

# **ACTION**

## **Colorado Medical Society**

### **2014 Strategic Plan Refresh**

#### Introduction

In 2010, the Colorado Medical Society Board of Directors, after broad membership input and review, adopted a long-term strategic plan designed to provide a road map for CMS going forward. The plan set out a vision for our organization on the ways and means to meet the challenges facing Colorado physicians in the coming years. This plan has guided the staff and board in terms of program development, budgeting and defining success since its adoption.

In 2013, the board decided to step back and take a careful review of the assumptions underpinning the current plan as well as the progress in implementing the plan. From that review, the board then set aside January 17-18, 2014 to *refresh* the plan.

#### January 17 and 18 Meeting Recommendations

After the completion of a three-month process set out below under Background, the board met in January and developed the following recommendations to enhance our society's progress in achieving our strategic goals:

##### **1. Mission**

**Amendments.** Reaffirm our Core Purpose and Vision Statement and amend our Statement of Core Values to read:

- \*Leadership
- \*Collaboration ~~Collaborative philosophy~~
- \*Professionalism
- \*Innovation ~~Innovative~~
- \*Transparency

**Executive Committee Recommendation:** Accept amendments as written and report as an action item to the HOD

**BOD Decision:** 3-14-14: Approved

##### **2. Governance**

**Study.** Conduct a comprehensive review of the governing structure of CMS including composition and selection of the house of delegates and the board of directors. The review is to identify ways to maintain transparency, enhance efficiency and effective decision making, and utilize additional avenues of input on policy making.

## A. House of Delegates

This review is to focus on how to ensure appropriate representation of all areas of practice and practice structures within the HOD, as well as look at the relationship between the house of delegates and the board of directors. Specific ideas to be addressed include providing for “unit” representation (one example would be employed physicians), dues structure and governing rules.

Idea 1: Create new units of membership for the House of Delegates and CMS

Steps to be taken to implement it: Create a committee to define what the new units are (employed physicians, university physicians, women physicians, for example).

Committee would define what the procedure would be and report to the HOD. Define how to market and structure it, particularly with different membership dues.

How it’s measurable: Experience better buy-in and representation.

Decision by the group: Ask CMS President to create a Task Force on Governance

**Executive Committee Recommendation:** The CMS President appoints a board member-only Task Force chaired by past-president Jan Kief, MD to develop a proposal specific to HOD governance with a report for action at the July board meeting.

**BOD Decision:** 3-14-14: Approved (one motion approved both recommendations)

## B. Board of Directors

This review is to look at “best practices” in board governance, specifically board size and composition. Composition issues include identifying ways to ensure the board collectively has the broad skill set needed to be as effective as possible in discharging its legal, policy making and oversight responsibilities. The review includes the practices of other state medical societies, current board selection practices including the role of the house of delegates, the possible use of advisory committees, and a role for past leadership.

### Detailed Breakout Group Notes

Idea 2: Restructure the board of directors to focus on needed expertise; decrease the size of the board and change its composition.

Steps to be taken to implement it: Create a timeline, have a committee to work on the details, then task them to see how it can be more efficient and effective. Would a smaller board decrease cost? Would there be a stipend involved? Define the expertise needed. Would the HOD elect the board?

How it’s measurable: Achieve smaller board.

Decision by the group on Ideas 1 and 2: Ask CMS President to create a Task Force on Governance

**Executive Committee Recommendation:** The CMS President appoints a board member-only Task Force chaired by past-president Jan Kief, MD to develop a proposal specific to BOD governance with a report for action at the July BOD meeting.

**BOD Decision:** 3-14-14 Approved (one motion approved both recommendations)

### 3. Advocacy and Communications

**New Program.** Increase primary care residency programs in underserved areas. With CMS leading the way, the effort is to involve all critical stakeholders including local physician leadership and hospitals in the targeted areas, as well as the legislature, executive branch and current primary care residency programs. The funding of the program would involve the matching of private and public funds with a ratio of funding designed to ensure local buy-in and subsequent success.

Detailed Breakout Group Notes

Idea 1: Residency expansion, particularly in primary care.

Steps to be taken to implement it: Identify communities in need and make a list of sites to support this. Identify how much it would cost communities, private foundations, Medicare. Eventually seek out legislation for private-public partnerships that will be matched with statewide and private funds. Educate medical students about the program's existence.

How it's measurable: It's quantifiable in the number of new residency slots and residences in Colorado. We'll experience better physician distribution, increased rates of graduates and increased retention in the state, increased diversity in residency programs as well as higher numbers of primary care physicians.

Decision by the group: Move this idea on to next step.

**Executive Committee Recommendation:** Refer to the Committee on Professional Education and Accreditation to develop the strategic architecture for a primary care residency program with a report to the HOD before the Annual Meeting in September.

**BOD Decision:** 3-14-14: Refer to the Committee on Professional Education and Accreditation to explore the most effective role for CMS in increasing primary care residency programs in Colorado with a report to the BOD before the end of the year.

Idea 2. New Program. Cost transparency.

CMS is to advocate for policies that would encourage (??require) information be provided to patients on the true cost of proposed medical procedures prior to care being provided. This would include costs for hospital, physician, and auxiliary services. Patient education efforts including an understanding of billed costs vs. actual costs would be part of the effort.

Detailed Breakout Group Notes

Idea 2: Cost transparency, being able to have knowledge of costs before care is provided.

Steps to be taken to implement it: Educate the public on how the system works. Educate medical students while in medical school. Gather the stakeholders (particularly to address strong pushback from hospitals). Partner with CIVHC to supercharge the efforts already being made to make APCD even easier and more understandable.

How it's measurable: Patients are able to compare costs. We'll experience improved access to care.

Decision by the group: Move this idea on to next step, understanding that some members had concerns.

**Executive Committee Recommendation:** Defer to the BOD agenda item about health care cost studies, Agenda Item II.A.3. Health Care Cost Studies: Board Discussion.

**BOD Decision:** 3-14-14: No Decision; The BOD wants to be kept apprised of cost studies at DOI and on the anticipated legislation to create a cost study commission.

**Referral.** Physician Bill of Rights.

Legislation to create a bill of rights for physicians contracting out their services is recommended for consideration by the Committee on Employed Physicians.

Detailed Breakout Group Notes

Idea 3: Pass a physicians' bill of rights.

Steps to be taken to implement it: Seek legislation.

Decision by the group: Refer the issue to the Committee on Employed Physicians.

**Executive Committee Recommendation:** Agree with the recommendation to refer to the Committee on Employed Physicians

**BOD Decision:** 3-14-14: Refer to the Committee on Employed Physicians

**Study.** Expansion of CMS communications efforts.

With the assistance of appropriate experts, CMS will evaluate and revise its communications effort with both the Colorado public and physicians. Particular emphasis would be placed on how to use internet-related communications channels including social media and information on demand, as well as appropriate content for each channel. With regard to the public, the goal is to have CMS be viewed as the honest, credible broker of healthcare information in the state.

Detailed Breakout Group Notes

Idea 1: Hire an outside consultant to assist CMS in expanding its public-facing activities in an effort to become an honest, credible broker of message to the public.

Steps to be taken to implement it: Paramount is finding funding. Seek recommendation for the consultant and hire a consultant. Define deliverables. Implement recommendations of consultant. Evaluate periodically. Make changes as needed.

How it's measurable: Check out quantifiable data from social media. Check for increases in traditional media presence. Consider conducting public surveys, though member surveys are more viable. Review if consultant's contractual deliverables have been met.

Decision by the group: (See below for combined idea with the physician education group)

**Executive Committee Recommendation:** Direct the CEO to retain a qualified consultant to perform a communications audit assessing internal and external communications functions and to develop recommendations to upgrade these functions in a manner that increases the media exposure of CMS and substantially enhances physician engagement through an effective web presence.

**BOD Decision:** 3-14-14: Approved (This motion also included the recommendation below)

A board member noted that the audit should also include a engaging patients and legislators

#### 4. Education

**Study.** Expansion of delivery models for physician education. Keying off the findings of the communications study referenced in number 3 above, educational and other professional development materials are developed or repackaged to take advantage of all the internet related communications channels identified as appropriate vehicles from the study. Examples could include recording and use of annual meeting presentations for later on line viewing, TED-like presentations on timely topics, interactive presentations or discussions and blogging. The goals of this expansion are to not only increase value to existing members, but reach out to potential members by making valued information more easily assessable.

Detailed Breakout Group Notes

Idea 1: Video tape the Annual Meeting and allow people to watch and comment in real-time.(no implementation steps or measurable outcomes presented; related to Idea 2, see below)

Idea 2: Introduce more educational topics and make more accessible (moving away from face-to-face meetings); charge non-members for access to education; make information available 24/7

Steps to be taken to implement it: Consider conducting surveys. Add a blog to CMS.org. Solicit communications experts internally and externally. Create videos or short articles and embed them in the website, perhaps a short video library where members could learn about topics. Expand social media presence and develop resources to teach members about social media, particularly through Facebook.

How it's measurable: Analytics gathered through social media (hits on the Facebook page, 'thumbs up' on the wiki), video views and comments.

A number of ideas for future educational topics came out the session. Those topics are listed in Attachment 2.

**Executive Committee Recommendation:** Direct the CEO to retain a qualified consultant to perform a communications audit assessing internal and external

communication functions and to develop recommendations to upgrade these functions in a manner that increases the media exposure of CMS and substantially enhances physician engagement through an effective web presence.

**BOD Decision:** 3-14-14; Approved with motion above

### Background

The following steps were taken by the board in preparation for the January meeting.

1. Member Survey. Board members assisted in designing questions and reviewed the results of the annual member survey conducted by Kupersmit Research. Analyses provided the board included comparisons to prior member surveys on key questions.
2. *CMS Major Accomplishments 2011-2013*. This report evaluated progress on the goals set by the 2010 Strategic Plan.
3. *The Health Care Environment in Colorado*. This commissioned report prepared by the Center for Improving Value in Health Care outlined the changes occurring in Colorado health care, with a particular emphasis on the impact on physician practice both in terms of care and economics. Also included was a dashboard on Colorado demographics and health trends.
4. *Debt, data and deciders: Turning health care into a functional market system*. This is the cover story from the January/February 2014 issue of *Colorado Medicine* magazine.
5. Environmental Scan. In a pre-session questionnaire, board members listed their view of CMS' internal strengths and weaknesses, as well as external opportunities and threats. At the January meeting, those results were reviewed and the most significant ones were highlighted. Attachment 1 lists those significant factors as identified by the attendees.

### Attachment 1

#### Key Results of Environmental Scan

The goal of the scan was to better understand our members and our organization and identify the events and entities that impact us. The numbers in parentheses reflect the support of the listed results by the attendees.

#### *Strengths*

- Size and diversity of membership (8)
- Our hard-working, professional, dedicated CMS staff committed to the success of CMS and available to our membership (6)
- History of legislative accomplishment/all areas of operation (positive track record) (5)

- Diversity of physicians, across all specialties and types of practices (5)

#### *Weaknesses*

- Brewing medical “class war” between primary care/other specialty types (12)
- Historical silence on racial/ethnic/socioeconomic concerns (5)
- Membership diversity challenges including increasing number of employed physicians (5)
- Reliance on COPIC discount as membership incentive, especially in light of growth in employed physicians (5)
- Difficulty in engaging individual physicians. As a group, we are individualistic, single-minded and few are strategic politically. (5)
- Declining relevance to young physicians or physicians in practice sessions other than independent practice (4)

#### *Opportunities*

- Economic effects of the ACA on physician practices, directly and indirectly (12)
- The governor’s *Make Colorado the healthiest state in the nation* program (8)
- Demand for new, effective and innovative practice models (7)
- Increasing public interest in quality and safety in medicine (6)
- Patients’ and publics’ willingness to support non-tort compensation if shown benefit to patient care (6)

#### *Threats*

- Hospitals and businesses rather than physicians taking the lead on “integrated” practice, many are simply a conglomeration of hospital-employed physicians rather than a truly integrated practice (9)
- Continuing attempts to undermine the ACA (7)
- Impact of current hospital practices (5)
- Trial lawyers’ political power and potential for success (5)

## **Attachment 2**

### Educational Topics Suggested by Pre-meeting Survey

The attendees did not make specific recommendations on the following ideas. These ideas will be referred to the appropriate educational planning committee.

- Changing medical demographics and cultural competency (CME)
- How to run a direct primary care practice or a concierge practice
- Understanding legal issues targeted for employed physicians (Be the #1 provider)
- Physician wellness topics
- Specialist Medicaid payment reform

- Medical Spanish course outside of the Denver area (CME)
- Legislative review
- How to be an ACO
- How to engage effectively with peer review process in Colorado
- Opioid prescribing and abuse
- Include the problems of "medical marijuana" prescribing in the opioid prescribing program
- Lean/Six Sigma training for medical practices
- Expand ICD-10 offerings
- Quality and safety activities for physicians to use in their practices

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