CMS Board of Directors
CONSENT CALENDAR: Items Approved 1-18-19

Item 1: 11-16-18, BOD Minutes:

MEMBERS PRESENT

President	Deb Parsons, MD
President-elect	David Markenson, MD
Imm. Past President	Robert Yakely, MD
Districts 1 & 2	Vacant
Districts 3 & 4	Vacant
District 5	Jason Kelly, MD
District 6	Brandi Ring, 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
CPMG	Kim Warner, MD

MEMBERS ABSENT (EXCUSED)

RFS	Charles Tharp, MD

MEMBERS ABSENT (UNEXCUSED)

District 14	Benjamin Nance, RVU

GUESTS PRESENT Dr. Lynn Parry, Judy Ladd, Sara Lipnick, Dr. Lee Morgan, Dr. Ray Painter, Dr. Dave Downs, Maria Medina, Dr. Ted Clarke, Jerry Johnson, Dr. Friedenson

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

Deb Parsons, MD, CMS President called the meeting to order at 1:00pm with introductions and the following comments:

1. Recognized Jason Kelly, MD, MBA, new board member from ADEMS and a member on the Finance Committee; Radiologist and CMO at Skyridge;

2. Resignation of Charles Tharp, MD, due to his fellowship workload;

3. Asked board members to sign and return conflict of interest statement and standards of conduct statements; that those participating by phone can sign, scan and email to Dianna Fetter.

4. Updated the board on the afternoon's agenda:

    a. Lifetime Achievement Award to: (1) Colleague and friend, COPIC CEO Dr. Ted Clarke at 2:00 pm, (2) To two of our Executive Staff, both retiring at the end of this year, after the break.
    b. That Drs. Dave Friedenson and Ray Painter had provided appropriate and timely notice to address the board for 3-minutes on designated subjects;
    c. Today's order of business;
        i. First--Agenda Item II. Election cycle outcomes: A public policy prognosis from Susan and Jerry
        ii. Second—Agenda item III. 1. Public Policy. a. Report of Work Group on HC Costs and Quality
        iii. Third -- Agenda item III. 3. Section 4: Organizational Excellence. a. In-Person Member Meetings; and,
        iv. Following these items, we will return to regular agenda order.

II. Election Cycle Outcomes: A public policy prognosis

- Dr. Parsons introduced the election cycle prognosis by making the following comments:
    - Susan Koontz is CMS General Counsel and Sr. Director of Government Relations and Jerry Johnson is our long-time contract lobbyist and physician advocate;
    - A lot of time and resources went into this election cycle and COMPAC and Chair Christopher Unrein, did a terrific job.
    - Makeup of the CO General Assembly is set for the next 2 years and, for the next four years at a minimum so is the Governor.
    - Susan and Jerry are going to help us better understand what this election means to our policy agenda.

Dr. Parsons thanked Jerry and Susan following their presentation.

III. Fiscal Year 2018-2019 Operational Plan

1. Section 1: Public Policy
    a. Report of Work Group on HC Costs-Quality
        i. 2:30-2:40 Metro-Denver Chamber Cost of Care Report: CMS priorities **(Action)**

1. Dr. Parsons kicked off the report of the Work Group on Health Care Costs and Quality with the following comments about the Metro-Denver Chamber Cost of Care Report:

2. The Work Group on Health Care Costs and Quality was established by the board of directors with the goal being 'to guide CMS efforts to influence reductions in the cost of care, while ensuring quality.'

3. The work group's appointment was the direct result of the board's strategic discussions about the tipping point on costs and the bold efforts of the Denver-Metro Chamber of Commerce to address the issue, an effort that CMS has embraced

4. On Oct 30th, the Cost and Quality Work Group reviewed and discussed the recommendations under consideration by the Metro-Denver Chamber of Commerce and then, identified 8 issues in the report that are most valuable and productive for CMS to partner on.

5. This list of 8 strategies can be found on page 2 of your agenda notebook and is an action item.

6. She asked if the board understood the recommendations?

7. Chet Seward, staff to the Cost of Care and Quality Work Group made additional comments about the Chamber's process.

8. A motion was made, seconded and unanimously passed to approve the items as recommended by the Cost of Care and Quality Work Group.

ii. Out-of-Network: Policy Development **(Action)**

1. Dr. Parsons made the following comments to kick off the Work Group's legislative specifications for legislation in 2019 to resolve the Out-of-Network issue.
2. Our professional advocates assess that 2019 is the year that OON legislation is going to be enacted, with or without our participation.

3. The board has asked that CMS be proactive to the greatest extent possible and we asked the Cost of Care and Quality Work Group to discuss the issue of surprise medical bills and to make a recommendation to the board.

4. The Work Group's report is found on pages 2 and 3 of your agenda packet.

5. Reminded the board of the standing rule of the Board requiring a guest member to submit a request to address the board and then he or she has 3 minutes to present their issue.

6. Dr. David Friedenson, representing the Colorado Chapter of the American College of Emergency Physicians was recognized for a 3 min presentation and Q and A with the board.

7. Dr. Friedenson informed the board that the OON issue was very important to CO-ACEP and made numerous points including: (1) The profitability of health insurance companies; (2) ED physicians

are having a problem getting paid for in-network care; (3) Due to lack of ability to collect co-pays at the ED door, ED physicians are leaving $12 of every $20 on the table; (4) Any MBS should be based on charges and publicly available data is based on network negotiated rates and should not be used; asked that the ACEP OON legislative bill specifications be considered.

8. Dr. Parsons asked Dr. Friedenson to submit recommendations in writing to the Ad Hoc Work Group on HC Costs and Quality and thanked him for attending and his comments.

9. Dr. Parsons turned the board's attention to the OON proposal being recommended by our Cost of Care and Quality Work Group.

10. Chet Seward gave a presentation on the proposal.

11. Board members discussed the proposal. Comments included: (1) Arbitration is an avenue and it depends on how the law is written; 1st level should be paper only; Some cap is to address the egregious market conduct; (2) Strongly oppose Medicare as a benchmark; (3) Primary care rates are unsustainable; there is an upside down relationship between specialists and primary care; (4) The proposal is right track; one health plan posted enormous losses and will not support billed charges as a benchmark.

12. A motion was made, seconded and passed, with one no vote as follows:

13. Recognize that the OON proposal is on the right track and should be used in the 2019 legislative session;

14. Continue to flesh out details of the proposal, including the minimum benefit standard and other criteria to be used in the arbitration process; and

15. Include a repeal or sunset clause to require a thorough evaluation of the OON problem and the effectiveness of this solution.

iii. 2:50-3:00 Network Adequacy Waiver Rules: A policy alternative **(Action**)

1. Dr. Parsons introduced the third and final recommendation of the Work Group on Cost and Quality with the following comments:

2. Just to update you, the Insurance Commissioner issued the network adequacy rule formally in late October, temporarily withdrew the rule and then re-issued the rule for public comment.

3. When the rule was re-issued, physicians were not included in the rule, only facilities.

4. Because physicians are at least temporarily not in the rule, CMS has time to create an alternative.

5. CMS leadership asked the Work Group on Health Care Costs and Quality to consider a straw man proposal that would not erode network adequacy requirements.

6. Chet Seward gave a presentation on the straw man proposal.

7. Dr. Parsons explained to the board that the work group is asking for the board's permission to continue to work on the straw man proposal rather than asking the board to vote on a final recommendation today.

8. One board member felt that CMS should be trying to increase the number of physicians in geographic markets rather than restricting what physicians can charge.

9. Following discussion, a motion was made, seconded and unanimously passed to green light the work group's continued work on an alternative to the Insurance Commissioner's network adequacy waiver rule.

The board paused for the Lifetime Achievement Award presentation to COPIC CEO Ted Clarke, MD. Dr. Parsons made the following comments:

"It is with great pleasure and a bit of bitter sweetness that we recognize Dr. Ted Clarke with a Colorado Medical Society Lifetime Achievement award. Dr. Clarke spent 20 years as an orthopedic surgeon and partner with Western Orthopedics in Denver. Fourteen years ago, he left this practice to become the CEO of COPIC Insurance Companies and the Chair of the COPIC Board of Directors. Throughout his career, Ted has worked tirelessly on behalf of Colorado's physicians and our patients to improve the medical liability environment and further the safe delivery of patient care. Ted has been CMS's most important partner in our advocacy work and a huge friend to us all. Personally, I have known Ted all of my career—he is consistently ethical has a reassuring and gentle demeanor, is safe, fair and inspirational. We will greatly miss you, Ted, and wish you all the best as you and your wife, Carol enter your next life adventure!"

b. Payer Complaint Tool: Project plan adjustment **(Action)**

1. Dr. Parsons turned the agenda the issue of the Payer Complaint Tool found on page 4 of the agenda book by making the following comments:.
2. This item is a proposed adjustment to our operational project plan titled, Payer Complaint Tool.
3. Recall Physician practices need a tool to track the various payer issues they are struggling with.
4. Staff's assessment was that 2017-2018 provider complaint tool pilot project was inadequately robust to ensure member satisfaction with the tool until further pilot testing has been completed.
5. Two physician billing companies offered to pilot the tool with their clients for a 6-month period.
6. She asked if everyone understood what will be voted on and whether anyone needed more information.

7. A motion to was made, seconded and unanimously approved to adopt the changes to the project plan, Payer Complaint Tool.

The board paused for the Lifetime Achievement Award presentation to retiring staff Marilyn Rissmiller and Tim Roberts. Dr. Parsons made the following comments:

"Our executive staff, Marilyn Rissmiller and Tim Roberts have for years applied their considerable skill, intellect and perhaps most importantly their unassailable professional integrity to the mission of CMS. They labor far too often in anonymity as their daily heroics translate policy and CMS operations into consequences. By making the difficult appear easy obscures their talent and the extraordinary perseverance it takes produce the kind of gold standard work they regularly accomplish. Our recognition today is a modest gesture, a formal acknowledgement that even the term 'lifetime achievement' understates. We are grateful for your steadfast devotion and all you have done on behalf of our profession and the entire health care community."

2. Section 3: Communications
    a. Central Line Policy Proposals, Deb Parsons, MD

1. Dr. Parsons turned the board's attention to the Central Line proposals by making the following comments:

2. The first three proposals are contained in Central Line

3. Your Central Line instructions are on page 5 of your agenda packet

4. The fourth proposal is a 2nd discussion that began at the September meeting.

5. The agenda materials for this item can be found on pages 6 though 8 of your agenda packet.

ii. Marijuana Policy Update (**Action**)

1. Dr. Parsons continued with the first item, Marijuana Policy Update, and offered the following comments:.

2. Reminded the board about the history of this proposal:

    a. The proposal was originally submitted on Central Line by Dr. Ken Finn.

    3. Debated by the board;
    4. Sent to a special work group appointed by then-CMS President, Robert Yakely, MD;
    5. Debated by the board a 2nd time in the form of a work group report;
    6. Referred back to the work group;
    7. Debated and approved by the board at the September meeting; and,
    8. Then-submitted on Central line on behalf of the board for the current meeting.
    9. That this is the 3rd time the proposal has been before the board.

3. Dr. Parsons asked if anyone wished to discuss any of the information contained in Central Line as follows:
    a. Problem/Issue Statement
    b. Description of Policy Proposal (**This is what the board will be voting on**)
    c. Possible impacts
    d. Supporting documentation

e. CMS staff (fiduciary) review
f. All member votes and comments (This important Central Line feature is designed to bring the member's voice into the boardroom)

4. Asked for any comments on the policy proposal itself. There were no comments.

5. Asked if there was any new information from staff. There was no new information from staff.

6. A motion was made, seconded and unanimously passed to adopt the Marijuana Policy Update.

ii. 3:40-3:50 Transparency/Out-of-Network Charges **(Action)**

1. Dr. Parsons started discussion on the proposal is titled Transparency/Out-of-Network Charges by introducing the author, past president, M. Ray Painter, MD, for comments. Dr. Painter made a timely request to address the board and based on the standing rules of the board was allowed 3 minutes to address this issue.
2. Following Dr. Painter's comments, there was Q and A between board members and Dr. Painter. Board members expressed a number of concerns.

3. Dr. Parsons asked if there were any comments or questions about the:
   a. Problem/Issue Statement
   b. Description of Policy Proposal (**This is what the board will be voting on**)
   c. Possible impacts
   d. There are no supporting documents
   e. CMS staff (fiduciary) review
   f. All member votes and comments (This important Central Line feature is designed to bring the member's voice into the boardroom)

4. A staff recommended to refer the proposal to the Work Group on Health Care Cost and Quality was presented by staff.

5. Following discussion, a motion was made, seconded and passed with two votes in opposition to refer the proposal to the Work Group on Health Care Cost and Quality.

iii. Mandatory Childhood Vaccines- No Exemptions, Personal or Religious Reasons (**Action)**

1. Dr. Parsons made the following comments to begin the discussion on the proposal Mandatory Childhood Vaccines – No exemptions, personal or religious:

2. The proposal was submitted by Dr. John Ogle an emergency physician.

3. Comments and questions were solicited about the:
   a. Problem/Issue Statement
   b. Description of Policy Proposal (**This is what the board will be voting on**)
   c. Possible impacts
   d. Supporting documentation

e. CMS staff (fiduciary) review
f. All member votes and comments (This important Central Line feature is designed to bring the member's voice into the boardroom)

4. Several board members expressed both support and concerns about the proposal, i.e. support for the concept of the proposal and concern about taking away appropriate exemptions mainly religious.

5. A revised proposal was offered by staff.

6. Following discussion, a motion was made, seconded and unanimously passed that the following amended proposal be adopted and that CMS support legislation and if it is not filed in 2019 that CMS seek sponsors to file the bill:

CMS ~~advocates for~~ SUPPORTS legislation that ~~aligns Colorado with 32 other states and removes unreasoned parental "opt out" choice to decline~~ ELIMINATES NON-MEDICAL EXEMPTIONS FROM childhood vaccines that have proven safe and effective for the following ten infectious diseases:

1. **Measles**
2. **Mumps**
3. **Rubella**
4. **Haemophilus influenza B**
5. **Diphtheria**
6. **Pertussis**
7. **Poliomyelitis**
8. **Hepatitis B**
9. **Tetanus**
10. **Varicella**

Although **medical exemptions will remain appropriate** for **some** children, parents should ~~no longer~~ NOT be able to put their children and others at risk by declining recommended vaccines **solely** on **personal or religious convictions.**

~~Specifically, CMS advocates amending~~ C.R.S. § 25-4-903 ~~to remove paragraph (2) subparagraph (b), the portion that allows vaccination exemption for personal or religious reasons.~~

iv. 4:00-4:15 Firearm Safety **(Action)**

1. To introduce the Firearm Safety agenda item, Dr. Parsons noted that the background material for this agenda item was on pages 6 through 8 of the board's packet and that staff had prepared 6 options for the board to consider.

2. Chet Seward led the board in an exercise to narrow the options down to get a preliminary, not official, sense of the board for the top two or three options.

3. The exercise demonstrated that options 2, and 4 were the preliminary preferences of the board.

4. A motion was made, seconded and passed with two voting no that "*existing* CMS policy be combined into one, new, easy-to-find, succinct, overarching proposal and submitted by the board on Central Line for the January, 2019 board of directors meeting."

III. Section 4: Organizational Excellence

In-Person Member Meetings: (**Strategic discussion 1**)

1. Dr. Parsons made the following comments to begin the agenda item In-Person Member Meetings:

2. This will be a strategic discussion and not an action item.

3. We want to hear your perspective and ideas; staff will be taking copious notes.

4. We will take what we learn from you today and develop a second agenda item, either in January or March

5. Our objective is to "Approve a plan during fiscal year 2018-2019 that maximizes chances for meaningfully increasing physician engagement with CMS using in-person meetings."

6. To construct today's discussion we created a five-page backgrounder and posed three strategic questions they were displayed on the screen).

7. Annual Meeting demographics and CMS brand tracks were also displayed on the screen and called to the board's attention.

8. The discussion will be in two parts: Part 1: How did you answer the three questions in the background material? Part 2: What other thoughts do you have to meaningfully increase physician engagement with CMS using in-person meetings?

9. If we run out of time, board members were asked to write and submit comments and thoughts.

10. The following comments were recorded:

    - Dr. Pevoto commented: One-half of the Mesa County Medical Society board of direcrtors was disappointed that the 2019 Annual Meeting had been suspended. These physicians thought the meeting helped them connect. A suggestion was made to have members pay to attend the meeting.

    - Dr. Mark Johnson commented: He received the same type of input from his component as Dr. Pevoto. Overall, component members do not attend. We need to answer the question about why members do not attend. We are still trying to run things on the needs of physicians from the past. We are still trying to build educational and socialization activities and I don't get either of them from CMS. We have to change the way we are thinking.

    - Dr. Jason Kelly: Face-to-face fosters interaction that is helpful; We should encourage members to attend.

    - Dr. Hagedorn commented: Board members know the value of the Annual Meeting. What do we tell members that do not attend and pay dues? We learn to advocate, we get energized, and the meeting helps us. It is hard to get busy people to take time off.

- Dr. Roberts: Stated that he has not been to an Annual Meeting. It comes at a time when he has a full-time job, other meetings, 3 young children, and a wife. Why are we supplementing trips to Vail?

- Dr. Quarles: Boulder County Medical Society board is extremely upset. What does the meeting mean to me given my new practice? Reason why my patients stay with me is aspirational; they are purchasing an aspirational vision for their health. I feel this way about paying my CMS dues.

- Dr. White: COPIC discount is the only reason they are members. Doesn't mean we don't try to engage them. The ones that come and those that don't are two different conversations. Legislators seem passionate about things. Gives us an opportunity to bring in guest speakers and they help us learn. I am willing to pay for part of the meeting. Relationships we build with legislators and learning are important.

- Dr. Carrol: We need to look at student attendance which has increased; fresh and new. Not true for all physicians. Look at metrics over 5 years. Perspevtive of success should be measured differently. I had a partner that attended for the first time and loved the meeting, but probably won't attend every year. Move around the state. Students love to come for networking; getting physicians and students together. It would be great to get a full-time person for virtual uptake.

- Dr. Yakely: three points as follows. 1. Acknowledge physicians 50 years-plus that love to go to the meeting; look at demographics. We have different groups with different needs. Regional meetings and Annual Meeting. Bring down the cost by charging. 2. Interact with medical students --- do it in Denver instead of the mountains

- Dr. Markenson: People voted with their feet; not meeting our goal. Lots of value in face-to-face. Medical student attendance is on the rise; having a function clode to them is better. Annual Meeting to continue but regional. Rotate the meeting regionally.

- Dr. Warner: No Annual Meeting because of cost. Love the medical student participation and we can't lose this. Meet people where they are.

- Dr. Parsons asked how e should the $90,000 it takes to conduct the Annual Meeting.

- Dr. Quarles: Put CMS on the road. Traveling; energizing, bring Jerry Johnson's presentation and use the energy t for a launch point.

- Dr. Kelly: In terms of the 2008-20017 tracking of the CMS brand, he was shocked that physicians don't feel CMS is representing them. He asked what are their priorities? We should ask them.

- Dr. Pevoto: There are many ways to get CME virtually. Mentioned a virtual show.

- Dr. Roberts: Expressed appreciation for Dr. Mark Johnsons' comments. What the money needs to go to base off of what members want.

- Dr. Carroll: Put Jerry and Susan in a webinar or video. Be sure the 2019 money is being spent on highest legislative priorities.

- Dr. Yakely: We can't assume that we can sell the horse and buggy concept to young people.

b. Consent Calendar (**Action**)

i. Item 1: Minutes from 9-14-18, BOD Meeting; Pages – 1-10
ii. Item 2: Minutes from 9-18-18 C/Prescription Drug Abuse; Pages 10-11
iii. Item 3: Rosters: Fiscal Year 2018-2019: Councils-Committees-Work Groups; Pages 11-16
iv. Item 4: Bylaws changes; Pages 16-18
v. Item 5: Minutes from 10-4-18 Workers Compensation and Personal Injury Committee; Pages 18-19
vi. Item 6: Minutes from 11-1-18 Workers Compensation and Personal Injury Committee; Pages 19-21
vii. Item 7: Minutes from 10-30-18 Cost of Care Work Group; Pages 21-24

1. <u>Dr Parsons made the following comments to kick off the discussion about the consent calendar.</u>

- <u>Councils and Committees--</u>First, we propose to change the name of the Committee on CME to CME In-House Advisory Function. There is no requirement by AACME (Accreditation Council for Continuing Medical Education) that we have a Committee. They do require us to have a "process" for approving CME and we have this in-place through the volunteer time of Dr. Mike Pramenko, a CMS Past President. Because only one physician is needed to fill this role, the name of Dr. Raquel Epstein would be removed from the roster. We have plenty for Dr. Epstein to do however. She will be appointed to the Council on Legislation and the Committee on Wellbeing with your approval of the Consent Calendar today. Any questions?

- The Medical Student Section minutes from their September 15 meeting were inadvertently left out of this Consent Calendar. They are in your read file and were posted on your Base Camp on November 6.

- Dr. Parsons asked for a motion to suspend the two-week rule so the board can vote on these minutes today.

- A motion was made, seconded and unanimously approved to suspend the two-week rule so the MSC minutes could be voted on.

- A second motion was made, seconded and unanimously passed to approve the Consent Calendar as amended.

b. Finance Committee report"

1. Financial summary and statements: August-September 2018 **(Action)**

- Dr. Patrick Pevoto, the new Finance Committee Chair, gave the Finance Committee report.
    - Dr. Pevoto reported that the preliminary fiscal year-end numbers were positive in that CMS was able to overcome a significant dues shortfall with extraordinary expense control to finish the 2017-18 fiscal year with an approximate $15,000 positive gross variance to budget. The final numbers will be reported after the annual outside audit is completed in first quarter 2019.
- A motion was made, seconded and unanimously passed to approve the Financial Report.

V. Board Memo Update: Extractions

Dr. Parsons asked if there were any extractions from the board memo update.

- She stated that board memo update extraction opportunities were standard operating procedure and important part of the Boards agenda to keep up on implementation of the operating plan.
- A motion was made, seconded and unanimously approved to approve the board memo update.

VI. Executive Office Reports

A. President
B. President-elect
C. Immediate Past President
D. Chief Executive Officer

There were no executive office reports

The board adjourned into Executive Session

Item 2: 11-20-18, Minutes from Committee on Prescription Drug Abuse:

Present: Tom Kurt, MD; Lynn Parry, MD; Liz Lowdermilk, MD; Shannon Jantz, MD; Robert Yakely, MD; Deb Parsons, MD; Dave Downs, MD; Don Stader, MD; John Sacha, MD; David Markenson, MD; Elizabeth Grace, MD; Dan Jablan; Susan Koontz; Alfred Gilchrist; Chet Seward; Guests: Sen. Priola; Angie Howes; Katie Wolf; Mary Staples; Stuart Chapman; Dan Borgasano; Tom Lizbeck; Nikki Price; Daniel Blaney-Koen.

I. Introductions were made.

II. Electronic prescribing of controlled substances - Mary Staples, director of state government affairs for the National Association of Chain Drug Stores discussed national retail pharmacy priorities – Noted that many states require e-rx for all drugs and some for controlled drugs. Noted that these have had an impact and emphasized the potential to reduce forgeries and fraud.

Stuart Chapman, lobbyist for Imprivata – Over last few years there has been a lot of action. 13 states with mandatory e-rx. Noted that pharmacies have worked with AMA on costs and burden of e-rx. Noted that they are still working on some issues with the DEA and AG regarding latest federal bill that just passed. The states by and large have stronger bills than just Part D on the federal level. He argued that the technology is getting easier and easier to use.

Dan Borgasano, product manager for Iprivata – The DEA IFR governs e-rx and there are requirements that providers have to comply with in order to ensure an auditable chain of trust. There are unique requirements for controlled (like having two-factor authentication) and other non-controlled Rx. When these rules were first introduced the requirements were pushed on tech vendors to upgrade and certify. However, it wasn't until NY passed their law that the upgrades really started to happen. There are a number of growing, automated workflows in many EHRs that can simplify this process, reducing it to "about 2 minutes." He argued that new biometric tech has sped and simplified this process, making the process easier, more transparent, compliant, safe and secure.

Nikki Price from Safeway and Tom Lizbeck from Walgreens provided a front-line view of this process by pharmacists. Noted that it takes time for pharmacists to process existing demands. Always worried about forged Rx and trying to ensure safety. Tom noted that the 24-hr pharmacies see more new patients, making it more difficult to ascertain whether or not prescriptions are legitimate.

The executive director for the Colorado Pharmacists Society reinforced these points, noting that e-rx can be more flexible for patients.

Physician members of the Prescription Drug Abuse Committee asked questions including:

- What happens if Rx goes to a pharmacy when they are closed or don't have stock? Answer: Would have to be cancelled and provider would have to send to a different pharmacy if not in stock.
- GME – Residents, fellows and interns, NP, PAs and locums tenens physicians have to transmit an Rx with a suffix. While DEA has issued regulations to do that many pharmacies cannot accept. Has the technical fix been solved? Answer – Safeway wants to check into whether or not this works. Angie Howes noted that this was raised last year and she will try to gather that info and share.
- What about price shopping and portability? Answer: Current tech doesn't allow for that, but did note that 90+% of scrips are filled by insureds. Docs noted that especially for some specialties like ER this increases the time burdens for physicians.
- What about the burden and cost to small and rural practices, especially psychiatry and family medicine, with no tech support? Answer – Angie noted that exceptions were included in the 2018 bill for rural and practices that Rx a very small number of prescriptions. Other states have taken different approaches.
- What about the E-rx text limit on the scrip that prohibits more detailed directions to patients given character limit? There is a limit on controlled Rx. Answer – noted that last year's bill attempted to provide more flexibility through and exception.
- How does e-rx reduce fraud and verification process down to 2 minutes? Answer – DEA steps to identity proof rx has streamlined the process. Physicians raised concerns about an extra 2

minutes for each scrip written, especially in busy practices, can really increase administrative and time burden on practicing physicians.

- What about multiple practice locations? Answer – tech allows for action so long as identity proofed on same platform. If use different platforms, then it's a different. Pharmacies offered to share the data regarding how this works. CMS staff will post to basecamp.
- How to offset costs for docs given that pharmacies are receiving the benefits of the mandate? Answer – Happy to talk about this especially given the new legislature.
- What about tech glitches/failures? Answer: Want to include this as an exception.
- What is the data that shows decreased forgeries and positive impact on reducing opioid deaths and abuse? Do have data available, including some on better Rx adherence, and will share with CMS staff.
- Questions about timeline – What about agreeing on common values and use that to drive development of exceptions? Answer – willing to discuss further.

Discussion on next steps by committee ensued. Members expressed concerns about costs, administrative burdens and the timeline for adoption by practices. The group also concluded that opposing this will likely be ineffective, especially given Medicare e-rx mandate (staff will provide a fact sheet on the federal law). The group agreed on a recommendation to conditionally support the e-rx mandate pending the inclusion of specific exemptions for physicians. The group directed staff to build out a list of exemptions, based upon issues identified above, the 2018 failed bill, lessons from states that already have a mandate, and further feedback from the committee. Basecamp will be used to refine the list and make a final recommendation to the CMS board of directors. Given that most of the benefit from e-rx goes to pharmacies, the committee also recommends that CMS seek financial support from pharmacies for the PDMP and enhanced interoperability of the PDMP with EHRs.

III. Manatt Health report – Staff noted that a draft of the Manatt Health analysis of the state health policy/regulatory landscape in Colorado regarding opioids. The report includes recommendations on how to build on best practices as well as identify areas for further action. Members of the committee were asked again to review the report and reply on Basecamp with comments, questions and concerns.

IV. New business – Due to the late hour the committee was unable to discuss either the letter supporting the alignment of 42CFR with HIPAA letter or the proposal from the Opioid Technology Alliance. Staff will post these documents to Basecamp to solicit feedback from the committee.

V. Next meeting and adjourn – No future meetings for 2018 are scheduled. Staff will coordinate with leadership on a meeting schedule for 2019. The meeting was adjourned at 8:20 pm.

Item 3: 11-26-18, Minutes from Committee on Physician Wellbeing:

I. Introductions and Welcome Martina Schulte, MD, Chair

Dr. Schulte convened the meeting with introductions. Everyone gave one example of what they had recently done for the personal wellness.

Attending: Sami Diab, MD; Donna Sullivan, MD; Brandi Ring, MD; Brent Keeler, MD; Christie Reimer, MD; Michael Victoroff, MD; Deb Parsons, MD; Deb Saint Phard, MD; Darlene Tad-Y, MD; Dianna McAllister, MD; William Neff, MD; Clara Raquel Epstein, MD; Lucy Loomis, MD; Cory Lyon, DO; Ms. Maria Medina, CEO, Northern Colorado Medical Society

II. Report from the Wellbeing Center: CMS Annual Meeting Deb Parsons, MD, CMS President
Dr. Parsons provided a brief update on the wellbeing aspects of the 2018 Annual Meeting, including the wellbeing center and a breakout session featuring the CMS wellness toolkit and an inspiring personal wellness story from a colleague.

III. Organizational Interventions: Priorities for CMS to do and promote Group Discussion

1. Taking Action: A.F. Williams Family Medicine Residency

   Cory Lyon, DO, gave a report on how CU Health Family Medicine has conducted practice transformation that has increased capacity, improved patient outcome metrics, decreased both physician and staff burnout while remaining cost neutral. A thoughtful Q and A session followed.

2. What are the five most important solutions to enhance physician well-being and joy in the practice of medicine at the organizational level that CMS should promote? Why?

   Dr. Schulte directed the group's attention to a discussion about the five most important solutions to enhance physician well-being and joy in the practice of medicine at the organizational level that CMS should promote and why. The following points were recorded.

   a. Practice redesign in relationship to how it impacts provider satisfaction; workflow; paper traffic; etc.
   b. Making the case for overall benefits: error reduction; quality improvement; decreased turnover; increased patient access; raise awareness among stakeholders and healthcare organizations of the association between physician burnout and patient safety, professionalism and patient satisfaction.
   c. The C-suite must be approached thoughtfully so discussions do not come across as physician complaining.
   d. Physician need a safe place to download and debrief (CMT (massage therapy); Rest spaces; database of resources
   e. Structure of the organization/Leadership awareness: Bring best practices to organizations; make the case FOR leadership development and growth
   f. Best practices: Sharing what is happening
   g. Cincinnati Coalition across different hospital systems that focus on physician wellbeing; Sharing of innovations; Mercy Health; CMS role as an organizer of systems working together; See website forphysicianwellbeing.org; Dividing the issue into culture, learning and 2 others (must approach the problem from all 4 quadrants); be wholistic.
   h. Management effectiveness: Physicians are doing too many redundant-unnecessary things. Revenue demands are too high. Organizations should examine revenue

expectations and compare them to cultural expectations. How do you measure wellbeing? It should be measured like other clinical aspects are measured.

i. Regulatory burden. Reduce-eliminate. Hospital leadership should unite to push back.

3. Visualize a day-long convening of physicians from different systems and practices who are responsible within their system or practice for assessing burnout and putting measures in place to increase physician wellbeing:
    a. What could be accomplished with such a convening?
    b. What would the day look like in terms of learning and interaction?
    c. How could lessons learned and shared be shared more broadly in the Colorado medical community?
    d. Would there be value in keeping this group connected? Expanding the group?
    e. What else do these questions bring to mind? Why?

    Dr. Schulte directed the group's attention to a discussion about a possible day-long convening of physician leaders responsible for assessing burnout and putting measures in place to increase physician wellbeing. The following points were recorded.

    a. Great idea: it could help organizations that are not making wellbeing a priority
    b. Any effort should be sponsored by multiple partners, not just CMS; good idea!
    c. Feature programs that are doing great things, such as Mayo and Stanford
    d. Also feature Colorado successes
    e. Bring in direct primary care and why it is working with regards to wellbeing and burnout
    f. Have individual coaching sessions
    g. The day should be available through teleconference so people all over the state can attend
    h. A convening of this type should have a very clearly delineated goal!
    i. Political action should be part of the convening
    j. Focus on creating a new standard for hospitals (protect the little guy in the big system)
    k. Put all materials in one place on a web page
    l. Survey members
    m. Pursuing wellness; mitigating burnout: They are different. The convening should be a partnership.
    n. Address the stigma around being a burned-out physician

    Dr. Schulte summarized the conversation by stating that: (1) There is interest in the concept of a convening; (2) A number of possible programs were identified; (3) It would be best to have such a convening sponsored by a number of organizations; (4) There is no clearly articulated goal for a convening; and (5) More exploration is needed.

The meeting adjourned with appreciation expressed to all attendees by Drs, Schulte and Parsons.

Item 4: 12-12, Council On Legislation Minutes:

Members Attended
William Brandon, Clara Epstein, Shannon Jantz, Mark Johnson, George Kalousek, Taj Kattapuram, Brent Keeler, Alan Kimura, Steven Lowenstein, Mark Matthews, Jason Mayer, Martha Middlemist, Fred Miller, Lee Morgan, Stacy Para, Lynn Parry, Richard Penaloza, Scott Replogle, Brandi Ring, Allison Sandberg, Stephen Sherick, Donna Sullivan, Lisa Swanson, Kathleen Traylor, Christopher Unrein, Gary VanderArk, Usha Varma, Michael Volz, Mary Wang, Bruce Waring, Kim Warner

Guests
Ellie Jensen, MD, Jennifer Markus, MD, Shawn Wotowey

Members Excused
Stuart Gottesfeld, Enno Heuscher, Nathaniel Hibbs, David Markenson, Carla Murphy, Deb Parsons, Ian Reynolds, Robert Yakely

Staff/Non-members Attended
Ruth Aponte, Ryan Biehle, Emily Bishop, Dick Brown, Kiyomi Daoud, Amy Goodman, Alfred Gilchrist, Suzanne Hamilton, Dean Holzkamp, Dan Jablan, Jerry Johnson, Susan Koontz, Jennifer Souders, Eric Speer, Beverly Razon, Marilyn Rissmiller, Jeff Thormsgaard, Debbie Wagner, Judy Ladd

Members Absent
Cory Carroll, Kristin Freestone, Rachel Landin, Tamaan Osbourne-Roberts, Emily Schneider, Luke Selby

Roll Call, Introductions, and Welcome
Dr. Morgan called the meeting to order, took roll and welcomed the new members to COL. Dr. Morgan then recognized Dr. Matthews for his service as Vice Chair and welcomed Dr. Warner to the Vice-Chairmanship.

Dr. Morgan advised Council that this meeting would focus on the most important upcoming issues in the 2019 session.

She then reminded those on the phone to mute themselves when not speaking.

Items for Discussion/Action

a. *Reversing the Opioid Crisis*
   Dr. Jensen informed Council on the work of the PDA and the progress of the Interim Study Committee on Opioids. She outlined several threats the PDA expected next session as well as several opportunities. Dr. Jantz then explained that mandatory e-Rx was expected in the legislature during 2019. She advised Council that due to the recent federal mandate, current e-Rx stats, and a number of pharmacy moves to implement e-Rx, the bill would be likely to pass. She then directed Council to the list of exceptions to the mandate drafted by the PDA. Dr. Morgan opened the floor for discussion, directing the group toward their

objective of providing input on the PDA report to the board. CoACEP suggested emergency departments also be exempt.

b. *Cost of Care*
Dr. Morgan then gave Marilyn the floor, first noting that Council was to provide input to the Cost of Care work group.

Marilyn walked Council through the out-of-network legislative proposal, referencing the packet and visual representation of the bill specs projected for Council's reference. Susan also advised the group that CHA, among other stakeholders, may also bring a bill on this issue and there was momentum to solve out-of-network this session.

Dr. Morgan then opened the floor to questions and discussion. A brief discussion ensued noting the federal bill and the arbitrator selection process, as well as the work of other groups.

c. *Northern Co Anesthesia Professionals Medicaid Fee Request*
Next, Dr. Morgan introduced Dr. Jennifer Markus and Shawn Wotowey of NCAP. She explained they had a request for Council and asked the group to reread the staff recommendation and rational regarding NCAP's request in the packet.

After a few minutes to allow Council to refresh themselves, Dr. Morgan handed the floor to Dr. Markus, who introduced NCAP and gave background to their request that Council oppose a 30% reduction in anesthesia Medicaid rates during the 2019 session. Once they were finished, Alfred showed Council a chart of Medicare reimbursement rates compared to inflation to further illustrate their point.

Dr. Morgan then opened the floor. After discussion and several clarifying questions, a motion was made to support the request. The motion was seconded and after a brief further discussion, Council voted to **SUPPORT** NCAP's request (1 abstain).

d. *Childhood Immunizations*
Dr. Morgan introduced the next agenda item by making Council aware of a new CMS policy regarding non-medical childhood vaccine exemptions. The board recently adopted new policy stating that CMS supports legislation that eliminates non-medical exemptions from childhood vaccines that have been proven safe and effective.

Ruth Aponte, Dr. Middlemist, and Dr. Para then presented on stakeholder discussions regarding possible 2019 legislation addressing non-medical exemptions. A robust discussion ensued regarding the current political climate and the possible receptions to such legislation.

e. *MPA/PRA*
Dr. Morgan then handed the floor to Alfred to discuss the MPA and PRA and report from CMS' PR expert panel. He introduced the panel report and emphasized that PR will be a significant issue this session. Alfred then asked Council for feedback to the board on these

issues and the PR work group report. Council briefly discussed CTLA efforts related to PR and the importance of bring peer review's merits to the public. A question was also raised regarding PAs. CMS will be meeting with the PA lobbyist before session.

f. Prior Authorization
Dr. Morgan handed the floor once more to Marilyn, who introduced the Prior Authorization bill specs and the intent behind them. She noted this was not a new issue and that a solution would seek to relieve administrative burdens. Council then discussed the specs and asked Marilyn several clarifying questions.

g. Scope of Practice
Finally, Dr. Morgan gave Susan the floor to discuss the Podiatry Board Sunset. Susan informed Council of a recent meeting with Podiatry and noted several procedures they would like to include in their scope of practice. Jeff Thormsgaard then advised the group that more information on these procedures and a possible Podiatry bill would be coming soon.

Other Business
Dr. Morgan advised Council of the 2019 meeting schedule and asked everyone to fill out a conflict of interest form for the 2019 session. She then thanked the group for their participation and handed the floor to Susan and Alfred, who thanked Council and then presented Dr. Morgan with a gift to acknowledge her chairmanship during the 2018 session.

Council approved the minutes from July 18th.

The meeting was then adjourned.

Item 5: 12-17-18, CMS Work Group on Health Care Costs & Quality Minutes:

Present: Deb Parsons, MD; David Downs, MD; Michael Moore, MD; Jason Kelly, MD; Alan Kimura, MD, MPH; Elizabeth Lowdermilk, MD; David Friedenson, MD; Kim Warner, MD; Bob Yakely, MD; Jeff Donner, MD; Anne Fuhlbrigge, MD; Andy Fine, MD; Claire Murphy, MD; Shawn Wotowey; Mike Pramenko, MD; Susan Koontz; Alfred Gilchrist; Chet Seward; Amy Goodman; Visitors - Edie Busam; Suzanne Hamilton; Anna Weyand, MD; Jeremy Huff, MD

I. Welcome and introductions: Dr. Parsons welcomed the group back and introductions were made.

II. OON proposal: Dr. Parsons reported that the CMS board of directors reviewed the work group's recommendations regarding a proposal to solve OON issues. The board agreed that the proposal was on the right track and directed the work group to dig into further details and finalize the proposal. A two-hour, complex discussion ensued regarding the two existing proposals: (1) where a minimum benefit standard (MBS) payment is paid up front and arbitration is used later should the provider disapprove of that MBS payment, and (2) where no MBS is made up front and plan/provider billing rate disputes are resolved through arbitration. Key topics and questions include:

- Concerns about rate inflation and unethical billing.
- Concerns about insurer rate degradation and network inadequacy.

- Lack of actionable data to understand the scale and scope of the OON problem in order to recommend good policy.
    - CIVHC OON data request: We have contacted CIVHC again about a due date for results of our OON data request. It is likely that this data will not be available until at least the third week of January. Upon receipt staff will need a day or two to analyze the data and then we will share results with the work group as soon as possible.
- Don't want to incentivize folks to go out of network, also don't want to incent more narrow networks that are arbitrarily designed and administered.
- Don't want to further shift the power imbalance toward health plans and away from physicians.
- Where are the hospitals in this?
- Must use an independent database to evaluate the proposal – preference for use of CIVHC APCD.
- Make sure to include a transparency component for evaluation in the bill.
- Questions about MBS, how it's calculated and the pros and cons of its use up front versus in the arbitration process on the back end.
- The value of linking MBS to billed charges, commercial rates and Medicare.
- Other MBS options. What about tying the MBS to current in-network allowed amounts and then adjusting for inflation?
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- What about an arbitration requirement for plans to pay the same rate to the same provider billed in same year based on arbitration outcome? No repeat offenders.
- Where is the enforcement going to occur?
- How can an inflationary cap on decreases/increases be incorporated into this proposal?

After much deliberation, the work group conceptually concluded that a bill should be pursued that includes a minimum benefit standard (MBS) payment up front (proposal one), although many still had concerns about lack of available data to discern the appropriateness of the MBS. More work to refine the bill is necessary. The group directed staff to craft a set of legislative specifications and post them to Basecamp. The group also directed staff to develop and report back on a political assessment of the proposed bill after meeting with legislators and other stakeholders.

III. CMS/CIVHC data report project: CIVHC has approached CMS with a partnership proposal to provide data through a platform tailored to physicians that is intended to:

- Enhance the financial viability of group practices;
- Improve the quality of care;
- Help drive down the cost of care; and
- Assist strategic planning efforts to address the changing landscape of patient care and health care economics.

A phased approach is proposed in order to achieve the vision of this project. The first phase is a pilot project focused on providing targeted physicians with access to CIVHC's CPT dashboard to understand average and median payments for the top CPT codes being billed by payer and region compared to the Medicare fee schedule. If the pilot phase is successful, CMS and CIVHC will develop the partnership plan, tools and timeline in a manner that meets the strategic and financial needs of both entities.

Dr. Tamaan Osbourne-Roberts presented detailed information on the reports. The group asked a number of questions.

After more discussion, a motion was made and unanimously approved to make the following recommendations to the CMS board of directors:

- Recognize physician members' need for customized data to help enhance practice viability, improve quality of care, and drive down health care costs;
- Explore a small-scale CMS/CIVHC partnership to provide 15 physician-member practices with customized data reports to understand average and median payments for top CPT codes for specific specialties by payer and region as compared to the Medicare fee schedule; and
- Carefully evaluate the project to assess report usability and value and priorities for report upgrades including other tools, costs, and business plan options.

IV. Adjourn – Due to the late hour, no further business was considered. The meeting was adjourned just before 9:00 pm

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Item 6: Nominations to Council and Committees

COL Nominations:

William Brandon	MSS/CU
Nathaniel Hibbs, DO	CoACEP
Shannon Jantz, MD	CAFP
Jason Mayer, MD	CSEPS
Stacy Para, MD	COAAP
Usha Varma, MD	DMS
Mary Wang	MSS/CU
Jeremy Huff, DO	CSA
Anna Weyand, MD	CSA
Deborah Archer, MD	CO-AAP
Todd Mydler, MD	Boulder County Medical Society

Item 7: CMS Building Lease Renewal:

COLORADO MEDICAL SOCIETY

To: CMS Board
From: CMS Finance Committee
Re: Building lease renewal

The following are the details of the terms of the proposed lease reviewed and unanimously approved by the Finance Committee for Colorado Medical Society Suite 110 in the COPIC Building. Key terms of the lease are as follows:

Term: 120 Months
Lease Commencement: January 1, 2019
Square Footage: 9,647
Rent: Based per square foot (P.S.F.)

	Rent P.S.F.	Annual Rent	Monthly Rent
Year 1	$22.00	$212,234.00	$17,686.17
Year 2	$22.50	$217,057.50	$18,088.13
Year 3	$23.00	$221,881.00	$18,490.08
Year 4	$23.50	$226,704.50	$18,892.04
Year 5	$24.00	$231,528.00	$19,294.00
Year 6	$24.50	$236,351.50	$19,695.96
Year 7	$25.00	$241,175.00	$20,097.92
Year 8	$25.50	$245,998.50	$20,499.88
Year 9	$26.00	$250,822.00	$20,901.83
Year 10	$26.50	$255,645.50	$21,303.79
		$2,339,397.50	

Lease Type: Full Service Gross
Base Year: 2019
Tenant Improvement Allowance: $16.00 P.S.F. or $154,352. Preliminary budget for the space build-out is $105,326 which will be paid as follows:

COPIC	$105,326
CMS	$0.00
COPIC Loan	$0.00

If additional funds are needed for tenant improvement (TI) during the course of the lease, COPIC shall extend CMS a loan that shall be interest free payable in 60 monthly installments due on the first of each month when rent is due. If necessary, the COPIC Loan shall be utilized for the purchase of a new phone system. Additionally, COPIC will provide a TI allowance of $8.00 P.S.F. ($77,176) to be utilized for paint and new carpet on month 61 of the lease.

Any unused funds from either the initial $16.00 P.S.F. TI allowance or the subsequent $8.00 P.S.F. TI allowance will be credited to the balance due on the lease.

Preliminary TI Budget:

AV	$27,963	
Signage-outdoor	$405	
Signage-indoor	$2,090	
Carpet ($6.05 P.S.F.)	$58,485	
Paint ($.075 P.S.F.)	$7,250	
Furniture Medic (Doors)	$1,950	
C.M. Fee 5%	$7,184	
Total Tenant Finish Costs	$105,326	$10.92 P.S.F
Remaining Balance	$49,026	$5.08 P.S.F

Other factors:

In exchange for a ten-year term, COPIC has agreed to start the lease at $22.50 P.S.F. with a $0.50 P.S.F. escalator each year so that CMS will be paying $27 P.S.F. in year ten of the lease. This represents a significant discount over current market rates as evidenced by the $28 P.S.F. rate being advertised in one of the identical properties built at the same time across the parking lot from CMS and similar properties being advertised in the $26.5 to $27.0 P.S.F. range in Lowry. In addition, securing the 0% loan from COPIC for any expenses beyond the $16 and $8 P.S.F. allowances, including the expected expense of a new phone system that CMS will need to purchase when COPIC upgrades its phone system to accommodate their business in other states, protects the cash flow of the Society throughout the term of the lease.

CMS was also able to secure language in the final lease that will protect CMS with the unilateral right to terminate the lease in the event COPIC sells itself, the building, or otherwise vacates the building during the term of the lease. Conversely, should the Denver real estate market continue to explode, CMS will be protected at its reduced lease rate for the duration of the lease regardless of who owns the building.

CMS will also maintain priority access to the Founder's Boardroom, the Stapleton conference room and the Mile High room on the second floor of the building for meetings ranging from 15 to 150 participants.

Item 8: Pueblo Bylaws: