

2017 Strategic Plan Quarterly Update

Quarter 1: January – March

WCMS is committed to engaging with key partners across the community in our work. We interviewed over 70 partners throughout 2016 to provide input on our Strategic Plan, and will now be sharing quarterly updates on our progress.

Our Mission:

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

WCMS Foundation 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 Key Strategic Partners:

Physicians (Independent & Employed), Physician Assistants, Residents/Students, Health System Leaders, Practice Administrators, Community Leaders, Sponsors/Businesses, Donors/Funders, Patients, Staff/Contractors

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Metrics for Three Core Areas of WCMS:

1. Membership

- As of March 31, 586 members had renewed their memberships, which is 76% of those who were invoiced. This is down from this time last year when we had renewed 87% of those invoiced
- As of March 31, there are 63 new members for 2017, which is 55% of the recruitments needed to meet budget. 17 of these new memberships were purchased by Physician Assistants.

2. Project Access

- From January-March, Project Access® served 1,504 patients and had 580 new enrollments. 229 of those were new patients. The total number of patients served is almost 200 more from the same quarter in 2016 (1,331). However, the number of new

enrollments and new patients is slightly less from this quarter in 2016 (610 new enrollments, 234 new patients).

3. WCMS Interpreter Network (WIN)

- From January to March, WIN had 1922 appointments, up 57% from the same quarter in 2016. February of 2017 made a record for the most appointments ever for WIN in one month, at 674, only to be broken in March of 2017 with 701 appointments.

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

1. Develop, and implement Physician/Provider Wellness Program (The Healthy Healer) to include coaching, counseling, on-line resources, advocacy for policy change, all as resources allow

- We have made good progress this quarter on the details required to set up The Healthy Healer program. Our current focus is developing memoranda of understanding with select therapists and coaches who are experienced working with medical professionals and can work effectively with our physicians on issues relating to burnout. We have established Policies & Procedures for the Healthy Healer Program and are in process of getting signed agreements with a cadre of therapists/coaches. We plan to launch these services to WCMS members during the 2nd quarter.

2. Continue Affinity Groups as appropriate for membership and further the development of each with guidance from Physician/Provider Champions and input from group members.

- The Early Career Group met to discuss "[Retirement Planning, Saving Money and Tax Efficiency](#)," featuring a speaker from Parsec Financial. 10 members attended.
- The Independent Physicians Affinity Group met and heard a presentation, "[First Class Patient Experience](#)" from Michelle Bilsky, the VP of Risk Management from MedMal Direct Insurance Company. We opened this event up to practice administrators, with eight attending as well as three physicians.
- The Women in Medicine group met and heard a presentation given by Laura Webb of Webb Investment Services, "[The Two Sides of Money](#)." 12 members attended.
- The Rural Medicine Affinity Group was very well attended by 12 physicians, residents, and medical students. The topic was "[Community Partnerships](#)," and a variety of topics were discussed including physician recruitment, transformation of independent practice to FQHC, and fellowship and grant opportunities. The [Bernstein Scholarship](#) and [MedServe](#) Program overview were presented by Sarah Thach from MAHEC. One physician was recruited to membership following this event.
- Finally, 24 members of the Emeritus group gathered for their first luncheon of the year. It featured Dr. Jeff Heck of MAHEC who gave a presentation on their expansion into the region, their new residency programs in surgery and psychiatry, and other highlights.

3. Implement third burnout-prevention workshop/retreat.

- There were no events this quarter.

4. **Continue researching and promoting innovative local practices to membership.**
 - Member Dr. Danna Park was interviewed for her innovative work featuring mind-body medicine for pre-surgical patients. [Watch it here.](#)
5. **Identify/enhance & promote technology (e.g., website, listserv, text, social media) to help physicians/providers and families with peer to peer communications.**
 - Currently on hold due to other priorities.

Strategy 2- Provide physician/provider leadership opportunities

1. **Collaborate with NCMS' Leadership College by identifying potential participants locally for NCMS, and supporting the work the participants do through the College**
 - Miriam Schwarz, along with medical student Anne Cotter and Drs. Richard Bunio (Cherokee Indian Hospital) and MaryShell Zaffino (Blue Ridge Community Health Services) are participating in the 2017 NCMS Leadership College. The NCMS Leadership College Program “builds and enhances physician and PA leadership skills and equips graduates to become more influential in motivating and inspiring their peers to be leaders in their medical settings and their communities.” Dr. Bunio, Anne and Miriam are carrying out their 2017 leadership project as a team. Our project involves collecting data about physician attitudes and practices related to opioid prescribing and pain management. **We will be sending out a short survey to WCMS membership soon, so be on the lookout. Please be sure to complete the survey (less than 10 minutes of your time) so that we have a robust data set to analyze and share with you!**
2. **Offer local leadership opportunities to young and/or up-and-coming physician and provider leaders, such as leading the planning/execution of aspects of WCMS' strategic plan, championing an affinity group, and serving on one of our boards or committees.**
 - Dr. Will McLean (WCMS Association Board) is representing WCMS physicians on one of Vaya's regional opioid abuse sub-committees, Medication Assisted Treatment.
 - Residents are represented on the WCMS Association Board of Directors by Katelynn Graeme, MD
 - Physician Assistants are represented on the WCMS Association Board of Directors by David Sams, PA
 - Medical students are represented on the WCMS Foundation Board of Directors by Brad Thompson.

Strategy 3- Serve as a clearing house for important local, state and national health care trends to guide physicians and providers in making sound, data-based professional decisions and to enhance their practice of medicine.

- Our [Vital Signs e-Newsletter](#) continues to see steady open rates around 30%. This weekly publication features events, educational opportunities, local, state, and national news which

pertains to the healthcare field, as well as a special interest section and physician wellness section.

- [Our Affinity Groups](#) are another way that we share information with our members. Please see Strategy 1 pt. 2 for more detail on recent Affinity Group meeting topics.
- Social Media is used daily to share pertinent information in between the weekly Vital Signs. We utilize [Facebook](#), [Twitter](#), and [Linked In](#). Social Media is a great place to highlight our series, *Innovations in Medicine*. For example, Dr. Danna Park's recent video can be viewed on our Youtube channel [here](#).
- Our [website](#) is updated almost daily with breaking news. For example, the Board recently adopted a favorable position on the STOP Act. That can be viewed [here](#).

Strategy 4: Engage physicians/providers across the region in Legislative advocacy

Legislative Priorities:

- a) Patient and provider protections in new Medicaid Reform law
- b) Medicaid expansion
- c) Mental Health Access
- d) Keeping legislation out of the exam room
- e) Scope of Practice

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

- On March 22, WCMS CEO Miriam Schwarz and 5 physician members travelled to Raleigh and met with 9 WNC legislators. Topics included WCMS' support of the STOP Act ([Strengthen Opioid Misuse Prevention Act](#)) with some modifications; and our disapproval of HB 88 (Nurse Modernization Act), which allows nurses, including those with little to no experience, to practice without physician supervision; and our strong disapproval of HB 36 (Enact Enhanced Access to Eye Care Act), which allows optometrists to perform surgeries of the eye. [Click here for more details](#).

Strategy 5: Support efforts to address public health crises as they arise and work to prevent them

1. Opioid Addiction

- Adopt and commit to the CDC guidelines: The Association Board of Directors voted in the 2nd quarter of 2016 to adopt and encourage membership to commit to the CDC guidelines for opioid prescribing. Since then, CEO Miriam Schwarz and Association Board member Dr. Blake Fagan have written a series of articles for the general public

describing the opioid crisis problem, how the community has responded, and what to expect when visiting the doctor in the future.

- [Article 1](#) - [“Lessons of the opioid addiction epidemic”](#)
- [Article 2](#) – [“Providers and the community response to opioids”](#)
- [Article 3](#) – [“How opioid crisis affects our health care”](#)
- Advocate for effective policies/regulations locally and in Raleigh: The WCMS Board of Directors issued a [statement of support \(with some modifications\) for the NC STOP Act](#).
- Support and connect local/regional efforts to prevent abuse: WCMS continues to be at the table with the Buncombe County Safety Net Steering Committee to engage in a comprehensive plan to address opioid addiction. WCMS also joined the WNC Substance Use Regional Alliance Medication Assisted Treatment Workgroup. WCMS also promoted [Sona Pharmacy’s Drug Take Back event](#).
- Promote educational resources for prescribing health care practitioners: WCMS promotes all educational resources that are shared with our organization; for example, we promote forums hosted locally by CCWNC and MAHEC on a regular basis, as well as opportunities for on-line education through NCMS and MAHEC.

Strategy 6: Improve access to care for medically vulnerable populations in WNC

- 1. Collaborate with our funders and other community partners to continuously redesign Buncombe Project Access® (PA) to address the changing needs of medically vulnerable populations:**
 - a. Explore opportunities to add dental care into the PA network**
 - We have successfully recruited 5 dentists who will pilot a dental program for enrolled Project Access® patients. Because this is a pilot program, we can only offer dental services to a few patients whom the Health Access Counselors (HACs) will carefully select. If the pilot is a success, we hope to grow the number of volunteer dentists so that physicians can refer their patients for dental care.
 - b. Continue focusing on areas that address social determinants of health, as well as more primary care homes, mental health, navigational services, and specialty care.**
 - In March, the HAC team successfully completed Community Health Worker training. In the future, the team will assist patients with social determinants of health such as employment, transportation and housing, along with social services and education.
 - c. Expand Project Access® into rural counties where there are federally qualified community health centers and free clinics in need of wraparound services such as screening and prevention, primary care, specialty care, medication assistance, navigational services, interpreter services, labs, imaging, physical therapy, social determinants, and more (e.g., focus on Madison, McDowell, Jackson, Macon, Henderson etc. where opportunities currently exist.)**

- Project Access® along with MATCH and Hot Springs Health Program wrote a small grant to the Sisters of Mercy so that we can expand outside of Buncombe County. We were not awarded the grant, but were invited to reapply in the fall. In the meantime, Project Access® will expand into Madison and McDowell counties this year regardless of grant funding. We will be able to provide wraparound services such as screening and prevention, primary care, specialty care, limited medication assistance, navigational services, interpreter services, labs, imaging, physical therapy, social determinants, and more.
- A project that involves expanding Project Access® into Jackson, Macon, Graham and Cherokee counties is pending a grant decision.

d. Work with pharmacies to determine how to achieve medication cost savings.

- Project Access® medication expenses almost doubled in 2016. We have analyzed our data. Findings included 1) new prescribers in the Project Access® network who are prescribing very expensive medications. 2) new patients in the Project Access® network who have multiple, complex diagnoses and thus they are prescribed a higher volume and variety of drugs 3) our current pharmacy benefits manager is not managing costs in collaboration with us. Consequently, we removed some expensive medications from our formulary, stepped up our use of Mission's Dispensary of Hope and NCMedAssist, and are seeking new partner(s) to manage cost. Project Access® leadership interviewed a number of different pharmacies and Pharmacy Benefits Managers to explore how we might achieve medication cost savings. We are on the cusp of making a decision.

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

- CEO Miriam Schwarz continues to serve on the Board of Directors of CareShare and participate in Network meetings to share best practices.

2. Employ 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 (including but not limited to African American, Latino, LGBTQ, young adults, rural, persons with psychiatric illness), and counseling to general public.

- a. Health Access Counselors educate consumers who are interested in applying for health insurance. Education is also provided to consumers who have applied for health insurance via Health Insurance Marketplace. HACs are following up with consumers to make sure that their premiums are paid on time and to see if the consumer has any questions. There were ten appointments with five consumers receiving health insurance. Two of those consumers were PA patients but didn't qualify for HIM.

3. Investigate and apply for supplemental grants and other funding opportunities to fill the void of currently diminishing funding streams.

- a. WCMS in collaboration with Mission Health recently submitted a grant application to The Duke Endowment to help with continuation funding of Project Access®. Given the likelihood of the ACA being rolled back, TDE requested that we apply not just for two years of funding, but instead three years of funding. Appalachian Mountain Community Health Centers and WCMS submitted a grant to KBR to expand PA Services into 4 rural counties.
- b. WCMS was invited to submit a grant to Bank of America's Helen Powers Fund this quarter.
- c. WCMS was the recipient of an anonymous donation of just under \$7,000 to provide support for cancer patients in Project Access®. In collaboration with Sona Pharmacy, Project Access® will offer each eligible patient up to \$700 in medications, durable medical equipment, and over-the-counter supplements prescribed by the physician. If you are a physician who treats cancer patients and you have a Project Access® patient with a diagnosis of cancer, your patient may be eligible for this program. More details to follow.

Strategy 7: Reduce health disparities among vulnerable populations in WNC

1. Continue moving toward health parity by marketing, growing, and improving WIN services throughout the region.

a. Expand presence in rural counties via grants.

- WIN received the Community Foundation of WNC People in Need grant to fund interpreter services in McDowell, Madison, Yancey and Mitchell Counties. We have interpreters in all four counties, so we have the capacity to cover the appointments. We've used funds to provide services in McDowell, Yancey and Mitchell Counties so far this year. We had a meeting with providers in Madison County and anticipate appointments there as well.

b. Strengthen ASL interpreter services by incorporating suggestions from the Deaf community, as resources allow.

- WIN continues to seek feedback and communication with the Deaf community. In March a member of the Deaf community shared with WCMS an article written by a Deaf person regarding struggles with accessing care when providers don't understand the unique needs of the Deaf and hearing impaired. WIN posted it to the WCMS newsroom and the article was included in [Vital Signs](#).

c. 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).

- WIN continues to have lots of appointments with Buncombe County Department of Education. We regularly interpret for HR departments of three large area employers.

- d. **Plan and implement a certification process for language interpreters to improve qualification requirements and quality of service.**
 - WIN is writing a new contract in the works for foreign language interpreters encouraging national certification. National certification for foreign language medical interpreters isn't required at this time at the federal level, state level or by the Joint Commission. However, that could change at any time. Nationwide, large hospital systems are beginning to require certifications, even though they aren't required to do so. WIN needs to be ready for any of these changes. Additionally, interpreters who seek national certification show that they are serious and committed to their field. WIN wants interpreters who are serious and committed to this work.
 - Currently there are two exams for national certification for medical interpreters and both are very high quality. They both have strict education requirements to qualify for the exam and strict continuing education requirements to maintain national certification. Encouraging national certification will help providers deliver the best care possible to all patients. There is a plan for which interpreters will be required to seek certification, how long they will have to prepare and take the exam and what the pay will be after passing national certification.
2. **Advance WCMS Foundation's Dr. Charles Blair Health Parity Fund, which provides scholarships for minority youth pursuing health careers.**
 - a. To better promote the [Dr. Charles Blair Health Parity Fund](#), we have made sure to include this Fund as an option on our donation requests. WCMS sent a fundraising appeal at the end of March which included basic information on the scholarship and checkbox to donate towards it.

Strategy 8: Promote prevention, health and wellness across medically vulnerable populations in WNC

1. **Advance WCMS Foundation's Endowment Fund--each year, earnings from the Endowment provide essential financial support to local health-related charitable programs serving communities across WNC**
 - No specific action in the 1st Quarter.
2. **Develop/collaborate in a community-based prevention and/or wellness program (recommend adding only if resources allow, focus TBD).**
 - 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 our rural neighbors, such as Madison and McDowell counties. We are exploring partnering with “upstream” prevention programs, such as offering Preconception Health services for women of childbearing age who are in Project Access.

Strategy 9: Promote WCMS' Foundation 501(c)(3) status to engage physicians/providers in obtaining grants for health care/community health improvement/wellness initiatives

- No specific activity this quarter.

Strategy 10: Promote health, wellness, and work-life balance for WCMS employees through our Wellness Program, policies, benefits (as resources allow), and a supportive workplace culture.

- In the first quarter of 2017, we promoted workplace wellness by continuing our 8 week walk tracking which encourages staff to take 10 minute walks on 80% of their work days. We have also continued our weekly tradition of Thunder Thursdays (we do 1 minute exercises on the hour each Thursday) and recently purchased yoga mats for Flexibility Fridays. Additionally, we are continuing our monthly workout log. The monthly log encourages employees to record all of the workouts they complete each week that are longer than 30 minutes. Each time an employee works out a minimum of 3 times per week for 30 minutes or longer; they receive an entry into the monthly wellness drawing. The winner of the drawing receives a check for \$25.
- We are also focusing our wellness efforts on things like emotional and financial well-being. In January, a representative from OnTrack Financial came to the office and gave a 90 minute presentation on budgeting. We allowed several "dog day afternoons" when staff were allowed to bring their well-behaved canine friends to work with them. We have ongoing games of Scrabble, puzzles, a dartboard, a pullup station, dumbbells, and other inexpensive but fun ways to destress at work.
- Beginning February 1, we started a corporate membership with Gold's Gym which gives our employees the option to obtain a gym membership for \$25.99/month.
- WCMS has also continued its generous HR policies in 2017 to promote employee well-being. We cover 100% of health and dental insurance premiums for all full-time employees, and this year, we were able to add vision insurance and an Employee Assistance Program. In addition to recognizing the 13 federal holidays, we offer 4.5 weeks minimum PTO to employees when they start work, and they accrue more PTO based on years of employment. Although WCMS doesn't fall under FMLA regulations due to its small size, we allow 3 month's maternity leave as well as time off to caretake for ailing family members.