

MEDICAL SOCIETY OF VIRGINIA
**BOARD OF DIRECTORS
HANDBOOK**





MEDICAL SOCIETY OF VIRGINIA

January 20, 2016

Dear colleagues,

The Medical Society of Virginia's (MSV) Board of Directors, leadership, staff and members have spent the last 12 months dedicated to determining the strategic direction for MSV. Collectively, we have much to be proud of this year.

As we embark on furthering MSV's strategic plan, RISE and our True North, we can expect our organization to shift to better serve our members, the profession and Virginia's patients. This shift has already begun and can be seen in our expectations for all members of the MSV Board of Directors. In order to ensure continued success as an organization, our leaders must be engaged, visionary, judicious, accountable, unified, diverse and willing to elevate each other. We understand that this is no small task. Through ongoing Board development and assessments, we will take small but constant steps for the Board to advance.

As leaders of MSV, we represent the medical community and are responsible for establishing a culture of leadership. It is up to us to set the stage for how physicians across the Commonwealth can unify and elevate those around them to become successful leaders.

Thank you for your dedication to the profession and MSV. We appreciate your leadership and look forward to working with you. Should you have any questions regarding your role on the Board of Directors, or the information in this handbook, please contact Melina Davis-Martin at mdavis-martin@msv.org.

Together, we will continue to build on our strong relationships to ensure that our voice is the voice of all physicians in the Commonwealth.

Sincerely,

Edward G. Koch, M.D., FACOG
President

Melina Davis-Martin
Executive Vice President

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WE ASKED. WE LISTENED.

BUILDING ON YOUR BURNING ISSUES



Raise the perceived value of physicians

Consider ways to reach out to and represent patients

- ▶ Patient portals, education, patient experience, patient representation

Highlight importance of the physician's role in determining treatment

- ▶ Patient-physician relationship, physician's "trusted voice," value of physician training/education

Improve public image of physicians

- ▶ Position physicians and MSV as the source of medical truth



Raise the perceived value of MSV

Identify direct and indirect value of membership

- ▶ Tangible benefits – both in the immediate and future

Provide opportunities for engagement

- ▶ Volunteering, serving, recruiting, representing

Show a unified voice

- ▶ Opportunities to bring together all specialties, backgrounds and geographies



Help physicians manage change

Respond to different member needs

- ▶ Understand how to best address each member's individual need

Engage members actively and early

- ▶ Get back to the roots of medicine
- ▶ Engagement with medical students and residents

KEY TAKEAWAYS



Increase membership by increasing direct benefits



Communicate the value of the legislative wins



Own public perception as patient advocates and medical experts



Offer information and resources to patients



Work together to demonstrate a unified front



Spread the fire and actively recruit more physicians to join us



TRUE POSITION OF STRENGTH NORTH

True North is our compass to guide us from where we are now to where we want to be: In a position of strength. It serves as our guide as we develop meaningful key strategies that ensure organizational alignment and achieve diverse yet complex objectives.

MOVE MSV TO A POSITION OF STRENGTH



RAISE PHYSICIANS TO A POSITION OF STRENGTH



EQUIP EMPLOYEES TO ADVANCE TO A POSITION OF STRENGTH



RISE and True North are the keystones of MSV. As a board member it is your responsibility to ensure that they are more than just words on a page.

R

Raise
the perceived
value of
physicians



- ▶ Strengthen the connection of physicians with patients and within communities
- ▶ Promote value and importance of physicians to patients in their communities and in health care
- ▶ Raise up House of Medicine or Voices of Physicians to improve communities and health care
- ▶ Plan and execute a marketing and communication effort among physicians and publicly

I

Increase
revenue to
support the
strategic plan



- ▶ Increase revenue annually
- ▶ Evaluate and implement new revenue sources and other offerings to ready MSV to meet future demands and opportunities (Both revenue and strength)

S

Strengthen
the value
of MSV



- ▶ Be the unifying community for all physicians in Virginia
- ▶ Elevate physicians in local communities and in healthcare
- ▶ Provide value added benefit to the physician community
- ▶ Equip employees and leadership to advance to a position of strength
- ▶ Execute a strategic communication plan that builds mutually beneficial relationships between MSV, physicians and the public

E

Empower
physicians
to manage change



- ▶ Provide tools to help physicians succeed in a modern business environment
- ▶ Expand engagement of physicians in the house of medicine and in the leadership of 21st century medicine
- ▶ Facilitate the involvement of physicians as leaders in health care

Together we will **RISE** to a position of strength

Representation Roles



As a member of the MSV Board, you are responsible for representing the agreed upon stance of the Board and the association when speaking publicly, carefully ensuring conflicting personal opinions or those of your specialty society are not interjected when representing MSV.

Personal opinions or representations of your local or specialty society are appropriate for internal conversations within the Board. However, when you are representing MSV in public venues, your duty as a Board Member is to represent those positions and policies of MSV.

Should you be sharing your personal viewpoint, it is important that you clearly state that this is your personal opinion prior to your comments.

It is your responsibility to uphold and educate others regarding the decisions made by the Board, even if the decision reached was not one that you supported.

Areas of Focus Across MSV



The President, the Board, the Executive Vice President (EVP) and the MSV staff are jointly responsible for the development, implementation, and forward movement of the strategic plan.

The President is responsible for leading the organization, the Board is responsible for setting the strategic vision, the EVP is responsible for creating a path forward and the staff is responsible for the execution of the day to day tasks. We work as partners and colleagues in meeting the mission of MSV.



THE PRESIDENT

- Partners with the EVP and Board to establish policies that articulate organizational goals and provide long term strategic guidance
- Presides over MSV meetings
- Chairs the Board of Directors
- Serves as a voting, ex-officio member of all committees
- Serves in vacant seats for committees including Virginia's delegation to the American Medical Association (AMA)
- Appoints any necessary special committees during his/her term
- Represents MSV to external stakeholders and component societies



THE BOARD

- Sets the organization's strategic direction
- Develops a multi-year strategic plan, including long term goals
- Partners with the EVP to establish policies that articulate organizational goals and provide long term strategic guidance
- Ensures adequate financial controls are in place
- Makes a required personal financial contribution annually to MSVPAC and MSV Foundation
- Collaborates with the EVP to assess overall Board performance
- Establishes committees or ad hoc task forces



THE EVP

- Develops annual plans that support the achievement of strategic goals
- Establishes expected measures and outcomes
- Develops and implements operating policies, procedures and internal controls
- Establishes and follows sound internal controls
- Collaborates with the President and Board to assess overall Board performance
- Identifies key measures for organizational goals and measures progress towards goal achievement



THE STAFF

- Routinely assesses progress on strategic initiatives designed to advance the strategic plan
- Determines and implements the menu of programs and services offered to members
- Creates and implements an advocacy plan
- Establishes a strong marketing/public relations/communications plan
- Routinely monitors day to day income and expenses
- Develops and distributes accurate financial statements
- Routinely assesses membership needs

Committees

MSV's **Standing Committees** relate directly to the structure, governance, management, or legislative activity of the Society.

Special Committees, Task Forces and Work Groups are established by the President, the Board of Directors or at the request of the House of Delegates (HOD) to address specific topics/subjects.

The MSV **Executive Committee** is comprised of the President, President-Elect, Immediate Former President, Secretary-Treasurer and Speaker. Additionally, the President may appoint one or more advisors who are non-voting members of the committee. The committee meets periodically throughout the year, as needed, and holds a weekly teleconference when the General Assembly is in session. The committee meets in the Board's stead between quarterly Board meetings, reporting back to the Board at its next meeting and sharing any new developments for the Board's consideration. It also serves as a sounding board to management on emerging issues.

The members of MSV's **Finance Committee** include the President, President-Elect, Immediate Former President, Speaker, Secretary-Treasurer and EVP; in addition, the President may appoint non-voting advisory members to the committee. The EVP is a non-voting member and the Secretary-Treasurer serves as its Chair. With oversight responsibilities for budget development

and business agreements as well as investment, accounting and auditing matters of the Society, the committee meets during budget preparation for approval of the Board and HOD and as needed throughout the year.

The **Nominating Committee** is made up of one representative from each District, the academic medical schools and the medical student section, all elected by the HOD. Three non-voting advisors include the two Immediate Former Presidents and the Chair of Virginia's Delegation to the AMA. The committee is tasked with identifying, recruiting, promoting and nominating those MSV members that will best serve the needs of the Society by serving on its Board of Directors, and encouraging their decision to be active in Society leadership. They meet several times throughout the year and often attend and participate in meetings of the Board.

The **Legislative Committee** is a comprehensive group of MSV members that features physicians from a wide range of specialties and local medical societies. The committee's purpose is to review the proposals and compiled feedback from the Legislative Summit, existing MSV policies, current statutes and other staff research. They make recommendations to the MSV Board of Directors for its consideration in developing and approving the MSV legislative agenda.



Productive vs Counterproductive

Strong Boards create forward momentum by developing and encouraging a productive focus.

PRODUCTIVE APPROACH

VS

COUNTERPRODUCTIVE APPROACH

Decision making is...



- A focus on the long term view including mission, goals and strategic objectives
- Looking to anticipate and create solutions for all physicians

Decision making is...



- A focus on means, tactics and the short term view of how things will happen
- Looking to solve personal, specific and self-serving challenges

Board development is...



- Continuous improvement and evaluation of the Board as a whole through Board assessments
- The advancement of members through regular issue and skills education to increase empowerment

Board development is...



- Limited evaluation of the Board as a whole through Board assessments
- Periodic or minimal developmental opportunities for members

Work with staff by...



- Consulting the appropriate SLT member when an idea arises
- Actively partnering with staff

Work with staff by...



- Minimizing the value and expertise of staff
- Seeking out front line staff to execute unapproved tasks

Core Characteristics of a Strong Board



VISIONARY

Challenge yourself and the Board to focus on solving the most strategically relevant tasks and issues for the betterment of the profession and MSV

- Focuses on the big picture
- Recognizes the power of planning
- Challenges status quo
- Is not brought down by skeptics
- Is driven in the direction of the ultimate goal (strategy/mission/vision)



ENGAGED

Pursue experiences to be energized and inspired by MSV and the opportunities available in your leadership role

- Shows up regularly
- Actively participates in conversations
- Feels excited about the work that is being done
- Shares experiences for others to learn from
- Makes actions and decisions that further the mission
- Donates money and shares opportunities



JUDICIOUS

Seek opportunities to play the tenth man and embrace those sharing the dissenting opinion

- Listens to others
- Treats others, especially those with dissenting opinions, with respect
- Seeks fair resolution
- Gives opportunities for others to weigh in



ACCOUNTABLE

Hold yourself and others responsible for moving the day to day organizational tasks forward allowing progress to occur quickly

- Keeps promises
- Focuses energy on important issues
- Makes productive use of time
- Prepares beforehand
- Responds in a timely manner



ELEVATING

Actively seek opportunities to elevate yourselves and your colleagues to advance the MSV strategic plan

- Views participants as crucial
- Seeks developmental opportunities
- Seeks tools to improve
- Utilizes expertise of those around you



UNIFIED & DIVERSE

Live the philosophy that the strength in our Board lies in our differences and our ability to come together as one

- Fosters teamwork
- Values variety of backgrounds
- Appreciates differences while celebrating connections
- Accepting of others and understanding that they bring a needed perspective

The Exceptional Leader

If you're looking to become an exceptional leader, MSV is dedicated to helping you advance your skills. You should seek to master the following:

BECOME VISIONARY



- Raise the perception of MSV
- Don't be afraid of different or new
- Make ideas inspiring
- Believe strongly even in the face of adversity
- Make it understandable for everyone

BECOME ENGAGED



- Be proactive in the community on behalf of MSV
- Become a conduit to the cause
- Hold MSV above your personal agenda, making MSV number one
- Inspire others to participate

BECOME JUDICIOUS



- Encourage a fear free environment
- Seek the win-win
- Make decision making transparent and show the full picture

BECOME ACCOUNTABLE



- Provide reports and thoughtful agendas
- Proactively seek ways to achieve goals in a timely manner
- Hold yourself and your peers accountable
- Keep the group focused on the most relevant issues

BECOME ELEVATING



- Move people forward
- Utilize opportunities within the Board and beyond to advance the personal goals of those around you
- Mentor and create opportunities to develop new Board members
- Promote others and the value they bring to the discussion

BECOME UNIFIED & DIVERSE



- Fill gaps and needs
- Seek to include others with differing backgrounds, ethnicity, upbringing, specialties and geographies
- Lifestyle/intrinsically : It's not happening once in a while, it's happening all the time
- Make sure there is always a seat and the right people are at the table
- Seek to unify and diversify in every moment

Board Member Contact Information

Lorem Ipsum

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email@email.com
Business: (123) 456-7890
Mobile: (123) 456-7890

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Associate Director
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Associate Director

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Mobile: (123) 456-7890

Lorem Ipsum

Secretary-Treasurer

email@email.com

Business: (123) 456-7890

Mobile: (123) 456-7890

Senior Leadership Team Directory

OFFICE OF THE EXECUTIVE VICE PRESIDENT

Melina Davis-Martin
Executive Vice President
mdavis-martin@msv.org
804-377-1034

Contact Melina to make all formal requests and all ideas about new items unless you already have an assigned staff member for a project or committee.

Leigh Anne Clary
Head of Executive Operations
lclary@msv.org
804-377-1061

Contact Leigh Anne with questions regarding executive operations relative to the MSV President, executive committee, Board of Directors and EVP, as well as the Boards of MSV Insurance Agency and MSV Foundation.

HEALTH POLICY & GOVERNMENT AFFAIRS

Mike Jurgensen
Senior Vice President of Health Policy
mjurgensen@msv.org
804-377-1029

Contact Mike for issues regarding legislative, regulatory, Board of Medicine, health policy and practice issues. For specific questions about physician practice, health plan activities, or coding and billing issues, Mike will refer you to the appropriate staff member on the policy and practice services team.

Lauren Bates-Rowe
Senior Director of Health Policy
lbates-rowe@msv.org
804-377-1032

Contact Lauren for support regarding legislative and regulatory policy as well as issues surrounding MSV HOD.

Ralston King
Senior Director of Government Affairs
rking@msv.org
804-377-1031

Contact Ralston regarding all MSV government affairs matters including political activities, legislative, regulatory and lobbying issues.

MEMBERSHIP & ENGAGEMENT

Tiffany Keaton
VP Strategic Positioning & Relationships
tkeaton@msv.org
804-377-1024

Contact Tiffany for media inquiries, membership requests or reports, local or specialty society interactions, presentation support and talking points, advertising or sponsorship requests, newsletter content and Web site updates.

Marisa Keegan
Senior Engagement Advisor
mkeegan@msv.org
804-377-1013

Contact Marisa for information regarding MSV engagement frameworks or to discuss feedback from events or experiences and ideas about how we can further engage physicians.

MSV FOUNDATION

Lynne B. Hughes
Director of Development
lhughes@msv.org
804-377-1047

Contact Lynne for any questions regarding the MSV Foundation (MSVF) including making a gift to MSVF, fundraising activities, evolve™ and leadership training, events and programs.

MSV INSURANCE AGENCY

Carolyn Godbey, CPCU
Senior Vice President of Property and Casualty Medical Society of Virginia Insurance Agency
cgodbey@msvia.org
804-377-1011

Contact Carolyn on matters concerning the insurance agency and any Property and Casualty business insurance needs including professional liability coverage, cyber liability coverage, workers compensation coverage, business owners coverage, management liability, etc.

Dustin Beekman
Director of Business Development Medical Society of Virginia Insurance Agency
dbeekman@msv.org
804-377-1006

Contact Dustin if you have issues, concerns and/or feedback on any of the MSV marketplace vendor-partners as well as any of the MSV strategic partnerships including Digital Benefit Advisors and 1752 Financial.

INTERNAL OPERATIONS

Cort Kirkley, CPA
Chief Operating Officer
ckirkley@msv.org
804-377-1045

Contact Cort with any questions relating to financial results, assets, risk management and related resource questions concerning all MSV entities.

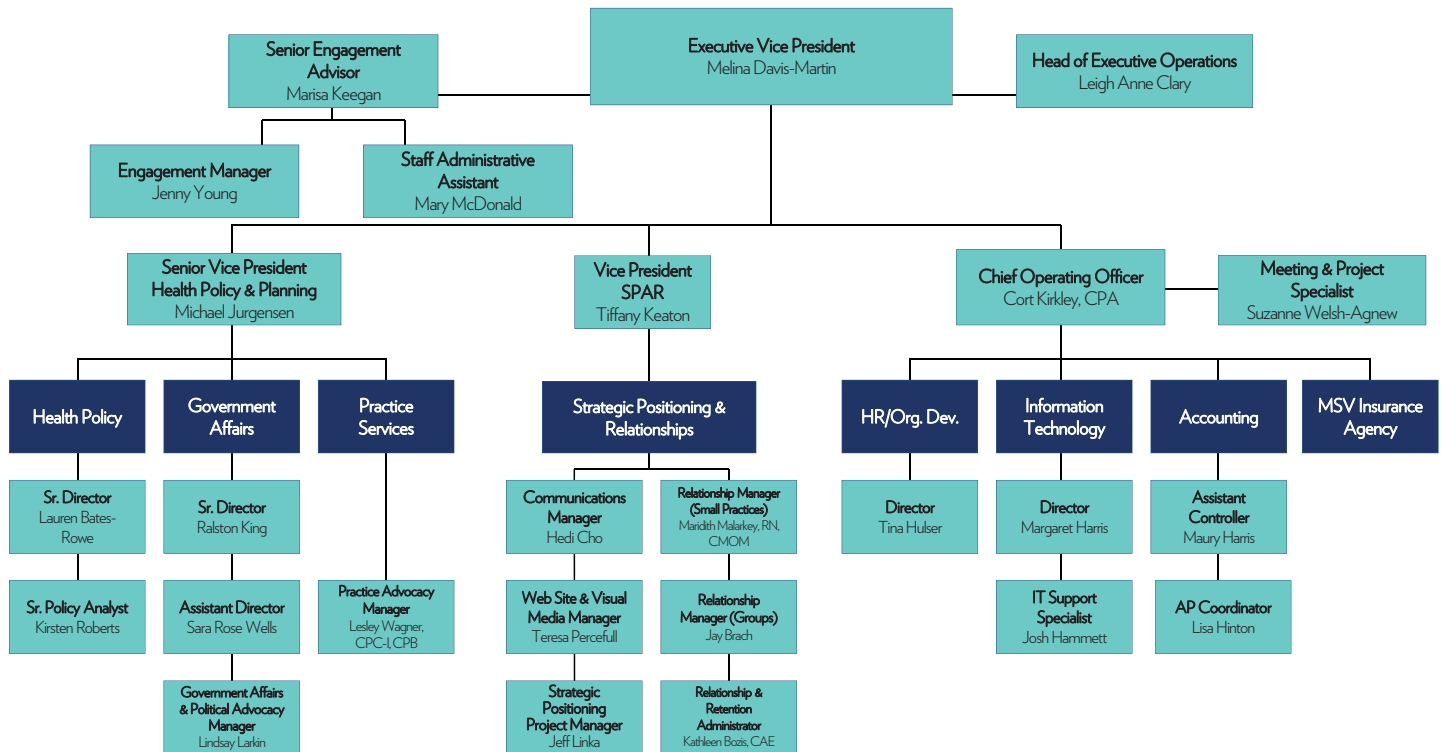
Margaret Harris
Director of Information Technology
mharris@msv.org
804-377-1023

Contact Margaret for support on issues surrounding any technology product that MSV asks you to use including webinars, web conferences, or e-mail deliverability.

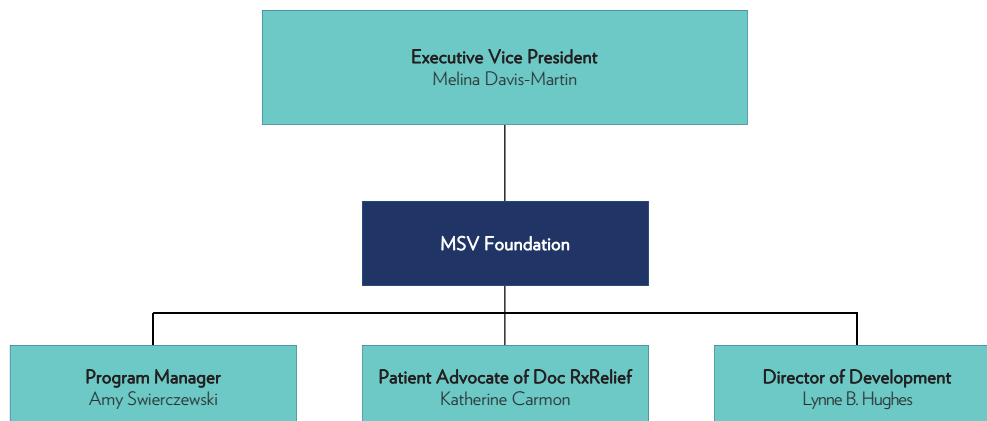
Tina Hulser
Director of Human Resources
thulser@msv.org
804-377-1062

Contact Tina to discuss how your interactions are going with staff, to inquire about future staffing needs or to touch base on how our employee engagement initiatives are going.

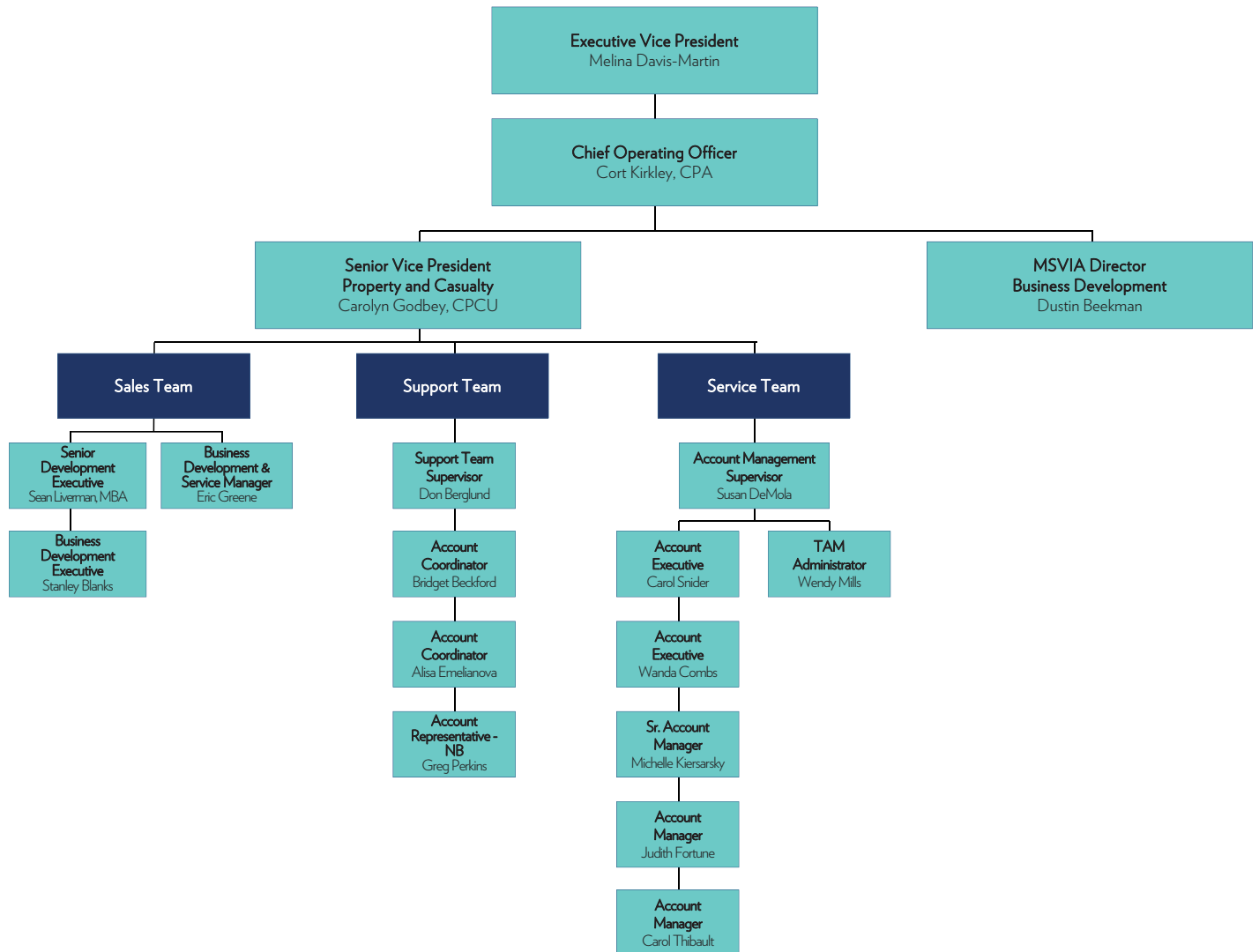
MSV Staff Organizational Chart



MSV Foundation Staff Organizational Chart



MSV Insurance Agency Staff Organizational Chart



2016 Board Meeting & MSV Events Schedule

Board Meeting & White Coats on Call

Wednesday, January 20

8:00am to 5:30pm

Hilton Richmond Downtown

Legislative Summit

Friday, May 13

MSV Headquarters

Board Meeting

Saturday, May 14

8:30am to 2:00pm

MSV Headquarters

Board Meeting

Saturday, September 10

8:30am to 2:00pm

MSV Headquarters

Board Meeting

Thursday, October 13

Afternoon

Hotel Roanoke

MSV Annual Meeting

Thursday, October 13 – Sunday, October 16

Hotel Roanoke

APPENDIX

The Tenth Man

EXECUTIVE SUMMARY

What is “The Tenth Man”?

When nine people agree on something, it's the tenth man's responsibility to disagree no matter how improbable the idea. The Tenth Man principle is a globally known strategy that essentially guards against the concept and dangers of groupthink, a theory coined by social psychologist Irving Janis as a phenomenon where a group of people strive for unanimity and conformity at the expense of critical thinking. Groupthink is one of the most famous examples of how and why a group can make flawed decisions even if the group is cohesive and its members have great intellect, in-depth knowledge and good intentions.

Diversity of thought, perspective and opinion is crucial to strong organizational performance. It is especially important as the world around us - the marketplace, competitors, workforce and communication - changes. To generate innovative ideas, an organization must have a spectrum of ideas to examine. There are several critical preconditions for making the group smarter than

individuals:

- Diversity: representing different disciplines, perspectives and areas of expertise
- Decentralization: comprising dispersed individuals with local and specific knowledge.
- Aggregation: including all the individual judgments
- Independence: mitigating pressure for social conformity for fear of negative repercussions (This is the key condition that usually doesn't hold in high functioning teams.)

Finally, it is critical for leaders to employ emotional intelligence to rise above the need to justify or validate the group's way of thinking. We must consciously engage individuals with divergent perspectives to build cultural dexterity. Cultural dexterity denotes the ability to connect across myriad areas, backgrounds and focuses. Ultimately, we need to make sure we're creating a culture where every individual is valued for his or her unique contributions and each is able to achieve his or her highest potential.

QUESTIONS TO CONSIDER:

- When is groupthink most likely to arise?
- What can be done to break down the barriers to candid dialogue in groups?
- What is the value of the minority opinion and how can we ensure it is captured and considered?
- How can we ensure we define our challenges in several different ways, knowing that each definition naturally tilts us toward a particular solution?
- How do we surface our implicit assumptions and then probe and challenge those completely?
- Why do we find it so difficult to shake off old mental models?
- How can we reframe situations to encourage more divergent thinking?
- Which representation best allows us to act equitably and balance legitimate interests?

HIGHLIGHTS OF WHAT WE DISCUSSED



- Bring in the opinion of those who aren't physically at the table
- Be aware of when your opinion is yours versus that of the membership; remember we are representing MSV as a whole
- Probe during silence vs assuming silence is agreement; eliminate groupthink
- Focus on values with everyone being given equal opportunities to speak in order to create a culture of engagement
- Ask the right question, identify the minority opinion, look at situations in a different way; encourage situations to be viewed differently

MSV S.W.O.T. ANALYSIS



STRENGTHS



- Physicians know more about medicine than anyone in health care today
- “My Doctor” is viewed positively by patients
- MSV has highly skilled and experienced staff
- MSV leaders are interested in investing and adapting to the current and future market
- MSV has a constituency that is passionate about their profession
- There is more openness to change and transformation than ever
- The organization has a proven ability to launch successful new enterprises
- MSV has highly engaged next-gen members in student and resident sections
- Diversity of structure strengthens the enterprise (PAC, Foundation, Insurance, Society)

WEAKNESSES



- The membership model may be stale and unable to meet the needs of a diverse constituency
- Cooperation among physicians has declined
- Physicians are perceived to be disrespectful to or diminishing of peers and coworkers
- Dialogue or discussions are primarily yes/no or win/lose, particularly in regard to advocacy
- The governance debate/issue caused loss of engagement among membership and staff
- MSV governance is dependent on local societies which have been diminished over time
- Information housed by MSV is difficult for members and patients to access
- Membership engagement is low and benefits are not clearly communicated
- Divided focus between House of Medicine and House of Physicians precludes serving either well
- Physician lack control of regarding medical reimbursement rates is an issue that is dividing the House of Medicine internally

OPPORTUNITIES



- Unify physicians and increase cooperation
- Elevate and recognize minority and alternative physicians to garner collective support
- Engage physicians locally as there is low or little competition in the space
- Be the futurist/strategic leader of high quality care in Virginia
- Technology solutions are cheaper and more accessible than ever before
- The next generation of doctors adapts quickly to technology and online communities
- Be the inclusive state wide leader, convener and partner supporting specialties and locals
- Potential lack of access to physicians is increasing, especially in rural areas
- Strengthen perception as connector for gubernatorial state appointments
- Realign MSV entities to support mutually beneficial goals

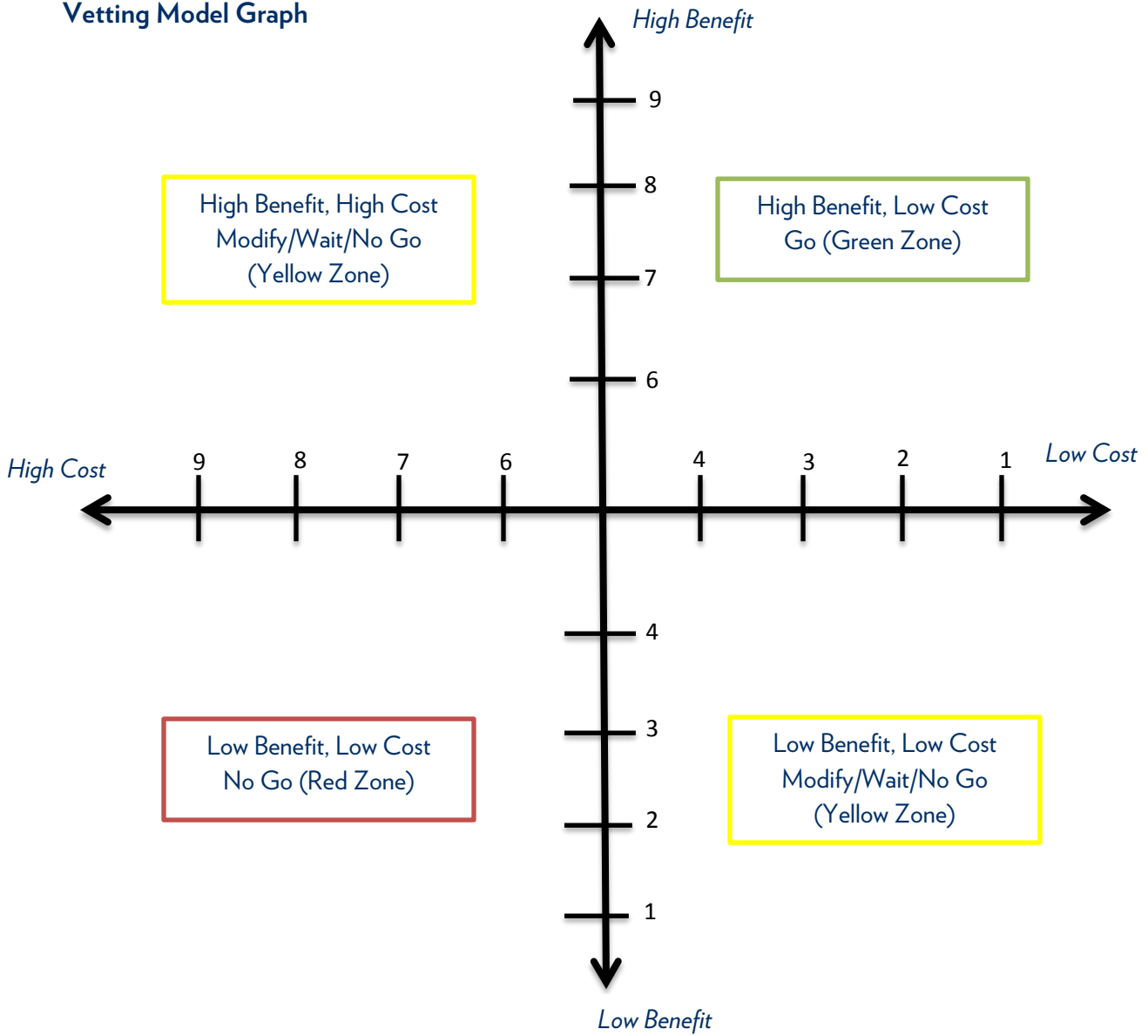
THREATS



- MSV and physicians are not partnering effectively enough to lead the transition or development of health care
- There is a lack of trust between specialties
- We lack control of medical reimbursement rates
- Hospitals have more money and wield influence in legislature and with insurers
- Scope of practice expansion is a reality and is dividing the House of Medicine
- Others may seek to overtake MSV's position in the state or with our members
- Continued diversification of employment type divides our constituency and fragments our focus
- Physician burnout results in declining numbers of practicing physicians
- Pace of change in health care is increasing creating an overload of information and requirements

EXAMPLES

Vetting Model Graph



MSV Vetting Model

The MSV Vetting Model is a tool used to determine the benefit and cost associated with a proposed idea, program, event, etc. To run the model, the benefit and cost scores are determined and plotted on the Vetting Model Graph.

The Benefit Score

The benefit score is determined by taking the average of the following category scores. All scores are on a 1-9 scale.

Internal Member Benefit

Score of 1 = negatively affects all MSV members

Score of 4 = neutral/undefinable benefit to all MSV members

Score of 9 = life changing positive benefit to all MSV members

External Benefit to the Physician Profession

Score of 1 = negatively affects the physician profession

Score of 4 = neutral/undefinable benefit to the physician profession

Score of 9 = extremely positive impact on the physician profession

Alignment to Furthering RISE

Score of 1 = works directly against RISE

Score of 4 = does not work towards or against advancing RISE

Score of 5 = can be loosely tied to the essence of RISE

Score of 6 = works directly to advance 1 RISE pillar

Score of 7 = works directly to advance 2 RISE pillars

Score of 8 = works directly to advance 3 RISE pillars

Score of 9 = works directly to advance all 4 RISE pillars

Public Opinion

Score of 1 = will create negative external public opinion

Score of 4 = will create neutral/undefinable external public opinion

Score of 9 = will create extremely positive external public opinion

The Cost Score

The cost score is determined by taking the average of the following category scores. All scores are on a 1-9 scale.

Time/Staff Requirement

*If recommendation touches more than one department, the average score between all departments involved is used

*Time/Staff Requirement score can either be calculated using the months or hours ranking scale

Months Scale

Score of 1 = staff time requirement will be 1-2 months

Score of 4 = staff time requirement will be 8-12 months

Score of 9 = staff time requirement will be 16+ months

Hours Scale

Score of 1 = staff time requirement will be ____ hours

Score of 4 = staff time requirement will be ____ hours

Score of 9 = staff time requirement will be ____ hours

Ability to be Sustained/Ability to Endure

Score of 1 = the recommendation's benefit/outcome lasts indefinitely

Score of 4 = the recommendation's benefit/outcome lasts for several years

Score of 9 = a blip in time occurs and the recommendation's benefit/outcome is done

Financial cost

*If additional financial costs/risks are involved in other areas of MSV (i.e. Membership income, MSVIA, MSVF, MSVPAC) the average score between all areas is used

Score of 1 = the recommendation will increase MSV's income

Score of 4 = MSV's income will not be affected

Score of 9 = the recommendation will cause a drastic negative impact on MSV's income

Influence and Climate

*For external facing recommendations the score is focused on the external environment. For internal facing recommendations the score is focused on the internal organizational environment.

Score of 1 = recommendation will increase MSV's influence and the climate is eager

Score of 4 = recommendation will not affect MSV's influence and the climate is neutral

Score of 9 = recommendation will require the use of all of MSV's influence and the climate is negative

Board of Directors Meeting Agenda
 Wednesday, January 20, 2016 | 10:00 AM to 5:00 PM
 Hilton Richmond Downtown | Richmond, VA

Welcome, Call to Order _____, MD

Invocation

- * Approval of minutes of Oct. 22, 2015 Board Meeting
- * Adoption of minutes of Oct. 25 and Dec. 14, 2015 Executive Committee Meetings
- * Consent Agenda – Informational Reports provided prior to meeting via email (any item is eligible for extraction)
 - MSV Foundation Report
 - MSV Insurance Agency Report
 - Resident Section Report
 - Student Section Report

Resolutions Referred by the HOD to the MSV Board

- * Work Relative Value Units (wRVU) Policy Team
- * Disclosure of Screening Test Risk and Benefits Performed Without a Doctor's Order
- * Medical Marijuana

Legislative Update

- COPN
- PMP/Opioid Government Affairs Team
- Scope of Practice
- Indoor Tanning
- Workers' Compensation

MOC Update _____

Annual Meeting Recap Discussion _____

AMA Update _____, MD

PAC Update _____, MD

Board Workshop

Board & Physician Leadership

- Leading with Intent _____
- Ready & Willing Exercise

MSV Key Initiatives & Board Dashboard Discussion _____

MSV Value Proposition Exercise _____

Wrap-up and Meeting Takeaways _____, MD

ADJOURN

*action item requiring vote

The House of Medicine or The House of Physicians

Executive Summary

The House of Medicine is described as a theory of care that is patient-centered, comprehensive, team-based, coordinated, accessible and focused on quality and safety. It considers how care should be organized and delivered throughout the health care system, and is a philosophy that encourages providers and care teams to meet patients “where they are”, from the simplest to the most complex condition. The House of Medicine treats patients with respect, dignity and compassion, and nurtures strong and trusting relationships between providers and patients and families. The House of Medicine represents the evolving desire for a model which will achieve excellence in coordinated care, always ensuring primary focus on a patient’s needs.

The House of Physicians, however, places primary emphasis on those physicians who, through education and training, now provide continuing and comprehensive medical care, health maintenance and preventive services. These individuals, because of their background and interactions, may be considered to be best qualified to serve as each patient’s advocate in all health-related matters, including the appropriate use of specialists, health services and community resources.

Questions to consider:

- Which definition allows us to best meet the needs of Virginians?
- What values and points of view are represented or omitted in each House?
- Who is included in each House?
- Which definition MSV to achieve the best short- and long-term outcomes?
- What duties and/or obligations apply?
- Which House best reflects MSV and/or the organization we want to become?
- How does respect for freedom, desire for diversity or need for consent apply?
- What do legitimate authorities (patients, legislators, members) expect of MSV?



MSVSM

MEDICAL SOCIETY OF VIRGINIA