

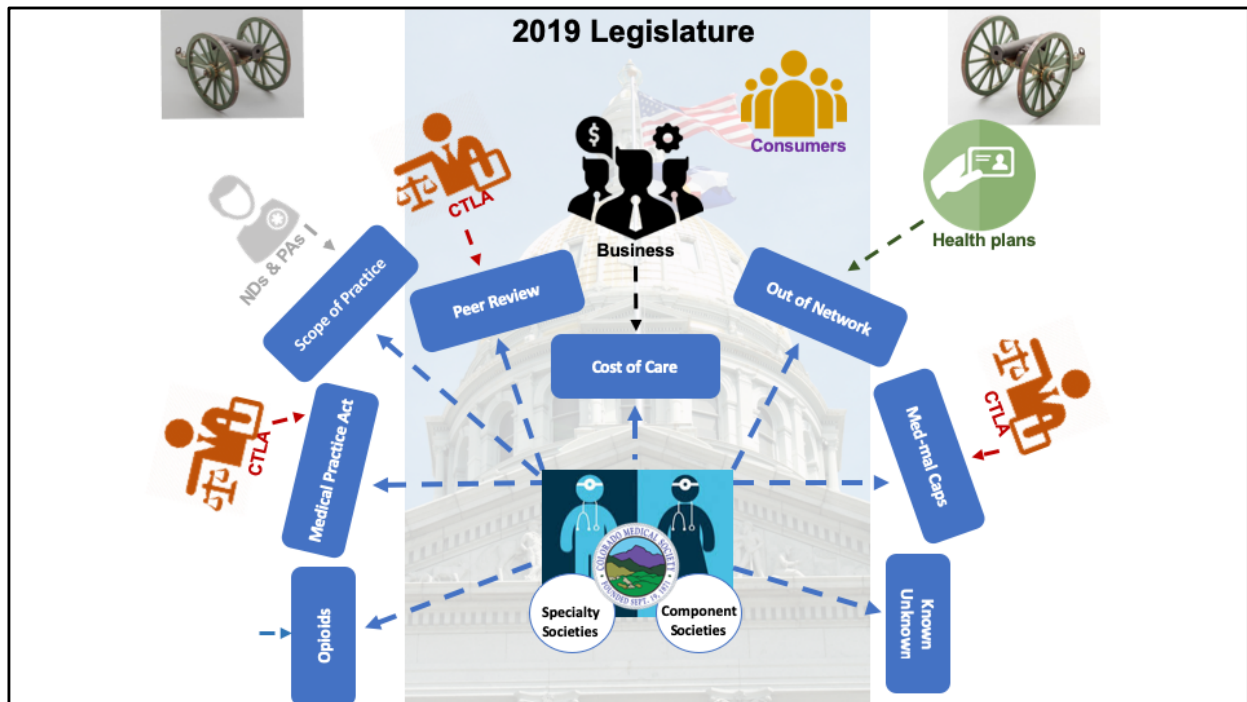


# COLORADO MEDICAL SOCIETY

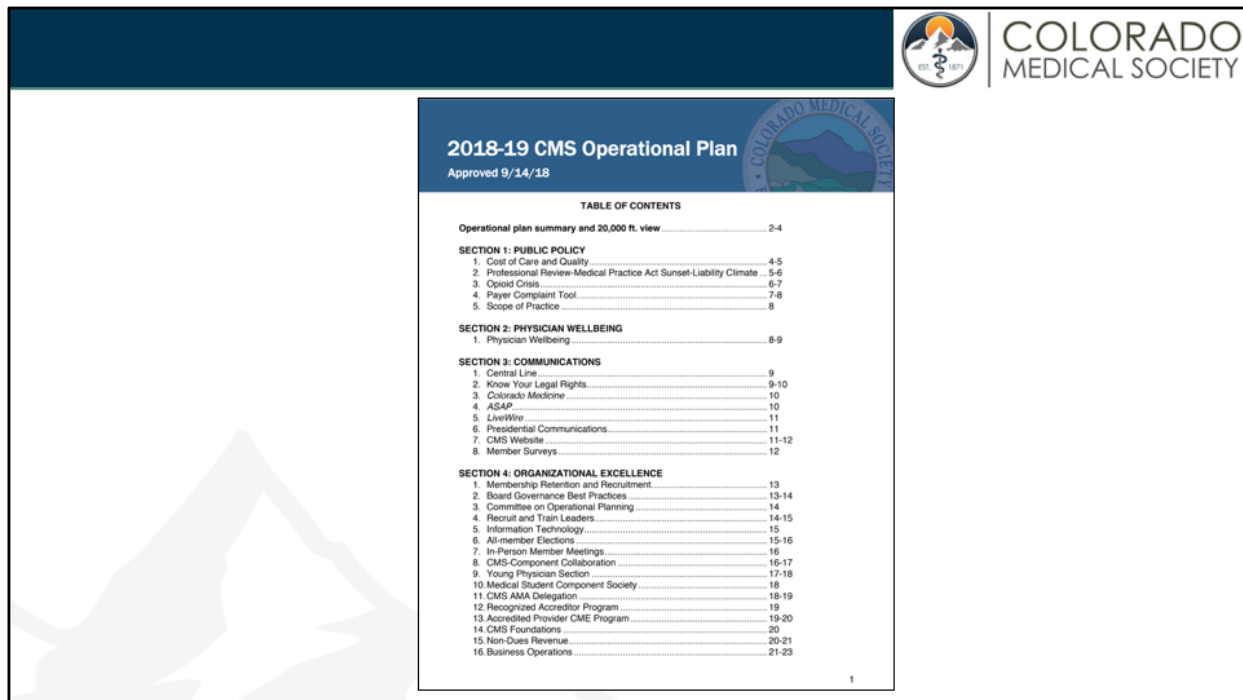
Fiscal year 2018-2019  
Year-end report

Deb Parsons, MD, MACP  
Immediate Past President

- As we begin a new fiscal year and a new presidency, Drs. Markenson, Diab and I thought it would be appropriate for the board of directors to reflect on the accomplishments of the previous fiscal year.
- Because the Operational Plan of the previous fiscal year played out during my Presidency, we agreed I should make this presentation.
- I am honored to do so.
- Next slide



- How many of you remember this slide from the July 13, 2018 board of directors meeting?
- This visual was part of a lengthy, strategic board discussion.
- At that meeting, we were presented with a set of strategic assumptions for most of these looming battles and so-called “Thorny Questions” associated with each of them.
- I remember the Ah-Ha moment of that discussion quite well.
- Out of the blue, a motion was made and unanimously passed to suspend the 2019 Annual Meeting so more resources could be dedicated advocacy in 2019.
- The board clearly understood the challenges before us.
- In fact, in Dr. Yakely’s message to our members immediately after that July meeting, he called these battle fronts “The Extraordinary Challenges of the 2019 Legislature.”

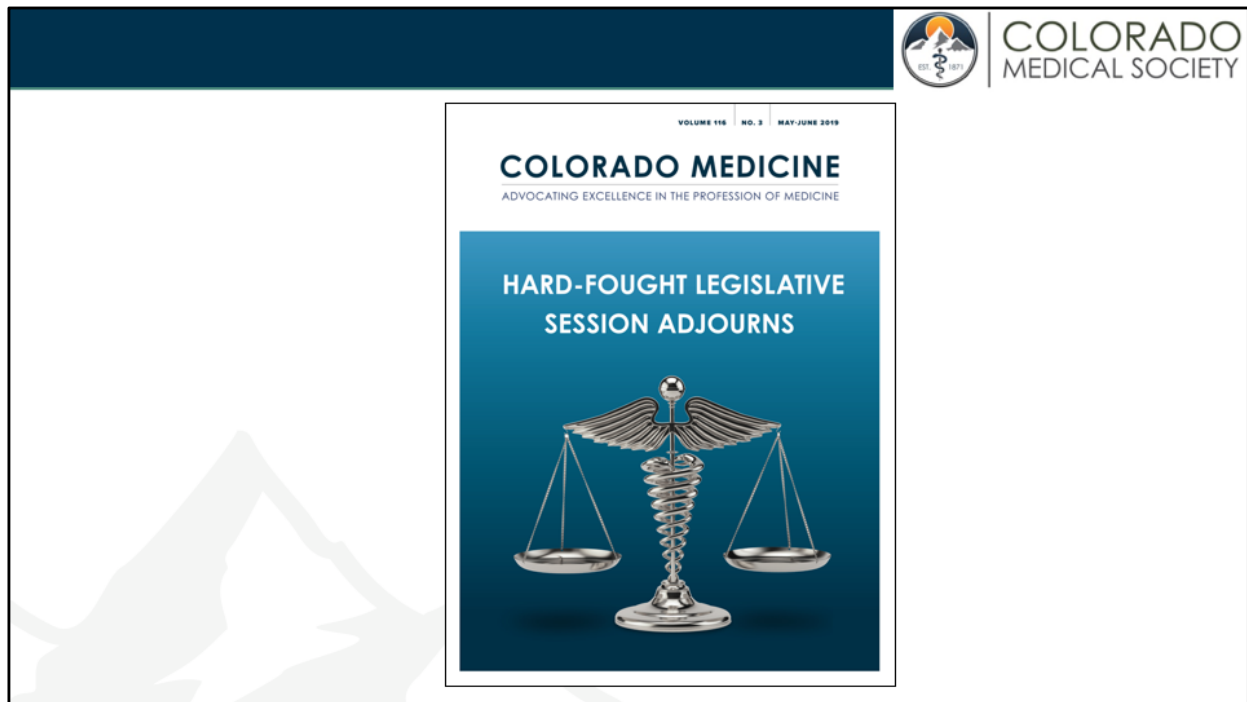


- After the board approved the Operational Plan on September 14, 2018 -- a plan to be implemented during my Presidency -- Dr. Yakely sent a member-wide message to members specific to the new Operational Plan, and the following points were made in the plan's preamble, or 20,000 foot view.
- And I quote:
  - 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.
  - CMS bandwidth will be stretched beyond capacity.
  - In anticipation of this series of perfect storms, CMS has emphatically not adopted a defensive posture.
  - 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.
  - 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.

- There are no wrong choices - simply calculated consequences for each choice.
- The Operational Plan reflects a pragmatic, evidence-based approach to policy options.
- End quote.
- Given what I witnessed and participated in during my Presidency, our message back in September 2018 was not only “spot-on,” it is still the reality of the Colorado health care policy environment.



- Now let's take a minute to pat ourselves on the back.
- Positive acknowledgement is a good and healthy practice
- We:
  - Held two very successful convenings for our medical students as replacements to the 2019 Annual Meeting
    - A Medical Student Day at the Capitol in March and White Coat Wisdom in August
  - Central Line functions were upgraded based on the board of directors' 2018 performance review.
    - Eight proposals were submitted throughout the course of the fiscal year.
    - 1,456 members voted and 442 comments were submitted.
    - 1,092 members were repeat users who voted through Central Line in a prior year.
    - 364 members were engaging in Central Line for the first time.
  - We took positions on 51 bills
  - 30 physicians testified in 20 hearings
  - 49 physicians serve on COL representing 28 components and specialty societies



- Colorado Medicine called the 2019 legislative session – “Arguably ... the most sweeping and contentious focus on health care law and policy in recent memory.”
- And thinking back to the July 2018 board meeting and the battlefield slide, Colorado Medicine made the following point, and I quote:
  - “The multiple fronts of professional review and Medical Practice Act sunset, the opioid crisis, out-of-network reform, prior authorization and funding challenges within state budget deliberations were all anticipated and strategized by the Colorado Medical Society before the session convened.”
  - End quote
- It’s important that we recognize the following
  - We saw the cyclone bomb coming
  - We took it seriously
  - We strategized
  - We adopted a plan and we executed

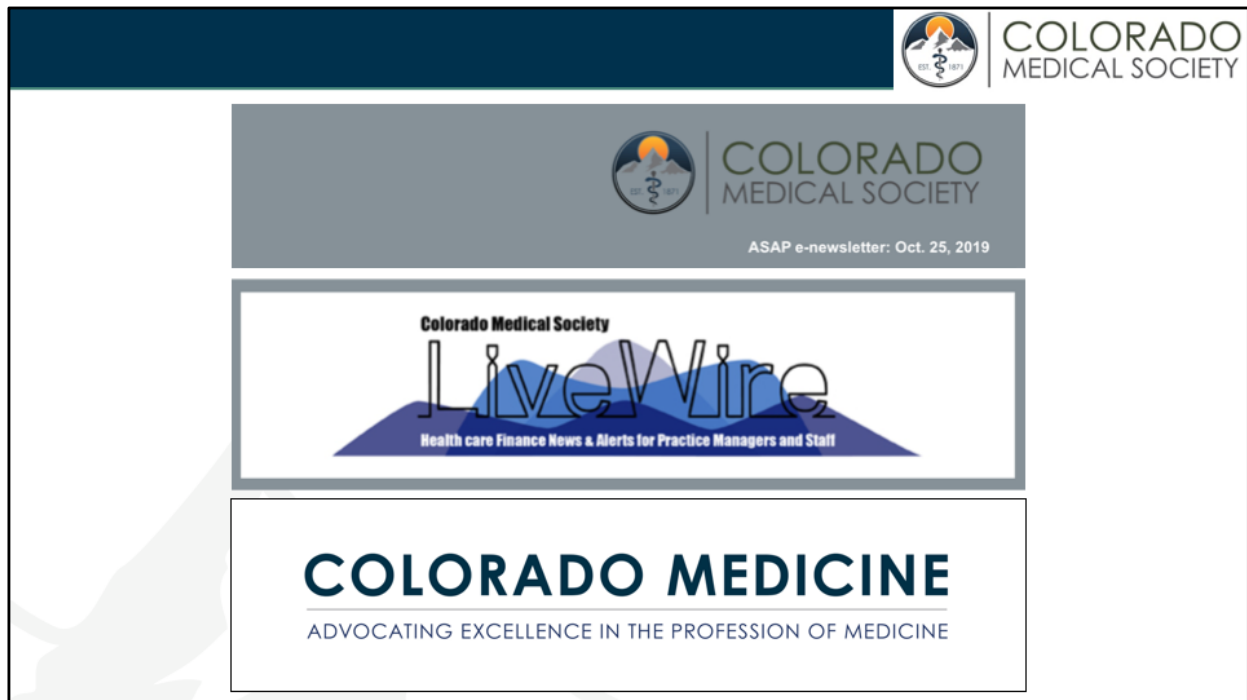


- We maintained Colorado's enviable liability climate.
- We successfully reenacted professional review while turning back a determined, two-year effort by trial lawyers to make professional review records discoverable in civil litigation.
- We passed pro-patient prior authorization reforms.
- We helped pass measures to reverse the public health crisis caused by opioid abuse and misuse.
- We reenacted a strong medical practice act, the very foundation of our patient safety movement.
- Six scope of practice bills were enacted into law without a political resource-draining fight with a non-physician provider organization.
  - This fact demonstrates the wisdom and advantage to direct communication between physicians serving on our scope of practice subcommittee and non-physician providers seeking changes to their scope of practice issues.
- Au contraire, we do not roll over on scope when patients could be placed at risk.
  - We deftly blocked a post-session effort by Chiropractors through rulemaking to use the term "chiropractic physician."
  - AND, we teamed up with Colorado Society of Anesthesiologists to block an effort by CRNAs at the Nurse-Physician Advisory Task Force for Colorado

Healthcare, or NPATCH, to expand Colorado's limited, rural opt-out from the Medicare reimbursement requirement for physician supervision of nurse anesthetists to a statewide expansion.

- The Council on Legislation positioned CMS proactively when they voted to support HB19-1004, relating to a study on a public option insurance plan.
- Understanding the importance of this strategic positioning, you amended our Operational Plan in July by creating a new project called Public Option with the objective of developing and submitting public option principles or a complete plan to the Polis Administration by August 27, 2019, which we accomplished.
- While our imprimatur can be found on other bodies of law enacted this session, these accomplishments are noteworthy to the level of a well-deserved pat-on-the-back.





- Seventeen of 24 planned issues of *ASAP* were electronically sent to members. Open rates for *ASAP* ranged from 25% to 30%, consistently above the industry average of 19%.
- Livewires were sent to physicians and their staff each month of the fiscal year relating to current billing information and on state and federal regulatory and legislative changes that impact the practice.
- Six issues of *Colorado Medicine* were timely delivered, and all issues featured content consistent with our Operational Plan.



- Continuing with the concept of staying connected to our members
  - We launched a new web site
  - Conducted four all-member surveys
  - And I sent member-wide emails following each of the six-board meetings providing members with a report on meeting outcomes and inviting comments



- The board approved a significant set of best practice reforms in July and a new set of conflict of interest and standards of conduct policies in September.
- The Committee on Operational Planning went live for the first time and the board approved a fiscal year 2019-2020 operational plan proposed by this group.
- The board's Nominating Committee ran the first contested all-member election for CMS President-elect in addition to a full slate of candidates for all open AMA Delegate and Alternate Delegate positions.
- And to support these and other activities in the future, a new membership information management system was implemented.

