

2016 Year-in-Review

Putting Members First



SECTION I: PHYSICIAN WELLBEING AND SUCCESS

1. Health Plan Network Adequacy and Access

- **Out-of-Network (OON):** While we were disappointed that a professionally facilitated mediation between CMS and the Colorado Association of Health Plans to address OON and other network adequacy issues concluded unsuccessfully in early 2016, CMS soundly defeated 2016 legislation that would have imposed treble damages on in-network physicians for failure to provide patients with a list of OON providers that might be involved in a patient's care. The defeat of this legislation allows CMS to proactively bring legislation to fix OON in 2017.
- **Network Adequacy Reform:** CMS vigorously participated in a stakeholder process convened by the Colorado Division of Insurance to address network adequacy. The outcomes were a mixed bag of results, failing to produce meaningful across-the-board reforms but making reasonable progress on some issues. The lack of significant progress at DOI gives CMS standing to take unfinished business to the 2017 General Assembly.
- **Insurance Commissioner Physician Advisory Group:** We held a "listening session" for the Insurance Commissioner with 30 physicians and practice administrators. The "stories" were so persuasive that a physician advisory group reporting directly to the commissioner was appointed and is currently meeting. CMS is promoting, among other issues, a pilot project to allow physicians to submit provider complaints to DOI that document a pattern of abuse.

2. Medicaid Primary Care Code Parity with Medicare

- A coalition including CMS achieved a partial fix by creating a Primary Care Provider Sustainability Fund that transfers \$20 million in cash funds for the continuation of Medicaid rate enhancements in specific areas including primary care office visits, preventive medicine visits, counseling and health risk assessments, immunization administration, health screening services, and newborn care (including neonatal critical care).

3. President's Plan: Empowering and Representing Members

- **Direct Member Communications:** We continued high-touch member communications campaign throughout the fiscal year through a combination of surveys; direct president-to-member emails using *President@CMS.org*; regional forums; and council, committee and special work group meetings.

SECTION II: PATIENT SAFETY AND PROFESSIONAL ACCOUNTABILITY

1. Preserving Liability and Professional Review Climate

- For the 11th legislative session in a row, CMS and COPIC led the fight to maintain Colorado's stable liability climate in the 2016 General Assembly. CMS successfully killed two bills, SB 152 and HB 1374 that would have exposed physicians to treble damages.

2. Prescription Drug Abuse

- Our Committee on Prescription Drug Abuse worked closely with the Colorado Consortium to Reduce Prescription Drug Abuse and (1) reviewed the federal Centers for Disease Control and Prevention draft opioid prescribing guidelines and coordinated a response through AMA; (2) monitored the PDMP and how it has grown since the implementation of required registration (approximately 90 percent) for all DEA licensed pre-

scribers, data showing the past year's number of Schedule 2-5 prescriptions, PDMP searches, and unsolicited reports; (3) discussed with DORA representatives the first anniversary of the implementation of the Quad Board Opioid Prescribing Guidelines; and (4) the Medicaid Prescription Drug Audit. Despite the opioid crisis and its high visibility, Colorado has escaped punitive mandates on physician practices by being part of the solution.

3. Physician Wellness

- CMS passed a resolution incubated by the Committee on Wellness at the 2016 AMA Annual Meeting directing AMA to ask the federal Centers for Medicare and Medicaid Services to count physician satisfaction as a Clinical Practice Improvement Activity under the Merit-Based Incentive Payment System (MIPS). The CMS delegation raised the concern that the "Triple Aim" – a term coined by the Institute for Healthcare Improvement – is "jeopardized by the burnout of physicians and other health care professionals."

4. Scope of Practice

- The 2016 General Assembly enacted legislation dealing with physician delegation to physician assistants (PAs), collaborative pharmacy practice agreements, community para-medicine regulation, continued regulation of surgical technologists, and continued regulation of direct-entry midwives. A great deal of time and energy was expended on these bills. The Scope of Practice Subcommittee of the Council on Legislation played an invaluable role for CMS on these bills. We are grateful for the dedicated work of these members.

5. Physician Assisted Death (PAD)

- **Colorado ballot initiative, Proposition 106:** The board of directors approved an operational plan in January on physician-assisted death (also referred to as death with dignity or medical aid in dying) that was executed throughout the remainder of the fiscal year. This included extensive research through CEJA, an all-member survey, production of a CEJA report with recommendations, a *Colorado Medicine* dedicated to the issue, a forum at the Annual Meeting and the board of directors voting to remain neutral on Proposition 106.

SECTION III: HEALTH CARE SYSTEM EVOLUTION

1. Commission on Affordable Health Care

- The CMS Task Force on Health Care Costs & Quality communicated to the state's Commission on Affordable Health Care suggestions on their payment reform recommendations. Subsequently, CMS President Mike Volz, MD, provided testimony to the cost commission on recommendations created by CMS regarding payment and delivery system reform recommendations. CMS attended all meetings of the commission. The commission submitted its 2016 report to the General Assembly which included a number of CMS-supported recommendations to help control costs, including support of all-payer payment models, encouraging the use of increased data transparency by plans, standardizing quality measures, addressing social determinants of health and tackling health care workforce issues.

2. Physical and Behavioral Health Integration

- CMS helped recruit the first cohort of 100 practices to participate in the SIM practice transformation coaching project. Subsequently SIM began recruitment of the second cohort of practices. In addition, the federal government announced that Colorado would be one of 14 regions to participate in the Comprehensive Primary Care Plus (CPC+) initiative. CPC+ provides all payer payment reforms and practice transformation resources to 71 practices across the state. CMS encouraged practices to apply for both programs.

3. Medicaid Reform

- The Committee on Medicaid Reform provided invaluable recommendations on how to stop the Medicaid E&M

code cuts, the role of CMS in evaluating the Medicaid Accountable Care Collaborative Program 2.0 proposal, and the payment reforms underway in the behavioral health organizations. CMS took the committee's views to the General Assembly and to stakeholder meetings organized by HCPF related to phase two of the Accountable Care Collaborative.

4. Caring for Injured Workers: CMS Committee on Workers' Compensation and Personal Injury (WCPIC)

- New Department of Workers' Compensation rules reflect CMS WCPIC recommendations: Annually the Division reviews and makes any necessary changes to Rule 16 - Utilization Standards and Rule 18 - Medical Fee Schedule. Rule 16 defines the administrative procedures, including prior authorization, and dispute resolution procedures necessary to implement the Division's Medical Treatment Guidelines and Medical Fee Schedule. Rule 18 establishes the maximum allowable fees for health care services falling within the purview of the act.

The proposed rules contained several suggested recommendations that the WCPIC had made during the monthly DOWC stakeholder meetings. After several votes, the committee developed the items to present during the DOWC public hearings held in August. CMS testified on the newly created notification/prior authorization rules, proposed rule requiring PTs and OTs to submit weekly reports to the treating physicians, and submitted written recommendations regarding the revision of the rules in the telehealth section. Many of the WCPIC's recommendations were incorporated into the new rules that will be effective on Jan. 1, 2017, with prior authorization modifications being the most significant win.

5. Insurance Industry Consolidations

- CMS played an integral role to help usher four of the five largest commercial insurance companies into a federal court fight against the U.S. Department of Justice. In March, the board voted to oppose the mega-mergers of Anthem-Cigna and Aetna-Humana. In late July the Department of Justice (DOJ) filed suit in the U.S. District Court for the District of Columbia challenging the proposed mega-mergers, the culmination of more than a year of methodical research and close collaboration with antitrust experts from the American Medical Association (AMA), the Colorado Medical Society and 16 other state medical associations who worked together and with their physician members to develop a compelling economic and legal case for competition. The DOJ's extraordinary effort is the first comprehensive legal challenge in many years to the attempts of the nations' largest and most influential health plans to consolidate their marketshare and directly and indirectly influence the physicians who provide care in those communities.

When the mergers were announced in July of last year, the AMA and state medical societies responded swiftly with a campaign detailing how the mergers would increase health insurance market concentration and reduce competition. The aim was to demonstrate that the proposed mergers would have negative long-term consequences for health care access, quality and affordability in states across the nation. This response would prove to be a case study in how combining the first-person stories from practicing physicians and the strength of medical organizations – with the data, expertise and experience of the AMA team – could fuel the federal government's oversight of these anticompetitive power plays.

6. Colorado Care Ballot Initiative: Spirited physician engagement concludes in CMS opposition

- Colorado Care Ballot Initiative, Amendment 69: The board approved an operational plan in January on Amendment 69 ("Colorado Care") that was executed throughout the remainder of the fiscal year. This included a special advisory committee to the board of directors, development of educational documents for members, an all-member survey, a forum at the Annual Meeting and the board of directors voting to oppose the amendment.

SECTION IV: TURNING DATA INTO INTELLIGENCE

- CMS partnered with Health2047, a Silicon Valley-based innovation company, to conduct a series of physician office site visits. Founded by the AMA, Health2047 is focused on bringing the physician viewpoint to the forefront of innovation and health technology system design in health care. A total of 11 practices were visited up and down the Front Range and in the central mountains in order to develop an analysis of Colorado physician needs, wants and opinions about what is, isn't and should work when it comes to health technology. The visits were part of a national Health2047 effort that is also aimed at helping to design first-in-market products to change health care delivery, physician practice, and individual's lives.

SECTION V: ORGANIZATIONAL EXCELLENCE

1. Governance and Communication Reform: The New CMS

In September 2015, the House of Delegates voted overwhelmingly to dissolve into a realigned governance model that connects a streamlined board to the widest possible spectrum of its physician constituencies. At the November 2015 board meeting, an operational plan was approved to transition the major functions of The New CMS as quickly and effectively as possible. The marketing touted a New CMS that would keep members more engaged, informed and empowered than ever before.

- **Give Members an Unprecedented Voice:** CMS has developed a first-in-the-nation, virtual grassroots policy forum" with multiple functions and unprecedented utility for linking member voices into common purpose, from the communication and policy phase with the board of directors; into the statehouse and our congressional delegation; and into the world of health plan, business and consumer boardrooms. A task force was convened to develop, brand and implement the Virtual Policy Forum, now named Central Line, and launched the platform on Nov. 18, 2016.
- **Reduced Board Size:** CMS successfully implemented the House of Delegates vote to reduce the size of its board of directors from 36 to 18 members. To that end, the CEO contracted with a consultant to meet with the board to determine the best way to accomplish that change and to maximize production from the new structure.
- **Recruit and Train Leaders:** Nearly flawless execution on a board-approved plan resulted in CMS securing grant funding as scheduled to create its Physician Leadership Skills Series to recruit member physicians to receive advanced leadership training to become component and CMS leaders of the future. Marketing efforts promoting the Physician Leadership Skills Series began with the November/December issue of *Colorado Medicine*. The program is slated to begin in February 2017.

In addition, CMS collaborated with the Regional Institute for Health and Environmental Leadership, the Colorado Academy of Family Physicians, the American Academy of Pediatrics Colorado Chapter and Physician Health Partners to submit a grant to the Colorado Health Foundation for funding of the third cohort of the Advanced Physician Leadership Program. This will be composed exclusively of primary care physicians given grant requirements. We will learn whether the grant was awarded to CMS in February 2017.

- **Annual Meeting Re-engineering:** CMS aimed to make the annual meeting more relevant to a broader demographic of CMS members through the efforts of the Annual Meeting Re-Engineering Work Group appointed by the board of directors. Meeting multiple times throughout the year, the work group used the results of a member-wide survey to design programs and extracurricular activities to appeal to a broader member audience. The 146th Annual Meeting, the first in the society's history without a House of Delegates, was held Sept. 16-18 in Keystone, Colo., and 110 physicians and 67 medical students attended. Respondents to the post-

meeting survey rated the overall quality of the conference 4.22 (very good+) out of 5.00. The work group will start to design the 2017 annual meeting in early January.

- **Empower members with an all-member election:** Nearly flawless execution of the board's work plan resulted in over 200 CMS members voting to elect the President-elect and AMA Delegates and Alternates. This is over twice the number of votes that were cast at either of the last two House of Delegate-run elections. Marketing to encourage members to run or nominate others to run for these offices in 2017 is ongoing in advance of next August's election.

2. Colorado Permanente Medical Group:

This was the inaugural year of the CPMG section and they:

- Recruited CPMG physicians to participate on: (1) Committee on Wellness; (2) Special Advisor to CEJA on review of CMS policy of physician-assisted death; (3) Continued participation on COL (Mark Mathews, MD, Vice-Chair; Kim Warner, MD; and Alison Sandberg, MD);
- Sponsored a wellness workshop at the Annual Meeting and the Chairman of the CPMG board participated in the Sunday morning plenary session on end-of-life options;
- Recruited 14 CPMG members to attend the 2016 Annual Meeting;
- Recruited 135 new CMS members; and
- Held three governing counsel meetings.

3. Public Policy Education

- Through an in-person, professionally facilitated dinner meeting at CMS, nine medical students convened to provide input on: developing the course description, identifying major content areas, and enumerating learning objectives. This project will continue in the 2016-2017 operational plan.

4. Membership Recruitment

- As of Sept. 30, 2016, CMS membership is down 350 members from the prior year. This number includes the loss of 321 dues-paying Active 1 members from the same period in 2015 representing \$174,945 in lost dues revenue. CMS has made reversing its loss in membership a top priority and has been conducting a national search for an experienced member retention and recruitment director since August. Finalist interviews are being held with the goal of having the successful candidate start the first week of January 2017.

5. Financial Stability

- The Colorado Medical Society ended its fiscal year on Sept. 30, 2016 with a positive gross variance of \$65,202 against budget. Considering the loss of membership revenue, this is an outstanding outcome that compares well to last year's \$43,326 positive gross variance.