

## **In-Person Meetings and the CMS Annual Meeting Board Strategic Discussion 1: 11-16-18**

**Fiscal Year 2018-2019 Objective:** Approve a plan during fiscal year 2018-2019 that maximizes chances for meaningfully increasing physician engagement with CMS using in-person meetings.

**Why the board is having this discussion:** The board of directors suspended the 2019 Annual Meeting to ensure adequate funding to meet the extraordinary challenges facing physicians and patients in the 2019 legislature and to investigate the best approach to meaningful-in-person member-engagement.

**What the board voted on in September, 2018:** The fiscal year 2018-2019 operational plan calls on the board, **through a board subcommittee**, to:

1. Study whether to continue the Annual Meeting in some form or transition to new and innovative ways to meaningfully engage members:
  - a. Seek input from component medical societies and the general membership through a Kupersmit Research survey and through a focus group of members who have and have not attended the annual meeting;
  - b. Survey state medical societies for the purpose of identifying successful member engagements
  - c. Analyze existing membership data to help identify membership engagement preferences and priorities
2. Hold regional forums in 2018-2019 with interested component medical societies

### **Instructions:**

**Step 1: Read the Annual Meeting Backgrounder**

**Step 2: Review 2016-2018 Annual Meeting demographics and costs**

**Step 3: Review all-member survey data on member participation in CMS**

**Step 4: Read and answer the 3 strategic questions and be prepared to engage on your answers at the November board meeting**

**Step 1: Annual Meeting Backgrounder:** In 2015, to ensure that CMS remain energized and relevant to members in the future, governance and communications reforms that, among other things, repealed the House of Delegates, directed that a virtual policy forum be instituted and continued the Annual Meeting as a forum for collegiality, information sharing, an open forum with the BOD, and other purposes to be determined by the BOD. The rationale was to make the Annual Meeting attractive to members who are willing to consider attending an Annual Meeting with a new format.

A demographically diverse Annual Meeting Reengineering Work Group was appointed in 2015 charged by the board 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 146<sup>th</sup> 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. A third work group was appointed to design the 2018 Annual Meeting. Physician attendance at the 2018 meeting, despite extensive marketing, continued its four-year decline while student attendance increased.

The CMS virtual policy forum, Central Line, went live in 2017. A board performance review of Central Line in late 2017 demonstrated that 1833 individual members had voted on policy proposals.

## Step 2: CMS Annual Meeting demographics and costs: 2015-2018

### CMS ANNUAL MEETING FINANCIAL SUMMARY 2015-2018

	Annual Meeting	Annual Meeting	Annual Meeting	Annual Meeting	Annual Meeting
	<i>*2019-est.</i>	<i>*2018-est.</i>	2017	2016	2015
<b>Total expense</b>	\$0.00	\$140,000.00	\$125,071.38	\$140,592.25	\$104,310.56
<b>COPIC sponsorship</b>	\$0.00	\$11,000.00	\$11,500.00	\$11,500.00	\$11,500.00
<b>Net exhibitor income</b>	\$0.00	\$40,000.00	\$24,754.05	\$30,015.00	\$27,801.24
<b>Net Expense</b>	<i>\$0.00</i>	<i>\$89,000-est.</i>	<b>\$88,817.33</b>	<b>\$99,077.25</b>	<b>\$65,009.32</b>
<b>Physician attendance</b>	-	96	101	107	128
<b>Student attendance</b>	-	125	99	67	59
<b>Total attendance</b>	-	221	200	174	187

## CMS ANNUAL MEETING DEMOGRAPHICS 2015-2017

	*2019-est.	2018	2017	2016	2015
Medical Students	-	125	99	67	59
Physicians <40	-	10	8	13	12
Physicians 40-49	-	26	22	25	25
Physicians 50-59	-	18	24	24	26
Physicians 60-69	-	23	29	25	34
Physicians >= 70	-	19	18	20	31
Avg. age students and physicians	-	40.2	42.2	48.48	51.5
Avg. age physicians only	-	57.5	57.42	56.81	58.98

### 2016-18 Practice Specialty Splits

42% Primary Care  
58% Specialty Care

### 2016-18 Gender Split

34.5% female  
65.5% male

### 2016-18 Membership Classification

73% Active/graduate/military  
22% Emeritus/Dues Exempt  
5% Part-time

### 2016-18 Three-year Physician Attendance

35 all three years  
51 two of three years  
100 one of two years  
186 different attendees

### 2016-18 Attendance %

19.0%  
27.0%  
54.0%

## Step 3: Review all-member survey data

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 2<sup>nd</sup>-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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**‘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.

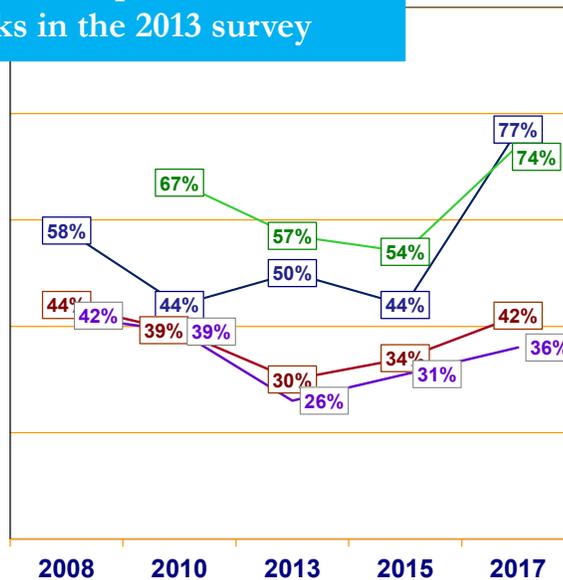
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In a 2015 organizational planning survey, a core of members (18%) view themselves as being either “very active” or “active” in terms of their engagement with CMS, 21% feel they are “involved” and a majority (61%) say they are just “minimally involved.” Asking about the future, if CMS met members more on their terms, 23% want to be “very active” or “active,” 30% want to be “involved” and 35% want to be “minimally involved” (and 11% are unsure).

In a 2017 “Focus Forward CMS” strategic planning survey, the board of directors asked questions about Central Line, measured the CMS brand against past data, and asked about the types on in-person meetings members would find of interest. The survey revealed:

- **Overall, 69% are familiar with Central Line**
- **Nearly one-half (46%) have already participated in a Central Line vote/policy, and 25% have heard of it but have not yet participated**
- **88% approve (including 65% who “strongly” approve) of Central Line, while 1% “somewhat” disapprove, 8% “neither approve nor disapprove” and 3% are unsure**

Tracking shows clear improvement in ‘input’ and ‘communication,’ while other ratings have improved back to their 2008 levels since hitting low marks in the 2013 survey



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#### Step 4: Strategic Questions:

1. If a dues-paying CMS member asked the following questions, how would you answer?
  - a. How does the Annual Meeting contribute to the CMS mission of championing health care issues that improve patient care, promote physician professional satisfaction and create healthier communities in Colorado?
  - b. Since I don't attend the Annual Meeting, how do you justify spending my dues on this function? How does the Annual Meeting benefit me?
2. If CMS were going to discontinue the Annual Meeting, how would you reallocate the \$90,000 in resources? Explain as many as you like.
3. Thinking about member uptake on Central Line, should resources be split between developing more meaningful in-person meetings and upgrading communication platforms for members to engage with CMS virtually? Explain your answer.