



2016 Strategic Plan Quarterly Update July - September

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, patients, 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 third 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/Businesses, Donors/Funders, Health System Leaders, Practice Managers, Patients, Staff

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2016 3rd 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 officially named the new program "The Healthy Healer". We are continuing to develop specific work under this program. The basic goals of the Healthy Healer Program are:

- Advocating for policy change
- Burnout-prevention events and retreats
- Counseling, both group and individual
- Life and corporate coaching
- Online Resources

WCMS CEO, Miriam Schwarz, and Board Member, Dr. Robert Henderson, have spent the better part of 2016 vetting various coaches and therapists to work with us. We have narrowed down the list of potential coaches and are working with them on discounted pricing for WCMS members. Dr. Henderson wrote an article for WCMS, ["The Loss of One of Our Own."](#) For more information, go to our [Healthy Healer webpage](#).

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 July, the Independent Physician Affinity Group participated in a webinar by Amanda Kanaan, President & CEO of WhiteCoat Designs. The presentation was "Tips to Attract Patients to Your Practice." If you missed Western Carolina Medical Society's webinar on 7/25, [here is the recorded version entitled "7 Proven Marketing Strategies to Get More Patients"](#). Please email amanda@whitecoat-designs.com with follow up questions.

Women in Medicine met in July to discuss contract negotiations and receiving equal pay. The discussion was led by [Circle of Friends partner Mary Williams of Johnson, Price, and Sprinkle](#). Fifteen members attended and it was a lively discussion.

The Emeritus group had a planning meeting attended by 5 champions of this membership section. We discussed ideas for speaking topics at future luncheons, structure of meetings, and changing marketing and purpose statement language used to engage the Emeritus membership.

3. Implement second burnout-prevention workshop.

As mentioned in the 2nd Quarter Updates, the [2016 Burnout Prevention "Heart of the Healer" Retreat in April](#) 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. 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.

4. Expand and promote “Joy in Medicine” media campaign.

Each week, our e-Newsletter, [Vital Signs](#), features 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.

In August, Drs. Elizabeth Saladin and Richard Bunio of Cherokee Indian Hospital were interviewed about their new endoscopy suite, which allows them to perform this procedure at the patients’ medical home instead of referred out to a specialist. This is a unique model and enhances the patient experience as well as utilizes Dr. Saladin’s expanded scope of care. [Read the article here.](#)

6. Identify/enhance & promote technology (e.g., website, listserve, text, social media) to help physicians and families with peer to peer communications.

The [Physician Family Network](#) has been established [on Facebook](#). Other technology work is on hold due to resources being devoted to other priorities such as The Healthy Healer.

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.

Miriam Schwarz, along with 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.” The kick off session, “Inspiring Shared Purpose: Who do I want to be as a Leader?,” was held on September 17 in Greensboro, NC.

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.

WCMS pushed out information from both MAHEC and NCMS over the quarter. At the request of membership, MAHEC designed [this condensed, simplified presentation](#) for physicians wanting an overview of MACRA. For those wanting to take the deep dive, these slides from MAHEC fit the bill: [MACRA 2017 and Beyond: What You Need to Do Now](#). In August, WCMS hosted NCMS and Kathy Whitmire, Regional Vice President, Southeast with National Rural Accountable Care Consortium (NRACC), who presented a [workshop on the Practice Transformation Network](#) (PTN) program as designed as a part of the Transforming Clinical Practices Initiative (TCPI) to help

providers transition from fee-for-service to advanced payment models. The target audience was independent physicians.

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) 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."

Strategy 3: Engage physicians across the region in Legislative advocacy

Legislative Priorities:

- 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

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).

As the session in Raleigh ended July 1st, WCMS next turned our attention to the elections and conducting the virtual candidates' forum (see #2 below). On 7/4/16, the WCMS Association's Executive Committee of the Board issued a statement regarding gun violence as a public health crisis. [Read more](#)

2. Conduct virtual candidates' forum to inform physicians on candidates' positions on healthcare topics.

We sent a questionnaire to all WNC and gubernatorial candidates requesting their responses to 5 healthcare related questions (Medicaid expansion, mental health, opioid crisis, scope of practice, tort reform) and [shared the results on our website](#).

3. Conduct "get out the vote" campaign targeting physicians, their practices, and their patients.

The Association Board of Directors voted to focus on Medicaid expansion as the targeted topic for WMCS' "Get out the Vote" campaign. From the responses generated by our Virtual Candidates' Forum, [we created printed materials as a "Get Out the Vote" effort](#), including posters and bookmark-size voting guides to inform the reader of which candidates support Medicaid Expansion.

4. Gather legislative information from NCMS, individual policy experts and local legislators about new Medicaid Department; disseminate to membership.

No activity this quarter.

Strategy 4: Address Opioid Addiction Crisis

1. Adopt and commit to the CDC guidelines

The Association Board of Directors voted last quarter to adopt and encourage membership to commit to the [CDC guidelines](#) for opioid prescribing.

2. Advocate for effective policies/regulations locally and in Raleigh

No activity this quarter.

3. 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. As resources allow, WCMS will assist with the development and roll-out of the physician-related components of the proposed model, the “Family-centered Integrated Treatment of Substance Abuse.”

4. Promote educational resources for prescribing health care practitioners

WCMS continues to promote educational opportunities and resources, such as the CDC’s seven-part webinar series about the guidelines for prescribing opioids for chronic pain, which began in June; “The Opioid Epidemic: GUIDANCE FOR HEALTHCARE PROVIDERS,” a program for prescribers and dispensers, held in Haywood and Henderson counties during this quarter; and MAHEC’s online education: [A Guide to Rational Opioid Prescribing for Chronic Pain](#).

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.

No activity this quarter.

Strategy 6: Enhance Support for Vulnerable Populations

1. Continue enhancing access to care for the region by:

During the third quarter, [Project Access](#)® served 1,444 patients and had 532 enrollments. That is about a 1½% increase in patients served this year than at this time last year. There were also two consumers who we helped apply to the Health Insurance Marketplace during this “special enrollment period;” one of them was eligible for an exemption.

[Project Access](#)® celebrated its 20th Anniversary this year. [Watch this video](#) featuring patient Mavis Clapp and Dr. Peter Soosaar of Regional Surgical Specialists.

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 PA now has a second Health Access Counselor (HAC) co-located with Appalachian Mountain Community Health Center (AMCHC). Our HAC is stationed at May's Care Center co-located with Western Carolina Rescue Ministries (225 Patton Ave), South French Broad Care Center in the Aston Park Tower (165 S. French Broad), Dale Fell Center (7 McDowell), as well as WCMS. The goal is for our HAC to go to where the patients are located and assist them with their various needs.

- **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.**

PA patients are now able to receive Pastoral Counseling via Partnership for Pastoral Counseling. Patients pay a \$5 copay per session.

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.**

Due to limited funding and feedback from key partners, we will not be expanding to Mitchell or Yancey counties at this time. We are aiming to expand PA into Madison County to offer Hot Springs Health Center access to our services, and we also plan to collaborate with McDowell County's MATCH Program (which houses their PA program). Our plan is to apply for a grant via Sisters of Mercy and begin accepting patients into Project Access® from these two counties in early 2017.

- **Work with ABCCM to determine how to utilize its new retail pharmacy in our prescription workflow to achieve medication cost savings.**

Our medication costs have continuously risen as each month passes. We have a modest budget of \$60,000 annually from the County and we have surpassed that significantly. We have taken some expensive medications such as Suboxone and Gabapentin off our formulary. We have plans to make more formulary changes in the fourth quarter with the assistance of our prescription committee. Our HACs are assisting patients with NC MedAssist applications when needed to help lower our costs as well as referring patients to local medication assistance programs. WCMS plans on exploring the use of ABCCM's new retail pharmacy in the future 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®).**
CareShare and The Duke Endowment hosted a Network Director's Meeting in August in Charlotte at TDE Headquarters. Networks shared best practices in areas ranging from addressing opioid addiction to identifying new collaborations to improve health. An area of growth for networks, including Project Access®, is engaging in social determinants of health to improve the health of Project Access® clients.

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.

- **Continue CMS' Certified Application Counselor (CAC) Entity status for WCMSF and CAC designation for Health Access Counselors.**
Our Health Access Counselors (HACs) are training and preparing for Open Enrollment 4 (OE4). Each HAC will be CAC trained and [available to assist consumers with the marketplace](#). We currently have one HAC at Dale Fell Health Center that is SOAR (SSI/SSDI Outreach, Access and Recovery) trained; she is able to assist clients with obtaining Medicare disability. We will have another HAC become SOAR-trained in the next few months.
- **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.**
Outreach has been a little slow as it is not open enrollment. However, as OE4 nears, the HAC team plans on conducting outreach to diverse communities including but not limited to young adults, African American, Latino, LGBTQ, rural, and persons with psychiatric illnesses.
- **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. WCMS staff goes the extra mile for our physicians and community by working with consumers on how to pay for and use health insurance. HACs generally follow-up with consumers within the first 1-3 months of enrollment. This is to be sure that they are paying their premiums, have found a primary care doctor (if they didn't already have one), as well as assisting consumers with any other questions that may arise during this

follow-up. HACs also let the consumers know that they are available year-round if they have any questions, issues, or concerns.

- **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. The CEO regularly attends Affordable Care Act Partners of WNC meetings to plan strategically and maximize the resources we have available to us. Partners include Council on Aging, Pisgah Legal Services, Western North Carolina Community Health Services (WNCCHS) Blue Ridge Community Health Services (BRCHS) Mountain Projects and Legal Services of Sylva.

c. Fill the void of currently diminishing funding streams.

We are now looking at a grant opportunity from Sisters of Mercy Foundation to support PA's expansion into Madison and McDowell Counties. We are also writing a continuation grant to The Duke Endowment to support Buncombe Project Access[®]. Both grants are due in early December; therefore, grants to support PA's work in social determinants of health, as well as covering medication and DME costs, will be postponed until 2017.

d. 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, are able to share costs of HACs that are co-located.

2. Continue moving toward health parity by marketing, growing, and improving WCMS Interpreter Network services throughout the region.

WIN had 1,455 interpreting appointments in the third quarter of 2016, as compared to 1243 in the third quarter of 2015, which is 17% growth. WIN had more than 500 appointments in August and September of 2016. June of 2016 was the first month WIN ever had more than 500 appointments since its inception in 2005.

a. Expand presence in rural counties via grants.

- **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. We were able to provide 155 grant funded interpretations in 2016. After the grant funds were exhausted, there was a dip in the number of requests for interpreters in McDowell; however it appears that that was only temporary. WIN continues to get upwards of 30 appointment requests in McDowell County per month and we've been able to continue providing interpretation and document translation to 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.**

As mentioned in previous updates, 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 to 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.

At the suggestion of some members of the Deaf community, in August [WIN filmed each of our ASL interpreters introducing themselves in ASL for anyone to view](#). The videos will help the Deaf see the language specialty of each interpreter and request the interpreter whose skills best match their language needs.

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

In 2016 WIN signed a new Spanish interpreter in the Yancey-Mitchell area, another in the East Buncombe – McDowell area and we are currently recruiting a qualified candidate in Madison County. The candidate in Madison County is currently working as a Spanish interpreter in the medical field and we are waiting for the results from her oral test before signing a contract with her.

e. Establish new contractual relationship with language testing company.

As mentioned in previous updates, 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. Both clients and interpreters are pleased with the service. There have been few complaints and most were easily resolved.

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

WIN continues to visit practices to teach them how to use our HIPAA compliant, online calendar. We continue to see positive results from teaching people to use this. The clients are happy and report that the system saves them time.

In August the WIN coordinator attended a quarterly medical manager educational forum hosted by law firm Ward and Smith to present on Title VI compliance. WIN continues to run monthly interpreter study sessions. The group usually has a small but highly motivated group of interpreters. In recent sessions, we covered Spanish slang/nonstandard language for medical terms (ex: pointer finger instead of index finger), dental terminology in English and Spanish, in-depth presentation of what dentists do at a general exam, relaxation/destress techniques for high stress moments in interpreting and best practices when interpreting for trauma victims.

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. We have been working more and more with Buncombe County Schools to interpret various types of meetings and open houses. So far our efforts to work with nutritionists, housing or legal aid haven't produced results, but we will continue to grow as appropriate in non-traditional healthcare sectors.

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 our rural neighbors, such as Madison and McDowell counties.