



2015 Strategic Plan Quarterly Update January – March, 2015

In August of 2014, WCMS embarked on its third year of strategic planning with key partners. Over 100 individuals were interviewed from our key community partners, including physicians (both employed and independent); health system leadership; funders/donors/sponsors; community leaders; practice managers; and patients and employees. On October 6th, 2014, forty-five of our key partners participated in a town hall meeting to discuss the thematic results of the interviews. Participants broke into key partner groups and wrote strategies based on the thematic findings. Both the Association and Foundation Boards of Directors along with WCMS staff subsequently prioritized the strategies in accordance with our mission, while insuring that the final, approved plan represented input from all key community partners.

WCMS is committed to providing quarterly updates to our key partners. Our first quarterly report for 2015 is below.

Our Mission:

WCMS Association: WCMSA is the physicians' voice advocating for the health of the physician, the patient, and the community, through strengthening the physician-patient relationship.

WCMS Foundation: WCMSF is the physician and community-led charitable arm of the medical society improving access to quality healthcare, decreasing disparities in health, and promoting health & wellness.

Our Vision:

To be a dynamic physician community dedicated to a healthy, vibrant Western North Carolina.

Our Values:

Integrity. Quality. Compassion. Diversity. Innovation.

Our Key Strategic Partners:

Independent physicians, Employed Physicians, Community Leaders, Funders/Sponsors/Donors, Health System Leaders, Practice Managers, Patients, and Staff

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2015 1st Quarter Strategic Plan Update

Strategy 1: Address the growing trends of physician burnout and diminishing joy in the practice of medicine by strengthening peer to peer relationships and providing physician support systems

1. Develop physician to physician mentoring program
 - a. Pull together interested physicians into planning group to help set up the program.—on hold until second quarter.
2. Mindfully expand the reach and goals of Affinity Groups to serve a higher purpose beyond social gatherings/networking.
 - a. Invite decision-makers such as health system leaders and legislators to Affinity Group meetings to discuss issues important to WCMS' mission.
 1. Rob Fields, Medical Director of Mission Health Partners, spoke to the Emeritus Section in February about ACO's and new payment systems.
 2. Chip Watkins, Senior Physician Consultant with CCNC, spoke to the Independent Physicians Affinity Group about the new CIN in March.
 - b. Use Affinity Groups to identify and act on issues/concerns pertinent to WCMS membership.

Engaged Women in Medicine in an introduction and call to action regarding House Bill 465, "Clarify & Modify Certain Abortion Laws" as this bill represents a direct assault on patient access to care, patient safety, patient privacy, and physician training.
 - c. Use Affinity Groups to identify and act on philanthropic causes.

No activity to date, although we are in discussion with Foundation Board Chair Kate Queen, MD regarding a Rural Medicine affinity group that would address Foundation's focus on issues of access to care, health disparities, wellness.
 - d. Use Affinity Groups to draw in new members to WCMS.

We invited non-member retired physicians to attend the Emeritus lunch in February, and some of the members invited non-members as well. Likewise, for the other affinity groups, we asked members to invite non-members to attend with them. Several non-members have attended and we plan to follow up with them regarding membership.
 - e. Explore interest in forming new Employed Physician affinity group.

On hold until 3rd quarter. Need to assess interest first. Rural Medicine affinity group also may be forming, so we will evaluate our resources to support new groups.
3. Explore bringing a specialist/speaker on managing burnout to WNC for seminar(s)

The Association Board of Directors discussed potential speakers and the deliverables/outcomes they would like to see from an event. WCMS staff researched five recommended speakers and narrowed the field to these: Dr. Dike Drummond, and Dr. Steve Berkowitz. To date, Dr. Berkowitz has been interviewed by board leadership, and his references are being checked. Dr. Drummond's interview is in late April. The managing burnout seminar will be held in August, 2015 and will include physicians and their spouses/partners/significant others.

4. Research successful Physician Wellness Programs that have been instituted by Medical Societies around the country.
 - The Board discussed examples of medical society and university-based physician wellness programs. Staff is researching these and additional programs with the intent of determining whether or not it is feasible to replicate such a program at WCMS for physicians in the region.
5. Identify, interview, and write articles/develop video testimonials about WNC innovators and physicians who have achieved meaning and joy in their practices to share “how they did it.”
 - a. The Association Board in February participated in a video campaign sharing how they find joy and meaning in medicine. [Here is one example](#). More clips are forthcoming.
 - b. Foundation Board member and third year medical student Rivers Woodward interviewed Dr. Mark McNeill at Trillium Family Medicine about innovations in his medical practice, and published an article with WCMS. [Read the article here](#).
 - c. Miriam interviewed Dr. Janet Bull at Four Seasons Compassion for Life about new innovations in community-based palliative care. The article is forthcoming.
 - d. Rivers Woodward is planning to interview up to 10 physicians to talk about burnout and how physicians are addressing that in their practice
6. Identify/enhance technology (e.g., website, listserv, text, social media) to offer secure, private and virtual peer to peer communications.
 - On hold until 3rd quarter

Strategy 2: Enhance physician leadership

1. Launch physician leadership academy in collaboration with Cherokee Indian Hospital and other outlying counties in partnership with MAHEC.
 - a. WCMS and Cherokee Indian Hospital partnered with MAHEC to launch a Physician Leadership Academy this quarter. This is a three part curriculum designed to help physicians and advanced practitioners realize their own leadership potential and develop the skills needed to address challenges within healthcare.
 - b. Shared at CMO/COS leadership forum.
 - c. [More information about the Leadership Academy here](#).
2. Continue to support WNC Health Network’s WNC Physician Leadership Committee (comprised of hospital CMOs and COSs) to foster physician leadership communication, learning, and collaboration across hospitals/health care systems/county lines.
 - CEO Miriam Schwarz attended the CMO/COS meeting on 2/23 and discussed physician burnout, physician leadership and legislative engagement. Because of low turnout to the meetings and at the recommendation of those in attendance, WNC Health Network staff is holding off on further meetings and instead are individually interviewing the CMO/COS Committee members to get a handle on the direction this group would like to take.
3. Collaborate with NCMS’ Leadership College and its “Toward Accountable Care Consortium and Initiative” for the purpose of providing the medical community with the knowledge and tools needed to understand, participate in, navigate, lead

and succeed in a value-driven health care system.

- a. Two new TAC guides are now available: [Accountable Care Guide for Pediatric Care](#) and [Accountable Care Guide for Child Psychiatry](#). These guides are located with all the other guides on the TAC website: <http://www.tac-consortium.org/resources/>
- b. Recently, to help advance the work being done across sectors to increase the adoption of value-based payments and alternative payment models, HHS has launched the Health Care Payment Learning and Action Network. For more information and to register, please go to: <http://innovation.cms.gov/initiatives/Health-Care-Payment-Learning-and-Action-Network/>

Strategy 3: Engage physicians across the region in Legislative advocacy

1. Continue in-person visits to legislators with local physicians, both in WNC between sessions and in Raleigh during sessions (e.g., White Coat Wednesdays).

CEO Miriam Schwarz, WCMS President Bob Henderson, MD and Diane Hanks, MD (AllCare) went to Raleigh to meet with many of our WNC legislators: Sen. Van Duyn, and Reps. McGrady, Dobson, Turner, Ager, and Fisher to stop the recoupment of 3% of Medicaid funds that have already been disbursed to doctors over the past 14 months. ([Click here](#) for background info) We pushed for physician-led ACO's as the solution to Medicaid reform and not MCO's.



Pictured above:

Dr. Bob Henderson, Miriam Schwarz, and Dr. Diane Hanks in Raleigh with Rep. McGrady (R-Henderson County) discussing the adverse results of a 3% Medicaid retroactive cut.

While we were at the NCGA, we were interviewed by a reporter from NC Health News. Here's the Article: [Docs Raise Familiar and New Issues with Legislators](#)

Another White Coat Wednesday is scheduled for May 13th.

Legislative priorities for 2015 include:

- a. [Physician-led Accountable Care Organizations](#) as a solution to Medicaid reform. We do NOT support Managed Care Organizations, particularly for-profit, out-of-state entities.

- b. Medicaid expansion/closing the insurance gap for all low-income residents of North Carolina.
- c. Increased mental health services and providers in WNC, reimbursement that supports integrated mental health/primary care, and appropriate use of state facilities.
- d. Protecting medical liability reforms that were passed in 2011.
- e. Appropriate scope of practice by non-physicians and supervision of non-physician practitioners by physicians to ensure patient safety.

The WCMS Board is currently writing a position statement on House Bill 465, “Clarify & Modify Certain Abortion Laws.” The statement will be issued shortly.

- 2. Build physician-led, grassroots educational/advocacy campaign that focuses on WCMS’ stance on increasing health care access and decreasing health disparities, by leveraging our partnerships with patients, businesses and community agencies.
 - The Association Board determined that the grassroots campaign should focus on Medicaid Expansion. The purpose of the campaign is to engage patients—the voting public—in advocating for insurance coverage for all people. The campaign is being developed currently and will roll it out in second quarter. Elements include formation of a Medicaid Expansion Physician Task Force, call to action video featuring local physicians, posters for practices and their patients, and an on-line petition.
- 3. Support Emeritus physicians’ interest in legislative advocacy.
 - Olson Huff, MD, who is leading a group of activist retired physicians, has joined the Association Board, which provides connectivity between WCMS advocacy efforts and the advocacy efforts of the retired physician group.
- 7. Determine future of BCMS PAC
 - On hold – to be determined by the board.

Strategy 4: Continue developing a proposal led by the medical and business communities to move medical interventions upstream toward wellness and prevention.

Under the leadership of Co-Chair, Dr. Gus Vickery, the MHU Committee is moving forward with the implementation of a Direct Patient Care (DPC) model and Dr. Jim Early has joined Dr. Vickery in this effort. There is keen interest in the small to midsize business community to participate in this model. There are several outstanding issues in the process of being addressed including what, if any, further role WCMS may play going forward now that launch is imminent.

Strategy 5: Enhance Support for Vulnerable Populations

- 1. Continue enhancing access to care for the region by:
 - a. Collaborating with our funders and other community partners to redesign Project Access® to complement the requirements of the Health Insurance Marketplace (HIM).

We are part of a core group of Care Share Health Alliance (CSHA) members who have collaborated to design a Patient Navigation Model for the highly subsidized, newly insured and hope to pilot this model in contract with a large insurer, possibly as early as the fourth quarter of 2015 (CSHA

is a nonprofit serving the technical and other needs of the almost 20 access networks across NC). Negotiations with the targeted insurer are progressing well.

WCMS recently celebrated two successful years of having a Health Access Counselor (HAC) co-located at Western North Carolina Community Health Services (WNCCHS) and has had a co-located HAC at MAHEC successfully embedded on the 1300 Project Team for almost six months--- the 1300 Project is a MAHEC-led initiative in conjunction with the Asheville Buncombe Community Christian Ministries (ABCCM) supported by Mission Hospital (MH) and Buncombe County with the goal of placing homeless persons from ABCCM and frequent utilizers of MH's Emergency Department into primary care medical homes within 48 hours of their discharge; in addition to screening and enrolling said referrals in either the Health Insurance Marketplace (HIM) or Project Access (PA) as eligible, our HAC has also just completed SSI/SSDI Outreach, Access and Recovery (SOAR) training, and must now help a homeless person referred to the 1300 Project Team who is likely to be eligible for Social Security or Social Security Disability complete his/her application for same in the next 90 days. Should our SOAR pilot prove efficacious, we may get others of our HACs cross trained in SOAR, as well.

- b. Employing Health Access Counselors to provide 'inreach' counseling to current PA patients between 100-138% FPL to determine their eligibility for the HIM, outreach counseling about same to the patients of member physicians throughout WNC, and counseling to general public.
 1. In **2015 (first quarter)** we served **1216** PA patients with a total value of services exceeding **\$2.5M.**
 2. In 2015 first quarter we also enrolled **23** people in the Health Insurance Marketplace (HIM) including **2** former Project Access® patients.
 3. Currently, just over **500** Buncombe County physicians are participating in Project Access®.
 - c. Investigating and applying for supplemental grants to fill the void of currently diminishing funding streams.

In collaboration with The Mission Foundation we are currently engaged with The Duke Endowment and expect a site visit in May.
2. Continue moving toward health parity by marketing/growing WIN throughout the region.
 - a. As of March 31, 2015 WIN has had 1147 interpreting appointments with continued growth in Henderson and Transylvania Counties and sustained numbers of appointments in Buncombe, Yancey and Mitchell Counties.
 - b. WIN continues to have steady business for document translation and has discussed further projects with existing and new clients for the coming months.
 - c. Apply for funding to support expansion of WIN into McDowell County in 2015.
 1. WIN received the People in Need Grant for 2015 for use in McDowell County. WIN had six meetings with McDowell Hospital leadership in January, February and March to discuss using the grant funds for low income, uninsured patients. As of March 31, 2015 there have been 33 grant funded interpretation appointments in McDowell County. In 2014 there

were only two appointments in McDowell County.

2. People in Need also approved grant funds to be used to improve the WIN webpage. The current WIN web page doesn't list document translation as a service offered or specify if WIN offers onsite, telephone or video interpretation. As of March 31, 2015, WIN completed a survey to analyze how well the current webpage communicates WIN's services to clients, interpreters and the general public. Using the information from the survey and the WIN's needs, Twang Creative is currently working on two proposals for the changes to the WIN webpage. Once a proposal is chosen, WIN and Twang Creative will work with Keystone, the WCMS web manager, to implement the changes.
3. Explore new regional rural WNC programs with Foundation BOD to support vulnerable populations in line with the Foundation mission.
 - a. See [letter from Kate Queen, MD](#), regarding this strategic initiative.
 - b. We will be convening with 12 rural physicians led by our Foundation Board Chair in the 2nd quarter to begin discussions about direction and programs for the Region.
 - c. The WCMS Foundation Board of Directors is inviting innovative physicians, practices, and organizations from across the region to present their work to the Board. <http://www.mywcms.org/news-and-events/newsroom/wcms-foundation-board-seeking-rural-innovations!>
 - d. In collaboration with MAHEC's Minority Medical Mentoring Program, Center for Rural Health Innovation and 3rd year medical students Rivers Woodward and Brittany Papworth, WCMS is exploring supporting and participating in an expanded [Project Promise](#) in Mitchell and Yancey Counties. The intent of this program is to engage interested rural high school students in learning about health career opportunities Rural Medicine.

Strategy 6: Continue strategic planning process in 2015.

We will begin our interviews with key partners in April 2015 for our 2016 Strategic Plan.
