

The Wisconsin Medical Society Alliance Strategic Plan

(abridged version)

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I. Introduction

On Friday, October 10, 2003, Martha Ahrendt of the Greater Green Bay Community Foundation conducted a planning retreat for the Wisconsin Medical Society Alliance at their state office in Madison.

Although our recommendations are specific in nature, this is your document. You, the Board of the State Medical Society Alliance of Wisconsin, are the current stewards of the organization and have embarked on a process of discovery to determine the future of the organization. This is your organization. Our thoughts and our analyses are presented primarily to initiate debate and modification. We present a model for you to change as you see fit.

Whatever its final form, the plan will take time to develop and to fully implement. The important thing is that you recognized the problem with the existing organization.

Although it appears that the Medical Society Alliance has a membership problem, we think the data demonstrates that deeper issues need to be addressed. We recommend that the Alliance create documents to define what the organization is and what the organization wants to accomplish so that these can be communicated to current and potential members. We also recommend that the Alliance reassess its relationship with the Wisconsin State Medical Society. The relationship currently is not working well for the Alliance, so either the relationship needs to be renegotiated, or the Alliance needs to look for other ways to remain a viable organization.

Clearly not a first step, but maybe most importantly, the Alliance should develop and implement statewide health project initiatives that last between three and five years. These projects can provide a well-defined direction and measurable goals for both the State organization and its chapter affiliates. With state initiatives led by the state organization, these initiatives will have the greatest impact, reach a wide number of Wisconsin residents, and create a coherent and vibrant Alliance.

The State Medical Alliance is at a critical juncture. By addressing several issues, the Alliance can be positioned to grow membership and create benefit for all citizens of Wisconsin.

II. Recommendations

The following recommendations are presented chronologically and in the order of importance. While there will be some overlap between issues, we believe that each recommendation needs to be addressed substantially before moving to the next.

Recommendation #1:

Develop vibrant and relevant Mission & Vision Statements to Drive Organizational Change

We believe that revised mission and vision statements should become the standard to drive all future decisions. In addition, these documents provide essential direction for board and staff leadership.

The mission and vision statements of the Alliance need to appeal to today's physician spouses. As revealed in the data, today's potential members are more diverse, have more competing demands for their time, have more opportunities for community engagement, and many have their own professional careers and identities.

Because the mission appears outdated, little guides the activities of the organization. Thus, it has become increasingly difficult to set goals, accomplish objectives, and communicate the values of membership.

These statements also must define the role that the state organization has for the local chapters. From our review of the data, it seems clear that in a State-wide organization, such as the Alliance, direction should be provided by the State leadership.

Recommendation #2:

Determine if the Wisconsin State Medical Society/Lakeside Association Management is the Right Administrative Partner

It is safe to say that the current administrative relationship with the State Medical Society does not work well.

We see significant potential partnership value to the Society in the area of public relations and lobbying. The Alliance, focusing on major state-wide health initiatives, could have tremendous practical and political benefits to the reputation of the physician community. The second focus on lobbying is also a natural fit for the Alliance and may be a more effective "one – two punch" than the Society lobbying alone.

It is our hope that, through effective dialogue, the Society will recognize the tremendous potential and connections of today's physician spouses and see Alliance efforts as

complimentary to the mission of the Society. But, if not, the Alliance needs to be willing to end its current administrative relationship with the Society.

Recommendation #3

Development and Implementation of Statewide Health Projects

The State Medical Society Alliance needs to focus its energies on selecting one major programmatic activity for a three to five year period. Other current activities need to be abandoned or kept to a minimum until the Alliance develops a strong track record with its programming and/or develops the organizational infrastructure to handle multiple activities.

The Medical Society Alliance has a significant opportunity to develop and drive major state-wide health initiatives. Such initiatives should be broad public health related issues such as smoking cessation, weight loss, alcohol consumption, etc. The most impactful and measurable directions for most health issues are intervention activities.

State Alliance's role would be to research intervention strategies, develop an action plan of how to implement the intervention strategy, develop partnerships with the county organizations to implement the intervention strategy, and then seek funding for project implementation. We see the potential for county chapters also to focus their individual fundraising and volunteer efforts to support the intervention strategy.

Recommendation #4:

Increased Staffing & Funding

While staffing is not the solution to the Alliance's current problems, it is clear that the Alliance will never become a vibrant partner to the Medical Society without additional professional staff leadership.

Although the Alliance will always be a volunteer organization, it needs to be led by a dedicated executive accountable to the Alliance. The Alliance executive should focus primarily on two activities: 1) implementation and funding of state-wide projects and 2) membership development. The position must not be secretarial or accounting focused.

We recommend that a budget be developed to support the establishment of a full-time Executive Director position for the Alliance for a three-year period. The Alliance currently has reserves that could be put towards such a position, but additional income would need to be secured through increased dues, grants, and individual gifts.

It should be pointed out that a fundraising campaign would likely need to be conducted among current members to create sufficient resources to fund increased administrative

leadership and support. We see such a campaign as an opportunity for the current and future members of the Medical Society Alliance to take ownership of their organization. As membership grows, the need for such a campaign may diminish, but we believe that vibrant organizations are always challenging their constituency to do more.

Recommendation #5:

Membership Recruitment

During the initial stages of the strategic planning process, it appeared as though the Alliance had a membership problem. But through the data gathering, analysis and writing of this plan, it became obvious that declining membership was a symptom of a greater problem.

Although a membership recruitment plan will need to be developed and executed in the future, it makes little sense to engage in membership development until recommendations 1 through 4 are complete.

Recommendation #6:

Future Things to Think About

While writing this report two additional questions emerged that deserve future consideration: 1) should Alliance chapters be structured by county or region or should they be structured around hospital systems and 2) should the State Alliance be setting the direction and activities for the local chapters—in essence having the local chapters being “turn-key” operations—or should the state organization provide little direction and allow each chapter to set their own, regional agenda?

We pose these questions because we suspect that they might also have an impact on membership.

A complete copy of this report with data, action steps and analysis can be had by calling Ken Strmiska at the Greater Green Bay Community Foundation (920) 432-0800.