

2009 Road Map (Strategic Plan) Colorado Medical Society

Mission: To promote the science and art of medicine, the betterment of public health, and the welfare of the medical profession and the patients it serves; and promote the similar interests of its component societies.

Objective: To aggressively champion issues of utmost importance to Colorado physicians and the patients they serve.

Strategy: To focus CMS' resources, activities, and volunteers in an organized and accountable effort to improve the business, art, and science of medicine, and enhance the health of Colorado citizens.

2008 Banner Goals

1. Health Care Environment and Access to Care
2. Evidenced-based Medicine
3. Practice Viability
4. Community Health
5. Patient Safety and Professional Liability
6. A More Unified CMS Made Stronger Through Effective Collaboration

1. Health Care Environment and Access to Care

Goal: To achieve comprehensive health care reform for Colorado such that all Colorado residents have coverage for basic health care services.

Objective: Maintain focus on and momentum for comprehensive reform by continuing to provide leadership, physician consensus, and evidenced-based solutions.

Strategy:

- A. Support Governor Ritter's leadership on health care reform policy, including the Building Blocks I and II efforts as initial steps towards comprehensive health care reform, and through a continued partnership with the Governor, ending the crisis of the uninsured (Report of CMS Board of Directors to HOD on Health Care Reform).
- B. Proceed on a track parallel to the Governor's Building Blocks strategy by developing a comprehensive health care plan, based upon the HOD-approved evaluation matrix for health care reform, that can be pursued if the Building Blocks to Health Care Reform fail to fulfill CMS' strategic goal for health care reform (Report of Physicians Congress on Health Care Reform).
- C. Continue to operationalize in a transparent and inclusive manner all aspects of the HOD-approved 2007 "Winning Strategy for Health Care Reform," and the 2008 "Strategy for Collaborating on the Building Blocks for Health Care Reform".
- D. Make CMS policy decisions on incremental public and private reforms in the context of whether the reform advances the criteria embodied within the HOD-approved "evaluation matrix for health care reform"
- E. Provide leadership in the areas of quality improvement, cost containment and patient safety to ensure greater value to patients and purchasers.
- F. Continue to aggressively promote meaningful societal dialogue and action on health care reform by embracing cooperation, communication and dialogue among stakeholders, and positioning CMS as a steady voice of reason.

Action Initiatives:

A. Comprehensive Health Care Reform:

1. Governance and Communications:

- a. Continue to conduct the Physicians' Congress on Health Care Reform in an inclusive and transparent manner so as to maximize input, dialogue and build consensus among Colorado physicians.
- b. Maintain active two-way communications on the evolution of the Congress's positions on health care reform.

2. Policy Development:

- a. Through the Physicians Congress for Health Care Reform:
 - i. Propose evidence-based strategies for inclusion in Building Blocks and through other legislation;
 - ii. Create new policies with the aim of constructing and better organizing systems of care in order to maximize quality and reduce cost growth;
 - iii. Develop an outline of a comprehensive health care reform plan based on the HOD-approved "evaluation matrix for health care reform" for presentation to the HOD in September, 2009, and in this regard, explore and consider that such plan be based on a private non-profit payer system; and,
 - iv. Consider other policy proposals presented by any sources, internal or external to organized medicine.
- b. Applying the Matrix to existing proposals - The Physicians Congress will continue to apply the matrix tool for scoring health care reform proposals to both state and federal reforms and will make recommendations to the CMS Board of Directors on an as needed basis.
- c. Through the CMS/Specialty Medicaid Reform Task Force, continue the on-going work with the Ritter Administration to transform Colorado Medicaid into a high performing health care delivery system. (BOD-1, Report of CMS/Specialty Medicaid Reform Task Force)
- d. Through the Council on Legislation and its Subcommittee on Scope of Practice, work cooperatively with the nursing profession on all activities addressing APN scope of practice (NPA Sunset, Board of Nursing rulemaking, Collaborative Scopes of Care Advisory Committee) to develop evidenced-based solutions.)

B. Incremental Health Care Reform:

1. Participate in on-going emerging efforts to advance legislation consistent with CMS policies in the areas of:
 - a. Children's Health – Cover All Kids 2010
 - b. Auto Insurance Reforms
 - c. Worker's Compensation
 - d. Long-term care
 - e. Prevention and early intervention, including public health expansions
 - f. Private insurance market reform
2. Chiropractic Sunset - Through the Council on Legislation and its Scope of Practice Subcommittee, work with the chiropractic profession, DORA and legislators to ensure that proposed changes in Chiropractic Act Sunset maintain crucial distinctions between chiropractic and medical practice.
3. Naturopathy - Through the Council on Legislation and its Scope of Practice Subcommittee, develop consensus within the physician community on approach to future legislative efforts to regulate the profession of naturopathy, ensuring that any regulation does not inappropriately elevate the profession and reflects CMS policy.

2. Evidenced Based Medicine (EBM) Banner Goal

Goal: Each and every Colorado patient receives the right care, at the right time, every time.

Objective: Aggressively promote systems changes that will enable every Colorado physician to merge scientific evidence with individual patient needs at the point of care to provide consistent, cost-effective, quality care.

Strategy: Provide Colorado physicians with the information, education and tools they need to participate fully in current and future systems changes. Aggressively advocate for those transformations by playing a leadership role in assuring that EBM in all manifestations is clinically driven, peer-reviewed, transparent and subject to change based on science and expert consensus.

Action Initiatives:

A. Accountability

1. Support systems that appropriately align accountability with responsibility and advocate for change in systems of accountability where there is misalignment. (Res-18-P, 2007)
2. Develop and implement strategies for physicians to take, in a transparent and public manner, the leadership role in determining, providing and monitoring quality care that is safe, equitable, timely, efficient, effective and patient-centered. (Res-4-P, 2007)

B. Quality

Make care safer, more timely, efficient, effective, patient-centered and equitable.

1. Improve the standards for continuing medical education by accrediting those organizations that offer CME, which demonstrates physician performance improvement based on the identified practice gaps of their learners.
2. Identify and assess opportunities for physicians to control and use their clinical and claims data so that outcomes can be compared peer-to-peer and to the latest clinical guidelines for quality improvement purposes.
3. Lead the evolution of health care reform by championing quality improvement.

C. Transparency

1. Work diligently to assure that public and private payers strictly adhere to Colorado's Physician Designation and Disclosure Act (PDDA) of 2008.

2. Explore with health plans local alternatives to their national physician profiling programs.

D. Value Based Purchasing

1. Educate physicians on the protections and rights afforded by the Physician Designation Disclosure Act of 2008; current payer applications of “EBM” and “quality improvement.” Provide feedback into other CMS councils and committees for policy development and/or advocacy.
2. Collaborate with strategic partners like Colorado Business Group on Health (CBGH) and Colorado Clinical Guidelines Collaborative (CCGC) to develop patient-centered, value-based purchasing programs that physicians can support including:

3. Practice Viability

Goal: To restore and preserve economic viability of medical practices across all specialties and practice settings.

Objective: Promote public and private funding streams that assure reimbursement for medical services will be adequate and timely.

Strategy: Work vigorously to assure that:

1. All claims processing is timely and appropriate;
2. Administrative waste is eliminated; and
3. Physician business efficiencies are improved.

Action Initiatives:

A. Medical Practice Advocacy

Improve the overall health of medical practices by providing communications and programs in an educational format that promote on-going learning and access to tools that encourage pro-active resolutions to practice administrative issues.

B. CMS/Health Plan Liaisons

Create incentives among health plans to place high value on positive physician relations. In this regard,

1. Continue the United Physician Advisory Committee beyond the 3-year legal order;
2. Continue the CIGNA PAC as required by the current DOI Legal order; and
3. Explore and establish meaningful and sustainable lines of communication with other health plans.

C. “Inbox”

Respond to sudden or evolving changes in the practice environment that require immediate development of appropriate “action initiatives” and deployment of CMS resources to preserve the economic viability of medical practices.

D. Managed Care Contracting Reform

1. Monitor health plan compliance with Colorado statutes, particularly SB 79 relating to fairness and transparency in contracts between physicians and payers, and initiate or assist with enforcement action for non-compliance.
2. Assist physicians and their staff to understand what the 2008 implementation of the fair and transparent contracting statute (SB 79) will do for them.

3. Continue working closely in 2009 with the new Insurance Commissioner to advocate for equity for physicians and patients.
4. Budget Neutrality Factor: Oppose commercial payors' use of adverse adjustment factors designed for use by government plans and encourage AMA to support federal legislation requiring transparent and separate identification of the use of all adjustment factors, including the Budget Neutrality Factor, by commercial plans (Res-19-P: Budget Neutrality Factor)

E. Medicare

1. Adequacy of payment:
 - a. Continue to work with state and national medical organizations, such as the AMA, and the Colorado congressional delegation to permanently fix the flawed SGR.
 - b. Inspire the Colorado congressional delegation to take a leadership role in fixing the flawed SGR through fact-based, continuous education and assistance.
2. Medicare modernization act implementation: help physicians by monitoring and publicizing information on the MMA provisions that impact their practice, including:
 - a. Physicians Quality Reporting Initiative (PQRI) and evolution toward pay for performance.
 - b. Value Based Purchasing – Transparency of physicians' fees and quality measures.
3. Monitor the performance of the Colorado Medicare Carrier, Trailblazer Health, during 2009 and keep physicians and their staff informed of important dates and activities.
4. Monitor the implementation of the new Medicare Recovery Audit Contractor in Colorado, tentatively scheduled for summer 2009, and keep physicians and their staff informed of important dates and activities.
5. Support changes in Medicare regulations concerning "incident to" services by non-physician practitioners that will enable such billing in the course of ordinary practice for initial or ongoing treatment of certain conditions (Res-21-P – Mid-Level Providers and Medicare Billing)

F. Physician Negotiation

1. CMS will provide educational programs, resources, and tools to assist physicians in their preparations to negotiate managed care contracts.

G. Health Information Technology (HIT)

1. Work with stakeholders to develop a means of exchanging permitted patient health information securely in real time at the point of care across Colorado.
2. Help physicians use HIT by building relevant internet-based resources and tools, and a forum for peer-to-peer communication.

4. Community Health

Goal: Improve Colorado's health status through active involvement in public and private initiatives.

Objective: Initiate, coordinate, participate, monitor and/or assess both public and private ventures specifically aimed at improving health measures and/or anticipating threats to public health.

Strategy: Utilize and deploy physician expertise to support a scientific, evidenced-based approach to specific ventures.

Action Initiatives:

A. Disease and Disaster Prevention, Surveillance and Management

1. Continue implementation of the Disaster Preparedness (DP) program throughout the state.

B. Doctor Line 9

1. Continue participation in the highly successful monthly collaboration with 9News to provide the public free access to health advice from physicians while simultaneously raising the profile of CMS in the community. Support the development of similar activities by working with county medical societies in their communities.

C. State and Local Health Departments

1. Encourage adequate funding and physician participation in local health departments.

D. Childhood Vaccinations

1. Seize on opportunities to achieve herd immunity in Colorado for childhood vaccine preventable diseases through improved outreach to parents, encouraging the use of on-site school nurses, through increased provider usage of the Colorado immunization registry and by opposing immunization exemptions based on personal beliefs (Res 6-P: Childhood Immunizations).

E. Mandatory PE in Schools

1. CMS will support legislation mandating PE in public schools, and encourage school systems to encourage the teaching of nutrition and exercise physiology (Res-17-P: Mandated PE in Public Schools).

5. Patient Safety and Professional Liability

Goal:

1. Define and position medical liability as a health care and patient safety issue, not strictly a legal/tort issue, with both internal and external audiences. This goal emphasizes that medical liability is a subcomponent of broader health system reforms, consistent with the purpose of those legislative initiatives.
2. Enhance health care and related business alliances in support of these policy innovations.

Objective: Elevate physician and targeted physician grassroots understanding of medical liability legal and insurance issues to enhance legislative contact communications and rapid responses.

Strategy: Develop and advance system-based reforms to reduce the risk of adverse events, expedite the fair resolution of non meritorious and meritorious claims, reduce the propensity for defensive medicine practices, and insulate essential medical services from being compromised by litigation threat.

Action Initiatives:

- A. Research and develop policy options consistent with above goals, including, as an urgent priority, work with DORA on sunset of the Board of Medical Examiners and the medical practices act with the goal of improving patient safety front and center.
- B. Develop physician and then related external talking points and collateral communication materials.
- C. Systematically brief physicians in preparation for legislative and related advocacy activities utilizing Colorado Medicine, web-based communications, local component/specialty and medical staff audiences.
- D. Brief external allies and other opinion leaders in anticipation of legislative or related advocacy activities.
- E. Activate those internal and external bases of support to contact on a strategic, targeted basis legislators, other public officials, and journalists.
- F. Maintain formal liaison with Colorado Trial Lawyers Association to seek resolution or minimize, if possible, inevitable policy conflicts.

6. A More Unified CMS Made Stronger Through Effective Collaboration

Goal: Rally and lead Colorado physicians by establishing a unified front through unprecedented collaboration and cooperation among individual physicians and strategic partners.

Objective: Create and promote a set of relevant and meaningful policies within the Banner Goals of access to care, evidenced-based medicine, practice viability, community health, professional liability and patient safety, and a more unified CMS made stronger through effective collaboration.

Strategy: Systematically and methodically include every physician organization in the establishment of the society's strategic plan, the Road Map, and in the development and advocacy of its action initiatives in support of Banner Goals.

Action Initiatives:

A. Communications and Message

CMS will strive to achieve interactive, on-going dialogue with its membership and strategic partners in the development and advocacy of CMS programs, develop a message that resonates with its members, and effectively communicates the goals of the medical profession to the public. CMS will:

1. Continue to evolve *Colorado Medicine* to a must-read advocacy journal with timely analytical articles on the most relevant issues facing Colorado physicians and the patients they serve, giving priority attention to the issues of public and private payers, professional liability/patient safety and coverage.
2. Pursue novel methods of communication and interaction between physicians at the grassroots level, including but not limited to:
 - a. Expand usefulness of the CMS Web site.
 - b. Encourage through effective marketing, physician and office manager use of CMS Communities, CMS' web-based forums designed to promote physician dialogue on critical issues.
 - c. Establish agreed-to guidelines of communications between CMS and component societies.
3. Develop and maintain strong relationships with Colorado print and electronic media representatives to foster strong community visibility for CMS physicians and initiatives.

B. Advocacy

It is imperative that organized medicine strengthens and maintains a vibrant grassroots system of political, legislative and regulatory action. In 2008, CMS will coordinate advocacy efforts (legislative and regulatory) at the state and national level pertaining to the strategic initiatives of the medical society.

1. Legislative Affairs: Advance the policies and positions of CMS at the state and national level while advocating for the profession of medicine and its patients.
 - a. Grassroots lobbying: Activate and brief key contact and local medical society networks as directed during the legislative session.
 - b. Coordinate legislative positions with strategic partners.
 - c. Place priority emphasis on public/private payer issues (practice viability), comprehensive health care reform, and maintenance of a stable medical liability environment.
 - d. Promote the debate on comprehensive health care reform with key legislative stakeholders.
 - e. Maintain presence at a national level through a strong and effective AMA delegation and direct advocacy from CMS staff and physicians.
2. Political Action and Education: Strengthen the voice of Colorado physicians through grassroots advocacy.
 - a. Engage local physicians and Connection members to actively participate in the grassroots program on priority legislation and regulatory issues through the program objectives outlined below.
 - b. Actively build and promote local political grassroots programs that will garner greater understanding of the political process and the crucial need for active physician involvement.
 - c. Maximize COMPAC strength by recruiting physicians and Connection members through the use of advocacy education and training programs such as Medicine's Day at the Capitol and "lobby 101" trainings.
 - d. Strengthen membership recruitment in the CMS small donor committee to support pro-medicine candidates in the '10 election cycle through direct mailings and receptions honoring incumbents who are solid supporters of specific policy issues.

C. Membership Development

Continue to work with county and specialty medical societies as well as COPIC, through the Membership Expansion & Development Task Force (MED) to execute and maintain a formal membership recruitment and retention program.

D. Strategic Partners

CMS will strive for unprecedented collaboration in the establishment and advocacy of its policies. CMS will work with strategic partners, specifically county and specialty societies, the Connection, and other physician-driven organizations, to identify the most important ways to enhance collaboration. The CMS Board will endeavor to incorporate these strategies into the CMS operational plan.

E. Governance and Strategic Priorities

The Board of Directors will review CMS governance and establishment of CMS strategic policies on “as needed” basis.