

NORTH CAROLINA MEDICAL SOCIETY COMMUNITY REPORT

T2A9FUTURE



North Carolina



Medical Society

Leadership in Medicine

A black and white portrait of Dr. Dev Sangvai, a man with a beard and glasses, wearing a suit and a polka-dot tie.

“A tireless advocate for patients and physicians.”

For more than 160 years, the North Carolina Medical Society has been a tireless advocate for patients and physicians of our state. While the practice of medicine has changed dramatically over these years—and the health care arena has become more complex—our mission has not wavered.


The North Carolina Medical Society is entering not only one of the most challenging eras, but also one filled with optimism and promise.

What was true in 1849 still rings true today: The North Carolina Medical Society will always strive to do what is right for the people of North Carolina and the doctors who care for them.

On the pages that follow, witness this commitment in action as several colleagues share their personal and professional experiences as members of the North Carolina Medical Society. Through their stories, we are reminded of the varied and vital ways that the Society provides leadership in medicine in North Carolina.

Dr. Dev Sangvai
incoming NCMS President,
Family Physician,
Associate Chief Medical Officer,
Duke University Health Systems,
Durham, NC.

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A color portrait of Dr. Elizabeth Kanof, a woman with short, curly brown hair, wearing a dark blue top and white pants, standing in front of a background of purple and pink flowers.

Dr. Elizabeth Kanof
Dermatologist (retired),
former NCMS President,
Raleigh, NC

When I graduated from medical school, I knew I wanted to practice general surgery in a small town where you can get to know your patients and follow them throughout their life. All the other small town practices I considered offered tuition reimbursement programs. Murphy, population 1,600, did not, and it was almost a deal breaker. Murphy Medical Center's CEO Mike Stevenson directed me to the North Carolina Medical Society Foundation's Community Practitioner Program. I wouldn't be here if it weren't for the CPP helping me repay my medical school loans and providing moral support and practice consulting help. Doctors are definitely needed here. A lot of the population is under-served and are either under-insured or uninsured. They don't come to see you until

“Thanks to the NCMS Foundation, I serve this community.”

they're really sick, for fear of unnecessary expensive medical bills. The patients are very grateful for feeling better after treatment. I find this quite rewarding. While Murphy is out in the middle of nowhere, it's beautiful. Even though I lived in a rural area in Ohio until I was a teenager, it was still a culture shock coming here. It's two hours from the nearest mall. Sometimes it's hard for me to understand people because they speak with such strong southern accents. The natural beauty of the area outweighs these minor challenges. Overall, I made a good decision to practice here. It's thanks to the NCMS Foundation that I can serve the people of this community, get the necessary support for my practice, and enjoy such a beautiful place.

Dr. Rosemary Chickos
General Surgeon, Murphy Group Practice,
Murphy Medical Center,
Murphy, NC



“The NCMS is interested in improving our lives as physicians.”

Dr. Jeremy Pyle,
Plastic Surgeon, Davis Plastic Surgery,
Raleigh, NC

The strength of our individual specialties is

dependent upon the strength of our profession as a whole. The stronger our overarching body, the better we are represented. Better representation means the issues that are germane to all have a physician voice in the cacophony of American politics. The voices of organizations which do not seek to improve patient care as their primary goal are loud. To that end, there are certain things that most everyone in medicine would agree are important. I believe that the NCMS is the only in-state organization that can voice the whole of our interests on these broadly important topics. On a more personal level, I think the Society is interested in improving our lives as physicians. Being a good physician is certainly its own reward. But it would be nice as well to be expert on financial and legal aspects that have a lifetime of impact on our careers. We spend years learning our profession and not a single hour on real-life matters. These things profoundly affect our livelihood, our lives, our happiness and, as an amalgam of all those, our ability to heal. If there is an area that every medical curriculum could improve upon, it is in studying real life. The Society is trying to address this issue with a series of videos—a brief, accessible training resource for young physicians covering some of the important areas that determine quality of life outside of our work. A single sentence in a contract, a small bit of understanding, can make a big difference in how our every day feels and in our ability to look at young, bright people and encourage them to do what we do with their lives.





“The quality aspect is clearly the future of medicine.”

A lot is being asked of providers these days.

In the past, everything was concentrated on the “doctor visit.” Now there’s pre-visit work, post-visit work and work-flow issues. Most doctors still practice good medicine, but now, there’s this whole idea about quality improvement and team-based care that is a foreign language—particularly to some of us old guys. But I say, “Welcome to the New World!” The quality aspect of practice is clearly the future of medicine. Physicians are being asked to be accountable for the care we deliver. Being part of the inaugural clinical quality track of the NCMS Foundation’s Kanof Institute for Physician Leadership will help me learn more. My team, “Working out West,” will put together a practice tool kit to help in developing a protocol for group visits for patients with chronic

disease. It’s a strategy to improve the quality of patient care through peer involvement and support with physician direction. It’s also a tenet of the Patient-Centered Medical Home, which will help build practices and improve practice reimbursement. The future also is about team-based care, but it’s also very strongly about physician leadership. Everyone goes into medicine to help those in need, but leadership of and advocacy for your profession are keys to the future. Until you’re in a leadership role you don’t understand how things really work, and that understanding is paramount to making change. Those are the things that float my boat. It is imperative to educate our legislators about the importance of primary care. Being a family doc is still the best job in the world. I believe that the future of family medicine looks very bright with the help of organizations and programs that foster physician leadership.



Dr. R.W. “Chip” Watkins
Family Physician, Medical Director,
High Country Community Health,
Boone, NC

“The NCMS stepped up and literally saved our bacon!”

I'm a general pediatrician

in a semirural practice with a high percentage of Medicaid patients, about 50 percent. We were very concerned that the transition from EDS—which always paid us within 14 days unless we submitted the claim wrong—to NCTracks, the new NC Medicaid system, would not be smooth. We had been warned at launch that there might be a few bugs, but didn't anticipate that one simple software error would almost bring our practice to its knees. Our entire Medicaid payment was being blocked, and given our overhead and limited financial options to keep the practice going, our practice was in danger of collapsing very quickly. Staff spent hours trying to penetrate the NCTracks bureaucracy and get understanding of the severity of our problem. We were rapidly running out of options but the NCMS stepped up and literally “saved our bacon!” Conor Brockett cut through the red tape and connected us with senior folks at both the NC Department of Health and Human Services and the NCTracks software vendor. NCMS understood that patients would lose access to care and practices jeopardized if these issues were not corrected rapidly. We could not have gotten this attention by ourselves. I'm confident that Conor and the NCMS will keep DHHS and the vendor on its toes and help to resolve any other issues that crop up. I've been a member of the Society since joining my practice, and I am convinced that there's a tremendous return on the investment. Resolving our issues with NCTracks is but one example of that ROI. No other organization has the right people in the right places to watch out for, and the influence to advocate for, physicians and patients in North Carolina.

Conor Brockett
NCMS Associate General Counsel

Dr. Christoph Diasio
Pediatrician, Sandhill Pediatrics,
Southern Pines, NC



Dr. Janice Huff
Family Physician,
Carolinas Medical Center,
Charlotte, NC

“Political advocacy is among the greatest value the NCMS provides.”

In my opinion, political advocacy is among the greatest value the NCMS provides, but there are so many other great resources for members. I’ve personally and professionally benefitted from networking opportunities with peers across the state, and gotten excellent help in resolving issues. But I especially value the Society’s charge to be our political watchdog—vigilant, keeping us informed but also protecting our interests. Healthcare reform is an incredibly difficult topic. No individual doctor could keep up with all the changes and have an impact. It requires political savvy and intelligent response. The Society’s staff has been an invaluable, responsive resource. It’s all about quality patient care. And that’s vitally important, given the many voices now speaking out for medicine. Only the NCMS speaks

for and pursues policy that’s fair and equitable to all. All the various interests clamoring for attention and advocating personal agendas reminds me of that scene in “Pirates of the Caribbean” where everyone’s in a circle with their guns pointed at one another. That’s a no-win situation! That’s where we need the Society most, and what it does best—negotiating with the various interests and coming to common ground that benefits all. My term on the NC Medical Board ended in October, 2013. It’s been gratifying to participate in both the Board, as the regulatory body, and the Society, which represents the medical community and patient care. Very often, we have the same goal but the approach may be different. I’m happy to say we find compromise that doesn’t compromise patient safety and quality care. Both organizations must continue to serve as a resource to the other, and to work together to the benefit of all North Carolinians.



Amy Whited
NCMS Director of Health Policy

“Accountable Care Organizations are an evolutionary step in care delivery.”

The North Carolina Medical Society

has a critical role in a complex healthcare system. Standing at the confluence of many drivers of change and acting on behalf of the patient and physician, the NCMS advocates aggressively for better health and quality of life for all North Carolinians. Personally, it is an honor to be involved, and to make a difference through NCMS. Like most physicians, I strive to deliver high quality care at the lowest total cost. Accountable Care Organizations are an evolutionary step in care delivery. First, the patient is always the center of everything we do. Second, we need to break down the ‘silos of medicine’ through process improvement. Third, we need to leverage information technology to guide population and individual health. Fourth, we need practical performance and quality metrics that guide and change provider and patient behavior. The goal is for all to contribute to our patient’s health, including the patient, by working in an open and collaborative manner. By doing so, we create value—improving outcomes and driving out cost. Physicians need to be the manager-leaders driving process improvements. As doctors, we’re trained to be great individual contributors, but we need to stand above the processes and learn to lead cross-functional teams. We also need to make the delivery of care a viable business model for all stakeholders. As a former manufacturing and finance executive, I think physicians and the NCMS are uniquely positioned to lead. As physicians and capitalizing on the strengths of the NCMS, we need to take the leadership position and drive the needed changes on behalf of our patients before it is legislated upon us. This is a fun time to be in medicine.

Dr. John Meier,
Internist/Pediatrician,
Wake Internal Medicine and Pediatrics,
Raleigh, NC

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“The NCMS’ resources have been invaluable.”

Dr. James Polo
Dermatologist,
Dermatology Associates of Coastal Carolina,
New Bern, NC

We successfully met the first 90-day objectives of Meaningful Use last year, and are very close to accomplishing our first-year Stage 1 goals. There’s no way we could have achieved this without the help of Terri Gonzalez, the practice management consultant with the North Carolina Medical Society. Our clinical manager read a significant amount of information and everything else she could put her hands on regarding the Meaningful Use objectives. It wasn’t clear how to move forward with implementation. The first step was in understanding the relationship between Meaningful Use and our electronic health records system. Terri was very helpful in pointing us in the right direction most efficiently. We wouldn’t be where we are without Terri’s counsel, every step of the way. From the start, she helped us to document issues with the system and continued to contact the EHR vendor to resolve technical issues that they didn’t even recognize! She guided us step-by-step through the process of meeting core requirements and kept us ahead of the curve. We are successfully implementing Meaningful Use, but what’s more, we understand why it’s important and how it can improve our practice, thanks to her. Terri and the NCMS’ resources have been invaluable—our one-stop resource for many practice management questions, not just implementing Meaningful Use.



Terri Gonzalez
NCMS Director of Practice Improvement

FACTS AND FIGURES

164 Years the North Carolina Medical Society has been serving the medical profession and the citizens of our state.

13,000 NCMS members.

90% Retention rate for NCMS members.

31 NCMS professional staff.

4 1/2 NCMS staff members who hold a law degree (one person currently is in law school).

1967 Year philanthropic NCMS Foundation established.

145 Alumni of the NCMS Foundation Leadership College as of 2012.

2014 First Leadership College alumnus to become NCMS President (Dev Sangvai, MD).

389 Complaints recorded on the NCTracks Trouble Log between July 1, 2013 and Sept. 20, 2013.

240 Bills NCMS lobbyists tracked during the 2013 Legislative session.

2,000 Total contacts on our Director of Health Policy and Director of Legislative Relations cell phones.

\$70,000 Loan repayment potential for each doctor participating in the NCMS Foundation's Community Practitioner Program (CPP).

372 Doctors who have participated in the CPP since its founding in 1989.

400,000 Patients served statewide by CPP participants each year.

\$240 million Committed to uninsured North Carolinians through the CPP.

10 Health care specialty groups provided with association management through NCMS.

38 Health care organizations that are part of the Toward Accountable Care Consortium.

23,895 Members of NCMS Employee Benefit Plan.

871 Medical practices in NCMS Employee Benefit Plan.

6 Physicians on NCMS Employee Benefit Plan Board of Trustees.

13 Directors elected by membership to serve on the NCMS Board.

317 Delegate slots for the NCMS House of Delegates.

954 Donors to NCMS PAC for 2013.

14 NCMS staff who have completed a triathlon, a marathon or another feat of athletic endurance.