

2018-19 CMS Operational Plan

Draft for Board approval 9/14/18



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2018-2019 CMS Operation Plan

How we are evolving: We are not your predecessors' medical society. Our governance is horizontal, not vertical. It is interactive, not linear, and it is linked directly to every CMS member. Your views are a keystroke away from a community of your peers. The new CMS strategic plan adopted on March 16, 2018, continues the transition of CMS into a 21st Century medical society. The three new strategic plan goals are designed to ensure a more real-time focus on the CMS mission to champion health care issues that improve patient care, promote physician professional satisfaction and create healthier communities in Colorado. These goals specify that CMS, through dynamic exchange of information with members, will ensure timely action on their priorities through state-of-the-art advocacy. How we reach those goals is centered on you and our ability to continue to innovate to make it easier and more valuable for you to benefit from membership in CMS.

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 post primary election alignments have been set. CMS engaged methodically with measurable success in the hot-spot primary races either in defense of incumbents with a positive track record or by taking a chance on an open seat candidate prequalified as to his or her disposition on a formidable list of philosophically disparate choices. These issues include but are not limited to: (1) Preservation of Colorado's medical professional liability climate; (2) Reenactment of the body of law governing professional review and the Medical Practices Act,

as well assuring the operational integrity and resources for the Colorado Medical Board; (3) Preservation of the state-enacted insurance exchange and enhancing aspects of the Medicaid expansion to make the program more attractive to physician participation; (4) State investments in opioid addiction intervention, treatment, and rehabilitation infrastructure; (5) Health care price transparency; and (6) Collaborating with the employer community on initiatives cost mitigation strategies, and (7) scope of practice issues.

Democrats hold a five-vote majority in Colorado House and the Republicans hold a one seat majority in the Senate. Republicans and Democrats are working hard in the three highly contested seats in the Senate districts that will determine control of the Senate. In terms of health policy politics and the possibility of a Democratic-led legislature, the sheer volume of complex and interrelated issues that run both left and right of center may be the political equivalent of a cyclone bomb: sharp spikes in political atmospheric pressure that will provoke multiple storm fronts. CMS bandwidth will be stretched beyond capacity, a probability that has already prompted the board of directors to suspend the 2019 Annual Meeting to shift those financial and staff resources to more extensive policy preparation and advocacy engagement, virtually all of which is manifested below in the operational plan.

In anticipation of this series of perfect storms, CMS has emphatically not adopted a defensive posture of simply piling sandbags higher. Health care politics in Colorado as well as nationwide have been elevated to almost militant levels of activism both in the consumer and stakeholder communities. Presenting legislators with binary policy choices will not be a credible strategy. From the right, state business leaders, led by the Metro-Denver Chamber of Commerce and other employer advocates, will bring a comprehensive and even aggressive package of cost and pricing transparency and accountability measures that will be disruptive across the entire healthcare delivery front. From the left, lawyers that sue physicians and consumer driven advocates will ask for new levels of accountability and transparency in terms of medical professional liability and discipline. Sharp differences will emerge over healthcare infrastructure investment, especially regarding the intractable funding challenges for Colorado's large cohort of opioid addicts as well as the perennial debate over Medicaid spending, coverage, and eligibility.

The operational plan thus reflects a higher degree of innovation and political risk taking rather than a just say no posture that will not be persuasive with swing votes who will ultimately determine policy outcomes. CMS will continue to rely on carefully picked panels of subject matter physician experts to advise the board of directors and Council on Legislation. CMS member polling continues to show significant differences among member demographic cohorts, which further corroborates the value and importance of our innovative governance model which relies on extensive grassroots interaction with both leaders and policy advisers.

As we have often observed in the policy development processes of CMS, there are no wrong choices- simply calculated consequences for each choice. The operational plan reflects a pragmatic, evidence-based approach to providing those policy options based on the assumptions stated above.

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, expansion of tort liability and patient safety (Sunset of the Medical Practices Act and Professional review).

Major emphasis 3: Substance use disorders – Opioid crisis.

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

SECTION 1: Public Policy: State-of-the-art advocacy will focus on member priorities to positively impact rewarding physician careers.

Overview: Physicians face extraordinary challenges and opportunities in 2019 through legislation, regulation and other marketplace and community initiatives. The sheer volume of exam-room relevant issues is breathtaking in its scope and complexity. The board of directors suspended the 2019 Annual Meeting to supplement funding for 2019 physician-patient advocacy efforts during this critical time. The following issues shall be a high priority.

1. **Cost of Care and Quality:** The tipping point on health care costs has arrived. Evidence abounds, including an up-in-arms business community, an up-tick in media coverage, the funding of a Medicaid cost control unit by the 2018 General Assembly and concerns that physicians hear daily from patients. CMS has collaborated with the Metro-Denver Chamber of Commerce since November 2018 in their efforts to get a handle on costs.

Goal: Influence reductions in the cost of care while ensuring quality

Objective: Focus on solutions that are data driven, member responsive and patient centered while finding common ground with stakeholders

Strategy:

1. Utilize the Work Group on Health Care Costs and Quality to develop and recommend new CMS policies and/or initiatives on cost containment and quality improvement.
2. Foster a medicine-business coalition to drive cost containment and quality improvement efforts across the state.
3. Actively participate in the Denver Metro Chamber of Commerce (DMCC) cost of care initiative, including partnering with the Colorado Business Group on Health, by:
 - Helping to develop broad-based, market-driven reforms;
 - Analyzing comparative cost and quality data to guide improvement and alternate payment initiatives;
4. Work with the Center for Improving Value in Health Care (CIVHC) to provide CMS physicians with meaningful and actionable data for cost containment and quality improvement efforts.
5. Serve as source for legislative testimony, media interviews and stakeholder engagements.

[Click here](#) to read strategic assumptions

Priority emerging issues

1. Out-of-network-surprise medical bills: Advocate for a legislative solution that protects patients and is fair to physicians
2. Advocate for standardized, all payer quality performance measures.
3. Network adequacy: Promote a full reexamination of Colorado's network adequacy law and regulations for the purpose of finding a workable means for balancing the legitimate interests of all parties—patients, physicians, and health insurance companies.
4. Reference pricing: Work with business organizations and others to create reference-based pricing pilots.
5. Analyze recent legislative and citizen-sponsored price transparency initiatives and develop counter proposals that are relevant, meaningful and actionable for patients to make informed health care decisions.
6. State payment reform programs – Participate in state payment reform initiatives including efforts on global payments for rural hospitals.

2. **Professional Review-Medical Practice Act Sunset-Liability Climate:** The risk of getting sued and the value of that lawsuit are both at serious risk of exploding in the 2019 General Assembly. An attack by lawyers that sue physicians and hospitals will come on votes to make professional peer review records discoverable in civil litigation and to raise the value of Colorado's non-economic damage cap. If these efforts are successful, they will mean more lawsuits and higher liability premiums for all Colorado physicians. Taken together or separately, disturbances to the stability and continuity of these highly sensitive processes will compromise proven patient safety measures, spike health care costs, and subsequently restrict the supply and distribution of physicians in high risk practices and provider shortage areas of our state.

Goal: Develop and promote patient safety systems that make Colorado the best state in which to provide and receive the safest medical care in the country.

Objective: Reenact the Medical Practice and Professional Review Acts so that the safety of patients is promoted while maintaining or improving the professional Liability climate,

Strategy:

1. Utilize a one-time work group of physicians who have a minimum of three years of experience and are currently involved in professional review to:
 - Review and comment on recommendations and questions being posed by the Colorado Division of Regulatory Affairs, the state agency responsible for sunset review of the Medical Practices Act and Professional Review, and other stakeholders;
 - Advise the CMS Council on Legislation and the board of directors on policy recommendations, legislation and new initiatives;
 - Explore ways to share confidential information in a protected manner amongst professional review entities in

- order to spread best practices and expand the patient safety benefits of peer review;
 - Serve as expert witnesses as available and willing during hearings on professional review sunset legislation in the 2019 General Assembly;
 - Serve as available and willing as media spokespersons on 2019 professional review legislation.
2. Deploy all aspects as needed of public affairs advocacy to achieve this objective.

[Click here](#) to read strategic assumptions and here to review CMS recommendation on professional review sunset

Priority emerging issues

1. Stopping plaintiff attorneys from changing the law to allow professional review records discoverable in civil lawsuits
 2. Upgrade public reporting of aggregate, de-identified professional review information to give the public greater assurances that professional review is working and that patient care is safer as a result.
 3. Maintaining adequate funding for the Colorado Medical Board
 4. Maintaining or strengthening Colorado’s relatively stable liability climate
3. **The Opioid Crisis:** Despite all of the work in Colorado and across the country over the past six years to reverse the public health crisis caused by opioid abuse and misuse, there is still a great deal of work that remains. Experts predict that the epidemic of addiction and death will continue to increase for the next seven years before beginning to decline. The Colorado General Assembly has created a second interim study on opioid abuse and misuse guaranteeing 2019 legislation. The media will continue to cover the crisis and the medical profession is a data set or one unanticipated event away from being the focal point of legislative and-or media attention.

Goal: Assure 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

Objective: Promote efforts to increase patient access to care, physician education, ensuring insurance works for patients and families experiencing substance use disorder, and continuing to limit the dispensing and use of opioids as much as possible.

Strategy: Through the Committee on Prescription Drug Abuse, advise the Council on Legislation and the board of directors on the following:

1. Collaborate with and make recommendations to the 2018 Opioid and Other Substance Abuse Disorders Interim Legislative Study;
2. Continue to collaborate with and work through the Colorado Consortium for Prescription Drug Abuse Prevention

3. Develop future strategies and programs for physicians to reverse the opioid crisis through a multi-specialty convening and report recommendations to the Colorado Consortium for Prescription Drug Abuse Prevention.
4. Partner with the American Medical Association (AMA) and Manatt Health Strategies (Manatt) in to comprehensively review state policies, identify gaps and challenges of those policies, and present a detailed analysis to help focus efforts by key stakeholders to expand access to treatment to help end the state's opioid epidemic.
5. 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

Click [here](#) to read assumptions and [here](#) to review CMS recommendations to the 2018 interim legislative study on opioid and other substance abuse disorders

Priority emerging issues

1. e-Rx for opioids: Mandatory e-Rx for opioids and all controlled substances.
2. DORA rules regarding opioid prescribing.
3. Eliminating barriers by health plans for the use of nonopioid pain treatments and opioid substance use disorder treatment

4. **Payer Complaint Tool:** Members consistently rank payer issues as a priority. There are a number of current statutory and regulatory protections afforded to physicians that members are unaware of and do not utilize. Physician practices need a tool to track the various payer issues they are struggling with. At the same time CMS needs similar aggregate data to inform advocacy work on payer issues. From May 2017 to May 2018 CMS worked with group of private physician practices and the Division of Insurance to collect and report on aggregate data that demonstrates patterns of business practice by health plans that are prohibited under Colorado law.

Goal: Help ensure physician practice viability by providing CMS and the DOI with actionable aggregate data concerning health plan business practices.

Objective: Utilize complaint tool aggregate data to drive advocacy efforts with individual health plans, the Division of Insurance and legislators.

Strategy:

1. Upgrade the complaint tool and market its use to membership.
2. Carefully monitor use rates and problem areas, reporting to the DOI and relevant CMS committees on a regular basis.
3. Enhance the value of the complaint tool for members through close integration with Know Your Legal Rights member benefit.

5. **Scope of Practice:** 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 (SOP). 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 2: Physician Wellbeing

The literature confirms that physician burnout has reached a crisis stage. CMS in 2019 will renew and refocus efforts to address this crisis. The time to measure and discuss the problem is in the rearview mirror. Concrete steps that are proven to reduce burnout, fatigue and suicidal ideation must be promoted and implemented across physician practices regardless of ownership or size.

- Goal:** Highlight, emphasize and promote solutions to enhance physician well-being and enhance joy in the practice of medicine
- Objective:** Focus specifically on organizational interventions, public policy advocacy as well as individual wellness
- Strategies:**
1. Prioritize Colorado physician well being
 2. Enthusiastically promote practical things organizations and physicians can do to ensure optimal well-being
 3. Use CMS communication platforms, in-person forums and knowledgeable speakers to promote physician wellbeing
 4. Collaborate with component medical societies on joint projects

SECTION 3: Communications: Dynamic exchange of information with members will ensure timely action on their priorities.

- Goal:** Draw on member expertise to determine priorities and drive policy development, advocacy, education and governance participation
- Objective:** Dynamically engage members across the spectrum of practice settings and grow member awareness of and participation with CMS achievements, programs and services
- Strategy:** Deploy CMS communication vehicles with timely, appealing and inviting messaging

1. **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. Participation by membership has been compelling to date.

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. Upgrade Central Line functions based on the board of directors' 2018 performance review
2. Monitor and assess Central Line participation and satisfaction
3. Continue routine marketing of Central Line and recognition of participants

2. Know Your Legal Rights: In 2018 CMS launched a searchable online database for use by members of existing statutory and regulatory protections when dealing with health plans.

Goal: Inform physicians about these protections so that they may better serve their patients while maintaining practice viability.

Objective: Expand member use and enhance the effectiveness of the solution.

Strategy:

1. Expand use through intensified marketing efforts using multiple mediums.
2. Develop evaluation capabilities to inform future performance reviews.
3. Enhance the value of the Know Your Legal Rights complaint through close integration with the member payer complaint tool.

3. Colorado Medicine: The official magazine of the Colorado Medical Society, *Colorado Medicine*, is an award-winning publication of medical socio-economic news that has the largest subscription base of any publication in Colorado to physicians, legislators and other health care industry stakeholders. The magazine serves as a foundational piece of the CMS communications platform.

Goal: Keep members, legislators and other stakeholders informed on CMS priorities and provide helpful information and future trends

Objective: Produce a *Colorado Medicine* production and editorial calendar utilizing member survey data, future trends and relevant public policy and market-based developments.

Strategy: Timely publish six issues of *Colorado Medicine* in fiscal year 2018-2019 and include sections on wellbeing and the opioid crisis in each publication

4. ASAP: Designed to communicate breaking news, CMS priorities and issues relevant to CMS members and other health care industry stakeholders in between issues of *Colorado Medicine*, *ASAP* is the official electronic newsletter of the Colorado Medical Society.

Goal: Keep CMS members and other health care industry stakeholders informed on breaking news, CMS priorities and provide helpful information in between the publication *Colorado Medicine*.

Objective: Create a publication that stays relevant to its subscribers by maintaining open and click-through rates above industry averages.

Strategy: Timely publication of at least 24 issues of *ASAP* at the rate of no less than two issues per month.

5. *Livewire*: *Livewire* is an electronic publication exclusively written and distributed to practice managers of CMS member offices to inform, educate and advocate to improve the business side of CMS member practices.

Goal: Provide members and their staff with current information relevant to the business side of their practice.

Objective: In addition to providing timely and relevant business information, demonstrate for physicians' staff the value of CMS membership. In many instances the physician's practice administrator can be a valuable CMS ally.

Strategy:

1. On a monthly basis provide physicians and their staff with one newsletter that addresses current billing issues for all payers, government and commercial.
2. Provide information on state and federal regulatory and legislative changes that impact the practice.
3. As appropriate, inform physicians' staff of state legislative issues that may impact the practice.
4. As appropriate, advise practice staff of CMS policies and issues.

6. *Presidential Communications*: Direct member communication from the CMS president is an important touchstone for delivering value for CMS membership by establishing a direct line of communication with CMS physician leadership.

Goal: Provide members with a direct, two-way communication link to CMS physician leadership.

Objective: Keep CMS members informed on important CMS policy, advocacy and member volunteer and engagement opportunities and encourage the development of a personal relationship between members and the CMS President through email and direct mail communication.

Strategy:

1. On a monthly basis send electronic and/or direct mail to all CMS members from the CMS President with relevant information on CMS policy, advocacy on their behalf, and/or membership engagement and volunteer opportunities.

2. Advertise the President's email address in all CMS publications and encourage all members to reach out to the President with questions and issues important to their practice.
3. Commit to personally answer all email or direct mail inquiries to the president within 72 hours of receipt.

7. CMS Website: As Colorado physicians continue to expand the different practice environments and time schedules in which they work, the need for 24/7 access to first class information and services through the CMS website is greater than ever.

Goal: Provide members with a modern, easy-to-navigate website with access to relevant and helpful information, and valuable member services.

Objective: Use internal and external resources to redesign and update the CMS website by the end of the second quarter of the upcoming fiscal year as part of the transformation of CMS into a model 21st century state medical society.

Strategy:

1. Conduct a complete inventory of the existing website to remove or update all superfluous and/or redundant content and redesign the delivery platform for remaining and future content to be more user friendly and easy to access.
2. On a daily and no less than weekly basis update the website with new information or services relevant to CMS members.
3. Design and execute an all-member marketing campaign to build traffic to the website, encourage members to regularly update their personal information online and drive new member recruitment. Use web traffic analytics to measure the success of the campaign.

8. Member surveys: The board of directors has been depending on valid member surveys professionally supervised by Kupersmit Research over the past decade to inform decision making. Methodologically sound, Kupersmit Research ensures appropriate sampling across specialties, practice setting and geography surveys and certifies for margin of error and confidence level.

Goal: Inform creation of the 2019-2020 Operational Plan, board decisions, and stakeholder input with valid member data

Objective: Track perceptions of CMS, responses to organizational change and measure member response to specific issues and others that they identify

Strategy:

1. Utilize the board's Committee on Operational Planning to conduct a survey and utilize other available data to track perceptions of CMS, responses to organizational change and to identify new issues that members identify as a priority
2. Utilize one-time physician focus groups to develop surveys on issue-specific projects

SECTION 4: Organizational Excellence: Continued innovation of CMS will increase membership value and make CMS meaningful and relevant to a diverse physician population.

1. Membership Retention and Recruitment: Maintaining and expanding our membership base by consistently providing tangible value is critical. Hyper-focused efforts to continually improve the membership experience for all Colorado physicians are necessary.

Goal: Maximize the number of physician members in CMS to ensure the long-term viability of the organization.

Objective: Increase CMS retention and recruitment of members and potential members through consistent brand exposure, enriched collaboration with the component societies and coordinated membership “touches” – all while demonstrably and clearly communicating value.

Strategy:

1. Partner with component societies to implement an annual membership retention calendar
2. Develop and maintain a member on-boarding standard operating procedure
3. Create co-branded (CMS/Component Society) membership marketing materials
4. Initiate a Physician-Ambassador Program for Membership Recruiting efforts
5. Implement a targeted and coordinated membership recruiting campaign for the segmented physician population {Solo Practitioners, Integrated Practitioners, etc.}
6. Continually capture updated and refreshed physician demographic information
7. Streamline the membership experience through centralizing information, limiting unnecessary requirements to join/renew and personalizing communications on captured areas of interest in involvement

2. Board Governance Best Practices: Essential to any association’s long-term leadership role is a strong board of directors, representing the interests of the membership in defining and ensuring effective organizational performance. With increasing public scrutiny and elevated expectations for accountability and transparency, the standard of performance expected of nonprofit boards is much higher today than it was only a decade ago. CMS retained an expert in non-profit governance in 2016 to work with the board of directors to identify and institute best practices. A review of non-profit governance literature demonstrates that this type of review should be conducted a minimum of every two to three years.

Goal: Update and institute board best practices

Objective: Review current board governance practices and literature-based best practices to determine consensus changes in CMS board practices

Strategy: Retain a qualified expert in non-profit governance to work with the board of directors to lead a best practices initiative

3. Committee on Operational Planning: The annual operational plan specifies projects, by category, that CMS will be spending its resources on during the fiscal year that runs from October 1 to September 30 of the next year. Based on member surveys, environmental factors, assessment of current projects, strategic board discussions and other inputs throughout fiscal year 2018-2019 this committee will submit a fiscal year 2019-2020 operational plan no later than September 2019 for approval by the board of directors.

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

Objective: Develop a member-driven, value-based operational plan for fiscal year 2019-2020

Strategy: As reasonably practicable in the development of an annual operational plan, the subcommittee should:

1. Conduct at least one survey of CMS members annually for the purpose of identifying member priorities;
2. Based on survey results, engage with members to gain more information on identified priorities and to seek specific solutions;
3. Consider all Central Line proposals that call for new CMS operational plan initiatives in advance of board action. Prepare recommendations to the board on proposed initiatives and how they may affect current operational plan activities;
4. Monitor the current operational plan to decide what projects, if any, should be included in the next fiscal year's operational plan;
5. Identify issues for strategic board discussions throughout the year;
6. Seek input from all existing councils, committees and work groups;
7. Recommend as needed new committees and/or work groups;
8. Provide a year-end report on annual operational plan accomplishments.

4. Recruit and Train Leaders: Initiated in 2017, the CMS Physician Leadership Skills Series (PLSS) will complete two years of programming at the end of 2018. The program was designed to provide timely, expert leadership training curriculum for the purpose of creating a pipeline of new and up-and-coming leaders for CMS. The board began a performance review of PLSS in 2018 to assess its effectiveness and to consider potential alternatives to meet member and organizational needs. A 21st century state and component medical society must be led by physicians who have the training and skills to lead a diverse membership.

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. Finalize the performance review of current leadership development programs during the first quarter of 2018-2019 fiscal year.
2. Utilize outcomes of the performance review to inform next steps.

5. Information Technology: A high-performance member information management system is mission critical to CMS strategic plan goals and daily operations.

Goal: Ensure that CMS has and maintains a membership management system that empowers core business functions and enables easy and dynamic engagement with members.

Objective: Perform a comprehensive membership management system assessment to identify areas for improvement and innovation.

Strategy:

1. Evaluate responses to August 2018 request for proposals for a new member management system.
2. Catalogue capabilities of current system, specifically detailing pros and cons of switching to a new system and capabilities for future innovations
3. Analyze options and determine whether to maintain current system or switch to a new system.
4. Expand and accelerate use of system functionality to assist with advocacy, communications, governance and general operations.

6. 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, 2017 and 2018. The election procedure is governed by CMS bylaws and election rules. Because the board has a responsibility to monitor implementation of all-member elections, a performance review of years 2016-2018 will be conducted early in the upcoming fiscal year while conducting the 2019 elections in a timely manner.

Goal: Ensure competent, value-driven CMS leadership

Objective: Conduct a performance review in the first quarter of fiscal year 2018-2019 of the all-member elections process and conduct the 2019 elections with the outcomes of the performance review as approved by the board of directors

Strategy:

Utilize the Nominating Committee to:

1. Recruit and vet all candidates for President-elect and the AMA Delegation and submit to the CMS Board of Directors for final approval.

2. Recruit and vet all candidates for the CMS Board of Directors for the seat serving Districts 1 and 2 and the seat serving Districts 3 & 4.
3. Develop strategies to ensure contested elections for all positions.
4. Supervise the marketing and execution of the all-member election for President-elect and the AMA Delegation conducted from August 1-31.
5. Certify the results of the all-member election of state officers.
6. Continually review and update the CMS election guide to strengthen process for the recruitment, vetting and election of officers.

7. In-Person Member Meetings: In-person member meetings offer important opportunities to connect and engage with members – particularly during a time when many physicians feel isolated and desire peer interaction. They also provide an opportunity to discuss issues in greater detail than through virtual means. The board of directors suspended the 2019 Annual Meeting to ensure adequate funding to meet the extraordinary challenges facing physicians and patients in the 2019 legislature and to investigate meaningful-member-engagement alternatives given past and projected Annual Meeting member participation and related organizational expenses. Regional forums have also been used in the past as a way to connect locally between members and CMS leadership.

Goal: Members will be informed, empowered and connected to CMS through in-person meetings and CMS will be a more responsive, representative organization because of stronger, value-driven member engagement.

Objective: Approve a plan during fiscal year 2018-2019 that maximizes chances for meaningfully increasing physician engagement with CMS using in-person meetings.

Strategy: Utilize a board subcommittee to:

1. Study whether to continue the Annual Meeting in some form or transition to new and innovative ways to meaningfully engage members:
 - Seek input from component medical societies and the general membership through a Kupersmit Research survey and through a focus group of members who have and have not attended the annual meeting
 - Survey state medical societies for the purpose of identifying successful member engagements
 - Analyze existing membership data to help identify membership engagement preferences and priorities
2. Hold regional forums in 2018-2019 with interested component medical societies

8. CMS-Component Collaboration: In fiscal year 2017-2018, CMS and component medical societies instituted a new process of collaboration designed to identify and promote a joint value proposition. In its first year of operations, this process resulted in joint collaboration on: (1) The public health crisis caused by opioid abuse and misuse; (b) A members-only searchable, online database that compiles years of public policy victories for physicians to use in disputes with health plans called Know Your Legal Rights; and (3) “Elimination-Mitigation of Administrative Burdens”. This collaborative process is already underway for fiscal year 2018-2019.

Goal: Bring greater value to joint members through cohesive coordination of projects

Objective: Collaborate on physician wellbeing, the opioid crisis and reenactment of professional review while maintaining Colorado's relatively stable liability climate

Strategy:

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.

9. 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 2019 meeting

Strategy: Continue a thoughtful investigative process, 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.

10. 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. The energy, enthusiasm, and organization of the MSC is unprecedented given the robust participation of students, a highly effective physician board of directors' liaison and professional staffing.

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

Strategy:

1. Conduct a minimum of two student functions in 2019 as a replacement for the suspended Annual Meeting (in Denver), such as evening socials with practicing physicians not associated with either campus
2. Facilitate student involvement in state and national advocacy efforts through experiential education, conference attendance and representation on the CMS Council on Legislation
3. Finalize component bylaws and elect a component board
4. Prepare for AMA Annual and Interim meetings
5. Upgrade Central Line communications to increase student participation

11. 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 2018-2019 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

12. Recognized Accreditor Program: CMS is an ACCME recognized Accreditor that strives to support physicians in improving healthcare for the citizens of Colorado and the surrounding region.

Goal: Ensure physician access to high quality continuing medical education (CME) that promotes lifelong learning.

Objective:

1. Maintain recognition status by adhering to the Recognition Requirements of the Accreditation Council for Continuing Medical Education (ACCME.)
2. Accredite eligible providers who will conduct CME programs that comply with the accreditation requirements and promote physician performance improvement

Strategy:

1. Recruit, orient, and educate members for the Committee on Professional Education and Accreditation (CPEA) which supports and directs the Colorado Medical Society CME accreditation program.
2. Administer the CME accreditation program according to ACCME recognition requirements including the Markers of Equivalency and all accreditation requirements
3. Develop adjunct policies and procedures as needed and within the purview of the Markers of Equivalency to accommodate the needs of our local CME community.
4. Develop and conduct a thoughtful, fair, efficient and equitable accreditation survey and decision-making process within the ACCME Markers of Equivalency.
5. Provide accredited providers the necessary education, instruction and tools to assist them in a successful implementation and maintenance of their CME programs.

13. Accredited Provider CME Program: CMS is an ACCME Accredited Provider that strives to support physicians in improving healthcare for the citizens of Colorado and the surrounding region through accredited CME activities.

Goal: Increase physician access to and utilization of high-quality CME that promotes lifelong learning.

Objective:

1. Broaden awareness of accredited CME educational opportunities
2. Expand utilization of accredited CME educational opportunities

Strategy:

1. Promote the value of accredited CME through membership and stakeholder communications
2. Grow the CME program through relationship building and collaboration with public and private organizations (joint providers)

3. Leverage the CMS CME program to increase CMS membership value
4. Maintain ACCME accreditation for CMS CME Program
5. Plan and implement certified CME activities that address identified practice gaps of physicians in Colorado and the surrounding region
6. Improve the efficiency of CME program management and documentation through implementation of CME program management software

14. CMS Foundations: Colorado Medical Society has two 501(c) charitable foundations it staffs and supports. The Colorado Medical Society Foundation seeks to administer and fund programs to improve access to health care with the potential to improve the health of Coloradans. The Colorado Medical Society Education Foundation raises money to award scholarships to Colorado medical students.

Goal: Manage both foundations to keep them fiscally sound and able to continue to accomplish their mission.

Objective: Review the charter and bylaws for both foundations to ensure they are consistent with Colorado law and model 21st century medical society best practices and to ensure both foundations continue to provide value to CMS members and the community at large.

Strategy:

1. Meet with expert outside legal counsel to complete an independent audit of both foundations.
2. Grow the corpus of both foundations with an aggressive marketing campaign seeking donations from CMS members and the community at large.
3. Seek collaborative opportunities with other health care stakeholders to help both foundations achieve their mission.

15. Non-dues revenue: Model 21st century state medical societies must have significant non-dues revenue that supplement dues income to fund operations and execute their operational plans.

Goal: Maintain existing and seek new non-dues revenue opportunities for the benefit of the organization and its members.

Objective: Grow total non-dues revenue by at least 5% during the next fiscal year.

Strategy: Set monthly non-dues revenue sales targets and measure performance against these sales targets on at least a monthly basis.

16. Business Operations: Colorado Medical Society has a fiscal and moral obligation to its members to manage the business of the Society and to be good stewards of its members' dues revenue.

- Goal:** Manage all business operations of Colorado Medical Society consistent with best business practices and in accordance with the standards inherent with model 21st century state medical societies.
- Objective:** Maintain and strengthen the fiscal health of the medical society and focus available resources to achieve the CMS strategic and operational plans
- Strategy:** Create, vet and manage a balanced budget that accomplishes CMS operational goals and receives the highest rating for its independently audited financial statements, cash/equity analysis