

CMS Board Work Plan

Fiscal year 2016-2017: Approved 11-18-16



Why this work plan is important: This is the proposed scope of work on behalf of our members and our medical community, as well as for non-members who also benefit from this effort. It is the initial responsibility of the CEO to submit an annual work plan based on the strategic plan and focused on areas representing the greatest opportunities for progress growing the organization and advocating for members. It is the fiduciary duty of the board to approve an annual work plan that will represent the focus of CMS during each fiscal year, in this case 2016-2017. It is also the duty of the board to monitor progress on an annual work plan throughout the fiscal year, to work with the CEO to make course corrections as needed, and to provide input on tactical application as needed.

What guided development of the work plan:

2015 governance reform guiding principles to:

- **Put members first:** Optimize efforts for the greatest good given resources and probability of success or progress.
- **Promote the profession:** Champion and stand up for the profession in the broader community.
- **Be transparent by being open, inclusive, and honest:** Maintain candor regarding the opportunities, probabilities and potential tradeoffs.
- **Maximize membership engagement through effective communication and leadership development:** Pursue direct peer-to-peer and on-line engagement throughout the year.
- **Enhance efficiency:** Consider the most efficient means of pursuing the goals and objectives given resource limitations.
- **Enhance effective decision-making:** Assure inclusive, informed consensus-building to guide board of director decisions and leadership.

The 20,000 foot view:

Major emphasis 1: Continue transitioning CMS to a 21st century state medical society by growing member awareness and promoting features, participation and achievements.

Major emphasis 2: Take full advantage of the post-election public policy environment to aggressively advocate incremental changes in the multi-payer system, both public and commercial at the state and national level, particularly those that reduce barriers to cost effective, quality care and increase professional satisfaction serving patients, and participate in any broader health care reform initiatives if established by the General

Assembly or by the executive branch of state government.

Major emphasis 3: Prescription Drug Abuse: This plan not only continues to ensure access to compassionate, evidenced-based care for patients who suffer from acute and chronic pain while reducing the potential for medically inappropriate use and diversion of prescribed medications, it authorizes the Committee on Prescription Drug Abuse to partner with stakeholders on behalf of CMS to reduce illegal drug abuse and addiction to drugs.

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

The post election public policy environment: Macro-economic and political factors will provoke a range of salient (likely to engage legislators and regulators) health policy debates in the 2017 General Assembly and the 115th US Congress, including but not limited to: (1) The prospective political backlash from anticipated double digit health insurance premiums in the individual market exchange; (2) The political engagement of the health plans currently being litigated by the U.S. Department of Justice; (3) The budget pressures generated by a growing Medicaid eligible population and backlash from a perceived 'crowd-out' of other infrastructure funding needs; (4) Renewed pressure from trial attorneys to expand medical liability should the democratic margins in both chambers expand; (5) Network adequacy and access issues, including out-of-network (surprise medical bills and excessive charges), unresolved from 2016 Division of Insurance (DOI) rulemaking; (6) Significant components of the Affordable Care Act will be under proposed reconsideration or 'reform' that may require regular contact with Colorado's congressional delegation and possible CMS policy re-evaluations; and, (7) Continued public concern over the nation's opioid crisis.

These issues and their iterations will be a moving target, depending on the politics and option viabilities. It will require unprecedented agility and flexibility by the board, which the new governance model and grassroots innovative interactive technologies support.

Work Plan Limitations

There is only so much bandwidth in terms of staff time, financial resources and expertise in any organization, especially nonprofit professional societies. The plan does not account for the considerable staff resources required to run the day-to-day operations of the organization. This includes but is not limited to preparation and staffing all of our active councils, committees, task forces and other work groups; ongoing maintenance of communication platforms such as the website, six issues of *Colorado Medicine*, 24-30 issues of *ASAP*, press releases and other communications functions such as Central Line; COMPAC-related election cycle activities; planning and preparation for six board meetings, the maintenance of our full-time CME accreditation

and certification program; ensuring proper accounting; government reporting; and membership database maintenance.

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Approved

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SECTION 1: PHYSICIAN WELLBEING AND SUCCESS

Ensure physicians thrive personally and professionally throughout their careers in an evolving health care system

1. Health Plan Network Adequacy, Access:

The legislative and executive branches of state government are two years into a debate over policy solutions to address the consequences of narrow networks. Narrow networks in highly concentrated insurance markets make for a powerful and unfair advantage over providers. A good faith mediation between Colorado Association of Health Plans (CAHP) and CMS failed when a few insurance companies insisted that CAHP discontinue discussions. The Division of Insurance is conducting a series of rulemaking on some but not all network adequacy issues, such as finding a consensus on surprise medical bills and excess charges. Resolution of the many inequities in the current multi-payer

system are critical so provider-insurance company interactions can turn to a focus on value rather than market share and volume.

Goal: Create transparent operational standards in state law that provide balance and fairness in marketplace interactions between providers and insurance companies.

Objective: Ensure interactions between insurance companies and providers focus on value over volume, on access and quality, not market share.

Strategies:

1. Advocate for enhanced patient and provider protections for network adequacy of health insurance plans through Division of Insurance (DOI) rulemaking and the Commissioner's Physician Advisory Group (PAG) including but not limited to a pilot project that allows DOI to act on a pattern of provider complaints against insurance companies for patterns of unfair practices.
2. Authorize the Council on Legislation (COL) to cause legislation to be filed to:
 - a. Protect consumers from surprise out of network (OON) charges not covered when care is provided in an in-network facility.
 - b. Create appeal rights for providers when they are being de-selected without cause from insurance products.
 - c. Address other network adequacy and access reforms consistent with CMS policies.
3. Direct the Committee on Physician Practice Evolution (CPPE) to conduct a study with a report to the board by November 2017 on the pros and cons of transitioning the role of the Commissioner of Insurance from an appointed to an elected, independent position within state government.
4. Ask the 2017 Annual Meeting Work Group to consider a plenary panel on the pros and cons of transitioning the role of the Commissioner of Insurance from an appointed to an elected, independent position.
5. Complete a final meeting of the Special Advisory Committee on Colorado Care Amendment 69 to review election outcomes and to recommend next steps to the board of directors.

2. **MACRA (Medicare Access & CHIP Reauthorization Act):**

Starting in 2017 the way that Medicare pays for physicians' services will undergo the most sweeping and complex change in two decades. Medicare's current fragmented approach to quality initiatives will be combined through MACRA into a single Quality Payment Program with two approaches: MIPS (Merit-Based

Incentive Payment System) and APMs (Advanced Alternative Payment Models). These changes will accelerate Medicare's move to payment for value rather than volume.

Goal: Ensure successful transition to the Medicare Quality Payment Program (QPP) by Colorado physicians.

Objective: Prepare Colorado physicians for QPP success by focusing education on the specific QPP domains in order to provide a structured approach.

Strategy: Identify local, expert resources and partner with organizations to conduct educational forums and outreach activities on QPP for Colorado physicians.

SECTION 2: PATIENT SAFETY AND PROFESSIONAL ACCOUNTABILITY

New approaches to delivering care and addressing adverse events will enhance safety, learning and accountability while appropriately compensating injured patients

1. **Preserving the Liability Climate:** For the eleventh legislative session in a row, CMS and COPIC led the fight to maintain Colorado's stable liability climate in the 2016 General Assembly. CMS successfully killed two bills, SB 152 and HB 1374, that would have exposed physicians to treble damages.
2. **Professional Review:** It seems like yesterday that the 2012 General Assembly modernized the professional review statute and the Colorado Supreme Court handed down a ruling that reaffirmed confidentiality privilege. CMS and COPIC will aggressively protect the current liability climate in the 2017 General Assembly to protect the professional review statutes and begin planning for sunset of the Medical Practices Act (MPA) in 2018.

Goal: Maintain and promote Colorado's proactive patient safety environment and stable liability climate.

Objective: Aggressively advocate in the 2016 election cycle participation, the 70th (2016) General Assembly, and in the courts as needed.

Strategy: Deploy all elements of the public affairs program and begin strategic discussions on MPA sunset.

3. **Prescription Drug Abuse:** CMS vigorously participates and supports the Colorado Consortium for Prescription Drug Abuse Prevention. The Consortium serves as a backbone, providing infrastructure to link the many agencies, organizations, health professions, associations, task forces, and programs that

are currently addressing the prescription drug abuse problem. The CMS platform on preventing prescription drug abuse guides our active participation. In addition, fatal heroin overdoses have risen nationally and Colorado is no exception to the trend. Research indicates that this is all part of the "opioid epidemic." As the country tightens access to opioids, some Coloradans are turning to heroin, an illegal opioid.

Goal: Ensure access to compassionate, evidence-based care for patients who suffer from acute and chronic pain while reducing the potential for medically inappropriate use and diversion of prescribed medications, work to eliminate abuse of opioids, work to prevent abuse of opioids and opioid addiction, and help patients who are addicted to opioid drugs.

Objective: Implement the CMS platform on prescription drug abuse consistent with priorities of the Colorado Colorado Consortium for Prescription Drug Abuse Prevention

Strategies:

1. Continue to collaborate with and work through the Colorado Consortium for Prescription Drug Abuse Prevention
2. Direct the Committee on Prescription Drug Abuse to review and update: (1) The CMS Platform on Prescription Drug Abuse; (2) All policies on drug abuse; and, (3) To make a recommendation on updated policies to the board of directors no later than November, 2017.
3. Authorize the Committee on Prescription Drug Abuse to partner representing CMS with other stakeholders as appropriate to reduce drug abuse.

4. **Physician Wellness:** Physician wellbeing and success was designated a priority CMS strategic goal in 2010. A Committee on Wellness appointed in 2011 has guided programs, educational activities and policies. Attention to physician burnout has increased exponentially throughout the decade across the US and Colorado. Nevertheless, the latest studies demonstrate that physician burnout is pervasive and trending upwards. Focusing on ways to reduce burnout and increase professional satisfaction is a priority of the CMS board of directors.

Goal: Convene Colorado physician wellness stakeholder leaders to strategize on a unifying, mutually beneficial focus forward collaborative to help physicians thrive personally and professionally throughout their careers in an evolving health care system

Objective: Share ideas, assess what is and is not working, what can be replicated that is helpful and to determine how to stay connected into the future

Strategies: (1) Survey members to gain an updated perspective on physician workplace satisfaction and morale, including but not limited to areas of concern which might be increasing burnout, impacting morale and ideas for CMS moving forward. (2) Seek key organizations to co-sponsor the focus forward collaborative; (3) Educate CMS member by promoting the use of the CMS Physician Wellness Toolkit and to educate them on the wellness stakeholder convening; (4) Time permitting, convene physician, health systems and other leaders to raise awareness and educate about physician burnout and how to reduce it; (5) Seek funding to carry out physician wellness programs.

5. Scope of Practice (SOP):

Goal: Protect public health, prevent misrepresentation and empower patient decision-making

Objective: Assess non-physician health care practitioners SOP legislation on a case-by-case basis

Strategy: Ask the Council on Legislation to continue a SOP Subcommittee and to collaborate with interested specialty societies

End-of-Life Care: Proposition 106 creates the "Colorado End-of-Life Options Act," which allows individuals with a terminal illness to request from their physician and self-administer medical aid-in-dying medication. CMS, out of respect for the strongly held divergent, principled views of its members regarding end of life assistance as proposed in proposition 106 voted to take a neutral public stance. This decision was preceded by an in-depth analysis of medical aid in dying, as well as review by and advice from the CMS Council on Ethical and Judicial Affairs (CEJA), an all-member survey and a review of and change in CMS policy.

Option 1: Should proposition 106 be enacted by voters

Goal: Educate physicians on the new law while carefully listening to and considering member concerns and recommendations

Objective: Make timely and accurate peer and legal-reviewed educational materials available to all members in advance of the law's

enactment date while assessing whether changes are needed to strengthen physician and patient protections

Strategy: Direct CEJA to: (1) Approve member educational materials; (2) Evaluate member concerns and make recommendations to strengthen physician and patient protections as needed and appropriate; (3) Work with the Colorado Medical Board and-or other agencies of the state on any guidelines that may be required as a result of the law's passage (4) Consider and recommend an end-of-life care initiative for the board's consideration for inclusion in the new CMS strategic plan (See Organizational Excellence, 1.b. Committee on Board Competency Needs Forecasting). (5) Coordinate closely with interested component societies for the purpose of assisting them with their work with local end-of-life grassroots initiatives (6) Maintain ongoing assessment of the impact on physicians and patients

Option 2: Should proposition 106 not be approved by voters

Goal: Ensure that any medical aid in dying state law filed and debated in the 2017 General Assembly protects patients and physicians

Objective: Advocate for CMS physician-patient protection policies

Strategy: With oversight from the Council on Legislation and assistance from CEJA, collaborate with stakeholders while lobbying legislators, and addressing media and member inquiries

SECTION 3: HEALTH CARE SYSTEM EVOLUTION

Health care system innovation will result in access to high quality, cost-effective care for patients and their communities.

1. Commission on Affordable Health Care: This state commission, supported by CMS, has been asked to identify systemic and other underlying causes of excessive and unnecessary health care costs and to propose specific legislative, regulatory, and market-based strategies to reduce costs and improve care value. The commission will submit its first report in November 2016 to the legislature and executive branch and will complete a final report in the spring of 2017 ensuring that the value and cost of care remains front and center in the public eye.

Goal: Influence how health care systems reduce cost and improve quality and value in the future by proactively engaging CMS with the Commission on Affordable Health Care

- Objective:
1. Review and comment on proposed commission proposals and reports.
 2. Proactively develop and submit, if appropriate, evidenced-based proposals to reduce cost and improve quality.
 3. Monitor and report to CMS members on the activities of the Commission on Affordable Health Care.
 4. Collaboratively engage physician-driven organizations on reducing cost and improving quality and value.
 5. Conduct an assessment of all final Commission recommendations and make recommendations to the board of directors as appropriate.

Strategy: Work through the CMS Task Force on Health Care Costs and Quality charged with policy development and commission engagement. Support and serve as a resource for the CMS appointee to the commission.

3. **Health Care Reform:** The 2016 election cycle will produce a robust, high profile federal and state public policy landscape on coverage, cost, payment alternatives, and access. Section 1332 of the Affordable Care Act (ACA) permits a state to apply for a State Innovation Waiver to pursue innovative strategies for providing their residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA. These waivers allow states to implement innovative ways to provide coverage and access to quality health care that is at least as comprehensive and affordable as would be provided absent the waiver and begins January 1, 2017. They can be approved for five-year periods, can be renewed and must not increase the federal deficit.

Goal: Participate in any effort by the Executive or legislative branch of state government to study the 1332 State Innovation Waiver, a Medicaid block grant or health care reform.

Objective: Advocate for CMS health care reform priorities.

- Strategies:
1. Monitor executive and legislative branch discussions and actions.
 2. Create a physician working group should the state create a study.

2. **Practice Transformation** – Many Colorado physicians are struggling to make the necessary changes to maintain viable practices given the competing demands of the current system and calls for payment and health care delivery reform by patients, policymakers and payers (public and private). Consequently,

physician burnout is increasing and more physicians are leaving or cutting back on practice. Colorado is home to a number of practice-based coaching initiatives aimed at assisting physicians with transitioning to new models of care and reimbursement. CMS supports many of these programs as a way to accelerate CMS payment and delivery system reform priorities.

Goal: Facilitate practice transformation so that physicians can demonstrate the value of their care, flourish under new payment models and increase their professional satisfaction

Objective: Promote widespread adoption of CMS payment and delivery system reform priorities among physician practices, while engaging, educating and updating physicians.

Strategy: Continue to support and collaborate with the following initiatives to assist primary care and specialty care physicians, specifically educating physicians about and connecting them to the following programs:

- State Innovation Model (SIM): Physical and Behavioral Health Integration
- Comprehensive Primary Care Plus Initiative (CPC+)
- Transforming Clinical Practice Initiative (TCPI)
- EvidenceNow Southwest

3. Medicaid Reform: Medicaid is now the state's largest health plan with 21 percent of the market. The CMS goal of transitioning Medicaid to a high performing delivery system will require unprecedented stakeholder collaboration and persistent dedication to the cause. While Medicaid's Accountable Care Collaborative (ACC) Program, strongly supported by CMS, is seen as a national model, it faces budgetary and marketplace challenges that threaten its momentum and success. Whether the next Administration stays or changes course is highly dependent on the next two years of implementation.

Goal: Transform Medicaid into a high performing delivery system that meets the needs of patients and the physicians who care for them.

Objective: Optimize the ACC Program as a high quality, Colorado community-focused alternative to national Medicaid managed care plans.

Strategies:

1. Drive a strategy that will increase and align value-based reimbursement for all physician services in Medicaid;
2. Maintain local systems of care;
3. Advocate for pay parity with Medicare during the transition to new payment systems.

4. **Caring of Injured Workers:** CMS is working to upgrade the Colorado system of workers compensation so that physicians currently caring for injured workers can thrive in the system and physicians not currently participating will register and want to participate. CMS enjoys outstanding relationships with the state's Division of Workers Compensation (DOWC) and with Pinnacol Assurance, Colorado's locally owned and dominant carrier. The opportunity to strengthen Colorado's system of worker's compensation is inherent in these relationships.

Goal: Improve care and access to care for injured workers in Colorado

Objective: Upgrade the Colorado system of workers compensation so that physicians currently caring for injured workers can thrive in the system and physicians not currently participating will register and participate.

Strategy: Collaborate with DOWC, Pinnacol and other stakeholders to: (1) Perform an assessment of the needs and concerns of physicians providing care to injured workers through quantitative and qualitative research methods, including a survey of CMS members; (2) Identify and promote projects to improve care quality, access for injured workers, and physician practice satisfaction based on the needs assessment; while also recruiting new Workers' Compensation Personal Injury Advisory Committee (WCPIAC) members

5. **Mega-Mergers – Anthem-CIGNA and Aetna-Humana:**

The legal action taken July 2016 by the U.S. Department of Justice (DOJ) to block the mega-mergers of Anthem and CIGNA and Aetna and Humana affirms the concerns expressed by CMS members that the merged companies would dangerously distort influence on clinical decisions, jeopardize patient access, and ultimately raise rather than lower premiums. The DOJ conducted a thoughtful and thorough investigation of both mergers and allowed Colorado and America's physicians and the patients they serve to have a voice in their process. CMS, in vigorous opposition to the mega-mergers, called on these four companies to abandon their efforts to further consolidate the industry and instead get back to work with physician organizations in a collaborative effort to find solutions to the health care problems facing Colorado and the nation.

Goal: Block the mega-mergers of Anthem-CIGNA and Aetna-Humana

Objective: Vigorously support the US DOJ lawsuit to block the mega-mergers, and persuade the Colorado Division of Insurance to block Anthem's acquisition of CIGNA if the DOJ lawsuit is not successful

- Strategy:**
1. Advocate by providing objective, evidenced-based information through credible messengers across a spectrum of specialties and practice settings in alignment with Block The Merger campaigns at the national and state level.
 2. Cause legislation to be filed in 2017 to address the transparency loopholes in the Colorado statute relating to mergers of non-domestic corporations (Aetna-Humana).

6. United's Acquisition of Rocky Mountain Health Plans: CMS has been tenacious about proposed mergers over the past 12 years, not only because they are often anti-competitive, they can enhance the negotiating leverage of an insurance company and be harmful to physicians and patients alike. United HealthCare's (UHC) proposed acquisition of Rocky Mountain Health plans (RMHP) is pending approval before the Colorado Division of Insurance (DOI). The Summary of the Competitive Impact Analysis states that the proposed acquisition creates a prima facie violation of the competitive standard in certain commercial and individual health insurance lines of business but argues that the marketplace impacts are small and the acquisition will benefit insureds. CMS has obtained Interested Person status at DOI. Interested Persons can have greater participation in the pre-hearing process and at the public hearing. DOI has started an independent investigation and an internal "wall" between staff and the Commissioner has been established. Western Slope physicians are both concerned and hopeful about the acquisition.

- Goal:** Examine United's acquisition of RMHP for its real-world impact on physicians and patients and seek opportunities to enhance the agreement and expand collaboration with the merged companies if approved by state regulators.
- Objective:** In collaboration with Western Slope and CMS physician leaders, work with United and RMHP during the acquisition process to better define and ensure meaningful implementation of the agreement.
- Strategy:**
1. Keep the Board of Directors advised about the latest developments.
 2. Determine an official position on the acquisition via Basecamp in advance of the acquisition hearing by the Division of Insurance.

SECTION 4: ORGANIZATIONAL EXCELLENCE

CMS will be a well-governed, effectively managed, fiscally sound organization that meets the needs of a diverse membership in a rapidly changing environment

- 1. Governance-Communications:** CMS members want effective advocacy, bilateral communication and helpful information. The Society is one year into a

transition that will: (1) Engage members across the spectrum of practice settings in policy development and advocacy; (2) Draw on member expertise from the exam room level to the boardroom, in that order; (3) Link membership directly to the board of directors; (4) Invite vigorous, evidence-based, peer-to-peer evaluation of policy options; and (5) Incubate and cultivate physician activists and leaders who reflect the evolving demographic and diversity of Colorado physicians.

Goal: Continue the transition to a 21st century state medical society

Objective: Grow member awareness, features, participation and achievements

Strategy: Fully implement the following major governance and communication reforms enacted by the 2015 House of Delegates.

a. Achieving the Benefits of a High Performing Board

- i. **Board Best Practices:** The transition to a smaller board from 36 to 18 was completed in 2016 as was an engagement with a non-profit consultant retained to help actualize the intended benefits of the board restructuring. The 2016-2017 fiscal year will be used to phase-in board best practices recommended by the consultant and approved by the board of directors in July 2016.

Goal: Ensure long-term effective organizational performance

Objective: Optimize the productivity and value of board meetings

Strategy: Enhance planning and execution of board meetings

Tactics: Charney Report (Posted on Board Base Camp)

- ii. **Committee on Board Competency Needs Forecasting:** The Committee on Competency Needs Forecasting will help the board of directors steer the organization towards a sustainable, prosperous and beneficial future by directing three critical prospective functions.

Goal: Help the board further steer CMS towards a sustainable, prosperous and beneficial future serving members and patients.

Objective: Ensure a member-driven, value-based strategic plan, a rebranded CMS and identification of 3-5 year board competency needs.

Strategy: Work with the CEO to develop and oversee operations and research, such as a Colorado-specific market analysis, member needs survey, other data collection and analysis specific to strategic planning, rebranding and competency needs forecasting.

- b. Recruit and Train Leaders:** 21st century state and component medical societies will rely on physicians who have the training and skills to lead a diverse membership. Future governance will be even more connected to the grassroots given available technologies, and hopefully be even more relevant and effective for members. Developing new physician leaders who are trained and are enthusiastic about applying their skills to achieve the goals of CMS and component medical societies is critical.

Goal: Enhance and grow physician leadership capacity in Colorado to ensure organizational and individual integrity in CMS and Component Society operations.

Objective: Offer leadership training programming that addresses demonstrated physician management and leadership skills and capacity gaps not otherwise offered through medical education.

Strategy:

1. Promote, conduct, and evaluate the Medical Society Physician Leadership Skills Series in 2017 and 2018.
2. Track where, how and why physician graduates of the program use their leadership service to benefit the governance leadership needs of CMS and component societies.
3. Seek grant funding to conduct the third Advanced Physician Leadership Program and revise the operational plan to include such programming should funding be awarded.

- c. All-Member Elections:** For 145 years, a House of Delegates elected CMS leadership and AMA Delegates and Alternates. CMS governance reform surveys showed that only a small fraction of members preferred this delegated approach to electing CMS leaders and a clear majority desired direct elections. All-member elections for the offices of CMS President-elect, AMA Delegates and Alternates were implemented in 2015 for the first time in CMS history. The election procedure is governed by CMS bylaws and election rules. A Nominating Committee ensures that qualified candidates are recruited to fill the slate of required numbers

of open positions for all offices and annually issues a general call for nominations that will be made to the entire membership.

Goal: Ensure competent, value-driven CMS leadership

Objective: Timely advance a 2017 slate of qualified candidates for the offices of CMS President-elect, and AMA Delegates and Alternate Delegates

Strategy: Create and implement an all-member election marketing plan to ensure that all interested members know what positions are open for election, what qualifications are needed, and have access to the election guide.

d. Annual Meeting: The 2016 Annual Meeting was re-engineered as a motivational sanctuary for physicians to share, argue, and learn from the best of the best – not the sort thing you can get from a website. In an era of burnout and unrelenting change and stress, this gathering was intended to stimulate, entertain, and help us remember why we are doctors.

Goal: Continue to transform the Annual Meeting into an attractive multi-specialty forum for collegiality, information sharing, and an open forum with the board of directors.

Objective: Increase 2017 Annual Meeting participation by 5% and maintain or exceed satisfaction reviews.

Strategy: Utilize a board-appointed physician advisory committee to creatively design and market the 2017 Annual Meeting.

e. Virtual Policy Forum: Central Line is a revolutionary application that will provide CMS members with an unparalleled voice in CMS 24 hours a day, seven days a week with just a few clicks of a mouse --- and all from the convenience of their desktop, laptop, or mobile device. Central Line will allow any CMS member to submit policy proposals, to give input on policy proposals submitted by colleagues, and to give the board of directors input before and after votes are taken on policy.

Goal: Empower members in 2017 and beyond to meaningfully engage in policy decision-making virtually on issues that are important to them and on issues being addressed by the board of directors.

Objective: Complete 400 to 600 member Central Line profiles by July 1, 2017.

Strategy: Product-launch, utilize and aggressively market Central Line in fiscal year 2016-2017, including presentations at Regional Forums.

f. CMS-Component Study: The 2014 House of Delegates directed a study to recommend the future roles of CMS and component societies in supporting the delivery of programs and services to physician members. The board of directors appointed a study committee that started deliberations in late 2015. A facilitation of CMS and component society executives produced the following three major outcomes:

1. Support the practice of medicine in Colorado by advocating, communicating and educating;
2. By 2020, all physicians will belong to the CMS/Component organizations because it is their most valuable professional organization; and
3. A description of what is needed to succeed.

Goal: Strive to achieve a high value member benefit proposition through unprecedented CMS-Component Society collaborations

Objective: Recommend the future roles of the CMS and component societies in supporting the delivery of programs and services to physician members.

Strategy: Reach consensus on a final report of the study group no later than 6-1-17

g. Regional Forums: In-person meetings are imperative – particularly during a time when physicians feel isolated and desire peer interaction. Regional Forums will continue to empower members through a direct connection with CMS leadership and make CMS a much stronger, better-connected and more responsive organization. Seven regional forums were conducted in 2016 for the purpose of highlighting physician empowerment and patient-centered advocacy. Regional forums for 2017 are already being promoted.

Goal: Hold a minimum of 7 Regional Forums in 2017

Objective: Empower members through a direct, local connection to the board

Strategy: Market regional forums statewide while placing an emphasis on rural components with part-time, volunteer or no staffing

2. Membership Recruitment

Goal: Grow CMS membership by 6% by the end of the next fiscal year.

Objective: Reverse the one-year loss of CMS membership market share among practicing Colorado physicians.

Strategy: Develop and execute a renewable yearlong statewide membership recruitment and retention campaign with targeted marketing tactics to differentiate message for both private practice and employed physicians.

Tactics: TBD by Membership Director and Director of Communications

4. Public Policy Education: CMS members want advocacy, communications and helpful information. Successful CMS advocacy is dependent on member participation in the public policy and political space. Through an in-person, professionally facilitated meeting in 2016, nine medical students convened to provide input on: (1) Developing a public policy course description; (2) Identifying major content areas; and, (3) Enumerating learning objectives.

This information will be used to design the COMPAC public policy course scheduled to be offered to CMS members no later than early 2018. The CPMG Governing Council has also designated a public policy course for physicians a high priority for their section.

Goal: Expand physician participation in public policy advocacy

Objective: Finalize a public policy course for members

Strategy: Engage COMPAC and the CPMG Section to finalize the course description, identify major content areas, and develop and finalize the course for implementation beginning no later than January 2018