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Staff, Volunteers Partner for Shared Vision of Future Member Engagement

ASSOCIATIONS NOW, August 2011 , Feature

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In 1981, the Medical Group Management Association (MGMA) launched several component groups—assemblies and societies, as it calls them—to allow its 5,000 members to connect within specialties. Fast forward to 2008. Membership had reached 21,000. Technology and the ways members connected with each other had evolved. Some of the traditional assemblies struggled to maintain leadership, and their meaning within the larger organization grew unclear.

Meanwhile, the elephant in the room was that, while total membership continued to grow, MGMA's value rating, based on a standard question on its annual member survey, was slipping. The slip wasn't huge, but it was enough to cause some organizational reflection about how MGMA, a national membership association for professional administrators and leaders of medical group practices, could build more value into its membership.

The association had launched an online member community in 2008, and members seemed to be moving toward the nontraditional member communities within it. MGMA hadn't looked critically at the assembly and society structure since its inception. Dare MGMA ask if the traditional structures were part of the problem? Was this opening Pandora's box?

"There is a risk saying you are going to look at the structure that members are very comfortable with, but it presented a huge opportunity to rethink engagement and member needs and how to meet members' specialty needs," says Betsy Holt, who served as component relations manager in 2008 and today is the director for MGMA's newly formed member-engagement department. "To be successful, we knew that we had to see it through our members' eyes and to partner with our volunteer leaders."

The transformation that MGMA set upon in 2009 resulted in a new vision for member engagement that encompasses members at all engagement levels, enhances the member's experience in MGMA's assemblies and societies, and strengthens its leadership development capacity. How it got there illustrates the power of creating an equal partnership between members and staff, who worked together to explore changes in membership and volunteerism in their association and beyond and to create a new model that meets member needs.

"When we started out, we knew that our membership perception of value could be improved, and we knew the data drew a clear correlation between satisfaction, engagement, and length of membership," says Holt. "We came to understand through the member-staff journey that we needed a voice and champion for member engagement, member value, and medical specialties in MGMA and ACMPE [the American College of Medical Practice Executives, MGMA's certification body]."

The Journey Begins

As MGMA brought together the leaders necessary for such a change, research pointed the way: Members who were more involved stayed longer and logged higher satisfaction rates. So MGMA decided that members should lead the way to crafting the solution. Members were not the only stakeholders, however. Staff played a key role in delivering what members considered most valuable: access to data, industry trends, specialty-specific resources, and networking opportunities. Could staff and members sit equally at the table to create the solution? As a group, they decided the answer was yes.

They set up two integrated task forces that, working in parallel, addressed volunteerism and member engagement in communities. The Assembly/Society Task Force took the lead on exploring community mission, structure, and value, and the Leadership Task Force explored volunteer engagement and leadership development. The success of these task forces in developing comprehensive, action-oriented plans can be traced to three early decisions:

Member-staff peer groups. Each task force was set up as a peer group, melding a diverse group of members and staff, with a member serving as chair. While key project staff participated in both task forces, each group also had a staff leader. Because there was overlap in the conversations, the staff team and two chairs regularly met by phone, reviewed the notes of each other's groups, and joined the other group's calls when appropriate. Each task force also had access to consultants: Peter Houstle and I, principals of Mariner Management & Marketing, served as a resource and counsel to the groups.

"The process wouldn't have been successful for anyone if we had not partnered. Staff has one perspective, the volunteers another," says Shena J. Scott, MBA, FACMPE, executive director of Brevard Anesthesia Services, P.A., and chair of the Assembly/Society Task Force. "It worked because

we had a commitment to each help the other see their side. And having volunteers involved produces a better product and better reception."

Exploring beyond the association. The plan began with staff and members learning and exploring the external and internal influences at work at MGMA.

ASAE's study *The Decision to Volunteer* was key in opening up the conversation, says William Henderson, FACMPE, administrator of Upstate Neurology Consultants, LLP, and chair of the Leadership Task Force. Group members read the chapters and discussed how they were similar or different to the members' initial thoughts. This process "both reaffirmed and led to changing of opinions," he says. "Breaking it down and discussing it gave us context."

Commitment to a multistep process. The members and staff involved agreed to a plan that included seven months of teleconferences and homework, a two-day, in-person retreat, and follow-up calls to review and accept the final recommendations. "One of the greatest things about this journey was the affirmation that when stakeholders—in this case, dedicated volunteers and staff—engage in a partnership to solve meaningful problems, we end up with much better products and outcomes. We really lived this in this experience and have tried to apply it in subsequent activities. It's a lot of work but well worth it in terms of member buy-in and success," says Ann Vaughn, MGMA senior vice president, professional development and member services.

These decisions, combined with the partnership between members and staff, formed the foundation that allowed MGMA to follow a deliberate and thoughtful process in its pursuit of a new vision for member engagement.

5 Steps from Exploring to Creating

1. Learning and exploring. The standard practice tends to work like this: Staff assemble the "facts" and distribute them to volunteers, and then the group crafts the solution. MGMA eschewed the standard and instead assembled trends, data, and resources. Over four months, each task force explored trends in social media, technology, member engagement, and volunteer development; read *The Decision to Volunteer* one chapter at a time; and tapped its consultants at Mariner for information on association structures, member models, and volunteer models. Key takeaways and questions resulting from each conversation were kept in a running log that ultimately served as the resource document and checklist for the retreat that followed.

2. Innovating. As the process unfolded, conversations began shifting toward "what if" questions and exploring where there were opportunities for change within the MGMA system. In one conversation, the Assembly/Society group discussed the explosive growth of online communities at MGMA and asked what the traditional components could learn from that. That discussion prompted the group to come up with the question that spurred much of the task forces' eventual outcomes: "What if we streamlined our governance model to encourage new voices?"

3. Sharing and collaborating. In July 2009, the task forces met in person with staff at MGMA's headquarters in Englewood, Colorado. The two groups met together and separately over two days, and what emerged from the process of sharing ideas and collaborating on concepts were first drafts of a streamlined component model and volunteer-development policy.

4. Approving. Drawing on MGMA staff and Mariner to pull the notes and agreements together, the task forces shaped their final recommendations for presentation to the MGMA Board of Directors. Both sets of recommendations were approved. The reorganization recommendations moved forward first, while other recommendations have required a more iterative adoption process.

5. Embracing. Implementing organizational change is yet another journey. MGMA is in the midst of this process.

Where the Journey Led

The destination was a set of plans that, once approved by the MGMA board, would improve member value through increased engagement and ensure a vibrant pool of leaders to guide the association into the future. Today, those plans are in place, and three milestones have been reached.

First is acceptance of the new organizational model by volunteer leaders of assemblies and societies. Staff credit task force chair Scott, who is now chair of the MGMA board, with facilitating this change. Scott says that, as past chair of one of the largest assemblies, she was skeptical of the prospects for successful change, but the process helped her see the possibilities. That process, coupled with a reasonable timeline, meant volunteers and members had time to adapt to and come to appreciate the changes as they moved to the new model.

The second milestone is a staff reorganization based on the new vision of member engagement. Holt says her new member-engagement department began by defining engagement as tapping into the organization (reading, writing, volunteering, attending, purchasing, and so on), which results in bringing personal or professional value to the member. They measure success in higher rates of satisfaction, renewal, and volunteerism among members. The bottom line is that increased engagement will drive membership and effectiveness of volunteers in a way that specifically intersects the organization's strategic goals.

Third, the volunteer-management program is moving forward in an iterative process. Already launched are a robust ad hoc volunteer strategy and a successful "Raise Your Hand" volunteering campaign.

What began as a risk became an opportunity for MGMA staff and volunteers. They not only successfully moved the association to a new engagement model but also learned the value and power of a volunteer-staff partnership and how to collaborate.

Henderson sums it up: "What was most dramatic to me was how it was truly a staff-volunteer cooperative effort. We looked at how to engage volunteers in the association and at how to engage our staff with volunteers, which hadn't been in the forefront of the association," he says. "It's the

mutual respect for staff by volunteers and for volunteers by staff. The synergy propels the overall success of the organization."

One part of the journey to envisioning an association for the 21st century is complete, and MGMA is off and running to make that vision its reality.

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Sidebar: Qualities of Engagement

After a yearlong process to revamp its component structure and member-engagement strategy, the Medical Group Management Association is following a new mantra:

Engagement is all about

- ❖ How I feel (experience);
- ❖ What I get (value);
- ❖ How I give back (volunteerism).

Sidebar: Metrics for Engagement

To measure its goal of increasing member engagement, the Medical Group Management Association is tracking three desired outcomes:

- ❖ A higher rate of satisfaction among members;
- ❖ A higher rate of renewal among members;
- ❖ A higher rate of volunteerism among members.

Sidebar: Lessons Learned

Reinventing a component structure and member-engagement strategy is no easy task. The Medical Group Management Association learned some important lessons along the way.

It's a team.

- ❖ Staff don't have all the answers, and neither do volunteers nor members.
- ❖ Radical change requires all stakeholders to have a seat at the table.
- ❖ You must have a compelling leader with the right support.

Radical change requires a vision, creativity, and energy.

- ❖ Bring a variety of people to the table.
- ❖ Seek outside resources like books, articles, research, and stories.
- ❖ Have frequent conversations on focused topics.
- ❖ Keep a working log to capture key ideas, observations, questions, and findings as discovered.
- ❖ An in-person retreat allows members to feed off each other's energy.

The journey is as important as the end product.

Online Extra: A Volunteer's Viewpoint

William Henderson, FACMPE, administrator of Upstate Neurology Consultants, LLP, chaired the Medical Group Management Association's (MGMA) Leadership Task Force and reflected on the experience of helping reinvent MGMA's volunteer structure and member-engagement strategy:

"I think the results of the work on the Leadership Task Force has propelled to the front burner the importance of member engagement and the broader definition of volunteering and how we engage our members. It is important that we engage in ways we never did before. Those kinds of things are front and center now. We are reshaping the organization as a whole."

"The lessons we learned in that process are impacting us as we are looking at the future of two organizations [MGMA and the American College of Medical Practice Executives, MGMA's certification body]. In particular, it's the mutual respect for staff by volunteers and for volunteers by staff and that we can accomplish very specific and focused goals."

"One key resource that really opened up the conversation was *The Decision to Volunteer*. It was helpful to use to educate all [task force members] on volunteering and to dash false misconceptions and stereotypes about volunteering. But it also played a role in the success of a process that was largely virtual. The book engaged the group in the process and made the difference."

"Let me equate this to an educational setting. We had a pretest in [which] we discussed the issues ... why can't we get members to volunteer; why they don't want long-term assignments Then we had assigned chapters to read each week, which we immediately discussed on the calls. We would say, 'You know we said this, and this doesn't seem to be the case across all

'associations,' or, 'We said this and it is reflected in the research.' So, in a sense, this both reaffirmed and led to changing of opinions. If we had just been told to read the book, it would have fallen in the face. By breaking it down—and being selective since we didn't read all the chapters—and discussing, it gave us context.

"My advice for association staff: See volunteers as coplayers, coworkers in the process of moving the association forward, because we have the expertise in the field. Put staff and volunteers on same page of where the future of the association needs to be, and you have the potential to align all the resources to move effectively in the right way. Associations are very different, and the message that cuts across all is that we have work together."

Shena J. Scott, MBA, FACMPE, executive director of Brevard Anesthesia Services, P.A., served as chair of MGMA's Assembly/Society Task Force. When asked what made the overhaul of its volunteer-structure and member-engagement strategy successful, she pointed to three factors:

"First, you really have to have trust. Ann [Vaughn, MGMA senior vice president, professional development and member services] and I have trust. We don't always see eye to eye, but I can help her understand my perspective, and she can help me see staff's. The trust comes from being willing to hear all sides of the issues. Staff had a great willingness to really listen."

"Second, part of the success was having the right people involved. I came up through the assemblies; I'm vocally supportive of them and have the leaders' trust. And staff was very good about setting the framework: identifying the issues and hashing out the details, finding the common ground and common level of understanding."

"Third, you have to have a commitment to help each see the other sides and to work collaboratively."

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