

CALIFORNIA MEDICAL ASSOCIATION ALLIANCE
DRAFT 2012-2015 STRATEGIC PLAN

MISSION STATEMENT

The CMAA supports the uniqueness of the medical family at the state and county levels by providing opportunities for:

1. Leadership and Personal Development
2. Involvement in Health Projects
3. Social Networking

VISION STATEMENT

The CMAA and CMA work together in a synergistic relationship to meet the needs of the medical family, thereby cultivating a healthy family and lifestyle for Californians.

TAG LINE

“Just for the Health of It”

VALUES STATEMENT

We value:

1. Teamwork for a Common Goal
2. Mutual Respect
3. Optimism
4. Integrity
5. Accountability

PRINCIPLES OF THE CMA ALLIANCE

- Relationships are local
- Relationships are key to growth
- Address messages/services to the generational interests of the members
- The dues issues is not monetary; it is about barriers

- The CMA Alliance is a network of networks
- Physicians-in-training is a key issue

PRIORITIES

***Sub-headings under Priorities are Action Plans for the 2012-2013 Year**

1. Cultivate current, prospective, and lapsed members by working collaboratively with the county Alliances in the planning and implementation of programs that are fun, challenging, and progressive.

- Plan and carry out at least two meetings or events that incorporate a retreat component by May 2013.
- Simplify the collection of membership data and dues to allow CMAA and counties to focus on creating one-to-one contact opportunities with targeted members of the “medical family” by May 2013.
- Send out a minimum of two print newsletters by mail to the membership by June 2013.
- Tag membership database so that members receive regular communications and updates in a form of their choosing that they will most likely read by June 2013.
- Simple recognition of members who work to help the CMA Alliance achieve its goals and move forward; on-going through June 2013.

2. Strengthen the CMAA’s relationship with the CMA, a CMA affiliate, by sharing the resources and expertise of both organizations in the development of programs that target mutual areas of interest and concern.

- Develop and initiate a Physician-in-Training program in at least two counties where medical school/residency programs exist by May 2013.
- Explore the feasibility of working with the CMA to develop a workshop on the development of joint membership growth strategies to include participation by county medical societies and county alliances by June 2013 for implementation in fall 2013.
- Explore ways to and, if possible, begin implementation if the integration of the database of the CMAA with that of the CMA by December 2012.

- Strengthen the importance of our role in insuring the success of the CMA in the eyes of the CMA membership by granting our seat on the CMA Board of Trustees voting member status; on-going.
3. Become the statewide resource for leadership development and training of county Alliance leaders and members.
- Hold Leadership Conferences that will attract current and potential members of the CMAA in February 2013.
 - Work collaboratively with the AMAA and Western States Leadership to take advantage of their skill sets and reinforce the importance of the relationship between the two organizations; on-going, June 2013.
 - Develop a resource bank of member skill sets that the state and county leaders can access for mini-trainings by February 2013.
 - Explore the feasibility of putting together and holding interactive mini-trainings via Skype or other internet vehicles by February 2013.
 - Provide opportunities for county Alliances to work collaboratively to share resources and attain common goals; on-going through May 2013.
4. Utilize branding to educate the medical community on the value of the CMA Alliance.
- Insure that all communications emphasize that the CMA Alliance represents the interests and needs of the “family of medicine”; is an affiliate organization of the CMA, and is an active member of the AMAA; on-going, June 2013.
 - Work with county Alliances to publicize statewide the work they do in their communities, either through project development and implementation, or through fund raising efforts and the awarding of grants; on-going through June 2013.
 - Work with the CMA to insure that our role in collaborative efforts either at the state level, or at the county level with local medical societies, are recognized in the CMA’s various communication vehicles to the CMA general membership, on-going, June 2013.
4. Develop and utilize management systems that support and respond to the needs of members.

- Communicate with the membership the basic change of focus of the organization as to its purpose, as articulated in the amended Articles of Incorporation by October 2012.
- Communicate the simplification and flexibility in the governance systems of the Alliance per the amended Bylaws.
- Continue to assess and streamline the governance systems of the CMAA; on-going with progress report to Board in February 2013.
- Explore secure on-line options for dues payments, donations, and registrations for events.
- Consolidate the business of Annual Session into a one-day fly-in by May 2013.
- Develop a realistic budget that maximizes the effectiveness of monies expended and minimizes the use of reserves; on-going through June 2013.

5. Reduce reliance on dues monies by expanding revenue sources and developing partnerships and strategic alliance.

- Research and initiate the conversion of the CMAA from a 501(c)(6) organization to that of a 501(c)(3) organization, as well as the merging of the CMAA and the CMAA Foundation with the completion date by June 30, 2013.
- Explore alternative membership participation income as the Bylaws no longer list dues as a requirement for membership.
- Research organizations with whom the CMAA could develop collaborative partnerships and strategic alliances; on-going, June 2013.