

CMS 2005 ROAD MAP OF GOALS, STRATEGIES, AND ACTIVITIES

BANNER GOAL	ACTION INITIATIVES	ASSIGNED TO	ACCOMPLISHMENTS
HEALTH CARE ENVIRONMENT AND ACCESS			
<i>Access to care</i>	1) Access to care – CMS will advocate for legislation to expand access to care for all Colorado citizens	Council on Legislation & Health Leadership Committee	In the General Assembly, rallied behind legislative proposals to elevate awareness and need for comprehensive action, fostering several incremental studies. CMS has taken high profile support for development of C&D referenda and allocation of those new resources to include health concerns.
	2) Legislative interim study: Private sector managed care – Major study promoted by CMS will examine various facets of private sector delivery systems.	Council on Practice Environment (COPE)	CMS contracted with a nationally recognized consultant, conducted a policy forum. Council on Practice Environment (COPE) finalized reform initiatives that were subsequently approved by HOD.
	3) Legislative interim study: Comprehensive health care reform – Interim study will analyze alternative health programs to maximize coverage, increase access and reduce costs of care.	Health Leadership Committee	CMS championed the need for comprehensive health care reform and provided extensive strategic and policy assistance to the interim study.
	4) Legislative interim study: Medicaid/CHP+ Reform - Owens Administration proposing programmatic reform through a federal waiver with General Assembly buy-in.	Council on Health Affairs	CMS hosted a well attended Medicaid HIFA waiver policy development forum that determined problems and gained a consensus set of recommendations. CMS testified at many legislative hearings which effectively positioned CMS and specialty society partners "at the table" during future reform debates.
	5) Legislative interim study: Auto insurance reform - Analyze impact of switch from no-fault to tort based auto insurance.	Workers' Compensation/Personal Injury Committee	Physician policy forum was held to determine problems and propose solutions to the legislative interim committee. CMS as a member of Colorado Trauma Care Preservation Coalition has collectively engaged in dialogue with legislators on possible solutions.
	6) Workforce – Seek information and data to quantify and qualify statewide physician workforce capacity issues.	Council on Health Affairs	Completed workforce survey in collaboration with Central Area Health Education Center, Colorado Health Institute (CHI) and Colorado Rural Health Center.
PATIENT SAFETY & QUALITY			
<i>Patient safety and quality of care initiatives</i>	1) Electronic prescribing – Develop and promote a member education program in collaboration with the Colorado Pharmacists Society regarding electronic prescribing.	Council on Health Affairs	Initial discussions with pharmacists suggested need for development of E-health/E-Rx guiding principles. HAC developed the principles which were approved by the Board of Directors in September.
	2) Uniform discharge data form - Working with stakeholders, establish a uniform discharge data form with all hospitals.	Council on Health Affairs	Both the Health Affairs Council (HAC) and the Council on Practice Environment (COPE) evaluated the draft uniform discharge data information developed and approved the form.
	3) Continuity of care – Collaborate with the Colorado Patient Safety Coalition (CPSC) in their Healthy Hand-Offs Initiative to develop a continuity of care record.	Council on Health Affairs	Worked closely with the CPSC in their ongoing development of electronic continuum of care record. Dennis Waite, MD, serves as the HAC liaison to the CPSC Healthy Handoffs Initiative.
	4) Scope of practice – Collaborate proactively with non-physician health care professionals to ensure optimal care, while defeating legislative initiatives that threaten patient safety.	Council on Legislation	CMS and specialty societies successfully prevented a move to establish chiropractors as primary care providers. CMS negotiated a proposal from the Colorado Pharmacists Society on pharmacist drug therapy management under physician delegation.
<i>Health information</i>	1) Inpatient outcomes data – Collaborate with all stakeholders regarding the upcoming release and interpretation of hospital specific mortality data.	Council on Health Affairs	Collaborated with the Colorado Hospital Association, the Colorado Business Group on Health and others on the public release of data on 11 risk adjusted mortality measures and four volume measures. A data pre-release informational session was held on 3/3/05 to educate physicians about data, methodology and impacts. Data was released in April and while it received limited media attention, it did spark numerous quality improvement initiatives in hospitals around the state.
	2) Electronic information exchange – Partner with Colorado Health Information Exchange in the development of the forthcoming statewide, health information exchange for physicians and patients.	Council on Health Affairs	Collaborated with COHIE in organizational and business plan development for the evolving regional health information organization. Dave Downs, MD now serves as the CMS representative to the COHIE Steering Committee.
<i>Technology</i>	1) Technology fair – Host a trade show for physicians and their staff featuring the latest office automation products, services, and application.	Council on Health Affairs	CMS Conducted its first day-long event on Friday, June 24 in Denver. Over 400 people attended, including 263 physicians and their practice managers from all over the state.
	2) Colorado Health Information Exchange Community Advisory Council – Partner in the development of a statewide, health information exchange to enable data sharing at the point of care.	Council on Health Affairs	Collaborated with COHIE in organizational and business plan development for the evolving regional health information organization. Dave Downs, MD now serves as the CMS representative to the COHIE Steering Committee.
	3) Electronic prescribing – S.T.E.P. Alliance (Safety Through Electronic Prescribing) education campaign in collaboration with the Colorado Pharmacists Society.	Council on Health Affairs	Initial discussions with pharmacists suggested need for development of E-health/E-Rx guiding principles. HAC developed the principles which were approved by the Board of Directors in September.
<i>Physician continuing medical education and professional development</i>	1) Periodically survey accredited education programs.	Committee on Professional Education and Accreditation	Memorial Hospital, Colorado Springs surveyed 2/8/05 Parkview Hospital, Pueblo surveyed 3/15/05 Southwest Memorial Hospital, Cortez surveyed 7/22/05 Aspen Valley Hospital surveyed 9/8/05
	2) Provide individual and group education to physician chairs and staff of accredited programs.	Committee on Professional Education and Accreditation	Trained a group of physicians and CME staff in June 2005. Provided over 60 hours of individual and small group coaching and training.
	3) Recruit hospitals around the state to become accredited to provide CME.	Committee on Professional Education and Accreditation	Good Samaritan Hospital in Lafayette has applied for accreditation. Applications are being completed by Spanish Peaks Medical Center, South Denver Cardiology Foundation, and STD/HIV Prevention Program at Denver Health who are currently unaccredited. Recruitment efforts continue at Littleton, Parker, and Canon City.

COMMUNITY HEALTH			
<i>Physician leadership</i>	1) End of life care campaign – Develop and execute a statewide education/public relations campaign on end of life care.	Health Leadership Committee	Completed patient persuasion brochure and posted to www.cms.org. Secured commitment from 9News feature on advanced directives month.
	2) Referendums C & D	COMPAC	COMPAC developed, funded and ran a state-wide campaign to educate physicians and alliance members, then patients, friends, and employees. Was routinely cited by C & D campaign as the state's most active and organized effort.
	3) Patient web page – Develop a patient-oriented section of the CMS Web site.	Board of Directors	The Communications Department is currently coordinating the development of this page.
<i>Community projects</i>	1) Doctor Line9 – Establish a positive connection between the physicians of Colorado and the public through this valuable community service	Board of Directors	The popular Doctor Line 9 program continued throughout 2005. CMS physicians and staff, and 9News collaborate on this public service program.
	2) Obesity – Provide physician input to the Colorado Department of Public Health and Environment's Colorado Physical Activity and Nutrition Program.		The state and component society staff are collaborating to identify opportunities to hold interactive workshops sponsored by the Centers for Obesity Research and Education for physicians on how to manage their obese and overweight patients.
	3) Smoke free public areas – Strongly support the Colorado Tobacco Education and Prevention Alliance (CTEPA) in our joint effort to make public places in Colorado smoke free.	Council on Legislation	CMS strongly supported SB 207 in the 2005 legislative session, which addressed smoke free Colorado, but was unsuccessful, while continuing to work with smoke free advocates toward local ordinances.
PRACTICE VIABILITY			
<i>Practice costs</i>	1) State legislature a. Professional liability – Defend hard earned tort reforms b. Assignment of benefits – Promote mandatory honoring c. Economic credentialing – Fight for prohibition d. Interim studies e. Other - As prioritized by the Council on Legislation	Council on Legislation	CMS successfully defended Colorado's hard fought liability reforms while passing legislation preserving assignment of benefits.
	2) Colorado Congressional Delegation a. Medicare – Stop the payment cuts scheduled for 1/1/06: Fix the sustainable growth rate (SGR) formula Program/Activity: Comprehensive public affairs strategy forthcoming. b. Professional liability reform – Promote aggressively c. Other – Identify and promote initiatives on practice viability issues as appropriate	Council on Legislation	CMS developed and implemented a year-long lobby effort to provide the state's congressional delegation with access to care data resulting from Medicare cuts. The entire congressional delegation supports a fix to the SGR.
<i>Practice management</i>	1) Assembly of payer meetings – Conduct hands-on practice management education for physician office staff across the state.	Council on Practice Environment	QAOAP 1st Quarter Presentation – Medicare 2005 Update – March 17, 2005. QAOAP 2nd Quarter Presentation – The What, Why & Who of HSAs – May 11, 2005. QAOAP 3rd Quarter Presentation – Understanding Your Payer Contracts – August 18 & 19, 2005.
	2) Hassle factor – Revamp the CMS Hassle Factor Project with proactive activities such as an Ombudsman program, coding/billing "advice-line", and technical support on state and federal statutory and regulatory requirements.	Council on Practice Environment	A detailed action plan was approved by Council on Practice Environment (COPE) on February 15, 2005. The final process for the revamp has been approved by COPE and was implemented November 1.
	3) Annual individual health plan meetings – Continue these meetings between CMS Physician Leadership and executives from six large local health plans to personally communicate CMS members' concerns.	Council on Practice Environment	Individual health plan meetings were held in March, April and May.
	4) Legislative interim study: Private sector managed care – Major study promoted by CMS will examine various facets of private sector delivery systems.	Council on Practice Environment	CMS contracted with a nationally recognized consultant, conducted a policy forum and COPE has finalized reform initiatives.
	5) Legislative interim study: Auto insurance reform - Analyze impact of switch from no-fault to tort based auto insurance.	Workers' Compensation/Personal Injury Committee	Physician policy forum was held to determine problems and propose solutions to the legislative interim committee. CMS as a member of Colorado Trauma Care Preservation Coalition has collectively engaged in dialogue with legislators on possible solutions.
	6) CMS office manager newsletter – Reinstate a newsletter to office manager providing the latest information to maintain practice viability.	Council on Practice Environment	The CMS office manager newsletter has been reinstated.
A STRONGER, MORE UNIFIED CMS			
	1) Process for the future – Harness unprecedented collaboration and cooperation among individual physicians and physician-driven organizations to unify the medical profession and establish the long-term direction of CMS.	Board of Directors	Rallied the profession, COMPAC, the component societies, specialty societies, and the alliance on a range of collaborative campaigns and initiatives. Monthly specialty society and CMS collaborative meetings ongoing. Weekly component society collaboration meetings ongoing. Spring Summit served as a model for collaboration and activism.
	2) Member participation – Explore opportunities and ideas to increase physician involvement in CMS.	Board of Directors	Referenda C&D campaign has cultivated activism and energized doctors and alliance members long dormant. CMS member physicians continue to participate in the Dr. Line 9 programs.
	3) Alliance – Fully integrate the Alliance into key CMS projects that support 2005 CMS goals and promote the mission of the Alliance.	Board of Directors	Executive Director/Alliance leadership meetings continue to occur. Our Referenda C&D campaign has cultivated activism and energized grassroots alliance members long dormant.
	4) Communications - Miss no opportunity to effectively communicate CMS accomplishments, programs, and activities to Colorado physicians and their staff, component and specialty societies, the CMS Alliance, the media, and the public. a. i. Media relations – Establish a program of relationship building with the Colorado press corps so CMS becomes the single best source for health related information. b. ii. Physician relations – CMS will establish and maintain meaningful dialogue with Colorado physicians to foster ownership in the programs and activities of their society.	Board of Directors	Several interviews with reporters from various papers have occurred on Medicare and legislative issues. CMS leadership was quoted as a result of these interviews. Colorado Medicine has a new look, message, and unprecedented level of activism and candor. CMS has found its way in to the news media several times in 2005.
	5) Membership development – Retention and recruitment of physicians are a result of delivering superior services to Colorado physicians Collaborate with county and specialty medical societies to recruit a minimum of 10% of identified non-members.	Board of Directors	2800 non-members identified from membership rosters from 15 specialty societies. CMS completed peer-to-peer campaign. CMS physicians wrote letters to their colleagues encouraging them to join CMS. Acquired over 300 new members in 2005.

	6) Political action and grassroots activism – COMPAC will plan, develop, and implement effective political action programs to strengthen the voice of Colorado physicians in the development of public policy on the state and federal levels.	COMPAC	COMPAC developed, funded and ran a state-wide campaign to educate physicians and alliance members, then patients, friends, and employees. Was routinely cited by C & D campaign as the state's most active and organized effort.
	7) Information technology – Develop streamlined, efficient, and effective organizational functions through superior information technology.	Board of Directors	Ongoing updates to hardware/software to protect against Internet-based threats. Internet-based discussion forum and events calendar added to the website. Server added for internal sharing of contact information.