

WSMA Strategic Plan

May 3, 2011 Update

The Vision Statement

MAKE WASHINGTON THE BEST PLACE TO PRACTICE MEDICINE
AND TO RECEIVE CARE

Mission Statement

THE WSMA DELIVERS STRONG ADVOCACY THAT IS PATIENT FOCUSED
AND PHYSICIAN DRIVEN, WORKING TO HELP PHYSICIANS DELIVER
COMPLETE CARE PATIENTS CAN TRUST.

Value Proposition

PROVIDES TANGIBLE SUPPORT OF YOUR PRACTICE AND ACCESS TO PHYSICIAN SERVICES
PROMOTES QUALITY, COST EFFECTIVE CARE
IS YOUR RESPECTED VOICE IN THE PUBLIC ARENA

Lead Staff	Tactics	Deadline	Expected Outcomes	Date begun/ completed	Comments/Status
<p>STRATEGIC GOAL #1: QUALITY IMPROVEMENT</p> <p>Through its WSMA Foundation for Health Care Improvement, WSMA will be a resource to:</p> <ul style="list-style-type: none"> a) support information-based care; b) promote best practices; c) promote reductions in unsupportable variations in care; d) improve patient safety; e) educate physicians on how to meet these goals; and f) communicate results to the public. 					
<p>Strategy 1A: WSMA, through its Foundation, will continue to work with the Puget Sound Health Alliance and other organizations (such as PI) with similar objectives to achieve its goals.</p>					
Len and Lance	Tactic 1 Make a presentation to the Washington State Legislature (joint House/Senate) on the	12/10/10 <u>COMPLETED</u>	Presentation made. Legislation aware of Foundation's work plan.	12/10/10 <u>COMPLETED</u>	Dr. Martz and Lance Heineccius presented to the House Health Committee on December 10th.

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	proposed 2011 WSMA Foundation for Health Care Improvement work plan, indicating specific projects, results, and target dates.				
Lance, with assistance from Michelle/Jenelle	Tactic 2 Continue the CPIN (Clinic Performance Improvement Network) programs, providing lead staff work and coordination in working with the Puget Sound Health Alliance, the Washington Academy of Family Practice, and other potential sponsors for the CPIN programs. At this time, based on the previously-approved CPIN 2011 business plan, nine learning sessions are being developed for 2011 (the majority of which will be lunch-time webinars, available statewide)	ongoing	Complete 9 CPIN sessions.	12/1/10	Topics selected for 11 CPIN sessions in 2011; first session held on February 15, 2011. CPIN webinars held on March 8, April 28 and an additional program scheduled for June 2May 31. Work underway to schedule the remaining sessions.
Lance/Jennifer	Tactic 3 Create a two page insert (front and back “tip-in” sheet) for the <i>WSMA Reports</i> newsletter that highlights the quality improvement efforts and achievements of a specific Washington state medical practice (primarily smaller and medium-sized practices).	Beginning 1/1/11 ongoing	Useful information produced		Two completed (March and May/June) and two more scheduled for July and October issues of <i>WSMA Reports</i>.
Lance/Jennifer	Tactic 4 Arrange for (or	Beginning	Useful information produced.		Two completed (February and

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	prepare) a short article in the <i>WSMA Preceptor</i> newsletter that highlights the quality improvement efforts of a specific specialty society, with links to the specialty society website for practice guidelines for treating specific conditions	1/1/11 ongoing			April) and two more scheduled for August and Nov/Dec issues of <i>Preceptor</i> . Specialty societies invited to contact Lance with ideas. Met with Urology Society director to plan event.
Lance	Tactic 5 Determine county medical societies' interest in hosting and financially sponsoring in-person CPIN sessions in conjunction with the county society annual meeting (or other local event expected to draw a large number of physicians to a specific event)	1/31/11	Sponsor programs in other parts of the state.		King, Pierce, Kitsap, Snohomish, Thurston county medical societies invited to participate in December. Only two positive responses to date. Initial contacts made to all other county medical societies in March – no responses yet.
Lance, with input from all	Tactic 6 Develop in final form for Board approval a five year comprehensive plan for WSMA Foundation-led quality improvement programs to educate Washington state physicians. This plan will include recommended programs, potential partners, expected program costs, and expected sources of revenue and funding to continue existing programs and develop new programs.	8/1/11	Five year plan for BOT review.		Initial outline being developed in rough draft form. Foundation Board elected January 26 – initial meeting was held March 23. Next meeting is scheduled for June 29. First draft content outline due by May 15; full first draft by early June.
Lance	Tactic 7 Develop in final form for Board approval a four year plan for educating	8/1/11	Take plan to Board		To be included in above plan as the public communications component.

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	<p>the public (citizens and elected officials) about improvements in medical care quality in Washington state. The goal of this public education campaign is to improve the public's impression of the quality of medical care in the state. This plan will include recommended programs, expected program costs, and expected sources of revenue and funding to develop and conduct this public education campaign.</p>				
Lance	<p>Tactic 8 Convene and host a statewide quality improvement symposium that brings together the leadership and key staff from all agencies, programs, and projects whose primary purpose is to improve medical quality in Washington state (with a particular emphasis on ambulatory care and hospital care delivery). Financial sponsors for this event will be identified to minimize direct costs to the WSMA Foundation.</p>	9/30/11	<p>The purpose of this first annual symposium will to introduce program participants to one another, educate each other about lessons learned, and begin to define ways to streamline and standardize quality improvement efforts, measurement requirements, and performance improvement practices.</p>		<p>Initial meetings with Carol Wagner (hospital association) and Terry Rogers (Foundation for Health Care Quality) held to determine interest in co-sponsoring QI symposium. General consensus seems to be yet another "quality" meeting is <u>not</u> needed this year; maybe in the future. This tactic will be deferred until 2012 at the earliest.</p>
Jennifer/Lance	<p>Tactic 9 Produce patient safety programs for physicians, working with other organizations such as</p>	12/31/11	<p>Joint program that will meet our members' needs.</p>		<p><i>See above, Tactics 1A.2, 1A.4, 1A.5, and 1A.8.</i> Producing/distributing Patient Safety Alerts with WSHA. First</p>

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	WSHA and PI.				<p>alert sent in February on wrong site spine surgery. Another alert was sent in March regarding sleep apnea.</p> <p>Discussing collaboration with UW Healthcare Development Leadership Alliance regarding physician renewal course. Concept was approved by EC at April meeting. Discussions continue with UW.</p>
<p>Strategy 1B: WSMA, through its Foundation, will demonstrate leadership by fostering transparency and shining a light on variations in care and educating physicians about what they can do in their own practices to reduce unsupported variations.</p>					
Lance/Bob	<p>Tactic 1 Publish the first annual meta-analysis of all available and credible performance data from government sources, health plans, and medical practices. This report will highlight variations in ambulatory care process and outcomes and prioritize areas for improvement. This in turn will help shape specific course content for CPIN and other learning programs for 2012 and beyond, by identifying the areas of greatest opportunity for improvement.</p>	12/1/11	Publish report.		<p>Initial contact made with Abby Kaplan (Health Care Forum staff) to explore coordination of this tactic with work anticipated for the Forum in 2011. Forum ready to sign data contract with Milliman – WSMA Foundation share set at \$4,875 (budgeted for \$5,000).</p>
LenTim/Lance	<p>Tactic 2 Make a presentation to the Washington State Legislature (joint House/Senate) on the results</p>	12/10/11	Presentation made. Legislation aware of Foundation’s work plan.		

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	of first annual meta-analysis (see above).				
	(see tactics 3 & 9 under Strategy 1)				
Strategy 1C: WSMA, through its Foundation, will impact performance improvement by disseminating authoritative studies, and verified, actionable performance and outcome data to its members.					
Lance/Jennifer	Tactic 1 As appropriate – work closely with WSMA membership recruiting efforts to highlight the quality improvement efforts of the WSMA Foundation and the advantages for members in receiving quality improvement educational programs, practice management assistance, and quality measurement guidance and benchmark data.	ongoing	Increased membership.		<i>See above, Tactics 1A.2, 1A.4, 1A.5, and 1A.8.</i>
	See tactics 3, 4 & 9 under strategy 2)				
	See tactic 1 under strategy 3				
Strategy 1D: WSMA will continue to offer formal educational opportunities and training to support the development and role of physician champions and leadership in patient care.					
Jennifer	Tactic 1 WSMA will continue to offer leadership training, professional development and skills building education for physicians.	8/31/12 (Grant) 5/11 (LDC)	Build sustainable leadership program that generates non-dues revenue.	9/1/10 -	WSMA/UW Leadership Development Course created (online distance learning course). The course is full with 30 participants. Tuition set at \$2,000 per person. Course runs April 8 - June 10.

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					Fall course dates are set for September 23-November 18. Applications are due by August 1.
STRATEGIC GOAL #2: MEDICAL PRACTICE TRANSFORMATION					
WSMA will be a recognized leader in integrated health systems and develop and maintain loyal members through the services it provides to large group practices, employed physicians, and small group and solo practices.					
Strategy 2A: <u>All practice settings</u> : WSMA will provide strategies and services so that physicians <u>in all practice settings</u> are successful in maintaining their current practice model (if feasible) or transitioning to new models, and will offer ongoing lobbying, legal advice, safe table discussions, and other requested services to all physicians including medical group leaders.					
Jennifer	Tactic 1 The WSMA will “push out” communications (current and new forms), supporting this strategy.	Ongoing	Membership will have a better understanding of how to be successful in maintaining their current practices or how to successfully transition to another practice model.	12/27/10	February issue of WSMA Reports was mailed to non-member physicians with false front dues statement. Online membership brochure has been produced and the link has been shared with various groups. Staff is also using social media (Facebook) to push out messages via WSMA fan page..
Senior Staff	Tactic 2 The WSMA will promote and support legislation, regulation and other policies that foster an environment that permits physicians to shape, and adapt to, federal, state and commercial payment and systems changes.	11/30/10 and ongoing	Legislative agenda defined.	2011 session is underway and ends on April 24 th .	WSMA legislative agenda established and issues reported separately. The WSMA is continuing to advance its legislative agenda and oppose legislation adverse to the strategic plan.
Bob	Tactic 3 Offer WSMA Education Seminars and work with WSMGMA on how to help physicians survive in evolving	Ongoing	Hold February Conference with WSMGMA. Physicians Seminars		Conference successfully held on February 3; evaluations very positive; video recording received and being posted onto WSMA and WSMGMA website. Net revenue of

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	marketplace.				<p>\$10,700, split equally between the two assns.</p> <p>New seminars on Payor Audits and Compliance held in 2nd Qtr.</p> <p>Launched Health IT & EMR Certificate Program with Bellevue College on March 28, meeting target of 20 initial enrollees. Second offering planned for September.</p> <p>Promotion begins in May for new <i>Strategic Planning</i> services, including Discounted Consulting Services, and series of webinars with The Coker Group.</p>
Lance/Bob	Tactic 4 The WSMA will support all practices to help them benefit from clinical integration. (See <i>Strategic Goal 2</i>)	7/1/11	Needs assessment to be completed. Follow up with those desiring assistance.	12/27/10	Needs assessment in 2011 determined to be unneeded; will use results from 2010 survey of practice managers.
Tim/Denny	Tactic 5 Work with PLS to strengthen services.	7/1/11	PLS will offer services relevant to physicians in all practice settings.	12/27/10	PLS is in the process of seeking information to access service needs, including review of the 2010 survey of practice managers. Based on information gathered and feedback received services will be developed.
Bob	Tactic 6 Implement HIT Toolkit Grant.	8/31/11	The HIT Toolkit Grant will be successfully implemented.		Next iteration of draft tool prepared; interim report to Physicians Foundation prepared for March 1. Field testing of revised draft being conducted in 2nd Qtr. Presentation made at the scheduled for state Health Care Authority / WIREC meeting HIT forum on

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					April 28.
Strategy 2B: <u>Solo practice and small groups</u> : WSMA will provide specific strategies and resources so that physicians <u>in solo practice and small groups</u> are successful in maintaining their current practice model (if feasible) or transitioning to new models.					
Jennifer	Tactic 1 The WSMA will “push out” communications (current and new forms), supporting this strategy. (See Strategy 5B, tactic 1)	Ongoing	Solo/small practices will have better knowledge of WSMA services and resources		See 2A tactic 1
Senior Staff	Tactic 2 WSMA will create briefs on relevant topics with actionable information for this membership segment. (used with non-members as well).	Quarterly	Produce briefs on topics relevant to solo/small practices	12/27/10	See Tactic 1A.4 above: February Preceptor article prepared on the topic of medical practice structures for quality improvement in place in Puget Sound region. April Preceptor includes piece on tracking racial health disparities to improve quality, using modifier advice, and practical tips for Dr. Les Izmore.
Tim/Denny	Tactic 3 PLS will identify and market services to smaller sized practices.	7/1/11	Complete needs assessment and marketing plan.		PLS is in the process of seeking information to access service needs, including review of the 2010 survey of practice managers. Based on information gathered and feedback received services will be developed.
Lance/Bob	Tactic 4 The WSMA will support smaller sized practices to help them benefit from clinical integration.	7/1/11	Complete needs assessment. Follow up with those desiring assistance	12/27/10	Needs assessment in 2011 determined to be unneeded; will use results from 2010 survey of practice managers.
Bob	Tactic 5 Implement HIT Toolkit Grant.	8/31/11	The HIT Toolkit Grant will be successfully implemented		Next iteration of draft tool prepared; interim report to Physicians Foundation prepared for March 1. Field testing of revised draft being conducted in 2nd Qtr. Presentation made at the scheduled for state Health Care Authority / WIREC meeting HIT forum on April

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					28.
Strategy 2C: <u>Mid-sized Group Practices</u> : WSMA provide specific strategies and resources so that physicians in <u>mid-sized groups</u> are successful in maintaining their current practice model (if feasible) or transitioning to new models.					
Jennifer	Tactic 1 The WSMA will “push out” communications (current and new forms), supporting this strategy. (See Strategy 5B, tactic 1)	Ongoing	Mid-sized practices will have better knowledge of WSMA services and resources		See 2A tactic 1
Senior Staff	Tactic 2 WSMA will create briefs on relevant topics with actionable information for this membership segment. (used with non-members as well).	Quarterly	Produce briefs on topics relevant to mid-sized practices		Using WSMA Preceptor as the vehicle for this information. Preceptor is included quarterly in WSMA Reports. The 1st quarter issue mailed to non-members as well.
Tim/Denny	Tactic 3 PLS will identify and market services to mid-sized practices.	7/1/11	Complete needs assessment and marketing plan.		PLS is in the process of seeking information to access service needs, including review of the 2010 survey of practice managers. Based on information gathered and feedback received services will be developed.
Lance/Bob	Tactic 4 The WSMA will support mid-sized practices to help them benefit from clinical integration.	7/1/11	Complete needs assessment. Follow up with those desiring assistance	12/27/10	Needs assessment in 2011 determined to be unneeded; will use results from 2010 survey of practice managers.
Bob	Tactic 5 Implement HIT Toolkit Grant.	8/1/11	The HIT Toolkit Grant will be successfully implemented		Next iteration of draft tool prepared; interim report to Physicians Foundation prepared for March 1. Field testing of revised draft being conducted in 2nd Qtr. Presentation made at the scheduled for state Health Care Authority / WIREC meeting HIT forum on April 28.

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Strategy 2D: Large Group Practices: WSMA will maintain and build upon our institutional connection between WSMA and large group practices.					
Senior Staff	Tactic 1 The WSMA will meet with large group practice leadership quarterly – either individually, attending their meetings (AMGA), or through other venues.	Quarterly	Maintain/strengthen relationship and relevancy.	12/27/10	Group met. Discussion resulted in combined state and federal advocacy priorities (see Tactic 4 below)
Tom	Tactic 2 The WSMA will investigate pros/cons and feasibility of a more formal relationship with AMGA to support this strategy.	4/1/11	Determine feasibility of proceeding.		
Tom/Len/Jennifer	Tactic 3 Hold safe table discussion with group practice leaders to define policy roadmap	12/31/10	A policy roadmap will be defined		<i>See 2D, 1</i>
Tom/Len/Jennifer	Tactic 4 The WSMA will convene a meeting in preparation for 2011 congressional visitation and on-going contacts that defines an agenda (not mutually exclusive with physicians in other practice settings).	1/31/11	The group will coordinate DC visit and talking points on agreed upon agenda.		<i>See 2D, 1</i> A meeting was held in January with the large groups. An agenda for action was adopted. WSMA Leadership meetings with the state's Congressional delegation in February reflected common policies. WSMA will coordinate additional meetings in April as part of AMGA annual meeting in DC.
Senior Staff	Tactic 5 Produce policy roadmap and share with legislators, regulators, insurers	5/11 (state) 12/11 (federal)	Greater awareness and support among legislators and congressional delegation.		<i>See Above.</i>
Len	Tactic 6 Introduce/support legislation that supports policy roadmap – oppose legislation that does not.	Ongoing	Pass laws that support our policy position, stop those that do not. Create greater relevancy among group		The WSMA's legislative 2011 legislative agenda is being carried out. (Oppose, Support and Monitor). Work continues through

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			leaders.		special session. See legislative report in packet.
Jennifer	Tactic 7 WSMA will continue to offer leadership training, professional development and skills building education for physicians.	8/31/12 (Grant) 5/11 (LDC)	Build sustainable leadership program that generates non-dues revenue.		<i>See ID, 1</i> WSMA/UW Leadership Development Program agenda is finalized. The initial course is full with 30 participants. Fall course dates set.
Tim	Tactic 8 Pursue changes via legal environment that supports policy roadmap	Ongoing	Work to have a supportive legal/regulatory environment. Create greater relevancy among group leaders.		Internal discussions and evaluations are ongoing. More formal outreach anticipated post 2011 Legislative session.
Strategy 2E: Hospital Employed Physicians: WSMA will offer valued services to employed physicians such as advice on hospital medical staff issues, safe tables to discuss concerns, and leadership development opportunities.					
Jennifer	Tactic 1 The WSMA will host – individually or in conjunction with other associations or organizations – “safe table” discussions for these physicians in order to demonstrate responsiveness to their needs.	Twice	Demonstrate value.		WSMA co-hosted a chief medical officer (CMO) safe table on March 7. A special breakout session for CMOs will be held in conjunction with the WSMA Leadership Development Conference. The next CMO Safe Table will be held in September
Tim/Bob	Tactic 2 The WSMA will create briefs on relevant topics with actionable information for this membership segment (used with non-members as well).	Quarterly	Produce briefs on topics relevant to hospital employed physicians.	1/3/2011	Roster of topics in development. In the beginning stages of developing a model hospital employed physicians contract with actionable guidance (See also Strategy 3A, Tactic 4). Dr. John Vassall’s risk Management Column in WSMA Reports has covered a variety of topics of interest to this particular segment of membership, including information on using checklists and how to disclose an unintentional error.
Jennifer	Tactic 3 The WSMA will	4/1/11	Developed actionable data for		This information is being tracked in

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	build a roster of employed physicians – members and non-members.		marketing.		the WSMA database.
Jennifer	Tactic 4 WSMA will continue to offer leadership training, professional development and skills building education for physicians, particularly those in employed settings.	8/31/12 (Grant) 5/11 (LDC)	Build sustainable leadership program that generates non-dues revenue.	11/1/10	LDC is being promoted. A special breakout session for CMOs and leaders in large groups will be held during the conference See also 1D, 1 An online leadership course has been developed with the UW. The first course will run April 8 – June. 10. A second course will run Sept. 23-Nov. 18.
STRATEGIC GOAL #3: EVOLVING DELIVERY MODELS					
WSMA will demonstrate leadership in evolving delivery models through development and communications of best practices and services to evolving delivery models statewide, such as Accountable Care Organizations.					
Strategy 3A: WSMA will form an Accountable Care Collaborative (strategic alliances or partnerships) that will offer advice, brokered services, safe tables, and best practice information to current ACOs and those that are considering becoming or joining ACOs.					
Tom/Lance	Tactic 1 The WSMA will explore with other organizations creation of a “collaborative” – formal or otherwise.	1/31/11	Determine whether to move forward with a “collaborative.” Determine strategic alliances or partnerships.		Joint ACO venture feasibility study with NPN and PI completed. Results were that a joint venture is not viable.
Tom/Lance	Tactic 2 Complete a formal market analysis.	3/31/11	If the decision on Tactic 1 is to move forward, develop a business plan		Effort diverted to joint WSMA/PI efforts. See Tactic 3A-4 below.
Lance/Bob	Tactic 3 Washington Accountable Care Collaborative will develop information about relative performance of ACOs and make that information available to members. (See Strategy 3B, Tactic 2)	12/15/11 and ongoing	Provide members with more working knowledge of ACOs.		Medicare ACO regulations to implement Shared Savings Program still delayed released March 31, comments due to CMS June 6. Initial assessment completed; letter to CMS being drafted.

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Bob/Lance	Tactic 4 The WSMA will offer advice, brokered services, safe tables, and best practice information to current ACOs and those that are considering becoming or joining ACOs.	Ongoing	Produce useful products and services.		Conference follow-up materials in development to jointly send out from PI and WSMA. RFPs under review from selected consultants for 2nd Qtr launch. Promotion begins in May for new <i>Strategic Planning</i> services, including <i>Discounted Consulting Services</i>, and series of webinars with The Coker Group. Four firms selected from RFPs for initial rollout in early April. Discussing a possible initial feasibility project with Western Washington Medical Group and Physicians Insurance Preliminary meeting held on March 24.
Senior Staff	Tactic 5 Develop feasibility of offering association services to ACOs.	(based on decisions made under tactic 1 and 2)	Create an association for ACOs to receive services. Possibly generate non-dues revenues.		ACO presentation forgiven at April 17 WSMGMA annual meeting. Panel discussion on ACOs to be presented at LDC on May 14.
Strategy 3B: WSMA will offer ACO services to physician owners of small groups and solo practices so that they can transition successfully as desired to a more integrated system, while maintaining the advantages of their current practice model.					
Bob/Jennifer	Tactic 1 Dissemination of information. Push it out in numerous formats and vehicles. Ongoing (pre and post potential “collaborative.”)	Ongoing	WSMA members will have working knowledge of ACOs and issues involved.		Compilation of 2 WSMA Reports articles posted on website. A piece on WSMA’s comments re: ACOs appeared in the February issue of WSMA Reports. Add’l ACO articles in development, as draft regs have been published, and WSMA commentary to be submitted to CMS..
Lance/Bob	Tactic 2 If strategic alliance of some sort is not feasible,	Begin 4/1/11, then ongoing	Produce useful services for members.		Initial brainstorming sessions held 12/22 and 1/11 with PI and key

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	produce menu of information, advice and counsel as a benefit of membership with differential pricing for non-members.				physicians. Additional planning sessions with PI held on Feb 17 and Feb 28. Discussions continue.
Bob/Lance	Tactic 3 Prepare menu of ACO related tools to be provided on a fee-for-service basis – with or without a collaborative or business partner(s). Could include endorsed vendors. With differential pricing for non-members.	Begin 4/1/11, then ongoing	Produce useful services and non dues revenue.		RFPs under review from selected consultants for 2nd Qtr launch. Promotion begins in May. Four firms selected from RFPs for new Strategic Planning services, including Discounted Consulting Services, and series of webinars with The Coker Group. Initial rollout in early April. Draft menu of resources, educational programs and services being finalized.
STRATEGIC GOAL #4: CARE DELIVERY TEAM					
WSMA will be a recognized leader in the concept of the care delivery team by broadening its alliances with other members of the care delivery team who work in partnership with physicians.					
Strategy 4A: WSMA will convene groups of physicians and other health care professionals to help it develop policy and advocacy related to the care delivery team and medical home models.					
Len	Tactic 1 Meet with selected other health care professionals, as appropriate, beginning with ARNPs.	10/01/11	Defines “team care delivery.”		Will carry out after legislative session.
Len	Tactic 2 Identify other groups with which to meet.	4/11/11	(see above)		Will carry out after legislative session.
Tim/Len	Tactic 3 Introduce legislation regarding such	5/1/11	Introduce legislation that holds team leaders		Position refined to seeking legislation that would hold other

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	caregivers being held to the same standards of quality as physicians if they provide the same services as a foundation of scope/licensure issues in legislative and regulatory issues.		accountable to care standards.		providers providing primary care services with independent prescriptive authority, such as ARNPs and naturopaths, to the same standard of care as physicians (MDs/DOs). Further research indicated bill not appropriate at present time.
Len	Tactic 4 Use Interspecialty Advocacy Council (IAC) for policy input.	6/1/11	Determine strategy for moving forward. Determine areas of agreement/disagreement.		First IAC meeting in February. IAC members briefed on the new tort proposal that received a development grant under the control of the Healthcare Forum. Multicare is the project overseer. ISAC meeting on April 16th will include Senator Randi Becker and a report on the 2011 session.
Jennifer	Tactic 5 Offer leadership training on working in teams	8/1/12	Train 20 physicians.		<i>See ID, 1</i> 30 physicians are signed up for our initial leadership course, which included a unit on team care delivery.
Bob/Len	Tactic 6 Work with the Medical Home Collaborative project, and other medical home related projects, to refine necessary policy in support of such projects.	12/1/12	Transition funding from Medicaid and state HCA.		Progress on state initiative delayed due to budget and strategy issues. HCA's Multipayer Reimbursement pilot launched in May. The WSMA is supporting legislation, which establishes a collaborative for medical home treatment of chronic diseases. SB 5394 is moving and is presently in the Ways and Means Committee in the House.

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Strategy 4B: WSMA will offer educational programs to physician members and members of their care delivery teams					
Jennifer	Tactic 1 The LDC will include a subject specific segment for this physician group.	5/1/11	Session offered.		The LDC will be held May 13-14. Featured speakers included Edward A. Walker, MD, MHA, of Seattle – Coaching for Excellence: Influencing Physician Behavior. Eric D. Lister, MD of Portsmouth, New Hampshire – Culture Change: Building the Organization you Need for the Future. Thomas H. Lee, MD, of Boston– Turning Doctors into Leaders.
Lance/Bob	Tactic 2 Use the CPIN program, WSMA Foundation and the Practice Resource Center to prepare and deliver educational programs, including a regular schedule of programs.	12/31/11	Programs offered and used. Non dues revenue generated.		<i>See Tactics 1A.2 and 1A.5 for CPIN status.</i>
Strategy 4C: WSMA will explore alternative membership strategies for those health care professionals who work in partnership with physicians.					
Tim/Jennifer	Tactic 1 Evaluate and propose possible changes to the Bylaws for consideration by the Board of Trustees and House of Delegates.	5/15/11	Recommendations to the Board at May meeting.		Staff is reviewing bylaws and will bring recommendations to the May BOT meeting.

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STRATEGIC GOAL #5: ORGANIZATIONAL SUCCESS					
WSMA will continue to improve its finances, membership, and organizational effectiveness, resulting in new sources of revenue, more members, and higher member satisfaction ratings.					
Strategy 5A: WSMA will expand its business development, marketing and media expertise to develop new revenue sources.					
Jennifer	Tactic 1 Retain a consultant to develop business plan to sell sponsorships for Webinars/Seminars, and upgrade advertising opportunities on website, and look for other marketing/business opportunities.	3/1/11	Business Plan for EC review.		Due to budget concerns the hiring of a new communications consultant has been put on hold until after the first quarter.
Lance	Tactic 2 Seek grants from all sources to support projects of the Foundation that support its objectives and those of the WSMA.	12/31/11	Generate at least \$100,000 to Foundation.		Explored Foundation status with Grants.gov – will need to apply as new organization. Reviewed Commonwealth and RWJF grants websites. Confirmed that new grant opportunities through Physicians’ Foundation are unlikely possible for 2011.
Jennifer/Shannon	Tactic 3 Continue to expand on the newly modified Corporate Partners Program in order to have greater participation and increased contributions.	12/31/11	Generate at least \$75,000.	11/30/10	Corporate Partners Program has been revised slightly. Letters to past exhibitors and past partners have been mailed.
Lance/Jennifer	Tactic 4 Seek grants for Foundation from all sources, including PhRMA firms, to	12/31/12	Make Foundation self sustaining	12/10/10	Initial meeting with Novartis representatives on January 4. Received \$2,500 grant from PhRMA for reducing vaccine exemption

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	support broader public/social health issues				campaign.
Shannon	Tactic 5 Maintain effective Association Management Department/Services	Ongoing	Maintain good relations with specialty societies and county societies. Have strong consistent message. Generate non-dues revenue.	12/30/10	All groups are continuing service in 2011.
Strategy 5B: WSMA will further segment membership appeals and communications to members and non members to highlight benefits that segments value.					
Jennifer	Tactic 1 Segment messaging for various audiences.	3/1/11	Four editions of each Membership Memo will be targeted at: hospital /large group physicians, midsized group physicians, small group/solo physicians and young physicians. Inserts in WSMA Reports of issues of concern to readership segments	12/30/10	See 2A.1 Sending out modified/targeted messages via the Membership Memo for selected audience. While we initially expected 4 separate editions, we are instead targeting the publication as appropriate
Jennifer	Tactic 2 Create ongoing communications about WSMA activities for members and non-members	12/31/11	Gain 650 new members/retain current membership	11/20/10	5 member/non-member mailings sent to date. Online dues payment is now operational
Strategy 5C: WSMA will develop a pilot Policy Summit program to augment the 2011 House of Delegates meeting so that it is more representative, relevant and efficient.					
Jennifer	Tactic 1 Revise format for Annual Meeting in keeping with current bylaws.	1/1/11	Create new meeting structure with efficient use of time and relevant speakers.	11/13/10	Board approved new structure. Staff has alerted hotel of changes. Working on new agenda/format.

5/3/2011

Lead Staff	Tactics	Deadline	Expected Outcomes	Date begun/ completed	Comments/Status
					New theme and keynote speakers approved by EC at its March meeting. Preliminary agenda set.
Strategy 5D: WSMA will continue to develop leadership activities so that newly trained, outstanding leaders see a role for them in the future leadership of WSMA.					
Jennifer	Tactic 1 Sections for young physicians, primary care and surgical created and staffed	To meet twice per year, beginning in second quarter	Sections created. Policy generated. New leaders identified.		Section created. Staffed by Associate Director of Membership. YPS has developed mentorship program and articles in WSMA Reports. Outreach to primary care caucus and surgical caucus will begin in June.
Jennifer	Tactic 2 Provide mentorships for young physicians and new members.	ongoing		12/30/10	Mentorship program approved by Board at January meeting. Staff is reaching out to young physicians re: participation.
Strategy 5E: WSMA will continue to represent physicians throughout Washington state through a strong organization and ongoing policy development.					
Senior Staff	Tactic 1 Maintain robust policy development process with Executive Committee, Board of Trustees, AMA Delegation, Nominating Committee and Judicial Council work.	Ongoing	Progressive policy that deals with the changing health care delivery system in a fashion consistent with WSMA Vision and Mission Statements		Policies are being taken to decision making groups; WSMA has agreed to participate with governor's work group on health care reform.
Strategy 5F: WSMA will support CME qualified programs for physicians, education or patients, and public collaborations on topical health issues of concern to physicians and patients alike					
John	Tactic 1 Maintain WSMA's CME Accreditation Program	Ongoing			Accreditation program continues with slight modification in fee schedule. Report approved at March EC meeting.

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Lead Staff	Tactics	Deadline	Expected Outcomes	Date begun/ completed	Comments/Status
Jennifer	Tactic 2 Develop public messaging on issues related to good patient care.			12/30/10	1st Quarter patient newsletter produced. Reducing vaccine exemption oped submitted to Times. While Times passed on the piece, it was picked up by the Everett Herald.