CMS Board of Directors: September 14, 2018
CONSENT CALENDAR: Items for Approval

Item 1: 7-13-18, BOD Minutes: Pages

MEMBERS PRESENT

President	Robert Yakely, MD
President-elect	Deb Parsons, MD
Imm. Past President	Katie Lozano, MD
Districts 1 & 2	Richard Lamb, MD
Districts 3 & 4	Vacant
District 5	David Markenson, 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 13	Brad Roberts, MD
District 14	Benjamin Nance, RVU
CPMG	Kim Warner, MD
RFS	Charles Tharp, MD

MEMBERS ABSENT (EXCUSED)

District 6	Brandi Ring, MD

GUESTS PRESENT Dr. Lynn Parry, Judy Ladd, Sara Lipnick, Benjamin Kupersmit, Kim Ross, Dr. Peter Ricci, Dr. Lee Morgan, Sharon Jewitt, Dr. Ray Painter, Dr. Ted Clarke, Dr. Dave Downs

CMS STAFF Alfred Gilchrist, Susan Koontz, JD, Chet Seward, Dean Holzkamp, Marilyn Rissmiller, Gene Richer, Dianna Fetter

Agenda Item

I. Introductions of members and guests

CMS President Robert Yakely, MD, kicked off the meeting at 1:00pm and made the following opening comments:

- Reminded board members and staff about the dinner after the meeting being hosted by Dr. and Mrs. Yakely at their home;

- Welcomed the new medical student representative on the board of directors, Mr. Ben Nance from Rocky Vista University.

II. Fiscal Year 2018-2019 Public Policy Facilitation

- Dr. Yakely started the first agenda item, Fiscal Year 2018-2019 Public Policy Facilitation, by making the following points:
    - We are all aware that the board suspended the 2019 Annual Meeting at the last meeting to ensure that CMS has the resources to address the extraordinary array of public policy issues confronting members in 2019.
    - Since the May board meeting, staff and leadership have been working to position CMS as proactively as possible going into the 2019 legislature.
    - As you would imagine, there are issues and situations where staff needs direction.
    - In this regard, this portion of the agenda item will be conducted as a facilitation.
    - Our facilitator is Sr. Director of Health Care Policy, Chet Seward.
    - Several years ago, we sent Chet to facilitation school and since his graduation he has facilitated quite a few meetings for CMS.
    - I informed Chet that Dr. Ray Painter has requested 3 minutes to address the statewide ballot initiative.
    - With this background, Mr. Seward began the facilitation.
- Mr. Seward made the following comments to begin the facilitation:
    - This is a continuation of the strategic discussion on 2019 priorities that began two months ago.
    - Specific outcomes for the facilitation include:
        - Developing an understanding about what medicine will face in the 2019 legislative session and what CMS is doing so that we can communicate with our members
        - Reach agreement on strategic goals and approaches for 2019 session, and in doing so provide guidance to councils, committees and staff regarding future work and 2018-2019 CMS work plan

a. Statewide Price Transparency Ballot Initiative 146 **(Action)**

- Mr. Seward started the facilitation on Price Transparency Ballot Initiative 146 by making the following, noting that efforts to increase health care cost transparency and the public publication of meaningful data will not go away. Health care price transparency is supported by both sides of

the aisle in the General Assembly and consumers and business are clamoring for more information to make decisions.

- He then posed the following two questions and facilitated responses:
    - How do you think CMS should be positioned publicly on the issue of health care price transparency?
    - What is the CMS role in creating effective price transparency?

- The following comments were recorded: (Alfred's noted from BOD discussion)
    - Transparency is hard to fight. While concern is over price transparency, no one knows what price is. CMS should change the narrative; push for real transparency, such as insurance coverage, cost or price?, services covered; meaningful, not fake.
    - It is almost impossible to publicly publish our prices. I wouldn't know what to publish because our practice is paid a different negotiated rate by different plans.
    - We should be in favor of price transparency.
    - Consumers want the transparency they have in a normal market; e.g., buying sofa. CMS can help explain the issues with transparency.
    - Agree with the comments about the complexity of the current billing system; can we recognize and act on the outliers who are abusing the system without weakening the hand of the good actors?
    - We have to have a plan to let consumers know we are on their side; Outliers that make the medical profession look bad should be addressed. We need lots of physician education.

- Following discussions on the two questions, the floor was open to what CMS should do on Statewide Price Transparency Ballot Initiative 146 with the following three options offered:

- **Option 1**: Take a position today by passing a motion (for, against or neutral on the ballot initiative) and place this recommendation on Central Line for a final board decision in September if the initiative qualifies for the November ballot.

- **Option 2:** Wait until (a) The ballot measure is certified for the general election (2nd week of August); and, (b) The CMS member survey is posted with the board in late July-early August for review. Pass a motion on Base Camp no later than August 16 for processing on Central Line and a final decision in September.

- **Option 3**: refer to COL for a decision and report back.

- The following discussion was recorded:

    - Dr. Ray Painter, a former CMS president was recognized for three minutes and made the following comments:

- Recommend the board vote to actively oppose Ballot initiative 146, and place it on central line a full discussion.
- Reasoning for this recommendation and why CMS should take an active step forward in supporting transparency
    - The ballot initiative is much too detailed
    - Most physician practices would suffer financially due to added complexities in billing and collecting.
    - The additional cost required to meet the new rules would be prohibited.
    - In addition, it shifts the burden of determining insurance coverage from the patient to the provider.
    - CMS should actively and publicly support transparency. We should be proactive in the fight.
- Additional Recommendations by Ray Painter, MD
    - **1.** Support regulations mandating that every provider publish the cash price for each service.
    - A physician/Hospital/ imaging center/Lab or other providers could not charge any patient more than the published cash price. (This would also address the out of network issue) However, discounts for any reasons could be applied at any time.
    - In addition, any provider could publish discounted price list for any group.
    - That will provide physicians with the flexibility to run a practice
    - Support regulations that would mandate that insurance companies provide patients with understandable payment information for each service, for each provider as requested.
    - Patients and their insurance companies should be responsible for determining insurance coverage and out-of-pocket cost;
    - Providers can only provide insurance published pavements cannot guarantee insurance payment.
    - Providers should be held accountable for transparency charges but not cost to the patient
    - Support legislation to enact these recommendations.
- Becoming proactive now could shift support from the Ballot Initiative to the legislation. At the same time it would put CMS and physicians in a positive light instead of just being negative on the issue of transparency.

- CMS needs to be very pragmatic on this topic;

- Support transparency but oppose this ballot initiative;
- Act immediately;
- Oppose 146 and put together a work group to ID what CMS can support.
- Following discussion the following motion was passed with two board members voting no and one abstaining:
    - "That CMS oppose ballot initiative 146 if enough signatures are gathered to qualify it for the 2018 general election ballot, and to reach out to the ballot initiative advocates to open discussions on a meaningful alternative".

b. Metro-Denver Chamber Cost of Care (**Action**)

- The facilitation then turned to cost of care and the Metro-Denver Chamber of Commerce's efforts currently underway to address cost. Mr. Seward made the following comments to begin the facilitation:
    - Prior work by CMS is paying dividends now as the Chamber has accepted many recommendations from CMS.
    - Special recognition should go to Peter Ricci, MD, who has represented CMS incredibly well at the Chamber meetings.
    - The board reviewed and agreed with the strategic assumptions developed staff.
    - The board also supported the strategic approach of pursuing a medicine-business coalition on the cost and quality of care.
- Surprise out of network (OON) bills continue to be a point of contention between physicians and consumers, the business community and others. CMS has solutions, but specialists have dissented and prevented an agreement. The following questions were put before the board for discussion:
    - What guidance do you have for COL on OON issues?
    - How do we resolve the internal conflict with specialists?
    - Should CMS step aside from the current approach on OON and allow affected specialists to lead?
- The following comments were recorded in response to the question
    - There is an OON issue and there needs to be greater transparency
    - The key word is "surprise".
    - There is a percent of OON billings that are inappropriate as opposed to those that are appropriate;
    - Don't punish the vast majority while going after the bad actors;
    - CMS needs to find the line between getting after the bad actors while being fair to the responsible actors.
    - Neuro monitoring and surgical assistants seems to be the big problem. Payers apparently won't let the surgical assistants in-network
    - Target the problems; leave the others alone.

c. Professional Review/MPA/Liability Environment (**Strategic Discussion**)

- Mr. Seward turned the facilitation professional review and medical practice sunset and the liability climate.
- Mr. Seward made the following comments to begin the discussion:
    - Acknowledged Ted Clarke, CEO, COPIC
    - Noted that there are a number of strategic approaches that can be pursued based upon the situation at hand. The objective is to be prepared on all front – offense and defense – so as to enhance the likelihood of success.
- Kim Ross, CMS consultant was asked to share his perspective on the dynamics around professional review-MPA sunset and the liability climate. He made the following points:
    - The volume and significance of the issues confronting medicine in 2019 represents a once-in-a-decade opportunity for the trial lawyers to make gains at the expense of the medical profession;
    - The board and the COL should be prepared for issues to come down to the end game;
    - There will be no bad decisions just consequences to the decisions that CMS makes;
    - Preparation now will pay dividends later
- Mr. Seward explained the need to survey physicians in a state where the privilege of confidentiality has been pierced to determine the impact on professional review. That data will help explain what has happened when peer review has been pierced, while another survey of CMS members will provide data on what Colorado physicians predict will happen should these protections be changed. Both data points will be valuable for future advocacy activities.
- Benjamin Kupersmit of Kupersmit Research led a discussion on what the board would like to learn from physicians in these surveys.
- Following discussion, a motion was made, seconded and approved to recruit and appoint a one-time work group on professional review composed of physicians currently involved in professional review to: (1) Review and comment on all recommendations and questions being posed to DORA under Sunset of Professional review; (2) Advise the COL and BOD on legislation and CMS policy; (3) Serve as experts during hearings on professional review sunset legislation in 2019; and (4) Serve as media spokespersons on 2019 professional review legislation; (5) Disband immediately following the 2019 General Assembly.

d. Opioids (**Strategic Discussion**)

- Mr. Seward deferred to Alfred Gilchrist to provide an update on the dynamics around the public health crisis caused by opioid abuse and misuse. Mr. Gilchrist made the following comments:
    - The new interim study on opioids and other substance abuse disorders was issued by the Colorado General Assembly and represents good news in that:
        - Continued study of clinical prescribing issues was not included in the study and this means unless there is some type of unforeseen "event" the issue of mandates on physicians is off the table;
        - The biggest opportunity is the aspect of the committee's charge relating to prevention, treatment, recovery resources and gaps in coverage and treatment.
        - The board would see the following priorities in the fiscal year 2018-2019 operational plan for the Committee on Prescription Drug Abuse:
            - Advise the COL on legislation and the board on new or revised policies;

        - Continue to coordinate closely with the Colorado Consortium for Prescription Drug Abuse Prevention;
        - Conduct the multi-specialty facilitation as requested by the Consortium;
        - Collaborate with the interim legislative study;
        - Work with AMA on the so-called Manet project.
    - Mr. Gilchrist also explained the benefits of designating Donald Stader, MD, as the CMS liaison to the 2017 interim opioid and other substance abuse disorders study and suggested that Dr. Stader and Scott Bainbridge, MD, be jointly appointed as liaison with the new interim study.
    - A motion was made, seconded and unanimously passed to designate Drs. Donald Stader and Scott Bainbridge as the two CMS liaisons to the 2018 interim study on opioid and other substance abuse disorders.
- At the end of the facilitated session members were asked to respond to two questions by writing answers on sticky notes and handing them into staff. The following replies were recorded to the questions outlined below.

*In talking with a **physician colleague** about the issues facing medicine in 2019, what stood out for you in today's discussion that you would emphasize?*

- The importance of supporting and electing legislators who understand and advocate for physicians' issues
- We need to have a policy on price transparency that serves our patients and helps people know the cost of contemplated health care
- Professional review confidentiality is critical for improving patient car and protecting safety of patients
- CMS advocating on many fronts (opioids, MPA, peer review, cost of care) for the physicians in Colorado
- Continue to protect professional review
- We are the guardians of the medical galaxy and are positively influencing cost of care, quality of care, professional review and combatting the opioid epidemic
- How do we make health care finance transparency work?
- We're the visible face of authority and power in health care – and right now we're being blamed for a lot of what's going wrong in health care. Now more than ever we need to build and rebuild our relationships with our patients, so they know we have their backs.
- Need to better articulate value of physician (sp?), also be more critical of profession and colleagues
- There are efforts in place to open peer reviews and other similar records to discover in litigation
- Don't take for granted the favorable malpractice climate in Colorado. Understand there is a storm brewing and the trial lawyers want more and will cost you (money and potentially your professional livelihood).

*In talking with a **policy maker** about the issues facing medicine in 2019, what stood out for you in today's discussion that you would emphasize?*

- Why are we being targeted in cost-saving efforts when we are unable to accurately predict or determine our costs?

- We (the House of Medicine) are guardians of the Colorado medical galaxy and are positively stepping up in our collective role of cost of care, quality of care and preserving our educational activities. That directly improves both systems of care and individual physician care of our patients.
- How things do (or don't) happen in health care – payment, clinical care, who gets what treatment, etc – is insanely complex. Please, when you try to hash out rules and strategies for us to provide better care for all Coloradans, first learn about the complexities of how the decisions are actually made…
- We need physicians to guide health care cost containment. This may be through novel ways of health care delivery.
- Challenges to marketplace adequacy of physicians makes on reimbursement, liability and perception of profession.
- "Price transparency" is not something that physicians have control over. Money changing hands should be made transparent, but this is something dictated by the health insurance carriers.
- CMS and its physicians should be first experts to turn to for questions related to medicine in Colorado.
- Medical Practice Act – Assume professional training and expertise.
- Essential: Keep the focus on high quality patient care when trying to decrease cost of care.
- Health care cost transparency discussions and policy should never be just about that one thing. Health care financing with costs from insurers/payers, in the system, etc.
- Peer review is a significant safety modality and learning opportunity for physicians.
- Physicians are human, and mistakes will be made. To limit these mistakes we cannot remove the mechanism that allows our health care system to improve and decrease the errors. Making peer review discoverable will be bad for medicine but mostly bad for patients.

III. Fiscal Year 2017-2018 Operational Plan

A. Central Line Policy Proposals — Robert Yakely, MD

- Dr. Yakely turned the board's attention to the two Central Line proposals and made the following comments:
  - There are 2 proposals, and both are action items
  - For each of the 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, we will take them one at a time
    - If there are no extractions, I'll move to Step 2
  - **Step 2**: I will ask if there is any new information from staff.
  - **Step 3:** I will recognize guests that wish to make comments.
  - **Step 4**: I will ask for a motion, and of course motions contemplate discussion, amendments, alternate motions and of course votes
  - Let's proceed.

    - Marijuana Policy Update (**Action)**

- Dr. Yakely started the conversation on the proposal "Marijuana Policy Update" with the following comments:
    - You will recall that the original proposal was submitted by Dr. Ken Finn of El Paso County, a Physical Medicine and Rehabilitation specialist.
    - The board referred his proposal to a one-time work group.
    - The one-time work group proposal was approved by the board at the May meeting and was submitted by the board on Central Line for today's meeting.
- There were no extractions from the proposal's details
- There was no new information from staff other than to explain that amendments submitted by Lynn Parry, MD, had been posted on the board's Base Camp along with comments from the one-time work group members.
- Dr. Lynn Parry, a CMS Delegate to AMA and former CMS President was recognized for three minutes to comment on the report and to explain her proposed amendments.
- A motion was made and seconded to approve the proposal.
- Following discussion, the motion failed with two board members voting in the affirmative.
- A second motion to refer the proposal back to the work group was made, seconded, and passed unanimously.
    - The following reason for the referral will be posted on Central Line:
        - The board held an extended, thoughtful discussion of this proposed, new policy based upon member feedback via Central Line, issues brought directly to the CMS president and the recent approval by the FDA of the first marijuana-based epilepsy drug. Given that there is no immediate urgency to enact new CMS policy, this issue is referred back to the CMS work group for further study and report back for action by the board and membership via Central Line.

i. Stem Cells (**Action**)

- Dr. Yakely continued with the proposal "Stem Cells" and made the following remarks:
    - This proposal was submitted by Dr. Christopher Centeno of Foothills Medical Society.
    - Dr. Centeno's specialty is Physical Medicine and Rehabilitation
- There were no extractions from the proposal's details.
- There was no new information from staff.
- There were no guests who had registered to testify.
- A motion was made, seconded, and unanimously adopted to approve the proposal as CMS policy.
- The board took a 15 break for ice cream compliments of Lynn Parry, MD, and to socialize.

IV. Report of Committee on Wellness (**Action**) Deb Parsons, MD

- Deb Parsons, MD, presented a report from the June 5 meeting of the Committee on Wellness.

V. Organizational Excellence

1. Consent Calendar (**Action**) Robert Yakely, MD

a. Minutes from 5-18-18 BOD meeting

b. Minutes from 5-9-18 CPMG Governing Council
c. Minutes from 5-18-18 C/Prescription Drug Abuse
d. Minutes from 6-6-18 WCPIC
e. Roster additions; Committee on Wellness
f. Roster, Cost of Care Working Group

- The Board unanimously approved the Consent Calendar that included the appointment of Anne Fuhlbrigge, MD to the Cost of Care working group.

2. Finance Committee report — David Markenson, MD

a. 2018-2019 Fiscal Year budget (**Action**)
b. Financial summary and statements: April-May 2018 **(Action)**

- CMS Finance Committee Chair, David Markenson, MD, presented the proposed budget for the 2018-19 fiscal year and drew the Board's attention to a recommendation to make an investment of up to $150,000 from the Society's short-term reserves to fund a major membership retention and recruitment project. This investment has been discussed for some time with staff and the Finance Committee and with the recent hire of a full-time membership director, the Finance Committee deemed the time right to include the recommendation for next year's budget. The Board of Directors agreed and unanimously approved the proposed budget for 2018-19 as presented.

- Dr. Markenson presented the April-May financial statements for Board approval. He reported that CMS is currently posting a negative gross variance of $67,087 below budget but that forecasts indicate that deficit to be recovered by the end of the year. The Board unanimously approved the April-May financial statements.

V. Board Memo Update: Extractions – No Extractions — Robert Yakely, MD

VI. Executive Office Reports

A. President – Reminded everyone about the dinner at his house. — Robert Yakely, MD

B. President-elect – Invited all to the annual meeting in September — Deb Parsons, MD

C. Immediate Past President – Shared information about her new role with Doctors Care — Katie Lozano, MD

D. Chief Executive Officer – Thanked everyone for their time and service. — Alfred Gilchrist

VII. Other Business

A. Next meeting September 14, 2018, Vail Marriot, Vail, CO

VIII. Adjournment

IX. Executive Session – Executive Session was held.

Item 2: 7-17-18 Prescription Drug Abuse Minutes: Pages

Present: John Hughes, MD; Lynn Parry, MD; Kathryn Mueller, MD; Chris Unrein, DO; Elizabeth Grace, MD; Tom Denberg, MD; Tom Kurt, MD; Ken Finn, MD; Elizabeth Lowdermilk, MD; Eleanor Jansen, MD; Shannon Jantz, MD; Erik Natkin, MD; Scott Bainbridge, MD; Rob Valuck, ParmD; Alfred Gilchrist; Terry Boucher; Susan Koontz; Chet Seward

I. Introductions were made.

II. Manatt – The group received a brief update on the AMA/Manatt project. A meeting is being scheduled with the Division of Insurance. Members of the committee suggested leveraging state health plans (reference the Washington state model) in these efforts.

III. 2019 Legislative Session –
Dr. Valuck noted that the interim committee has already been formed and 5 meetings are scheduled. The interim committee is using a similar stakeholder process as last year. First meeting is July 20 focused on place setting and trying to quantify how much treatment costs. Will be a call for proposals for hearing during two meetings in August. What can be done to continue to address the crisis from the provider perspective? Perhaps CMS should prepare proposals. Need ideas by the end of August to begin drafting. Then in early October will vote on those six proposals to see what will be considered in 2019. Then hold a final meeting in December as a prep for the legislature.

Group noted that the Manatt project will not be done by August, but the report out by the end of the year can hopefully augment. Determine 3-5 priority areas that fit within the interim committee's charge. The group agreed that CMS must continue to be proactive. A brainstorming session ensued that will continue via Basecamp on ideas to be included in proposals for the August legislative interim committee. Topics surfaced included: education (cranking up physician education and therefore mandates are irrelevant), increase access to treatment (primary care and other settings), better referrals, increasing distribution and therefore use of Naloxone, altos, ensuring appropriate network adequacy for behavioral treatment providers, paid e-consults between PCPs and pain specialists.

Dr. Valuck reported that sophisticated modeling studies project that if all opioid prescribing immediately stopped then the crisis will not *crest* for another seven years. Two percent of the population has opioid use disorder and likely 10% has substance use disorder – that's more than asthma. Bottom line is that this epidemic will continue for some time and therefore continued, disciplined and committed work is necessary.

In order to continue to educate physicians the group recommended that a special section be created in *ASAP*, the CMS bi-weekly e-newsletter, to provide brief guidance, scripting, to-dos and other critical need-to-know information about the opioid epidemic for CMS members. CMS staff will work with the communications department and the committee to operationalize this idea.

IV. Multi-specialty Convening – Chet Seward reported that CMS released a request for proposals for facilitation assistance with the convening. Interaction Associates has been selected and the convening will be held on Saturday, October 6 at the CMS offices in Denver. One of the objectives of the meeting is to target and engage other physician leaders across the state in order to grow the network of physicians helping to reverse the opioid crisis. Some members of the PDA committee will be included to provide continuity, but the majority of the group will hopefully be new physicians.

V. CPS consensus statement – The group discussed the Colorado Pain Society statement which is intended to help drive the conversation about how to reduce barriers, protect people and save lives. Dr. Finn noted that the cheapest, most accessible options within health plan benefit designs continue to be powerful opioids. The committee then discussed a number of issues including appropriate medications, insurance reforms (deductible exemptions), enhanced pain treatment training for behavioral health clinicians. After much discussion the group decided to add the CPS ideas to the PDA basecamp to finalize recommendations to the interim committee.

VI. New business – Terry Boucher noted that the 2017 edition of *Colorado Medicine* that focused exclusively on the opioid crisis won a national award. The July/August 2018 issue of *Colorado Medicine* will once again focus on reversing the opioids crisis.

VII. Next meeting – Sept 18, 2018.

Item 3: 8-1-18 Workers Compensation and Personal Injury Committee Minutes: Page

Members Attending: Greg Smith, DO, Chair; Lynn Parry, MD; Tashof Bernton, MD; Kathryn Mueller, MD; Jim McLaughlin, MD; Rob Kawasaki, MD; Tom Denberg, MD.

CMS Staff: Marilyn Rissmiller, CMS Senior Director of Health Care Financing; Terry R. Boucher, WCPIC Consultant

I. The meeting was called to order. It was established that a quorum of WCPIC committee members was present.

II. A motion was made and seconded to approve the minutes of the June 6, 2018 WCPIC meeting as distributed. The motion was unanimously adopted.

III. Mr. Boucher gave a brief presentation on the upcoming DOWC hearing for the proposed Rule 16 and Rule 18. The WCPIC had no comments on the proposed rules in Rule 16. Mr. Boucher discussed the several points in Rule 18 that the WCPIC needed to decide what they wanted the committee to recommend to the DOWC Director. The WCPIC decided to have Mr. Boucher testify on the following points concerning the proposed rule:

A Page 4, 18-4 Conversion Factors (CF) – The CMS Workers Comp Committee would like to see the conversion factor for Evaluation and Management (E&M) be raised to the inflation rate of 2.4% instead of the proposed rate of 1.8%. The Committee believes that the E&M conversion factor should be the same as the Medicine conversion factor. The DOWC made great strides bringing the E &M up by 7% last year to get it level with the then current inflation rate. We would hate to see us lose ground this year after making such a great improvement.

B. The WCPIC would like to see the DOWC Z codes reviewed and evaluated for cost increases on annual basis so that we don't wait 8-10 years like happened in years past.

C. Page 63, N, Paragraph (1) – The WCPIC suggests modifying the first sentence to read "All medications must be reasonably ~~needed~~ **necessary to treat and/or manage the work-related injury or illness.** ~~cure and relieve the injured worker from the effects of the injury.~~

IV. Mr. Boucher discussed the Colorado Uninsured Employer fund hearing. He stated that CMS had made one point during the hearing regarding the fee schedule to be utilized. Everyone agreed that the Rule 18 Medical Fee Schedule should be used in this program.

V. Mr. Boucher introduced the new format for DOWC's Medication Guidelines. This new table will be inserted at the end of every applicable medical treatment guideline to show which medications are preferred. Since there is no new information in the table, this will not require a rule change hearing. Dr. Bernton made a motion that the WCPIC oppose the insertion of these tables into the medical treatment guidelines. The motion died from the lack of a second.

VI. Old Business/New Business – Under new business, Dr. Mueller explained that she was cutting down on her work hours at DOWC and would only be working on Tuesday and Thursday. She asked if it was possible to change the meeting day of the WCPIC meeting. After discussion, it was agreed that meeting on the first Thursday of each month would work for all members.

VII. The next WCPIC meeting will be held on Thursday, October 4, 2018 at 7:30AM in the CMS Conference Room. There will not be a WCPIC meeting in September.

Item 4: 8-2-18 Cost-Quality Working Group Meeting Minutes: Pages

Present: Andy Fine, MD; Peter Ricci, MD; Kelly Baldesari; Robert Yakely, MD; Deb Parsons, MD; Claire Murphy, MD; David Mohlman, DO; Mike Moore, MD; Matt Mahlberg, MD; Heidi Marlin, MD; David Downs, MD; Jeff Donner, MD; John Milewski; Alfred Gilchrist; Susan Koontz; Chet Seward

I. Introductions – CMS President Robert Yakely, MD, welcomed the group. Introductions were made.

II. 2019 CMS legislative priorities – Alfred Gilchrist presented details on the expected public policy issues that the medical profession will face during the 2019 legislative session including the cost of care, opioids, out of network, sunset of the Medical Practice Act, sunset of the Professional (Peer) Review statute, scope of practice, transparency and other issues. He emphasized that this shaping up to be one of the most substantive, complex and inter-related set of issues that Colorado has seen in 14 years. Mr. Gilchrist also argued that the rising cost of care is reaching a tipping point in Colorado given the activities of the business community and others. CMS believes that this is a place where physicians can step up and lead because exciting innovations are happening at the local level and many are doctor-driven.

III. DMCC activities on the rising cost of care – Dr. Ricci provided a quick background on recent work by the Denver Metro Chamber of Commerce (DMCC), including the completion of focus group sessions with their members, the convening of a broad coalition of health care stakeholders to devise policy solutions, and an expected work plan by the DMCC board for the 2019 legislative session and beyond. Dr. Ricci noted that CMS has been actively involved in this work from the start and has made some important contributions to their work including getting the DMCC to move off of their initial position to just drive for lower costs to also consider quality of care in their proposals to improve the value of care.

A facilitated conversation to understand and gather feedback from the work group on the five focus areas and related action proposals by the DMCC. Comments included:

- Data and transparency – standardization of measures is good, standardization of contracting would also be important, anti-trust regulations prevent physicians from sharing their contracted rates, must focus on total cost of care not just per-widget costs, get health plans to share their data – can only control what physicians are aware of, CMS should organize a quality/economic peer review function for physicians across the state, work with plans to disclosed where best contracts are for total costs of care, get more data from the all-payer claims database
- Education and outreach – consider efficiency of treatments, focus on advance directives and hospice education, make advanced directives easy to find so that they can be used appropriately, incentivize patients on commercial market (already paid for in Medicare) to have these end of life discussions, align incentives to save costs.
- Payment reform – align reforms across payers, get more data from plans to plans so that practices can focus on more value opportunities, frame the DMCC proposals on reference pricing and other value-based purchasing in an educational manner not as a punitive response from business, incent and reward appropriate utilization
- Access and workforce – More access does not necessarily equate to better quality and cost

The DMCC board of directors will discuss and act on these policy proposals later in August and will subsequently create a work plan to pursue some of these ideas. It is our intent to be part of that work plan to work collaboratively with the business community. CMS staff will keep the work group updated as this DMCC initiative unfolds.

IV. Transparency ballot initiative – The proposed ballot initiative for the 2018 general election was pulled down by sponsors at the end of July. The death of the ballot initiative will not terminate continued calls by various stakeholders for greater transparency in the health care system. The CMS board of directors discussed this issue during their July 2018 meeting and concluded that CMS must be supportive of transparency efforts, and in that support must work to ensure that these efforts are relevant, meaningful and actionable. Importantly the board is interested in creating a physician counter proposal to the ideas surfaced by the transparency ballot initiative. The work group discussed the following ideas:

- Charges are meaningless;
- Information must be useful to patients and employers;
- Patients are interested in "what is this going to cost me" – must keep this in mind because providing information that will not answer that question will not be appreciated;
- Can't share prices because of FTC prohibitions;
- Transparency can't be just about prices. We cannot let this debate be divorces from quality. Including meaningful quality information is not only critical it should be the highest goal of transparency;
- We have to recognize and play to our audience – must share our fees;
- Use CIVHC data to create guidelines to set price;
- What is the bigger driver of costs – physician contracts or facility fees?
- Must recognize that some specialties are doing better than others and more sunshine on those variations will drive even more tension within the house of medicine.

Staff will continue to work on these ideas, meet with the sponsor of the proposed ballot initiative and follow up with the work group on potential next steps.

V. Next steps – The work group will utilize Basecamp as a secure, online information hub and forum for future work. Watch for an email inviting you to participate. Staff encouraged members to complete the current CMS survey on the cost of care. Scheduling the next meeting will be finalized via email.

Item 5: 8-22-18 Committee on Wellness Minutes: Pages

Members Attending: Martina Schulte, MD; Deb Parsons, MD; Robert Yakely, MD; Brent Keeler, MD; Judy Toney, MD; Michael Victoroff, MD; Oscar Sanchez, MD; Christina Reimer, MD; Lucy Loomis, MD; Dianna Fetter, CMS Director of Professional Services; Alfred Gilchrist, CMS CEO

I. Introductions and Welcome — Martina Schulte, MD, Chair

Dr. Schulte started the meeting with introductions and by asking everyone to report on one thing they have done recently for their personal wellbeing.

II. Report from the CMS Board (**information**) — Deb Parsons, MD,

Dr. Parsons reported that the CMS board of directors very favorably considered the Wellness Committee's report at their July 13 meeting; agreeing with the committee's recommendations and comments. She finalized the report by explaining that the board of directors is enthusiastic about the committee's future direction and work.

III. CMS Campaign to Normalize Physician Well-being (Action-60 Min) Martina Schulte, MD Chair

Dr. Schulte started this discussion with the following points:

1. The goal of this discussion is to start identifying a plan of action for CMS to normalize physician well-being as an overarching theme for the year.
2. Described that the term "normalize" was an outgrowth of the June 5 meeting;
3. That many aspects of wellness could fit under this term; and,
4. Painted a mental picture of normalizing wellbeing through CMS for the purpose of generating ideas from the committee members as follows:
    a. Utilize Colorado Medicine and other CMS communication vehicles; consider hashtag i.e. #cmshealthytogether
    b. Physicians writings/learnings about their experiences with normalizing their own self-care to roll out a campaign with stories of and by physicians;
    c. Encourage practical things organizations can do that normalize the notion of self-care such as ½ day off on a physician's birthday month for health appointments such as dentist, colonoscopy, mammogram, etc.
    d. Regularly incorporate parts of the Physician Wellness Toolkit into activities of the campaign to normalizes self-care
    e. Promote a professional, collegial and friendship physician community, including supporting the formation of peer support and groups (on the models of "Finding Meaning in Medicine" or Balint groups
    f. Get information from Southern California Permanente Medical Group about their social media wellness initiative;
    g. Practice redesign focused at the organizational level and not on the individual
    h. Partner with CPHP to offer physician coaching and mentorship;

The floor was open for committee members to offer ideas and for discussion. The following ideas were discussed or offered:

1. An observation about how little physicians know about taking care of themselves. This physician noted new interaction tools being used with patients that make communication more 2-way and increase professional satisfaction;
2. Organizational outreach with lectures and workshops, incorporating and marketing the toolkit. Partnering with CPMG on a lecture series with physicians and group leaders;
3. Market various aspects of the toolkit, not the entire toolkit at once (it comes across as too much);
4. Colorado Medicine: Feature a wellness topic of the month; 1 aspect of the toolkit per month; use ASAP as well;
5. Create a CMS physician wellness blog

6. As part of normalizing the stresses that are inherent in practicing medicine and recognizing the toll they take, urge an Annual Mental Health Screening Exam for physicians; periodic, serious wellbeing approaches to stress management in a manner similar to the military and law enforcement; Real psychotherapy; widely screen; institutionalize self-therapy as part of being a physician; normalization approaches: resilience management, cautious about social media or blogs;
7. Peer to peer counseling/peer support groups
8. Public health approach with three tiers of interventions: address the issue preventatively, address those at risk, and address those with the problem who are suffering in silence until it is too late,
9. Physicians should not try to treat each other when one is in need of professional help;
10. CPMG docs are encouraged to take the mini-Z Burnout Survey twice a year; having a very impressive impact; electronic, data collected systemwide; tracked and use to create educational programs; also can ID clinics at risk; put structure in place to have wellness leader; meet outside of work; share what is going on in one's life (4 to 5 people)
11. Data is needed--Without being able to measure you don't know if you are making a difference
12. Inherent hazards of the profession: how do we start to recognize and do something about these risks?
13. How do you de-stigmatize a physician's need for help?

The discussion then turned to what CMS should do and the following points were made:

1. Bring persons responsible for wellbeing in healthcare organizations, that are currently and actively working on the issue, into a convening for purpose of sharing and learning;
2. Organizational focus- important that we begin this campaign with organizational as well as individual actions
3. We should not forget small groups;
4. Decide on ways to convene groups of people to discuss important topics such as mistakes and stress- examples include Finding Meaning in Medicine Groups, Balint Groups, peer support (perhaps CMS provides the training for this)
5. Use the various media resources that CMS already has to talk about the normalization campaign, including using Colorado Medicine to get the word out; we can do this in a short period of time, Create an on-going wellness section in the magazine instead of one section.

Dr. Schulte utilized a white board to record major points: These notes included:

Screening: Case findings; interventions with crisis-trauma
Measure: Pilot-snapshot (burnout mini-z; assessing wellness toolkit)
Leadership: How are my people?
CMS: Individual versus organizational outreach (partnership/ambassadors/sharing collaborative)
Annual Meeting: well-being center
Online blog on CMS web site
Severely distressed physicians: periodic, serious stress; screenings/assessments
Regular screenings for stress (part of an organization); interventions: support structure/peer support
Practice redesign

Partner with CPHP (how to ID and help a peer
What does real self-care look like?
Workshop/lecture series (toolkit)
Normalize Physician self-care and wellbeing

- Colorado Medicine
- Organize half day self-care
- Toolkit
- 2019: The Year of Wellbeing

There was no new business and the meeting was adjourned.

The following notes were provided with the August 22 agenda.

June 5 Committee on Wellness Ideas

What types of organizational interventions that address physician stressors could be promoted by CMS?

Information informing the discussion: A menu of potential changes to practice operations and organizational interventions was offered to start the discussion:

a. Importance of measuring and tracking the well-being of physicians
b. Changes in work schedule
c. Reduce workload intensity
d. Teach communication skills
e. Improve teamwork
f. Change how work is evaluated and supervised
g. Enhance physician job control
h. Increase decision making
i. Enroll in practice transformation initiatives

Discussion summary: The discussion produced the following ideas on what CMS can do.

a. UC Health--Primary Care Redesign pilot project: Interview AF Williams pilot and Dr. Christie Reimer's IM pilot and publish in Colorado Medicine.
b. Practice compliance: 10 items (COPIC pilot)
c. Teach physicians how to establish professional review within their practice so the law can be used as a tool for practice improvement
d. Work with insurance companies and state Division of Insurance
e. Promote advocacy opportunities/ what CMS is doing in the public policy space to stand up for physicians and patients
f. Promote wellness coaching
g. CMS October-November 2017 member survey results: Learn from the 13% of respondents that "are optimistic that things are going to get better over the next 2-3 years", and the 7% that are "totally satisfied" with their day-to-day life as a physician practicing medicine."

Specifically: (1) Perform a qualitative evaluation; (2) Collect their stories and the stories of their organizations ; (3) Determine how they deal with the usual practice stressors; (4) How they stay happy in the current climate

h. To move an organization to action, it takes: (1) Data; (2) Stories; (3) Crisis.

If CMS were to create and implement a new marketing campaign for the CMS wellness toolkit, what would the campaign look like?

Information informing the discussion: Historical background on the creation and marketing of the wellness toolkit; toolkit content.

Discussion summary:

a. Put the toolkit front and center on the CMS web site homepage
b. Measure the toolkit's use? Is the toolkit as a "kit" the best way to market or is it better to market individual components?
c. Group "therapy"
d. Physician coaches
e. Normalize individual wellness across the profession

IV. The meeting concluded with a round-robin surfacing conversation expressing ideas or inspirations about physician well-being that should be recorded going forward. Comments included: (1) Stress friendship/collegiality; (2) what can we do to help the employed physician? (3) Help organizations that employee physicians to understand the significance of burnout; (4) Use the CMS voice to normalize (4) There are more sweet spots out there; (5) More coaching; not the same as mentoring; (6) Acknowledge the things we are doing as an organization; (7) Values we all cherish are the same; focus on what we all share – mentoring, congeniality - all about the patients – that's what drives all of this – that's where the meaning is that we all do this what makes your life worthwhile – core value of being a physician.; (8) CMS should consider a campaign to normalize doing good and normal things for ourselves as docs. There could be a series of presentations and they could incorporate components of the toolkit, rather than trying to get uptake of the toolkit by itself, which will likely be low yield, but tying it to a CMS-wide campaign might be helpful. I was thinking of a message like: We (CMS) continue to work hard as your advocate for tort, bureaucratic and systems change, as we have for many years. While we do this hard and ongoing work, we also want you to do more for yourself. Start caring for yourself while you and we are working on the big system, too. ; and, (9) Impact of team-based care on provider engagement.

Item 6: Nominations for Council and Committees:

Committee on Professional Education and Accreditation (CPEA):
Jason Tarno, DO, FAOASM
Patrick Scott Pevoto, MD, MBA

Work group on Professional Review-MPA Sunset:

Participating physicians:

- Jeffrey Bacon, MD, Chief Medical Officer, Divisional Medical Director and Family Medicine Physician at Banner Health
- Scott Bentz, MD, Medical Staff Past President, Presbyterian St. Luke's Hospital
- James P. Borgstede, MD, FACR, Vice Chair for Clinical Operations, Quality, and Safety Department of Radiology, CU School of Medicine, *Professional review experience: 39 years*
- Rachel M. Carpenter, MD, SJH Family Medicine Residency Core Faculty, CAFP Board of Directors, *Professional review experience: 5 years*
- Keith Scott Dickerson, MD, MS, Senior Faculty at St. Mary's Family Medicine Residency, Associate Director of Family Medicine Teaching Service*, Professional review experience: 17 years*
- Matthew J Fleishman MD, FACR, Medical Director, Department of Radiology, Swedish Medical Center, *Professional review experience: 18 years*
- Brian Harrington, MD, MPH
- Jacqueline H. Jamison, MD, Kaiser Permanente
- Director Quality and Peer Review
  Colorado Permanente Medical Group, Professional review experience: 15 years
- Adam Koszowski, MD, Chair St. Joseph Hospital (SJH) Dept of Anesthesia, Chair SJH Medical Staff Peer Review Committee, Chair SJH Anesthesia Peer Review Committee, Medical Director SJH Dept of Anesthesia, Medical Director SJH Acute Pain Service, Member SJH Medical Executive Committee, *Professional review experience: 13 years*
- Randall Meachum, MD, Professor and Chief, Division of Urology, Executive Vice Chair for Clinical Affairs and Quality - Department of Surgery, Urology Residency Program Director, University of Colorado School of Medicine
- Neal O'Connor, MD, FACEP, Emergency Medicine, Chief Medical Officer CarePoint Healthcare, *Professional review experience: 15 years*
- Lynn Parry, MD
- Debra Parsons, MD, CMS President-elect, *Professional review experience: 5 years*
- Surit Sharma, MD, Medical Staff President, Sky Ridge Hospital, Lone Tree, CO
- Philip F. Stahel, MD, FACS, Chief Medical Officer, North Suburban Medical Center, *Professional review experience: 17 years*
- Darlene Tad-y, MD, Internal Medicine, Hospital Medicine, Associate Professor of Medicine, University of Colorado School of Medicine, Physician Advisor, Colorado Hospital Association, *Professional review experience: 5 years*
- Tony J. Toloczko, MD, Chief Internal Medicine Arapahoe, Regional Peer Review Consultant for Kaiser Permanente, *Professional review experience: 8 years*
- Robert Yakely, MD, CMS President
- Gerald Zarlengo, MD, Medical Director, Obstetrics and Gynecology Women's Services, Sister of Charity Leavenworth Health System, *Professional review experience: 32 years*

*Years of peer review experience reported where known

Item 7: 8-7-18 Work Group on Professional Review-MPA Sunset Minutes: Pages

The CMS Work Group on Professional Review-Medical Practices Act Sunset held its inaugural meeting and focused on professional review sunset. The board of directors directed the CEO to convene this work group in July to guide CMS policy efforts to reenact a Medical Practices Act and the body of law governing Professional Review in the 2019 General Assembly that continues to promote and enhances the safety of patients.

CMS President-elect deb Parsons, MD, convened the meeting by making the following comments:

a. Physicians were thanked for participating and told that their background and experience with professional review was going to guide CMS from now until the end of the 2019 Legislative Session. We are going to listen carefully to what our physician experts say.
b. Observers were thanked for participating and the importance of the strategic partnership in this critical endeavor was stressed.
c. The background of Colorado Professional Review was briefly presented: In 1975, Colorado's General Assembly determined that, in order to uphold the standards of 1) quality, 2) professional conduct, and 3) appropriateness of patient care, professional reviews within healthcare were encouraged and protections were needed for the professional review process.
d. Although these protections have been reaffirmed over the past 4 decades, they are now being challenged. Plaintiff attorneys have asked DORA to make at least 6 documents discoverable in civil lawsuits including physician applications, surgical preference cards, credentialing info, incident reports, risk management policies and factual information in peer review records.
e. The goal of CMS, and why we need this work-group, is to re-enact the Colorado Professional Review Act and the Medical Practice Act, both of which promote and enhance the safety of patients while preserving the professional review confidentiality provisions and maintaining or even improving our professional liability climate.
f. CMS is anticipating a big challenge and together we intend to prevail, for our profession and the patients we serve.
g. To accomplish the needed work, the CMS BOD suspended the 2019 Annual Meeting to ensure that we have adequate funding for our advocacy efforts.
h. Please know that CMS' advocacy efforts on professional review are anchored in the firm belief that the covenant between the Colorado General Assembly and our profession since 1975 must be preserved and strengthened. The covenant I refer to is the commitment we make to patient safety in exchange for the professional review privilege, confidentiality and immunity protections in law.
i. Our discussion tonight will inform a letter that CMS must deliver to DORA Sunset next week on key questions about the reenactment of professional review.

Alfred Gilchrist, CMS CEO made a presentation on:

a. The profession's historical arguments in support of professional review;
b. Information from the 2011 DORA Sunset report on Professional review;
c. A strategic approach for reenacting professional review with current legal protections full intact.

Chet Seward then facilitated the work group on a range of questions.

The 2012 Legislature mandated PR entities to annually register and report deidentified,

aggregate activities that are posted on the DORA Division of Occupations (DPO) website as follows:

- Number of investigations completed during the year,
- Number of investigations resulting in no action,
- Number of investigations resulting in involuntary requirements for improvement sent to the person by the entity, and the
- Number of investigations resulting in written agreements for improvement between the person and the entity.

The work group reviewed at length the 2013-2017 PR reports and during an extensive discussion offered a number of observations to upgrade and strengthen these reports in order to:

- Give the public greater assurances that PR is working; and
- Improve the PR process by facilitating confidential communications across practices and systems for the purposes of learning and error reduction.

In addition, these physician experts discussed and provided feedback on specific questions posed by DORA.

The meeting was concluded with appreciation by Dr. Parsons

Item 7: 7-18-18 COL Minutes: Pages

Members Attended

Cory Carroll, Clara Epstein, Stuart Gottesfeld, Enno Heuscher, Shannon Jantz, Mark Johnson, George Kalousek, Taj Kattapuram, Brent Keeler, Rachell Landin, Mark Matthews, Fred Miller, Lee Morgan, Tamaan Osbourne-Roberts, Lynn Parry, Richard Penaloza, Scott Replogle, Brandi Ring, Emily Schneider, Luke Selby, Lisa Swanson, Kathleen Traylor, Chris Unrein, Gerry Yeung, Zainab Zullali

Guests

Cara Lawrence, JD

Members Excused

Rebecca Braverman, Alan Kimura, Carla Murphy, Deb Parsons, David Ross, Gary VanderArk,

Staff/Non-Members

Emily Bishop, Dick Brown, Dan Jablan, Jerry Johnson, Susan Koontz, Sara Odendahl, Marilyn Rissmiller, Chet Seward, Jeff Thormodsgaard, Debbie Wagner, Usha Varma

Roll Call, Introductions and Welcome

Dr. Morgan called the meeting to order and introduced Dan Jablan, a lobbyist who began partnering with the CMS team during the 2018 session and will formally be working on behalf of CMS for the 2019 session. Jerry Johnson said a few words and Dan introduced himself.

Conflict of Interest
Dr. Morgan handed the floor to Cara Larence, JD, who advised Council of the new conflict of interest form. She explained the importance of disclosing familial and financial conflicts to the group. She also advised Council that while they represent a variety of groups, when voting, they should consider what is in the best interest of CMS as a whole.

Finally, Cara informed the group that lobbyists may be asked to leave the room during strategic discussions depending on their clients and the issue being discussed.

Dr. Morgan asked Council to sign the new form and return it in a timely manner.

Public Policy Priority Facilitation
Chet Seward then opened the floor to a discussion regarding the upcoming 2019 legislative issues that CMS is anticipating next session. He outlined the Board of Director's plan for transparency, cost of care, the Medical Practice and Professional Review Acts sunset, and finally opioids. Council discussed strategy and determined to work closely with component societies, specialty societies, the house of medicine, and other stakeholders to effectively address this large number of issues next session.

Election Cycle Update
Dr. Morgan then asked Susan and Jerry to give an update on the election cycle. They highlighted COMPAC's success in the primary election: a majority of candidates and friendly incumbents won their primary. Jerry then explained to the group that the next steps were to reach out to the winners in those few primaries where the endorsed candidate lost. Over a dozen interviews would then be scheduled in the months leading up the general election for districts that did not have primary races but where there was not a friendly incumbent.

Dr. Morgan thanked Jerry and reminded Council to check Basecamp even while not in session. She advised that the meeting schedule for 2019 would be released this fall.

The meeting was then adjourned.

Item 9: 7-30-18 Medical Student Component Bylaws Meeting Minutes: Pages

Call to order
- Introductions

Members present: Evan Manning, Corinna Ruf, Ben Nance, Iris Burgard, Aaron Jones, Dr. Parry, Kiara Blough, Halea, Dr. Ring, Kelsey, Dianna, Rachel, Paul
Phone: Sofyia, Eric Lakey, Adam Panzer, Pratibha Anand

2. Approval of minutes from April 18, 2018 Meeting

- Voted to approve.

3. Report of the Board
- skipped

4. Program
- skipped

5. Unfinished business
- Lobby day update (HM)
    - Looking to have a day to coincide with legislative session in the spring
    - Date TBD (Halea is working on it)
    - Purpose: encouraging students to lobby on behalf of CMS

6. New business
- CMS MSC Bylaws Review (approval)
    - Halea: constitution, chapter 1
    - Kiara: chapter 2 & 3
    - Eric: chapter 4 & 5
    - Iris: chapter 6 & 7
    - Rachel: chapter 8 & 9
    -
- Vote to Approve Bylaws
    - Not voted on
    - To do:
        - Finances
        - Membership
        - Quorum

7. Announcements
- Sept 14-15: CMS Annual Meeting, Vail Marriott
    - Need to figure out the student social
- Aug 10: CMS Leadership Meeting, "No Agenda" Social, Lowry Beer Garden
- Sept 1: Due Date for CV/Statement of Interest for Exec Board Positions

8. Adjournment

Item 10: Medical Student Bylaws – These bylaws are currently under review by CEJA and will be posted on the Board's Basecamp immediately upon CEJA approval.

The President will ask for a motion to suspend the requirement that Board action items be submitted two weeks in advance.