

CMS Board of Directors: November 17, 2018
Approved

Item 1: Minutes of September 15, 2017, Meeting; pages 1-9

Item 2: Standing Rules of the Board of Directors: For Action; Pages 9-10

Item 3: Council-Committee Appointment: Page 10-18
Minutes, September 15, 2017,

I. Introductions of Members and Guests

CMS President Katie Lozano, MD, started the meeting with introductions and announcements, including:

- Presentation of certificates of service awards to board members: (1) Halea Meese; (2) Mike Volz, MD; (3) Ted Norman, MD (awards to Ms. Meese and Dr. Norman were presented later in the weekend during the Annual Meeting)
- A reminder that: (1) The board is hosting an open session for members to interact with board members at breakfast on Sunday morning at 8:00am; (2) Attendance is expected; and, (3) The open session for members with the board was part of the governance reform package approved by the 2015 House of Delegates
- A reminder that six members of the General Assembly will be attending the Annual Meeting and board members should be sure to thank them for attending and their advocacy for patients during the 2017 General Assembly.
- That Tom Denning, MD, the new CMO for Pinnacol Assurance will be attending and to greet him warmly; Pinnacol is a local, home grown company that CMS works with closely.

II. Fiscal Year 2017-2018 Operational Plan (**Action**)

Dr. Lozano made the following remarks to begin discussion and approval of our 2017-2018 operational plan:

- 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.
- The CMS fiscal year begins on October 1 and ends on September 30.
- The operational plan is a one-year scope of work on behalf of our members and our medical community, and it is always consistent with our broader strategic plan.
- The operational plan is focused on areas representing the greatest opportunities for progress growing the organization and advocating for members.
- It is the duty of the board to monitor progress on an annual operational 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.
- Board agenda items that included discussions and exercises to identify emerging priorities in May and in July were instrumental in the construction of this plan.

- Member surveys and clearly identified external issues that will impact how physicians practice medicine were also important factors in the construction of the plan.
- The board affirmed their understanding of its role.

A. Medicaid Reform: Where do we go from here? (**Strategic Discussion**)

The first item relating to the draft 2017-2018 operational plan was a strategic discussion on Medicaid reform. Dr. Lozano explained why the board was having a strategic discussion on Medicaid Reform and not approving a “project plan” for the upcoming fiscal year as follows:

- The July 14 board meeting was designed to get a sense of the board’s priorities for the 2017-2018 fiscal year operational plan revealed and this discussion revealed “Medicaid Reform” as an emerging high priority.
- A Medicaid reform project plan for the board’s 2017-2018 operational plan will be completed once the board provides clarity on the concept of Medicaid Reform through a strategic discussion.
- The CEO, Sr. Directors and leadership desire clear direction about preferred actions for engaging in Medicaid advocacy during the next 12 months.
- Once this clarity is achieved, a “project plan” will be drafted and presented to the board for action at the November meeting.

The board confirmed an understanding of the purpose of the strategic discussion on Medicaid reform.

Dr. Lozano proceeded with the additional opening comments:

- For the past 7 years, CMS has been dedicated to transforming the state Medicaid program into a high performing delivery system that allows physicians to provide great care to patients, improves quality, and is responsible in the expenditure of taxpayer dollars.
- For those of you who might be under the impression that Medicaid is now too big for CMS to impact, we should remember during this discussion that CMS was instrumental in the incubation and the transformation of Colorado Medicaid into the current Accountable Care Collaborative Program.
- Because Medicaid represents 20 percent of the market and what we say and do in the future on Medicaid will matter, we asked Cody Belzley to facilitate the discussion.
- Ms. Belzley is highly credentialed on the subject of Medicaid and is someone with whom CMS has enjoyed an excellent working relationship for many years.
- Ms. Belzley made a brief presentation to the board and facilitated a group discussion and held small group breakouts.

Highlights from the breakout reports included:

- Retaining and attracting physicians into Medicaid will be important
- Utilize physicians participating in Medicaid as a sounding board for helping each other. Marketing the value proposition of Medicaid participation. Showcase successful Medicaid practices. A highly integrated, organized system is needed to care for the Medicaid population. Find out from members what works and what doesn't in the Medicaid program.
- Advocate for true quality measures that make a difference in patient care and tie to new patient care models. Physician and patient responsibilities need a focus to enhance the relationship.
- Nuances of interface between Medicaid and practices with a focus on business operations. Advocate for future workforce, i.e., protecting Medicaid and GME funding.
- Identify limitations and be aware of them; Re-think incentives for patients; get them on-board with their health.
- CMS should be supporting the Accountable Care Collaborative Program 2.0 and examining social determinants of health; Recruit physicians into the program to share the burden.
- Guests are invited to comment.
- Dr. Lozano finalized the discussion by stating that leadership and staff will bring the board a draft "project plan" in November for action.

B. Fiscal Year 2017-2018 Operational Plan (**Action**)

Dr. Lozano made the following points to continue the discussion on the 2017-2018 operational, specifically the action items as follows:

- The plan has four sections.
- Each section contains individual "project plans."
- Project plans contain the following:
 - a. A narrative to put the project in context for our members.
 - b. A proposed goal. A goal is a broad, primary outcome.
 - c. A proposed objective. The objective supports the goal.
 - d. A proposed strategy or strategies. The strategy or strategies provide a measurable step to support the objective and achieve the goal.
- The design of "project plans" using the approach of goal, objective and strategy tells the CEO where the board wants to go on an issue and provides direction on how to get there.
- The CEO is responsible for designing the tactical aspects of the strategy or strategies and ensuring that the elected leadership understands how CMS will proceed tactically.
- The board gets updates on projects throughout the fiscal year in the Board Memo Update every two months.

- Board members acknowledged an understanding how the operational plan and the individual project plans were constructed.
- Guests were invited to address the board on specific project plans. They were reminded that: (a) This is an opportunity to inform the board; not a Q and A session; and (2) To keep your comments to 5 minutes or less.

Dr. Lozano proceeded to outline how the board would address and vote on each of the four sections of the operational plan as follows:

1. Allow guests who have identified a project plan to address the board.
2. Determine if board members would like to extract any project plan for discussion and possible amendments.
3. Once project plans are extracted, each one will be discussed, first by the individual who extracted the project plan so they can state their case to the board for an amendment or amendments; amendments will be discussed and the floor will be open for motions; following discussion and any motions, there will be a final vote on the project plan, whether it is amended or not.
4. The floor will be open for a motion to approve all project plans that were not extracted on a section-by-section basis.
 - The board was also asked to reference a document in their “read file” titled: Fiscal Year 2017-2018 BOD Operational Plan: Referrals and asked if there were any objections to the referrals of the individual project plans and there were no <file://localhost/message/%253CDM5PR17MB141867615BFE96B4FD0E543CC5430@DM5PR17MB1418.namprd17.prod.outlook.com%253Eobjectio ns>.
 - The process described by Dr. Lozano was followed step-by-step for each of the four sections.
 - The following outcomes resulted from the board discussion:

Section 1. Physician Wellbeing and Success. Approved as submitted.

Section 2: Patient safety and Professional Accountability: Approved as submitted

Section 3: Health Care System Evolution: Approved as submitted Section 4:

Organizational Excellence: Approved as amended.

III. Central Line Policy Proposals

Dr. Lozano made the following comments to begin discussion on policy proposals submitted on Central Line:

- All of the information that would typically be in the board packet detailing these action items is contained within Central Line.
- That the board will follow the process used in the previous 4 meeting to make a decision on each the policy proposals.

- Following all discussion on the policy proposal “Returning the Joy of Medicine: Elimination or Mitigation of Administrative Burdens, the board approved noted the following:

“CMS recognizes the current strain that unnecessary administrative tasks have on physician personal and professional lives including driving burnout and departures from the profession, adding costs and diverting focus from quality care delivery. Systematic efforts to reduce or mitigate those task must occur and the passage of this policy marks the beginning of a new effort aimed at returning the joy of medicine.”

and approved the following as CMS policy:

1. CMS adopt the following policies on administrative tasks to mitigate or eliminate their adverse effects on physicians, their patients and the health care system as a whole, as originally developed and approved by the [Board of Regents of the American College of Physicians](#) (ACP) on January 21, 2017.
 - CMS calls on stakeholders external to the physician practice or health care clinician environment who develop or implement administrative tasks (such as payers, governmental and other oversight organizations, vendors and suppliers, and others) to provide financial, time and quality-of-care impact statements for public review and comment. This activity should occur for existing and new administrative tasks. Tasks that are determined to have a negative effect on quality and patient care, unnecessarily question physician and other clinician judgment, or increase costs should be challenged, revised or removed entirely.
 - Administrative tasks that cannot be eliminated from the health care system must be regularly reviewed, revised, aligned and/or streamlined in a transparent manner, with the goal of minimizing burden, by all stakeholders involved.
 - Stakeholders, including public and private payers, must collaborate with professional societies, frontline clinicians, patients and electronic health record vendors to aim for performance measures that minimize unnecessary clinician burden, maximize patient and family centeredness, and integrate the measurement of and reporting on performance with quality improvement and care delivery.
 - To facilitate the elimination, reduction, alignment and streamlining of administrative tasks, all key stakeholders should collaborate in making better use of existing health information technologies, as well as developing more innovative approaches.
 - As the U.S. health care system evolves to focus on value, stakeholders should review and consider streamlining or eliminating duplicative administrative requirements.
 - CMS calls for rigorous research on the effect of administrative tasks on our health care system in terms of quality, time and cost; physicians, other clinicians,

their staff and health care provider organizations; patient and family experience; and, most important, patient outcomes.

- CMS calls for research on best practices to help physicians and other clinicians reduce administrative burden within their practices and organizations. All key stakeholders, including clinician societies, payers, oversight entities, vendors and suppliers, and others, should actively be involved in the dissemination of these evidence-based best practices.
- That CMS widely distribute these policies to external stakeholders such as payers, governmental oversight organizations and vendors, and strongly encourage their adoption.

Following all discussion on the policy proposal “supervised consumption services to combat opioid overdose deaths, the following policy was adopted:

“Colorado Medical Society supports the establishment of a pilot supervised injection facility that will be objectively evaluated to assess effects on those that are addicted to indictable drugs, local communities and society at large as part of a comprehensive strategy to combat the effects of the opioid abuse crisis in Colorado.”

IV. Organizational Excellence

A. CMS-Component Study final report (**Action**)

Dr. Lozano made the following points to begin the discussion on the final report of the CMS-Component Study:

- The study was: (1) Commissioned in the Governance Reform package approved by the 2015 House of Delegates; (2) Chaired by CMS past president, W. Ben Vernon, MD, and included physicians representing component societies; (3) All component executives participated in the study; (4) The study was approved by all of the component medical societies; and, (5) The report brings clarity to the working relationship between CMS and component societies through a clearly identified, collaborative process.
- We further stated: (1) If member demands to change the bylaws to permit direct membership in CMS are to be avoided, there must be a joint and meaningful value proposition between CMS and components; (2) That CMS executive staff and component executives held a retreat on August 31 consistent with the final report of the study committee with the goal of garnering agreement on 3 potential projects for joint collaboration in 2018 between CMS and component medical societies in addition to joint retention and recruitment of members; and, that the three projects identified by the group included:
 - Physician Legal Rights: Interacting with health plans;
 - Elimination-Mitigation of Administrative Burdens; and,
 - Prescription Drug Abuse.

- Guests were invited to inform the board on the report.
- Following discussion, a motion was made, seconded and unanimously adopted to approve the CMS-Components Study report as submitted.

B. Approval of minutes from 7-14-2017 meeting (**Action**)

Dr. Lozano presented the July 14 minutes and they were unanimously adopted.

C. Approval of minutes from special-called 8-3-2017 meeting (**Action**)

Dr. Lozano presented the minutes from an August 31 special called meeting of the board of directors by making the following remarks:

- The agenda incorrectly states that the special called meeting was on August 3 and it was on August 31.
- These minutes contain subject matter on two sensitive and important topics, as follows: (1) Recommendations to combat prescription drug abuse submitted to us by the Governor and the Lt. Governor; and, (2) A request from the Colorado Society of Anesthesiologists regarding Medicaid fees.
- The Recommendations to combat prescription drug abuse submitted to CMS by the Governor and the Lt. Governor were reviewed.
- A document titled “Policy responses to Opioid Crisis” was provided that showed a side-by-side of the proposals submitted by the Governor and Lt. Governor, the response of the Committee on Prescription Drug Abuse.
- The August 31 special-called board conference call was held because Drs. Yakely, Parsons and Lozano were meeting with the Lt. Governor on the morning of September 1 to discuss where CMS stood on these proposals.
- Leadership decided that they would be more comfortable having the board’s perspective before the meeting.
- There was a quorum on the call and at the end of the discussion, board members voted to approve the recommendations of the Committee on Prescription Drug Abuse.
- What is not documented in the minutes because it was not available at the time is what our members say about these proposals.
- Preliminary survey data was presented for information.
- The board expressed a desire not to see preliminary survey data until such time that surveys were concluded and the data was presented by Kupersmit Research.
- Following discussion, a motion to approve the minutes relating to the recommendations of the Committee on Prescription Drug Abuse on the proposals submitted by the Governor and Lt. Governor were approved.
- The informational minutes on the discussion of the request from CSA were discussed. Dr. Lozano announced that the broader issue of CMS involvement in fee disputes between specialties would be discussed in Executive Session.

D. Financial summary and statements: June-July 2017 **(Action)**

Mike Volz, MD, Finance Committee Chair presented the June-July 2017 financial summary and statements. Following discussion, a motion was made, seconded and unanimously adopted to accept the Finance Committee report.

E. Medical TeleCommunications: CMS Board Seats **(Action)**

Dr. Lozano asked Robert Yakely, MD, Incoming President, to Chair the meeting for the agenda item Medical TeleCommunications because she was being recommended to serve on this board and she recused herself from voting.

- She asked if anyone on the board wished for Dean Holzkamp, CMS COO, who was also being recommended to serve on the MTC board, to leave the room during the discussion and vote. No one asked for either Dr. Lozano or Mr. Holzkamp to leave the room.
- Dr. Yakely assumed the chair and called on Dean Holzkamp to make the presentation on board seats for Medical Tele Communications. Following Mr. Holzkamp's presentation, a motion was made, seconded and unanimously approved, with Dr. Lozano abstaining, to approve the slate of CMS seats on the MTC board of directors.

F. 3Won: Colorado implementation information

Representatives from 3Won were introduced and presented to the board for information.

V. Board Member Agenda Requests
A. AMA Human Diagnosis Project

Dr. Volz presented information on the Human Diagnosis Project.

VI. Board Memo Update: Extractions

VII. Executive Office Reports
A. President

The board was reminded that the November meeting was an important strategic planning exercise and everyone was encouraged to schedule reading time in advance of the meeting to prepare.

- B. President-elect – No Report Provided
- C. Immediate Past President – No Report Provided
- D. Chief Executive Officer – No Report Provided

VIII. Other Business

A. Next meeting November 17 and 18, 2017, CMS Headquarters, Denver, CO

IX. Adjournment

X. Executive Session was held.

Item 2: Standing Rules of the Board of Directors: For Action; Pages 9-10

Draft Revised Standing Rules: Participation by Guests at CMS Board of Directors Meetings

Why the board is taking action: A standing rule of the board of directors on guest participation was instituted at the July board meeting. The board subsequently assessed the standing rule and suggested modifications to the CEO.

How the proposed new standing rule was developed: Input from the board of directors, collaboration between the CEO and elected leadership.

Input from component executives: The revised rules were posted on the CMS-Component Executives Base Camp on October 25 with an invitation for feedback. Other than one response in favor of the revised rule, no objections were posted.

Proposed Revisions to:

Standing rules for guest participation at CMS board of directors meetings:

This Standing Rule for attendance and participation by CMS members who are not board members and component society executives is designed so that they can exercise their privilege to attend as a welcome guest and provide the board of directors input at designated times during the agenda.

1. Any CMS member and component society executive may attend the board of directors meetings in person or by teleconference.
2. The board of directors agenda and packet shall concurrently be sent two weeks in advance to the board of directors and all component society executives;
3. Members who do not serve on the board and component society executives who choose to address the board of directors shall notify the CEO or the President in advance of the board of directors meeting to specific the agenda item or items that will be addressed.
4. Component society executives should speak on behalf of their board of directors or on behalf of their president.

- Note: It is important that component society executives have the privilege to address the board. There may be times when their board member is absent or there simply was not time to convey last minute information from their board or their present to their board representative.
 - 5. On each agenda item of the board of directors, following discussion by the board but before the board votes on an action item, or before the board concludes discussion on an agenda item that is not an action item, the Chair will ask qualified guests who have provided advance notice of their desire to address the board of directors to the CEO or the President to address the board of directors whether they are in attendance or on the phone.
 - 6. Qualified guests who wish to provide input to the board will be asked to summarize their input in 3 minutes or less unless approval is sought and permitted by the President in advance of the meeting for a presentation that exceeds the three minute limit.
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Item 3: Council-Committee Appointment: Page 10-18

Why the board is taking action on council-committee nominations: CMS bylaws provide the following, “The President and/or President-elect shall appoint members of councils, committees and other work groups with ratification by the Board of Directors.”

How the council and committee appointments were selected: (1) The CMS President communicated with all current council and committee members to inquire about their willingness to continue serving; and, (2) Special outreach to specialty and component medical societies seeking physicians to serve on the Committee on Prescription Drug Abuse resulted in several new appointments.

Councils & Committees 2018

CMS Executive Committee

M. Robert Yakely, MD, President
Katie Lozano, MD, FACR, Immediate Past President
Deb Parsons, President Elect
Cory Carroll, MD
Mark B. Johnson, MD
Brandi Ring, MD
Kim Warner, MD
Alfred Gilchrist, CEO, Ex Officio, non-voting

CEO Evaluation Committee

The CEO Evaluation Committee is composed of seven physicians that include CMS elective leadership (president, president-elect, immediate past president) and at least two additional members of the board of directors that do not serve on either the Executive Committee or the Finance Committee and have had at least two years of service on the board of directors.

M. Robert Yakely, MD, President
Katie Lozano, MD, FACR, Immediate Past President
Deb Parsons, MD President Elect
Curtis Hagedorn, MD
Gina Martin, MD
Rocky White, MD
Richard Lamb, MD

CMS Finance Committee

M. Robert Yakely, MD, President
Katie Lozano, MD, FACR, Immediate Past President
Deb Parsons, MD, President Elect
David Markenson, MD, Treasurer
Patrick Pevoto, MD
Dean Holzkamp, CMS staff

Organizational Planning Committee

David Markenson, MD
Gina Martin, MD
Rocky White, MD
Cory Carroll, MD

COMPAC (Colorado Medical Society Political Action Committee)

Christopher Unrein, DO (Chair)
Patrick Pevoto, MD (Vice-chair)
Kiara Blough
John O. "Jack" Cletcher, MD
Greg Fliney
Iris Hardarson
Mark Johnson, MD
Taj Kattapurum, MD
F. Brent Keeler, MD
Jan Kief, MD
Rachel Landin
Katie Lozano, MD, FACR
Lee Morgan, MD
Nora Morgenstern, MD
Tamaan Osbourne-Roberts, MD
Kurt Papenfus, MD

Lynn Parry, MD
Deb Parsons, MD
Stephen Sherick, MD
Donna Sullivan, MD
Michael Volz, MD
M. Robert Yakely, MD
Leonid Zukin
Susan Koontz, CMS staff

Committee on Constitution and Bylaws

Michael Volz, MD (Chair)
Jan Kief, MD
Lynn Parry, MD
Brigitta Robinson, MD
Robert Yakely, MD
Dean Holzkamp, CMS staff

Committee on Continuing Medical Education

Michael J Pramenko, MD (Chair)
Holly L Elgas, MD
Clara Raquel Epstein, MD
T Scott Gilmer, MD
Joseph P Jacob, MD
Alethia "Lee" Morgan, MD
Chet Seward, CMS staff

Council on Ethical and Judicial Affairs (CEJA)

Lynn Parry, MD (Chair)
Paul Anderson, MD (Vice-chair)
Roy Durbin, MD
Clara Raquel Epstein, MD
Daniel Johnson, MD, special advisor
Katie Lozano, MD, FACR
Michael Lepore, MD
Mark Levine, MD
Adam Panzer, MSS
Christopher Unrein, DO, FACOI, FACP, CMD
Matthew Wynia, MD, MPH, FACP, special advisor
M. Robert Yakely, MD
Susan Koontz, CMS staff

Council on Legislation (COL)

Alethia "Lee" Morgan, MD (Chair)

Mark K Matthews, MD (Vice-chair)
Gina Alkes, MD
Rebecca Braverman, MD
Aaron Burrows, MD
Laird Cagan, MD
Cory Carroll, MD
Clara Epstein, MD
Kristin Freestone, MD
Stuart Gottesfeld, MD
Enno Heuscher, MD
Daniel Janik, MD
Mark B. Johnson, MD
Andrew Kamel
Taj Kattapurum, MD
F. Brent Keeler, MD
Alan Kimura, MD
Jake Lammers, MSS
Rachel Landin
Steven Lowenstein, MD, MPH
Katie Lozano, MD
David Markenson, MD
Martha Middlemist, MD
Frederick M Miller, MD
Carla Murphy, MD
Tamaan Osbourne-Robert, MD
Lynn Parry, MD
Deb Parsons, MD
Steven Perry, MD
Laylaa Ramos
Scott Replogle, MD
Ian Reynolds, MD
Brandi Ring, MD
David Ross, DO
Allison Sandberg, MD
Kristina Sandquist
Stephen Sherick, MD
Kathleen "Kiki" Traylor, MD
Christopher Unrein, DO
Gary VanderArk, MD
Michael Volz, MD
Bruce Waring, MD
Kim Warner, MD
Murray Willis, MD
M. Robert Yakely, MD

Susan Koontz, CMS staff

COL Scope of Practice workgroup

Alethia “Lee” Morgan, MD
Mark B Johnson, MD
Martha C Middlemist, MD
Lynn Parry, MD
Michael Volz, MD
Susan Koontz, CMS staff

Nominating Committee

Mark B. Johnson, MD (Chair)
Aaron Jones, MSC
Brent Keeler, MD
Jeremy Lazarus, MD
Chris Linares, MD
Hap Young, MD

Committee on Physician Practice Evolution (CPPE)

Peter Ricci Jr, MD (Chair)
Alan P Aboaf, MD
Ellen Burkett, MD
Leslie R Capin, MD
Jeff Donner, MD
Christina A Finlayson, MD
Benjamin Honigman, MD
F Brent Keeler, MD
Mark A Levine, MD, FACP
Wilson D Pace, MD
Lynn Parry, MD
Timothy J Poate, MD
Leto Quarles, MD
Matthew Szvetecz, MD
Chet Seward, CMS staff

Committee on Physician Wellness

Doris Gundersen, MD
Mark Fogg, JD
David Hutchison, MD
Andrew Kamel
F Brent Keeler, MD
Dianne McCallister, MD
Cyrus Mirshab, MD
Deb Parsons, MD

Deborah Saint-Phard, MD
Oscar Sanchez, MD
Judy Toney, DO
Jennifer Wood, MD
Alison Yager, MD
Kate Alfano, CMS staff/consultant
Dianna Fetter, CMS staff

Special Committee on Prescription Drug Abuse

John S Hughes, MD (Chair)
John Clapp, MD
Tom Denberg, MD
Kenn Finn, MD
Jan Gillespie, MD
Elizabeth Grace, MD
Andrew Hall, MD
Jason Hoppe, DO
Shannon Jantz, MD
Ellie Jensen, DO
Robin Johnson, MD (pending membership application)
Stuart Kassan, MD
Tom Kurt, MD
Alan Lembitz, MD
Richard May, MD
Cyrus Mirshab, MD
Kathryn Mueller, MD
Carla Murphy, MD
Erik Natkin, DO
Lee Newman, MD
Lynn Parry, MD
John Sacha, MD
Bob Sammons, MD
Donald Stader, MD
Matthew Szvetecz, MD
Chris Unrein, DO
Steven Wright, MD
Terry Boucher, CMS consultant

Committee on Professional Education and Accreditation (CPEA)

Joel Dickerman, DO (Chair)
Dana Abbey, MLS
Brenda Bucklin, MD
Sam J Kevan, MD
Lynn Parry, MD

Sharisse Rehring-Arnold, MD
Kristin Wallick, MD
Chet Seward, CMS staff

Workers' Compensation and Personal Injury Committee (WCPIC)

Greg Smith, DO (Chair)
Jan F Baumgardner, MD
J Tashof Bernton, MD
Andrew Castro, MD
Rob Kawasaki, MD
Rick May, MD
Jim McLaughlin, MD
Kathryn Mueller, MD
Lynn Parry, MD
Joe Ramos, MD, JD
Michael Rauzzino, MD
Terry Boucher, CMS consultant

Task Force on Health Care Cost and Quality - Sunset

Jeff Cain, MD (Chair)
David Baer, MD
Eric Barnhart, MD
David Bright, MD
Hillary Browne, MD
Laird Cagan, MD
Jodi Chambers, MD
Dennis P. Cirillo, MD
Gerald Dodd, MD
Jeff Donner, MD
Harold Fenster, MD
Margaret Ferguson, MD
John Froelich, MD
Oswaldo Grenardo, MD
Brian Hill, MD
Brian Joondeph, MD
Jason Kelly, MD
Alan Kimura, MD
Donald Lefkowitz, MD
Matthew Mahlberg, MD
Andrea Nederveld, MD
Daniel M Perlman, MD
Monte Uyemura, MD
Shandra Wilson, MD
Michael Welch, DO

David West, MD

CMS Foundation

Gary VanderArk, MD (Chair)

Jack L Berry, MD

John O Cletcher Jr, MD

Dean Coddington

Denise Denton

Mark Deutchman, MD

Brenda Higgins

Denny O'Malley

Lowell Palmquist

Robert B Sawyer, MD

Eddie Sonn

Mike Campo, CMS staff

CMS Education Foundation

Jerry J Appelbaum, MD (Chair)

Jack L Berry, MD

Elinor T Christiansen, MD

Mark Deutchman, MD

William G Rainer Jr, MD

James R Regan, MD

David Ross, DO, FACEP

Mike Campo, CMS staff

WORKGROUPS

Annual Meeting Workgroup

Christine Ebert Santos, MD

Andrea Jazbec, MD

Rachelle Klammer, MD

Christine LaRocca, MD

Michael Lepore, MD

Mark Levine, MD

Charlie Lippolis, DO, MPH

David Markenson, MD

Michael Moore, MD

Leto Quarles, MD

Brandi Ring, MD

David Scott, MD

Dianna Fetter, CMS staff

Policy Forum Working Group - Sunset

Ray Painter, MD (Co-chair)

Robert Yakely, MD (Co-chair)
Michael J. Berger, MSS
Mark Bolinger, MD
Erin Chandler, MSS
Moriah Eberhard, MSS
Christine Ebert Santos, MD
Jamie Faught, MD
Leah Kellogg, MSS
Lisa Lewis, DO
Evan Manning, MSS
Christopher Meinzen, MD
Mason Shamis, MD
Meg Thornton, MD
Lisa Wolff, MSS
Tim Roberts, CMS staff

CMS/Component Study Group - Sunset

Ben Vernon, MD (Chair)
Stephen Boucher
Laird Cagan, MD
Andrea Chase
Julie Disher
Judy Ladd
Kathy Lindquist-Kleisser
David Markenson, MD
Ray Painter, MD
Lynn Parry, MD
Patrick Peveto, MD
Leto Quarles, MD
Frederic Walker, MD
Mike Ware
Dean Holzkamp, CMS staff