

REPORT OF THE RURAL PHYSICIAN SECTION

A-2011

Subject: Annual Report

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1 **INTRODUCTION:**

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3 The rural physician members of the Oklahoma State Medical Association (OSMA) comprise more than one-third
4 of the physician members of the Association, representing approximately 1,256 MDs and 65 DOs for a total of
5 1,321 members. All members of the OSMA are required to join through one of the 44 county medical societies
6 as defined through the OSMA. Of the 42 rural county medical societies, over one-half of the societies charge
7 dues (ranging from \$5 to \$100), have elected officers to represent their local society and have some type of
8 meeting (monthly, quarterly or annually). The other half does not charge dues and some do not have elected
9 officers or any type of formal structure to address membership issues.

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11 The Rural Physician Section (RPS) was formed in 2007 by vote of the OSMA House of Delegates. The funding
12 for activities of the RPS is included in the OSMA's annual budget. The Section is governed by a delegate
13 assembly composed of representatives from active rural county medical societies. The rural caucus delegates
14 annually elect a Chair and Vice-Chair to work with assigned OSMA staff to coordinate and direct the activities of
15 the Section.

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17 **SECTION CORE PURPOSE:**

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19 The RPS was established with the following core purposes:

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- 21 **A.** to foster camaraderie among the rural physicians of Oklahoma by providing a forum for
22 networking, personal interaction, and exchange of information on challenges of mutual interest
23 and concern; and
- 24 **B.** to promote the common professional interest of rural physicians by encouraging their
25 participation as members of their local county medical society, the Oklahoma State Medical
26 Association (OSMA) and the American Medical Association (AMA); and
- 27 **C.** to facilitate the coordination of and work in concert with the county society, OSMA and the
28 AMA to unify programs that advance professional and public education and advocacy for
29 physicians and their patients; and
- 30 **D.** to improve communications for rural physicians on issues affecting the practice of medicine in
31 rural areas by dissemination of newsletters and presentation of Continuing Medical Education
32 (CME) sessions; and
- 33 **E.** to provide centralized membership services to rural county medical societies, as needed.

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36 **ACTIVITIES:**

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38 **AMA Rural Commission Resolution:** A resolution passed in 2009 allows for any AMA commissions earned
39 by OSMA from the collection and remittance of AMA dues paid by rural physicians be retained by the OSMA
40 and that those funds be allocated to offset the activities of the RPS as approved through the OSMA's annual
41 budget. Even though the percentage of rural members choosing to belong to the AMA dropped to only 40%, the
42 AMA commissions earned for 2010 dues generated more than \$8,700 to be used to offset expenses for activities
43 of the RPS. As of March 15, 2011, the amount of AMA commissions earned for 2011 dues is \$???? (Arnora is

1 getting me the info)

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3 **Rural Physician Section Activities:**

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5 The Steering Committee of the RPS met on November 4, 2010 along with OSMA staff to review activities of the
6 RPS and to discuss future ideas and projects. In addition, the OSMA rural trustees at the November 14, 2010
7 OSMA Board of Trustees meeting to extend a rural dues billing solicitation to rural non OSMA members.

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9 Highlighted below are some of the activities of the RPS over the last year:

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- 11 • **Rural Dues Billing** – The OSMA handles the billing process for all physicians in the rural areas.
12 Before generating invoices for 2011 county, OSMA and AMA dues, letters were sent to each county
13 society to attempt to verify the amount of county dues the OSMA collects on their behalf as well as the
14 names of current County Treasurers. Dues are forwarded to the Treasurers periodically. Since there is a
15 cost to the OSMA for bank fees incurred for replacement checks lost by the county medical society, the
16 RPS leadership has suggested that any banking fees be deducted from rural dues collected or charged as
17 an expense to the RPS budget. For future billings, OSMA plans to develop a simple billing agreement
18 form with the county societies clarifying the rural dues process.
- 19 • **Non-Member Recruitment Efforts** - In 2009, the OSMA Rural Trustees discussed some of the
20 challenges for increasing membership within the OSMA and rural county societies. As approved by the
21 rural trustees, OSMA initiated a 2010 non-member dues solicitation which generated 89 new members
22 (31 former OSMA members and 58 new members) within the rural areas, representing an additional
23 \$35,600 in dues revenue for OSMA. Of the 89 new 2010 members, 58 for renewed in 2011 generating
24 \$3,609 in rural county dues.

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26 At the November 14, 2010 OSMA Board of Trustees meeting, the rural trustees approved extending the
27 non-member dues solicitation to rural non OSMA members and waiving the county dues. This solicitation
28 has resulted in 40 new members and \$16,000 in additional dues revenue for the OSMA.

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- 31 • **Electronic Rural Physician Section Newsletter** – The OSMA produced a 2010 first-quarter electronic
32 RPS newsletter which was sent to approximately 550 rural physicians who have provided OSMA with
33 their e-mail addresses. In September 2010 a printed newsletter was mailed to all rural members. The
34 newsletters contained information about the RPS, highlighted the Section leadership and provided other
35 items of specific interest to rural physicians. The newsletters are also posted on the Rural Physician
36 Section area of the OSMA website at www.okmed.org

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38 **FUTURE ACTIVITIES:**

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40 The following projects are planned for the Rural Physician Section:

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- 42 • Continue OSMA “Road Shows” and CME presentations throughout the state, specifically to include
43 physicians from inactive counties. *(Note in 2010-2011, the OSMA held Road Shows, some of which*
44 *included CME presentations in the following areas: Duncan, Enid, Lawton, Muskogee and Ponca City)*
- 45 • Invite physician spouses to meetings with opportunities to meet with representatives from the OSMA
46 Alliance during CME presentations (as available).
- 47 • Since OSMA bylaws require that bylaws of the county medical societies be in conformity with the
48 OSMA, a need for model bylaws for rural county societies continues. This request has been forwarded to
49 the OSMA Bylaws Committee and OSMA staff for implementation in the near future.
- 50 • Provide teleconferencing availability or rental opportunities for the OSMA new headquarters facility to
51 rural county societies for meetings when requested.
- 52 • Produce and distribute newsletters (both electronically and by mail) to rural physician members to
53 provide information about the activities of the RPS and other items of specific interest to rural physicians.
- 54 • Continue to seek additional funding for the activities of the RPS through OSMA, AMA and other grant
55 opportunities.

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SUMMARY:

The Rural Physician Section will continue to work with all OSMA rural physicians toward the core purposes and goals and address and respond to issues of importance to physicians who are practicing in rural areas. The RPS 2011 budget request is included in the OSMA annual budget.

Respectfully submitted,

- Mary Clarke, MD, Co-chair – Rural Physician Section
- Woody Jenkins, MD, Co-Chair – Rural Physician Section
- Mike Talley, MD, Vice-Chair – Rural Physician Section