



2015 Strategic Plan Quarterly Update October - December, 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; 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 fourth 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, Sponsors/Donors/Funders, Health System Leaders, Practice Managers, Patients, and Staff

Contents

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.	3
1. Develop physician to physician mentoring program	3
2. Mindfully expand the reach and goals of Affinity Groups.....	3
3. Explore bringing a specialist/speaker on managing burnout to WNC for seminar.	4
4. Research successful Physician Wellness Programs.....	4
5. Identify, interview, and write articles/develop video testimonials about WNC innovators and physicians	4
6. Identify/enhance technology (e.g., website, listserve, text, social media).....	4
Strategy 2: Enhance physician leadership.....	5
1. Launch physician leadership academy	5
2. Continue to support WNC Health Network’s WNC Physician Leadership Committee.....	5
3. Collaborate with NCMS’ Leadership College and its “Toward Accountable Care Consortium & Initiative”	5
Strategy 3: Engage physicians across the region in Legislative advocacy.....	5
1. Continue in-person visits to legislators	5
2. Build physician-led, grassroots educational/advocacy campaign.....	6
3. Support Emeritus physicians’ interest in legislative advocacy	6
4. Determine future of BCMS PAC	6
Strategy 4: Continue developing a proposal led by the medical and business communities to move medical interventions upstream toward wellness and prevention	6
Strategy 5: Enhance Support for Vulnerable Populations	7
1. Continue enhancing access to care.....	7
2. Continue moving toward health parity	8
3. Explore new regional WNC programs	9
Strategy 6: Continue strategic planning process in 2015.....	9

2015 4th 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.

This will be postponed given our emphasis on establishing a Physician Wellness Program in late 2015 and 2016 (see #4 below).
2. Mindfully expand the reach and goals of Affinity Groups to serve a higher purpose beyond social gatherings/networking.
 - a. Invite presenters, decision-makers such as health system leaders and legislators to Affinity Group meetings to discuss issues important to WCMS' mission. This quarter, Mary Williams from JPS (WCMS Preferred Vendor and Circle of Friends) presented *Value Based Reimbursement* to the Independent Physician group. Women in Medicine invited speaker Lisa Banker to present on *Wearing Many Hats: New Clinical Expertise Opportunities for Women in Medicine*. The Emeritus group met twice in the fourth quarter. In October, they heard a presentation from Drs. Isbey and Bridges, *Advances in Ophthalmology and Retinal Surgeries*. Early Career group met for a social with the Young Attorneys Group.
 - b. Use Affinity Groups to identify and act on issues/concerns pertinent to WCMS membership.

The Rural Medicine Affinity Group is very active and currently has over 30 members on its roster, including medical students and residents. We have met in Waynesville (Haywood County) and more recently, Mars Hill (Madison County). Members have offered their advice and support to a physician who opened a free clinic in Swain County, as well as to the implementation of Project PROMISE in Mitchell and Yancey Counties. Major areas of interest for this group include recruitment/retention of physicians in rural areas, innovative practices in rural medicine, and scope of practice issues in rural medicine. On 1/14/16, the group met at Hot Springs Medical Center in Mars Hill to discuss Family Medicine Scope of Practice with long-time physicians Arch Woodard, MD and Charlie Baker, MD.
 - c. Use Affinity Groups to identify and act on philanthropic causes.

The WCMS Interpreter Network was awarded a \$5,000 Helen Powers Grant from Bank of America to use over a 2 year period to cover the cost of interpreter services and translation services at the Swain County Free Clinic to pay for interpreter services for limited English proficient patients. WCMS is currently reviewing a HRSA grant opportunity for small rural practices and discussing options with the Rural Medicine Affinity Group.

- d. Use Affinity Groups to draw in new members to WCMS.
We have had several new members as a result of the Rural Medicine Affinity Group, Women in Medicine Group, and Emeritus Group.
 - e. Explore interest in forming new Employed Physician affinity group.
Given the grassroots groundswell for Rural Medicine group to date this year, we will postpone exploration of Employed Physician group and reconsider it at a later time.
3. Explore bringing a specialist/speaker on managing burnout to WNC for seminar(s).
WCMS held the first ever Burnout-Proof Retreat in the third quarter with great success and positive feedback. Staff has begun planning a second Burnout-Proof Physician Retreat which will take place on April 16, 2016. Dr. Dike Drummond will again be the featured speaker on topics such as reducing stress, preventing burnout, improving work-life balance, and enhancing personal relationships.
 4. Research successful Physician Wellness Programs that have been instituted by Medical Societies around the country.
This is underway, with the intention of implementing our own program as resources allow. As we design our own program, we are looking at existing models that have been successful and that have yielded a direct decrease in physician burnout. Our program will eventually include burnout prevention educational forums, counseling/coaching/crisis intervention, and social opportunities for physician families

WCMS has formed a Physician Wellness Council to help guide the formation of our budding Physician Wellness Program. The council is comprised of 14 physician leaders and family members who are committed to improving physician wellness.
 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.”
Medical student and WCMS Foundation Board member Rivers Woodward is conducting a qualitative study this year, entitled: “What Happy Physicians Have in Common: Work-life Perceptions of Physicians who Self-report High Levels of Joy and Meaning in Medicine.” An article on Direct Primary Care, focusing on Dr. Gus Vickery’s practice, [can be found here](#).
 6. Identify/enhance technology (e.g., website, listserv, text, social media) to offer secure, private and virtual peer to peer communications.
As part of the WCMS Physician Family Network, we created a private Facebook group for physicians and their spouses/partners to connect, share tips and ask questions.

Strategy 2: Enhance physician leadership

1. Launch physician leadership academy in collaboration with Cherokee Indian Hospital and other outlying counties in partnership with MAHEC.
MAHEC completed the Physician Leadership Academy in the second quarter. This was 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.
[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.
There were no meetings during the second quarter due to lack of attendance. WNC Health Network CEO met with WCMS CEO to discuss the future of this committee. Formal meetings have been suspended but the group remains intact for communications and decision-making as needed.
3. Collaborate with NCMS' Leadership College and its "Toward Accountable Care Consortium (TAC) 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.
[Accountable Care Guides for a wide variety of specialties are located on the TAC website: http://www.tac-consortium.org/resources/](http://www.tac-consortium.org/resources/)

Several local ACO leaders locally are involved in NCMS' ACO learning collaborative.

NCMS will be working with WCMS to host a rural ACO forum in early 2016 for interested practices and community health centers.

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).
WCMS updated its legislative priorities in June. Based on multiple discussions with NCMS, meetings with legislators, and Board review, WCMS focused on these legislative priorities during the long session. See <http://www.mywcms.org/news-and-events/newsroom/wcms-legislative-priorities-june-2015>. WCMS' 2016 strategic plan in the legislative arena will focus on insuring patient and provider protections as Medicaid Reform rolls out, supporting the expansion of insurance for people in the Medicaid Gap, and engaging with candidates for the 2016 NC election to learn where they stand on various issues important to the House of Medicine.

Our legislative efforts to date this year have focused on Medicaid reform, petitioning for physicians to lead the reform efforts and against the introduction of for-profit, out-of-state managed care organizations. On September 17, the state legislature released their compromise version of Medicaid reform. The reform takes a hybrid approach to reforming the state's fee-for-service Medicaid program

by allowing both commercial plans and Provider-led entities (PLE) to compete for Medicaid business in the state under a fully capitated system. The medical community now must look forward to the long road of implementation of managed care and value-based, patient-centered care models for Medicaid patients.

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. In the first quarter of this year, the Association Board determined that the grassroots campaign should focus on addressing the Medicaid gap. The purpose of the campaign was to engage patients—the voting public—in advocating for insurance coverage for all people. The campaign began development in the first quarter as follows. We started a call to action video featuring WCMS member and Medicaid expansion advocate Dr. Susan McDowell at Hot Springs Health Center. Staff developed informational posters to distribute to practices to educate patients about the Medicaid gap and move them to take action, and an on-line petition was drafted. At the advice of NCMS, this effort was put on hold until after Medicaid reform is resolved. Now that legislation on reform is in place, we will resume this effort in 2016. We also plan to present a candidate forum before the election to post on website and carry out a “Get Out the Vote” campaign.
3. Support Emeritus physicians' interest in legislative advocacy. Olson Huff, MD, who is leading a group of activist retired physicians, joined the Association Board in 2015, which provided connectivity between WCMS advocacy efforts and the advocacy efforts of the retired physician group.
4. Determine future of BCMS PAC
The Board has determined that the BCMS PAC will remain inactive and will eventually be shut down as time and resources allow. There are many other avenues for donating to campaigns, including individual donations, practice PACs, specialty society PACs and the NCMS PAC.

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

Dr. Vickery is still in the process of building a foundation to support a Direct Primary Care (DPC) Network of Physicians. For example, more work needs to be done with insurance companies to nest DPC within wraparound insurance products. More time is needed by Dr. Vickery to develop a proposed delivery model that fulfills the purpose of the Moving Healthcare Upstream Committee. The Moving Healthcare Upstream Committee will not reconvene until there is pertinent business for the whole group to address related to expanding DPC among the medical and business communities as a way to move medical interventions upstream toward wellness and prevention.

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).

WCMS has had over 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/Caring4You Team for over a year. The 1300 Project/Caring4You 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 for patients \geq 100% FPL) or Project Access (PA for patients $<$ 100% FPL) as eligible, the 1300/Caring4You HAC has also completed SSI/SSDI Outreach, Access and Recovery (SOAR) training, and is currently helping homeless persons referred to the 1300 Project Team who are likely to be eligible for Social Security or Social Security Disability complete their application for same. Should our SOAR pilot prove efficacious, we may get others of our HACs cross trained in SOAR, as well.

The impending expansion of the 1300 Project/Caring4You work into a full-fledged clinic; namely, the opening of the Dale Fell Health Center, has taken longer than anticipated. WCMS and Appalachian Mountain FQHC have agreed to share the cost of co-locating a HAC at the new site to provide enrollment assistance into PA, HIM, and/or SOAR to this expanded population, and to offer navigational support to patients as needed.

Project Access is expanding in its approach to access to health care services for people in need. This year we have laid the foundation for improved access to mental health services and are beginning to address social determinants of health by offering navigational services directly as well as explore collaboration with community-based service navigators. In early 2016, we will begin exploring dental access.

In the fourth quarter and during OE3, we co-located a Health Access Coordinator at the MAHEC Biltmore campus to offer HIM enrollment services to OB-GYN and FHC patients who are eligible.

- b. Employing Health Access Counselors to provide 'inreach' counseling to current Project Access® 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, we served 2690 PA patients with a total value of services exceeding \$8,950,986.84. Currently, just over 500 Buncombe County physicians are participating in Project Access®.
 2. During the Special Enrollment Period February 16, 2015 until October 31, 2015, we enrolled 14 people into the HIM. We attended 8 outreach events

reaching approximately 85 people, including (Blue Ridge Pride, Care Coordinator meeting with Smokey Mountain, and the AB Tech Wellness Fair, and kick off events with McDowell County Senior Center and Buncombe County US Cellular Center. Outreach focused on Latino, African American, LGBT and young invincible populations). The first LGBT Health Fair was held in November and reached approximately 115 people.

3. Since the Health Insurance Marketplace was launched in 2013, WCMS HACs have transitioned 72 Project Access patients to health insurance, with a total enrollment of 212 people in marketplace coverage.

- c. Investigating and applying for supplemental grants to fill the void of currently diminishing funding streams.

In collaboration with The Mission Foundation we were successfully awarded a two year grant from The Duke Endowment totaling \$500,000.

[http://www.mywcms.org/news-and-events/newsroom/local-medical-charity-project-access-awarded-\\$500](http://www.mywcms.org/news-and-events/newsroom/local-medical-charity-project-access-awarded-$500)

2. Continue moving toward health parity by marketing/growing WIN throughout the region.

- a. As of December 31, 2015 WIN has had 4837 interpreting appointments with continued growth in Henderson, McDowell and Transylvania Counties and sustained number of appointments in Buncombe, Yancey and Mitchell Counties. 2015 was WIN's largest year ever, with 482 more total appointments than 2014.
- b. WIN continues to have steady business for document translation with existing clients.
- 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. As of December 31, 2015 there have been 111 grant funded interpretation appointments in McDowell County. In 2014 there were only two appointments in McDowell County.

In the third quarter, WIN received approval from the Community Foundation of WNC's People in Need grant program officer to repurpose some unspent website funds (see below #3) to offer interpreting services to Health-e Schools, a telemedicine program operated by the Center for Rural Health Innovation in Mitchell, Yancey, Burke and McDowell Counties.

2. WIN signed a contract with the McDowell Health Coalition, a McDowell County based non-profit that works to address the health needs and increase access to healthcare for low income people in the county. WIN has been able to use grant funds to provide document translation and interpretation for The McDowell Health Coalition.
3. People in Need also approved grant funds to be used to improve the WIN webpage. The old WIN web page didn't list document translation as a service offered or specify if WIN offers onsite, telephone or video interpretation. It was also hard to understand where WIN services were

offered. WIN worked with marketing company Twang Creative to make changes to the WIN webpage based on feedback from a survey conducted in the first quarter. WIN and Twang Creative worked with Keystone, the WCMS web manager, to implement the changes. The resulting new, improved web page can be found here: <http://www.mywcms.org/practice-mgmt-resources/wcms-interpretor-network>. It is now significantly easier for a practice in rural WNC to understand what services WIN provides and to know that our services are available to them.

3. Explore new regional WNC programs with Foundation BOD to support vulnerable populations in line with the Foundation mission.
 - a. See [letter from Kate Queen, MD](#), for background regarding this strategic initiative. Rural Medicine physicians convened in Haywood County twice during the second quarter and once during the third quarter with over a dozen physicians in attendance each time, as well as interested residents and medical students, to determine strategies for the group to impact recruitment and retention, access to care, communications, collaboration, and training in rural WNC. The group agreed to use WCMS as a hub for communications, think tank, grant proposals, grant management, and new non-traditional partnerships for rural medicine docs. The group also agreed to officially name itself the Rural Medicine Affinity Group and plans to continue meeting quarterly moving forward. The next meeting will be in January, 2016, and will focus on scope of practice in rural medicine.
 - b. 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!> To date, we've heard from Cherokee Indian Hospital, Center for Rural Health Innovation/Health-e Schools, the former director of Jackson County's Community Health Access Network (CHAN), the McDowell County Access to Health and Care (MATCH) Program, and the Toe River Project Access Program.
 - c. 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 continues supporting and participating in an expanded [Project Promise](#) in Mitchell and Yancey Counties.
 - d. WCMS has received a grant from Bank of America for interpreter service support for the new Swain County Free Clinic.

Strategy 6: Continue strategic planning process in 2015.

Interviewing with key strategic partners from multiple sectors of the region will continue. The Executive Committee of WCMS' Board of Directors retreated in October to conduct an intensive review of key partner input, WCMS' current status and its 2015 strategic plan. A [2016 strategic plan](#) has been developed and approved by both the Association and Foundation Boards.
