



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

MMS Strategic Plan FY2020-FY2024

(Updated May 2020 and March 2021)

Informed by environmental scans, the goals and objectives remain relevant and should be continued. The strategic initiatives have been updated to reflect current conditions.

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 and safety
- Integrity
- Commitment
- Equity

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 safe, equitable care, and promote medical education, training, research, and the continuing education of physicians.

<p>ASPIRATIONAL SHARED VISION (across MMS and NEJM Group)</p>	<p>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.</p>
<p>IMPACT</p>	<p>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.</p>
<p>RELEVANCE</p>	<p>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.</p>
<p>SUSTAINABILITY</p>	<p>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</p>

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 strategic initiative must be completed in the coming year

Immediate: Work on this strategic initiative must occur in the coming year

Intermediate: Work on this strategic initiative should occur in the coming year if at all possible

Later: Work on this strategic initiative 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, safe, 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, safe 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. Develop and execute a plan to improve health literacy, price transparency, and patient engagement. (Intermediate) (Objective 1)
2. Review, revise and execute a plan where MMS can have the strongest impact on access to care (including telehealth), focusing on vulnerable populations and social determinants of health including health equity, racial/ethnic disparities, food insecurity, and behavioral and mental health. (Immediate) (Objectives 2 and 4)
3. Review, revise and execute a plan to advocate for the affordability of care. (Immediate) (Objective 3)
4. Review, revise and execute an advocacy plan for access, affordability, and quality and safety of patient care to be the primary objectives of care and behavioral health integration. (Immediate) (Objective 5)

GOAL B: PHYSICIANS

Physicians will enjoy a satisfying career in medicine that is grounded in high-quality, safe 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. Review, revise and execute a plan to reduce unnecessary regulations and administrative burdens in the high impact areas of credentialing, prior authorization, quality and safety measurements, and telehealth. (Immediate) (Objectives 1 and 2)
2. Cultivate a physician community that includes opportunities for networking. (Intermediate) (Objective 2)
3. Review, revise and execute a plan and budget around leadership development and educational offerings for Massachusetts physicians and physician-led teams. (Critical) (Objective 2)
4. Support Task Force on Burnout in reviewing, revising, and executing a plan to address physician burnout issues. (Intermediate) (Objectives 2 and 3)
5. Advocate for the sustainability of private practice and fair and equitable systems of compensation for employed physicians. (Intermediate) (Objectives 2 and 3)
6. Review, revise and execute a plan to promote affordability of medical school education, with focus on affordability for underrepresented minority medical students. (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. Present analysis of member-benefits (utilization, perceived value, and financial analysis) to appropriate fiduciary bodies to facilitate prioritization and decision-making. Develop and execute a plan based on decisions made, if any. (Critical) (Objectives 1 and 2)
2. Review, revise and execute a plan to focus and prioritize member activities to align with our strategic plan. (Immediate) (Objectives 1 and 2)
3. Working closely with key stakeholders, identify and propose prioritized governance changes to present to the HOD that will enable the MMS to continue to thrive in the context of a rapidly changing health care and publishing environment. (Immediate) (Objectives 1 and 2)
4. Evaluate alternative sources of revenue in support of member-related areas to ensure MMS sustainability. Develop and begin the implementation of a plan to generate high margin revenue. (Immediate) (Objective 2)
5. Serve as a trusted leadership voice in health care and increase MMS brand recognition and profile. Quantify and communicate our value with targeted audiences. (Immediate) (Objective 4)
6. Create strategies that will engage various member constituent groups and increase engagement, diversity, and trust in MMS. (Critical) (Objectives 5 and 6)

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 and now as independent providers will 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 and regulatory efforts will not quiet—care delivery at the system level will be ever-evolving.
3. The ongoing shifting demographics of practicing physicians in Massachusetts 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, wearables that track health data etc., but will still largely rely on providers for decision-making.
6. Telehealth will be an integral part of care delivery. Research studies and technologic innovation will help shape its continued uptake and integration.
7. Increased focus and resources on workforce diversity, equity, and inclusion in care delivery and care delivery settings.

Costs/Economic Climate

1. Health insurance regulations, Medicare/ Medicaid reimbursement, and other federal changes as well as pandemics and other disasters will continue to increase the cost burden for hospitals, health systems, physician organizations, and physician practices 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. These organizations will increasingly be part of national systems.
3. The lines between health insurers and provider organizations will blur as insurers and related companies acquire physician organizations.
4. For-profit entities, such as national insurers, private equity firms and hospital systems, will play a larger role in Massachusetts health care.
5. Employers/ plan sponsors will aggressively seek to manage health care costs, pressuring payers and providers, and seeking alternative solutions.
6. Drug pricing—particularly specialty pharma—will remain a significant contributor to overall health spending.

7. Health care costs will continue to rise both nationally and in Massachusetts.
8. Both public and private payers will continue to squeeze reimbursement and drive the industry towards “value” to combat rising health care costs.
9. Physician reimbursement will be more variable, and increasingly based on outcomes and cost.

Public Health

1. Increased focus and resources on decreasing health disparities across the continuum.
2. Addressing the impact of poverty on vulnerable populations, with a focus on women, children and families will be critical.
3. Telehealth will be an integral part of care delivery, catalyzed by the Covid-19 pandemic, with the potential of providing increased access to care for vulnerable populations.
4. Public health infrastructure and policy changes are needed to propel health and equity forward in a post-pandemic world.
5. Health care systems will increasingly focus on population health and mechanisms outside of the delivery system to address it (e.g., housing, food security).
6. Pursuit of racial and social justice key.

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).
6. Telehealth and remote patient monitoring will offer patient centric services as an integral part of care delivery.

Medical Societies

1. Member needs will shift as the demographic makeup of the physician workforce will shift, with active physicians approaching retirement and the percentage of female physicians and new physicians joining the work force increasing.
2. Increased focus on diversity, equity and inclusion (DEI) initiatives within society leadership and board, committee composition and review of past and future policies with the DEI lens.
3. Medical societies will see changing priorities of members, with increasing value placed on issues such as burnout and work-life balance, diversity and inclusion, and mission driven activities.
4. 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.
5. State medical societies will have increasing opportunities to expand engagement and collaboration with a variety of entities, including provider organizations and specialty societies.
6. Sustainability of medical societies’ economic models will rely on increased alignment with institutions and the health systems employing physicians.
7. Recruitment and retention of early career physicians will be crucial to ongoing survival of medical societies.

Academic Publishing

1. Trust, integrity, quality, and safety 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. Time-constrained physicians will increasingly rely on the growing number of literature surveillance, curation, and summarization resources and synoptic content to stay current on developments in biomedical research.
8. Libraries will more aggressively negotiate subscription pricing for even the highest quality/safety content.
9. The Covid-19 pandemic has disrupted in-person conferences, resulting in drastic decline in demand for reprints of scholarly articles.
10. Domestic and international university libraries will continue to see flat or decreasing budgets overall.
11. National governments, private funders, universities, pharmaceutical companies, and consumers of research will continue to drive the academic publishing industry towards a variety of open access model.

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 independent provider status.
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, alternative payment arrangements, single payer).
3. Regulations/government mandates.
4. Pandemics, natural disasters, racially related violence, discrimination in workplace and health care settings.
5. Changing physician demographics (active physicians approaching retirement, increase in female and new physicians joining the work force) shifting priorities toward work-life balance and wellness vs. burnout, and mission driven activities.
6. Member priorities for advocacy more focused on reducing burnout/increasing wellness, improving the delivery of care and public health including health disparities, diversity, inclusion, equity.
7. Member benefits of interest more focused on wellness/burnout and mission driven activities.
8. Shift toward employed physicians and large national organization ownership.
9. For-profit entities, such as national insurers, private equity firms and hospital systems, will play a larger role in Massachusetts health care.
10. Changes in technology impact publishing, practice of medicine (AI, machine learning, robotics, patient engagement with digital technology including telehealth), personalized medicine (genomics), EHRs.
11. Consolidation/Regionalization.
12. Increased consumer engagement in their own care.
13. Medicare/Medicaid (increased administrative burden; decreased reimbursement).
14. Changes in the academic publishing environment (shifting ad revenues/users away from print); financial pressures across organization.
15. Increasing priority placed on diversity, equity, and inclusion by constituents across every facet of our business (membership, publishing, and workplace).