



MARYLAND ACADEMY OF FAMILY PHYSICIANS

ABLE, RESPONSIVE FAMILY PHYSICIANS SERVING THEIR COMMUNITIES

Strategic Planning Retreat December 4, 2010

The Maryland Academy of Family Physicians (IAFP) was founded in 1948. It is designated as a 501(c)6 by the IRS. It has a subsidiary in the form of a foundation 501(c)3. The association is affiliated with the American Academy of Family Physicians.

MD-AFP has 1,115 total members representing approximately 72% of the market share in Maryland. The MD-AFP membership retention rate is 93.6%. The Board of Directors is comprised of 22 Family Physician leaders who meet quarterly. The organization has long-term, experienced staff, led by Executive Director Esther Barr, a 28-year staff member. The organization regularly conducts Continuing Medical Education conferences, publishes a quarterly journal that offers Continuing Medical Education credit, a monthly electronic newsletter to members and an annual meeting for members.

The organization has annual dues revenue of \$226,000 which is 61% of the annual budget. The recommended range for an association is 40% - 50%. The staff expense represents 35% of the annual budget. It is recommended that the staff expense be up to 50%. These recommendations are based on annual benchmark reports from The Center for Association Leadership.

Strategic Planning Participants

The following members of the Academy's Board of Directors participated: Eugene J. Newmier, DO, President; Yvette Oquendo-Berruz, MD, President-Elect; Joseph W. Zebly, III, MD, Treasurer; Kisha N. Davis, MD, Secretary; Eva S. Hersh, MD, Vice-President, Central; Jocelyn M. Hines, MD, Director, Central; Mozella Williams, MD, Director, Central; Rosaire Verna, MD, Director, Eastern; Kari Alperovitz-Bichell, MD, Director, Southern; Ramona G. Seidel, MD, Director, Southern; Matthew Hahn, MD, Director, Western and Howard E. Wilson, MD, AAFP Delegate. Niharika Khanna, MD, Public Health Committee Chair also participated. Staff included Esther Barr, CAE, Executive Director and Phaedra Ellis, Member and Meeting Services Manager. Facilitated by Nancy Fisher, CAE, American Academy of Family Physicians.

Strategic Plan Duration 2011 - 2013

The Board of Directors set five broad goals spanning three years. The plan will be updated annually and used by the President-Elect to set the work plan which will include scheduled progress reports as determined by the Board of Directors. Committee efforts should support the plan's goals and strategies.

Mission and Vision Statements

The mission and vision statements create an internal and external image of the association which distinguishes the organization from other associations. The mission statement is required by the IRS --- the vision statement is optional but commonly used in nonprofit organizations.

The Board of Directors created a new mission statement to more closely reflect the purpose of the organization.

Mission Statement (*Existing*)

Able, responsive family physicians serving their communities.

Mission Statement (*Amended*)

To support and promote Maryland physicians in order to improve the health of our State's patients, families and communities.

The Board of Directors will consider the addition of a vision statement at a later date, possibly incorporating the prior Mission Statement of *Able, responsive family physicians serving their communities*.

AAFP Mission Statement

The mission of the AAFP is to improve the health of patients, families, and communities by serving the needs of members with professionalism and creativity.

AAFP Vision Statement

AAFP's vision is to transform health care to achieve optimal health for everyone.

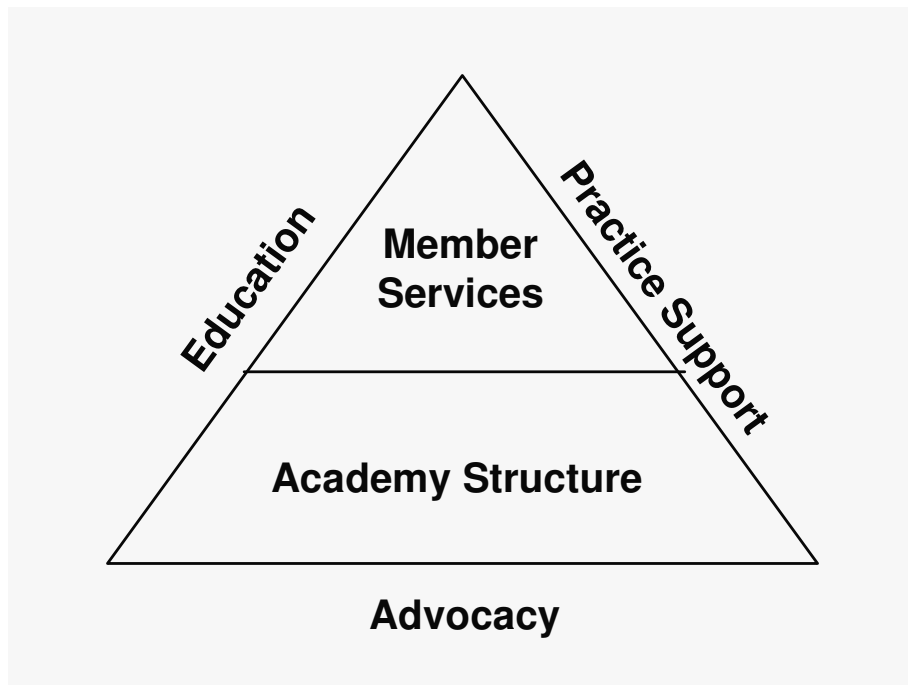
AAFP Goals:

1. **Advocacy** – Shape health care policy through interactions with government, the public, business and the health care industry.
2. **Practice Enhancement** – Enhance members' abilities to fulfill their practice and career goals.
3. **Education** – Promote high quality, innovative education for physicians, residents and medical students that encompasses the art, science, evidence and socioeconomics of Family Medicine.
4. **Health of the Public** – Assume a leadership role in health promotion, disease prevention and chronic disease management

Maryland Academy of Family Physician Goals

The Board of Directors carefully considered the mission to develop the following goals:

- I. **Advocacy** – Advocate for Family Physicians and for the health of the patients they serve.
- II. **Practice Support** – Provide practical support to allow members to thrive and excel in areas of clinical care and sustainable practice management.
- III. **Education** - Provide high quality, innovative education for members.
- IV. **Member Services** - Enhance recruitment, satisfaction and participation of members.
- V. **Organization Structure** - Maintain efficient and effective operations for the organization, the staff and the Board of Directors.



Maryland Academy of Family Physician Commissions and Committees

It is noted within the MD-AFP Bylaws, *So as to better organize those committees with similar over-riding interests, and to streamline reporting to the Board of Directors, four commissions are established. Each commission is headed by one of the four Vice Presidents and consists of the chairpersons of each of the committees that fall under the purview of that commission. The President with the advice of the Board of Directors, shall appoint standing or special committees and determine which committees fall under each commission.*

The current structure includes 4 commissions and 17 standing committees. The Board of Directors recommended the commission/committee structure be modified to include 4 commissions and 10 committees.

MD-AFP commissions:

- I. Commission on Membership and Member Services
- II. Commission on Health Care Services and Public Health
- III. Commission on Education
- IV. Commission on Legislative and Economic Affairs

The current committee structure includes:

1. Executive Committee *
2. Bylaws Committee *
3. Finance Committee *
4. Membership Committee
5. Nominating Committee
6. Publications Committee
7. Public Relations Committee
8. Resolutions Committee
9. Special Constituency Committee
10. Technology Committee
11. Public Health Committee
12. Research Committee
13. Rural Health Committee
14. Legislative Committee
15. Education Committee
16. Peer Review Committee *
17. Committee on Scientific Assembly *

* Denotes committee is specified in Bylaws

The Board of Directors recommended the committee structure be modified to include the following 10 committees:

1. Executive
2. Bylaws
3. Finance
4. Nominating
5. Member Support (Include Rural Health)
6. Technology
7. Public Health
8. Legislative
9. Education (Include Scientific Assembly)
10. Publications (Include Public Relations)

The committee restructure would require the elimination of the following committees:

1. Public Relations (Incorporate into Publications Committee)
2. Resolutions Committee (Dissolve)
3. Special Constituency Committee (Dissolve)
4. Research Committee (Dissolve)
5. Rural Health Committee (Incorporate into Member Support Committee)
6. Peer Review (Bylaws)
7. Scientific Assembly (Bylaws)

It is understood by the Board of Directors that the MD-AFP Bylaws will need to be revised to remove the requirement from the bylaws prior to dissolving the Peer Review Committee.

It will be important to establish a protocol to be followed in the elimination of any standing committee to include such important processes as communication to current committee members, placement of those committee members on another committee, development of committee member job descriptions and communication of changes to the commissions and committee chairs.

Each committee will develop strategies and tactics to support their respective goals. Those strategies and tactics will be incorporated into the final Strategic Plan which will be approved by the Board of Directors.

I. Advocacy – Advocate for Family Physicians and for the health of the patients they serve.

Committee Alignment: *Legislative Committee*; Public Health Committee

- A. Shape health care policy to improve the practice environment for Family Physicians.
- B. Collaborate with other primary care organizations to advocate for fair payment for Family Physicians.
- C. Promote the value of family medicine in Maryland to increase the Family Medicine workforce in Maryland.
- D. Advance access to health care for citizens of Maryland.

II. Practice Support – Provide practical support to allow members to thrive and excel in areas of clinical care and sustainable practice management.

Committee Alignment: *Member Support Committee*; Technology Committee; Education Committee

- A. Be a reliable and professional source of useful practice management tools.
 - 1. Assist members in evaluating new technology and incentive programs.
 - 2. Identify vulnerable practice models and develop strategy for support.
 - 3. Provide resources to assist members in becoming a PCMH.
- B. Educate and update members on the changes in the evolving health care environment.

III. Education – Provide high quality, innovative education for members.

Committee Alignment: *Education Committee*; Technology Committee; Publications Committee

- A. Provide quality programming for physicians, residents and students.
- B. Expand access of educational programming.
 - 1. Explore use of additional delivery methods such as webinars and podcasts.
 - 2. Ensure programming accessible to physicians in vulnerable practice environments such as solo practice and rural practices.

IV. Member Services - Enhance recruitment, satisfaction and participation of members.

Committee Alignment: *Member Support Committee*

- A. Increase engagement of members.
 - 1. Explore use of social networking tools to engage members.
 - 2. Create opportunities for member involvement that require limited time commitment.
- B. Increase number of New Physician members.
 - 1. Conduct new member outreach campaign.
 - 2. Promote value of membership for physicians in all categories of practice.
- C. Promote Family Medicine to medical students.
 - 1. Work with MD-AFP Foundation to develop student initiatives.
- D. Develop survey tool to determine needs and measure satisfaction of members.

V. Organization Structure - Maintain efficient and effective operations for the organization, the staff and the Board of Directors.

Committee Alignment: *Finance Committee*; Nominating Committee;
Technology Committee; Bylaws Committee

- A. Optimize technical capabilities to maximize efficiency in operations.
- B. Ensure staff remains engaged and supported.
- C. Develop tools to assist MD-AFP leaders in their roles.
 - 1. Participate in pilot program with AAFP to develop Board governance materials such as Board Orientation and Board Book.
 - 2. Develop leadership succession plan for Board of Directors.
- D. Ensure bylaws are reviewed and revised to ensure effective operations.
- E. Develop comprehensive communications plan.
 - 1. Promote the strategic plan to create awareness of MD-AFP initiatives
- F. Ensure strategic plan consistent with staff and committee capacity.