



2016 Strategic Plan Quarterly Update January - March

WCMS Association and Foundation Boards of Directors and WCMS Staff worked together to create the 2016 Strategic Plan, along with input from interviews and discussions with various key partners (including employed/independent physicians, health system leaders, business & community leaders, and practice managers). Many of the priorities were significant and longer term, so were carried over from the 2015 Strategic Plan.

WCMS is committed to providing updates to our key partners regarding the progress to our Strategic Plan. The first quarter's report for 2016 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, Sponsors/Donors, Health System Leaders, Practice Managers, Patients, Staff

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2016 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. Research, plan and develop Physician Wellness Program.

We've researched wellness programs at medical societies, hospitals, universities, and consultancies across the nation to examine the latest work on physician burnout prevention and intervention programming. We are on the leading edge of this work. The following represents our current plan for 2016-17. It is a work in progress and may change over time.

- a) Vet and organize professional coaches to work with WCMS physicians who are interested in improving their work and family life. Coaches will offer discounted pricing to WCMS membership
- b) Topic Interest Groups (TIG) run by physicians and professional therapists (to be vetted). Topics to be determined by feedback from membership, but may include: Anxiety, Stress, Relational health with family/friends/community, Addiction to work, Fear of malpractice, Workplace conflict, How to make your E.H.R. work for you (vs. you working for the E.H.R.), etc.
- c) Professional counseling program for those wishing to seek confidential therapy in a discreet setting ([modeled after Lane County Medical Society's Physician Wellness Program](#)). Physicians will not seek help if they are required to report it. We are committed to changing the culture of stigmatization, fear and shame. The first step is to clarify reporting requirements with the Medical Board and align them with the changing culture in medicine. WCMS is actively working with the NC Medical Board and Physician Health Program to address fears physicians have around reporting to the Board when they wish to seek assistance for mental health/substance abuse issues.
- d) Annual Burnout Prevention Retreat
- e) Online resources/tools
- f) Burnout Coaching Certification opportunities for doctors to become professional coaches.

2. Continue Affinity Groups (Early Career, Independent, Rural Medicine, Women in Medicine, Emeritus) and further the development of each with guidance from Physician Champions and input from group members.

In January, the Rural Medicine Affinity Group met to discuss "Full Scope Practice in Family Medicine", make an announcement on the opening of the Swain County Caring Clinic, and address upcoming grant opportunities in the region.

In March, the Women in Medicine Affinity Group met to hear physician speaker and author Dr. Nicole Swiner present "How to Avoid the Superwoman Complex".

- The Emeritus Group met in March to hear from new WCMS member Dr. Chad Haldeman-Englert speak on topics related to advances in genetics.
- Both the Independent Physicians and Early Career group will meet in April.
3. Implement second burnout-prevention workshop.
WCMS staff prepared in the first quarter for our second burnout prevention retreat called [“Heart of the Healer”](#). The event is scheduled for Saturday April 16th and we expect over 120 attendees.
 4. Expand and promote “Joy in Medicine” media campaign.
Each week, our e-Newsletter, *Vital Signs*, has featured an article or blog post relating to physician burnout. This section is titled “Preventing Burnout: Finding Joy in Medicine.” See also [letter from WCMS President Dr. Samantha Read-Smith](#).
We also celebrated Doctor’s Day both [virtually](#) and in person to offer our appreciation and thanks to WNC physicians. WCMS staff delivered red carnations to thirty local practices and a virtual e-message to every physician in WNC for which we have an email address – over 1400. Staff attended planned events at Mission Hospital, Park Ridge Hospital, Cherokee Indian Hospital, and MAHEC to personally thank doctors and distribute swag.
 5. Continue researching and promoting innovative local practices to membership.
WCMS Member, Dr. Gus Vickery, was interviewed in January, 2016 and [his interview on Synergy Health Solutions \(direct primary care\) was featured on our website](#), social media, and *Vital Signs*, as well as being the planned speaker for the first Independent Physician Affinity Group in April, 2016.
 6. Identify/enhance & promote technology (e.g., website, listserve, text, social media) to help physicians and families with peer to peer communications.
We continue to develop [The Physician Family Network](#), including a Facebook group and e-Newsletter for the Network, and hope to explore additional technologies in the second half of this year to help physicians communicate electronically on a private, confidential platform.
 7. Plan physician to physician mentoring program by pulling together interested physicians into planning group to help set up the program.
On hold due to the work above.

Strategy 2: Enhance physician leadership

1. Collaborate with NCMS’ Leadership College by identifying potential participants locally for NCMS, and supporting the work the participants do through the College. CEO Miriam Schwarz, Dr. Richard Bunio (Cherokee Indian Hospital) and Dr. MaryShell Zaffino (Blue Ridge Community Health Services) have committed to participating in the Leadership College at this time. Miriam will be the first non-

- physician to go through the program. Additional participants are welcome! Please contact Miriam Schwarz at Miriam@mywcms.org.
2. Collaborate with NCMS' "value-driven healthcare systems" for the purpose of providing the medical community with the knowledge and tools needed to understand, participate in, navigate, lead and succeed in these systems.
CEO Miriam Schwarz is actively collaborating with NCMS' staff, Melanie Phelps and Franklin Walker, to share [value driven healthcare webinars and training opportunities](#) with physicians in WNC.
 3. Collaborate with NCMS and other partners regarding working with MCO's for the purpose of providing the medical community with the knowledge and tools needed to understand, participate in, navigate, lead and succeed in a MCO Medicaid system.
This work will evolve as Medicaid Reform rolls out.

Strategy 3: Engage physicians across the region in Legislative advocacy

Legislative Priorities:

- Patient and provider protections in new Medicaid Reform law
- Medicaid expansion
- Mental Health Access
- Keeping legislation out of the exam room
- Scope of Practice
- Preparing for the NC election

Strategies:

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).
In January, Drs. Gus Vickery and Scott Donaldson, along with CEO Miriam Schwarz, met with Representative Brian Turner (Buncombe 116). We talked about Medicaid expansion, Medicaid reform, CON, and legislation intruding into the exam room.
In February, Drs. Mike Parmer, Samantha Read-Smith, and Scott Donaldson met with Dr. Frank Moretz, who is running for John Ager's seat in Buncombe 115. We asked him many questions about why he's running as well as his stance on Medicaid expansion, along with topics on legislation intruding into the exam room, vaping as a public health issue, CON, and Medicaid reform.
In March, CEO Miriam Schwarz and Dr. Bob Henderson visited

with candidate Chuck Edwards, who is running for Tom Apodaca's seat in the Senate (District 48: Henderson, Transylvania, and southern Buncombe counties). We reviewed with him Medicaid reform, Medicaid expansion, scope of practice, mental health access, and CON.

Many more legislative activities occurred in April. Stay tuned for our 2nd Quarter Update!

2. Conduct virtual candidate forum to inform physicians on candidates' positions on healthcare topics.
Will conduct prior to the general election in November.
3. Conduct "get out the vote" campaign targeting physicians, their practices, and their patients.
Will conduct prior to the general election in November.
4. Gather legislative information from NCMS, individual policy experts and local legislators about new Medicaid Department; disseminate to membership.
To date, we've received and shared [a summary of the Medicaid Reform](#) draft waiver, and [talking points from NCMS](#) regarding upcoming Medicaid reform.
More to come.

Strategy 4: Bring together interested medical practices and businesses to find new ways of working together to lower cost, improve quality, and move health care upstream toward wellness and prevention.

See [Innovations in Medicine: Synergy Health Solutions](#)

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® (PA) to address the changing needs of vulnerable populations:
 - Explore additional co-location opportunities for Health Access Counselors (HACs).

In February 2016, one of our HACs moved over to the Dale Fell Center run by Appalachian Mountain Community Health Center (AMCHC). PA plans to co-locate another HAC at an AMCHC site in the 2nd quarter.
 - Explore adding new partners to expand the PA network in areas that address social determinants of health, as well as more primary care homes, mental health, dental, navigational services, and specialty care. We have added four new pharmacies to our network which are: Publix Pharmacy, Americare Pharmacy, Blue Ridge Pharmacy, and Asheville Discount Pharmacy.

PA is in the process of developing a memorandum of understanding to collaborate with Buncombe County's Community Service Navigators to connect PA patients with health and human services in Buncombe County, including transportation, housing, employment and educational resources, food assistance, and child/family safety services.
 - Explore opportunities to expand PA beyond Buncombe County. The Duke Endowment is encouraging Buncombe Project Access to regionalize. We plan to partner with the following programs/counties: Toe River Project Access (Yancey and Mitchell), Madison County's Hot Springs Health Center, and MATCH (McDowell Access to Care and Health Program). Representatives from each program have met to discuss regionalizing Project Access across the 5 counties.
 - Work with ABCCM to determine how to utilize its new retail pharmacy in our prescription workflow to achieve medication cost savings. WCMS met with the pharmacist of the soon-to-be-opened retail pharmacy to begin planning. We hope to achieve savings as our Project Access medication funds are limited.
 - Find new ways to help promote the Breast and Cervical Cancer Control Program (BCCCP) at co-location sites. After meeting with BCCCP staff, our HACs now continuously provide educational materials to their patients about the Breast and Cervical Cancer Control Program (BCCCP).

- Continue WCMSF involvement in CareShare at State level. (CareShare Health Alliance is an NC organization which helps communities coordinate care for underserved people through collaborative networks like Project Access®).

CEO Miriam Schwarz serves on the Board of CareShare and attends the following sub-committees: Collaborative Network Committee, Oral HealthAccess, WNC Collaborative Network, and several other sub-groups.

- b) Employing Health Access Counselors (HACs) to provide ‘in-reach’ counseling to current PA patients to determine their eligibility for the Health Insurance Marketplace (HIM), outreach counseling about same to target populations throughout WNC, and counseling to general public.

HACs are providing information to the newly insured as well as continuous follow-up with those for whom we’ve successfully obtained insurance in the Health Insurance Marketplace. There were 1,189 patients enrolled in PA by the end of the first quarter. 20 consumers have been enrolled in the Health Insurance Marketplace.

- Continue CMS’ Certified Application Counselor (CAC) Entity status for WCMSF and CAC designation for Health Access Counselors.

All HACs are trained CACs. One HAC is trained to help low-income clients obtain Medicare disability.

- Engage in outreach activities to diverse communities in WNC including but not limited to African American, Latino, LGBTQ, rural, young adults, and persons with psychiatric illness.

There were two planned outreach events but were cancelled due to weather.

- Implement follow up processes to insure that HIM enrollees understand how to use their new plan, keep up payments, and secure primary care.

HACs provide consumers with booklets and take-home information to read. We also educate consumers about financially planning for out of pocket costs of insurance.

- Collaborate with the ACA partners of WNC and WNC Assistor Consortium.

HACs regularly attend Assistor meetings to stay connected with our regional Assistors as well as staying up to date with outreach planning and events.

- c) Investigating and applying for supplemental grants to fill the void of

currently diminishing funding streams.

In anticipation of decreased funding, our organization has been researching grants that would help sustain our programs. We are going to approach The Duke Endowment to discuss funding Project Access expansion into the region. We will also reach out to Sisters of Mercy to see if they will fund us as we work with community partners to address social determinants of health of the uninsured.

- Explore possibility of contracting with partners to share cost of co-located HACs.
 - Our partnership with AMCHC allows us to contract with one another. By contracting, we are able to share costs of any HACs that are co-located.
2. Continue moving toward health parity by marketing, growing, and improving WIN services throughout the region.
- a) Expand presence in rural counties via grants.
 - WIN had 1221 interpreting appointments in the first quarter of 2016, as compared to 1148 in the first quarter of 2015, which is 6% growth.
 - Ask for extension of People in Need funding to support expansion of WIN into McDowell County and funding of Health-e Schools in Yancey, Mitchell, Burke, and McDowell Counties.
The People in Need grant was extended through July 30, 2016, allowing us to continue to provide direct interpretation and translation services to those areas.
 - If Bank of America grant is awarded, provide part-time interpreter services to Swain County Free Clinic. Look for additional grants otherwise.
We were awarded the Helen Powers Bank of America grant to fund interpreter and translation services for the new free clinic in Swain County (Swain County Caring Corner). We've been able to translate patient intake documents, HIPAA forms and flyers. Additionally we've been able to interpret for the Spanish speaking patients. We hope to use this relationship to help us find new clients who need the services of medical interpreters. When the free clinic has to refer patients to specialists, we hope that we can build relationships with those specialists as well.
 - b) Continue to grow translation services.
So far this year WIN has provided \$1678.96 worth of written translations to six area medical providers. We translated privacy documents, intake forms,

flyers, brochures, and more. Additionally, when WIN Coordinator Andi Smith attended the American Translators Association Annual Conference in November of 2015, she met an English to Spanish translator who is able to provide high quality work for 40% lower cost than the other translator we work with. The new translator's specialty areas include behavioral health, general health and nutrition. We've been able to offer lower prices to our medical clients and still deliver high quality translations.

- c) Strengthen ASL interpreter services by incorporating suggestions from the deaf community, as resources allow.

In late 2015 WIN worked with the local Deaf and Hard of Hearing Services office and surveyed the local Deaf community to find out what people's opinions are on WIN's service and interpreters. Using that information, we've been able to match the right interpreter with the right Deaf person. We will work with the Deaf and Hard of Hearing office again to re-survey the community to find ways to continue to improve.

- d) Expand network of interpreters across the region, as needed.

We recently signed a contract with an Arabic interpreter. We had been without an Arabic interpreter for nearly a year after our previous interpreter moved away, but now we are able to offer Arabic again.

All our other newly signed interpreters serve the Buncombe and Henderson County area, which is where the need for new interpreters has been highest.

- e) Establish new contractual relationship with language testing company.

We established a new relationship with Berkeley Language Institute for testing purposes and we've been very pleased so far with the quality of assessments they've provided.

- f) Establish new contractual relationship with 24/7 answering service.

We signed a contract with a new answering service, Answering Innovations. So far the relationship has been very good. They've been able to use text message notifications for after-hours requests and our interpreters have expressed satisfaction with that method of communication. Because mass text messages reach interpreters more quickly than calling each person on a list, interpreters have been able to respond more quickly to after-hours emergencies. Additionally, we have fewer complaints from clients about the answering service.

- g) Continue cultivating client and vendor relationships, including educational opportunities.

We are currently working with two practices to schedule times to present to their staff how to best work with interpreters and to answer questions they have about it.

We are working with Language Services Coordinator with Buncombe

County Schools to bring an educator to Asheville to run a two day seminar on educational interpreting. Not only has WIN been working more and more with schools, but many of the topics covered in the seminar overlap heavily with medical interpreting when it relates to disabilities or conditions that affect a student's school performance. We will have to get 20 interpreters for the educator to come and we will be selecting a date and working hard to get 20 people signed up.

WIN Administrator Rob continues to run monthly interpreter study sessions. The group usually has a small but highly motivated group of interpreters.

- h) Explore new opportunities for interpreter/translation business outside of traditional health care services that address social determinants of health (e.g. job training, education, nutrition, housing, legal aid).

Working with WCMS HAC Sydney Idzikowski, Rob created a list of over a dozen different healthcare related entities who aren't current WIN clients. Rob created and sent them all mailers about WIN services. So far nothing has resulted.

We will be working with the WCMS marketing contractor to create engaging images that can be used for social media and for additional mailers.

- 3. Explore new regional WNC programs with Foundation BOD to support vulnerable populations in line with the Foundation mission.

Currently we are focused on the possibility of Project Access expansion into the region.