

## **NCMS Policy Committee Charter**

### **Background**

Since the sunset of the NCMS House of Delegates in 2016, the NCMS has experimented with how to make policy decisions more efficiently while engaging members in the process. The establishment of a Policy Committee has been proposed as a more inclusive way to engage members in the policy development process. By having a specific purpose and scope, policy discussions can focus more on our mission, vision and values, and help to keep us focused.

### **Purpose**

The purpose of the NCMS Policy Committee is to provide policy direction to the NCMS Board of Directors and Staff consistent with our mission “To provide leadership in medicine by uniting, serving, and representing physicians and their health care teams to enhance the health of North Carolinians.”

Policy recommendations should be informed by the IHI Triple Aim: (1) improving the patient experience of care (including quality and satisfaction); (2) improving the health of populations; and (3) reducing the per capital cost of health care; as well as improved provider engagement and support (Quadruple Aim). Policy recommendations should prioritize proposals that are patient-centered, improve individual and population health, and support the creation of a new health system that is value-based and embraces nontraditional organizations that impact community health.

### **Scope**

The Committee shall review issues submitted to it by the NCMS Board of Directors/President and make recommendations back to the NCMS Board of Directors for consideration and decision. Consistent with NCMS procedures, all committee activity shall be directed by the Board of Directors or President.

Requests for policy development or revision from individuals, component or specialty societies shall be directed to the Board. The Committee also will review five year old policies.

### **Operational Guidelines**

1. Committee recommendations are preliminary and are not considered NCMS policy until officially adopted by the NCMS Board of Directors.
2. A member of the NCMS Board will be assigned to this Committee as a voting member of the Committee and will be the primary liaison to the NCMS Board of Directors.
3. For purposes of making recommendations to the NCMS Board of Directors, a quorum is needed. A quorum is defined as at least seven voting members of the Committee who are present either in-person, telephonically or virtually.
4. In its deliberations, the chair shall ensure that diverse viewpoints are considered and that information available from outside the medical community is understood and considered as recommendations are developed.
5. The Standard Code of Parliamentary Procedure (current edition), by Alice Sturgis, shall be used when necessary to conduct Committee proceedings.

6. Neither the Committee nor its members are authorized to speak on behalf of the NCMS on issues generally, including issues before the Committee, unless approved by NCMS President or CEO.
7. The Committee must work toward maximum efficiency in the use of NCMS staff and financial resources.
8. Workgroups or subcommittees of the Committee may be appointed at the discretion of the NCMS President.

### **Membership**

1. The Committee shall have up to 20 members, comprised primarily of NCMS members and shall be appointed by the NCMS President. Non-NCMS members, "consultants," may be appointed by the NCMS president but shall not constitute more than one third of the Committee members. Consultants shall not be voting members of the Committee. At least one patient advocate shall be asked to serve as a consultant to the Committee.
2. The Committee shall be comprised of a diverse group of members representing different specialties, practice settings (including health systems and supergroups), race/ethnicity, gender, geography, etc. specialists and geographic regions of the States.