

SCMS, PROJECT ACCESS, MEDICAL LIBRARY

PRIORITIES 2012

As of December 16, 2011

“STRIVE to keep the *PATIENT* first as we pursue the 2012 Priorities to promote the health of populations and engage individual patients in a shared decision-making care model.”

- I. Improve on the SCMS efforts to provide **PATIENT ACCESS TO CARE** (Physician Workforce/Uncompensated Care)
 - A. Increase the number and capacity of **Project Access physician volunteers** to increase the number of low income and uninsured people served in Spokane County.
 - B. Convene and provide project management to the **ED Medical Director Collaborative** to:
 1. Maintain and improve patient information connectivity and functionality across Emergency Departments and the medical community.
 2. Develop systems to provide the most appropriate level of care to patients.
 - C. Support **Informatics Committee Leadership** in advancing the ability to access and share patient information across the medical, public health and research communities, through conversations with all responsible parties.
 - D. Coordinate WSMA, SCMS, health system, and other **Physician Finder** links for people searching for physician care and patient resources through SCMS programs such as Medicor, SCMS website and Pictorial Directory, and other forms of communication.

- II. Provide physician leadership to support the **EXPANSION OF WWAMI/UWSOM CURRICULUM TO FOUR YEARS IN SPOKANE**
 - A. **Advocate with Legislators** at the Local/State/Federal levels for adequate capital and operational financial support.
 - B. **Provide physician leadership at the Steering Committee** and sub-committee level for the Academic Health Sciences Center and specifically medical school development.
 - C. **Engage physicians as faculty and mentors** to all medical students in the community at the medical school and graduate medical education levels.

- III. Update and educate SCMS members on **PHYSICIAN REIMBURSEMENT, PAYMENT REFORM and the SGR FORMULA** changes occurring at the Federal/State/local level.
- A. **Advocate on behalf of SCMS members** with WSMA, GSI and WSHA to State and Federal Legislators.
 - B. **Solicit physician/physician assistant contributions** for articles, opinions and other offerings to all SCMS communication tools such as the SCMS website, Medicor, Facebook, and Newsletter.
 - C. Convene and provide project management through Project Access for a **financial gain-sharing demonstration project** among Spokane Emergency Department Medical Directors with WA DSHS.
- IV. Enhance the **COLLEGIALITY, PROFESSIONALISM and LEADERSHIP DEVELOPMENT** of SCMS members.
- A. Consistently expand the **knowledge base of evidence based information through Medicor**, between systems of health, and by the use of chronic disease management care coordination tools.
 - B. Coordinate and facilitate **social and other events** to provide opportunities for collegiality among all the community's providers.
 - C. Create specific reference to **Leadership articles, books, and training** for Leadership by physicians in the Newsletter and website.
 - D. Pursue and enhance **access to WSMA resources** through a stronger relationship between WSMA/SCMS leadership and staff which maximizes the benefits of the unification membership structure. *(The AMA Structure and Membership Issues: improving the alignment of member benefits, implementing a more focused set of activities across the organization, creating a mutually beneficial and transparent partnership with states and specialty societies. Per Rod Trytko, M.D., AMA Update 12-14-2011)*
 - E. Foster **best practice and evidence based opioid prescriptive behaviors** through physician leadership of the Spokane Prescription Opioid Task Force; the Grievance Committee relationship with State Department of Social and Health Services; discussions with Medical Staffs in acute settings; and communication of tools and information through Medicor, and the SCMS Newsletter and website.
 - F. Plan **Continuing Medical Education** and communicate other opportunities for CAT 1 and AAFP CME.
 - G. Facilitate a discussion of the future role for the SCMS to create value for members through a **Strategic Planning Process**.

- V. Strive to enhance and elevate ***PHYSICIAN – HOSPITAL RELATIONS AND RESOLUTION OF MEDICAL STAFF ISSUES INCLUDING PHYSICIAN EMPLOYMENT AND CONTRACTING*** to secure fair and equitable interactions between all parties.
 - A. Consider improvements to the **SCMS membership application and city-wide credentialing process** to benefit existing and potential members and health systems.
 - B. **Pursue a multi-year relationship(s) to provide Medicor** evidence based medicine information which is embedded in physicians and health system EMR's to include system staff access.
 - C. Establish feasibility for a **Project Access collaborative system of Charity Care** for health systems, hospitals, and physician groups which quantifies the financial and functional benefit to the users.
 - D. Communicate/educate members on the **essential elements of employment and other contracted relationships** in a collaborative process with the WSMA/AMA to establish and maintain fair and equitable relations between physicians and groups/systems/hospitals to promote physician retention in the community.

- VI. Maintain and support an ***ONGOING EMPHASIS*** in the following activities:
 - A. Physician leadership and coordination of the **Informatics Committee** (EMR, HER, HIE, Meaningful Use, COHE, ICD-10, eRx).
 - B. Executive Committee leadership of the **Spokane Prescription Opioid Task Force (SPOTF)** including; non-cancer chronic pain management, opioid use and abuse, DOH PMP, and other measures for providing a secure prescription process.
 - C. Updates and education of members relating to **Medical Liability** through WSMA, AMA, State and Federal activities to include demonstration projects at the State/Federal level.

- VII. Provide leadership for all physicians to **become knowledgeable in The Triple Aim: Care, Health, and Cost**; improving the experience of care, improving the health of populations, and reducing per capita costs of health care.
 - A. Support activities to transition from the financial and structural incentives inherent in **payment for volumes of care** to the attainment and measurement of **outcomes of care**.
 - B. Collaborate with the SRHD to **promote prevention and healthy populations**.

- C. Address the feasibility of developing a program to enhance the delivery of patient-centered and value-driven care through:** guidelines, order sets and protocols; health care re-design; and patient resources as the basis for providing consistent, quality standards of evidence based care to patients. (using the Institute for Clinical Systems Improvement as a model)