

Annual Meeting Performance Review: Strategic Discussion 2

Why the board is having a second performance review/strategic discussion about the Annual Meeting: The January performance review discussion was cut short due to time overruns on other agenda items

Assumptions for the May discussion: (1) That 2018 and 2019 Annual Meeting attendance remains constant or declines; and, (2) Component medical societies are supportive of alternatives to the existing Annual Meeting.

What we want to achieve during this Annual Meeting performance review/strategic discussion: (1) Review the Annual Meeting financial and attendance data, membership survey results and staff and volunteer time dedicated to the Annual Meeting; and (2) Get out of the box and share creative ideas for alternative uses of the Annual Meeting expenditures that engage physicians and medical students in-person.

Background: In 2014, to ensure that CMS remain energized and relevant to members in the future, a governance reform initiative was launched. The 2014 HOD considered a governance report developed by the board of directors and gave the green light for the board to take a deeper dive into structural proposals that would shape the long-term effectiveness of CMS. This led to a second year of extensive work resulting in passage of the most sweeping set of governance and communications reforms in the history of the organization in 2015. These reforms included, among others, continuation of the Annual Meeting. This governance reform package was passed with an overwhelming 87% of delegates in favor.

What specifically was approved in the 2015 HOD governance reform report relating to the Annual Meeting:

“Recommendation 5: Transform the Annual Meeting into a forum for collegiality, information sharing, an open forum with the BOD, and other purposes to be determined by the BOD.”

“Rationale: To be attractive to members who are willing to consider a multi-specialty statewide meeting, programming and format should be adjusted.”

How the board implemented the recommendation to transform the Annual Meeting:

A demographically diverse Annual Meeting Reengineering Work Group was appointed at the November 2015 BOD meeting. The board asked the work group to produce a new format and programming for the 2016 Annual Meeting. They used the results of a member-wide survey to design programs and extra-curricular activities. A marketing plan was developed and implemented. The 146th Annual Meeting, the first in the society’s history without a HOD, was held September 16-18, 2016 in Keystone, Colorado. It was promoted as a motivational sanctuary for physicians to share, argue, and learn from the best of the best – not the sort thing you can get from a website. In an era of burnout and unrelenting change and stress, this gathering was intended to stimulate, entertain, and help physicians remember why they went to medical school.

The board appointed a second Annual Meeting Work Group to develop the agenda and advertising for the 2017 Annual Meeting. The objective was to increase 2017 Annual Meeting participation by 5% and maintain or exceed satisfaction reviews.

CMS ANNUAL MEETING FINANCIAL SUMMARY 2015-2017

	Annual Meeting	Annual Meeting	Annual Meeting	Annual Meeting	Annual Meeting
	*2019-est.	*2018-est.	2017	2016	2015
Total expense	\$141,732.56	\$130,131.32	\$125,071.38	\$140,592.25	\$104,310.56
COPIC sponsorship	\$11,500.00	\$11,500.00	\$11,500.00	\$11,500.00	\$11,500.00
Net exhibitor income	\$25,000.00	\$25,000.00	\$24,754.05	\$30,015.00	\$27,801.24
Net Expense	\$105,232.56	\$93,631.12	\$88,817.33	\$99,077.25	\$65,009.32
Physician attendance	*101-est.	*101-est.	101	107	128
Student attendance	*99-est.	*99-est.	99	67	59
Total attendance	*200-est.	*200-est.	200	174	187

CMS ANNUAL MEETING DEMOGRAPHICS 2015-2017

	*2019-est.	*2018-est.	2017	2016	2015
Medical Students	99	99	99	67	59
Physicians <40	8	8	8	13	12
Physicians 40-49	22	22	22	25	25
Physicians 50-59	24	24	24	24	26
Physicians 60-69	29	29	29	25	34
Physicians >= 70	18	18	18	20	31
Avg. age students and physicians	42.2	42.2	42.2	48.48	51.5
Avg. age physicians only	57.42	57.42	57.42	56.81	58.98

CMS 2017 ANNUAL MEETING MARKETING EFFORT

Promotional postcard

- Printed postcard mailed to all active members (nearly 6,000 physicians) - Aug. 15

ASAP

- ASAP June 2 (registration launched)
- ASAP June 27
- ASAP July 19
- ASAP July 27
- ASAP Sept. 7

COLORADO MEDICINE

- Jan-Feb - Save the date
- March-April - Save the date
- May-June - Save the date
- July-August - Agenda, registration form and preview

Other outreach

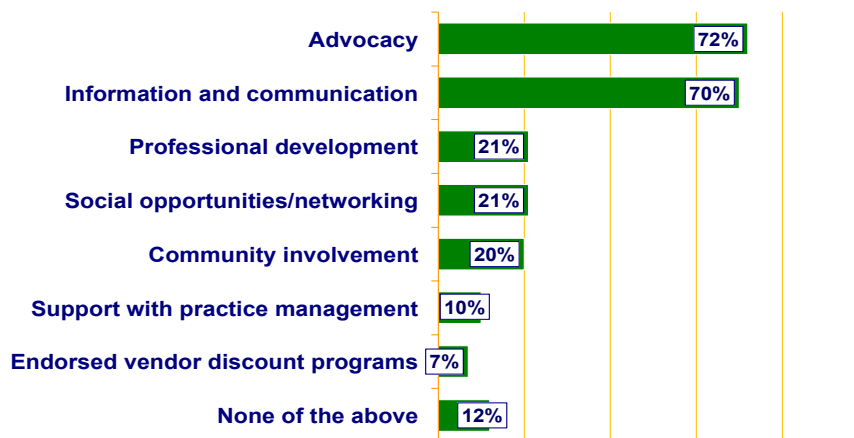
- BOD Basecamp post - July 19
- All-member invite from Dr. Lozano - July 24
- Dr. Yakely email to CMS-member urologists - Aug. 1
- Annual Meeting notes for Attendees - Sept. 13
- Parking update for attendees - Sept. 14

Marketing Package Sent to all Component Societies - July 21

- NCMS included meeting mention in summer 2017 newsletter
- BCMS included meeting mention in summer newsletter
- DMS included meeting mention in July 2017 newsletter
- PCMS included meeting mention in July 2017 newsletter
- CCVMS sent a special email from Dr. Yakely to CCVMS members - early August

REVIEW OF RELEVANT ALL-MEMBER SURVEY DATA

'Advocacy' and 'Information/Communication' continue to be the top reasons members rely on CMS; physicians in large facilities are more likely to say 'social/networking'



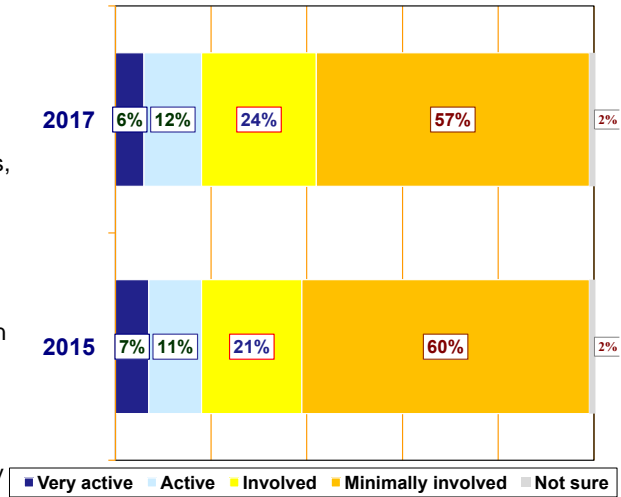
Q7: For which of the following do you rely on the Colorado Medical Society? Please select all that apply.

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CMS engagement levels are similar to the baseline we adopted in 2015

There are different ways that physicians engage the various organizations in which they have membership:

- Very active, as a leader in the organization
- Active, as members who attend events, read publications, give input on key issues and encourage others to take actions or engage, but would rather not take a leadership role in the organization
- Involved, as members who read publications, want to be educated and aware on key issues, and might attend an event or take an action (call a legislator, sign a petition) if a major issue came up that was relevant to them
- Minimally involved, as members who might occasionally browse publications or correspondence, but are unlikely to take actions or participate in in-person events



Q32. How would you describe your current engagement with CMS?

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Nearly half (including 36% of “minimally” involved members) are interested in dinner with a legislator, and one-third (with 20%-30% of “minimally involved” members) interested in a 2nd-tier set of ideas



Q33: What ways might you be interested in becoming more involved? Please check all that you feel CMS should explore:

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