

# REPORT OF OSMA MEMBERSHIP

A-2011

Subject: Annual Report

Presented by: Kathleen A. Musson, CAE, Associate Executive Director

---

1 **INTRODUCTION:**  
2

3 Since its organization in 1906, the Oklahoma State Medical Association, which currently represents more  
4 than 5,000 physicians, medical students and residents, has had one goal in mind...to advance the science  
5 and art of medicine for the betterment of Oklahoma physicians and the public they serve. For the OSMA,  
6 now in its second century of service to Oklahoma physicians and their patients, membership continues to  
7 be a key issue. More than ever before, members are expecting the Association to provide value and  
8 service in return for their membership dues dollars.  
9

10 **AMA Partnership For Growth & Marketing Activities -**  
11

- 12 • The OSMA has signed the AMA *Partnership for Growth* (PFG) Agreement for years and again  
13 signed it for the 2010 billing period. Participation in the AMA's PFG Program also provides  
14 additional resources through the AMA Membership Department and allows participation in  
15 integrated marketing programs for our state.
- 16 • Participation in the PFG program provides commissions from the AMA. The OSMA receives a  
17 5% commission on dues submitted to the AMA by January 31<sup>st</sup> of each year. After that, the  
18 commission is reduced to 2%. As part of the PFG, OSMA, OCMS and TCMS included AMA  
19 membership dues on the 2010 renewal statements. OSMA periodically runs AMA marketing ads  
20 in our monthly Journal and provides AMA membership information on our website,  
21 [www.okmed.org](http://www.okmed.org). For the 2010 billing year, AMA decided not to renew the dues pilot program  
22 with Oklahoma which had offered discounted dues when bundled with county and state  
23 membership dues. However, by our participation in the AMA's PFG program, commissions were  
24 still received on the AMA dues collected through our county and state societies.  
25

26 **County Medical Society Service Agreements -**  
27

28 OSMA Bylaws require that all members must join through one of the 44 county medical societies.  
29 OSMA handles the billing for the 42 rural county medical societies. In order to help with retention and  
30 recruitment for rural physicians the OSMA formed the Rural Physician Section (RPS) a few years ago.  
31 Key leadership for this group has been meeting to review membership trends and develop ideas to help  
32 with recruitment and retention of members in the rural areas.  
33

- 34 • For a number of years, the OSMA had passed on all of the AMA commissions to OCMS and  
35 TCMS. Per a resolution passed in 2009, AMA commissions earned from the collection and  
36 remittance of AMA dues paid by rural physicians have been retained by the OSMA and those  
37 funds are allocated to offset the activities of the Rural Physician Section as approved through the  
38 OSMA annual budget. Additional information on the Rural Physician Section is included in their  
39 annual report to the OSMA House.
- 40 • The Oklahoma County Medical Society (OCMS) and the Tulsa County Medical Society (TCMS)  
41 have signed "Unified Billing Services Agreements" with the OSMA. These agreements require  
42 their societies, as billing agents for the OSMA, to also solicit OSMA and AMA membership in  
43 all their recruiting efforts.
- 44 • In return for their billing and collection efforts, the OSMA forwards all qualified AMA  
45 commissions earned by OCMS and TCMS on their members who join the AMA to their  
46 individual medical societies. The commissions are given for not only billing and collecting dues,

1 but also for actively promoting OSMA and AMA membership, retention of current members, and  
2 recruiting new members for OSMA and AMA. In addition, for the past several years, OSMA has  
3 provided an additional \$25 per member incentive to OCMS and TCMS for any new active  
4 members who join the OSMA through their efforts.

5  
6 **AMA Membership Percentages** –

- 7
- 8 • The OSMA was classified as being “unified” with the county medical societies and the AMA  
9 since it original formation in 1906; however, after amendments were made to the OSMA Bylaws  
10 in 2007, OSMA dues notices included the appropriate AMA membership dues amount offered on  
11 a voluntary choice rather than a mandatory membership requirement. During this time frame, the  
12 OSMA has continuously monitored membership trends regarding the AMA membership choices  
13 made by OSMA members with appropriate follow-up.
  - 14 • The percentage of OSMA’s paying members who chose to join the AMA for the past three billing  
15 cycles are:  
16 2008 – 78%; 2009 – 75%; and 2010 – 40%. When the students, residents, life and dues-exempt  
17 members, who are also direct members of the AMA are included, these percentages increase  
18 significantly by 15% to 25%.
- 19

20 **Student Members** –

- 21
- 22 • There were 550 student members in 2010, who have joined the AMA through the OSMA for a  
23 four-year period, representing four different classes as follows: Class of 2011 – 148; Class of  
24 2012 – 124; Class of 2013 – 128; Class of 2014 – 147. Also three students joined the AMA for  
25 one-year AMA memberships. Please refer to the separate report of the Medical Student Section  
26 for information on the activities of the students from the University of Oklahoma College of  
27 Medicine.
- 28

29 **Resident Members** –

- 30
- 31 • Beginning in 2007, the \$21 OSMA resident dues were waived in order to encourage the University  
32 of Oklahoma’s participation in the AMA’s Introduction to Practice Management (IPM) program.  
33 This program provides AMA membership along with an on-line practice management curriculum.  
34 OCMS and TCMS also waived resident dues. Due to that participation at both the Oklahoma City  
35 and Tulsa campuses, OSMA’s membership numbers increased from 330 in 2006 to 742 in 2009.
  - 36 • For 2010, 486 residents at the Oklahoma City campus participated in the IPM program and as a  
37 result were members of the AMA and the OSMA; however the Tulsa campus of the OU College of  
38 Medicine decided not to participate in the AMA’s IPM Program. The OSMA continues to work  
39 with TCMS to recruit these residents individually for membership in the OSMA and AMA; and also  
40 plans to meet with the appropriate leadership at the Tulsa campus to encourage them to reconsider  
41 their participation in the AMA’s IPM for the future.
  - 42 • In addition, OCMS recruits those residents in the Oklahoma City area who are not affiliated with the  
43 OU residency program and for the 2010 billing year 36 residents joined by application through  
44 OCMS and paid the \$45 AMA resident dues. TCMS has indicated they will do the same for  
45 residents within their area.
  - 46 • The OSMA also sponsors “Match Day” each year for fourth year medical students encouraging  
47 their continued participation in organized medicine regardless of the residency location and has  
48 participated each year at the University of Oklahoma’s First Year Resident Orientation setting up a  
49 booth promoting OSMA/AMA membership and explaining the benefits they receive through the  
50 IPM. Additional information on the Resident and Fellow Section can be found in their individual  
51 report to the House of Delegates.
- 52

1 **Annual Dues Billings –**

- 2
- 3 • The first renewal dues statements are sent in October of each year to all OSMA members. Since  
4 AMA membership is now optional, the appropriate 2011 American Medical Association dues  
5 amount was included on all statements mailed for the convenience of those members who choose  
6 to join the AMA.
- 7 • Second billings are sent at the beginning of January, along with a letter from the OSMA President  
8 encouraging physicians to renew their membership and reminding them of the value their  
9 membership brings, as well as highlighting advocacy efforts.
- 10 • A third dues billing reminder was sent January 31st, along with a letter from Ken King, OSMA  
11 Executive Director and Kathy Musson, OSMA Associate Executive Director, again reminding  
12 physicians that organized medicine is their best advocate.
- 13 • County medical society presidents and/or treasurers also received a letter, along with a listing of  
14 physicians who had not paid their dues asking them to contact those members encouraging them  
15 to renew their membership or to inform OSMA of any changes in their status.
- 16 • Each year, OSMA Trustees are also provided with lists of those members who have not paid  
17 along with their contact information and asked to make phone calls encouraging physicians  
18 within their area to continue their membership.
- 19 • To comply with the provisions of the AMA PFG, every physician who chooses the  
20 OSMA/county only option receives a follow-up letter encouraging them to consider supporting  
21 organized medicine at all levels and asking them to consider joining the AMA through the  
22 OSMA.
- 23 • In March of each year, certified letters are sent to those physicians who have not paid by the end  
24 of February. For rural physicians who are billed by the OSMA, another copy of the dues  
25 statement which includes the AMA dues amount is included with the letter. The letter notifies the  
26 non-paying member that although their membership is very important, according to OSMA  
27 bylaws, failure to pay dues by March 1<sup>st</sup> results in automatic termination of membership.  
28 Members will, however, be given a small period of time to reinstate their membership.
- 29 • As of March 12, 2010, approximately 90% of the physicians billed for 2011 dues have paid  
30 resulting in close to 300 physician members who have been dropped for non-payment. Dues for  
31 the period continue to be received daily and upon payment those members will be fully reinstated.  
32

33 **OTHER MEMBERSHIP RECRUITMENT & RETENTION EFFORTS:**

34

35 **OSMA “Road Shows” –**

- 36
- 37 • OSMA officers and staff continue to travel to county society meetings to provide a face-to-face  
38 interaction with physician members and non-members. These “Road Shows” allow OSMA an  
39 opportunity to provide members with legislative updates, as well as bring detailed information  
40 about OSMA and AMA programs. The OSMA plans to continue to promote opportunities to  
41 expand this activity throughout the state; and, letters are periodically sent to all county medical  
42 society presidents and hospital medical staffs to encourage their participation in the “Road Show”  
43 program.  
44

45 **Member Retention Efforts –**

- 46
- 47 • During the past few years, several actions have been taken to increase current members’  
48 awareness of OSMA and AMA membership benefits. Letters are mailed to all members along  
49 with the annual OSMA Directory of Physicians which highlights various membership benefits  
50 and includes a summary of OSMA’s and AMA’s advocacy efforts. Members are also provided  
51 with up-to-date information from the OSMA and AMA about issues affecting their medical

practice through OSMA News Now, an electronic weekly newsletter, and on the OSMA website at www.okmed.org.

#### **Non-Member Recruitment** –

- For the past several years, the OSMA has made a comparison of the data from the Oklahoma Board of Medical Licensure to the OSMA membership database to ascertain the names and contact information for non-OSMA members. The OSMA has periodically partnered with the Oklahoma County Medical Society, the Tulsa County Medical Society and the Rural Physician Section on non-member recruitment letters.
- For the 2010 dues year, the OSMA, based on approval from the OSMA Rural Trustees, mailed a membership billing statement to all rural non-members. The solicitation option was for OSMA dues and indicated that the rural county medical societies had agreed to waive their 2010 county dues. As a result, 89 physicians sent in their 2010 OSMA dues, totaling additional dues revenue of \$35,600. Some of these were former members of the OSMA but many were new members who have not been members of the OSMA in the past. Information on each new physician was mailed to the respective county medical societies and the county dues amount was included in their 2011 renewal notices. OSMA has repeated this activity for 2011, and as of March 12, 2011, 34 new members have resulted.

#### **Membership Database Changes** –

- Within the past five years, a significant amount of capital has been invested for OSMA to purchase the necessary hardware and software for its database utilizing the IMIS Association Management Program which includes dues and financial modules, events management, marketing and communication capabilities, legislative district information, as well as fundraising (OMPAC and Foundation) management. This association management software also integrates with OSMA's current Great Plains Accounting software. The IMIS system has allowed OSMA to more accurately maintain and track OSMA and AMA membership data. In the near future, the OSMA plans to implement an e-series portion of the IMIS software, which will feature a members' only online membership directory. This new feature will integrate directly with the OSMA database, allowing greater interaction between OSMA headquarters and individual members.

#### **SUMMARY:**

- The OSMA's "**TOTAL**" membership numbers have shown slight increases over the past few years; however, this is mainly due to the increased numbers of residents and/or students. OSMA is monitoring the current data which shows a reduction in active, full dues paying members and an increase in retiring members to determine the effect on membership within the OSMA and AMA.
- Because recruiting new members into the Association and retaining current members is a major goal for the OSMA in the future, a membership task force meets periodically to discuss additional strategies to recruit and/or retain OSMA and AMA members.
- The OSMA will continue to work closely with the American Medical Association (AMA), the Oklahoma County Medical Society (OCMS), the Tulsa County Medical Society (TCMS), all Oklahoma rural county medical societies and the OSMA's Rural Physicians' Section to develop ways to show the value of membership in organized medicine.

Respectfully submitted,

Kathleen A. Musson, CAE