

2018-19 CMS Operational Plan

Approved 9/14/18



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

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

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

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

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

Strategy:

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

[Click here](#) to read strategic assumptions

Priority emerging issues

1. Out-of-network-surprise medical bills: Advocate for a legislative solution that protects patients and is fair to physicians
2. Advocate for standardized, all payer quality performance measures.

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

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

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

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

Strategy:

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

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

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

Priority emerging issues

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

Goal: Assure access to compassionate, evidence-based care for patients who suffer from acute and chronic pain while reducing the potential for medically inappropriate use and diversion of prescribed medications

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

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

1. Collaborate with and make recommendations to the 2018 Opioid and Other Substance Abuse Disorders Interim Legislative Study;
2. Continue to collaborate with and work through the Colorado Consortium for Prescription Drug Abuse Prevention
3. Develop future strategies and programs for physicians to reverse the opioid crisis through a multi-specialty convening and report

recommendations to the Colorado Consortium for Prescription Drug Abuse Prevention.

4. Partner with the American Medical Association (AMA) and Manatt Health Strategies (Manatt) in to comprehensively review state policies, identify gaps and challenges of those policies, and present a detailed analysis to help focus efforts by key stakeholders to expand access to treatment to help end the state's opioid epidemic.
5. Advocate in the 2018 General Assembly for recommendations consistent with CMS policy developed by the General Assembly's Opioid and Other Substance Abuse Disorders Interim Study Committee

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

Priority emerging issues

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

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

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

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

Strategy:

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

5. **Scope of Practice:** Each year, in nearly every state including Colorado, non-physician health care professionals lobby state legislatures and regulatory boards to expand their scope of practice (SOP). While some scope expansions may be appropriate, others definitely are not.

- Goal:** Protect public health, prevent misrepresentation and empower patient decision-making
- Objective:** Assess non-physician health care practitioners SOP legislation on a case-by-case basis
- Strategy:** Ask the Council on Legislation to continue a SOP Subcommittee and to collaborate with interested specialty societies