

CMS Board of Directors 2013-2014 Work Plan
Approved November 8, 2013

Background: This document outlines the 2013-14 BOD work plan, implementing House of Delegates directives enacted or referred from the 2011 through 2013 Annual Meetings and other strategic and organizational issues..

Each project includes:

- BOD Action: This gives direction to a council or committee and to staff.
- CMS Scope-Lead: This defines the role of CMS.
- Metric For Success: Statement of what we are striving to achieve in 2014.
- Timelines: Statement of intended timing.
- Physician-Staff Lead: Defines individuals responsible for projects.

Request for additional information from CMS members about this plan are welcome and should be directed to the CEO, Alfred Gilchrist by email at Alfred_gilchrist@CMS.org or the staff member listed within each work plan component.

This work plan does not account for the considerable staff resources required to run the day-to-day operations of the Colorado Medical Society. This includes but is not limited to preparation and staffing of our active foundations, councils, committees, task forces and other work groups; ongoing maintenance of communication platforms such as the website, six issues of *Colorado Medicine*, 24-30 issues of *ASAP*, press releases and other communications functions; emerging legislative and policy issues that arise every year as a result of the Colorado Legislature; planning and preparation for six board meetings, the Spring Conference and the Annual Meeting; the maintenance of our full-time CME accreditation and certification program; ensuring proper accounting; government reporting; and membership database maintenance.

Work Plan Components

A. Strategic and Operational

1. Strategic Plan Refresh: The BOD shall reevaluate and update the CMS strategic plan and present any revisions to the HOD for approval at the 2014 Annual Meeting.

CMS Scope/Lead: Lead

Metrics For Success:

- (1) Update and refocus the strategic plan, as appropriate,
- (2) Identify high priority projects over the next 1-3 years

(3) Report to the 2014 HOD

Timelines:

- (1) January BOD facilitation
- (2) May BOD approval of revised plan

Physician-Staff Lead: John Bender, MD; Alfred Gilchrist

2. Workers Compensation and Care of Injured Workers: Direct the Workers Compensation and Personal Injury Committee to prepare physicians caring for injured workers for Colorado Department of Workers Compensation (DOWC) release of revised clinical care guidelines and reimbursement reforms by expanding membership on WCPIC, providing DOWC with practicing physician input on impending clinical and payment rules, and to recruit a minimum of 50 new members to CMS.

CMS Scope/Lead: Lead

Metrics For Success:

- (1) WCPIC consensus on a response to DOWC proposed clinical guideline
- (2) WCPIC consensus on a response to DOWC proposed physician payment reforms
- (3) Recruitment of a minimum of 5 new members of WCPIC who are practicing physicians and caring for injured workers
- (4) Recruitment of 50 new CMS members among physicians who care for injured workers

Timelines:

- (1) 2014
- (2) 2014
- (3) December 2013
- (4) June 2014

Physician-Staff Lead: Tashof Bernton, MD, Terry Boucher, Consultant;
terryboucher@me.com

3. Colorado Health Care Innovation Plan: Consistent with HOD support for Governor Hickenlooper Healthiest State plan, direct 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 (State Innovation Model Testing).

CMS Scope/Lead: Coalition Partner

Metrics For Success:

- (1) Colorado Health Care Innovation Plan substantially consistent with CMS payment and delivery system priorities
- (2) Development of a plan for CMS involvement with the implementation of the Colorado Health Care Innovation Plan

Timelines:

- (1) November 30, 2013
- (2) June 2014

Physician-Staff Lead: Committee on Physician Practice Evolution; Chet Seward
chet_seward@cms.org

- 4. Policy Manual Review: The Constitution and Bylaws Committee is directed to review the CMS policy manual to determine those policies that are no longer pertinent and to incorporate like policies into one policy; and that such changes will be brought to the BOD for action (Bylaws 900.977 **Policy Manual**)

CMS Scope/Lead: Lead

Metrics for Success:

- (1) Final report from the Constitution and Bylaws Committee

Timelines:

- (1) June 2014

B. 2013 HOD Decisions on Board of Directors Actions

1. Medicaid Reform

Proposed BOD Action: Direct the CEO to implement the Medicaid Reform report as a high priority, giving special emphasis to the urgent need to increase access to specialty care, while lobbying the congressional delegation to maintain Medicare parity for primary care payments, and require the CEO to make routine progress reports to the BOD.

Policy Manual Update: Yes

CMS Scope/Lead: Coalition Partner

Metrics For Success:

- (1) Execute a multi-media education and communication campaign for physicians, specifically specialists, about the continued progression of the ACC and physician needs/concerns regarding new payment and delivery models in Medicaid.
- (2) Endeavor to coordinate with specialty societies and RCCO medical directors to enhance specialty care participation in the ACC through payment reforms using a transparent process.

Timelines: 2014

Physician-Staff Lead: John Bender, MD, Chet Seward chet_seward@cms.org

HOD Action: Continue to support locally based Medicaid innovation in Colorado by the Accountable Care Collaborative (ACC) through physician education/outreach and policy on:

- a. Better defining patient population through:
 - i. Patient attribution:
 1. Advocate for changes to the current rule on patient choice designation in order to make it easier for patients to quickly and efficiently choose a particular physician within the ACC.
 2. Develop messaging to physicians and other stakeholders about how the ACC attribution process works, emphasizing that the focus of the ACC and the attribution process is to keep physicians and patients connected. Encourage current and potential providers to directly contact Regional Care Collaborative Organization (RCCO) contract managers.
 3. Continue to explore policy options to drive patient engagement (incentives/disincentives).
 - ii. Data analytics
 1. Work with Colorado Hospital Association (CHA) to encourage their members to automate real-time ER data and admission data to RCCOs.
 2. Work with CIVHC to see what roles they may play to improve use of data.
 - iii. Continuous eligibility

1. Champion continuous eligibility and necessary legislative changes to ensure appropriate access using the data and patient stories developed by RCCO medical directors.
 2. Deliver a unified, consistent and persistent advocacy message in support of continuous eligibility for adults.
 3. Advocate for use of RCCO networks within Connect for Health Colorado (C4HC) qualified health plan networks; consult with C4HC and Colorado Association of Health Plans (CAHP) regarding how to disseminate information to health plans.
- b. Care delivery and payment reform
- i. Access to specialty care
 1. Partner with the RCCO Medical Directors to leverage enhanced subspecialty access initiatives to increase participation by specialists.
 - ii. Behavioral health integration
 1. Monitor procurements, State Innovation Model (SIM) grant initiative, and Health Care Policy and Finance policy changes to ensure future changes support integration and do not disrupt RCCO progress or outcomes.
 - iii. Payment reform
 1. Drive legislative appropriation for payment reforms that enhance specialty care physician participation in the ACC.
 - iv. Care coordination
 1. Support use of care managers by physicians, hospitals and other care teams; communicate the support through various vehicles.
- c. Ongoing awareness building and collaboration
- i. Develop and deliver messaging to component, specialty medical societies, hospital medical staff, and other organizations about the ACC: what it is, why it was created, the goals, the metrics, the strategies and tactics to improve it.
 - ii. Convene a meeting of the specialty society presidents to discuss this report and engage them in this initiative.

2. CP Demonstration Project

Proposed BOD Action: Refer to Council on Legislation for support of legislation if filed.

Policy Manual Update: Yes

CMS Scope/Lead: Coalition Partner

Metrics For Success: Enact legislation if filed (currently not anticipated); Advance cause of transitioning away from the current fault-based litigation model if legislation is filed

Timelines: Dependent on whether legislation is filed

Physician-Staff Lead: Lee Morgan, MD; Susan Koontz, JD
susan_koontz@cms.org

HOD Action: Enacted the following as CMS policy. The proposed Act will create a renewable five-year demonstration project with two major objectives:

- (a) To provide care coordination and resource coordination, as well as material resources presently not always available to families of children with birth-related cerebral palsy; and
- (b) To demonstrate that such programs can be more effective, financially more efficient, and more conducive to the improvement of medical care than the existing negligence-based legal process of medical liability.

Children and their families who meet the Act's eligibility criteria will receive benefits without having to establish provider fault or causation between their child's condition and the medical care they received before and during birth. Benefits under the Act will in turn be the beneficiaries' exclusive legal remedy for the covered conditions.

The Act's scope – which is limited to birth-related cerebral palsy (CP) – is appropriate to a demonstration project. In addition, families affected by birth-related CP have extraordinary needs not presently satisfied by private or public resources. And the cases covered by the Act are among those for which the existing medical liability system is most inefficient and ineffective, yet inflicts substantial private and public costs.

3. CMS-CHA Work Group on Anti-Competitive Conduct

Proposed BOD Action: Direct the Committee on Employed Physicians to monitor work already underway to implement this policy and to report to the BOD on progress as it occurs.

Policy Manual Update: Yes

CMS Scope/Lead: Partner with CHA

Metrics For Success:

- (1) Complete model staff bylaws and forward to all hospital CEOs
- (2) Perform first of two surveys of hospital CEOs

Timelines:

- (1) February 2014
- (2) September 2014

Physician-Staff Lead: Ted Norman, MD; Susan Koontz, JD; Alfred Gilchrist
Alfred_gilchrist@cms.org

HOD Action: When a physician believes a final action taken by a hospital governing board against the physician is a result of anticompetitive conduct, and the physician believes that mediation or non-binding arbitration may resolve their concerns, the physician may request, and the hospital shall participate in, mediation or non-binding arbitration. The mediation or non-binding arbitration shall be conducted within a reasonable period of time and be focused solely on the issue as to whether or not anticompetitive conduct was involved in the hospital's decision. The cost of these processes is to be borne by both parties, thus limiting the incentive to bring cases without merit. The question of whether this process would be documented in the medical staff bylaws is a determination that will be left up to each hospital and its medical staff.

There will be a joint effort by CMS and CHA to provide information to all Colorado hospitals and their medical staffs on what may constitute anticompetitive conduct and on dispute resolution processes, such as mediation or non-binding arbitration. This joint effort will include the development of model – medical staff bylaw amendments and best practices. CMS and CHA will survey CHA-member hospitals and health systems at six months and 12 months post-educational effort to assess the extent to which the proposed practices and recommended procedures approved by CMS and CHA have been adopted.

4. Non-compete-Liquidated Damages Clauses in Physician Employment Contracts

Proposed BOD Action: Direct the Committee on Employed Physicians to implement the policy and to provide the BOD with progress updates.

Policy Manual Update: Yes

CMS Scope/Lead: Lead

Metrics For Success:

- (1) Communicate the “without cause-liquidated damage” request to hospital systems

- (2) Assess need for legislation based on replies from hospital systems and report to BOD for a decision
- (3) Produce an article for *Colorado Medicine* to educate physicians about liquidated contract provisions that also can be used in outreach to employed members and non-members

Timelines:

- (1) February 2014
- (2) September 2014
- (3) January/February 2014 *Colorado Medicine*

Physician-Staff Lead: Ted Norman, MD; Alfred Gilchrist; alfred_gilchrist@cms.org
Chet Seward chet_seward@cms.org

HOD Action:

An effort to make liquidated damages illegal in conjunction with “without cause” terminations is a worthwhile endeavor for CMS. The idea behind the original resolution was less about making without cause terminations illegal and more about making liquidated damages associated with without cause terminations illegal.

The process for achieving the goal of making liquidated damages illegal in conjunction with “without cause” terminations should be a stepwise process that should include asking employers to voluntarily remove the liquidated damage provisions associated with “without cause” terminations from existing contracts and to cease and desist from including this provision in future contracts. These steps should be taken before any legislative or regulatory action is undertaken.

Employed physicians should be educated about liquidated contract provisions associated with “without cause” termination clauses.

5. Physician Wellbeing and the Governor’s Healthiest State Vision

Proposed BOD Action: Refer to Committee on Wellness with the directive to continue the current work implementing the report and to keep the BOD updated on progress.

Policy Manual Update: Yes

CMS Scope/Lead: Lead

Metrics For Success:

- (1) Develop and launch physician wellness toolkit
- (2) Communicate to all specialties and components support for the Governor's healthiest state vision
- (3) Feature a minimum of 2 Colorado Medicine stories showcasing the Governor's healthiest state effort

Timelines:

- (1) September 2014
- (2) March 2014
- (3) November 2014

Physician-Staff Lead: Doris Gundersen, MD; Kate Alfano, CMS consultant, kate.alfano@outlook.com

HOD Action: Enacted the following.

That CMS strongly support and actively participate in Gov. John Hickenlooper's vision to make Colorado the healthiest state.

To support making Colorado the healthiest state, CMS should deploy the following tactics:

1. Educate CMS members about the governor's vision to make Colorado the healthiest state.
2. Encourage all elements of organized medicine to support the Governor's vision to make Colorado the healthiest state.
3. Encourage on an on-going basis individual physicians to promote prevention and wellness by setting an example for their patients and the public by living a healthy lifestyle.
4. Prominently display on the new CMS website a wellness physician toolkit that includes helpful resources and access to information and links for living a healthy lifestyle and ways physicians can participate in public and patient education
5. Partner with other stakeholders to make Colorado the healthiest state.

That the board of directors approve utilization of a recent \$25,000 wellness gift to CMS to the construction and maintenance of a section on the new CMS website dedicated to helping physicians achieve complete wellness.

That the Expert Panel on Wellness continue to advise the board of directors and serve as a resource on the content of the physician wellness section of the CMS website.

6. Evaluation of the Chief Executive Officer

Proposed BOD Action: Refer to CEO Evaluation Committee for implementation and periodic reports to the BOD.

Policy Manual Update: yes

CMS Scope/Lead: Lead

Metrics For Success: TBD by the CEO Evaluation Committee

Timelines: November 2013

Physician-Staff Lead: Jan Kief, jankiefmd@gmail.com ; Alfred Gilchrist
alfred_gilchrist@cms.org

HOD Action: Enacted the following.

1. That CMS Board of Directors should create and maintain an active CEO Evaluation Committee.
2. That the purpose of the CEO Evaluation Committee should be to:
 - a. Annually establish measurable and fair goals for the CEO consistent with the mission, vision, and values of the CMS, the strategic plan, and the work plan for the board of directors.
 - b. Assure accountability of the CEO to the board of directors.
 - c. Provide information and constructive feedback to the CEO for the purposes of performance improvement.
 - d. Provide the CEO with an assessment of job performance on an on-going basis, not just once a year.
 - e. Provide a forum for all members of the board of directors to have their voice heard on CEO performance.
 - f. Fairly administer the CEO evaluation process.
 - g. Report to the board of directors on the CEO evaluation following each meeting of the CEO Evaluation Committee.
3. That the CEO Evaluation Committee shall:
 - a. Be composed of seven physicians that include CMS elective leadership (President, President-elect, Immediate Past President, Speaker, and Vice-Speaker) and at least two additional members of the board of directors that do not serve on either the Executive Committee or the Finance Committee and have had at least two years of service on the board of directors.
 - b. Annually establish a set of CEO performance measures. These measures, at a minimum, shall be tied to the work plan of the board of directors and to the strategic plan.

- c. Meet with the CEO at a minimum of three times annually, with the first meeting to be held following the Annual Meeting for the purpose of reviewing and establishing CEO evaluation goals tied to the work plan of the board of directors.
- d. Report routinely to the board of directors on the activities of the committee and invite feedback from members of the board of directors.
- e. Create a formalized Assessment/Evaluation form for purposes of reviewing CEO performance.

7. Physician performance reporting criteria, including measure selection and risk adjustment methodology

Proposed BOD Action:

- (1) Communicate enacted policy to all health plan medical directors, CIVHC and other entities involved in physician profiling through a communication from the CMS President.
- (2) Direct CPPE to assess the feasibility of mandating through state law the standardized use of performance measures across all entities that rate and/or report physician performance in Colorado.

Policy Manual Update: Yes

CMS Scope/Lead: Lead

Metrics For Success:

- (1) Finalized communication
- (2) Report to the Board of Directors

Timelines:

- (1) January 2014
- (2) June 2014

Physician-Staff Lead: John Bender; Marilyn Rissmiller; Chet Seward
chet_seward@cms.org

HOD Action:

1. Support the following criteria for use in identifying specific physician performance measures for public reporting. Performance measures should be:
 - Based on solid clinical evidence that is not controversial – wherever possible they should be based on nationally recognized standards;
 - 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.
2. Support the following criteria for use in evaluating the use of various risk adjustment methods. Risk adjustment methodologies should be:
- Transparent to allow for open review and analysis, while being explicit about limitations and disclaimers;
 - Statistically rigorous to ensure accuracy, while being sensitive to the needs of vulnerable populations;
 - Reflective of most recent medical practice and population characteristics; and
 - Constantly innovating to find better ways to incorporate practical considerations to improve quality data and design

8. Medicare Data for Use by the Center for Improving Value in Health Care

Proposed BOD Action: Communicate enacted policy to AMA and CIVHC through a communication from the CMS President.

Policy Manual Update: Yes

CMS Scope/Lead: Lead

Metrics For Success: Finalized communication

Timelines: November 2013

Physician-Staff Lead: John Bender, MD; Chet Seward chet_seward@cms.org

HOD Action:

That CMS support efforts by the Center for Improving Value in Health Care to change federal law to enable qualified entities to use Medicare claims data for custom reports as well as public reporting, in addition to recovering their costs for reports using Medicare claims data.

9. Council on Legislation Process Improvement

Proposed BOD Action: Refer to Executive Committee and Council On Legislation with the directive to continue work already underway to implement the report and to make progress reports to the BOD.

Policy Manual Update: Yes

CMS Scope/Lead: Lead

Metrics For Success:

- (1) Institute items 1-6 in advance of and during the 2014 legislative session
- (2) Recommendation to the BOD on item 7

Timelines:

- (1) Through May 2014
- (2) June 2014

Physician-Staff Lead: Lee Morgan, MD; John Bender, MD; Alfred Gilchrist; Susan Koontz, JD susan_koontz@cms.org

HOD Action:

1. Orientation. That time should be set aside prior to each legislative session to prepare the Council for its work. Staff is directed to develop the content of a COL orientation and make a recommendation on mandatory attendance for orientation. Staff shall present the recommendations to the Executive Committee for their approval.
2. Conflict of Interest policies and procedures. The Conflict of Interest policies and procedures for the Council shall be reviewed by the General Counsel and the CEO in consultation with the COL Chair. Any recommended changes shall be reported to the Executive Committee for consideration.
3. Technology. The CEO shall take necessary steps to allow the COL to take advantage of newer or upgraded technologies included but not limited to SharePoint.
4. Standardization of Information. A form should be developed by staff in consultation with the COL Chair that ensures all relevant non-politically sensitive information is provided on each piece of legislation considered as well as a link to the filed legislation.
5. Respective Roles of Council on Legislation and Board of Directors/Executive Committee. That the BOD take formal action each year prior to the legislative session clarifying the authority and the responsibility of the COL.
6. Political understanding. An understanding of the political context in which CMS pursues legislative and administrative change is critical to achieving public policy success. As such, it is important that the COL, the BOD, and the HOD have the same understanding of the role political context plays in formulating and achieving policy changes. Accordingly there should be discussion of political context as an important but not an exclusive factor in decision-making at all COL orientations and at appropriate times at HOD and BOD meetings.
7. Council Size and Composition. The Executive Committee recommends that the President appoint an ad hoc work group to review and evaluate the

current size and structure of the COL. As part of that review, the work group shall obtain information on how other state medical associations structure their COL. In appointing the work group, the President shall include some members from the COL, with the advise of the COL Chair. The work group shall report back to the BOD no later than July 2014.

10. Annual Meeting Streamlining

Proposed BOD Action: Refer to Board Working Group on Annual Meeting and HOD Governance for additional governance and Annual Meeting recommendations as appropriate and a report back to the BOD

Policy Manual Update: No

CMS Scope/Lead: Lead

Metrics For Success: Report to the board from the working group

Timelines: June 2014

Physician-Staff Lead: Name of working Group Chair; Alfred Gilchrist
Alfred_gilchrist@cms.org

HOD Action:

2012: The Board of Directors should continue to pursue other improvements to streamline the Annual Meeting and functions of the House Of Delegates to provide more time in a two-day format for strategic, interactive programming on issues important to physicians and their patients that are also directly related to CMS goals and objectives, and for socialization.

2013

Physicians participating through the on-line reference committee will be commenting on all reports and resolutions available (oppose, support, amendments).

Convene the Reference Committee immediately before the Annual Meeting for the purpose of producing the final Reference Committee Report that shall serve as the Consent Calendar. The Reference Committee shall take into consideration all written comments submitted by members, delegates and component societies, and shall endeavor to obtain as much background information as time permits and provide this information in it's report to the House of Delegates.

The final Reference Committee Report/Consent Calendar shall be made available to component societies immediately upon its completion and be available at Friday's Annual Meeting registration in hard copy.

Caucuses will convene at breakfast on Saturday morning to consider the final Reference Committee Report/Consent Calendar.

The HOD will open for business on Saturday morning and take final action on the Consent Calendar.

The remainder of the Annual Meeting, including Sunday morning, will be dedicated to strategic, interactive programming on issues important to physicians and their patients that are also directly related to CMS goals and objectives, or creating a new future state, and for socialization.

C. 2013 Reports and Resolutions

1. Prescription Drug Abuse: Report of WCPIC and Special Advisors

Proposed BOD Action: Refer to Committee on Prescription Drug Abuse for implementation and periodic reports to the BOD.

Policy Manual Update: Yes

CMS Scope/Lead: Coalition partner with the Governor's Colorado Consortium to Reduce Prescription Drug Abuse

Metrics For Success: TBD by Committee on Prescription Drug Abuse once appointed

Timelines: March 2014

Physician-Staff Lead: John Hughes, MD; Alfred Gilchrist
Alfred_gilchrist@cms.org

HOD Action: Approved (Plan with 32 recommendations available upon request)

2. RES-1-P Implementation Period for ICD-10

Proposed BOD Action: Communicate via a letter from the CMS President to the AMA expressing the spirit of the HOD action.

Policy Manual Update: Yes

CMS Scope/Lead: Lead

Metrics For Success: Finalized communication

Timelines: December 2013

Physician-Staff Lead: John Bender, MD; Marilyn Rissmiller
Marilyn_rissmiller@cms.org

HOD Action: That the Colorado Medical Society will support the AMA IN negotiating with ALL payers, including the Centers for Medicare and Medicaid Services, to provide a two-year “implementation” period, starting when ICD-10 is implemented. During this time, payers will not be allowed to deny payment based on specificity of ICD-10 diagnosis, however they will be required to provide feedback for diagnosis determined to be incorrect.

In addition, no payer will be allowed to ask for “take backs” due to lack of ICD-10 diagnosis code specificity for any claims submitted during that two-year implementation period-

3. RES-2-P Limited Role of Organized Medicine in Gun Control

Proposed BOD Action: Refer to Council on Judicial and Ethical Affairs for action and a report back to the BOD.

CMS Scope/Lead: Lead

Metrics For Success: Completed CEJA report to the BOD

Timelines: June 2014

Physician-Staff Lead: Paul Anderson, MD; Alfred Gilchrist
Alfred_gilchrist@cms.org

HOD Action: Referred to the BOD for Report Back

RESOLVED, that CMS opposes legislation expanding mandatory disclosure of protected health information to databases linked with background checks concerning future firearm acquisition rights unless the patient meets Civil Commitment criteria.

4. RES-3-P Inclusion of Gun Safety Counseling in Patient Encounters

Proposed BOD Action: Referred to Council on Judicial and Ethical Affairs for implementation and a report back to the BOD.

Policy Manual Update: Yes

CMS Scope/Lead: Lead

Metrics For Success:

- (1) Communication to CMS members on exam room discussions on gun ownership and safety
- (2) CEJA proposal for implementing work with specialty societies

Timelines:

- (1) March 2014
- (2) March 2014

Physician-Staff Lead: Paul Anderson, MD; Alfred Gilchrist
Alfred_gilchrist@cms.org

HOD Action: Colorado Medical Society encourages physicians to include inquiry of gun ownership and subsequent discussion of gun safety as an element of their practice, as appropriate, and will work with the specialty society community to support development of specialty-appropriate guidelines to encourage and support this activity.

5. RES-4-P Bylaws Change Regarding Physician Licensure

Proposed BOD Action: None required.

Policy Manual Update: Yes

HOD Action: The applicant must be licensed or otherwise legally qualified to practice medicine in the state of Colorado. Otherwise, an applicant will be subject to review by the council on ethical and judicial affairs.

6. RES-5-P Support Federal Budget Proposal for Gun Violence Study

Proposed BOD Action: Communicate spirit and intent of resolution in a letter from the CMS President to the Colorado congressional delegation.

Policy Manual Update: Yes

CMS Scope/Lead: Lead

Metrics For Success: Finalized communication

Timelines: November 2013

Physician-Staff Lead: Susan Koontz, JD susan_koontz@cms.org

HOD Action: The Colorado Medical Society supports funding to study the causes and prevention of gun violence as proposed in the president's 2014 federal budget and will communicate support of this study to the Colorado Congressional delegation.

7. RES-6-P Integration of Physical and Behavioral Health Care

Proposed BOD Action: Refer to Council on Legislation and Committee on RCCO Medical Directors with the directive to implement the policy through the Medicaid RCCO program as a first step and to report to the BOD on progress.

Policy Manual Update: Yes

CMS Scope/Lead: Coalition partner

Metrics For Success:

- (1) Strongly support the Colorado Health Care Innovation plan being developed by the Governor's office through the State Innovation Model testing grant
- (2) Actively support new payment models for the Medicaid RCCO program that promotes and supports the integration of physical and behavioral health

Timelines: 2014

Physician-Staff Lead: Chet Seward chet_seward@cms.org

HOD Action: CMS supports policy measures to facilitate the integration of physical and behavioral health care, including:

- Collaboration among the departments and divisions responsible for the licensing and regulation of providers and facilities;
- To ease of data sharing between care providers, and with researchers, while also protecting patient privacy, and be it further

CMS supports payment systems that integrate coverage of physical and behavioral health.

8. RES-7-P Workforce-Centered Education Funding

Proposed BOD Action: Direct the CU School of Medicine BOD members to work with the CEO on a communication to CU SOM Dean.

Policy manual update: Yes

CMS Scope/Lead:

Metrics For Success: TBD with CU School of Medicine BOD Members

Timelines: December 2013

Physician-Staff Lead: John Bender, MD; Alfred Gilchrist Alfred_gilchrist@cms.org

HOD Action: That the CMS supports a funding structure for student education at the University of Colorado Anschutz medical campus determined by the workforce and medical needs of Colorado.

9. Res 8-P: Educational Initiatives to Advance Collaboration Among Health Professionals

HOD Action: Not adopted

10. RES-9-P Support of the Direct Primary Care Medical Home

Proposed BOD Action: Refer to Committee on Physician Practice Evolution for action and report back to the BOD.

CMS Scope/Lead: Collaborator; Coalition Partner

Metrics For Success: Report to the BOD from CPPE

Timelines: January 2014

Physician-Staff Lead: CPPE Chair; Chet Seward; Marilyn Rissmiller
Marilyn_rissmiller@cms.org

HOD Action: Referred to the Board for a Decision

RESOLVED, Colorado Medical Society encourages Health Insurers in Colorado to collaborate with DPCMHs to craft wrap-around coverage that together would

constitute Qualified Health Plans for sale in the Colorado health insurance marketplace.

RESOLVED, Colorado Medical Society supports introduction of Colorado legislation that would establish that the Direct Primary Care Medical Home is not health insurance and is therefore not subject to insurance regulation.

RESOLVED, Colorado Medical Society directs the Colorado delegation to the AMA to introduce a resolution that supports the use of Health Savings Accounts for payment of periodic fees to a primary care physician for the right to receive medical services on an as-needed basis.

11. RES-10-P Employed Physicians and Physician Employers

Proposed BOD Action: Refer to Committee on Employed Physicians (MUR) for action and a report back to the BOD.

CMS Scope/Lead: Lead

Metrics For Success: Report to BOD from (MUR) Committee on Employed Physicians

Timelines: June 2014

Physician-Staff Lead: Ted Norman, MD; Alfred Gilchrist Alfred_gilchrist@cms.org
Chet Seward chet_seward@cms.org

HOD Action: Referred to the BOD for a Report Back to the BOD.

RESOLVED, CMS foster conversation between employed physicians and physician employers to help them find new paths towards improved quality and financial viability.

12. RES-11-P Support of the Direct Primary Care Medical Home

Proposed BOD Action: Refer to Committee on Physician Practice Evolution for action and report to the BOD

CMS Scope/Lead: Collaborator; Coalition Partner

Metrics For Success: Report to the BOD from CPPE

Timelines: January 2014

Physician-Staff Lead: CPPE Chair; Chet Seward chet_seward@cms.org

HOD Action: Referred to the Board for a Decision

RESOLVED, Colorado Medical Society encourages Health Insurers in Colorado to collaborate with DPCMHs to craft wrap-around coverage that together would constitute Qualified Health Plans for sale in the Colorado health insurance marketplace.

RESOLVED, Colorado Medical Society supports introduction of Colorado legislation that would establish that the Direct Primary Care Medical Home is not health insurance and is therefore not subject to insurance regulation, and

RESOLVED, Colorado Medical Society supports Colorado legislation that would enable the purchase and sale of Direct Primary Care Medical Home product offerings on the Colorado Health Insurance Exchange, and

RESOLVED, Colorado Medical Society directs the Colorado delegation to the AMA to introduce a resolution that supports the use of Health Savings Accounts for payment of periodic fees to a primary care physician for the right to receive medical services on an as-needed basis.

13. RES-12-P Mental Health Payment Parity

HOD Action: Not Adopted

14. RES-13-P Maintenance of Licensure

Proposed BOD Action: Refer to Committee on MOL for action and report back to BOD.

CMS Scope/Lead: Lead

Metrics For Success: Report to the BOD from Committee on MOL

Timelines: June 2014

Physician-Staff Lead: Brent Keeler, MD; JoAnne Wojak joanne_wojak@cms.org

HOD Action: Referred to BOD for a Report Back

RESOLVED, that the Colorado Medical Society shall work with the Division of Regulatory Agencies to seek legislation that places an annual continuous

medical education requirement on physicians and also works to extend education requirements to all licensed, certified, or registered health care workers in the State of Colorado that is commensurate with the level of responsibility for that particular discipline; and be it further

RESOLVED, that the Colorado Medical Society cease and desist from its current effort to implement Maintenance of Licensure in the State of Colorado until such time as there is sufficient data to prove the worthiness of such efforts in improving patient safety and outcomes; and be it further

RESOLVED, the Colorado Medical Society's AMA Delegation be charged with drafting a resolution to the AMA interim House of Delegates to establish a policy that the AMA oppose further expansion of Maintenance of Certification requirements on currently certified physicians until such time as American Board of Medical Specialties and its member boards can produce data that such efforts improve patient safety and outcomes.

15. RES-14-P Pharmacy Benefit Manager Adjudication for Physician Dispensing

Proposed BOD Action: Refer to Council On Legislation and Committee on RCCOs (Medical Directors) if appointed for information and action if policy opportunity arises with updates to the BOD.

Policy Manual Update: Yes

CMS Scope/Lead: Support CAFPP Efforts

Metrics For Success: Support for policy change in state Medicaid program as opportunities arise

Timelines: Dependent on policy opportunities

Physician-Staff Lead: Lee Morgan, MD; Susan Koontz, JD
susan_koontz@cms.org

HOD Action: That the Colorado Medical Society adapt as its policy that the Colorado Medical Society supports the alignment of Colorado statutes with Federal law to allow physicians to continue to engage in the dispensing of prescription medications to patients, and the adjudication of such transactions with Pharmacy Benefit Managers (PBMs) and BE IT FURTHER

RESOLVED, that the Colorado Medical Society affirm the need to remove restrictions on the adjudication of physician dispensed prescription medication transactions with Pharmacy Benefit Managers (PBMs).

16. RES-15-P Corporate Practice of Medicine

Proposed BOD Action: Refer to Committee on Employed Physicians for action and a report back to BOD

CMS Scope/Lead: Lead

Metrics For Success: Report to BOD from Committee on Employed Physicians

Timelines: June 2014

Physician-Staff Lead: Ted Norman, MD; Alfred Gilchrist; Susan Koontz, JD
susan_koontz@cms.org

HOD Action: Referred to BOD for a Report Back

RESOLVED, that the current CMS policy regarding the corporate practice of medicine is inadequate as to preserve the rights and autonomy of physicians as professionals and the safety of patients because of cost and system reform pressures; and be it further

RESOLVED, that the task of the Colorado Medical Society shall be to assertively maintain opposition to any expansion of the corporate practice of medicine in the State of Colorado, while continuing to work on behalf of the physicians in Colorado to champion patient well-being and physician practice viability.

17. RES-16-P Strengthening Colorado Athlete Concussion Law

Proposed BOD Action: None required

Policy manual Update: Yes

HOD Action: that CMS supports Colorado concussion law and regulations which extend to athletes of all ages in professional and collegiate organizations, using recently published guidelines, in order to prevent chronic traumatic encephalopathy.

18. RES-17-P Discrepancies in Clerkship Cost

Proposed BOD Action: Develop a clerkship equity work group to include medical student leadership to consider and development of recommendations to the board.

CMS Scope/Lead: Lead

Metrics For Success: Finalized Communication

Timelines: July 2014

Physician-Staff Lead: John Bender, MD; Alfred Gilchrist Alfred_gilchrist@cms.org

HOD Action: that CMS supports and encourages continued dialogue between the University of Colorado School of Medicine and Rocky Vista University College of Osteopathic Medicine regarding clerkship costs to arrive at a resolution that satisfies both parties.

19. RES-18-P Unified Graduate Medical Education

Proposed BOD Action: Process communication from the CMS President to the deans of both medical schools expressing the concept and spirit of the resolution.

Staff Action: Update policy manual

CMS Scope/Lead: Lead

Metrics For Success: Finalized communication

Timelines: Finalized communication

Physician-Staff Lead: John Bender, MD; Alfred Gilchrist Alfred_gilchrist@cms.org

HOD Action: That the Colorado Medical Society supports a unified accreditation system for allopathic and osteopathic physicians which; (a) grants equal access to application to all residency positions for both osteopathic and allopathic medical students and (b) grants equal access to application to all postdoctoral fellowships for graduates of both osteopathic and allopathic residency programs.

20. RES-19-P Creation of the Northern Colorado Medical Society

Proposed BOD Action: None required

Policy Manual Update: None required. CMS bylaws already updated.

HOD Action: Passed Resolution

C. Work-in-Progress: 2011-12 HOD Actions

1. Future relevance of CMS to employed physicians (MUR Work Group)

Proposed BOD Action: Direct the Committee on Employed Physicians to continue their work, including developing 2014 objectives including a review of differential dues structure for employed physicians and action on referred reports and resolutions, and to report back to the BOD.

Direct the CEO to upgrade services to employed physicians

CMS Scope/Lead: Lead

Metrics For Success:

- (1) TBD by Committee on Employed Physician once 2014 objectives have been established by the Committee
- (2) Upgraded services to employed physicians, including but not limited to:
 - a. Sharply discounted employee contract review service;
 - b. Educational resources for employed physicians, such as know your legal rights;
 - c. Wellness toolkit; and,
 - d. Others that may be developed.

Timelines:

- (1) January 2014
- (2) February 2014

Physician-Staff Lead: Ted Norman, MD; Alfred Gilchrist Alfred_gilchrist@cms.org
Chet Seward chet_seward@cms.org

2. Choosing Wisely – Colorado Roll Out

Proposed BOD Action: Direct staff to continue the current roll out of the Choosing Wisely Colorado campaign with Kaiser Permanente and specialty societies.

CMS Scope/Lead: Partnership with KP-specialty societies

Metrics For Success: Promotion of Choosing Wisely and physician education on the five selected conditions

Timelines: February 2013

Physician-Staff Lead: Chet Seward chet_seward@cms.org

3. Maintenance of Licensure

Proposed BOD Action: Direct the Committee on MOL to continue to implement the 2011 HOD directive on MOL and make a recommendation to the BOD on 2013 Res-13-P, MOL.

CMS Scope/Lead: Partner with Colorado Medical Board

Metrics For Success:

(1) Develop and execute a multi-pronged education and information campaign to increase physician awareness of and knowledge about maintenance of licensure including:

- Finalize the 45-minute interviews with 50 physicians about their perceptions of continuing professional development and MOL to help inform the development of communication messaging. (Interviewees were randomly selected CMS members, interviews are being conducted by independent firm);
- Developing an educational slide presentation that offers more specific information about the MOL framework, progress on the MOL effort, and why MOL is good for the profession and Colorado. Identify physician leaders to deliver education at various venues such as specialty society meetings, county medical societies, and CME meetings when appropriate;
- Identifying continuing professional development (CPD) tools that will enable physicians to meet MOL requirements, especially tools for physicians who are not clinically active, and tools that offer feedback on knowledge, skills and performance; and
- Tracking and monitor the audience responses to MOL messaging to ensure that it's clear and effective, to identify any barriers to developing an MOL plan for Colorado and to report back to the HOD in 2014.

Timelines: October 2013-September 2014

Physician-Staff Lead: Brent Keeler, MD; JoAnne Wojak joanne_wojak@cms.org

2011 HOD Policy: Direct CMS to develop a Colorado-specific maintenance of licensure framework. Direct Maintenance of Licensure Subcommittee to partner

with Colorado Medical Board to make this a national pilot. Direct Maintenance of Licensure Subcommittee to phase in MOL requirements.

4. Physician reimbursement: SGR Repeal and Replace; Practice Evolution Advocacy

Proposed BOD Action:

- 1) Direct Council on Legislation and GR staff to continue aggressively lobby of Colorado congressional delegation to repeal and replace SGR and to assist the AMA in their efforts.

CMS Scope/Lead: Partnership with AMA; Components; Specialties

Metrics For Success:

- (1) Leadership 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 (both meetings are in Washington, DC).
- (2) Urge local component societies to schedule meetings at the grassroots level with members of the congressional delegation before the end of the first quarter of 2014.
- (3) Provide the congressional delegation with Colorado-specific information making the case for SGR repeal and replace
- (4) Continue additional CMS meetings with the delegation in Colorado

Timelines:

- (1) November 2013 and March 2014
- (2) December 2013
- (3) Throughout 2014

Physician-Staff Lead: Lee Morgan, MD; Susan Koontz, JD
susan_koontz@cms.org

- 2) Direct Committee on Physician Practice Evolution to continue to execute a multi-media information and education campaign regarding new payment models, delivery system changes and transparency initiatives to help physicians prepare and adapt to new systems of care.

CMS Scope/Lead: Lead

Metrics For Success:

- (1) Conduct a series of webinars
- (2) Write an accompanying series of articles in *Colorado Medicine*

Timelines: October 2013-September 2014

Physician-Staff Lead: CPPE Chair; Marilyn Rissmiller
Marilyn_rissmiller@cms.org Chet Seward chet_seward@cms.org

5. Transparency - All Payer Claims Data Base: Reporting of Physician Performance Measures

Proposed BOD Action: Direct the Committee on Physician Practice Evolution and the Council on Legislation to:

- 1) Assess the feasibility of mandating through state law the standardized use of performance measures across all entities that rate and/or report physician performance in Colorado.
- 2) Continue to work with CIVHC to ensure that the reports developed from the All Payer Claims Database (APCD) are methodologically sound, easy to understand and use, and are data-driven tools for quality and practice improvement. CMS should also continue to work with health plans and CIVHC to determine the feasibility of using the APCD to merge the claims history used by each of the payers and health plans into a single all-payer report, rather than the limited payer-specific data currently in use.

Policy Manual Update: Yes

CMS Scope/Lead: (1) Lead, (2) Collaboration with CIVHC

Metrics For Success:

- (1) Report to the Board of Directors
- (2) Consensus recommendation from CPPE to CIVHC regarding physician performance measures to be used in their 2014 data roll out.

Timelines:

- (1) June 2014
- (2) April 2014

Physician-Staff Lead: CPPE Chair; Chet Seward chet_seward@cms.org
Marilyn Rissmiller, Marilyn_rissmiller@cms.org

6. Medicare Part B Contractor and Health Plan Collaboration

Proposed BOD Action: None. The 2012 HOD directive to monitor the transition of the Medicare Administrative Contractor for Colorado from TrailBlazer Health Enterprises to Novitas Solutions and advocate for members as needed has been completed. Staff will continue to work with Novitas Solutions for members on an as needed basis as issues arise.

CMS Scope/Lead: Lead

Metrics For Success:

Timelines: Completed

Physician-Staff Lead: CPPE Chair; Marilyn Rissmiller
Marilyn_rissmiller@cms.org

7. Preserving the Liability Climate

Proposed BOD Action: Direct Council on Legislation to continue to make preservation of Colorado's stable liability climate a high priority through advocacy in the Legislature and in the courts.

CMS Scope/Lead: Lead and Coalition Partner

Metrics For Success: No erosion of Colorado Health Care Availability Act

Timelines: On-going

Physician-Staff Lead: Susan Koontz, JD susan_koontz@cms.org

8. Prior Authorization: Implementation of the new Colorado law

Proposed BOD Action: Direct Committee on Physician Practice Evolution to continue current CMS efforts to implement Colorado's first body of law regulating prior authorization enacted in 2012 by working with the Colorado Department of Insurance and other stakeholders on proposed rules and direct the CEO to prepare and implement a member educational campaign about the enacted rules.

CMS Scope/Lead: Lead and Coalition Partner

Metrics For Success:

- (1) Final DOI rules
- (2) Educational Campaign

Timelines:

(3) July 31, 2014

(4) August 2014 through February 2015

Physician-Staff Lead: Chair of CPPE; Marilyn Rissmiller

Marilyn_rissmiller@cms.org

9. Protecting Confidentiality of Professional Review

Proposed BOD Action: Direct COL to protect the confidentiality of professional review in the Legislature and in the courts, placing immediate emphasis on Colorado Medical Board versus Office of Administrative Courts pursuant to September 20, 2013 BOD action.

CMS Scope/Lead: Lead and coalition partner

Metrics For Success: No Erosion of confidentiality Professional Review

Timelines: On-going

Physician-Staff Lead: Susan Koontz, JD

10. ICD 10 Transition: Physician Practice Education

Proposed Board Action: Direct staff to continue work with the component medical societies, consultants, staff from the Medicare regional office and HCPF, practice administrators and their organizations on the coalition that develops and delivers statewide ICD-10 training to physicians and their staff across the state.

CMS Scope/Lead: Lead and coalition partner

Metrics For Success:

- (1) Conduct a series of educational programs
- (2) Partner with consultant(s) to offer in-person training
- (3) Utilize ICD-10 webpage to provide educational resources

Timelines: Throughout 2014

Physician-Staff Lead: Marilyn Rissmiller Marilyn_rissmiller@cms.org

11. Medical Clean Claims – Standardizing Claims Edits

Proposed BOD Action: Direct staff to continue national effort to standardize claims edits and payment rules.

CMS Scope/Lead: Lead and Coalition partner

Metrics For Success:

- (1) Inform Colorado physicians and state specialty societies as the task force develops claim edits and payment rules.
- (2) Complete task force work on schedule in order to meet the legislative deadlines.

Timelines: October 2013 – December 31, 2015

Physician-Staff Lead: Marilyn Rissmiller Marilyn_rissmiller@cms.org

12. Physician Leadership Training

Proposed Board Action: Direct staff to continue efforts to initiate a physician leadership training program in 2104.

CMS Scope/Lead: Lead

Metrics For Success: Successful recruitment of class, launch and completion of Advanced Physician Leadership Program – Version 2.0

Timelines: 2014

Physician-Staff Lead: Chet Seward chet_seward@cms.org

13. Spring Conference

Proposed BOD Action: Support the President-elect to achieve the purpose of the SC with the overall goal of better positioning CMS as an effective organization that meets the needs of a diverse membership in a rapidly changing environment.

CMS Scope/Lead: Lead

Metrics For Success:

- (1) Program evaluation data that shows high levels of overall satisfaction, knowledge gain and intent to change or new strategies learned.

Timelines: June 2014

Physician-Staff Lead: Tamaan Osbourne Roberts, MD; Alfred Gilchrist; JoAnne Wojak, et al joanne_wojak@cms.org

HOD Action: It shall be the purpose of the CMS Spring Conference to:

1. Create unity among physicians, a larger voice for the profession, increased involvement and a greater overall impact on the health of Colorado.
2. Attract new faces to CMS, with specific outreach to employed physicians, less active members and non-members so as to achieve greater diversity among the attendees and a welcoming atmosphere.
3. Build new relationships, develop and learn new ideas in order to address the critical issues facing physicians.
4. Place an emphasis on broadening the view of attendees by bringing in outside experts and an equal emphasis on relevant policy matters.

D. Other Work Plan Issues Being Implemented (Not for Action on 11-8-13)

1. Annual Meeting
2. Membership Retention and Recruitment
3. Pending cases in the Courts
4. COMPAC: 2014 Election Cycle.
5. United PAC