

CMS Board Work Plan

Fiscal year 2017-2018: DRAFT 9/15/2017



Why this work plan is important: This is the proposed scope of work on behalf of our members and our medical community, as well as for non-members who also benefit from this effort. It is the initial responsibility of the CEO to submit an annual work plan based on the strategic plan and focused on areas representing the greatest opportunities for progress growing the organization and advocating for members. It is the fiduciary duty of the board to approve an annual work plan that will represent the focus of CMS during each fiscal year, in this case 2017-2018. It is also the duty of the board to monitor progress on an annual work plan throughout the fiscal year, to work with the CEO to make course corrections as needed, and to provide input on tactical application as needed.

What guided development of the work plan:

2015 governance reform guiding principles to:

- **Put members first:** Optimize efforts for the greatest good given resources and probability of success or progress.
- **Promote the profession:** Champion and stand up for the profession in the broader community.
- **Be transparent by being open, inclusive and honest:** Maintain candor regarding the opportunities, probabilities and potential tradeoffs.
- **Maximize membership engagement through effective communication and leadership development:** Pursue direct peer-to-peer and online engagement throughout the year.
- **Enhance efficiency:** Consider the most efficient means of pursuing the goals and objectives given resource limitations.
- **Enhance effective decision-making:** Assure inclusive, informed consensus building to guide board of director decisions and leadership.

The 20,000 foot view:

The economic pressures on physicians to control costs, coupled with the continued realignment of payment models in both public and private sectors, have generated (and will continue to generate) significant partitioning of medical practice settings and further limits on practice choices that can assure economic security and viability. The political uncertainties and irreversible interdependence of federal and state health care financing and thus sharp differences among leaders and influencers regarding those policy options will also continue to exacerbate the business relationships between payers, physicians and other providers, as well as hospitals and medical staffs. Market responses will likely be antagonistic, even on occasion predatory -- more zero sum than collaborative.



The resulting conflicts and administrative burdens will thus continue to contribute to physician burnout and its manifestations, notwithstanding the increased availability of innovative practice support technologies that can optimize physician productivity and help insulate practices from market disruptions and instability.

Colorado physician demographics are evolving, with substantial difference among those demographic cohorts regarding delivery system tolerances and expectations. The younger physician and medical student cohorts differ markedly from their over-50 peers in terms of practice choices, adoption of technologies and political philosophies. These differences present daunting challenges for any medical society to advocate effectively on behalf of a profession that has divergent priorities and concerns.

Perhaps the most significant operational adjustment to accommodate and manage these gaps in perception and need has been the reinvention of CMS's governance model to widen and deepen member interaction and connect expertise across generations of physicians that minimizes inevitable conflicts and supports an active mentoring of medical students and younger physicians as part of an integrated medical professional community.

Major emphasis 1: Continue transitioning CMS to a model 21st century state medical society by growing member awareness and promoting features, participation and achievements.

Major emphasis 2: Payer issues and patient safety (Sunset of the Medical Practices Act and Professional review).

Major emphasis 3: Substance use disorders – Opioid crisis.

Overriding Theme: Physician wellness – Maintain a focus on wellness to ensure members know that they are supported.

The Congressional efforts to repeal and replace the ACA have provoked an otherwise latent antagonism by voters, albeit uninformed as to detail and substance, toward those who would presumably limit or repeal their health care coverage or compromise their ability to keep and afford that coverage. Health care politics has become consumerized and increasingly militant. Polling in Colorado as well as across the US suggests, in effect, a move toward the federalization of state health care policy and politics. The underlying economic vulnerabilities of a large middle and lower middle class of voters, when combined with a similar vulnerabilities in the public and private healthcare sectors will likely be exploited in the both primary and midterm elections. The rhetorical questions shouted in 2017 to members of Congress during raucous town hall settings like "what kind of coverage do you have?" will undoubtedly be weaponized in 2018 campaigns across the U.S., and will not differentiate between federal and state contests. The notion of coverage parity with office holders polls well above 80%, and has produced polling responses that now tip voter and even physician attitudes away from free market rhetoric and more accommodating of public sector models such as single payer and Medicare for all, or some iteration of a public option. These are not in the near term politically viable, but do represent a sea change in voter awareness and

arguably an increased tolerance for the role of government in health care delivery in previously ambivalent voter blocks.

Physician sentiment has evolved to threshold awareness. A recent Merritt Hawkins survey of US physicians found over half supportive of a single payer model, a statistic that is comparable to CMS surveys. It is of course a more complex view. CMS polling shows overwhelming rejection of the current direction of the Congress on health care reform.

Re-election positioning polls, while at this early date purely speculative, show a 10% margin for Democrats over Republicans, a statistic that for now is also reflected in recent close call challenges in entrenched republican congressional districts. The relevance to CMS is twofold: (1) Moderate Rs could be at risk of being swept in the 2018 election cycle - the same legislators who championed CMS's strongly contested 2017 managed care reforms; and, (2) The unwavering necessity of standing by these legislators by definition antagonizes not merely challengers but statewide Democratic candidates. Meanwhile, the well funded trial bar will be trying to reach critical mass for their agenda with those Democrats with a two pronged agenda: Raise the malpractice damage cap and breach the confidentially shield of professional review.

Besides the questions of partisan advantage yet to gel, there is a presidential “x” factor that will play into Colorado state health politics that are also yet to be determined: Governor Hickenlooper has partnered with Republican Ohio Governor and probable presidential candidate John Kasich on a bipartisan ACA set of reforms, while pundits pitch the notion of the “two Johns” running together as an independent ticket. Bipartisan reform efforts backed by “no labels” and the “problem solvers” caucus mirror a similar break from the tribalism that has tanked voter confidence in the Congress.

Regardless of how state policy makers -as -candidates adjust to these yet to be politically manifested dynamics, it elevates the relevance of several state issues being developed in 2017 and debated in 2018 that will run both right and left of center and will require a steadfast and consistent approach to avoid being pulled into the partisan vortex.

Work Plan Limitations

It is important to note that there are considerable staff resources required to run the day-to-day operations of the organization which are not specified in this plan. This includes but is not limited to: preparation and staffing all of our active councils, committees, task forces and other work groups; ongoing maintenance of communication platforms such as the website, six issues of *Colorado Medicine*, 24-30 issues of ASAP, press releases and other communications functions such as Central Line; COMPAC-related election cycle activities; planning and preparation for six board meetings, the maintenance of our full-time CME accreditation and certification program; ensuring proper accounting; government reporting; and membership database maintenance.

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SECTION 1: PHYSICIAN WELLBEING AND SUCCESS

Ensure physicians thrive personally and professionally throughout their careers in an evolving health care system

I. Cost of care

Voters and policymakers increasingly identify the rising costs of health care and health insurance as a critical problem. There are myriad public and private initiatives aimed at decreasing costs of care. After three years of work the State Commission on Affordable Health Care recently completed its work to develop recommendations to address this problem and legislators are actively evaluating potential bills for 2018. In addition, Colorado mountain communities still command some of the nation's highest health insurance rates and policymakers are focused on finding solutions. Negative, unintended consequences may result from new public policy without appropriate physician leadership and initiative to address this problem.

Goal: Reduce the cost of care, while enhancing the value, quality and safety of care

Objective: Influence how health care systems reduce costs and improve quality in the future by proactively engaging physicians across the state

Strategies:

1. Cost and price variation: Recruit a multi-specialty, one-time task force from the membership, by application, to study existing Colorado data on cost and pricing variation and make observations, comments and recommendations to the board of directors for action.
2. Cost commission recommendations: Actively monitor, inform and advocate for physician priorities during discussions by policymakers to implement recommendations from the state cost commission.

II. Enhancing professional satisfaction: Payer-physician relations

Following a sustained, two-year effort to address the consequences of narrow networks, the 2017 General Assembly enacted a package of managed care reforms recommended by a coalition comprising CMS, component and specialty medical societies and Colorado Medical Group Management Association. Member surveys continue to demonstrate that health plans have too much power over physicians and that care quality, access and professional satisfaction are being negatively affected. A continued priority focus on the many inequities in the current multi-payer system is critical so that physician-insurance company interactions can center on value rather than market share and volume.

Goal: Ensure interactions between insurance companies and physicians focus on value over volume, and focus on timely access and quality

Objective: Focus on a top tier set of issues that remove barriers to care and increase professional workplace satisfaction

Strategies:

1. Provider Complaint Reporting Pilot Project: Because health plans are expected to increase the use of denials, delays and other tactics for decreasing costs, CMS will:
 - a. Designate the CMS-Colorado Division of Insurance provider complaint reporting pilot project a high priority and;
 - b. Monitor the participating practices monthly to gain feedback and to provide support. Analyze data for trends and devise appropriate interventions;
 - c. Keep the Commissioner of Insurance and the SB17-133 bill sponsors updated routinely; and,
 - d. Update the board of directors throughout the life of the pilot.
2. Physician legal standing with payers: Because health plans will deploy greater use of strategies to contain costs:
 - a. Inform members about this trend, including use of narrow networks;
 - b. Provide physician education on legal rights under Colorado law in dealing with health plans and encourage members to exercise those rights;
 - c. Monitor state network adequacy laws and regulations to determine if consumer and physician protections are adequate given payer moves to further narrow networks.
3. Quality measures: Because value-based payment systems rely in part on quality measures, work to:
 - a. Review, compile and analyze existing quality measures that have been developed by multiple sources
 - b. Work with efforts by the Comprehensive Primary Care Initiative, the State Innovation Model, CMS.gov and others to align quality measures and methods for value-based payment systems that have clinical validity and seek their use across payers
4. Administrative simplification: Promote the critically important policy solutions to eliminate or mitigate administrative burdens adopted as CMS policy and originally developed by the American College of Physicians.
 - a. Partner with other stakeholders passionate about returning the Joy of Medicine using the [Institute for Healthcare Improvement white paper](#) as a framework.
5. Out-of-Network (OON) claims: Because health plans will more aggressively seek to mitigate OON claims, CMS will:
 - a. Inform members about this anticipated trend;
 - b. Spotlight the fact that current law protects patients from surprise bills when their care is provided through a fully insured product;
 - c. Seek and support national solutions to this national problem.

- d. Provide members with advice on how to protect patients from surprise medical bills, particularly with ways to deal with OON billings;
- e. Continue outreach to health plans and consumers to work to find a mutually beneficial OON public policy solution;
- f. Authorize the Council on Legislation (COL) to file OON 2018 legislation, as appropriate, regardless of whether there is an agreement with health plans; and
- g. Monitor and clarify the health plan's application of the prudent layperson definition of an emergency.

6. Prior Authorization and step therapy: Educate members on state law relating to prior authorization and step therapy and work with the current national coalition to address prior authorization problems.

III. Medicaid Reform:

CMS supports the transformation of Medicaid into a high performance delivery system that meets the needs of patients and the physicians who care for them. Colorado's Medicaid Accountable Care Collaborative (ACC) was incubated during the Administration of Governor Bill Ritter and implemented over the past 7 years under the leadership of Governor John Hickenlooper. CMS played a major role in the development of the ACC and has supported the program from its inception. The future of Medicaid is in the epicenter of the national health care reform debate in Congress and will be a political issue during Colorado's 2018 gubernatorial elections.

Goal: TBD post September 2017 board meeting

Objective: TBD post September 2017 board meeting

Strategy: TBD post September 2017 board meeting

IV. MACRA (Medicare Access & CHIP Reauthorization Act):

In 2017 the way that Medicare pays for physicians' services began the most sweeping and complex change in two decades. Medicare's current fragmented approach to quality initiatives was combined through MACRA into a single Quality Payment Program with two approaches: MIPS (Merit-Based Incentive Payment System) and APMs (Advanced Alternative Payment Models). These changes are accelerating Medicare's move to payment for value rather than volume. In response to MACRA, CMS partnered with numerous stakeholders to form the Colorado Quality Payment Program Coalition (Coalition). The Coalition's mission is to: (1) Increase QPP awareness among Colorado health care providers using common messaging; (2) Organize educational efforts for providers; and, (3) Coordinate effective and efficient technical assistance for physician practices. [A special web site](#) for the Coalition has been created and serves as an information hub for education and coaching assistance for physician practices.

Goal: Ensure successful transition to the Medicare Quality Payment Program (QPP) by Colorado physicians

Objective: Prepare Colorado physicians for QPP success by focusing education on the specific QPP domains in order to provide a structured approach

Strategy: Work through the Colorado Quality Payment Program Coalition to make resources, training and technical assistance accessible to clinicians and their teams. Keep clinicians informed of changes and improvements to the program to ensure success.

SECTION 2: PATIENT SAFETY AND PROFESSIONAL ACCOUNTABILITY

New approaches to delivering care and addressing adverse events will enhance safety, learning and accountability while appropriately compensating injured patients.

I. Preserving the Liability Climate:

For the twelfth legislative session in a row, CMS and COPIC led the fight to maintain Colorado's stable liability climate in the 2017 General Assembly. CMS successfully defeated HB17-1254 that would have rendered any wrongful death action involving anyone under age 21 against a physician or healthcare defendant limitless.

Goal: Maintain and promote Colorado's stable liability climate

Objective: Aggressively advocate in the 2018 election cycle, the 72nd (2018) General Assembly, and in the courts as needed

Strategy: Deploy all elements of the public affairs program

II. Sunset Reviews:

The Medical Practices Act (MPA), including the Colorado Medical Board and the bodies of law governing professional review and controlled substances are scheduled for repeal in 2019 if not affirmatively recreated by the 2019 General Assembly based on Colorado's sunset review process. Legislative action by the 2019 General Assembly will be preceded by the Department of Regulatory Affairs (DORA) sunset review in 2018. Sunset review is an excellent opportunity to review and modernize the programs and functions of an agency or body of law, and an opportunity for CMS to provide a leadership role. Alternatively, the requirement that legislation must be passed to extend the life of an agency or body gives medicine's adversaries the opportunity to hold sunset legislation hostage in exchange for extraneous demands.

a. Sunset Review of Colorado Medical Board and the Medical Practices Act:

This is a review of the Colorado Medical Practices Act, Article 36 of Title 12, C.R.S., which includes: the powers and duties of the medical board, practice of medicine, qualifications for licensure, foreign teaching physician license;

anesthesiologist assistants; physician assistants; foreign medical school graduates; licensing panel; Skolnik Act; license fees; pro bono license; reentry license; unprofessional conduct; prescribing opioid antagonists, disciplinary actions by board and immunity; confidential agreements to limit practice; appeal of final board actions; physician training licenses; peer health assistant programs; unauthorized practice and penalties; postmortem examinations by physicians; professional services corporations, limited liability companies, and registered limited liability partnerships for the practice of medicine; mandatory reporting and immunity; inactive license; physician obligations to protect medical records; medical marijuana recommendations.

Goal: Reenact an MPA that maintains and advances the goal of contributing to patient safety, provider accountability and quality care

Objective: Thoroughly review all aspects of the MPA and develop consensus, explicit policy recommendations and legislative strategies for consideration by the board of directors

Strategies:

1. Appoint a one-time, special work group composed of physicians, attorneys and a consumer who are involved in licensure, disciplinary actions, peer health assistance programs and-or credentialing for purposes of policy development and legislative strategy
2. Work collaboratively with DORA (Department of Regulatory Affairs, the Sunset Review agency), the Colorado Medical Board, COPIC, Colorado Hospital Association, specialty societies, Colorado Association of Physician Assistants, and the Colorado Physician Health Program

b. Sunset Review of Professional Review Statutes: Professional review seeks to promote patient safety and to further quality health care in Colorado. This is a review of the Colorado Professional Review Act, Article 36.5 of Title 12, C.R.S.; including definitions; use of professional review committees; establishment of professional review committees; hospital professional review committees; definition and rules relating to governing boards registering and reporting to the division; immunity from liability; limitations on liability relating to professional review actions. The 2012 General Assembly modernized the professional review statute and the Colorado Supreme Court subsequently handed down a ruling that reaffirmed the confidentiality privilege. Current law has served to enhance patient safety and to protect consumers.

Goal: Reenact Professional Review Statutes that maintain and advance the goal of contributing to patient safety, provider accountability and quality care

Objective: Thoroughly review all aspects of the Professional Review Statutes and develop consensus, explicit policy recommendations and legislative strategies for consideration by the board of directors

Strategies:

1. Appoint a one-time, special work group composed of physicians, attorneys and a consumer involved in professional and quality review and patient safety systems
2. Work collaboratively with DORA (Department of Regulatory Affairs, the Sunset Review agency), the Colorado Medical Board, COPIC, Colorado Hospital Association, specialty societies, Colorado Association of Physician Assistants, professional nursing, and the Colorado Physician Health Program

c. Sunset Review of Controlled Substances Statutes:

This review pertains to the recordkeeping and licensing functions of controlled substances, Article 80, Title 27, C.R.S., in addiction programs and researchers including license required for controlled substances; qualifications for license; denial, revocation or suspension of license and other disciplinary actions; exemptions; records to be kept; enforcement and cooperation; confidential records. Addiction program means a program licensed under this statute for detoxification, withdrawal or maintenance treatment of addicts.

Goal: Reenact Controlled Substances statute to ensure compliance with federal law and strict, accountable management of controlled substances in all circumstances

Objective: Thoroughly review all aspects of the Controlled Substances statute to determine and recommend explicit policy recommendations and legislative strategies

Strategy:

1. Work collaboratively with DORA (Department of Regulatory Affairs, the Sunset review agency), COPIC, Colorado Hospital Association and others as needed
2. Refer all sunset issues for oversight and management to the Council on Legislation

III. Prescription Drug Abuse:

According to the US Centers for Disease Control and Prevention: On August 8, 2017, President Donald Trump said the United States had no alternative but to defeat an epidemic of opioid drug use that kills more than 100 Americans daily. The Colorado General Assembly has a special House-Senate interim study committee to address the epidemic. The Hickenlooper Administration is asking CMS to consider limits on prescribing and ensuring PDMP (prescription drug monitoring program) checks under certain circumstances. The national, state and local media cover the crisis on a daily basis. The Centers for Disease Control and

Prevention call prescription drug overdose deaths one of the four most serious epidemics facing the nation. Since CMS pledged its full cooperation and support on the opioid crisis to Governor Hickenlooper in January 2013, the CMS has provided: (1) Expertise to and worked closely with the Colorado Consortium for Prescription Drug Abuse Prevention; (2) Extensive education and professional development opportunities for members; and (3) Advocacy on public policy to address the crisis. Much assistance more will be expected from the medical profession over the next few years.

Goal: Ensure 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, eliminate abuse of opioids and opioid addiction, and help patients who are addicted to opioid drugs

Objective: Aggressively advocate for CMS opioid-related policies consistent with priorities of the Colorado Consortium for Prescription Drug Abuse Prevention

Strategies:

1. Continue to collaborate with and work through the Colorado Consortium for Prescription Drug Abuse Prevention
2. Provide subject matter expertise to the General Assembly's Opioid and Other Substance Abuse Disorders Interim Study Committee
3. Advocate in the 2018 General Assembly for recommendations consistent with CMS policy developed by the General Assembly's Opioid and Other Substance Abuse Disorders Interim Study Committee
4. Direct the Committee on Prescription Drug Abuse to use its discretion to focus CMS efforts in areas deemed most productive in achieving the long-term goal of CMS

IV. Physician Wellness:

“With increasing demands on time, resources, and energy, in addition to poorly designed systems of daily work, it’s not surprising health care professionals are experiencing burnout at increasingly higher rates, with staff turnover rates also on the rise. Yet, joy in work is more than just the absence of burnout or an issue of individual wellness; it is a system property. It is generated (or not) by the system and occurs (or not) organization-wide. Joy in work – or lack thereof – not only impacts individual staff engagement and satisfaction, but also patient experience, quality of care, patient safety, and organizational performance.” [IHI Framework for Improving Joy in Work, 2017](#)

Goal: Highlight, emphasize and promote solutions to enhance physician wellness and increase joy in the practice of medicine

Objective: Focus specifically on individual wellness, organizational interventions and public policy

Strategies:

1. Survey members to gain an updated perspective on physician workplace satisfaction and morale, including but not limited to areas of concern which might be increasing burnout, impacting morale and ideas for CMS moving forward.
2. Create and implement a new marketing campaign for the CMS wellness toolkit
3. Identify and promote organizational interventions that address physician stressors

V. Scope of Practice (SOP):

Each year, in nearly every state including Colorado, non-physician health care professionals lobby state legislatures and regulatory boards to expand their scope of practice. While some scope expansions may be appropriate, others definitely are not.

Goal: Protect public health, prevent misrepresentation and empower patient decision-making

Objective: Assess non-physician health care practitioners SOP legislation on a case-by-case basis

Strategy: Ask the Council on Legislation to continue a SOP Subcommittee and to collaborate with interested specialty societies

SECTION 3: HEALTH CARE SYSTEM EVOLUTION

Health care system innovation will result in access to high quality, cost-effective care for patients and their communities.

I. Federal and State Health Care Reform:

Navigating a Shifting Policy Landscape: The 1st Session of the 115th Congress was unsuccessful on health care reform, including a failed attempt to repeal and replace the Affordable Care Act (ACA). CMS was vigilant in keeping the Colorado Congressional delegation informed about the views of physicians on the reform proposals debated in the U.S. House and Senate and the dysfunction in the current multi-payer system. CMS opposed the U.S. Senate version of health care reform. CMS also advocated through a broad and diverse Colorado-based stakeholder coalition and the American Medical Association. CMS must anticipate and remain prepared to advocate for members during any renewed effort during the 2nd Session of the 115th Congress to once again attempt passage of health care reform legislation.

Goal: Ensure that all Coloradans have coverage and access to high-quality, affordable health care

Objective: Maintain or increase current levels of coverage and address dysfunction in the commercial-public, multi-payer system during

debates on health care reform including repeal and replacement of the ACA, 1332 state demonstration waivers, block grants, per capita caps and high risk pool or re-insurance program proposals during the 2nd Session of the 115th Congress

Strategies:

1. Keep the voice of physicians at the reform “table” throughout the debate at both the federal and state level
2. Ensure that CMS is an on-going resource to all Colorado Congressional Delegation members during any renewed health care reform discussions
3. Continue to provide real-time input to the Colorado Congressional Delegation through all-member survey(s) as appropriate
4. Monitor and advocate for physician priorities during state executive and legislative branch discussions and reactions to federal reform efforts
5. Continue to participate in the Colorado Health Policy Coalition convened by the Denver Metro Chamber of Commerce to advance common purposes and with the American Medical Association and other organized medicine partners

II. Practice Transformation

Many Colorado physicians are struggling to make the necessary changes to maintain viable practices given the competing demands of the current system and calls for payment and health care delivery reform by patients, policymakers and payers (public and private). Consequently, physician burnout is increasing and more physicians are leaving or cutting back on practice. Colorado is home to a number of practice-based coaching initiatives aimed at assisting physicians with transitioning to new models of care and reimbursement. CMS supports many of these programs as a way to accelerate CMS payment and delivery system reform priorities.

Goal: Facilitate practice transformation so that physicians can demonstrate the value of their care, flourish under new payment models and increase their professional satisfaction

Objective: Promote widespread adoption of CMS payment and delivery system reform priorities among physician practices, while engaging, educating and updating physicians

Strategy: Continue to support and collaborate with the following initiatives to assist primary care and specialty care physicians, specifically educating physicians about and connecting them to the following programs:

- State Innovation Model (SIM): Physical and Behavioral Health Integration
- Comprehensive Primary Care Plus Initiative (CPC+)
- Transforming Clinical Practice Initiative (TCPi)
- EvidenceNow Southwest

III. Caring of Injured Workers:

CMS is working to upgrade the Colorado system of worker's compensation so that physicians currently caring for injured workers can thrive in the system and physicians not currently participating will register and want to participate. CMS enjoys outstanding relationships with the state's Division of Worker's Compensation (DOWC) and with Pinnacol Assurance, Colorado's locally owned and dominant carrier. The opportunity to strengthen Colorado's system of worker's compensation is inherent in these relationships.

Goal: Improve care and access to care for injured workers in Colorado

Objective: Upgrade the Colorado system of worker's compensation so that physicians currently caring for injured workers can thrive in the system and physicians not currently participating will register and participate.

Strategy: Collaborate with DOWC, Pinnacol and other stakeholders to: (1) Perform an assessment of the needs and concerns of physicians providing care to injured workers through quantitative and qualitative research methods, including a survey of CMS members; (2) Identify and promote projects to improve care quality, access for injured workers and physician practice satisfaction based on the needs assessment; while also recruiting new Workers' Compensation Personal Injury Advisory Committee (WCPIC) members.

SECTION 4: ORGANIZATIONAL EXCELLENCE

CMS will be a well-governed, effectively managed, fiscally sound organization that meets the needs of a diverse membership in a rapidly changing environment.

I. Membership Recruitment:

Goal: Grow CMS membership by 6% by the end of the next fiscal year

Objective: Reverse the one-year loss of CMS membership market share among practicing Colorado physicians

Strategy: Develop and execute a renewable, yearlong, statewide membership recruitment and retention campaign with targeted marketing tactics to differentiate message for both private practice and employed physicians

II. Governance-Communications:

CMS members want effective advocacy, bilateral communication and helpful information. The society is two years into a transition that will: (1) Engage members across the spectrum of practice settings in policy development and advocacy; (2) Draw on member expertise from the exam room level to the boardroom; (3) Link membership directly to the board of directors; (4) Invite

vigorous, evidence-based, peer-to-peer evaluation of policy options; and (5) Incubate and cultivate physician activists and leaders who reflect the evolving demographic and diversity of Colorado physicians.

Goal: Continue the transition into a model 21st century state medical society

Objective: Grow member awareness, features, participation and achievements

Strategy: Continue to implement the following major governance and communication reforms enacted by the 2015 House of Delegates.

a. Committee on Board Strategic Direction: The Committee on Strategic Direction will help the board of directors steer the organization towards a sustainable, prosperous and beneficial future.

Goal: Ensure a sustainable, prosperous and beneficial future for CMS so that the organization can continue to serve members and patients

Objective: Develop a member-driven, value-based strategic plan and identification of 3-5 year board competency needs

Strategy:

1. Work with the CEO to develop and oversee operations and research, such as a Colorado-specific market analysis, member needs survey, other data collection and analysis specific to strategic planning and competency needs forecasting
2. Evaluate new programs and services, making recommendations to the board that achieve these goals and objectives

b. Recruit and Train Leaders:

21st century state and component medical societies will rely on physicians who have the training and skills to lead a diverse membership. Future governance will be even more connected to the grassroots given available technologies, and hopefully will be even more relevant and effective for members. Developing new physician leaders who are trained and are enthusiastic about applying their skills to achieve the goals of CMS and component medical societies is critical.

Goal: Enhance and grow physician leadership capacity in Colorado to ensure organizational and individual integrity in CMS and component society operations.

Objective: Offer leadership training programming that addresses demonstrated physician management and leadership skills gaps not otherwise offered through medical education.

Strategy:

1. Promote, conduct and evaluate the Physician Leadership Skills Series in 2018

2. Track where, how and why physician graduates of the program use their leadership service to benefit the governance leadership needs of CMS and component societies
3. Seek grant funding to conduct the third Advanced Physician Leadership Program

c. All-Member Elections:

All-member elections for the offices of CMS President-elect, AMA Delegates and Alternates were implemented in 2015 for the first time in CMS history and were successfully executed in 2016 and 2017. The election procedure is governed by CMS bylaws and election rules. A Nominating Committee ensures that qualified candidates are recruited to fill the slate of required numbers of open positions for all offices and annually issues a general call for nominations that will be made to the entire membership.

Goal: Ensure competent, value-driven CMS leadership

Objective: Timely advance a 2018-2019 slate of qualified candidates for the offices of CMS President-elect, AMA Delegates and AMA Alternate Delegates

Strategy: Continue execution of an all-member election marketing plan to ensure that all interested members know what positions are open for election, what qualifications are needed and have access to the election guide.

d. Annual Meeting:

The 2016 Annual Meeting was re-engineered as a motivational sanctuary for physicians to share, argue and learn from the best of the best. Attendance was up in 2017 slightly over previous three years with the new format (feedback suggests one of the reasons was the elimination of House of Delegates business). In an era of burnout and unrelenting change and stress, this gathering will continue to stimulate, entertain and help physicians remember why they are doctors.

Goal: Continue to transform the Annual Meeting into an attractive multi-specialty forum for collegiality, information sharing and an open forum with the board of directors

Objective: Increase 2018 Annual Meeting participation by 5% and maintain or exceed satisfaction reviews

Strategy: Utilize a board-appointed physician advisory committee to design and market the 2018 Annual Meeting

e. Central Line:

Central Line is the revolutionary application that allows any CMS member to submit policy proposals, to give input on policy proposals submitted by colleagues, and to give the board of directors input before and after votes are

taken on policy. In 2016, its first year of operations, Central Line exceeded expectations for member involvement in CMS and won the American Association of Medical Society Executives 2017 award for innovative physician engagement.

Goal: Empower members to meaningfully engage in policy decision-making virtually on issues that are important to them and on issues being addressed by the board of directors

Objective: Increase member participation with Central Line

Strategy:

1. Conduct a comprehensive evaluation of Central Line to assess performance and analyze potential changes that could enhance the value of the program
2. Aggressively market Central Line in fiscal year 2017-2018, including presentations at Regional Forums, through *Colorado Medicine*, ASAP and through a marketing kit for component medical societies

f. CMS-Component Collaboration:

In 2017, the board of directors approved a study directed by the 2014 House of Delegates for the purpose of recommending the future roles of CMS and component societies in supporting the delivery of programs and services to physician members. The study recommendations were forwarded to the board of directors by a special, one-time study committee that began deliberations in late 2015. The 2017-2018 fiscal year will be used to operationalize the report recommendations.

Goal: Support the practice of medicine in Colorado by advocating, communicating and educating

Objective: By 2020, all physicians will belong to the CMS/Component organizations because it is their most valuable professional organization

Strategies:

1. In-person meetings: Hold an in-person, staff-to-staff meeting every six months dedicated to strengthening the joint member value proposition, one of which shall be dedicated to development of the CMS annual operational plan with the specific intent of identifying mutually beneficial alignment.
2. Conference calls: A conference call shall be conducted every two months for the purpose of discussing issues of mutual interest.
3. Basecamp: A virtual Basecamp shall be initiated so CMS and component executives can communicate and share information between conference calls and in-person meetings.

4. Strategic and operational plan sharing: Strategic and annual operational plans will be shared for the purpose of determining alignment and opportunities for collaboration.

g. **Regional Forums:**

In-person meetings are imperative – particularly during a time when physicians feel isolated and desire peer interaction. Regional forums will continue to empower members through a direct connection with CMS leadership and make CMS a much stronger, better-connected and more responsive organization. Regional forums for 2018 are already being promoted.

Goal: Hold regional forums in 2018 with interested component medical societies

Objective: Empower members through a direct, local connection to the board

Strategy: Market and arrange regional forums with the involvement of the CMS board member from the region they represent

III. Young Physician Section: Special sections may be designated by the board of directors to represent special interests within the CMS in order to address unique problems relating to their group, and other pertinent questions facing the medical profession. Members of these sections shall be CMS members in good standing. Sections must be governed by bylaws adopted by the section and approved by the Board of Directors upon recommendations by CEJA. Each active section may appoint one section member to the CMS board of directors for a term of one year in accordance with that section's bylaws and procedures. In 2017, with the approval of the board of directors, a group of active CMS members began the process of determining whether CMS needs a Young Physician Section (YPS) and what its value proposition is to members.

Goal: Submit a report to the board of directors on the question of establishment of a CMS Young Physician Section

Objective: Finalize deliberations on the creation of a CMS Young Physician Section report for consideration by the board of directors at their May 2018 meeting

Strategy: Continue a thoughtful investigative process, headed by board of directors members Drs. Gina Martin and Brandi Ring, focusing on: (1) Whether and why a YPS is needed; (2) The value a YPS would bring to CMS members 40 and under, or to those who are in their first 8 years of practice, that is not currently available through CMS; (3) Survey CMS members 40 and under, or to those who are in their first 8 years of practice, to determine member interest in a YPS.

IV. Medical Student Component:

The Colorado Medical Society Medical Student Component (MSC) embodies the students of medicine of the University of Colorado Health Sciences Center and

Rocky Vista University to promote the science and art of medicine, the betterment of public health, and the unity, harmony and welfare of the medical profession, to unite with county and district medical societies to form and maintain the Colorado Medical Society. The MSC is well organized, staffed and led.

Goal: Develop medical society leaders of the future through active, robust participation in the MSC and further MSC involvement in CMS and the AMA

Objective: Provide meaningful educational, social and experiential opportunities for MSC members

Strategies:

1. Activities: Through a meeting of the MSC, develop the 2017-2018 fiscal year program and activity agenda. Facilitate CMS leadership involvement in student activities.
2. Programming: Develop a student-directed track at the CMS Annual meeting to encourage membership and involvement
3. Advocacy Engagement: Facilitate student involvement in local and national advocacy efforts through education, conference attendance and representation on the CMS Council on Legislation
4. Procedures & Policies: Review and establish component bylaws and elect a component board

V. CMS Delegation to AMA:

CMS has an active and engaged Delegation to the American Medical Association. CMS Delegates and Alternate Delegates to the American Medical Association attend the annual and interim conventions and special conventions of the House of Delegates of the American Medical Association. These Delegates faithfully represent CMS and its official policies in the AMA House. Following meetings of the AMA House of Delegates, the Delegation reports to the CMS membership by providing a resume of major actions and noting the delegations vote on controversial issues. The Board of Directors shall designate the chair of the Delegation following consultation with the Delegation.

Goal: Advocate for CMS policies in the AMA House of Delegates

Objective: Maintain a high-priority focus on issues consistent with the 2017-2018 CMS operational plan, particularly those relating to health care reform, issues that address barriers to good care and problems that contribute to professional dissatisfaction

Strategy: Coordinate and work through the PacWest Conference to the AMA, a voluntary, self-directed coalition of thirteen states and the U.S. Territory of Guam, each of which is separately represented by Delegates to the AMA, and whose purpose it is to facilitate communication, promote common causes, pursue action on relevant issues, and provide a strong, cohesive voice on important policy matters and to improve health care for physicians and patients

VI. Public Policy Education:

CMS members want advocacy, communications and helpful information.

Successful CMS advocacy is dependent on member participation in the public policy and political space. Three in-person, professional facilitations were conducted to determine why students and physicians don't get involved and what students and physicians would like to experience in a public policy course. The outcomes of these facilitations provided input on: (1) Development of a public policy course description; (2) Identifying major content areas; and, (3) Enumerating learning objectives.

Goal: Expand physician participation in public policy advocacy

Objective: Finalize and advertise a public policy course for members in the fourth quarter of 2017

Strategy:

1. Seek partnership from COPIC, Kaiser Permanente and AMPAC as partners in final design and course advertising
2. Finalize and confirm the course faculty by the end of October 2017
3. Advertise the course beginning mid-October 2017