A survey of state medical societies was conducted to examine current trends in membership, including growth vs. decline and the major drivers of these changes. Following are the results.

Total Respondents: 14

Responses

1) Organizations participating:

- Connecticut State Medical Society
- Hawaii Medical Association
- Maine Medical Association
- Montana Medical Association
- Nebraska Medical Association
- New Mexico Medical Society
- North Carolina Medical Society
- Oklahoma State Medical Association
- Pennsylvania Medical Society
- South Dakota State Medical Association
- Utah Medical Association
- Wisconsin Medical Society

**Two respondents did not indicate their organization name**

2) Please select the region of your medical society/association:

- **North East (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT, WV)**—21.43% (3 responses)
- **North Central (IA, IL, IN, KS, KY, MI, MN, MO, ND, NE, OH, SD, WI)**—28.57% (4 responses)
- **South Central (AL, AR, LA, MS, OK, TN, TX)**—7.14% (1 response)
- **South East (FL, GA, NC, SC, VA)**—14.29% (2 responses)
- **West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)**—28.57% (4 responses)
3) Please indicate the range that best describes your state's total population:

- <1 million--------14.29% (2 responses)
- 1-3 million--------42.86% (6 responses)
- 3-5 million-------7.14% (1 response)
- 5-10 million-----21.43% (3 responses)
- 10+ million-------14.29% (2 responses)

4) Have you seen growth or decline in your medical society's/association's membership over the past two years?

- Growth-----------------------------------50% (7 responses)
- Decline---------------------------------28.57% (4 responses)
- Neither (has remained roughly the same)---21.43% (3 responses)

5) If you have seen growth or a decline in membership in the past two years, by what percentage has membership grown or declined?

<table>
<thead>
<tr>
<th>Growth Responses</th>
<th>Decline Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>+1-5%</td>
<td>-7.5%</td>
</tr>
<tr>
<td>+5%</td>
<td>-2%</td>
</tr>
<tr>
<td>+5%</td>
<td>-5%</td>
</tr>
<tr>
<td>+2.5% (physicians only); +11.5% (including residents and students)</td>
<td>-10%</td>
</tr>
<tr>
<td>+4.18%</td>
<td></td>
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<tr>
<td>+6%</td>
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</table>
6) What do you feel has been the main driver of the growth or decline in membership?

<table>
<thead>
<tr>
<th>Drivers of GROWTH</th>
<th>Drivers of DECLINE</th>
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<tbody>
<tr>
<td><strong>Maine Medical Association</strong>&lt;br&gt;<em>Extending discounts to employed physicians.</em></td>
<td><strong>Connecticut State Medical Society</strong>&lt;br&gt;<em>Decline in value.</em></td>
</tr>
<tr>
<td><strong>Utah Medical Association</strong>&lt;br&gt;<em>Hiring a dedicated Membership Marketing person (field staff) and pushing group memberships.</em></td>
<td><strong>Pennsylvania Medical Society</strong>&lt;br&gt;<em>Employed physicians do not see PAMED as relevant; Dues are unified to counties that are not demonstrating value in many places; competing demands for dues dollars with specialty organizations.</em></td>
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<tr>
<td><strong>North Carolina Medical Society</strong>&lt;br&gt;<em>More interaction with members and non-members; face to face &quot;sales calls&quot;</em></td>
<td><strong>Hawaii Medical Association</strong>&lt;br&gt;<em>Generational differences.</em></td>
</tr>
<tr>
<td><strong>South Dakota State Medical Association</strong>&lt;br&gt;<em>Increasing state population and growth of one of three health systems that had a large donor so doing more research, acquiring in other states, etc.</em></td>
<td><strong>Oklahoma State Medical Association</strong>&lt;br&gt;<em>Younger physicians not joining and older physicians aging out.</em></td>
</tr>
<tr>
<td><strong>Anonymous</strong>&lt;br&gt;<em>Developed a group discount model to attract employed physician groups.</em></td>
<td><strong>Anonymous</strong>&lt;br&gt;<em>Different breed physicians joining the workforce - younger, employed situations, non-joiners.</em></td>
</tr>
<tr>
<td><strong>Wisconsin Medical Society.</strong>&lt;br&gt;<em>More physicians in more, large integrated systems joined the Society via dues discount program. So while membership increased, the effective per-member dues rate decreased 6.49%.</em></td>
<td></td>
</tr>
</tbody>
</table>

7) Do you believe the Affordable Care Act has played a role in the growth or decline in membership?

Yes---------**14.29%** (2 responses)<br>No---------**78.57%** (11 responses)<br>Uncertain---------**7.14%** (1 response)
8) Are there any anecdotes or quotes you would be willing to provide on record regarding membership growth/decline?

We are finding that physicians are willing to join but don't want to pay very much for the privilege. So our membership is at an all time high, but the amount paid for physician has sharply declined due to discounting.
-Maine Medical Association

Care coordination required to be a part of an ACO will spur greater consolidation of physician practices/hospital systems. Wisconsin is two decades ahead of the rest of the country when it comes to large (>200 physicians) groups. Our message to the rest of the country: get ready because consolidation is coming.
-Wisconsin Medical Society

Membership retention and recruitment can only be successful if the physicians at the grassroots level are engaged. It can't be sold by a layperson or staff member.
-Anonymous

If you have any questions about this survey or are interested in conducting a survey of your own, please contact:

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aamse@aamse.org
(414) 221-9275

This survey was conducted on behalf of California Medical Association