



2015 Strategic Plan Quarterly Update April – June, 2015

In August of 2014, WCMS embarked on its third year of strategic planning with key partners. Over 100 individuals were interviewed from our key community partners, including physicians (both employed and independent); health system leadership; funders/donors/sponsors; community leaders; practice managers; and patients and employees. On October 6th, 2014, forty-five of our key partners participated in a town hall meeting to discuss the thematic results of the interviews. Participants broke into key partner groups and wrote strategies based on the thematic findings. Both the Association and Foundation Boards of Directors along with WCMS staff subsequently prioritized the strategies in accordance with our mission, while insuring that the final, approved plan represented input from all key community partners.

WCMS is committed to providing quarterly updates to our key partners. Our second quarterly report for 2015 is below.

Our Mission:

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

WCMS Foundation: WCMSF is the physician and community-led charitable arm of the medical society improving access to quality healthcare, decreasing disparities in health, and promoting health & wellness.

Our Vision:

To be a dynamic physician community dedicated to a healthy, vibrant Western North Carolina.

Our Values:

Integrity. Quality. Compassion. Diversity. Innovation.

Our Key Strategic Partners:

Independent physicians, Employed Physicians, Community Leaders, Funders/Sponsors/Donors, Health System Leaders, Practice Managers, Patients, and Staff

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2015 2nd Quarter Strategic Plan Update

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

1. Develop physician to physician mentoring program
 - a. Pull together interested physicians into planning group to help set up the program.

This will be postponed until 2016 given our emphasis on establishing a Physician Wellness Program (see #4 below).
2. Mindfully expand the reach and goals of Affinity Groups to serve a higher purpose beyond social gatherings/networking.
 - a. Invite decision-makers such as health system leaders and legislators to Affinity Group meetings to discuss issues important to WCMS' mission.

This quarter, a legal team from Ward and Smith (WCMS Preferred Vendor) talked with the Independent Affinity Group about the ins and outs of joining ACOs. Next quarter, Mary Williams from JPS (WCMS Preferred Vendor and Circle of Friends) will discuss with the Independent group Value Based Reimbursement.
 - b. Use Affinity Groups to identify and act on issues/concerns pertinent to WCMS membership.

New affinity group has been established: Rural Medicine (led by Kate Queen, MD). This group has met twice and has identified 5 priority areas: communications, collaboration, education, recruitment/retention, and access to care.
 - c. Use Affinity Groups to identify and act on philanthropic causes.

The Rural Medicine group and WCMS Foundation will recommend to the new Swain County Free Clinic possible grant funding sources to help with start up as well as interpreter services for limited English proficient patients.
 - d. Use Affinity Groups to draw in new members to WCMS.

We have had several new members as a result of the Rural Medicine Affinity Group and Emeritus Group.
 - e. Explore interest in forming new Employed Physician affinity group.

Given the grassroots groundswell for Rural Medicine group to date this year, we will postpone exploration of Employed Physician group and reconsider it at a later time.
3. Explore bringing a specialist/speaker on managing burnout to WNC for seminar(s)

WCMS is very excited to announce the Burnout-Proof Physician Retreat, which is scheduled for August 15th with Dr. Dike Drummond, national expert on burnout prevention. Physicians and their families are invited to attend and learn skills on how to reduce stress, prevent burnout, improve work-life balance and enhance their relationships. For more information and to register, see <http://www.mywcms.org/news-and-events/events/burnoutproof>
4. Research successful Physician Wellness Programs that have been instituted by Medical Societies around the country.

This is underway, with the intention of implementing our own program as resources allow. As we design our own program, we are looking at existing models that have

been successful and that have yielded a direct decrease in physician burnout. We are discovering models that have worked for physicians across the nation and are learning from their efforts. We've researched successful programs run by the UNC School of Medicine, the Mayo Clinic, the Orange County Medical Association and Lane County Medical Society. We are particularly interested in researching programs run by Medical Societies. On August 14th, the Association Board will be talking with the Executive Director of the Lane County Medical Society (Oregon) regarding its Physician Wellness Program, which offers confidential appointments with psychologists and certified physician development coaches experienced in counseling physicians and other healthcare professionals. We will also discuss with Dr. Dike Drummond, national expert on physician burnout prevention, recommended strategies for WCMS to employ to support physician wellness, including education/training, crisis intervention, continuous improvement in the workplace to address sources of burnout, and social opportunities for physician families.

5. Identify, interview, and write articles/develop video testimonials about WNC innovators and physicians who have achieved meaning and joy in their practices to share "how they did it."
 - a. Medical student and WCMS Foundation Board member Rivers Woodward is conducting a qualitative study this year, entitled: "What Happy Physicians Have in Common: Worklife Perceptions of Physicians who Self-report High Levels of Joy and Meaning in Medicine."
 - b. WCMS filmed board members talking about how they find joy and meaning in medicine. Here are examples across three generations of physicians:
<https://youtu.be/5YCTjgKcU2E> Dr. Olson Huff
<https://youtu.be/2c-71Dh76VE> Dr. Shannon Hunter
<https://youtu.be/nbHlSe54AoM> Dr. Will McClean
6. Identify/enhance technology (e.g., website, listserve, text, social media) to offer secure, private and virtual peer to peer communications.
On hold until 3rd quarter

Strategy 2: Enhance physician leadership

1. Launch physician leadership academy in collaboration with Cherokee Indian Hospital and other outlying counties in partnership with MAHEC.
MAHEC completed the Physician Leadership Academy in the second quarter. This was a three part curriculum designed to help physicians and advanced practitioners realize their own leadership potential and develop the skills needed to address challenges within healthcare.
[More information about the Leadership Academy here.](#)
2. Continue to support WNC Health Network's WNC Physician Leadership Committee (comprised of hospital CMOs and COSs) to foster physician leadership communication, learning, and collaboration across hospitals/health care systems/county lines.
There were no meetings during the second quarter due to lack of attendance. WNC Health Network CEO will be meeting with WCMS CEO to discuss the future of this committee.

3. Collaborate with NCMS' Leadership College and its "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.
 - a. Accountable Care Guides for a wide variety of specialties are located on the TAC website: <http://www.tac-consortium.org/resources/>
 - b. Several local ACO leaders locally are involved in NCMS' ACO learning collaborative.

Strategy 3: Engage physicians across the region in Legislative advocacy

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

On May 13, 2015, WCMS CEO, Miriam Schwarz, along with Drs. Britt Peterson, Margaret Burke, and WCMS Board President Robert Henderson attended WCMS' second 2015 visit to Raleigh for White Coat Wednesday. In order to meet with as many legislators possible, they divided into two teams and met with three state senators and five house representatives. The teams presented WCMS' current legislative priorities including provider-led Medicaid reform and scope of practice issues such as the APRN bills which would expand nurses, nurse practitioners, midwives, and CRNAs freedom to practice without consultative physician supervision and oversight.

WCMS updated its legislative priorities in June. Based on multiple discussions with NCMS, meetings with legislators, and Board review, WCMS is currently focusing on these legislative priorities, which may change as these issues are moving targets. See <http://www.mywcms.org/news-and-events/newsroom/wcms-legislative-priorities-june-2015>
2. Build physician-led, grassroots educational/advocacy campaign that focuses on WCMS' stance on increasing health care access and decreasing health disparities, by leveraging our partnerships with patients, businesses and community agencies.

In the first quarter of this year, the Association Board determined that the grassroots campaign should focus on Medicaid Expansion. The purpose of the campaign was to engage patients—the voting public—in advocating for insurance coverage for all people. The campaign began development in the first quarter as follows. We started a call to action video featuring WCMS member and Medicaid expansion advocate Dr. Susan McDowell at Hot Springs Health Center. Staff developed informational posters to distribute to practices to educate patients about the Medicaid gap and move them to take action, and an on-line petition was drafted. At the advice of NCMS, this effort is now on hold until after Medicaid reform is resolved, at which time WCMS will complete the project and press the issue when the legislature is open and receptive to seriously considering expansion.
3. Support Emeritus physicians' interest in legislative advocacy.

Olson Huff, MD, who is leading a group of activist retired physicians, has joined the Association Board, which provides connectivity between WCMS advocacy efforts and the advocacy efforts of the retired physician group.
4. Determine future of BCMS PAC
On hold – to be determined by the board.

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

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

Strategy 5: Enhance Support for Vulnerable Populations

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

- a. Collaborating with our funders and other community partners to redesign Project Access® to complement the requirements of the Health Insurance Marketplace (HIM).

We are part of a core group of Care Share Health Alliance (CSHA) members who have collaborated to design a Patient Navigation Model for the highly subsidized, newly insured and hope to pilot this model in contract with a large insurer (CSHA is a nonprofit serving the technical and other needs of the almost 20 access networks across NC). Negotiations with the targeted insurer are still in process, so the start date of this pilot is now uncertain.

WCMS has had over two successful years of having a Health Access Counselor (HAC) co-located at Western North Carolina Community Health Services (WNCCHS) and has had a co-located HAC at MAHEC successfully embedded on the 1300 Project Team for almost nine months---the 1300 Project is a MAHEC-led initiative in conjunction with the Asheville Buncombe Community Christian Ministries (ABCCM) supported by Mission Hospital (MH) and Buncombe County with the goal of placing homeless persons from ABCCM and frequent utilizers of MH’s Emergency Department into primary care medical homes within 48 hours of their discharge; in addition to screening and enrolling said referrals in either the Health Insurance Marketplace (HIM for patients \geq 100% FPL) or Project Access (PA for patients $<$ 100% FPL) as eligible, our HAC has also just completed SSI/SSDI Outreach, Access and Recovery (SOAR) training, and is currently helping homeless persons referred to the 1300 Project Team who are likely to be eligible for Social Security or Social Security Disability complete their application for same. Should our SOAR pilot prove efficacious, we may get others of our HACs cross trained in SOAR, as well.

Next quarter, we will report on the impending expansion of the 1300 Project work into a full-fledged clinic; namely, the opening of the Dale Fell Health Center and the co-location of a HAC at this new site to provide enrollment assistance into PA, HIM, and/or SOAR to this expanded population, as well as conducting outreach to the LGBTQ population, “young invincibles”, and rural communities.

- b. Employing Health Access Counselors to provide ‘inreach’ counseling to current PA patients between 100-138% FPL to determine their eligibility for the HIM, outreach counseling about same to the patients of member physicians

throughout WNC, and counseling to general public.

1. In 2015 (first quarter, Jan-Mar) we served 1216 PA patients with a total value of services exceeding \$442K. We also enrolled 26 consumers into the Health Insurance Marketplace (HIM). Data for second quarter are still being aggregated as we wait for claims to come in.
 2. The next open enrollment period for health insurance marketplace enrollment will be November 1, 2015.
 3. Currently, just over 500 Buncombe County physicians are participating in Project Access®.
- c. Investigating and applying for supplemental grants to fill the void of currently diminishing funding streams.
In collaboration with The Mission Foundation we were successfully awarded a two year grant totally \$500,000. [http://www.mywcms.org/news-and-events/newsroom/local-medical-charity-project-access-awarded-\\$500](http://www.mywcms.org/news-and-events/newsroom/local-medical-charity-project-access-awarded-$500)
2. Continue moving toward health parity by marketing/growing WIN throughout the region.
 - a. As of June 30, 2015 WIN had 2279 interpreting appointments with continued growth in Henderson and Transylvania Counties and sustained numbers of appointments in Buncombe, Yancey and Mitchell Counties.
 - b. WIN continues to have steady business for document translation with existing clients.
 - c. Apply for funding to support expansion of WIN into McDowell County in 2015.
 1. WIN received the People in Need Grant for 2015 for use in McDowell County. As of June 30, 2015 there have been 60 grant funded interpretation appointments in McDowell County. In 2014 there were only two appointments in McDowell County.
 2. People in Need also approved grant funds to be used to improve the WIN webpage. The current WIN web page doesn't list document translation as a service offered or specify if WIN offers onsite, telephone or video interpretation. As of June 30, 2015, WIN has worked with marketing company Twang Creative to make changes to the WIN webpage based on feedback from a survey conducted in the first quarter. A proposal has been chosen, so in the next quarter, WIN and Twang Creative will work with Keystone, the WCMS web manager, to implement the changes.
 3. Explore new regional rural WNC programs with Foundation BOD to support vulnerable populations in line with the Foundation mission.
 - a. See [letter from Kate Queen, MD](#), regarding this strategic initiative. Rural Medicine physicians convened in Haywood County twice during the second quarter with over a dozen physicians in attendance, as well as interested residents and medical students, to determine strategies for the group to impact recruitment and retention, access to care, communications, collaboration, and training in rural WNC. The group agreed to use WCMS as a hub for communications, think tank, grant proposals, grant management, and new non-traditional partnerships for rural medicine docs. The group also agreed to officially name itself the Rural Medicine Affinity Group and plans to continue meeting quarterly moving forward.

- b. The WCMS Foundation Board of Directors is inviting innovative physicians, practices, and organizations from across the region to present their work to the Board. <http://www.mywcms.org/news-and-events/newsroom/wcms-foundation-board-seeking-rural-innovations!>
- c. In collaboration with MAHEC's Minority Medical Mentoring Program, Center for Rural Health Innovation and 3rd year medical students Rivers Woodward and Brittany Papworth, WCMS is exploring supporting and participating in an expanded [Project Promise](#) in Mitchell and Yancey Counties.

Strategy 6: Continue strategic planning process in 2015.

Interviewing with key partners will continue on a limited basis, with the Executive Committee of WCMS' Board of Directors retreating in the Fall to conduct an intensive review of key partner input, WCMS' current status and its 2015 strategic plan.