MASSACHUSETTS
MEDICAL SOCIETY

Every physician matters, each patient counts.

MMS Strategic Plan FY2020–FY2024

(Updated May 2020, March 2021, March 2022, and March 2023)

Informed by environmental scan, 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

The core purpose is 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 patient-physician 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.

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, and 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 the MMS toward 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 of Trustees. **Strategic initiatives** describe how the association will commit its resources to accomplish 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 well-being 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, well-being, 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. Continue to review and execute a plan where the MMS can have the strongest impact on access to care, focusing on vulnerable populations and social determinants of health including health equity, racial/ethnic disparities, food insecurity, substance use disorder, the impact of climate change on health, and behavioral and mental health (Critical) (Objectives 2 and 4).
3. Continue to review and execute a plan to advocate for the affordability of care (Immediate) (Objective 3).
4. Continue to review 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. Continue to review and execute a plan to reduce unnecessary regulations and administrative burdens in high-impact areas such as licensure/credentialing, prior authorization, quality and safety measurements, and telehealth (Immediate) (Objectives 1 and 2).
2. Cultivate a physician community that includes opportunities for networking (Immediate) (Objective 2).
3. Continue to execute a plan and budget around leadership development and educational offerings for Massachusetts physicians and physician-led teams with a focus on engaging underrepresented demographic groups (Critical) (Objective 2).
4. Continue to review and execute a plan to address workforce satisfaction, including physician burnout (Immediate) (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. Continue to review and execute a plan to improve health equity through enriching the physician workforce by eliminating inequitable barriers of entry to the profession, such as affordability of medical school education, with a focus on improving diversity, inclusion, and support of medical trainees from backgrounds underrepresented in medicine (Immediate) (Objective 4).

GOAL C: THE MASSACHUSETTS MEDICAL SOCIETY

The 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 the 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. Develop and execute plans to implement the recommendations of the MMS Sustainability Working group to enhance MMS benefits and services while contributing to the organization's goal to achieve a balanced operating budget through new revenues and improved cost efficiencies by FY24 (Immediate) (Objectives 1 and 2).
2. Continue to review and execute a plan to focus and prioritize member activities to align with the MMS strategic plan (Immediate) (Objectives 1 and 2).
3. Continue to work closely with key stakeholders to identify and propose governance changes to the House of Delegates, enabling the MMS to continue to thrive in a rapidly changing health care and publishing environment (Immediate) (Objectives 1 and 2).
4. Implement ongoing plans to develop high-margin sources of non-dues revenue in support of member-related areas to ensure MMS sustainability. Cultivate revenue opportunities that align with the MMS mission and provide value to members (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. Continue to create strategies that will engage various member constituent groups and increase engagement, diversity, and trust in the MMS (Critical) (Objectives 5 and 6).

<u>APPENDIX</u>

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 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, etc.) as part of a team-based care model and as independent providers will grow as health care costs rise and care access issues become more significant.
2. With increasing polarization in the health care space, state and federal legislative and regulatory debate on health care issues will continue — recognizing care delivery at the system level will be ever-evolving.
3. The ongoing shift in demographics of practicing physicians in Massachusetts is changing the behaviors and the values of the workforce.
4. A majority of health care services in Massachusetts will be delivered by three to four large integrated health systems.
5. Primary care and behavioral health integration continues with expanded legislative, regulatory initiatives, and funding sources (MassHealth, payers, legislative support).
6. 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.
7. Telehealth will be an integral part of care delivery, but its short and long-term role in the healthcare system will continue to evolve in a dynamic and uncertain regulatory, reimbursement, political, and entrepreneurial environment. Research studies, technological innovation, and legislative and regulatory initiatives will help shape its continued uptake and integration, especially for vulnerable populations.
8. Insurers, retail clinics and others will continue to roll out virtual primary care products (e.g., BCBS, Carbon Health & Firefly Health) attempting to expand access to care but also potentially threatening traditional physician-patient relationships and continuity of care.
9. Focus and resources on workforce diversity, equity, and inclusion in care delivery will increase. Recruitment of physicians underrepresented in medicine continues to be difficult and we will continue to work to remedy this. Workforce shortages remain, with high rates of inflation and increased labor costs exacerbating the shortages. Pipeline resources are promoted in legislation.

10. Focus on patient diversity, equity, and inclusion in care delivery and care delivery settings will increase.
11. The impact of COVID-19 exacerbating an existing work force shortage, coupled with the high volume of patients requiring hospitalization, and lack of supporting healthcare services has resulted in a crisis in healthcare access and overcrowding requiring heightened attention by public and private stakeholders.
12. Insurers may attempt to assume the role of 'practicing medicine' through cost containment methods such as prior authorization, decreasing physician autonomy and decision making for individual patient care.

Costs/Economic Climate

1. Health insurance regulations, Medicare/Medicaid reimbursement, and other federal changes as well as public health emergencies including pandemics and other natural and anthropogenic disasters will continue to increase the cost burden for hospitals, health systems, physician organizations, and physician practices, and tighten 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 vertically integrate and 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, to seek alternative solutions including virtual care.
6. Drug pricing — particularly specialty pharma — will remain a significant contributor to overall health spending; health care costs will continue to rise both in Massachusetts and the nation, prompting potential governmental intervention and oversight of health care competition/market share and contracting.
7. Both public and private payers will continue to push for decreased physician reimbursement while driving the entire industry toward "value"-based care as opposed to payment for episodic care as a mechanism to combat those rising health care costs.
8. Physician reimbursement will increasingly be based on outcomes and cost, and will continue to be a high priority for physicians and the society on the state and federal level.
9. Costs of running a physician practice, including goods and labor, will continue to increase at high rates, while pressures to reduce reimbursements will put tension on physician practice viability.
10. Cost of medical school education and the burden of medical school debt have implications for the diversity of the medical student population and will continue to drive specialty choice and practice setting unless solutions are presented. Loan repayment/forgiveness programs appear to be one possible solution so far.
11. The continued downward trend in physician reimbursement has created a crisis-

reduced reimbursement leading to decreased numbers of physicians and support staff, reduced practice viability, and opportunity for independent non-physician health care providers to independently practice medicine, and reduced patient access.

Public Health
1. The goal of reducing health disparities by increasing equitable access to comprehensive high-quality care across the continuum will drive public health and health system priorities.   Commercial and public payer health equity measures and corresponding financial incentives will help drive this prioritization.
2. Addressing the impact of social determinants of health, on vulnerable and historically marginalized communities, whose members come from largely underrepresented backgrounds including communities of color and low-income communities will be critical.
3. Establishing a pathway to evidence-based solutions that will reduce and prevent firearm violence while providing meaningful and sustainable investment to better understand and address its causes is an important step towards protecting the public's health.
4. Investment in public health infrastructure is needed to identify and mitigate current and emerging infectious and environmental threats and anticipate needed interventions to protect the health and welfare of all communities.
5. Health care systems will increasingly focus on population health by providing preventive care and utilizing mechanisms outside of the traditional health delivery system, such as establishing centers for management (treating substance use disorder, providing short-term housing, and supporting programs to address food security).
6. Pursuit of racial and social justice will be key to equitable access to health care.
7. Climate change and other environmental factors have an impact on individual and public health and health equity, which requires advocacy, education and leadership within healthcare.
8. Novel technologies and practice models, such as artificial intelligence and telemedicine, will increasingly be used to address public health concerns and health disparities.

Technology and Science
1. The pace of scientific and medical advances will continue to accelerate and will likely result in more personalized 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. A coalition (of academic hospitals, government agencies and private companies) will close the AI credibility gap in medicine with testing and oversight to advance improvements and adoption of AI.
4. Creation of independent testing bodies and a national registry of clinical algorithms is needed to allow physicians and patients to assess their suitability and performance and root out bias that so often skews their results.
5. AI and machine learning will be heavily leveraged to improve customer experience (e.g., adaptive learning and quizzing, personalized content/curation).
6. 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/fraud, etc.).
   7. 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 shifts, with active physicians approaching retirement and the percentage of female physicians and new physicians joining the workforce, including physicians of color and male physicians of color.
   2. There will be an increased focus on structural racism; diversity, equity, and inclusion (DEI) initiative 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. Society membership benefits and services will need to align with the needs of employed physicians working in large, complex health systems and physician organizations, as well as those in small independent practices.
   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 benefit from increased alignment with institutions and the health systems employing physicians and on new high margin revenue streams.
   7. Recruitment and retention of early-career physicians will be crucial to ongoing survival of medical societies.

Continuing Medical Education
   1. Continuous expansion of the health care industry including development of new medical devices and treatments require physicians and other health care professionals to update their medical knowledge and clinical skills.
   2. Addressing mental health and substance use disorder will require ongoing education.
   3. According to the Association of American Medical Colleges, the physician workforce lacks diversity and inclusion, particularly in areas of leadership. Ongoing education in diversity, equity, and inclusion will be needed to assist with addressing this issue.
   4. Pharmaceutical companies are a leading funder of independent medical education for physicians.

Academic Publishing
   1. Trust, integrity, quality, and safety will be significant differentiators in a world of information overload.
   2. Information that has not yet undergone scientific review will be increasingly available and will be susceptible to being misinterpreted.

3. Pharmaceutical companies will increasingly demand metrics-based digital advertising (e.g., targeted access to specified clinicians, prescribing patterns).
4. The market share of different advertising media will continue to shift away from print.
5. Academic research will continue to be distributed digitally, and users will expect content to become more personalized, 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, 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 content.
9. Domestic and international university libraries will continue to see flat or decreasing budgets overall.
10. National governments, private funders, universities, pharmaceutical companies, and consumers of research will continue to drive the academic publishing industry toward a variety of open access models.

Key Drivers of Change

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

MMS KEY DRIVERS

1. There is a rise of advanced practice clinicians and a move toward independent provider status and an increase in primary care and virtual care options offered by insurers and retail clinics.
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 continue.
4. There needs to be preparation for future pandemics and natural disasters and advocacy against discrimination and violence in the workplace and health care settings.
5. There will be changing physician demographics (active physicians approaching retirement, increase in female and racially diverse physicians joining the work force) and shifting priorities toward work-life balance and wellness versus burnout, and mission-driven activities.
6. Member priorities for advocacy will continue to focus on reducing burnout/increasing wellness, improving the delivery of care and public health including health disparities, diversity, inclusion, and equity.
7. Member benefits of interest will continue to focus on wellness/burnout and mission-driven activities, in addition to leadership and mentoring opportunities.
8. There will be a 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. Workforce shortages affect the whole system as does supply chain issues and inflation.
11. Changes in technology will continue to impact publishing, practice of medicine (AI, machine learning, robotics,patient engagement with digital technology including telehealth), personalized medicine (genomics), and EHRs.
12. Health systems and health plans will continue to consolidation or regionalization.
13. Engagement of consumers in their own health care will continue to increase.
14. There will continue to be increased administrative burden and decreased reimbursement from Medicare and Medicaid.
15. There will continue to be changes in the academic publishing environment (ad revenues/users shifting away from print) and financial pressures across the organization.
16. Priority placed on diversity, equity, and inclusion by constituents across every facet of our business (membership, publishing, and workplace) will increase.