

**CMS Board of Directors: May 18, 2018**  
**CONSENT CALENDAR: Six Items for Approval**

- Item 1: Minutes of March 16, 2018, BOD Meeting; Pages 1-10**
- Item 2: Minutes of March 21, 2018, COL Meeting; Pages 10-12**
- Item 3: COL Outcomes of votes on Basecamp – March -April, 2018: Pages 12**
- Item 4: Minutes of March 20, 2018; PDA Meeting; Pages 12-13**
- Item 5: Minutes of February 8, 2018; CPMG Meeting; Pages 13-15**
- Item 6: Minutes of April 18, 2018; MSC Meeting; Pages 15-16**
- Item 7: Minute March 7-April4; WCPIC; Page 17**

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**Item 1: March 16, 2018, BOD Minutes: Page**

**MEMBERS PRESENT**

President	Robert Yakely, MD
President-elect	Deb Parsons, MD
Imm.Past President	Katie Lozano, MD
Districts 3 & 4	Gina Martin, MD
District 5	David Markenson, MD
District 6	Brandi Ring, MD
District 7	Leto Quarles, MD
District 8	Mark Johnson, MD
District 9	Curtis Hagedorn, MD
District 10	Rocky White, MD
District 11	Cory Carroll, MD
District 12	Patrick Pevoto, MD
District 14	Sofiya Diurba, RVU
CPMG	Kim Warner, MD
RFS	Charles Tharp, MD

**MEMBERS ABSENT (EXCUSED)**

Districts 1 & 2	Richard Lamb, MD
District 13	Brad Roberts, MD

**GUESTS PRESENT**

Stephen Boucher, Kathy Linquist-Kleisser, Dr. Lynn Parry, Judy Ladd, Dan Eller(AMA), Dr. Lee Morgan, Dr. Brent Keeler, Angela Graham, Sharon Jewitt

**CMS STAFF**

Alfred Gilchrist, Susan Koontz, JD, Chet Seward, Dean Holzkamp, Marilyn Rissmiller, Kate Alfano, Tim Roberts

**Agenda Item**

**Presenter**

I. Introductions of members and guests

Dr. Yakely

- CMS President Robert Yakely, MD presided over the meeting and began with the following points:
  - Welcome and introductions of members and guests
  - A commitment to keep the meeting on time and efficient;
  - A request to board members to use their microphone and to state their name before speaking out of courtesy to those on the phone;
  - An announcement relating to the board's standing rules for guest participation at board meetings that no member who is not on the board, nor that any component society executives, asked to address the board on any agenda item.
  - Introduction former CMS President Brent Keeler, MD, representing the Colorado Physician Health Program for presentation to CMS the CPHP Spirit of Medicine Award.
- CMS board of director member Gina Martin, MD, asked for and was granted a point of personal privilege to announce her resignation and move to Oregon. Dr. Yakely presented Dr. Martin with a certificate of service and expressed his appreciation for her service. Directors responded with a hearty round of applause.

II. Fiscal Year 2017-2018 Operational Plan

A. Central Line

Dr. Yakely

- To begin the Central Line agenda items Dr. Yakely made the following points:
  - They are all action items
  - All of the information detailing the first two Central Line action item is contained within Central Line.
  - The third Central Line action item is found on pages 2 through 8 of the agenda packet.
  - For each of the first two policy proposals, there will be a 3 steps process as follows:
    - Step 1: I will ask if there are extractions from the proposal's details, that being: (1) Problem/Issue Statement; (2) Description of Policy Proposal; (3) Possible Impacts; (4) Supporting Materials; (5) CMS Staff Review; and (6) Member votes and comments (If there are extractions, they will be take one at a time)
    - Step 2: I will ask if there is any new information from staff.
    - Step 3: I will ask for a motion, and of course motions contemplate discussion, amendments, alternate motions and of course votes
- 1. Policy proposals
  - Strategic planning outcomes (**Action**)
- Following the three-step process, a motion was made seconded and unanimously passed to adopt "Strategic planning outcomes". With this vote, the board adopted a new strategic model that brings CMS members together as an organized community of activists and advocates. The three new goals ensure a real-time focus on the mission to champion health care issues that improve patient care, promote physician professional satisfaction and create healthier communities in Colorado.
  - "Intensive Care" for physicians being leveraged by larger systems/organizations (**Action**)

- Dr. Yakely started this agenda item by making the following points:
  - The second proposal was submitted Dr. David R. Scott on behalf of Mesa County Medical Society.
- Recognition of Dr. Patrick Pevoto's role in submitting the proposal as President of Mesa County Medical Society
- Following the three-step process, the board unanimously voted not to approve the proposal.
- The board: (1) Agreed with the expressed concerns about physician burnout by both employed and private practice physicians; (2) Noted that programs already exist to address these issues; (3) Noted that CMS will initiate a renewed marketing program on available member benefits for employment contract negotiations and the physician wellness toolkit and other resources in order to help physicians that are being leveraged by powerful interests. Ensure that these resources are easily accessible on the CMS web site.
  - Advocacy for HC Reform: Report of BOD Subcommittee (**Action**)
- Dr. Yakely turned the board's attention to the report from the board of director's Subcommittee on Central Line proposal titled, Advocacy for Health Care Reform and made the following points:
  - The proposal was submitted in late 2017 and considered by the board at its November 17 meeting.
  - The board decided at that time to refer the proposal to a board subcommittee for a report back no later than the March meeting.
  - That he served as Chair of the Subcommittee and in this capacity recognized and thanked the Subcommittee members for their time and efforts (Drs. Mark Johnson; Richard Lamb; Patrick Pevoto; Brandi Ring; Brad Roberts; Rocky White; and Deb Parsons);
  - Expressed appreciation to: (1) The author, Mark Mathews, MD, for submitting the proposal and acknowledged Dr. Mathews' service as Vice-Chair of the Council on Legislation; (2) Two supporters of the proposal, Drs. Ben Vernon and Laird Cagan who attended both meetings of the Subcommittee and submitted supporting materials which were posted on the board's Base Camp; (3) Dr. Dave Downs who attended the second meeting and participated in the subcommittee's discussion; (4) Drs. Rip Hollister and Robert Vogt of Colorado Springs who both participated in the first meeting of the Subcommittee to express opposition to the proposal.
  - That the subcommittee followed a methodical, detailed work plan and had intense, thoughtful discussions.
  - That the motion to support the Central Line proposal, Advocacy for Health Care Reform, failed in the subcommittee, on a vote of: 2 yes; 4 no; 1 excused absent; and the chair present but not voting.
  - As a result of all the information the Subcommittee learned in the process of evaluating the proposal, the subcommittee recommended that the board of directors begin strategic discussions to identify and prioritize health care reform issues for CMS to address during the remainder of 2018 and to make part of the operational plan in the years to come.
  - That CMS President-elect Dr. Deb Parsons agreed that action on this recommendation should be considered at this meeting.
- Dr. Yakely asked for a motion to accept the Subcommittee's report.
- A motion was made and seconded.
- Rocky White, MD, made the following comments for the record:
  - The angst that the Subcommittee experienced as it deliberated on this issue;

- Most of the authors were part of the CMS Health Care Reform Congress that lasted for three years, as was he;
- That his no vote was a difficult decision;
- The wording of the proposal caused anxiety because there was lack of specificity around the term, “universal health care”;
- That his El Paso County Medical Society constituents:
  - Are frustrated with the current system;
  - One third thought the ACA did not go far enough; one third think it should be left alone to work; and one third think it should have never passed;
- That the board should message back to CMS members that we are not going to pass this proposal, but we are going to continue to make reform a priority because membership wants action and leadership on this issue.
- Dr. Mark Johnson stated that he made the motion accept in the Subcommittee but recognized that current projects would need to be set aside; that CMS could not take on the proposal at this time as written, but we must keep the issue on the front burner.
- Following discussion, the board voted to adopt the report of the Subcommittee with two board members voting no.

#### Fiscal Year 2018-2019 BOD planning: HC reform; Strategic discussion 1

- HC costs, perspective of Metro-Denver Chamber - Kelly Brough, President and CEO
- Dr. Yakely made the following points to begin:
  - This discussion is about planning for our fiscal year 2018-2019 operational plan and appropriately follows the previous agenda item.
  - The discussion is an exercise designed to surface board member perspectives, questions and ideas about what CMS should be doing in the next fiscal year on health care reform.
  - That the surfaced issues will be organized into a second discussion for the May meeting.
  - The board has:
    - New data on cost from the Center for Improving Value in Health Care;
    - Been asked to participate in an initiative by the state's largest Chamber of Commerce to reduce health care costs given broad frustration and dissatisfaction by employers;
    - Input from a variety of stakeholders; and,
    - The latest summary of what our members are thinking.
- The floor was open for discussion and the following comments were made:
  - Go back to the health care reform matrix. Do we need to reinvent the wheel or is the bus running over us? We (not defined) thought single payer was best but would not work. The idea is power. What is taking away our autonomy? Focus on how to get back in power. Think way outside the box. Cost is generated by sick people; we need to generate health.
  - Largely agree with comments above, however, he noted that the House of Medicine is not unified on an appropriate approach to health care reform. This is a problem. He argued that in order to give medicine power we need to be more like a union, and we also need to be a strong advocate, but we don't know what to use our power on.
  - (1) Where we get stuck is whether we are pro or con on one question. Our response needs to be raised to the level of discussion, get physician voices into the conversation even if they disagree. The low hanging fruit is to figure out all practical aspects of how to give physicians the ability to have their voice heard. Get back to helping our members on how to have a

voice within and outside of CMS. 2) On policy, we need to fight on the aspects of the conversation most important to physicians instead of trying to stand for one proposal. 3) We need to bring public health into the conversation.

- The question is how do we lead if the ACA folds. An article in the March 15, 2018 Wall Street Journal by Phil Gramm, Ph.D, former US Senator from Texas was cited (How to Complete the Escape From ObamaCare).
- We have to take responsibility for rising costs.
- 1. Does CMS want to bite off major reform or work on incremental reform? 2. How do we look to the outside world – is it going to be physician or patient-centered reform? 3. If we put a stake in the ground, are we willing to lose 15 to 25 percent of our membership?
- The DMS board of directors heard a presentation from the authors of the universal health care reform proposal recently submitted to Central Line. The presentation was followed by a vigorous discussion that surfaced the following issues and suggestions:
  - The process of developing a detailed plan to achieve universal health care access for all Coloradans will require broad stakeholder participation beyond physicians to include patient advocates, business and political leadership. Engaging these groups early in the process is desirable.
  - Any significant change in healthcare delivery and/or financing will require a process which is inherently political in nature and this reality must be recognized and accommodated from the beginning.
  - The project proposed will require a multi-year process and adequate resources to support it should be identified before undertaking this effort.
  - It is suggested that the successful achievement of this project's goal will be more likely if potential incremental changes (e.g. all children covered) are identified and prioritized so that consensus and confidence can be built among stakeholders.
  - There is acknowledgement that systemic change of healthcare delivery and finance is fundamental to virtually every other issue challenging physicians and organized medicine.
- We need to educate our members. Exposure to other really bright people in health care has helped me see things differently and not just a doc perspective. We need to look at systems that are cost effective and that prevent burnout.
- We will have to be patient-centered.
- Stick to certain principles such like quality improvement, cost containment and focusing on patients. Decisions about what action to take should not be predicated on a potential loss of 15-20% of membership, because CMS might also gain membership by taking action.
- Review the matrix. If the matrix is looked at in components, then it can help prioritize our work around each component. No labels. Take leadership.
- The following motion was made, seconded and unanimously passed:
  - Appoint a board subcommittee to review CMS policy 185.996 Health Systems Reform Evaluation Matrix and report findings to the board during the May meeting.
  - The following board members volunteered to serve on the subcommittee:
    - Drs. Cory Carroll, David Markenson, Leto Quarles, Rocky White, Brandi Ring, Mark Johnson, Patrick Pevoto, Kim Warner and Curtis Hagedorn.
- Following the discussion and motion, Kelly Brough, President and CEO of the Denver-Metro Chamber of Commerce spoke to the board regarding the outcomes of member focus group work they completed on health care costs. Ms. Brough made the following points:

- Their small, medium and large business members are feeling very frustrated and powerless about the rising costs of health care. They neither have the information and nor the ability to make informed decisions.
- Their distrust of the health care industry is strong. That distrust cuts across all stakeholder groups, including physicians.
- They are convening a coalition of health care stakeholders to develop consensus policies and actions to reduce costs. These approaches, which will be developed over the next six to nine months, may include legislation, regulation and other voluntary efforts.
- If the coalition approach fails to develop meaningful and actionable proposals, then the Chamber intends to bring legislative solutions during the 2019 legislative session.

## BREAK

III. Fiscal Year 2017-2018 Operational Plan Dr. Yakely

A. Organizational Excellence

- Consent Calendar
- Approval of minutes from 1-19-18 meeting (**Action**)
- Council and committee appointments: (**Action**)
- Council-Committee reports (**Action**)

- Dr. Yakely made the following points to begin discussion on the consent calendar.
  - It contains three items as listed on the agenda.
  - Dr. Parsons has a few committee appointments that came in after the packet went out. She was recognized to explain more about these nominees. There were no objections to the additions to the additional names.
  - A motion was made, seconded and unanimously passed to approve the consent calendar as amended

1. Finance Committee report Dr. Markenson

- Financial summary and statements: Dec. 2017-Jan., 2018 (**Action**)
- Investment policy approval (**Action**)

- Dr. Yakely turned to Finance Committee Chair, Dr. Markenson, to give the Finance Committee Report
- The first report was on the Financial summary and statements: Dec. 2017-Jan., 2018. Dr. Markenson made the following points:
  - Despite the loss of two major groups, CMS is tracking ahead of last year \$25,519 on performance against budget. Dr. Markenson acknowledged that another major factor in that improved performance was investment performance which went into a tailspin in February which may negatively impact the next reporting period. Through January 2018, CMS is reporting a negative gross variance of \$67,452 against budget. The Finance Committee and staff expects to be able to deliver a balanced budget performance by the end of the fiscal year.
- Following discussion, a motion was made, seconded and unanimously approve to accept the Financial summary and statements: Dec. 2017-Jan., 2018.
- Dr. Markenson then provided a report on a new investment policy for CMS.

- Dr. Markenson pointed out that the bulk of the discussion on this new investment policy was completed at the last board meeting and that the final policy in front of the board for approval only showed minor changes from last time. Those changes centered around agreements with Merrill Lynch, the approved investment manager, for appropriate investment standards against which to measure performance.
- Dr. Brandi Ring suggested that a minor edit be made to the policy to make certain that a formal review is completed no later than once every five years.
- Dr. Mark Johnson requested that the board consider whether there are other investments that CMS should avoid in addition to tobacco and alcohol. Dr. Markenson agreed this should be done once the new investment strategy is approved to which Dr. Johnson agreed.
- Following discussion, a motion was made, seconded and unanimously approved to accept the new investment policy as amended by Dr. Ring's suggestion.

## 2. Medical Student Component bylaws: **(Action)**

Sofiya Diurba

- Dr. Yakely turned the board's attention to the subject of Medical Student Component bylaws and recognized board member Ms. Sofiya Diurba to explain the new bylaws.
- Ms. Diurba made the following points
  - The medical student component society plan:
    - The medical students are in the second year of a five-year plan to strengthen the medical student component society.
    - In 2017 the students focused on building up an active chapter at each school.
    - In 2018 the students are taking those active chapters and now building a combined Colorado Medical Student Component Society.
    - Part of this process is to revise and replace the 15-year-old bylaws governing the component society to bring them in compliance with CMS governance reform and Colorado law.
    - Highlights of the new structure:
    - The new constitution and bylaws establish a Colorado Medical Student Component governing board consisting of elected leadership of five students: two co-chairs, secretary, treasurer and a policy & advocacy chair.
    - The new CMS board representative will come from the two co-chairs.
    - The new board will plan and coordinate joint Colorado events as well as plan and coordinate the AMA student delegation.
    - Other benefits of the new structure:
      - Allows for more leadership development
      - Allows more students to get involved and stay involved in their second, third and fourth years.
      - Allows for more institutional memory and continuity from year to year.
      - Builds mentoring between years.
      - Increases collaboration between schools.
      - Creates flexibility to allow for new schools in the future to become involved.
      - Moves the CMS board representative to an experienced student representative.
  - Board action request:
  - Ms. Diurba pointed out that the board's read file contains the latest version than what was posted on BaseCamp on March 2 along with a revised constitution and set of bylaws for board consideration and approval.

- Following discussion, a motion was made, seconded and approved to adopt the revised constitution and bylaws.

3. President/President-elect: Bylaws inconsistency (**Action**)

Dean Holzkamp

- Dr. Yakely turned the board's attention to the agenda item concerning an inconsistency in the CMS bylaws concerning ex-officio voting privileges for the CMS President-elect when serving as an ex-officio member of all CMS committees, councils, task forces and work groups. Dr. Yakely called on CMS COO Dean Holzkamp to explain the inconsistencies and board options that needed action.
- Mr. Holzkamp made the following points:
  - The inconsistency centers around language in the CMS bylaws that gives all ex-officio members of committees full voting privileges in the committee section of the bylaws and takes away the President-elect's ability to vote as an ex-officio member of committees in the officers' section of the CMS bylaws. The CMS Board needs to resolve this inconsistency by either removing the restriction for the President-elect to vote as an ex-officio member of committees or to remove the voting privileges of all ex-officio members in the committee section of the CMS bylaws. Either decision is within the CMS Board of Directors' purview.
- Following explanation and discussion, a motion was made, seconded and unanimously adopted to remove the restriction prohibiting the President-elect from voting as an ex-officio member. In addition, the CMS board unanimously deleted the word "office" and replaced it with the words "councils, committees, task force or work group" to bring clarity to the language in the ex-officio section of the CMS bylaws. CMS staff was directed to make both changes and post the corrected language on the CMS website.

B. Central Line Performance review: Strategic discussion 1

Chet Seward

- Dr. Yakely turned the board attention to the Central Line performance review, strategic discussion 1 and noted:
  - Information on this agenda item is in your packet on pages 78 through 83.
  - 1) The board requested a Central Line performance review in mid-2017;
  - 2) The board has a responsibility to: (a) Monitor implementation of the 2015 House of Delegates governance and communication reforms;
  - 3) Identify what might be missing in the process of implementation of these reforms; and,
  - 4) Discuss ways to strengthen the reform projects or course correct entirely.
  - The goal for this discussion is to:
    - 1. Discuss the Central Line evidence and data in comparison to the 2015 HOD directive to the board of directors relating to the establishment of a policy forum;
    - 2) Surface perspectives, questions, and ideas about Central Line that can be organized into a second discussion and perhaps action items at the May board meeting, the second step in the performance review.
- The floor was open for discussion and the following points were made:
  - Year one performance – Board members were pleased with first year performance, specifically the number of members that have engaged and how the program has opened new lines of communication with members.

- Application upgrades – Board members want to be able to identify names of physicians and their votes and comments when reviewing votes by district. Others want changes to the time when Central Line text alerts are sent from midnight to the morning. Others are interested in creating an IOS/Android app version of Central Line so that it can move away from email notifications to app-based notifications. Others expressed interest in modifying the program to allow respondents to suggest amendment language. Questions were raised about how allowing amendments could be operationalized given the purpose and architecture of the current system.
- Marketing – Driving more awareness about Central Line is important. Information on the program must be much more prominently displayed on the CMS web site. Marketing efforts using multiple mediums must be intensified. Others recommended that brief how-to videos be developed to help drive more use, while some recommended contests or other incentives to drive more use. The medical students are advertising Central Line on their Facebook page.
- Dr. Yakely stated that a more concrete set of ideas would be presented at the May meeting.

V. Board Memo Update: Extractions

Dr. Yakely

VI. Executive Office Reports

A. President

Dr. Yakely

The board was given an update on the fiscal year 2017-2018 project, Know your legal rights and presentation for feedback on creating a board standing committee responsible for the creating the next fiscal year's operational plan.

B. President-elect

Dr. Parsons

Dr. Parsons made announcement on an opening at CHA for a medical officer and asked the board to test Envision, a wellness app.

C. Immediate Past President

Dr. Lozano

Dr. Lozano recognized the strength and courage of Gina Martin, MD

D. Chief Executive Officer

Alfred Gilchrist

Mr. Gilchrist thanked the board for a great meeting and all of their time and preparation.

VII. Other Business

A. Next meeting May 18, 2018, CMS Headquarters, Denver, CO

VIII. Adjournment

IX. Executive Session – No executive session was held.

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**Item 2: March 21, 2018, COL Minutes: Page**

### **Members Attended**

Braden Anderson, Rebecca Braverman, Aaron Burrows, Clara Raquel Epstein, Kristin Freestone, Stuart Gottesfeld, Enno Heuscher, Marck Johnson, George Kalousek, Brent Keeler, Alan Kimura, Steven Lowenstein, Katie Lozano, David Markenson, Mark Matthews, Lee Morgan, Tamaan Osbourne-Roberts, Lynn Parry, Deb Parsons, Richard Penaloza, Steven Perry, Scot Replogle, Brandi Ring, Alison Sandberg, Emily Schneider, Donna Sullivan, Lisa Swanson, Kathleen Traylor, Christopher Unrein, Gary VanderArk, Michael Volz, Bruce Waring, Robert Yakely, Zainab Zullali

### **Guests**

Stacy Parra, MD

### **Members Excused**

Laird Cagan, Cory Carroll, Taj Kattapuram, Rachel Landin, Fred Miller, Luke Selby, Kim Warner, Gerry Yeung

### **Members Absent**

Gina Carr, Carla Murphy, Ian Reynolds, David Ross, Stephen Sherick,

### **Staff/Non-members**

Emily Bishop, Dick Brown, Paul Glasheen, Suzanne Hamilton, Jerry Johnson, Susan Koontz, Melissa McCormick, Sara Odendahl, Chet Seward, Katie Wolf, Usha Varma, Judy Ladd,

### **Roll Call, Introductions, Welcome**

Dr. Morgan called the meeting to order at 6pm. Roll call was taken, introductions made, and a quorum reached. Dr. Morgan then asked Council if there were any conflicts of interest. One was announced, and the member explained they would leave the room when that vote was taken.

### **Action Items: Naturopath SOP Workgroup**

Dr. Morgan introduced the first action item as the follow up to a Scope of Practice workgroup with the Naturopathic Doctors. She asked Council to vote on the language decided upon in that meeting. After brief discussion and clarification from those present at the SOP meeting, Council voted to **SUPPORT** (7 oppose)

### **Action Items: State Legislation for COL Vote**

#### 1. HB18-1007 Substance Use Disorder Payment and Coverage

Dr. Morgan informed Council of new amendments to the bill that addressed several of the concerns raised when Council first reviewed this bill. Council was advised that the amendments gave the bill a better chance of passing the Senate and a motion to reconsider the bill was raised. After further discussion regarding this bill's role in addressing the opioid problem, Council voted to **SUPPORT – LOW LEVEL** (2 oppose)

#### 2. HB18-1136 Substance Use Disorder Treatment

Dr. Morgan again informed Council of several new amendments to the bill and its status in the Senate. Council was advised that Representative Pettersen was the sponsor on this bill as well as SB18-022 and discussion commenced regarding several of the gaps in substance use disorder services that this bill addresses. After deciding to reconsider the bill, Council voted to **SUPPORT – LOW LEVEL** (1 oppose)

3. HB18-1279 Electronic Prescribe Controlled Substances  
Council was advised that this bill would make failure to e-prescribe grounds for discipline and that the Interim Committee was opposed to mandating e-prescribing. Council was also advised that if they voted to oppose, a formal letter to the House Health, Insurance, and Environment Committee would be passed around for them to sign if they so wished. After further discussion, Council voted to **OPPOSE – HIGH LEVEL** (unanimous)
4. HB18-1128 Protections for Consumer Data Privacy  
Dr. Morgan advised Council that this bill did not allow exceptions for HIPAA compliers. Lobbyists advised Council that a large number of other groups are opposed to this bill as well. After brief discussion, Council voted to **OPPOSE – LOW LEVEL** (unanimous)
5. HB18-1260 Prescription Drug Transparency  
After brief discussion, Council decided to take no position on this bill.
6. HB18-1263 Medical Marijuana Use for Autism and Acute Pain  
Dr. Morgan advised Council on the details of the bill and discussion commenced regarding the issues of treating autism and acute pain with medical marijuana. Council voted to **OPPOSE – LOW LEVEL** (unanimous)
7. HB18-1286 Allow School Nurses to Give Medical Marijuana to Students  
Dr. Morgan informed Council that school nurses oppose this bill. Council held a brief discussion regarding the danger of using medical marijuana to treat children and voted to **OPPOSE – LOW LEVEL** (unanimous)

#### **Informational Items**

Council approved the minutes from the February 28<sup>th</sup> meeting with no corrections and Dr. Morgan advised Council that the next meeting was April 11<sup>th</sup>. She reminded Council to check Basecamp in the meantime.

The meeting was then adjourned.

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#### **Item 3: March-April 2018: COL voted on the following items on Basecamp: [Page](#)**

1. HB18-1206 Live and Let Live Act – **OPPOSE**
2. SB18-214 Request Self-sufficiency Waiver Medicaid Program – **OPPOSE**
3. HB18-1187 FDA Cannabidiol Use – **SUPPORT**
4. HB18-1365 Primary Care Infrastructure Creation – **SUPPORT**
5. HB18-1245 Prohibit Conversion Therapy Mental Health Providers – **SUPPORT**
6. HB18-1358 Health Care Charges Required Billing Disclosures – **OPPOSE**
7. SB18-237 OON Providers/Carriers Required Billing Notices – **MONITOR**

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#### **Item 4: March 20, 2018 PDA Minutes: [Page](#)**

##### **Present:**

John Hughes, MD; Bob Yakely, MD; Rob Valuck, PhD, PharmD; Deb Parsons, MD; David Downs, MD; Lynn Parry, MD; Elizabeth Lowdermilk, MD; John Sacha, MD; Gary Ghiselli, MD; Eric Natkin,

DO; John Clapp, MD; Shannon Jantz, MD; Scott Bainbridge, MD; Ellie Jensen, DO; Elizabeth Grace, MD; Katie Lozano, MD; Tom Kurt, MD; Chet Seward; Terry Boucher; Susan Koontz; Suzanne Hamilton

I. Welcome and introductions: Dr. Hughes welcomed the group back. Introductions were made.

II. Legislative update: SB 22 Clinical Prescribing for Opioids – Susan Koontz provided information about the latest developments with this bill. The trial lawyers are attacking the bill as it moves through the House. Specifically, they are targeting the liability and confidentiality protections for the report cards. CMS staff and other allies are actively opposing any changes to the bill as passed out of the Senate.

HB1279 - Another bill seeks to mandate e-rx for all controlled substances. Susan provided background on the bill, detailing many of the issues that adversely affect physicians. The CMS COL is set to take a position on this bill on 3/21.

III. Multi-specialty convening – Dr. Hughes reported that a special focus group was convened on 3/15/18 to set up and spec out the details on the forthcoming multi-specialty convening. Dr. Valuck emphasized support for this work by the Consortium.

The group discussed the merits of holding just one convening or a two-part convening over time, and concluded that a multi-stage convening would be best.

The group discussed the outcomes from the focus group regarding desired outcomes, context, target audience and requirements for a facilitator. There was interest in possibly developing some standardized and/or simplified guidelines or best practices across specialties. Perhaps targeting efforts on certain, overarching care situations would work well, specifically opioid naïve acute pain, chronic pain, addicted patients, palliative care patient, emergency care and post-op pain. The group discussed the potential use of national specialty society guidelines, and encouraging ways to adopt or adapt those guidelines. Some cautioned against framing this solely as guidelines as many physicians bristle at being told how to practice; framing this work as seeking ways to treat pain better would be effective. Others asked how to identify broad principles, encourage cross-specialty education and information sharing, and include guidelines around handoffs/care continuity. The group also emphasized that after guidelines/protocols/recommendations are developed it will be critical to ensure that coverage by health plans for that care is available; it will be important to identify barriers to adoption of products/proposals created during the convening so that they can be aggressively addressed, including legislation, as next steps.

IV. Sober living home regulations – Dr. Hughes reported on a series of articles that recently ran in the *Denver Post* that detailed abuses and lack of regulation of sober living homes. The committee discussed this issue. Dr. Valuck noted that there is an amendment to HB18-1003 to direct the Consortium to study what the problems and best practices are around sober living and recovery practices. The Consortium already has funding to research this issue, but it will take time. **A motion was approved to recommend that COL support this amendment and the bill, in addition to participating in this work should the bill actually pass.**

V. Next meeting – Dr. Hughes reported that there will be no April and the committee will reconvene on May 15, 2018.

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## Item 5: February 8, 2018 CPMG Minutes: Page

### **Members Present**

Shannon Jantz, MD  
Ellie Jensen, MD  
Nora Reznickova, MD  
Ashley Wheeler, MD  
Kim Warner, MD, Chair

### **Members Absent:**

Oscar Sanchez, MD  
Alison Sandberg, MD  
Chris Fellenz,

The minutes of the November 9, 2017 minutes were unanimously approved.

Agenda item Public Policy

a. The 2018 Public Policy Leadership Course (PPLC): A Debrief

The PPLC incubated by the CPMG Section and the Medical Student Component on February 3, 2018 was discussed. There was agreement that the course was well balanced and should be conducted again.

b. Election cycle opportunities

Election cycle opportunities for CPMG Section members was discussed. There was an agreement that an email should be sent to CPMG members seeking members to participate in COMPAC interviews on behalf of the Section. CMS staff will follow-up to make this happen.

c. Legislative Meet and Greets

- i. 3 major office building
  - 1. 3 Senators
  - 2. 3 State representatives
- ii. Discussion about format

This item was discussed for the second meeting in a row. It was decided that the CPMG Section would introduce a trial run on legislative meet and greets utilizing the 3 major office locations of KP. State senators and representatives representing these locations will initially be invited. A decision needs to be made on whether these functions should be held as an early morning, pre-work gathering, a lunch format or after work gathering; there are pros and cons to each. There was an agreement that these functions would begin after the 2018 General Assembly adjourns and where feasible and compatible, the state senator and state representative could both invited to the same function. The idea of a pre-meeting tour of the facility was well received and that Wes Sykes would take the lead on this project with backup from CMS Government Relations.

d. CPMG Legislative Team

- i. ID subject matter experts to review bills and possibly to be expert witnesses
- ii. How do we recruit?
  - 1. Idea 1: Central Line: Live demo of “Interest Areas”
  - 2. Other ideas

Discussion on this topic was inconclusive and will be revisited

- e. State legislation
  - i. Drug pricing transparency
  - ii. Prescribing limits and PDMP checks

Updates were provided on these issues pending or to be filed in the 2018 General Assembly

## II. Other business

The issue of a CPMG Speakers Bureau for CMS was discussed, Ashley Wheeland agreed to continue work on the project after February 28, 2018.

The group decided that would like CMS staff to start a virtual Base camp for the Section Governing Council.

## III. Adjournment

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### **Item 6: April 18, 2018 MSC Minutes: Page**

- 1. Call to order
  - a. Introductions
- 2. Review of minutes from September 16<sup>th</sup>, 2017
- 3. Report of the Board
  - a. Board Liaison – Brandi Ring
    - i. Overview of MSC Section
      - 1. History
      - 2. Changes
      - 3. Roles and Responsibilities
    - ii. Medical Student Bylaws
      - 1. Implementation of the board position
      - 2. Comments and concerns heard
        - a. Budget changes
        - b. How to incorporate 3 schools
          - i. Long range planning
        - c. Co-chairs 2 or 3?
  - b. Board Report – Sofiya Diurba
    - i. January updates
    - ii. March updates
      - 1. Central line update

- a. May 1<sup>st</sup> at 6pm phone call for app development
- c. School Updates
  - i. RVU – Ben Nance
    - 1. Focus to the rest of the student body
      - a. Policy bites and polls
    - 2. Michael Johnston – gub candidate - top priorities
    - 3. Kupersmit – poll and research design
  - ii. CU – Sofiya Diurba
    - 1. Opioid Lunch lecture – awareness
    - 2. Lobby Day – advocacy and legislative update
    - 3. Central line advocacy
    - 4. Getting responses on issues from
- d. AMA Update
  - i. Report on I-2017 – AMA reps
    - 1.
  - ii. Report on MARC
    - 1. Response on topics
    - 2. 5 Talking points
      - a.

4. Program

- a. Passage of Bylaws
- b. Elections
  - i. Co-Chairs
    - 1. Kiara Blough – RVU
    - 2. Lakshmipriya Karamsetty - CU
    - 3. Halea Meese – CU
  - ii. Secretary
    - 1. Iris Burgard (Hardarson) - RVU
    - 2. Maggie Teets – CU
  - iii. Treasurer
    - 1. Rachel Landin - RVU
  - iv. Policy & Advocacy Chair
    - 1. Krista Allen - RVU
    - 2. Eric Lakey - CU
- c. Student Track at Annual Meeting - Discussion
  - i. Plans for 2018
  - d. Upcoming Events

5. Unfinished business

- a. 2017 Financial Reports
  - i. Need to get all receipts and documentation of expenses to your treasurer
  - ii. School bylaws signed for the year

6. New business

- a. AMA A-18 Resolutions
  - i. Equality for COMLEX & USMLE
  - ii. Improving Training for Emergency Physicians in Conducting the Medical Forensic Examination
  - iii. Support for the Expansion of Federal Gun Restriction Laws in Domestic Violence Abusers and Convicted Stalkers
  - iv. Opposition to Armed Campuses
- b. Role of Colorado in Region activities

7. Announcements

- a. Dates for Upcoming Events
  - i. May 9<sup>th</sup> 6:30 – 8:30 evening – Joint Boys and Girls Club Event
  - ii. May 8<sup>th</sup> 5:30pm – CMS sponsored night for the Deadly Medicine Exhibit

8. Adjournment

**April 4 2018: The Worker's Compensation and Personal Injury Committee** met and discussed the following:

- 1. The DOWC impending April 25 hearing on the proposed DIME (Division Independent Medical Exam). The WCPIC reviewed the published proposed rules and suggested that the following two changes be made:
  - Clarify that the number of body parts is one or two – not less than three.
  - DIME physicians will no longer get boxes of records. Medical records will come in a packet that has patient records in chronological order and be tabbed by conditions. Attorneys on both sides will agree to what the packet contains before it is sent to the DIME physician. WCPIC will inquire as who is responsible for the storage of the final packet and how long must that packet be retained. WCPIC authorized Mr. Boucher to testify before the DOWC DIME hearing to relay the committee's two recommendations.
- 2. A brief presentation and update on a meeting DOWC staff to discuss stem cell implantation and their use in the WC system. WCPIC is anticipating a new DOWC rule and medical treatment guideline in 2019.

**March 7, 2018: The Workers Compensation and Personal Injury Committee** met and discussed the following:

- (1) Proposed development of stem cell rules and fees by the Colorado Department of Workers Compensation (DOWC). A decision was made that CMS would meet of DOWC executive staff who are researching the stem cell issue to create a joint collaboration and mutually beneficial path forward.
- (2) There was discussion about a recent DOWC stakeholders meeting about a DOWC Formulary that created a robust dialogue. The proposal, submitted by the DOWC staff for the stakeholder convening, was not well received. The form took the medications that are currently approved in the DOWC Medical Treatment Guidelines and placed them in a recommended prescribing format. After much discussion, WCPIC decided to make 2 recommendations to the DOWC work group developing the formulary:

- a. That DOWC no longer call the document a formulary since it doesn't meet the requirements for a formulary, and instead use the name "Prescribing Guidelines for Prescription Medications listed in the Medical Treatment Guidelines"; and,
- b. That the formulary for the time being be tabled so a focus group of providers could be convened, including carriers, providers and DOWC staff to work on the format over the summer.

CMS staff has been participating in the Division's Code Edit Work Group which has been developing recommendations concerning payment rules and code edits for use in processing work comp claims. The goals of this initiative are correct coding, transparency and uniformity in the billing and processing of claims. The work group made a presentation of the proposed payment rule clarifications and additions during the March stakeholder meeting. These recommendations will be included in the proposed rule changes that will be released over the summer.