



2016 Strategic Plan Quarterly Update April - June

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 second 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 2nd 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.

As we announced in our 1st quarterly update, 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. We've interviewed many different coaches from across the country, and are close to announcing those with whom we will be working.
- b) Topic Interest Groups (TIG) run by physicians and professional therapists. Topics of interest were discovered from a post-burnout retreat survey filled out by over 60 physicians. Topics included more on burnout prevention, relational health, practice management/electronic record keeping, mindfulness, anxiety/panic, stress, work addiction, workplace conflict, and finding meaning in medicine. We are currently vetting professional therapists to co-lead these groups with physician leadership. We are also working with local physician, Dr. Mark McNeill on a 2-part series on Dr. McNeill's personal experiences with burnout and how he used the E.M.R. to build his ideal practice. We plan to have this series available in the fall.
- 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 North Carolina Medical Board and align them with the changing culture in medicine. WCMS is actively working with the NCMS, 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. The 2016 Burnout Retreat "[Heart of the Healer](#)" was held on April 16th at the Montreat Conference Center. Over 100 physicians and

- their spouses/partners learned about burnout prevention, identification, and intervention techniques from world-renowned speaker Dr. Dike Drummond. More details below in #3.
- e) Online resources/tools. We will eventually have an online library available for physicians to access that will serve as a burnout prevention and intervention resource.
 - f) Burnout Coaching Certification for doctors to become trained coaches. We are exploring the idea of hosting coach training for physicians at WCMS in order to train physicians to become peer coaches. We believe that a peer-to-peer coaching model will be an invaluable resource in burnout prevention, and that local coach training will help enable that process.
 - g) We established a Physician Wellness Fund to raise money for program development and subsidies for physicians to offset costs of participating in fee-for-service programs. [If you wish to donate, click here](#)
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.

The Early Career Affinity Group met in April. Turnout was very low (3 physicians showed up). As interest appears to be waning, we have discussed with physician champion, Dr. MaryShell Zaffino, re-working this group for a different purpose.

The rest of the affinity groups remain vibrant and well-attended.

The Independent Physician Affinity Group met in April with 18 attendees. Dr. Gus Vickery gave a presentation on his innovative practice model, involving Direct Primary Care. Dr. Mark McNeill is serving as affinity group physician champion for 2016.

The Rural Medicine Affinity Group, also well-attended with 22 attendees, met in May at Cherokee Indian Hospital to learn about the new MAHEC rural hub being established in Spruce Pine, and to discuss recruitment and retention strategies in the rural areas. Dr. Kate Queen continues as the group champion.

The Emeritus Group met in May. WCMS member Dr. Gentry Caton gave a presentation on “advances in Colon-Rectal Surgical Options.” Twenty three retired physicians were in attendance.

3. Implement second burnout-prevention workshop.

As mentioned above, the 2016 Burnout Prevention Retreat was a great success. Over 100 physicians and spouses/partners attended at Montreat College to hear nationally recognized speaker Dr. Dike Drummond talk about burnout and discuss strategies for addressing/preventing it. His sessions were:

- a. **Becoming Burnout Proof:** *Everything you should have learned about burnout in residency but didn't know to ask*

- b. Power Tools for Team Based Care:** *Simple steps to share the workload more effectively*
- c. Navigating the Whirlwind:** *How to lead your healthcare team with confidence, clarity and meaning despite upheaval and uncertainty in the industry*
- d. Becoming the Eye of the Storm:** *Simple, personal tools you can use to remain focused & present amid the daily chaos surrounding you*

The retreat included special breakout sessions for spouses and residents/medical students. Feedback for the event and Dr. Drummond as a speaker was overwhelmingly positive (per attendee surveys). Burnout Retreat survey results can be [found here](#).

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.”
5. Continue researching and promoting innovative local practices to membership.
No Innovative Practice interviews were conducted this quarter. There are three scheduled for the remainder of 2016 with physicians from Cherokee Indian Hospital, Haywood Regional Hospital, and Park Ridge Hospital.
Past innovative practice articles can be found on our website [here](#).
6. Identify/enhance & promote technology (e.g., website, listserv, text, social media) to help physicians and families with peer to peer communications.
On hold due to the work above.
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 2017 Leadership College (which kicks off at the NCMS Annual Meeting on October 28th, 2016). Miriam will be the first non-physician to go through the program. Additional participants are welcome! Please contact Miriam Schwarz at Miriam@mywcms.org. For more information on how to apply, requirements, and training dates, [please click here](#).
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 to share value-

driven healthcare webinars and training opportunities with physicians in WNC. For example, during this quarter we promoted the following educational opportunity with our membership:

Surviving Value-Based Payment Reform, Including an Update on the New MACRA Proposed Rule

Featuring Kathy Whitmire Regional Vice President for the Southeast Division of National Rural Accountable Care Consortium (NRACC)

This was a webinar that addressed transition from fee-for-service payment models to advanced payment models and how to succeed under the new guidelines for the Physician's Quality Reporting System (PQRS) and the Value-Based Modifiers (VBM). Attendees got the latest update on the new MACRA proposed rule, learned about the billable care coordination program, and learned about how to redesign a practice to better manage population health.

Currently, we are planning a live August 2016 Quality Improvement Workshop with NCMS and the National Rural ACO Consortium (NRACC) to be held in Asheville. The goal of NRACC is to help physician practices and clinics who are not yet affiliated with an ACO prepare for Value-based payment models and the Merit-based Incentive Payment System (MIPS) through participation in the Transforming Clinical Practice Initiative (TCPI). Watch Vital Signs for more information.

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. The waiver application has been sent to CMS to allow the state of NC to reform the way Medicaid is managed. We await CMS' response. CMS may take 18 months to review the waiver, during which time NC DHHS says it will continue to work with all stakeholder groups to revise and improve the application. The North Carolina Medical Society (NCMS) and WCMS will "work to ensure that reform plans fully address clinical priorities of Medicaid patients, ensure physicians have access to clinical and claims data to drive improvements in care, and integrate physician leadership system-wide." Read more here: <http://www.ncmedsoc.org/governor-signs-medicaid-waiver-application-sent-to-cms-on-june-1-deadline/>

Strategy 3: Engage physicians across the region in Legislative advocacy

Legislative Priorities:

(in spring 2016, priorities "d)" through "g)" were added to the Strategic Plan)

- a) Patient and provider protections in new Medicaid Reform Law
- b) Medicaid expansion
- c) Preparing for the NC election

- d) Mental Health Access
- e) Keeping legislation out of the exam room
- f) Scope of Practice
- g) Addressing Opioid Addiction Crisis

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).
On April 5th, three Representatives, two Senators, and 15 physicians came together to discuss expectations for the 2016 short session. The topics discussed were: Medicaid Reform, Medicaid Expansion, Mental Health Access, and Scope of Practice. It was a productive discussion. On May 15th, Miriam Schwarz and members Dr. Mark McNeill, Dr. Frank Sutton, and UNC resident Brittany Papworth visited Raleigh for White Coat Wednesday. They had a great day and reported productive meetings with Senators Terry Van Duyn (D) and Jim Davis (R), as well as WNC Representatives Brian Turner (D), Joe Sam Queen (D), and William Richardson (D). They discussed key issues such as CON, Medicaid Reform, Medicaid Expansion, Opioid Abuse, and Scope of Practice Issues.
2. Conduct virtual candidate forum to inform physicians on candidates' positions on healthcare topics.
Several emails were sent out to NC incumbents and candidates in June. They were asked to respond to questions regarding Medicaid expansion, scope of practice, access to mental health, the opioid crisis and tort reform. We are currently collecting responses and will make them accessible to WCMS members this fall to help guide your voting decisions.
3. Conduct "get out the vote" campaign targeting physicians, their practices, and their patients.
The bulk of this effort will occur in the 4th Quarter, but planning is underway for a grassroots, "Get Out the Vote" campaign featuring Medicaid Expansion educational materials.
4. Gather legislative information from NCMS, individual policy experts and local legislators about new Medicaid Department; disseminate to membership.
About 200 people attended the Medicaid Reform listening session at A-B Tech on April 8, 2016. Attendees included consumers, advocates, and health care providers. Over 30 people spoke. Almost all speakers emphasized the critical need for Medicaid expansion. Over a dozen physicians offered constructive feedback and advice

regarding Medicaid Reform, including standardization across plans, administrative burdens, inclusion of physician leadership and input in the roll-out, adequate reimbursement for services, meaningful metrics/outcome measures, and the need to integrate behavioral services into primary care sooner rather than later. All spoke to the need for Medicaid expansion. Samantha Read-Smith, MD, President of WCMS, spoke passionately and emphatically about the need for consumer protections in the NC law, as well as expanded Medicaid coverage for NC citizens in need.

Strategy 4: Address Opioid Addiction Crisis

(on 5/9/2016, the WCMS Association Board voted to add this item to the Strategic Plan)

1. **Adopt and commit to the CDC guidelines**
On 5/9/16, the WCMS Association Board voted to add addressing the Opioid Addiction Crisis to our strategic plan. We will focus on action steps to influence this pervasive dilemma. As an immediate action, the board voted to adopt and commit to the CDC guidelines. Roughly 3 in 4 physicians said in a Medscape Medical News poll that they lean toward adopting the stricter guidelines on prescribing opioids for chronic pain that the CDC issued in March to combat an epidemic of addiction and overdose deaths. Opioids should not be considered as first line therapy for chronic pain. Clinicians should first consider non-opioid pain relievers or non-drug alternatives, such as exercise, meditation, and cognitive-behavioral therapy.
2. **Advocate for effective policies/regulations locally and in Raleigh**
One significant provision in the state budget concerns the state's Controlled Substance Reporting System (CSRS), which allows doctors to see previous controlled substance prescriptions filled by a patient. The Senate budget allocated nearly \$1.5 million to upgrade the CSRS to connect it to the state's Health Information Exchange and to the controlled substance reporting systems in surrounding states. Legislators also had concerns that CSRS usage among physicians remains low. The Senate's budget proposal sought to mandate usage of the CSRS, requiring a physician to register for and check the database before prescribing an opioid or risk having their medical license suspended or revoked. NCMS and WCMS opposed these mandates, asking that first CSRS upgrades and interoperability with other systems be put in place in place.
3. **Support and connect local/regional efforts to prevent abuse**
On 4/5/16, Safety Net (SN) leadership met to discuss opiate addiction and treatment issues. Miriam Schwarz, representing WCMS Project Access®, is a member of this committee. Specifically, we discussed:
 - a. Ways that the SN community can commit to follow the CDC guidelines and engage the medical community (including dental and behavioral health) and citizens about the guidelines and the importance of vigilance in following the guidelines
 - b. The need for more substance abuse treatment services and the importance of engaging law enforcement and Smoky LME/MCO in the discussions
 - c. Strategies for chronic pain management within a SN practiceAs we look to subsequent discussions, the group will focus on specific action steps to influence the issue. We agreed that law enforcement and the LME/MCO have important roles in helping the SN address opiate addiction and treatment. The committee will invite them for a specific discussion about their work and role with the SN providers.
If you are interested in working with WCMS on this issue, please contact Miriam at Miriam@mywcms.org.
4. **Promote educational resources for prescribing health care practitioners**
MAHEC, working with the North Carolina Academy of Family Physicians, The

Governor's Institute on Substance Abuse, and Project Lazarus: A Project of CCNC, published an online education: [A Guide to Rational Opioid Prescribing for Chronic Pain](#)

The CDC is hosting a seven-part webinar series about the Guidelines for prescribing opioids for chronic pain, which began on Wednesday, June 22nd at 2:00pm EDT. These are free and offer continuing education credit to physicians, nurses, pharmacists, health educators, and other healthcare providers.

[Click here for more information.](#)

Strategy 5: 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.

Please refer to strategy 6, which describes the work we will be doing on the social determinants of health with our Project Access® patients, the majority of whom are the working poor.

Strategy 6: 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).

WCMS plans to have another Health Access Counselor (HAC) co-locate with Appalachian Mountain Community Health Center (AMCHC) during the 3rd quarter. This HAC will see patients at the Rescue Mission as well as Aston Park Towers.

- 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.

Project Access® has partnered with Smoky Mountain LME/MCO to provide mental health services. Patients are also able to receive mental health services via All Souls Counseling Center with a small co-pay of \$5. Plans are underway to work with Pastoral Counseling Center as well.

PA has also partnered with the Asheville Buncombe Institute of Parity Achievement (ABIPA) and Buncombe County Community Service Community Navigators to address the social determinants of health for patients. We will be able to address social/economic issues such as housing, food, transportation, employment, social services, child and family safety, and other critical “upstream” services to begin in July. In turn, ABIPA will refer to WCMS Project Access® the people they work with in the community who do not have access to a primary care provider. PA will place them in a primary care home in our community.

Finally, PA received notice that we will be partnering with Mission Health Partners on a project funded by Buncombe County called “Improving Navigation Services for High-Risk Uninsured via the Pathways Hub Model”, which will offer navigation services for high risk uninsured. The Pathways Hub model assessment tools help to prioritize social determinants affecting patients' health outcomes, so that patients can receive needed support and be connected with existing community resources to sustain self-management. WCMS Health Access Counselors

will insure that patients are screened and referred for appropriate charitable or insurance programs, including Project Access®, Mission Charity Care, NCMedAssist, Medicaid, Medicare, Medicare Disability, and Health Insurance Marketplace.

- **Explore opportunities to expand PA beyond Buncombe County.**
The Duke Endowment (TDE) is encouraging Buncombe PA to regionalize. We hope 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 PA across the 5 counties. Mission Health System supports the partnership. Plans will come together by December to submit a grant request to TDE.
- **Work with ABCCM to determine how to utilize its new retail pharmacy in our prescription workflow to achieve medication cost savings.**
Our medication costs for the uninsured have skyrocketed. We have a \$60,000 annual budget to help pay for life-saving medications for Project Access® patients. We are just half way through the year and have only \$5,000 remaining in our medication funds. We have been working diligently with leadership from the WCMS Foundation Board and ABCCM's pharmacist to analyze prescription data from our Pharmacy Benefits Manager, Optum, to determine the causes of the increase in costs. We have identified several root causes and have addressed those as quickly as possible by changing the formulary. We plan to form a medication utilization subcommittee of the Foundation Board to continue finding ways to reduce costs without compromising quality. WCMS plans on continuing our collaboration with ABCCM during the third quarter to achieve savings for our limited medication fund. In the meantime, we hope to replenish our medication funds through our fundraising campaign. (If you wish to donate to the medication fund, [click here](#)).
- **Find new ways to help promote the Breast and Cervical Cancer Control Program (BCCCP) at co-location sites.**
Health Access Counselors inform each patient who is screened for PA about the BCCCP program and provides informational materials as well.
- **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®).**
In May, the HAC team, along with CEO Miriam Schwarz, attended the Joint Collaborative Safety Network meeting hosted by Care Share in

Charlotte. This meeting was well attended by the dozens of safety networks/Project Access sites in North and South Carolina. We shared learnings about patient enrollment, community engagement, and evaluation data. Directors participated in strategic planning sessions, while front line staff learned about strategies and steps to address compassion fatigue and to manage work-life balance.

- 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 provide information to newly insured consumers as well as provide follow-up for those that have obtained insurance via Health Insurance Marketplace. There were 1,168 patients enrolled in Project Access® by the end of the second quarter. 7 consumers were enrolled into a HIM plan during the Special Enrollment Period.
- 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. Buncombe County DHHS has been engaging with WIN to offer interpreter services for pop-up health events in the community that target underserved populations. The pop-up markets provide healthy foods, preventative health screenings, safety tips for individuals and families, community engagement, and a connection to local support services. WIN has translated some of the paperwork into Spanish for the pop-ups. We will have interpreters at pop-ups that take place in communities with high numbers of Spanish-speaking people. We anticipate more outreach activities in 3rd and 4th quarter once the Open Enrollment period draws closer.
 - 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) Fill the void of currently diminishing funding streams.

We are now looking at grant opportunities from the Kresge Foundation, Sisters of Mercy, and Beaumont Foundation to support Project Access' work in social determinants of health, as well as covering medication and DME costs.

- 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 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 1490 interpreting appointments in the second quarter of 2016, as compared to 1131 in the first quarter of 2015, which is 32% growth. In June 2016, WIN had 560 interpreting assignments, the most we've ever had in a single month.

- 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. We used all the available funds providing interpreter services to The McDowell Hospital, MATCH and Health-E-Schools.

- 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 \$2507.96 worth of written translations to

ten area medical providers and two private citizens. 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.

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

We recently signed a new Spanish interpreter in the Yancey-Mitchell area and the East Buncombe – McDowell area.

- 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 one area practice to schedule a time to present to their staff on working with interpreters.

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

Late in 2015 WIN filmed a video with interpreters, Cancer Care of WNC physicians, and patients on the importance of interpreter services in a medical practice. That video is now available for viewing on the WIN webpage:

<http://www.mywcms.org/win>

- 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).

This year we began working with the HR department of one more very large employer in Buncombe County. We've been able to interpret trainings, performance reviews and overviews of benefits.

Working with WCMS HAC, Sydney Idzikowski, Rob Horschman created a list of over a dozen different healthcare related entities who aren't current WIN clients. Rob started with home health services, sending them mailers about WIN services. So far we've had no response. Our next focus will be to reach out to nutritionists who have relationships with existing WIN clients. WIN continues to work 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.

Our current focus is on expanding Project Access® and all of its wraparound services—mental health/substance abuse, medications, DME, interpretation, community service navigation, optometry, chiropractic, acupuncture, physical therapy, labs, imaging, and more—to outlying counties such as Madison, Mitchell, Yancey and McDowell.