

DRAFT
NCMS Board of Directors Meeting Minutes
Virtual

Wednesday, February 18, 2026
6 pm – 8 pm

Link to Meeting: [Recap: NCMS Board Meeting \(CORRECT MEETING REQUEST\) Wednesday, February 18 | Meeting | Microsoft Teams](#)

In Attendance:

NCMS Board Members	NCMS Staff
Carl J. Westcott, MD	Stephen Keene
Karen Smith, MD	Ashley Rodriguez
John Meier, IV, MD	John Thompson
Tracy L. Eskra, MD	Larry Crawford
Claude Jarrett, MD	Erin Grover
Charul Haugan, MD	Pam Highsmith
Katie Lowry, MD	Toni Hill
Martin Palmeri, MD	
C. Labron Chambers, Jr., MD	
Ronnie Laney, Jr., MD	

6:00 PM Call to Order

Dr. Carl Westcott called the meeting to order.

He recited the mission statement:

To provide leadership in medicine by uniting, serving, and representing physicians and their healthcare teams to enhance the healthcare of all North Carolinians.

6:01 PM Approval of Minutes – December 2025

Dr. Westcott requested discussion regarding the December 2025 meeting minutes. No corrections were raised.

MOTION: Dr. Charul Haugan moved to approve the December 2025 meeting minutes as presented.

A second was received.

VOTE: Motion carried unanimously.

6:05 PM Secretary-Treasurer's Report – Dr. Tracy Eskra

The Board reviewed November year-to-date financials. Discussion centered on membership revenue performance, investment earnings, and the organization's current operating deficit. It was noted that membership revenue remained below budget projections while investment earnings had outperformed expectations. The Board also reviewed the organization's net asset position and anticipated additional drawdowns in the coming months. Leadership discussed the Finance Committee's review of the presidential stipend structure, including historical comparisons and benchmarking against peer organizations. Following that review, the committee determined that no changes to the presidential stipend were recommended at this time. The Board also received an update regarding a recent unrestricted \$1 million contribution to the Foundation, which leadership noted would provide additional flexibility and support future organizational stability.

The Board received an update regarding the organization's value-based care initiatives. Leadership explained that the value-based care work had transitioned from CCHN into a new operational structure within the Medical Society. Staff reported that the initiative had already become revenue-positive and was helping offset some organizational losses, though those funds remain restricted to value-based care activities. Additional discussion focused on plans to transition portions of the program into the Foundation structure in order to enhance fundraising opportunities and expand physician support initiatives statewide.

6:20 PM CEO Report – Stephen Keene

Steve Keene delivered the CEO report and discussed the Society's ongoing financial and operational challenges. He reviewed the organization's net asset decline over recent years and emphasized the need for diversified revenue streams moving forward. Leadership reiterated its commitment to developing a balanced budget for 2027 and improving long-term sustainability. Mr. Keene stressed the importance of transparency with the Board regarding the organization's financial condition and noted that leadership was working to rebuild trust and improve communication around organizational planning. He also discussed plans to restart a formal strategic planning process in Fall 2026.

6:35 PM Membership Update – Pam Highsmith

Pam Highsmith then presented the membership update and thanked the Board for its support and willingness to prioritize products and services that provide tangible value to physicians and healthcare professionals. She stated that leadership's willingness to listen to membership concerns had created renewed optimism within the membership and communications teams. Ms. Highsmith reviewed several initiatives currently underway,

including expanded legal services, improved insurance products, and value-based care resources for physicians and practices. She acknowledged that membership numbers are expected to decline further before stabilizing due to the loss of several large groups, including UNCPN and WEPPA, but emphasized that the organization is actively pursuing retention and growth strategies.

Discussion followed regarding the reasons some large practices have chosen not to renew membership. Ms. Highsmith explained that some groups historically joined primarily to access health plan benefits and may not fully understand the broader value of NCMS membership. She also noted that changes in leadership at certain health systems and concerns about advocacy positions have contributed to some membership losses. Dr. Charul Haugan emphasized the importance of strengthening communications and proactively engaging large groups before they discontinue membership. Ms. Highsmith and staff described efforts underway to increase annual outreach to major practices and improve legislative and membership communications.

Steve Keene provided additional context regarding WEPPA's decision not to renew membership. He described a meeting held with WEPPA leadership following concerns raised about the Medical Society's advocacy efforts, particularly regarding Medicaid rate cuts and physician engagement. Mr. Keene acknowledged that the organization received significant criticism during that meeting and stated that leadership intends to continue discussions with WEPPA in hopes of rebuilding the relationship. Ashley Rodriguez noted that although the feedback was difficult to receive, it provided valuable insight into how the Society's work and messaging are perceived externally. She stated that such feedback can help improve communications and clarify the organization's advocacy efforts moving forward.

6:45 PM Communications Update – Toni Hill

Toni Hill then delivered the communications report and reviewed the restructuring of the communications department over the previous year. She explained that the department transitioned from a four-person team to a leaner internal structure supported by external partners while maintaining a focus on increasing visibility and engagement. Ms. Hill described 2025 as a rebuilding year focused on defining the organization's story, improving consistency across communication platforms, and implementing measurable systems for outreach and engagement. She reviewed the transition from Morning Rounds to the Weekly Dose communication format, explaining that the new structure allows the organization to better communicate NCMS-specific initiatives, advocacy efforts, and physician resources in a more cohesive and strategic manner.

Ms. Hill reported that email deliverability rates have improved significantly, with open rates ranging between 40 and 43 percent and unsubscribe rates remaining low. She also reviewed substantial growth across social media platforms, including increases in Instagram, LinkedIn, and Facebook engagement. She noted that digital advertising initiatives launched during 2025 resulted in new memberships and the development of a digital audience of nearly 75,000 healthcare professionals across North Carolina. Additional discussion focused on future communications priorities, including expanded video content, podcast development, digital advertising, improved website content, and enhanced data systems to better personalize member outreach.

Board members discussed the growing importance of short-form video and digital engagement, particularly among younger physicians and trainees. Dr. Westcott encouraged leadership to continue exploring opportunities for educational and advocacy-focused video content related to healthcare policy, physician wellness, and legislative developments. Discussion also included the potential for future monetization opportunities through podcasts, digital advertising, sponsored content, and vendor partnerships.

7:05 PM Legislative Affairs Report – John Thompson

John Thompson then presented the legislative affairs report. He reminded the Board that during the prior year the organization identified two major legislative priorities: prior authorization reform and safeguarding patient safety in relation to APRN independent practice legislation. Mr. Thompson reported that prior authorization reform legislation advanced through both the House and Senate, though differing versions remain under negotiation in conference committee. Regarding patient safety, he explained that NCMS adopted a strategy of discouraging legislators from co-sponsoring APRN independent practice legislation without first consulting the Society. As a result, the relevant bills saw limited support and remain stalled in committee.

Mr. Thompson warned that APRN independent practice language could potentially emerge again during Medicaid budget negotiations. Ashley Rodriguez added that if CRNAs were removed from the broader APRN legislation, the remaining bill could become more difficult to oppose politically. Mr. Thompson agreed and emphasized the need for continued vigilance throughout the legislative session.

Additional legislative victories discussed included progress on interstate licensure compacts, modifications to pharmacist testing and treatment authority, Medicaid funding advocacy, and ongoing work surrounding payer downcoding practices involving Aetna and Cigna. Mr. Thompson and Board members discussed the importance of ensuring that

physicians and practices clearly understand the Medical Society's role in addressing payer issues and legislative advocacy efforts.

The Board also reviewed several legislative priorities being monitored moving forward, including minor consent legislation, healthcare transparency proposals, and Medicaid budget funding discussions. Mr. Thompson described the organization's legislative strategy as a "three-legged stool" built upon direct lobbying, grassroots engagement, and political communications. He also reviewed new communications initiatives including legislative blogs, Substack publications, podcasts, and payer-focused updates intended to improve physician engagement and awareness.

7:20 PM North Carolina Hospice & Palliative Medicine Society Recognition – Dr. Carl Westcott

The Board then considered a request from the North Carolina Hospice and Palliative Medicine Society seeking provisional recognition as a sanctioned subspecialty society. Discussion focused on the growing importance of hospice and palliative medicine, expanding demand for such services, and opportunities for collaboration and membership growth.

MOTION: Dr. Charul Haugan moved to grant two-year provisional recognition to the North Carolina Hospice and Palliative Medicine Society as a sanctioned subspecialty society. Seconded by Claude Jarrett.

VOTE: Motion carried.

7:30 PM Formation of Multi-County Component Society – Dr. Carl Westcott

The Board next considered a request to merge several county medical societies into a new regional component society representing Wayne, Lenoir, Greene, and Duplin counties. Discussion focused on the proposed inclusion of physicians, physician assistants, nurse practitioners, and CRNAs within the organization. Board members discussed how other county societies have approached interdisciplinary membership and the importance of maintaining strong collaborative relationships across healthcare professions while preserving physician leadership and governance structures.

MOTION: To authorize physicians of Wayne, Lenoir, Greene, and Duplin Counties to form a new component medical society designated as the Wayne-Lenoir-Greene-Duplin Counties Medical Society.

Second received.

VOTE: Motion carried.

7:40 PM Conflict of Interest & Confidentiality Forms – Dr. Carl Westcott

The Board then reviewed annual conflict of interest and confidentiality disclosure requirements. Leadership explained that board members are expected to complete annual disclosure forms identifying any financial or professional relationships that could potentially create conflicts with Medical Society business. It was clarified that disclosures do not disqualify individuals from Board service but instead help ensure transparency and appropriate recusal when necessary.

7:50 PM Executive Session – Aetna Downcoding Litigation Exploration – Ashley Rodriguez

No formal action taken.

8:00 PM Adjournment

Dr. Westcott thanked Board members for their time and dedication.

The meeting was adjourned.

Motions Summary

1. Approval of December 2025 Meeting Minutes – Passed unanimously.
2. Two-Year Provisional Recognition – North Carolina Hospice & Palliative Medicine Society – Passed.
3. Authorization to Form Wayne-Lenoir-Greene-Duplin Counties Medical Society – Passed.

Respectfully Submitted,
Stephen W. Keene
CEO