



2014-2015 CMS BOD Work Plan

September 25, 2014

Dear Colleague,

The scope of work embodied in the fiscal year 2014-2015 work plan of the board of directors is an understatement of what is ahead of us over the coming year. The plan speaks for itself in terms of content and logic. In this time of market disruptions and realignments, our priorities have been deliberately and methodically developed from the grassroots and our component organizations. It is a well-drawn map, but it isn't the territory. The X factor -- how the words become deeds -- is what converts a one-year operational plan and its tactics into exam room relevance. This is a function of leadership and the professional judgment drawn from the cumulative wisdom of our board of directors and House of Delegates in pursuit of our overall mission. This plan will take medicine's voice into Colorado's executive suites, the legislative and executive branches of state government, and into the judiciary if needed on our behalf.

Internally, the work plan outlines how we intend to upgrade and repurpose communications to our physician constituencies, streamline our administrative and governance functions and boost our outreach to medical students and other component societies.

Externally, the plan top-lines how we intend to engage and respond to the game changing issues already in play – Medicaid Reform, repealing the SGR, and maintaining our relatively stable liability climate – and those that are coming on-line, such as Colorado's new Commission on Affordable Health, the federally grant funded initiative to integrate physical and behavioral health.

Veterans of this extraordinary work on behalf of medicine understand that the words on these pages don't convey what will be required of our advocates and volunteer physician leaders in terms of grace, magnanimity, diplomacy, risk taking, and consensus building under both and internal and external pressure.

We invite you to review the plan and I personally welcome your input and participation. Please contact me if you are interested in serving or wish to have more information.

Sincerely,

Tamaan Osbourne-Roberts, MD, President
Colorado Medical Society

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Physician Wellbeing and Success: Ensure physicians thrive personally and professionally throughout their careers in an evolving health care system

1. **Maintenance of Licensure:** In 2011 the HOD enacted policy directing CMS to develop a Colorado-specific maintenance of licensure framework through partnership the Colorado Medical Board to make this a national pilot by phasing in MOL requirements. The MOL Subcommittee worked on this project throughout 2012, 2013, and 2014.

Goal: Strengthen the ability of physicians to achieve and maintain hospital privileges and to document continuing education on public and private physician rating sites

Objective: Implement MOL policies adopted by the 2014 HOD

Strategy: Educate CMS members on MOL phases 1 through 3, and the media as appropriate, while enacting state legislation authorizing MOL phase 1

Tactics: TBD by General Counsel and COL

2. **Medical Clean Claims – Standardizing Claims Edits:** The Clean Claims Initiative is a project of the State-of-Colorado strongly supported by CMS that will save money in the health care system, reduce the administrative burdens of running a medical practice, and create more time for physicians to spend with patients. U.S. physicians spend 66 percent more than other benchmark countries on administrative-related costs. A minimum of \$55 billion is wasted annually in unnecessary administrative expenses. Physicians in Colorado and across the country are facing alarming levels of career-threatening burnout as a result of pervasive “hassle factors” in their practice environment. Administrative-simplification and transparent care delivery systems enhance care efficiency, value and outcomes.

Goal: Save money in the health care system, reduce the administrative burdens of running a medical practice, and create more time for physicians to spend with patients.

Objective: Aggressively continue efforts to standardize commercial plans’ claims edits and payment rules (HOD Policy)

Strategy: Participate in and provide leadership to the Colorado Clean Claims Task Force while building support for federalizing the initiative

Tactics: TBD by Director of Division of Health Care Financing

3. **Practice Evolution and Support – 2015:** Over the past three years CMS has provided information and helped to educate members about changing marketplace dynamics that require enhanced administrative efficiencies, data systems and analytics, and creative care delivery and payment reform models. Continuing this education is essential, in addition to providing more practical tools and resources for members regardless of their practice setting.

Goal: Enhance practice viability, efficiencies and improve physician workplace satisfaction

Objective: Provide CMS members with practice viability tools and resources

Strategy: 1) Partner with AMA as a pilot state to implement AMA practice enhancement tools and resources consistent with findings from the Rand study commissioned by AMA.

2) Collaborate with health plan medical directors on joint practice support programs.

Tactics: TBD by Director of Division of Health Care Financing

4. **Future role of CMS: Practice environment, evolution and support:** CMS was asked to partner with an ACO firm (Health in Evolution) in the spring of 2014 to participate in the Medicare Shared Savings Program. The opportunity prompted ongoing, critical discussions about potential future services, supports and partnerships (including virtual integration models) that CMS can bring to members to assist them with practice redesign and payment reform activities. While deadlines prevented participation in spring 2014, research continues in expectation of other public and private program announcements.

Goal: Determine the future role of CMS in helping members thrive in changing market conditions

Objective: Develop specific member support initiatives and services as appropriate

Strategy: Empower and charge CPPE to make recommendations

Tactics: TBD by Director of Health Care Policy

5. **Implementation of CMS-CHA Model Medical Staff Bylaws Re: Anti-Competitive Conduct:** During the 2012 General Assembly, the Colorado Hospital Association (CHA) and the Colorado Medical Society (CMS) agreed to sunset the Colorado Committee on Anticompetitive Conduct (CAC) and to establish a joint task force to consider physician allegations of anticompetitive conduct in the context of professional review. This decision was approved by the

2012 HOD. The CAC, which had been part of the Colorado Professional Review Act for over 20 years, was repealed by the Colorado General Assembly as a result of the agreement effective Sept. 1, 2013.

The CHA-CMS task force included representatives from both organizations and concluded its work in 2013. In its final report -- which was approved by both CHA and CMS boards -- the task force supported the recommendations that: 1) hospitals and their medical staff adopt a non-binding dispute resolution process to address physician allegations of anticompetitive conduct in the context of professional review; and, 2) CHA and CMS work in partnership to develop a model dispute resolution process and monitor implementation efforts throughout the state.

Goal: Finalize a report on CMS-CHA project to institute model medical staff bylaws dealing with anticompetitive conduct

Objective: Determine hospital uptake of model medical staff bylaws (HOD Directive)

Strategy: Continue collaboration with CHA to complete the report

6. **Medicare SGR Repeal and Replace:** The BOD in November 2013 directed the Council on Legislation and CMS government relations staff to continue to aggressively lobby the Colorado congressional delegation to repeal and replace SGR and to assist the AMA in their efforts. CMS leaders held meetings with members of the Colorado congressional delegation during the AMA Interim meeting in November 2013 and again during the AMA National Advocacy Conference in March 2014. CMS repeatedly made calls to CMS members to contact their member of Congress and Colorado's two U.S. Senators while coordinating closely with AMA. Bipartisan, bicameral policy was developed to eliminate SGR and reform the Medicare physician payment system, strongly supported by AMA and over 600 medical organizations. In April 2014, President Obama signed H.R.4302, the "Protecting Access to Medicare Act of 2014" postponing a 24% Medicare physician payment cut for 12 months. The fight to repeal and replace the SGR will continue in the 114th session of the U.S. Congress.

Goal: Create greater business certainty for medical practices and preserve access to care for Medicare patients

Objective: Repeal and replace the SGR in the 114th (2015-16) Congress

Strategy: Utilize CMS lobby and communications functions to activate membership and inspire the Colorado congressional delegation to make SGR repeal and replace a high priority

Tactics: TBD by Directors of Government Relations and Director of Communications

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 and Professional Review:** For the tenth legislative session in a row, CMS and COPC led the fight to maintain Colorado's stable liability climate in the 2014 General Assembly. To be more factual, the fight was waged and won during the 2012 election cycle. In addition, the two organizations teamed to help persuade the Colorado Supreme Court to clarify the hearsay rule in favor of physicians defending malpractice cases.

Professional Review: After the General Assembly was persuaded to modernize the 2012 professional review statute, the Colorado Supreme Court handed down a ruling that reaffirmed confidentiality of professional review at a time when courts in other jurisdictions have issued opinions that have weakened the privilege. CMS and COPIC teamed to separately submit Friend of the Court Briefs making the case for the privilege.

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

Objective: Aggressively advocate in the 2014 election cycle participation, the 70th (2015) General Assembly, and in the courts as needed

Tactics: Deploy all elements of the public affairs program

- 2. Prescription Drug Abuse:** CMS strongly supports Governor John Hickenlooper's efforts to reverse the escalating trend of opioid abuse and misuse and its often tragic consequences in Colorado. The 2013 HOD approved a CMS platform on prescription drug abuse and the BOD appointed a special Committee on Prescription Drug Abuse in early 2014. CMS actively participates in the Colorado Consortium to Reduce Prescription Drug Abuse and has been educating its members about the crisis over the past two years.

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 (HOD Policy)

Objective: Implement the CMS platform on prescription drug abus

Strategy: Collaborate and work through the Colorado Consortium to Reduce Prescription Drug Abuse

Tactics: To be determined by the Committee on Prescription Drug Abuse

- 3. Physician Wellness:** Physicians in Colorado and across the country are facing alarming levels of career-threatening burnout as a result of pervasive “hassle factors” in their practice environment. CMS increased its capacity to help members enhance their quality of life through a wellness enrichment program developed by the University of Colorado’s Behavioral Health and Wellness.

Goal: Increase member participation in primary prevention wellness and health

Objective: Launch, promote, and monitor the use of the new CMS Physician Wellness Toolkit

Strategy: Use CMS communication platforms and speakers to educate CMS member

Tactics: TBD by the Communications Directors and Committee on Wellness

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:** CMS actively supported the 2014 General Assembly development and enactment of SB 187 establishing the Commission on Affordable Health Care. The Commission, modeled in some respects with the same philosophies and structure as the SB208 Blue Ribbon Commission, includes both private and public sector leaders and experts, and given a three-year life span to develop a consensus on public policy recommendations to the General Assembly. The Commission has been asked to identify systemic and other underlying causes of excessive and unnecessary health care costs and propose specific legislative, regulatory, and market-based strategies to reduce costs and improve care value. The Commission will elevate health care cost analytics into public debate likely involving every player across the health care delivery space. Inevitably, their hearings, studies, and findings will provoke controversy in every sector, including the practice decisions and patterns of physicians.

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

Objective: 1. Proactively develop and submit, if appropriate, evidenced-based proposals to reduce cost and improve quality
2. Review and send comments, preferably with specific recommendations or a counter proposal, to the Commission on proposals submitted by third party stakeholders
3. Monitor and report to CMS members on the activities of the Commission on Affordable Health Care
4. Collaboratively engage physician-driven organizations

Strategy: Appoint a Task Force on Health Care Costs and Quality (which could be free-standing or an expanded Committee on Physician Practice Evolution) and charged with policy development, Commission engagement responsibility and support and serve as a resource of the CMS appointee

Operating Philosophy: Consistent with CMS vision and values approved by the BOD and the HOD

Tactics: Tactical applications would be developed by the CEO, Sr. Directors, consultants and the Task Force; all substantive modifications to current CMS policies or new positions would be submitted to the BOD as usual. Given the magnitude of importance and relevance to physicians of the Commission's prospective actions, the BOD should anticipate an active, hands-on role in collaboration with its Task Force.

2. Physical and Behavioral Health Integration – Colorado Health Plan: The State of Colorado has received notice that it qualifies for the second round of funding for SIM (State Innovation Model Testing Phase 2) along with eleven additional states. CMS supported the State of Colorado's round one SIM application by actively participating in its development and by submitting detailed written comments on the Colorado Health Plan. In November 2013, the board of directors directed the CEO to advance CMS payment and delivery system reform priorities by coordinating input into the state's development of the Colorado Health Care Innovation Plan being prepared by the Office of the Governor through a federal SIM grant. SIM phase 2 will accelerate public and private sector collaboration on multi-payer models and delivery system transformation and open unique opportunities for CMS to drive innovation and health plan standardization. CMS is proactively positioned to take full advantage of the opportunities for members and patients through SIM.

Goal: Facilitate the integration of physical and behavioral health (HOD 2012 policy) in Colorado

Objective: Promote widespread adoption of CMS payment and delivery system reform priorities among primary care practices and other

interested specialties and practices, while engaging, educating and updating physicians

Strategy: Actively engage CMS in the roll out of SIM Phase 2 through collaboration with stakeholders and physician education and assistance

Tactics: TBD by CEO and Sr. Directors

- 3. Medicaid Reform:** Colorado is five years into transforming the fragmented and dysfunctional Medicaid program into a viable, high-performing system that is at its epicenter homegrown and locally coordinated. Colorado's regionalization of Medicaid services – the Accountable Care Collaborative – has doubled the cost savings from its previous year of operations. The state Medicaid agency has reinvested these savings in physicians, providers and care coordination, while still saving taxpayers over \$6 million. Implementation of an anticipated State Innovation Model phase 2 grant and new telehealth and e-consult programs will further transform Colorado Medicaid.

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

Objective: Actively participate in the RCCO bidding structure and process through 2015, work to ensure that new telehealth/telemedicine programs facilitate care, pursue alternative payment models in order to enhance access to specialty and primary care, and support continuation of the primary care pay parity with Medicare while also increasing specialty reimbursement.

Strategy: Collaborate with the RCCO medical directors and the Medicaid Reform Committee

Tactics: TBD by the Committee on Medicaid Reform and the Director of Policy

- 4. Caring of Injured Workers:** CMS conducted an all-member survey in 2014 on the system of workers compensation and found a wake up call in the responses. Among physicians who are not currently in the workers' compensation system, there are relatively low levels of interest in joining the system and becoming accredited. Among CMS member physicians in the WC system, there are relatively mixed views regarding satisfaction, with a slight majority seemingly satisfied or likely to recommend, and roughly one-third of participating physicians unsatisfied or unlikely to recommend physician participation. Given this landscape, the clear message from the survey is that any change to the reimbursement values or the fee schedule used to calculate them for the WC

system must be revenue neutral and should aim to ease administrative requirements (and certainly not disrupt current systems or increase administrative costs). Finally, it seems that CMS members are looking to CMS for continuing advocacy to ensure the system remains as fair as possible.

Goal: Improve care and access for injured workers in Colorado

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

Strategy: (1) Partner with Pinnacle Assurance and other stakeholders to plan and conduct a professionally designed and facilitated multi-stakeholder facilitation to identify and explore mutually beneficial system innovations to improve the value proposition of the workers compensation system in Colorado.
(2) Analyze and comment on DOWC revised clinical care guidelines and fee schedule changes

Tactics: TBD by the Workers Compensation and Personal Injury Committee

5. **Primary Care Residencies:** The Colorado Health Institute in 2011 conducted a study estimating the state's future health care workforce needs in light of an expected influx of people who would gain health insurance under the Affordable Care Act and other federal and state health policies. The study shows that while many areas have enough primary care physicians to care for the population, a number of others – primarily rural and underserved urban areas – likely do not have enough. And in many regions, Coloradans enrolled in the Medicaid program may have limited access to primary care physicians who accept their insurance. In order for a systemic transformation to be successful, Colorado must ensure that it has a primary care workforce that is ready to meet the challenges of the future.

Goal: Engage CMS in the helping Colorado meet its primary care physician workforce needs

Objective: Explore and determine the most effective role for CMS in increasing primary care residency programs in Colorado (BOD policy)

Strategy: Convene Colorado primary care residency directors to facilitate a proposal for CMS support of primary care residencies

Tactics: TBD by the Directors of Continuing Medical Education

- 6. Tele-Health/Telemedicine:** The use of telemedicine is expected to grow and not just in rural areas. Telemedicine is touted to reduce health care costs, improve the efficiency and quality of care, improve access to care, and provide needed specialist consultations. As new technologies come into the marketplace, CMS updated its policy to give CMS member timely guidance, and to give the Council on Legislation guidance as telehealth is expected to be a public policy issue in the General Assembly and with the regulatory boards in 2015.

Goal: Expand practice viability options for physicians and access to care for patients through the application of telehealth-medicine

Objective: Modernize Colorado public policy consistent with 2014 BOD-HOD policy upgrades

Strategy: Convene with stakeholders, including Colorado Association of Health Plans, COPIC, and others to determine the appropriate expansion of the use and payment for telemedicine-health (BOD Directive)

Tactics: TBD by General Counsel and Policy Director

7. Regulation of Health Plan Networks

Goal: Achieve enhanced patient and provider protections for network adequacy of health insurance plans

Objective: Focus support specifically on protections related to transparency and quantitative standards for network adequacy of health insurance plans

Strategy: Lobby public officials at the state and national level and inform and enlist other stakeholders as needed

Tactics: TBD

Turning data into intelligence

By owning, using and sharing data, physicians will both improve care and demonstrate their ability to provide high quality and cost-effective care

- 1. Data transparency programs:** CMS supports criteria for use in identifying specific physician performance measures for public reporting that are based on solid clinical evidence that is not controversial; reasonably easy and accurately collected from claims data; meaningful and actionable by patients and physicians; able to guide quality improvement; transparent; and standardized between the groups/payers who are measuring physicians.

Goal: Enable physicians to provide and document high quality, cost-effective care through data systems and reports

Objective: Educate members about public payer transparency/payment programs and the implications of public and private physician quality and cost reports (HOD policy)

Strategy: Focus educational efforts specifically on PQRS, meaningful use, Medicare's value-based payment modifier program and the all-payer claims database physician performance reports using CMS communication platforms and speakers.

Tactics: TBD by Director of Health Care Policy

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. President's Plan: Relationship Building and Maintenance:** Multiple membership surveys have shown that CMS members look to the organization for advocacy and communication as primary services. While CMS leadership has long embraced a collaborative philosophy for addressing health care challenges and issues facing our members and their patients, the current rapid change in the healthcare environment necessitates continued and strengthened efforts at communication and relationship building with all stakeholders about the many exceptional efforts of CMS on behalf of their interests and goals.

Goal: Enhance the proactive and positive image of CMS

Objective: Maintain, improve and create stakeholder relations

Strategy: Connect personally with pre-identified stakeholders

Tactics: TBD by the President and CEO

- 2. President's Plan: Public Health:** To keep pace with emerging public health challenges, to address the leading causes of death and disability, and to improve, protect and preserve our environmental natural resources, the State of Colorado initiated an effort to achieve measurable impact quickly in a few areas. Dubbed Colorado's 10 Winnable Battles, it describes public health and environmental priorities with large-scale impact on health and the environment, and with known, effective strategies to address them. Of note, CMS is not currently identified with and actively supporting a public health initiative.

Goal: Partner with CDPHE and other stakeholders to improve the overall health of Coloradans

Objective: Identify and determine meaningful and appropriate CMS support for a public health initiative throughout the remainder of the decade

Strategy: Convene the State’s CMO and local public health officials, and other community stakeholders to identify a single public health proposal for CMS support through a recommendation to the BOD

Tactics: TBD by the President and CEO

3. **President’s Plan: Medical Student Component:** A 2010 HOD Resolution created a Medical Student Advisory Board (MSAB) composed of elected CMS leaders, physicians, residents and medical students for the purposes of providing guidance, support, and continuity for the Medical Student Component. The HOD in 2011 adopted a report submitted by the MSAB that directed CMS to provide guidance for the medical student component through various measures (dependent on adequate funding), including a first year orientation, orientation for student leaders, mentors, networking opportunities, encouraging interaction from students between the medical schools, advocacy, and involvement of CMS physician members in student functions. While CMS has demonstrated decades of strong support for the medical student section, the changing environment of medical education both nationally and within the state necessitates continued strengthening of this investment of the profession’s future.

Goal: Increase awareness and positive image of CMS among CU and RVU students

Objective: Enhance support of the CMS Medical Student Component

Strategy: Reappoint a Medical Student Advisory Board

Tactics: TBD by the MSAB and President

4. **Communications Audit:** The BOD conducted an all-member survey in late 2013 and early 2014 for the purpose of strategic planning. This survey reinforces the challenge of maintaining relevance and engagement in a world of constant change. On the one hand, member scores improved in terms of ratings on issues and concerns (such as reimbursement from payers, financial viability, health reform and payment reform). On the other hand, member ratings regarding CMS are softening (and going from the “strong” positives toward the “somewhat” positive middle), indicating a membership that is somewhat less engaged than it was just a few years ago. Consultant pollster Benjamin Kupersmit advises that the key for CMS is to continue to demonstrate to physicians that the work we do

do in communicating with them and in being the advocate and voice for physicians in the state is a unique role that only CMS fills, and that they personally benefit from CMS advocacy. The question before us is how and by what means does CMS continue telling its story -- through publications, website and social media, as well as through earned media, to try to gain physicians' attention, or through an improved web presence? Should there be more one-on-one, grass roots outreach to show physicians, one at a time, that their interest, involvement and support of CMS are vital to improving the landscape in which they practice medicine and treat patients in the state of Colorado.

Goal: Evaluate, upgrade and modernize CMS communications functions

Objective: Increase the media exposure of CMS and substantially enhance physician engagement through a more effective web presence (BOD Policy).

Strategy: Retain a qualified communications consultant to perform a communications audit and make recommendations (BOD Direction to the CEO)

Tactics: TBD by CEO and Communications Director

5. **HOD-approved Governance Reforms** (assuming 2014 HOD approval): The BOD conducted in 2014 a comprehensive review of the governing structure of CMS including composition and selection of the HOD and BOD. The review identified ways to maintain and increase transparency, enhance efficiency and effective decision-making, and to utilize additional avenues of input on policy making.

Goal: Implement CMS the governance reform package enacted by the 2014 HOD

Objective: Complete a BOD and informational and action report for consideration by the 2015 HOD with detailed recommendations, including bylaws amendments as necessary, to finalize governance reform recommendations enacted by the 2014 HOD

Strategy: Appoint and utilize a BOD Task Force on Governance to develop the details of a 2015 BOD governance report and recommendations, keeping delegates and components updated throughout the process (BOD Policy).

Tactics: TBD by the BOD Task Force on Governance

6. **Employed Physicians:** CMS must maintain its relevance to physicians, regardless of employment setting, or face further splintering among existing members and frustration in its recruitment and retention efforts. While national trend data demonstrate that final-year residents still prefer partnership and group practice as their preferred practice setting, these settings as a preference have declined markedly since 2001 as compared to the rapid uptake in hospital employment.¹

As more physicians choose employment over ownership of practice, CMS and component societies experience one more degree of separation from their members and potential members. Many physicians choosing employment have most of their needs met through their employer and no longer have need to make purchasing decisions for products and services such as insurance, supplies and equipment, and professional development. It is also possible that, over time, these physicians become less interested and engaged in professional and patient advocacy issues.

Goal: Recruit and engage employed non-member physicians in CMS

Objective: Demonstrate the value of CMS to employed physicians

Strategy: Utilize direct mail and small group meetings while monitoring the activities of other state medical associations

Tactics TBD by the CEO and Committee on Employed Physicians

7. **Colorado Permanente Medical Group (CPMG) Section:** This will be a special section designated under Section IX of the bylaws by the Board of Directors and approved by the House of Delegates consisting of CPMG members in good standing with CMS.

Goal: Recruit and engage employed physicians in CMS

Objective: Demonstrate the value of CMS to employed non-members through a vibrant and meaningful CPMG Section and integrate its goals and activities into CMS

Strategy: Utilize a Task Force of CPMG members to build out a CPMG Section and to integrate its goals and activities into CMS

Tactics: TBD by the CEO

8. **Membership Recruitment**

Goal: Recruit non-members to join CMS

- Objective: Continue upward trend of CMS membership market share among practicing Colorado physicians
- Strategy: Develop and execute a renewable yearlong statewide membership campaign with targeted marketing tactics to differentiate message for both private practice and employed physicians.
- Tactics: TBD by Membership Director and Director of Communications