient care to be the primary objectives of care integration.</td>
<td>Immediate</td>
</tr>
<tr>
<td>Physicians</td>
<td>1</td>
<td>Identify and implement three high-impact initiatives to advocate for the reduction of unnecessary regulations and administrative burdens.</td>
<td>Critical</td>
</tr>
<tr>
<td>Physicians</td>
<td>2</td>
<td>Create a physician community that includes opportunities for networking.</td>
<td>Intermediate</td>
</tr>
<tr>
<td>Physicians</td>
<td>3</td>
<td>Provide leadership development offerings for physicians and physician-led teams.</td>
<td>Immediate</td>
</tr>
<tr>
<td>Physicians</td>
<td>4</td>
<td>Identify factors that contribute to satisfying work environments and advocate with stakeholders for action, where needed.</td>
<td>Intermediate</td>
</tr>
<tr>
<td>Physicians</td>
<td>5</td>
<td>Advocate for fair and equitable systems of compensation.</td>
<td>Intermediate</td>
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<td>6</td>
<td>Pursue options to increase medical school affordability, including the option of free medical education.</td>
<td>Immediate</td>
</tr>
<tr>
<td>MMS</td>
<td>1</td>
<td>Evaluate impact and relevance of member-related products, services, and activities, and initiate a plan to discontinue those that do not offer strategic value to the membership.</td>
<td>Critical</td>
</tr>
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<td>MMS</td>
<td>2</td>
<td>Narrow focus and prioritize activities to align with our strategic plan.</td>
<td>Immediate</td>
</tr>
<tr>
<td>MMS</td>
<td>3</td>
<td>Reform governance to accomplish the strategic goals and objectives.</td>
<td>Immediate</td>
</tr>
<tr>
<td>MMS</td>
<td>4</td>
<td>Evaluate alternative sources of revenue in support of member-related areas to ensure MMS sustainability.</td>
<td>Intermediate</td>
</tr>
<tr>
<td>MMS</td>
<td>5</td>
<td>Ensure the financial strategy supports NEJM Group’s sustainability.</td>
<td>Critical</td>
</tr>
<tr>
<td>MMS</td>
<td>6</td>
<td>Develop a strategy to increase MMS brand recognition, profile, and communication with targeted audiences.</td>
<td>Intermediate</td>
</tr>
<tr>
<td>MMS</td>
<td>7</td>
<td>Create strategies that will engage various member constituent groups and increase engagement, diversity, and trust in MMS.</td>
<td>Intermediate</td>
</tr>
<tr>
<td>MMS</td>
<td>8</td>
<td>Expand advocacy efforts in collaboration with key stakeholders on issues deemed critical to physicians and patients.</td>
<td>Immediate</td>
</tr>
</tbody>
</table>

### Totals
- 5 Critical
- 6 Immediate
- 9 Intermediate
- 20 Total
Special Committee Renewal Decision Tree

- **Aligned with Strategic Priorities?**
  - **Yes**
    - Overlap or synergies with other committee?
      - **No**
      - Sunset
      - **Yes**
        - Quorum met in 2/3 of committee meetings?
          - **Yes**
            - Affordability of committee?
              - **Yes**
                - Renew
              - **No**
                - Sunset + Action
          - **No**
            - Sunset + Action
  - **No**
    - Sunset + Action

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Not for Distribution

October 2019
<table>
<thead>
<tr>
<th>Committees</th>
<th>Type</th>
<th>Year Established</th>
<th>Renewal Date</th>
<th>Assigned Strategic Initiatives</th>
<th>Self-Identified Strategic Initiatives</th>
<th>Attendance</th>
<th>Quorum #mtl/ #mtgs</th>
<th>FY19 Expense</th>
<th>FY20 Budget</th>
<th>FY20 Est. Cost of Staff Resources</th>
<th>FY20 Total Estimated Expenses</th>
<th>FY20 # Members</th>
<th>FY20 # Advisors</th>
<th>FY20 Est. Cost/ Member*</th>
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<tbody>
<tr>
<td>Accreditation Review</td>
<td>Special</td>
<td>1997</td>
<td>I-18 (1 year)</td>
<td>MMS #5, #6, #7</td>
<td>49% 4 of 4</td>
<td>$ 361</td>
<td>$ 2,032</td>
<td>$ 3,000</td>
<td>$ 5,032</td>
<td></td>
<td></td>
<td>10</td>
<td>1</td>
<td>$ 503</td>
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<td>Continuing Education Review - formerly</td>
<td>Special</td>
<td>1997</td>
<td>I-18 (1 year)</td>
<td>Patients #2</td>
<td>62% 4 of 6</td>
<td>-</td>
<td>$ 1,000</td>
<td>$ 18,000</td>
<td>$ 19,000</td>
<td></td>
<td></td>
<td>8</td>
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<td>$ 2,375</td>
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<td>I-18 (1 year)</td>
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<td>Phy #3</td>
<td>41% w/adv. 72.6% of those who attend</td>
<td>0 of 5</td>
<td>$ 1,108</td>
<td>$ 2,883</td>
<td>$ 6,000</td>
<td></td>
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<td>14</td>
<td>3</td>
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<tr>
<td>Environmental and Occupational Health</td>
<td>Special</td>
<td>1997</td>
<td>I-18 (1 year)</td>
<td>Patients #2</td>
<td></td>
<td>60% 4 of 5</td>
<td>$ 928</td>
<td>3,710</td>
<td>$ 4,500</td>
<td>$ 8,210</td>
<td></td>
<td></td>
<td>11</td>
<td>0</td>
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<tr>
<td>Geriatric Medicine</td>
<td>Special</td>
<td>1980</td>
<td>I-19</td>
<td>Patients #4, #6, Physician #1</td>
<td>58% 3 of 5</td>
<td>$ 1,454</td>
<td>$ 4,315</td>
<td>$ 4,500</td>
<td>$ 8,815</td>
<td></td>
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<td>2</td>
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<td>Global Health</td>
<td>Special</td>
<td>1999</td>
<td>I-20</td>
<td>Patients #2, 4, Physicians #2</td>
<td>MMS #1</td>
<td>60% 3 of 5</td>
<td>$ 1,199</td>
<td>1,353</td>
<td>8,000</td>
<td>9,353</td>
<td></td>
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<td>14</td>
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<td>History</td>
<td>Special</td>
<td>1995</td>
<td>I-19</td>
<td>Patients #2, 4, Physicians #2, 3, 6 MMS #1, 5, 8</td>
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<td>$ 1,440</td>
<td>1,591</td>
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<td>$ 384</td>
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<td>Information Technology</td>
<td>Special</td>
<td>1998</td>
<td>I-19</td>
<td>Patients #1, 2, 3, Physicians #2, 6 MMS #6, 8</td>
<td>50% 5 of 9</td>
<td>$ 17,553</td>
<td>$ 17,210</td>
<td>6,750</td>
<td>23,960</td>
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<td>LGBTQ Matters</td>
<td>Special</td>
<td>2007</td>
<td>I-19</td>
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<td>$ 3,942</td>
<td>2,919</td>
<td>19,000</td>
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<td></td>
<td>11</td>
<td>3</td>
<td>$ 1,993</td>
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<tr>
<td>Maternal &amp; Perinatal Welfare</td>
<td>Special</td>
<td>1988</td>
<td>I-19</td>
<td>Patients #2, Physicians #2 MMS #7, 8</td>
<td>55% 3 of 4</td>
<td>$ 1,048</td>
<td>1,279</td>
<td>7,500</td>
<td>8,779</td>
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<td></td>
<td>17</td>
<td>2</td>
<td>$ 516</td>
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<tr>
<td>Men’s Health</td>
<td>Special</td>
<td>2003</td>
<td>I-18 (1 year)</td>
<td>Patients #2, Physicians #2 MMS #7</td>
<td>43% 1 of 6</td>
<td>$ 595</td>
<td>1,821</td>
<td>2,250</td>
<td>4,071</td>
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<td>12</td>
<td>0</td>
<td>$ 339</td>
</tr>
<tr>
<td>Mental Health and Substance Use **NEW</td>
<td>Special</td>
<td>2019</td>
<td>I-22</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>5</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Nutrition and Physical Activity</td>
<td>Special</td>
<td>1976</td>
<td>I-18 (1 year)</td>
<td>Patients #2</td>
<td>63% 3 of 4</td>
<td>$ 586</td>
<td>1,240</td>
<td>6,000</td>
<td>7,240</td>
<td></td>
<td></td>
<td>13</td>
<td>0</td>
<td>$ 557</td>
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<tr>
<td>Oral Health</td>
<td>Special</td>
<td>2013</td>
<td>I-18 (1 year)</td>
<td>Patients #2, 6</td>
<td>48% 2 of 5</td>
<td>$ 733</td>
<td>1,214</td>
<td>4,500</td>
<td>5,714</td>
<td></td>
<td></td>
<td>10</td>
<td>6</td>
<td>$ 571</td>
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<tr>
<td>Preparedness</td>
<td>Special</td>
<td>2003</td>
<td>I-20</td>
<td>Patients #2</td>
<td>67% 4 of 4</td>
<td>$ 6,967</td>
<td>6,000</td>
<td>6,000</td>
<td>12,000</td>
<td></td>
<td></td>
<td>19</td>
<td>6</td>
<td>$ 632</td>
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<tr>
<td>Senior Physicians</td>
<td>Special</td>
<td>2013</td>
<td>I-18 (1 year)</td>
<td>Physicians #2, 3, 4</td>
<td>67% 4 of 4</td>
<td>$ 3,001</td>
<td>3,000</td>
<td>8,500</td>
<td>11,500</td>
<td></td>
<td></td>
<td>22</td>
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<td>$ 523</td>
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<tr>
<td>Senior Volunteer Physicians</td>
<td>Special</td>
<td>1995</td>
<td>I-18 (1 year)</td>
<td>Patients #2, 3, 4, #6 MMS #6</td>
<td>48% 3 of 5</td>
<td>$ 2,186</td>
<td>6,020</td>
<td>10,000</td>
<td>16,020</td>
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<td></td>
<td>14</td>
<td>0</td>
<td>$ 1,144</td>
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<tr>
<td>Student Health &amp; Sports Medicine</td>
<td>Special</td>
<td>1988</td>
<td>I-19</td>
<td>Patients #2, 6 MMS #1, 2, 3</td>
<td>54% 3 of 5</td>
<td>$ 1,274</td>
<td>1,427</td>
<td>4,500</td>
<td>5,927</td>
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<td></td>
<td>9</td>
<td>0</td>
<td>$ 659</td>
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<tr>
<td>Sustainability of Private Practice</td>
<td>Special</td>
<td>2015</td>
<td>I-20</td>
<td>Physicians #6, Physicians #1, 4 MMS #6</td>
<td>80% 10 of 10</td>
<td>$ 5,983</td>
<td>2,000</td>
<td>7,500</td>
<td>9,500</td>
<td></td>
<td></td>
<td>14</td>
<td>0</td>
<td>$ 679</td>
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** No Report Due.  LIGHT SHADED BLOCKS: Renewal due in FY21
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<thead>
<tr>
<th>Committees</th>
<th>Type</th>
<th>Year Established</th>
<th>Renewal Date</th>
<th>Assigned Strategic Initiatives</th>
<th>Self-Identified Strategic Initiatives</th>
<th>Attendance</th>
<th>Quorum #met/#mtgs</th>
<th>FY19 Expense</th>
<th>FY20 Budget</th>
<th>FY20 Est. Cost of Staff Resources</th>
<th>FY20 Total Estimated Expenses</th>
<th>FY20 # Members</th>
<th>FY20 # Advisors</th>
<th>FY20 Est. Cost/Member*</th>
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<tbody>
<tr>
<td>Violence Intervention &amp; Prevention</td>
<td>Special</td>
<td>1995</td>
<td>I-19</td>
<td>Patients #2</td>
<td>MMS #1, 2, 3</td>
<td>50%</td>
<td>2 of 5</td>
<td>$758</td>
<td>$1,231</td>
<td>$4,600</td>
<td>$6,731</td>
<td>11</td>
<td>4</td>
<td>$521</td>
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<td>Women’s Health</td>
<td>Special</td>
<td>1981</td>
<td>I-20</td>
<td>Patients #2, 4</td>
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<td>63%</td>
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<td>$457</td>
<td>$7,502</td>
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<td>18</td>
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<td>Young Physicians</td>
<td>Special</td>
<td>1993</td>
<td>I-19</td>
<td>Physicians #3</td>
<td>Physicians #2, 3</td>
<td>64%</td>
<td>3 of 5</td>
<td>$2,000</td>
<td>$3,000</td>
<td>$11,500</td>
<td>$14,500</td>
<td>13</td>
<td>0</td>
<td>$1,115</td>
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<tr>
<td>TOTALS</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>59% avg</td>
<td></td>
<td>$53,892</td>
<td>$72,747</td>
<td>$174,750</td>
<td>$247,497</td>
<td>289</td>
<td>43</td>
<td>** No Report Due. LIGHT SHADED BLOCKS: Renewal due in FY21</td>
</tr>
</tbody>
</table>

*Avg $865/mbr  
($250k ÷ 289 members)
Item #: 5
Code: OFFICERS Report I-19 C-5
Title: Sunset Policy Review Process
Sponsor: MMS Presidential Officers:
  Maryanne Bombaugh, MD, MSc, MBA, FACOG
  David Rosman, MD, MBA
  Carole Allen, MD, MBA, FAAP
Reviewers: Various MMS Committees

Referred to: Reference Committee C
  Tom Amoroso, MD, MPH, Chair

Background
Per the MMS Procedures of the House of Delegates, “a sunset mechanism with a seven-year time horizon shall exist for all Massachusetts Medical Society policy positions and statements established by the MMS House of Delegates… Policies are assigned to the appropriate standing committee/MMS section(s) (in consultation with appropriate special committees) to review whether to reaffirm, sunset, reaffirm for one year, or amend the policy and provide recommendations to the MMS presidential officers for final review and submission to the House of Delegates.” The following policies were not included in the A-19 Sunset Policy Review Process Report, and now one policy, below, will be sunset, and the remaining are recommended for amendment and reaffirmed for seven years.

Policy Scheduled for Sunset

**PRESCRIPTION AND NON-PRESCRIPTION DRUGS**

**Prescription Marketing**

*The Massachusetts Medical Society (MMS) supports the Board of Registration in Pharmacy’s review of the practice of pharmacies sending confidential patient information to a computer data-base marketing specialist as a violation of patient confidentiality.*

*HP*

*The MMS strongly supports legislation to curtail pharmacy disclosures of confidential patient information.*

MMS House of Delegates, 5/8/98
Reaffirmed MMS House of Delegates, 5/13/05
Reaffirmed MMS House of Delegates, 5/19/12

(Rationale: Pharmaceutical data: A 2017 Supreme Court decision (Sorrell v. IMS) ruled a Vermont law regulating the data exchange between pharmacies and pharmaceutical manufacturers was an unconstitutional violation restriction of commercial speech. We since have not seen any movement by states to regulate this practice.)
Recommendation:
That the following policies eligible for sunsetting be amended and reaffirmed for seven (7) year (added text shown as “text” and deleted text shown as “text”):

MEDICAL EDUCATION
1. Accreditation Council for Continuing Medical Education (ACCME)
The Massachusetts Medical Society adopts the Accreditation Council for Continuing Medical Education (ACCME)’s Accreditation Criteria and policies that include the Standards for Commercial Support: Standards to Ensure Independence in CME ActivitiesSM as amended from time to time, as a means to promote improvements in health care, and are independent of commercial influence. (HP)

MMS House of Delegates, 5/13/05
Reaffirmed MMS House of Delegates, 5/19/12

PRESCRIPTION AND NON-PRESCRIPTION DRUGS
2. Opioids/Naloxone
That the MMS will educate physicians about current law allowing for the prescription and dispensing of nasal-naloxone and encourage appropriate prescription for patients at risk for opioid overdose. (D)

MMS House of Delegates, 12/1/12

3. The MMS supports the use of nasal naloxone by medical first responders and trained non-medical personnel for the life-saving reversal of opioid overdose. (HP)

The MMS will advocate for the appropriate education of at-risk patients and their caregivers in the signs and symptoms of opioid overdose, and the use of nasal naloxone. (D)

MMS House of Delegates, 5/19/12

4. Limits on Medications and Testing or Treatment Supplies
The MMS supports the protection of the patient-physician relationship from interference by insurers’ various utilization control mechanisms, including unreasonable medication limits and testing or treatment supply quantity limits.

(HP)

MMS House of Delegates, 12/1/12

VIOLENCE
5. Hate Crimes
The Massachusetts Medical Society (MMS) recognizes that hate crimes pose a significant threat to the public health of individuals, families, communities, and society and social welfare of the citizens of the Commonwealth of Massachusetts and the Nation as a whole. (HP)

MMS House of Delegates, 11/7/98

Item 1 of Original: Reaffirmed MMS House of Delegates, 5/13/05

(Items 2-6 of Original Sunset)

Reaffirmed MMS House of Delegates, 5/19/12
6. Violence/against Physicians, Health Care Workers

The MMS deplores all forms of violence and terrorism against all members of society, and against the physicians and health care workers who provide them with medical services. (HP)

MMS House of Delegates, 11/7/98
Reaffirmed MMS House of Delegates, 5/13/05
Reaffirmed MMS House of Delegates, 5/19/12

Fiscal Note: No Significant Impact
(Estimated Expenses)

Estimated Staff Effort No Significant Impact
to Complete Directive(s):
Whereas, An MMS strategic initiative is MMS/3/Immediate: Reform governance to accomplish the strategic goals and initiatives; and

Whereas, The MMS Procedures of the House of Delegates, #19, Sunset Policy, states that:

A sunset mechanism with a seven-year time horizon shall exist for all Massachusetts Medical Society policy positions and statements established by the MMS House of Delegates.

Review/Report Process

Policies are assigned to the appropriate standing committee/MMS section(s) (in consultation with appropriate special committees) to review whether to reaffirm [for seven years], sunset, reaffirm for one year, or amend the policy and provide recommendations to the MMS presidential officers for final review and submission to the House of Delegates.

... ; and

Whereas, A portion of this procedure reads as follows:

Minor Amendments that Maintain the Original Intent of the Policy

The reviewing committee may propose amendments to any policy that maintain the original intent of the policy. Such policy amendments may only be adopted or not adopted by the House of Delegates. If a proposed policy amendment is not adopted, the original policy will be reaffirmed for one year and referred to the appropriate committee(s) for further analysis and potential submission of a new policy recommendation. Such items must be reported back to the House of Delegates within one year. (Adopted October 1993 & various amendments through 2016 Interim Meeting); and

Whereas, The current Sunset Policy Procedure has created confusion among delegates as to the available options for the disposition of the items submitted in the Sunset Policy Review Report to the House; and

Whereas, Once a minor amendment is proposed, under the current Procedures of the House of Delegates, the options change in that:
• Policies submitted for review with proposed minor amendments that are adopted will be reaffirmed for seven years
• Policies submitted for review with proposed minor amendments that are not adopted will be reaffirmed for one year and referred to the appropriate committee for further analysis; and

Whereas, Once a minor amendment is proposed (whether adopted or not adopted), policies cannot be sunset; and

Whereas, The option to sunset policies should be permitted, even when a proposed minor amendment is proposed, as set forth in the “Review/Report Process” under The MMS Procedures of the House of Delegates, #19; and

Whereas, To expedite the sunset procedure and preserve the efficiency of the House, at the reference committee hearing and HOD meeting, additional amendments to any submitted policy in the Sunset Policy Review Report have been traditionally out of order, but this rule is not specifically stated in the Procedures; therefore, be it

1. RESOLVED, That the MMS revise the MMS Procedures of the House of Delegates, #19, Sunset Policy, to provide that the House shall have the same options for disposition of items submitted for review under the Sunset Policy Procedure, regardless of any proposed recommended minor amendments; and, be it further (D)

2. RESOLVED, That the MMS revise the MMS Procedures of the House of Delegates, #19, Sunset Policy, to provide that policies submitted pursuant to the “Review/Report Process” may not be amended, except for minor amendments that maintain the original intent of the policy, by the House and that this rule may not be suspended. (D)

Fiscal Note: No Significant Impact
(Estimated Expenses)
Estimated Staff Effort
to Complete Directive(s): No Significant Impact
Item #: 7
Code: Resolution I-19 C-102
Title: Suggested Method for Expediting Referred Resolutions
Sponsor: Ihor Bilyk, MD
Referred to: Reference Committee C
Tom Amoroso, MD, MPH, Chair

Whereas, An MMS strategic initiative is MMS/7/Intermediate: Create strategies that will engage various member constituent groups and increase engagement, diversity, and trust in MMS; and

Whereas, The MMS has no official policy/House of Delegates (HOD) procedure regarding getting the input of the resolution sponsor when a resolution has been referred by the HOD to one or more specific committees for report back; and

Whereas, When a committee does not obtain the input of the referred resolution’s sponsor to better understand the intent of the resolution and, if possible, how to make the resolution acceptable for presentation to the HOD, the committee may unintentionally make recommendations that may not fulfill the spirit of the resolution; and

Whereas, Not obtaining the input of the referred resolution’s sponsor and rejecting the original resolution at the next “report back” creates inefficiencies in that time has been wasted and the same resolution will be visited 6 to 12 months later when the HOD meets again; and

Whereas, By obtaining the input of the referred resolution’s sponsor, the committee may have a more informed discussion on whether the resolution may be truly pertinent, and if so, then how it can be amended for presentation at the next HOD meeting; therefore, be it

1. RESOLVED, That the MMS amend the *Procedures of the House of Delegates* by adding a new procedure that requires that all committees evaluating a referred HOD resolution/report make a reasonable effort to contact the referred resolution’s author for further input and, if appropriate, to work with the author on how to fulfill the spirit of the resolution acceptable for presentation to the HOD; and, be it further (D)

2. RESOLVED, That the MMS amend the *Procedures of the House of Delegates* by adding language that requires that all committees evaluating a referred HOD resolution to include in their report back information on whether the referred resolution’s sponsor was able to provide feedback. (D)

Fiscal Note: No Significant Impact
(Estimated Expenses)
Estimated Staff Effort to Complete Directive(s): No Significant Impact