

2017 COLORADO MEDICAL SOCIETY YEAR IN REVIEW



Presented by the Colorado Medical Society Board of Directors



Letter from the President

Dear Colleagues,

2017 brought us many great moments: we preserved Colorado's stable liability climate in the 2017 Colorado General Assembly; were instrumental in the enactment of four managed care reform bills and the implementation of a provider complaint pilot project through the legislature; fought for members affected by the Medicaid fee-for-service system conversion; proactively addressed the public health crisis caused by opioid abuse and misuse; engaged with members thousands of times through Central Line; supported physician members with practice management resources on MACRA and QPP; and more!



We invite you to read about these and other accomplishments in the 2017 CMS Year in Review. In the pages that follow, we report on our progress implementing the strategic plan, growing the organization and advocating for members.

Our work is only possible with the support of our members and medical community. As we close out a fantastic year and look forward to 2018, we express our sincere gratitude for all that you do for your patients and our profession.

Sincerely,
M. Robert Yakely, MD

77 percent of CMS members say CMS gives members a chance to provide input and suggestions, a 33-percent increase from 2015.

74 percent say CMS communicates well with membership on the issues facing the medical profession, a 20 percent increase from 2015.

Source: All-member survey, fall 2017



MAJOR EMPHASIS AREAS

The CMS CEO worked with the CMS President to designate three major emphasis areas for fiscal year 2016-17

Major emphasis 1:

Continue to transition CMS to a 21st-century state medical society by growing member awareness and promoting features, participation and achievements.

Major emphasis 2:

Aggressively advocate incremental changes in the multi-payer system, both public and commercial at the state and national level, particularly those that reduce barriers to cost effective, quality care and increase professional satisfaction serving patients.

Major emphasis 3:

Continue to address prescription drug abuse by ensuring access to compassionate, evidence-based care for patients who suffer from acute and chronic pain while reducing the potential for medically inappropriate use and diversion of prescribed medications, and authorizing the Committee on Prescription Drug Abuse to partner with stakeholders on behalf of CMS to reduce illegal drug abuse and addiction to drugs.

In addition to these major emphasis areas:

CMS staff and leaders kept the day-to-day operations of the organization running smoothly, preparing for and staffing all of our active councils, committees, task forces work groups and board of directors meetings; maintaining the website; publishing six issues of *Colorado Medicine* and regular issues of the ASAP and

Livewire e-newsletters; analyzing proposals submitted through Central Line and maintaining the platform; carrying out COMPAC-related election cycle activities; maintaining our full-time CME accreditation and certification program; and ensuring proper accounting, government reporting and membership database maintenance.

Working to enact thoughtful legislation and fight bad bills

Health plan network adequacy

Consistent with managed care frustrations expressed by the CMS membership and the board of directors' authorization to seek reform legislation, CMS caused four bills to be enacted following the 2017 Colorado General Assembly with a fifth that was transitioned into a pilot project. Four CMS staff members and three consultants were utilized to work hard to enact these reforms, joined by countless physicians and practice managers who testified in support of these bills.

For these and other accomplishments highlighted below, all elements of the CMS public affairs program were engaged, including professional direct advocacy, message development and communications; legal research and bill drafting; policy development and research; witness preparation; and member updates and calls to action.

Work has already begun to address issues sure to arise in the 2018 Colorado General Assembly, most significant of which is the public health crisis caused by opioid abuse and misuse.

In preparation this year, CMS has:

- Continued to position the medical profession proactively in the public space during a national public health emergency
- Established new policies to curb the crisis
- Developed and executed a project plan to work proactively with a House-Senate interim study on opioid and other substance abuse disorders, including public testimony and multiple meetings with committee members
- Responded proactively to several requests from Gov. John Hickenlooper
- Continued to provide subject-matter expertise to the Colorado Consortium on Prescription Drug Abuse Prevention
- Increased outreach to component and specialty societies
- Enhanced member education on the crisis



With the support of members, the Colorado Medical Political Action Committee (COMPAC):

- Blocked an aggressive push by the trial attorneys to strip the damage cap from minors' wrongful death lawsuits, preserving Colorado's stable liability climate for the 12th legislative session in a row
- Blocked a clinical overreach by naturopaths to obtain, administer, dispense, prescribe and treat with intravenous minerals, amino acids and hormones
- Blocked an attempt by the state's largest insurer to access confidential medical information through the PDMP
- Enacted a law that grants us standing and legal protection from retaliation, to communicate with legislators and regulators on health plan actions and issues directly impacting our patients and our practices
- Enacted a law requiring the upfront disclosure of how plans build, trim and maintain their physician networks
- Enacted a law requiring any future attempts at health plan consolidation to disclose market- and competition-related statistics to the rest of us
- Achieved a Medicaid payment increase of 1.4 percent for most providers



Helping members navigate a changing practice environment

MACRA (Medicare Access & CHIP Reauthorization Act)

CMS helped to organize and formalize the Colorado Quality Payment Program Coalition to make resources, training and technical assistance accessible to clinicians and their teams during the implementation of MACRA. By working through this coalition approach, CMS helped prepare members for QPP success by focusing education on the specific QPP domains to provide a structured approach.

Medicaid fee for service system conversion

Though not a part of the 2016-17 operational plan, CMS responded aggressively to member complaints resulting from the Colorado Department of Health Care Policy and Financing's (HCPF) transition of the responsibility for claims processing to Hewlett Packard Enterprises on March 1, 2017.

The disruptions: Payment delays for months, in some cases – experienced by physician practices were not mere inconveniences. Economic disruptions of this magnitude threatened the economic stability of medical practices that by definition operate on scalpel-thin margins. CMS assessed that this situation, in turn, could rip wider holes in Colorado's fragile safety net system of care for the working poor with increased risk of delayed care that ends up in the emergency department.

Our tactics to address the Medicaid payment issue were as follows:

- Help members navigate the HCPF and new vendor complaint processes
- Hold numerous meetings with HCPF to express physicians' frustrations
- Present formal letters and hold informal conversations with HCPF and the executive branch seeking payment of interest and penalties on clean claims not timely paid due to the problems created by the new payment vendor
- Prepare for public hearing before two separate committees of the Colorado General Assembly
- Respond to media inquiries

Practice transformation

CMS monitored the function of the 92 Colorado State Innovation Model (SIM) Cohort 1 practices that completed the first of two years in the program. This cohort includes 878 providers who deliver care to nearly 322,000 patients across Colorado. SIM finalized the list of practices that will participate in Cohort 2 and is accepting applications for Cohort 3 through January 2018.



SIM

State Innovation Model



Leading health care reform discussions



Commission on Affordable Health Care

The CMS Task Force on Health Care Costs and Quality concluded its three-year scope of work by reviewing and commenting on recommendations of the state's Commission on Affordable Health Care. The Commission's final report broadly supports numerous CMS policies and advances many current CMS priorities, and some of these recommendations may appear as legislation next year.

Federal health care reform

CMS correctly assessed that the 2016 election cycle would produce a robust, high profile federal and state public policy landscape on coverage, cost, payment alternatives and access. CMS dedicated considerable resources to positively influence reforms, participating in coalitions to increase our influence and engaging in regular open dialogue when members of the Colorado congressional delegation.

Medicaid reform

CMS continued to monitor, review and comment on Medicaid reform.

- The Department of Health Care Policy and Financing's (HCPF) implemented a new alternate payment model structure for Medicaid after a lengthy stakeholder process that included CMS members. The program will begin December 2018 with 2018 results serving as a baseline and 2019 serving as the first performance year. Payment adjustments will begin in 2020.
- The 2017 General Assembly codified the Accountable Care Collaborative Program, incubated and long-supported by CMS, into statute. The bill created explicit checks and balances so that the legislative branch has greater oversight of the program (including reporting requirements), in addition to creating a consistent process for future payment reforms



Protecting patient choice and physician rights with health plans



Defeating the mega-mergers of Anthem-Cigna and Aetna-Humana

Extensive work by CMS and a coalition of 18 state medical associations led by the AMA was rewarded when federal trial court judges, in tough-worded opinions, blocked in back-to-back sequence the mega-mergers proposed by Anthem-Cigna (Feb. 8) and Aetna-Humana (Jan. 23). Anthem appealed and was turned back at the Appeals Court level.

Colorado was a high concentration state in Anthem-Cigna and had local markets that demanded review in Aetna-Humana. AMA attorneys worked closely with CMS and the other high concentration states, providing valuable physician survey data and experts to buttress the case for the Department of Justice.

United's acquisition of Rocky Mountain Health Plans (RMHP)

CMS intervened in this acquisition and submitted seven proposed conditions to Colorado Insurance Commissioner Salazar. These conditions were based on at least five trips to the Western Slope to understand the concerns of physicians with the acquisition. The main goal of the conditions was to ensure local physician input if the acquisition was to be approved. CMS subsequently withdrew some of the proposed conditions as a result of RMHP's voluntary agreement to address virtually all the conditions recommended by CMS as an oversight function to the acquisition.





Demonstrating organizational excellence

In addition to the aforementioned achievements, CMS moved the organization forward in the following ways.

Physician Leadership Skill Series:

Seven sessions of the grant-funded Physician Leadership Skills Series (PLSS) were conducted throughout 2017

All-member elections:

The all-member election for CMS officers was held in compliance with the bylaws Aug. 1-31, 2017; individual webpages for all candidates for office were created and advertised in *Colorado Medicine* and ASAP e-newsletters

Central Line:

Ten policy proposals were processed in the first full year of Central Line operations and exceeded expectations for member participation; the American Association of Medical Society Executives 2017 President's Award was presented to the Colorado Medical Society for "Innovative Physician Engagement within Organized Medicine" for our innovative program: Central Line – Your Profession – Your Future



CMS-Component Study:

This study, directed by the 2014 House of Delegates to recommend the future roles of CMS and component societies in supporting the delivery of programs and services to physician members, produced a final report that was approved by the board in September and is already being implemented



Annual Meeting:

An Annual Meeting Work Group with CMS staff planned and implemented the 2017 CMS Annual Meeting that featured nationally renowned speakers and the first fully developed student track designed by and for students to maximize their experience at the meeting

Medical Student Component:

With Dr. Brandi Ring as the board's liaison and professional staffing, the MSC is now more organized and focused: They developed their own student track at the Annual Meeting, reviewed all AMA resolutions and are working on the 2018 Public Policy Leadership Forum scheduled for Feb. 3, 2018



Regional Forums:

Seven regional forums were held in fiscal year 2016-17