

CMS STRATEGY FOR GOVERNOR’S “BUILDING BLOCKS”

ADOPTED BY CMS BOARD OF DIRECTORS: MAY 2, 2008

GOAL

- Achieve comprehensive health care reform for Colorado such that all Colorado residents have coverage for basic health care services (Banner Goal #1)

OBJECTIVE

- Participate actively and constructively in advancing the Governor’s “Building Blocks” agenda

STRATEGY

- Develop: (1) an understanding of the current reality of each Building Block, and (2) a defined set of physician-driven, evidenced-based, consensus responses to each of them

ACTIVITIES

Building Blocks Process and Timelines

- Determine process and timeline for decision-making for each Building Block through conversations with the Ritter Administration
- Work to appoint an CMS designee where appropriate and needed

Policy Development

- Assign individual Building Blocks to the most appropriate CMS Council or Committee, and all Building Blocks to the Physicians Congress, for purposes of developing additional policy recommendations or refining and strengthening existing CMS policies that can be forwarded to the responsible Building Block parties
- Identify and recommend “next stage” Building Blocks to the Ritter Administration, including recommendations about policy initiatives and physician participation in them, as appropriate
- Identify appropriate timing for implementation

Communications

- CMS to Building Blocks Contact(s):
 - Maintain timely communications between CMS and the appropriate contact(s) for each of the Building Blocks
- CMS to membership
 - Develop and consistently use concise messages about the significance of the Building Blocks, the role of CMS in advancing them, and how members can actively participate in the process
 - Use all available communications vehicles to educate CMS members:

- Colorado Medicine
 - Article under Lynn/Mark byline for placement in all Component society newsletters
 - “Meetings in a bag”
 - Member alerts
 - Create a “continuous feedback loop” between CMS and members
 - Implement “Building Blocks Community” on CMS Web site
- Conduct ongoing dialogue with stakeholders
 - Lobbyist-to-lobbyist
 - Leadership-to-leadership

Grassroots Outreach

- Use face-to-face communications to spur engagement and enthusiasm among physicians to achieve the CMS Building Blocks strategy
 - “Meetings in a bag” for component society members
 - Briefings for component and specialty society boards
- Incorporate questions/discussion about the “Building Blocks” and health reform in candidate interviews this summer and fall
- Conduct local physician/legislator briefings as appropriate throughout the summer and fall

Direct Lobbying

- Reach out and keep members of the legislative branch educated on the CMS Building Block strategy
- Communicate regularly with Governor Ritter and executive branch staff

NEXT STEPS

- Flesh out this broad strategy with CMS leadership
 - Develop tactics and messaging specific to each Building Block in consultation with CMS leadership
 - Identify potential elements for inclusion in Building Blocks 2
-

Individual Building Blocks for strategic development

- Scope of Practice
- Center for Improving Value in Health Care
- CHP/Medicaid expansions
- Improved efficiencies (CORHIO, standardized cards, etc.)
- Increased transparency