

COMMITTEE ON MEMBERSHIP

David Podwall, MD, Chair
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Meeting of June 7, 2017

FOR COUNCIL CONSIDERATION

Item 1: Resolution 2017-212 MSSNY Representation for Nonaffiliated Groups of Physicians

RESOLVED, That the Medical Society of the State of New York seek to identify and enumerate nonaffiliated groups of physicians, e.g. Sports Medicine, Health and Wellness, Nutrition, outpatient cosmetic surgery, basic research, etc.; and be it further

RESOLVED, That groups of nonaffiliated physicians be offered a dues reduction; and be it further

RESOLVED, That groups of nonaffiliated physicians be offered representation in the MSSNY HOD; and be it further

RESOLVED, That MSSNY leadership consider group size as an alternative to percentage of members in establishing eligibility requirements for dues and representation.

The House of Delegates referred this resolution to the Council after hearing concerns that lacking a definition of “nonaffiliated groups” or a requirement that a percentage of the physicians in those groups be members, virtually every physician in the state could qualify for reduced dues without any assurance of an increase in membership numbers. It was also noted that an infinite number of groups could seek representation in the HOD, while also being represented through their county or section.

Discussion

The Membership Committee discussed the resolution’s goals and reviewed MSSNY’s current approaches to group and medical staff membership. They agreed that a new model of group affiliation membership could be advantageous. The chairs offered some alternatives for consideration and asked for opinions on types of membership that could be offered, what they would consist of, who would be eligible for them, and how they should be priced.

Sponsorship? Partnership?

Comments centered on creation of another avenue of involvement that could be called “affiliation,” “sponsorship” or “partnership,” that would address the expressed desire of some existing groups to be supportive of the medical societies and engaged with the membership, but where the groups are not in a position to pay for or secure the agreement of all of their physicians to be members.

Some groups are already supporting county medical societies through event sponsorship and other means, and some are led by members who are engaged in medical society leadership positions.

The committee discussed creating an approach to formalizing such relationships, with a fee structure that could be presented readily for consideration, without the delay entailed in roster analysis and development of a dues discount proposal that sometimes has put the brakes on a promising discussion of avenues of cooperation. Differing levels of support could be recognized with Silver, Gold, Platinum or Diamond designations, and might include a varying number of memberships.

Individual Memberships Included?

The first question the committee examined was whether or not such affiliations should include individual memberships.

- Arguments in favor of including some individual memberships with a partnership or sponsorship arrangement focused on the overarching principle of **strengthening MSSNY's clout through increased numbers of members.**
- Concerns were raised that providing an option for recognition that allows some of the physicians to belong at a reduced dues rate could lead to **retrenchment in support from groups that currently meet the 100% membership requirement.**
- One approach that had some appeal would be to consider creating a "**Bridge to Membership**" relationship, which would be time-limited and would involve the group's providing access to its physicians and its active encouragement for them to join.
- The committee seemed inclined to offer a package of benefits to groups **without an individual membership component**, but perhaps **to remain flexible** in this and allow for development of agreements on an individual or county basis.

What Benefits to Offer?

Fees for Partnership or Sponsorship could include:

- Advertising in county society and MSSNY publications, with differing rates based on the prominence and frequency of ads.
- Recognition on the county and state medical societies' websites
- Permission to use society logos for approved purposes
- Exhibits at county society or MSSNY meetings
- Possible representation on county society boards or in the MSSNY OMSS by a group representative who must be a member. (Perhaps this could be included only with the premium partnership packages.)
- Possible representation in the MSSNY HOD by one delegate, who must be a member, and with expenses to be borne by the group.
- Or should HOD representation be based on the current requirement for specialty societies that 25% of their members be MSSNY members?
- Should premium partnership packages also include advocacy by MSSNY in support of interests shared by all members in the same specialty? (Should all of MSSNY's specialty-specific advocacy be contingent upon partnership?)

Who Would be Eligible?

- Medical practices
- Ethnic medical societies
- Article 28 facilities
- IPAs
- Specialty interest groups – could these be small groups not currently represented in the HOD, or would we extend offers for Partnership designation to the currently recognized specialty

societies, too? In a sense, such designation would give MSSNY the authority to claim we speak for all members of that specialty.

Pricing Issues:

- Should pricing be based on a cafeteria model featuring ads, exhibits, event sponsorship and advocacy?
- Should the size of the group be an element in determining price?
- With no individual memberships and a possible statewide entity as a Partner, how is the fee shared with county societies?

COMMITTEE REQUEST:

The Membership Committee has thought through possible approaches to addressing the goals of Resolution 2012. A major difficulty is that the Committee finds the “groups” of which the resolution speaks to not be organized, but rather amorphous, and therefore does not know how we would engage them as a group. We have thought through the issues with an attempt to drill down to the basics of how this could work, and have come up with our own suggestions, always keeping in mind that we do not wish to cannibalize membership gains realized through existing membership agreements.

We look to the Council for its larger organizational view and its wisdom in considering the questions we have raised. We believe that this is essential if we are to construct a proposal that will be in the best interests of MSSNY, its current members, and those whom we would like to engage.

(FOR COUNCIL CONSIDERATION)