



2014 Strategic Plan Quarterly Update April-June, 2014

In August of 2013, WCMS embarked on its second year of aspiration-driven strategic planning. Over 70 individuals were interviewed from our key community partners, including physicians (both employed and independent, with emphasis on counties other than Buncombe); health system leadership (included both Mission and other hospitals across the region); funders/donors, community leaders, practice managers, patients and employees. On October 28th, 47 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 second quarterly report is below.

Our Mission:

The Western Carolina Medical Society is the physicians' voice advocating for the health of the medical profession, the health of the patient, and the health of the community.

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, Funders/Donors, Health System Leaders, Practice Managers, Patients, and Staff

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Second quarter update of our 2014 Strategies and Objectives:

Strategy 1: Recruit and retain physicians in the region and in WCMS, with an emphasis on primary care:

1. **Launch comprehensive recruitment and retention strategy for WCMS, with a specific regional focus and emphasis on having a presence in WNC communities:**
 - a. *Recruitment:* To date, WCMS has recruited 20 new members from WNC and 30 new members from Buncombe County into the Medical Society. WCMS has been visiting practices, building relationships with practice managers, and targeting newcomer physicians with welcome packets. In April, WCMS launched a multi-media campaign to recruit additional members from the region, with an emphasis on WCMS' legislative advocacy and focus on strengthening the physician-patient relationship. WCMS presented WCMS benefits to Park Ridge Medical Staff and continued visiting the Chief Medical Officer of Cherokee Indian Hospital to recruit members. New members are [posted on our website here](#).
 - b. *Retention:* WCMS has retained 68% of its existing WNC members and 89% of its existing Buncombe members to date, for a total of 678 WCMS members. Retention projects include engaging rural physicians in legislative advocacy with their local Representative or Senator; upgrading electronic communications via DocBookMD (to date, 96 physicians are using this application), social media, and website; and working with a communications firm to help with branding. We are now partnering with MAHEC to have a presence at CME events, as well as advertising MAHEC's CME events to our membership [on our website events calendar](#). The Board of Directors was directly engaged with both recruitment and retention efforts. A Board retreat is scheduled for September to further plan recruitment and retention strategies, as well as enhance the membership experience.
2. **Support recruitment and retention of physicians, with a specific emphasis on regional needs, primary care, and those who reflect the diversity of the patients we serve:**

WCMS continues its partnership with the [Minority Medical Mentoring Program](#) at MAHEC. WCMS has worked in tandem with Jeff Heck, MD, to visit with and educate legislators on the issue of physician shortages in the region, particularly primary care and general surgery in rural areas.

3. **Convene physicians in various affinity groups that enable closer relationships between physician demographic/geographic communities. Start two new groups in 2014 (voted on by physicians present at Town Hall meeting):**
 - a. *Sustaining Independent Practices:* This will occur in the second half of the year.
 - b. *Supporting Primary Care Physicians:* Launched first primary care affinity group out in the region. The focus of discussion was Accountable Care Organizations and Clinically Integrated Networks, led by Carolyn Coward from The Van Winkle Law Firm (WCMS Circle of Friend and Preferred Vendor).

- c. Women in Medicine and Early Career affinity groups continue to enjoy meeting regularly.
4. **Create a more functionally oriented website that serves as a resource/communication hub and makes membership resources more accessible and useful:**

WCMS is working with Keystone Business Solutions to streamline the navigation of [our website](#). [The legislative newsroom was enhanced](#). Third quarter plans are underway to make our home page more user friendly, such as quick links to Preferred Vendors, the newsroom, the events calendar, WCMS Interpreter Network, and more.

5. **Develop distinct membership benefits that support the needs of independent vs. employed physicians:**

- a. *Partner with firm(s) to develop resources for employed physicians and independent physicians, such as consultation services around negotiating employment contracts and negotiating contracts with payers:*

See our [preferred vendor technical assistance services](#).

- b. *Work with MAHEC and other partner vendors to better promote the technical assistance available in areas such as practice management, IT, data reporting, PCMH, etc.:*

WCMS now posts MAHEC (and other relevant) educational opportunities on its [on-line calendar](#) and is co-sponsoring upcoming events. Information about [preferred vendor technical assistance services](#) will be more accessible on our website in the near future. Packets containing preferred vendor information are being distributed by MAHEC Center for QI consultants and WCMS staff out in the region.

Strategy 2: Enhance physician leadership, education, advocacy, and collaboration:

1. **Partner with MAHEC to launch physician leadership academy:**

MAHEC and WCMS representatives traveled to Cherokee Indian Hospital to discuss with the CMO and physician leadership team the possibility of conducting a leadership academy in the far western region of WNC. There was great interest in moving forward expressed by CIHA. MAHEC is now in the process of fleshing out the curriculum framework and looking at what pieces may need to be specifically tailored to Cherokee and other the other rural providers in WNC.

2. **Continue to support 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:**

WNC Health Network will continue to organize this meeting with input from WCMS regarding the agenda. WCMS has communicated several times with this group regarding legislative advocacy.

3. Participate in psychiatry/primary care collaborative to improve the quality of mental health care in the primary care setting:

Known as “PC2”, the psychiatry/primary care collaborative has been formally adopted under the Pediatric Collaborative umbrella in order to improve coordination and maximize resources. The PC2 workgroup currently is focusing on addressing the diagnosis and treatment of ADHD in pediatrics. The group is developing a pre-visit packet and family diagnostic evaluation, as well as a guidelines algorithm.

4. Collaborate with NCMS’ Toward Accountable Care Consortium 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.

WCMS continues to post toolkits from the [TAC website](#) in [weekly Vital Signs issues](#).

5. Legislative/advocacy priorities:

- a. Educate legislators and businesses on the high positive impact of a strong medical community on the economic development of WNC:*

Given the changing health care environment, it is paramount to quantify the economic impact physicians have on society. WCMS is working with several business partners in the community (JPS, First Citizens, Parsec) to research and obtain key data for North Carolina (ideally western North Carolina counties, but funding such a study may be problematic) which may be used by policymakers, legislators, and thought leaders in medicine to demonstrate how patient care physicians critically support local economies and enable jobs, growth, and prosperity in addition to ensuring the health of the community.

Fortuitously, [AMA recently released data on impact of strong medical community on the economic development of NC](#). These data will be shared with key constituents.

- b. Engage physicians across the region in legislative advocacy efforts via in-person visits to legislators, both locally and in Raleigh (i.e., White Coat Wednesdays):*

WCMS continued to meet with legislators locally in WNC in April and May (5 Representatives and 4 Senators total visited to date). Once the session started, WCMS and physicians visited Raleigh twice to meet with legislators, mainly to discuss Medicaid Reform, demonstrating our support of a physician-led ACO solution vs. farming Medicaid out to a for-profit MCO. WCMS staff and Dr. Bob Henderson (OB/GYN) attended the White Coat Wednesday event on May 28, 2014 in Raleigh. Because of the high stakes issues on the table (Medicaid Reform, Medicaid budget, cuts to beneficiaries, scope of practice issues), WCMS decided to return for a second White Coat Wednesday. On June 18th, Miriam and Drs. Diane Hankes (AllCare) and Dave Pucci (Asheville Pulmonology) made the trek back to Raleigh. Subsequently, when HB 1181 “North Carolina Medicaid Modernization.” was released, WCMS stood in support of it and wrote to WNC Senators asking them to do the same. WCMS sent out a number of legislative

action alerts to membership on behalf of NCMS.

- c. *Develop sound strategies with health systems across WNC (and with NCMS) to advocate for physician-led Medicaid reform and Medicaid expansion:*

See above. WCMS continued to joined forces with other medical societies and the state medical society to support the House's plan for physician-led Medicaid reform and [protest the Senate's plan for out-of-state, for-profit Managed Care Organizations to run Medicaid.](#)

- d. *Advocate for reimbursement from BCBS for psychiatry consultations with primary care physicians, in collaboration with NC Psychiatric Association and NCMS:*

Smoky Mountain now has some funds and procedure codes for psychiatrists to be paid for consultation to primary care physicians without face-to-face contact with the patient. This is what we were advocating for with BCBS as well, but there has been no movement on their part in that direction.

Strategy 3: Develop a proposal led by the medical and business communities to move medical interventions upstream toward wellness and prevention:

The *Moving Health Care Upstream* Committee is co-led by the WCMS President and a WNC business leader. To date, we've heard multiple presentations by suppliers of wellness programs such as YMCA, YWCA, Prevention Partners; the small/mid-sized business community regarding their needs and aspirations for workplace wellness and decreased health care expenses; and in May we heard from BCBS leadership. In June MHS executives presented their 'My Healthy Life Well Connect' Program which is a technology-driven wellness program currently being beta-tested with MHS employees and soon to be available to other employers in WNC. July brought a follow-up presentation by BCBS leadership in conjunction with the leader of UNCA's Center for Health & Wellness and focused on a 'wellness coordinator' model for businesses. The fact-finding phase of our journey comes to a close in August with a presentation of a physician-led wellness and prevention model focused on small-to mid-sized businesses. After that the MHU Committee will select and pilot a model.

Strategy 4: 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).*

In the Fall we will begin cross training our PA Navigators and Certified Application Counselors with 60 hours of training to provide one-stop triage and enrollment of patients/consumers into the appropriate program (Project Access®, Medicaid, Medicare or Health Insurance Marketplace). PA introduced a paper application mailed to patient instead of telephonic enrollment, thus reducing telephone time. All verifications can now be sent at once, cutting down on multiple missed phone calls and streamlining the enrollment process. Co-location screenings at WNCCHS are still face-to-face.

- b. *Employing Certified Application Counselor (CACs) to provide 'inreach' counseling to current PA patients about the Health Insurance Marketplace (HIM), outreach counseling about same to the patients of member physicians throughout WNC, and counseling to general public.*

WCMS developed and implemented a CAC plan for Buncombe County, targeting traditionally underserved populations such as: African Americans, Latinos, Eastern Europeans, and LGBT. Community partners are ABIPA, YWCA, WNCAP, AB Tech, Blue Ridge Pride, and Literacy Council. The goal is to provide education about special enrollment and ACA information. Two events occurred with the YWCA and ABIPA focusing on Latino and African American communities. This resulted in 18 face to face appointments, 11 HIM applications, 2 enrollments, and the remaining 9 of the 11 are appealing their applications. During September and October, the WCMS CAC's will collaborate with OnTrack financial to provide the county's first health literacy class. This class will help the newly insured understand their insurance plans and how to use and pay for their policy. WCMS is also working with WNCCHS, Pisgah Legal, Council On Aging, & BRCHS to host a celebration of NC enrollment successes.

2. **Continue moving toward health parity by marketing/growing [WCMS Interpreter Network](#) throughout the region.**

- a. *Launch comprehensive recruitment and retention strategy, with a specific regional focus and emphasis on having a presence in WNC communities.*

WIN had 2,066 appointments from January – June 2014, providing interpretation in 16 different languages. WIN increased business with Pardee and Park Ridge Hospitals in Henderson County every month this year. We also increased business with the Henderson and Jackson County satellite offices of our existing clients. Presentations in Transylvania County resulted in upticks in appointments there. WIN increased its document translation business from approximately \$1500 in all of 2013 to approximately \$2000 per month in 2014. Providers are requesting translations of forms into the languages of their Limited English Proficient (LEP) patients and requesting translations of medical records into English. This means that LEP patients know what they are signing and that providers are getting more accurate medical histories from those patients.

- b. *Investigate and apply for funding to support expansion of WIN into Haywood and Jackson Counties in 2015.*

To be done second half of the year. Focus is likely going to be in Haywood and McDowell counties, as we have not yet been able to secure a local champion for this effort in Jackson County.

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

We were awarded Sisters of Mercy of North Carolina Foundation grant and Buncombe County contract for continued CAC and Project Access funding. We applied for Mission CBE to co-locate a NaviCAC at MAHEC---to be determined in October.

4. WCMS Foundation Endowment:

No activity this quarter.

Strategy 5: Explore affordable web-based Physician Directory for the WNC community to find doctors based on filters such as location, specialty, payer source, etc.

We explored this with our website development consultant. Unfortunately, the cost is prohibitive.

Strategy 6: Reach out to Smokey Mountain Association of Physician Assistants to strategize how to improve recruitment and retention of Physician Assistants and Nurse Practitioners in the region, with a focus on sustaining PCMHs.

WCMS CEO has met with John Wood, the President of the Smokey Mountain Association of Physician Assistants to discuss mutual interests. It appears that there is strong interest in engaging PA's as non-voting members in WCMS so that they can enjoy the benefits the society has to offer and participate in legislative advocacy. The Association Board is open to considering this, but WCMS' focus currently will be on improving recruitment and retention of physicians, our most important customers. PA membership is tentatively on hold, to be taken up again at a later date.

Strategy 7: Employ the aspiration-driven strategic planning process again in 2014.

Interviews are currently underway. If you would like to be interviewed, contact Miriam at Miriam@mywcms.org.