



# SHARPENING OUR FOCUS



MINNESOTA  
MEDICAL  
ASSOCIATION

2019 ANNUAL REPORT



FEBRUARY 2020

## 2019: *It's a wrap*

It is my privilege to once again share the MMA Annual Report with you. We have changed the release date of the report so that we can report on a full calendar year's worth of activity—and what a busy and productive year 2019 was!

We spent much of 2019 implementing the organization's strategic plan, which was revised by the MMA Board of Trustees in 2018. The strategic plan defines four key outcomes to advance MMA's mission and vision to be the leading voice of medicine, and to make Minnesota the healthiest state and the best place to practice: 1) advance the Triple Aim (improve patient experience, improve population health, reduce cost of care); 2) achieve health equity; 3) empower physicians to lead health and delivery system change; and, 4) promote professional satisfaction and well-being. In the following pages you'll see some of the ways we worked to advance those goals over the past year. You will also meet some inspiring MMA physicians—those who raise their voice to improve medicine and the health of Minnesotans.

There is, of course, much more work to do and we are excited to continue our progress in 2020. We have a variety of exciting, new initiatives planned—initiatives that will continue to advance our goals, increase the value of your membership, and leverage technology to better capture your opinions and ideas. You won't want to miss it!

Our success, of course, depends on you—MMA members. Without your generous support of time, energy, expertise and payment of dues, the voice of medicine would be severely muted. The MMA is unique: it is where Minnesota physicians—regardless of specialty, geography, practice type or political orientation—have collectively made a difference in the past, and where physicians can continue to make a difference in the future. Thank you.

Here's to continued progress in 2020.

A handwritten signature in black ink that reads "Janet A. Selva". The signature is written in a cursive, flowing style.

MMA CEO

# MMA Leadership

(JANUARY THROUGH SEPTEMBER 2019)

## 2019 Officers

### PRESIDENT

Douglas L. Wood, MD, Mayo Clinic, Rochester

### PRESIDENT-ELECT

Keith L. Stelter, MD, University of Minnesota Physicians/ Mayo Clinic Health System, Mankato

### IMMEDIATE PAST PRESIDENT

George Schoephoerster, MD, Genevive, Minneapolis

### SECRETARY/TREASURER

Edwin Bogonko, MD, St. Francis Regional Medical Center, Shakopee

### CHAIR OF THE BOARD

Randy J. Rice, MD, Gateway Family Health Clinic, Moose Lake

### CHIEF EXECUTIVE OFFICER

Janet Silversmith

## Board of Trustees

### NORTH CENTRAL TRUSTEE DISTRICT

Marilyn J. Peitso, MD, CentraCare, St. Cloud Hospital, St. Cloud

### NORTHEAST TRUSTEE DISTRICT

Randy J. Rice, MD, Gateway Family Health Clinic, Moose Lake

### NORTHWEST TRUSTEE DISTRICT

Abigail Ring, MD, Essentia Health, Detroit Lakes

### SOUTHEAST TRUSTEE DISTRICT

Lynn Cornell, MD, Mayo Clinic, Rochester  
Dionne Hart, MD, Care from the Hart, Rochester

### SOUTHWEST TRUSTEE DISTRICT

Amrit Singh, MD, Mayo Clinic Health System, Mankato

### TWIN CITIES TRUSTEE DISTRICT

Edwin Bogonko, MD, St. Francis Regional Medical Center, Shakopee  
Carolyn McClain, MD, Emergency Physicians Professional Association, Bloomington

T. Michael Tedford, MD, The Ear, Nose, & Throat Clinic & Hearing Center, Edina

### RESIDENT/FELLOW

Courtney Harris, MD, Mayo Graduate School of Medicine, Rochester

### MEDICAL STUDENT

Abby Solom, University of Minnesota Medical School, Minneapolis

### POLICY COUNCIL APPOINTEE

Lisa Mattson, MD, Optum, Eden Prairie

## AMA Delegation

*Chair:* Paul C. Matson, MD, The Orthopaedic & Fracture Clinic, Mankato

*Vice chair:* David L. Estrin, MD, South Lake Pediatrics, Minnetonka

John Abenstein, MD, MSEE, Mayo Clinic, Rochester

David Luehr, MD, Raiter Clinic, Cloquet

Cindy Firkins Smith, MD, Carris Health, Willmar

### AMA ALTERNATE DELEGATES

Andrea Hillerud, MD, HealthPartners, Eagan

Dennis O'Hare, MD, Allina Health, Minneapolis

Laurel Ries, MD, M Health Fairview, St. Paul

David Thorson, MD, Entira Family Clinics, White Bear Lake

## MMA Committees and Task Forces

### FINANCE AND AUDIT

*Chair:* Edwin Bogonko, MD, St. Francis Regional Medical Center, Shakopee

### ETHICS AND MEDICAL-LEGAL AFFAIRS

*Chair:* Ernest W. Lampe II, MD, Minnesota Metro Treatment Centers, Burnsville and St. Cloud

### MEDICAL PRACTICE & QUALITY

*Chair:* Kevin Donnelly, MD, CentraCare, St. Cloud

### PUBLIC HEALTH

*Chair:* Cresta Jones, MD, FACOG, UMP, Maternal-Fetal Medicine Center, Minneapolis

## MMA Policy Council

*Chair:* Lisa Mattson, MD, Optum, Eden Prairie

### TWIN CITIES MEDICAL SOCIETY APPOINTEES

Christy Boraas, MD, MPH

Nicole Chaisson, MD

Bruce Gregoire (medical student)

Osama Ibrahim, MD

Thomas Mulrooney, MD

Anne Pereira, MD

Spencer Pruitt, MD

Christopher Reif, MD

Frank Rhame, MD

Caleb Schultz, MD

Jennifer Tessmer-Tuck, MD

Rebecca Thoman, MD

Craig Walvatne, MD

### ZUMBRO VALLEY MEDICAL SOCIETY APPOINTEES

Peter Amadio, MD

Suliman El-Amin, MD

Randy Hemann, MD

Sheila Jowsey-Gregoire, MD

Ariela Marshall, MD

Ashok Patel, MD

Noel Peterson, MD

Neel Shah, MBChB

Niloufar Tabatabaei, MD

Kristene Tadese (medical student)

### STEARNS BENTON MEDICAL SOCIETY APPOINTEES

Andrea Joplin, MD

Kim Tjaden, MD

### RESIDENT FELLOW SECTION

Timothy Dempsey, MD, MPH

### MEDICAL STUDENT SECTION

Jennifer Dens Higano

Adrine Kocharian (MSS alternate)

### MMA PRESIDENT-ELECT

Keith Stelter, MD

### AT-LARGE (APPOINTED BY MMA BOARD OF TRUSTEES)

Amy Boles, MD

Joshua J. Crabtree, MD, MBA

Britt Ehlert, MD

Robert Koshnick, MD

Ahmed Pasha, MD

Lynne Steiner, MD

Verna Thornton, MD

## MMA Medical Student Section

*Co-chair:* Tom Schmidt, University of Minnesota Medical School, Twin Cities Campus

*Co-chair:* K.C. Riley, University of Minnesota Medical School, Duluth Campus

## MMA Resident and Fellow Section

*Chair:* Christopher Wee, MD, Mayo Graduate School of Medicine, Rochester

## MMA Foundation

*Board president:* Marilyn Peitso, MD, CentraCare, St. Cloud Hospital, St. Cloud

## MEDPAC

### (MMA's political action committee)

*Chair:* William Nicholson, MD, St. John's Hospital, Maplewood

*Within a comprehensive strategic plan, MMA leadership has identified four key priorities:*

Advancement of the Triple Aim, health equity, physician leadership in health and delivery system change, and professional satisfaction and well-being.

*In 2019, the MMA advanced these priorities through engagement, education and advocacy.*

## Priority No. 1

# Advancement of the Triple Aim

*The MMA is working to improve the health of our communities, the affordability of care and the quality and experience of care for all Minnesotans—the Triple Aim of health care.*

### Reduce the harm from tobacco/e-cigarettes

Tobacco use is an obvious target for improving community health—according to the Minnesota Department of Health, tobacco use kills more than 6,300 Minnesotans each year and costs Minnesota \$3.2 billion annually in medical costs. Raising the age to purchase tobacco products to 21 is expected to reduce smoking initiation by 25 percent among 15-to-17-year-olds and to prevent more than 3,300 young Minnesotans from starting to smoke. Cities and counties across Minnesota have voted to raise the age to purchase tobacco products to 21 years. By the third quarter of 2019, nearly three dozen municipalities and counties had done so. The Physician Advocacy Network (a project of the Twin Cities Medical Society) played a significant role in amplifying the voices of physicians before city councils and county boards. The MMA echoed that work in letters sent to mayors, city council members and county board officials. To capitalize on the local momentum, the MMA remained a strong champion of state legislation that would raise the age to 21 across the state. That legislation passed the House during the 2019 legislative session, but stalled in the Senate.

The MMA also advocated at the Capitol to further restrict e-cigarettes. With our partners in the tobacco and nicotine control community, we were able to help pass a law that includes e-cigarettes in the smoking definition in the Minnesota Clean Air Indoor Act. We also helped pass legislation that extends funding for tobacco and nicotine-cessation services.

## Firearm injuries and deaths

Nearly 100 physicians and physicians-in-training gathered in St. Paul in January to discuss how physicians might better address the public health crisis associated with firearm injuries and deaths.

Panelists, including a University of Minnesota professor and epidemiologist, an emergency department physician and a physician member of the Minnesota Senate, discussed the lack of research, how technology could make firearm ownership much safer, and the stigma around mental health, among other topics.

Attendees at the workshop also participated in table discussions on a variety of topics such as: how to discuss firearm violence prevention with patients; how to talk to legislators about firearm violence prevention; physicians' role in preventing firearm violence; and, debunking myths about firearm violence and mental health.

Legislative efforts on firearm safety did not fare well. The MMA advocated for laws to extend criminal background checks to private sales of firearms, as well as for a "red flag" law that would allow law enforcement to temporarily remove firearms from individuals who are deemed to be a serious threat to others or themselves. These bills cleared the House but were not voted on in the Senate.

## Opioids

New funding to address the opioid crisis, including funding for new addiction treatment, prevention and education for both prescribers and patients passed the Legislature by wide margins after contentious debate in 2019. The new law requires individuals with licenses with the authority to prescribe controlled substances to obtain at least two hours of CME on best practices in prescribing opioids and controlled substances, as well as non-pharmacological and implantable device alternatives for treatment of pain and ongoing pain management. The CME requirement must be fulfilled by the end of 2022. The new law also creates an opioid epidemic response account that will be funded with \$20 million per year through a combination of sharply increased registration fees paid by drug manufacturers and wholesalers and any settlement money received by the state in lawsuits against opioid manufacturers. Revenues will be used to expand treatment services; fund education for consumers and prescribers regarding opioid abuse, addiction and overdose; and help offset the escalating cost of opioid abuse absorbed by county and tribal child protective services. The bill also creates a new 19-member Opioid Epidemic Response Advisory Council (with an MMA appointee) that will guide the state's efforts to promote treatment, prevention and education.

## Improving mental health

In 2019, the MMA and its Foundation partnered with the National Alliance on Mental Illness (NAMI) Minnesota and the Minnesota Department of Health (MDH) to offer train-the-trainer sessions for members who have an interest in leading suicide-prevention workshops for their colleagues.

Using the evidence-based Question-Persuade-Refer (QPR) Suicide Prevention Gatekeeper Training program, the hour-long workshops train colleagues to recognize the warning signs of a suicide crisis, and to question, persuade and refer someone for help. The certification training is available free for MMA members.

QPR training was conducted at the MMA Annual Conference in Duluth in September and will be available to members in 2020.

In 2019 the MMA also partnered with the Minnesota Chapter of the American College of Emergency Physicians to examine the factors associated with the boarding of mental health patients in emergency rooms. Proposed policy solutions are expected in 2020.



## Priority No. 2

# Improved health equity

*Despite Minnesota's placement at or near the top of most measures of overall population health, Minnesota has among the largest health disparities in the nation for people of color. The MMA is dedicated to shining a light on this issue and closing the gap.*

### Health equity awareness

The MMA continues to raise awareness of the health disparities faced by Minnesota's minority communities. Efforts include finding ways that the medical community can come together to achieve health equity in Minnesota.

In partnership with the Minnesota Chapter of the American Academy of Pediatrics (MNAAP) and the Minnesota Academy of Family Physicians (MAFP), the MMA hosted events in January (health disparities within the Native American community) and February (structural racism) via Facebook Live. In July, the MMA examined housing insecurity and health equity with partners MNAAP, MAFP, the Minnesota Doctors for Health Equity and Simpson Housing.

### Diversifying the physician workforce

In 2019, the MMA began efforts to explore what is needed to increase the number of black men in medicine. The number of black men applying and matriculating to medical school has declined to very low levels, an alarming 40-year trend. The MMA work will continue to explore ways that we can raise awareness of this issue in 2020.

### United States of Care

In 2019, the MMA, along with other health care stakeholders and leaders, partnered with the United States of Care to support development of a feasibility study to assess local opportunities to reduce health disparities. United States of Care was launched by Andy Slavitt, former acting administrator of the Centers for Medicare and Medicaid Services during the Obama Administration, and is dedicated to ensuring that every American has access to quality, affordable health care regardless of health status, social need or income. Based on the feasibility study results, plans for collective action on some targeted initiatives are in development.



## Priority No. 3

# PHYSICIAN LEADERSHIP IN Health and delivery system change

*The MMA brings ideas and solutions on behalf of medicine to the critical debates occurring in the state, whether at the Capitol, with state agencies, with health plans or among community partners.*

### Preserving funding for safety net programs

With the December 31, 2019 provider tax repeal deadline looming, the MMA's leadership worried that if it occurred as planned without replacement funding, critical programs funded by the tax, such as MinnesotaCare and Medical Assistance, would be threatened.

The MMA worked with the State Health Access Data Assistance Center (SHADAC), a health policy research center affiliated with the University of Minnesota School of Public Health, and Harbage Consulting, a national health policy consulting firm with expertise in federal health care financing, to conduct analyses and model potential alternative revenue sources. After examining more than a dozen different options, the team landed on a claims expenditure assessment (CEA).

This CEA would have been assessed on all claims paid by non-federal payers for services provided to Minnesota residents. Unlike the provider tax, it would not have applied to patient out-of-pocket spending, including co-pays and deductibles, or non-covered services. This feature made the CEA a less regressive financing mechanism than the provider tax.

The MMA's CEA legislation was introduced in both bodies and generated significant member and public interest, but it was not given a hearing. With concerns, most unfounded, that the CEA was new, might attract lawsuits, and could jeopardize federal matching funds, legislators focused simply on whether to keep or kill the provider tax. During final budget negotiations, the governor and House and Senate leadership agreed to maintain the provider tax, but reduced it from 2 percent to 1.8 percent. Although a modest reduction, the change makes it more difficult for legislators to use provider tax revenues for non-health care-related purposes.

### Warren v. Dinter

In a decision that caused shockwaves throughout the medical and legal communities, the Minnesota Supreme Court issued a ruling in April in the case of *Warren v. Dinter*, holding that the existence of a physician-patient relationship is not a prerequisite for a medical malpractice action. The court held that a person may sue a physician for malpractice—even if that person was not a patient of the physician—if the harm suffered by the person was a “reasonably foreseeable consequence” of the physician's actions.

The MMA partnered with the AMA and the Minnesota Hospital Association to participate in the case as amici curiae, forcefully arguing that expanding physician liability outside of the physician-patient relationship would damage physician collaboration and informal consultation and ultimately harm patients. Despite this counsel, the Supreme Court issued a ruling that may hinder a physician's ability to collaborate with care partners.

The MMA and COPIC, MMA's endorsed professional liability carrier, released a fact sheet for Minnesota physicians to keep them up-to-date on the issue so they can worry less about their malpractice risk and more about the health and safety of their patients. The fact sheet is available at [www.mnmed.org/WarrenDinter](http://www.mnmed.org/WarrenDinter).

## Priority No. 4

# Professional satisfaction

*The MMA is working to ease the administrative burdens and inefficiencies that are the most common drivers of physician burnout and professional dissatisfaction. The MMA champions the medical profession and celebrates the joy, art and humanity of caring for patients.*

### Reducing administrative burdens

For the past several years the MMA has brought much-needed attention to the various layers in the complex pharmaceutical supply chain. Among the key players in this process—about which there is little information, transparency or oversight—are pharmacy benefit managers (PBMs). Most physicians who work to navigate pharmaceutical prior authorization rules or to understand formulary changes interface with PBMs, which contract with insurers and employers to administer pharmacy claims and negotiate pricing and rebates with pharmaceutical manufacturers. This past legislative session, the MMA was successful in passing a bill that licenses and regulates pharmacy benefit managers operating in Minnesota and shines some much-needed light on this industry.

The new law requires annual reporting on the aggregate cost spent on wholesale drugs by PBMs, the aggregate amount of rebates received from drug manufacturers, whether a PBM has any exclusive contracts with manufacturers and any difference between the amount charged to insurers and the amount paid to pharmacies. It also outlaws the use of “gag clauses” on pharmacists, a practice in which PBMs prohibit pharmacists from telling patients that there may be cheaper alternatives available than those on the PBM’s formulary.

The MMA also worked to ensure continuation of drug therapy for patients with chronic medication needs by limiting the ability of health plans or pharmacy benefit managers to restrict access to drugs once a patient begins a therapy. However, an MMA-supported bill that would have prohibited health plans from forcing patients to change drugs once they have started on a therapy that is working until the end of the health plan contract year did not become law. The use of formularies and preferred drug lists are tools that may help reduce drug costs, but changes to drug therapies based solely on cost can harm patient care while increasing administrative burdens on physicians and clinic staff.

### Supporting and expanding physician volunteerism

Over the past year, the MMA Foundation expanded its flagship Physician Volunteerism Program (PVP), a project founded to support physicians’ work to advance health equity and optimal health for all Minnesotans. Today, the MMA Foundation’s PVP is active in 32 clinic locations across Minnesota. In addition, the PVP is now a resource available to veterans who attend community-based Stand Down events that are organized to take care of veterans’ basic needs. In 2019, volunteer physicians provided approximately 5,000 additional patient visits in medically underserved communities through this program.



## Ethics

In 2019, *Minnesota Medicine*, the journal of the MMA, added a new, regular column that deals with various ethical dilemmas physicians face. The first dealt with “firing” patients who refuse to vaccinate their children. The journal published opposing responses from practicing physicians—one who argued that “firing” a patient was ethically permissible, and another who argued against “firing” a patient but continuing to educate on the importance of vaccines. *Minnesota Medicine* will continue to publish ethical debates in the pages of the magazine to engage members and keep ethics at the forefront.

## Engagement events

The MMA held two types of engagement events for current and future members in 2019.

To celebrate the art of medicine, and in recognition of research that has found that reading for pleasure reduces physician burnout by improving empathy and combating depersonalization, the MMA launched a book club. At our first event in downtown Minneapolis, attendees discussed a novel written by a former emergency department physician. Board member and current emergency department physician, Carolyn McClain, MD, led the audience in a robust Q&A session with the author, Tom Combs, MD.

Since 2015, the MMA has hosted free Doctors’ Lounge social events that provide food, beverages and networking opportunities. These gatherings are a great opportunity for physicians, residents, medical students and their families to get together for casual conversation and interaction. The events celebrate medicine, serve as a thank-you to members and a welcome to new and prospective members.

The MMA hosted events in April (St. Cloud), May (Rochester and Minneapolis), September (Duluth) and October (Mankato and Edina).

## Battling Burnout: Resilience Conference

The MMA was honored to partner with the Bounce Back Project for its annual Healthcare Provider Resilience Conference (pictured below) in December. The conference, which is dedicated to improving physician and other health professional well-being and resiliency, is a collaboration of physicians, nurses and hospital leaders from multiple health systems. With more than 200 attendees, the event focused on the consequences of burnout; strategies for managing stress and personal health challenges; and, best practices in building individual and organizational resilience.



# Members Making a Difference

*Medicine is not a 9-to-5 endeavor. Often, it's more of a round-the-clock commitment. For these physicians and a medical student, it's go-go-go all day, every day. These people go above and beyond the call of duty regularly and are truly making a difference in people's lives; we are proud to call them MMA members.*



**Elisabeth Bilden, MD**

Sometimes you find causes. Other times, they find you. Bilden, an emergency medicine physician/toxicologist in northern Minnesota, has become a champion of telehealth because access is important to her patients. Bilden served on the MMA's telehealth task force that examined a range of topics, including how current models and practices work, exploring how different physician specialties can use telehealth services, reimbursement issues, licensure and regulatory oversight of telehealth and the quality of care standards and practices. Bilden also served as a member of the MMA Public Health Committee, as well as on Phase I and Phase II of MMA's Prescription Opioid Management Advisory Task Force, another issue that has greatly affected rural parts of the state.



**Carolyn McClain, MD**

On a frigid night in January 2019, McClain was fired up as she led a panel discussion on gun violence at an MMA forum. An emergency department physician, she's seen the devastating toll of firearms up close. She's also become an advocate for mental health, helping lead a push to address the use of emergency departments to board patients suffering a mental health crisis. McClain serves on the MMA Board of Trustees; is a member of the MMA's Finance & Audit Committee; has volunteered for the MMA's new mentorship program, which kicked off in 2019; became a passionate advocate on surprise billing legislation; and was named an MMA Advocacy Champion in November 2019.



**Robert Moravec, MD**

Moravec is a true champion of medical education. For years, he has served as the driving force behind the MMA's continuing medical education efforts. He serves as chair of the MMA's Committee on Accreditation and Continuing Medical Education; conducts accreditation surveys; champions quality improvement; and, mentors new committee members. In addition to his medical education work, Moravec has been active in MMA governance, having served as a former Speaker of the now-sunset House of Delegates and on the Twin Cities Medical Society's board.



**Rep. Kelly Morrison, MD**

Morrison, an OB/GYN, is a member of the growing (currently at four members) Physician Caucus at the State Capitol. She went against the grain and carried the MMA's provider tax alternative bill this past legislative session, despite DFL leadership's desire to maintain the existing provider tax. She also fought the good fight on prenatal exposure to drugs and mandated reporters, protected the physician-patient relationship in her efforts on reproductive rights and worked to address disparities in access to prenatal care.



### Ashok Patel, MD

Greeting everyone with a smile, Patel, a pulmonologist, is always willing to volunteer whether it's improving how medicine is practiced in the state or helping students learn the craft of medicine. He is the kind of person who makes those around him better. Patel is a current co-president for the Zumbro Valley Medical Society and has been a member of the MMA Policy Council since 2018. Following his recent election, Patel will begin service as a member of Minnesota's delegation to the AMA in 2020.



### Abby Solom

Solom, a fourth-year medical student at the University of Minnesota and student trustee on the MMA board, is going places. In the fall of 2018, at the MMA Annual Conference, she received the MMA's Student Leadership Award, which recognizes medical students who demonstrate exemplary leadership in service to fellow medical students, the profession of medicine and the broader community. She has previously served on the MMA's Medical Student Section executive committee as the AMA delegate for the U of M, and she currently serves in a national capacity as a regional AMA Delegate from the midwest medical schools. If medical school wasn't enough to keep Abby busy, she is now also pursuing her MBA as a dual MD/MBA candidate.



### Maria Veronica Svetaz, MD, MPH

A key priority for the MMA is improving health equity because the state has some of the largest health disparities between whites and people of color. The MMA is dedicated to shining a light on this issue and closing that gap. Svetaz is helping do just that. The board-certified family medicine and adolescent health physician has been a driving force for health equity as a member of the MMA Health Disparities Work Group and the MMA Health Equity Advisory Group. In February, she served as a panelist for the "Structural racism and other barriers to health equity" webinar on Facebook Live. The discussion focused on structural racism, historical trauma and other barriers that stand between minority communities and their ability to achieve equitable health.



### Kim Tjaden, MD, MPH

Tjaden, a family medicine physician, is always willing and eager to go the extra mile for the MMA. She has served on the MMA's public health committee for six years, including two as chair. She's been a member of the MMA Policy Council since 2014, addressing issues that affect how medicine is practiced in Minnesota. Tjaden has been involved in planning annual conferences and helping with policy meetings, including serving as a table facilitator during a meeting on recreational cannabis. In August 2019, Tjaden was elected as a board member for the MMA Board of Trustees.



### Brian Whited, MD

For seven years, Whited served as the MMA's appointed representative to the MN Community Measurement Board of Directors. A family physician with Mayo Clinic Health System, Whited brought the voice and perspective of physicians to measurement debates and was dedicated to measurement that drives improvements in care for patients. In 2019, the MMA withdrew as a dues-paying member of MN Community Measurement, ceasing its role on the board. The work and efforts of MN Community Measurement over the past seven years were better because of Whited's involvement. The MMA sincerely thanks him for his many years of service and dedication.



### Tyler Winkelman, MD

Winkelman is part of a new program in Hennepin County to help people in jail who struggle with addiction. When they are incarcerated, they are screened for opioid use disorder. The board-certified internist and pediatrician served on the MMA Quality Measurement Work Group, is a board member for the Twin Cities Medical Society and serves on the PAN (Physician Advocacy Network). Winkelman recently helped to co-found the Hennepin Healthcare Transition Clinic, which is designed to keep individuals engaged in care after release from jail.

## Making A Difference Locally

### MMA's Component Medical Society Leaders

#### HEART OF THE LAKES

*President*

Robert A Koshnick Jr., MD

#### SOUTH PARK REGION MEDICAL SOCIETY

*President* Sandra L Johnson, MD

#### FREEBORN COUNTY MEDICAL SOCIETY

*President* John Schulz, MD

#### STEARNS BENTON MEDICAL SOCIETY

*President* Patrick Zook, MD

#### GOODHUE COUNTY MEDICAL SOCIETY

*President* John L Goepfinger, MD

#### STEELE COUNTY MEDICAL SOCIETY

*President* Grant D Heslep, MD

#### HEADWATERS MEDICAL SOCIETY

*President* Mark S Dwyer, MD

#### TWIN CITIES MEDICAL SOCIETY

*President*

Ryan Greiner, MD

*CEO* Ruth Parriott

#### UPPER MISSISSIPPI MEDICAL SOCIETY

*President*

James Dehen, MD

#### MCLEOD-SIBLEY COUNTY MEDICAL SOCIETY

#### WEST CENTRAL MINNESOTA MEDICAL SOCIETY

*President* John F Stock, MD

#### RED RIVER VALLEY MEDICAL SOCIETY

*President* Sanjay G Patel, MBBS

#### WRIGHT COUNTY MEDICAL SOCIETY

*Secretary* Robert G Milligan Jr, MD, MS, FAAFP

#### RICE COUNTY MEDICAL SOCIETY

*President*

Mary Jane M Tetzloff, MD

#### ZUMBRO VALLEY MEDICAL SOCIETY

*Co-chair/president*

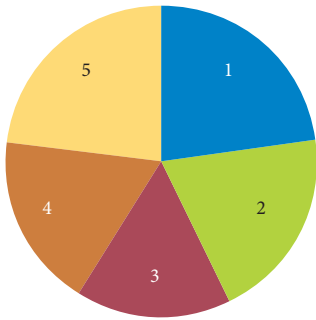
Dionne Hart, MD

*Co-chair/president*

Ashok Patel, MD

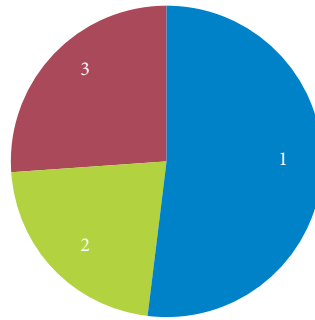
*Executive Director* Beth Kangas

## 2019 Financial Highlights



How your dues are used: Expenditures

- 1 **MEMBER ENGAGEMENT** 23%  
Membership engagement, Annual Conference, Day at the Capitol, other events, committees and work groups, student & resident sections, component society services
- 2 **ADVOCACY** 20%  
Legislative and regulatory lobbying, policy development
- 3 **COMMUNICATIONS AND EDUCATION** 16%  
Minnesota Medicine, MMA News Now, website, special reports, CME (accreditation and joint providership), other education
- 4 **GOVERNANCE** 18%  
MMA Board, AMA delegation
- 5 **INFRASTRUCTURE AND OVERHEAD** 23%  
Office rent, IT, equipment, finance and human resources, professional development, MMA partnerships and sponsorships



MMA Operating Revenue: \$3.25M

- 1 **DUES** 52%  
Dues payments from members
- 2 **NON-DUES REVENUE** 22%  
Includes revenue from advertising, sponsorships, events, CME programming, specialty society lobbying, grants.
- 3 **SPENDING POLICY** 26%  
Investment income used for operations

## 2019 Membership Information

<b>NORTH CENTRAL TRUSTEE DISTRICT</b> .....	488
At-Large .....	112
South Park Region .....	44
Stearns Benton .....	242
Upper Mississippi .....	60
West Central .....	18
Wright .....	12
<b>NORTHWEST TRUSTEE DISTRICT</b> .....	69
At-Large .....	7
Headwaters .....	18
Heart of the Lakes Region .....	16
Red River Valley .....	28
<b>NORTHEAST TRUSTEE DISTRICT</b> .....	459
At-Large .....	459
<b>SOUTHEAST TRUSTEE DISTRICT</b> .....	4,539
At-Large .....	77
Freeborn .....	47
Goodhue .....	76
Rice .....	34
Steele .....	64
Wabasha .....	11
Winona .....	15
Zumbro Valley .....	4,215
<b>SOUTHWEST TRUSTEE DISTRICT</b> .....	548
McLeod-Sibley .....	19
Nicollet-LeSueur .....	27
Prairie .....	497
Waseca .....	5

**TWIN CITIES TRUSTEE DISTRICT** .....

**TOTAL** ..... **11,011**

Counts include: regular/active, retired, students, residents/fellows; resident and student counts may fluctuate throughout the year. At-large members are those who work or live in areas without a component medical society.



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WEB: [mnmed.org](http://mnmed.org)

JOIN US ON FACEBOOK, TWITTER AND LINKEDIN



## Membership Overview

Year	Total Members	Year	Total Members
2000	9,089	2010	11,250
2001	9,162	2011	10,106
2002	9,109	2012	10,347
2003	9,116	2013	9,998
2004	9,297	2014	10,309
2005	10,858	2015	10,257
2006	10,835	2016	10,171
2007	10,909	2017	10,260
2008	10,969	2018	10,637
2009	11,330	2019	11,011

## Membership Types

Member Type	2019 Count
Regular	4,399
Resident/Fellow	3,628
Retired	1,427
Student	1,557