



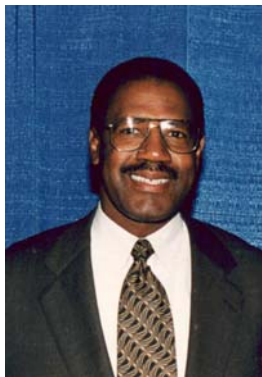
DENVER MEDICAL BULLETIN

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DMS Prepares Physicians to Transform Health Care

Johnny E. Johnson, Jr., MD, President



The following inauguration speech was given at the DMS Annual Meeting at the Cherry Hills Country Club November 10, 2006.

I am humbled, honored and elated to be the 136th president of the Denver Medical Society. I'd like to thank the DMS and all of those who voted for me. I'm honored and will do my very best to continue with

the agenda of this very prestigious organization and hope to facilitate some new goals, ideas and objectives.

Before I share some of my thoughts about the medical society, I would like to acknowledge my wife June and my son Taylor, who is a sophomore at Machebeuf High School and co-captain of the golf team. We also have two beautiful daughters who couldn't be with us tonight. Morgan is a 4th year medical student at Howard University School of Medicine in Washington, DC. She insists that she isn't going into OB/GYN and wants to be an Interventional Neurologist. I guess she wants to have a life and sleep at night. My eldest daughter, Kelly, is an editor for Monster.com in San Francisco. I would also like to thank all my friends and colleagues for coming out tonight. It is very important to have your support.

As most of you know, I am a solo OB/GYN practitioner. I've practiced medicine in Denver since 1980. I

have found my job very rewarding and fulfilling, and in the last 26 years I've personally witnessed many changes. I will address those changes later in my speech.

Here's a little bit about my background. I am from Beckley, West Virginia. I was raised in a family of five boys, two girls. We had a mother and a father who worked very hard to give us the best they could. My mother worked as a housekeeper, and my father was a coal miner most of his adult life.

Growing up in the coal mining towns was difficult, but we were a family that had strong Christian values and high academic goals. Our way out of a life of coal mining was education. All seven of us graduated from college. And six of us went on to earn higher degrees. Cs were unacceptable to my father, and believe me we stayed on the honor roll. My parents didn't have a college education. Although my mother had only an elementary school education, she always read books and still finds her escape through reading. She is the most brilliant woman I know. My father was so determined to get his high school diploma that when I walked across the stage for my high school diploma he did too. Can you imagine how proud I was?

I graduated from Marshall University in Huntington, West Virginia. Then I obtained a masters of embryology from the University of Cincinnati, joined the U.S. Air Force, graduated from Meharry Medical College, completed four years of residency at St. Louis University, opened a solo OB/GYN medical practice, and, in my spare time, got a second masters in Health Science

DMS Election Results.Page 3

Systems from the University of Denver.

Now getting back to my speech: My wife asked me what I was going to talk about tonight. I said I would probably give a motivational talk on looking up to the mountains for inspiration and faith. She said, "**You've got to be kidding me!** They don't need a sermon."

The next day a colleague asked the same question, and my reply was to share information on health care reform. My colleague shared with me that health care is in a state of crisis and on the verge of collapse. So why don't we have the U.S. government declare war on health care like we did in Iraq and spend 8 billion dollars a week to restore it? So part of his tirade has become part of my inspiration for this state of medicine address.

The purpose of the Denver Medical Society is to serve as a professional organization for physicians and osteopathic doctors practicing or residing in the Denver metropolitan area. Also, to support and promote the science and art of medicine; to support the maintenance and improvement of the health of the people; to advance the common ethical, societal, legislative and economic concerns of the medical profession; and to actively support a common voice for the medical profession at the local, state and national levels, including support of and cooperation with the Colorado Medical Society and the American Medical Association.

Each year the Denver Medical Society has become consumed with a glut of issues impacting the practice of medicine daily. These issues run the gamut of HIPAA security rules, insurance mergers (United Healthcare and PacifiCare), hospitals and insurance companies fighting (HCA and United Healthcare), and lawsuits. The DMS scans the breadth of all the developments in health care and attempts to communicate these issues to practicing physicians. This may be the most important role the Denver Medical Society plays for the Denver medical community.

The DMS offers a variety of program topics, educational programs, and monthly updates in the Denver Medical Bulletin. A recent issue highlights a Spanish language program for physicians. I took a Spanish language class twice. And after finishing this course, I wanted to speak Spanish to anyone who would listen.

So, during one of my many deliveries I tried it. As the baby's head was crowning I said, "La cervera feliz navidad." In English that means "Your baby has a beer. Merry Christmas". So now I use an interpreter. But please give me an A for effort.

The DMS hopes that offerings like this result in a two-way communication, soliciting responses and perspectives from members on the issues presented. But I will say that it may take some of you several language classes to master a second language. It only took me two classes.

Finding ways to maintain communications with our busy members is an ongoing task for the DMS. Members are always encouraged to contact the DMS board members with concerns and issues they'd like to see addressed. We as a board take our responsibilities seriously. We act as an intermediary between physicians and the organizations that represent them. We have board meetings and confer with other medical societies and with legislative and community leaders. This helps members see the big picture and reassure you that your concerns and interests are addressed.

So my question is: How can physicians stay up-to-date on all of the issues and at the same time take care of patients? Even if physicians were able to track all of the current developments, what impact could your individual efforts have? That's why you have the DMS and other levels of organized medicine—to bring together those single voices and to advocate for them. Fortunately, in addition to keeping physicians up-to-date, another DMS vital role is to make certain that the voices of Denver physicians are heard at all levels of government and affect some changes in policies.

It is remarkable how each year the physicians of Denver continue to provide outstanding care for their patients while being overwhelmed by an array of issues vying for their attention. For the past 136 years, the DMS has met the challenge of helping physicians sort through issues and helped the doctors serve the interests and needs of their profession and their patients. Each year the tasks become more complex. And each year the DMS and physician members are up to the

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Denver Medical Bulletin: Johnny E. Johnson, Jr., MD, DMS President and Publisher / Alan Y. Synn, MD, Chair of the Board / Nora E. Morgenstern, MD, President Elect / Randall M. Clark, MD, Treasurer / Kathy Lindquist-Kleissler, Executive Director / Barbara Kamerling, Program Director. The **Bulletin** is the official publication of the Denver Medical Society, established April 11, 1871, as the first medical society in the Rocky Mountain West. Published articles represent the opinions of the authors and do not necessarily represent the official policy of the Denver Medical Society. All correspondence concerning editorial content, news items, advertising and subscriptions should be sent to: The Editor, **Denver Medical Bulletin**, 1850 Williams Street, Denver, CO 80218. Phone (303) 377-1850. Fax (303) 331-9839. Web www.denvermedsociety.org. Email: dms@denvermedsociety.org. Postmaster: Send address changes to 1850 Williams Street.



Elected to Lead and Serve Denver Medical Society Officers for 2006-2007

The work of Denver Medical Society is accomplished because of the willingness of so many of our members to agree to serve in a variety of capacities—officers, committees, and delegates to Colorado Medical Society. These physicians generously represent you with their time, energy, and creative ideas.

The new President of DMS, inaugurated at our recent Annual Meeting, is Johnny E. Johnson, Jr., MD. Dr. Johnson has practiced obstetrics and gynecology in the Denver area for over 25 years. He offices in Parker and is building a new office in Lowry. Immediate Past President, Alan Y., Synn, MD, a vascular surgeon with the Vascular Institute of the Rockies in central Denver, has taken over the duties of Chair of the Board of Directors. Nora E. Morgenstern, MD, specializing in geriatric care with Kaiser Permanente, has been elected President-Elect. Our newly-elected Treasurer is Randall M. Clark, MD, who works throughout the metro area with Rocky Mountain Pediatric Anesthesiology.

Our newly-elected member of the Board is orthopedic surgeon, Rajesh Bazaz, MD, a partner with Western Orthopedics. Re-elected for three year terms on the Board are three primary care physicians: Greg J. Gahm, MD, who practices longterm care and administrative medicine; Michael B. Keller, MD, with Denver Family Medicine; and Lucy W. Loomis, MD, practicing in family practice and geriatrics at Denver Health Community Health Center. Internal Medicine physician, D. Brian Winn, MD, has agreed to serve as an appointee to the Board to complete Dr. Clark's term. Dr. Winn is partners with Drs. John Williamson and Lynn Rooney at P/SL.

Continuing on the Board, terms ending one and two years from now, are Drs. Mitchell D. Achee, Naomi M. Fieman, Scott J. Hompland, Janine C. Meza, Randall R. Reves, and Julie M. Sutarik.

Re-elected for three year terms to the Board of Censors are Drs. A. Lee Anneberg, Michael E. Fenoglio, and Edward A. Rhodes. Drs. Mark E. Elles, Robert G. Bosworth, Jr., Glenn T. Foust, III, and W. Gerald Rainer are continuing Censors.

The Patient and Physician Relations Committee has retained all of its former members with Drs. Nancy L. Brown, Edward Goldson, and Bruce Ogin being re-elected for three year terms and Drs. Allan V. Prochazka, Christyna M. Chaudhuri, Kerry S. Fisher, Lisa W. Schatz, and Kim D. Warner having been elected in previous years.

Elected for two year terms as part of the DMS Delegation to the Colorado Medical Society House of Delegates are:

David N. Campbell, MD	Louise L. McDonald, MD
David W. Claassen, MD	Nora E. Morgenstern, MD
John E. DeLauro, MD	Michael Muftic, MD
Donald G. Eckhoff, MD	M. Ray Painter, MD
Glenn T. Foust, III, MD	Edward A. Rhodes, MD
Johnny E. Johnson, Jr., MD	Steven S. Rothenberg, MD
Timothy C. Kennedy, MD	Victor L. Schramm, Jr., MD
Michael L. Lepore, MD	Kim D. Warner, MD

Alternate Delegates just elected are:

Mitchell D. Achee, MD	Stephen K. Frankel, MD
Jack L. Berry, MD	Curtis L. Hagedorn, MD
Jonathan H. Bloch, DO	Harrison F. Hayes, MD
Robert M. Bogin, MD	Herbert L. Jacobs, MD
Camelia N. Bui, MD	Bruce A. Madison, MD
Elinor T. Christiansen, MD	Richard H. Miranda, MD
Michael R. Dayton, MD	

Continuing Delegates serving for another year are:

A. Lee Anneberg, MD	Michael T. McDermott, MD
Rajesh Bazaz, MD	Stephanie A. Miller, MD
Randall M. Clark, MD	H. Andrew Motz, III, MD
Theodore J. Clarke, MD	Debra J. Parsons, MD
David L. Kelble, MD	W. Gerald Rainer, MD
Michael B. Keller, MD	Robert B. Sawyer, MD
Jean S. Kutner, MD	David P. Schnur, MD
Roderick G. Lamond, MD	Del Stigler, MD
Dennis J. Matthews, MD	Alan Y. Synn, MD
Bonnie B. McCafferty, MD	

Continuing Alternate Delegates are:

Nancy J. Arko, MD	Joseph W. Olivere, MD
Daniel S. Bennett, MD	Christopher J. Ott, MD
Brian F. Erling, MD	Girish A. Paranjape, DO
Galen M. Eversole, MD	John D. Sanidas, MD
Michael Napierkowski, MD	

There are 13 Alternate Delegate vacancies in our delegation. If you have an interest in being appointed to this position, contact DMS at (303) 377-1850 or dms@denvermedsociety.org.

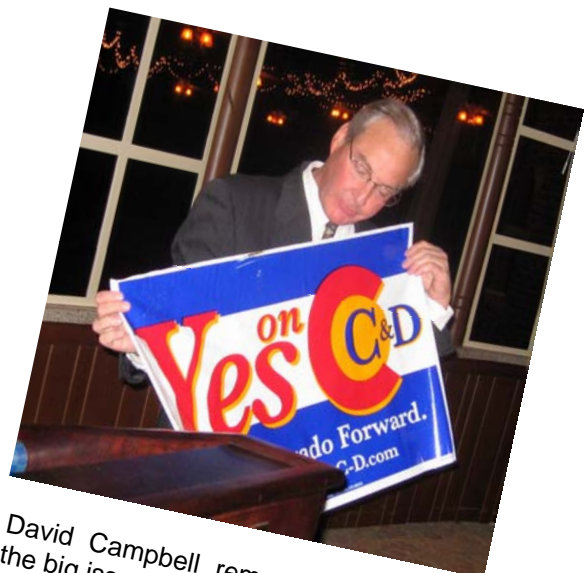
The 2006 Annual Meeting



Alan Synn, MD, the new Chair of the Board, presents David Campbell, MD, the outgoing Chair, with Ferrari memorabilia.



Johnny Johnson, MD, giving his inauguration address.



David Campbell remembering one of the big issues of his tenure.



Mrs. June Johnson and Dr. Johnny Johnson



David Campbell and his wife Char Campbell



Alan Synn (right) congratulates new President, Johnny Johnson.

The 50 Year Physician Honorees



From left to right: Manford M. Oliphant, MD, William P. Nelson, MD, James L. Karel, MD, Albert R. Soberanski, MD, Donald W. Fink, MD, and Donald M. Clark, MD. Two other honorees, David L. Kelble, MD, and Richard D. Talbott, MD, were unable to attend.

DMS Prepares Physicians

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challenge.

For example, this year the leadership from the DMS met with the Denver District Attorney to discuss concerns surrounding the criminalization of errors in medical practice. We expressed deep concerns about the impact criminalization might have on practicing physicians and future physicians.

We are very aware that we face the risk of malpractice litigation and now criminal charges if the patient has a bad outcome. In medicine there are no absolutes. If this kind of thought keeps up there won't be a need for medical schools. The risk of going to jail could be a reality for trying to heal someone or save their life. Although no clear outcome was offered from the DA's representative, you have to know that the leaders of the DMS will continue to monitor the environment in this area and address concerns as they may arise.

As your new president, I would like to see more physicians and doctors participate in impacting laws that affect our livelihood. The laws that determine whether our patients are eligible for health care benefits, whether we will get reimbursed for our services, what rights we have when dealing with HMO's, the government, or hospitals. It all comes down to decisions mandated by a handful of politicians, insurance executives, or hospital administrators, usually behind closed doors. Most insurance executives don't know what side the appendix is on.

We must raise our voices inside organized medicine and come together. We should hire effective lobbyists to advocate for physicians and medicine. We must be heard in our specialty organizations and hospital meetings.

And, the DMS can help you organize and influence your priorities and extend your reach. But we need you to participate.

In conclusion, you must know that the DMS teaches you, protects you and is here to help you. Therefore, don't become overwhelmed with all the issues of health care. You must appreciate what the DMS does for you. The Society wants to help make a better life for you, your patients, and the community we serve. You have to stay sharp and open to the directions and services the DMS provides.

We want and need to be heard and our concerns must be recognized. We must be compensated for what we do and for what we give up. No, we are not catching a football, dunking a basketball, writing a rap song, or destroying a corporation by robbing the employee's pension fund. But we are finding cures for AIDS, diabetes, high blood pressure. We are working 24 hours a day trying to save lives and not deliberately

destroy lives. Yes, we want better. I'd personally like to have a NIKE endorsement for helping patients to conceive, but that hasn't happened yet! So I'll continue to work long hours to better the health of our nation and our families and lead the Denver Medical Society for my full term.

We as physicians cannot conform, but we can transform our strength and efforts to believe we can make a difference in our community and in our organizations. That is why the DMS is so important.

Thank you for attending the DMS 136th annual meeting. I hope you will give me the wisdom of your thoughts during the coming year.

NPI Testing Underway

Physicians should be aware that the Centers for Medicare and Medicaid Services plans to begin testing new software that has been developed to use the National Provider Identifier (NPI) in the existing Medicare fee-for-service claims processes. Until testing is complete, CMS is urging providers to continue submitting Medicare fee-for-service claims in one of two ways:

- Using your legacy number, such as your Provider Identification Number (PIN), NSC number, OSCAR number, or UPIN; or
- Use both your NPI and your legacy number.

Until testing is complete, submitting claims with only an NPI could result in claims being rejected and requiring resubmittal with appropriate legacy numbers.

The compliance date for physicians to utilize their NPI on all claims submitted is **May 23, 2007**, and is less than six months away. Every healthcare provider is responsible for obtaining an NPI by that date and is urged to do so in advance so that it can be shared and appropriately tested with payers, billing services, or those who bill for services you order or refer. Failure to do so could result in a disruption in cash flow next May. Practices should find out when and how the health plans with which they do business will begin accepting the NPI for claims and other standard transactions. Once they are ready to accept the NPI, practices may want to begin testing the system by submitting only a few claims initially to check the plan's ability to accept NPIs and pinpoint any problems which might arise.

A series of monthly 90 minute audio casts highlighting NPI related planning, management, communication and implementation activities have been developed by the Workgroup for Electronic Data Interchange (WEDI). Please note that there is a cost to register for these au-

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NPI Testing Underway

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dio casts. Visit the WEDI website for more information and register at www.wedi.org/npioi/index.shtml.

To learn how to apply for your NPI, visit www.cms.hhs.gov/NationalProvidentStand/. Physicians are reminded to include their legacy identifiers on their NPI applications. When reporting a Medicaid legacy number, you should include the name of the state in which the Medicaid number was received. Physicians who have already received their NPI, but did not include their legacy identifiers when they originally applied, are being urged to go back into the National Plan and Provider Enumeration System (NPPES) to update their information with their legacy identifiers. This information is critical for health plans and clearing houses in the development of crosswalks to aid in the transition to the NPI. Contact information for the NPPES can be obtained at www.nppes.cms.hhs.gov/NPPES/welcome.do or by calling 1-800-465-3203.

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