



## **2016 Strategic Plan Quarterly Update October - December**

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 fourth 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 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. Research, plan and develop Physician Wellness Program.**

Good progress is being made developing our physician wellness program, now officially housed in our Foundation as [The Healthy Healer Program](#). Thanks to those who have donated funds to assist with the development and implementation of the Healthy Healer Program; [click here](#) if you wish to donate now.

A significant success this quarter was the [change in policy regarding physician burnout](#) by the NC Medical Board. The Board's language now recognizes and accepts that physicians may seek help for burnout or mental health without having to report it to the Board. The Healthy Healer Program welcomes that change, and we celebrate the fact that WCMS played a direct role in making it happen.

#### **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.**

During the fourth quarter, the Independent Affinity Group met for Dr. Mark McNeill's presentation titled "[Get Home Early, Tips & Tricks to Improve Your Practice using the Patient Portal.](#)"

The Women in Medicine Affinity Group also met in the fourth quarter with the theme of alternative medicine. Several alternative practitioners presented their programs including a Tai Chi demo from Emeritus member Dr. Sharon Sweede, a massage therapist, an acupuncturist, and a physical therapist.

In October, 20 Emeritus members came together to hear a presentation from Dr. Daniel Gwan-Nulla, a new thoracic surgeon at Haywood Regional. His presentation was titled "Surgical Training Mission in Africa." The Emeritus Group also met for their holiday luncheon in December. It was well attended by members and their spouses, who enjoyed a piano performance and socializing.

#### **3. Implement second burnout-prevention workshop.**

As mentioned in the 2<sup>nd</sup> Quarter Updates, the [2016 Burnout Prevention 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 the final quarter of the year, the Association team conducted an interview with Drs. Kate Queen and Al Mina on the STEP Program at [Haywood Health and Fitness Center](#), an innovative approach to incorporating exercise into chronic disease management. We find this continues to be a successful strategy in highlighting the special efforts of our members.

#### **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 previously 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.” Drs. Bunio and Zaffino and Miriam are in the process of planning their 2017 leadership project, which will likely be focused on collecting data about physician attitudes and practices related to the opioid crisis and chronic pain management.

#### **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.**

No activity this quarter between NCMS and WCMS. WCMS worked with MAHEC to push out educational opportunities such as the MACRA/MIPS Workshop, which was a review of the details of the Final Medicare Access & CHIP Reauthorization Act (MACRA) Rule and the Merit Incentive

Payment Systems (MIPS) to practices plan 2017 strategies that would positively impact 2019 revenues.

**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.**

No activity this quarter between NCMS and WCMS.

### **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).**

Once the session in Raleigh ended July 1st, WCMS next turned its attention to the elections and conducting the virtual candidates' forum (see below).

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

During election season, WCMS conducted a candidate forum asking all WNC candidates to take a position and propose strategies on the following issues: Medicaid expansion, improved access to mental health and substance abuse services, efforts to address opioid crisis, increased scope of practice for mid-levels, and current tort reform. The results were posted on our website and shared widely with membership.

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

During election season, the Association staff created educational materials highlighting those candidates who were in support of Medicaid Expansion. The materials were targeted to patients and the general public, to be displayed in the exam rooms and waiting rooms of our member physicians. We advertised in Vital Signs, as well as to specific physicians who we knew to be supportive of the effort, but found that the request for materials was low.

The Foundation produced and shared with Medicaid expansion advocates across the state our short video clips called "Faces of the Uninsured" to educate the public about those who fall into the Medicaid gap. For example, listen to Jerry's story. Uninsured for many years, too poor to qualify for subsidies under the Affordable Care Act, and without Medicaid expansion in NC to help him, local

Buncombe County resident Jerry Moncus relied on WNCCHS to treat his diabetes affordably. But, what would he do if he needed more than primary care services? Well, it happened. [Click here](#) to watch the video.

#### **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 in the 2<sup>nd</sup> 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**

During election season, WCMS conducted a candidate forum in which we asked all WNC candidates to take a position on the opioid crisis and describe the strategies they would support. Their responses were posted on our website and distributed widely.

#### **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.” WCMS joined the WNC Substance Use Regional Alliance Medication Assisted Treatment Workgroup.

#### **4. Promote educational resources for prescribing health care practitioners**

WCMS promoted “The Opioid Epidemic: Guidance for Healthcare Providers” series offered by the Governor’s Institute, held in both Henderson and Haywood counties during the 4th quarter.

### **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**

During the fourth quarter, Project Access® served 1,499 patients and had 507 new enrollments. During the course of the year we served a total of 2,803 unique patients and had 1,930 new enrollments. Project Access® celebrated its 20<sup>th</sup> Anniversary this year. [Watch this video](#) featuring patient Mavis Clapp and Dr. Peter Soosaar of Regional Surgical Specialists.

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

### a. Collaborating with our funders and other community partners to redesign **Project Access®** (PA) to address the changing needs of vulnerable populations:

- Explore additional co-location opportunities for Health Access Counselors (HACs).

In June 2016, we hired a new Health Access Counselor (HAC) to co-locate with Appalachian Mountain Community Health Center (AMCHC, a FQHC) at two of its new sites in Buncombe County: May's Care Center and South French Broad Care Center. There the HAC served low-income patients who needed help finding a primary care doctor, obtaining Project Access® services, and acquiring prescribed medications (through NC MedAssist and other programs). We continue to co-locate a HAC at AMCHC's Dale Fell Health Center. This HAC screens patients for PA, AMCHC's sliding fee scale, NC MedAssist and SSDI. Lastly, we continue to co-locate a HAC at WNCCHS, screening patients for Project Access®

- 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® is close to having a small dental program in place! We have referred our first patient to a local dentist. This is a pilot and we are in hopes of making this official. A second dental practice has agreed to see PA patients and we are working with them to get everything in place so that we can refer our first patient to them. A third dental practice has expressed interest in discussing the possibility of participating.

- Explore opportunities to expand PA beyond Buncombe County.

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. If we receive this grant, we will be able to assist patients in both Madison and McDowell counties. A limited number of patients in each county will have access to WCMS Project Access®, transportation vouchers, medication, DME, interpreter services, and other wraparound services. The grant award will be announced in early 2017.

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

By mid-year Project Access® had depleted its \$60,000 yearly County medication funds and had to rely on reserves. As a short-term solution, we have taken some expensive medications such as Suboxone, Buprenorphine, and Gabapentin off our formulary. 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. We held a special fundraising campaign to help replenish medication funds and raised around \$8,000 by the end of 2016. (If you'd like to contribute to the medication fund, [click here](#).)

As a long-term solution, we have made a concerted effort to look into alternative pharmacy options, one of which is Asheville Buncombe Community Pharmacy. We have received an excellent proposal from Pharmacist David Taylor. The HAC team

and the Foundation Board's prescription committee are exploring a few other options before we make a definitive change.

- 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®).

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

**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 HACs are CAC trained and are available to assist consumers with the marketplace. The HAC team enrolled 40 consumers since the start of this Open Enrollment (OE4) through the end of this quarter. 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.

The HAC team did outreach at AB Tech. This event was to get young adults and students prepared for OE4. We were able to answer questions and address any concerns that the potential consumers may have had. There were about 15 consumers assisted. Also, our bilingual HAC attended the annual open enrollment kickoff at Pisgah Legal. She was able to enroll one consumer.

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

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.

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

Members of the HAC team meet with the ACA regional assitors on a monthly basis to discuss how open enrollment is going, any issues/solutions to problems that may have arisen in the health insurance marketplace, etc. 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 plan to continue contracting with community partners to share the costs of co-located HACs. This quarter, we submitted a grant application to The Duke Endowment to help with continuation funding of Project Access for another two years. We also submitted a grant application to the Sisters of Mercy Foundation to support PA's expansion into Madison and McDowell Counties.

- **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. We will continue to explore cost-sharing opportunities.

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

WIN had 1,757 interpreting appointments in the fourth quarter of 2016, as compared to 1,315 in the fourth quarter of 2015, which is 33% growth. WIN had more than 600 appointments in October of 2016 and more than 500 in both November and December. In 2016, WIN had a total 5,939 appointments, up from 4,837 total in 2015, which is 23% growth.

**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.

- **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.

We did not reach our target goal of the number of patients requiring interpreter services because the clinic did not see the anticipated number of limited English speaking patients. We will revise our plans for how to use the grant money on 2017, including doing more outreach into the Spanish speaking community.

- **WCMS Interpreter Network Receives Grant to Provide Language Services to Rural Counties**

Grant funded interpreter services will now be available for providers seeing low income, uninsured patients in Madison, McDowell, Mitchell and Yancey Counties! The Community Foundation of Western North Carolina awarded Western Carolina Medical Society's Interpreter Network (WIN) with a \$20,000 People In Need Grant for 2017 to support the providers who donate care to low income and uninsured people in rural counties.

**b. Continue to grow translation services.**

In 2016 WIN provided \$3,207.60 worth of written translations to eleven 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, two in the East Buncombe – McDowell area, and one in Madison County.

The WIN coordinator attended the American Translators Association Annual Conference in November of 2016 where she was able to research training options for interpreters. One of the barriers to growing WIN is that there are limited options locally to train new interpreters. Also, if an interpreter would like to seek national certification, it's challenging to fulfill the number of required hours of accredited training options locally. Although there are lots of options available online, many are expensive, unaccredited by the national certification bodies, aimed at experienced interpreters, specific for Spanish-English interpreters only, or it is hard to assess the quality of the training prior to paying. At the annual conference, the coordinator found a training provider that offers 100% online training for new interpreters that is accredited by one of the national certification bodies, fulfills the hour requirements and is language neutral with language specific resources. The trainer is a non-profit and the price was cheaper than any other. It's proven to be a high quality training program that will allow new interpreters to take training whether in-person classes are offered locally or not and sets them on a course for national certification.

**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. We are exploring another testing company, LanguageStat, to see if they offer high quality, affordable testing for interpreters. If so, we may use them in addition to Berkeley Language Institute.

**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 called *Interpreter Intelligence*. We continue to see positive results from teaching people to use this. The clients are happy and report that the system saves them time.

WIN continues to run monthly interpreter study sessions. The group usually has a small but highly motivated group of interpreters. In recent sessions, we reviewed cardiology terminology, effectively incorporating symbols and abbreviations into notetaking, memory practice and ethics.

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 a 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.