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Colorado Health Reform: Physician Input Vital

Denver Medical Society members joined with state leaders on June 14 to discuss Colorado's push toward healthcare reform and expanded access for uninsured populations. Senator Bob Hagedorn, Chair of the Senate Health and Human Services Committee, and Representative Anne McGihon, Chair of the House Health and Human Services Committee, joined about 30 interested Denver physicians along with three members of the Colorado 208 Commission on Healthcare Reform, Mark Wallace, MD, Elisabeth Arenales, JD, and CMS President-Elect David Downs, MD, to discuss the status of current efforts and likely future directions.

Mark Laitos, MD, a family practitioner in Longmont and co-chair of the CMS Physicians' Congress on Health Care Reform began the evening's discussion by reviewing the work of the Congress over the past year and discussing the current push to have physicians across Colorado complete the online assessment of the policy matrix which has been developed by the Congress. This tool allows physicians to express their opinions about the policy issues that should be used to evaluate healthcare reform proposals that will be discussed by the 208 Commission and the state legislature. Dr. Laitos emphasized the importance of all physicians taking the opportunity to have their voices heard in the development of a policy position that will guide medicine's participation in future debate and discussion. DMS physicians can access the online survey at www.cms.org by selecting the Physicians' Congress icon.



Sen. Bob Hagedorn and DMS Pres. Johnny Johnson, MD

The physician community was praised by legislators and members of the 208 Commission for their participation to date in the health reform discussion and were encouraged to stay at the table and stay engaged in what may be a protracted effort to address the complex issues involved in achieving healthcare reform and expanding access to vulnerable populations. CMS leaders in attendance, including CMS President Lynn Parry, MD, David Downs, MD, and Ben Vernon, MD, co-chair of the Physicians' Congress assured those present that they are prepared to remain engaged and to make

Practices Urged to Logon to NPI Database. . .Page 3

every effort to hear the concerns and priorities of all members of the physician community.

Many DMS physicians supported the role of the medical community in championing the issues of quality improvement and best practices as important components of reform. Dr. Patricia VanDevander was encouraged by Colorado's process compared to that of Massachusetts where physicians were not actively engaged in discussions leading up to that state's health reform legislation. Several participants acknowledged the need for the medical community to accept accountability for weeding out inappropriate or unnecessary care that has been allowed to occur because of the perverse incentives in the current delivery model. The need for alignment of incentives in order to motivate all players to adhere to quality guidelines was underscored by Dr. James Ogsbury. Dr. Frank Shih expressed the urgency of physicians learning how to regulate themselves in order to prevent others from doing so. He addressed the need to engage patients in making appropriate care decisions that recognize resource constraints.

Addressing the burden of chronic disease, Moshe Ziv, MD, proposed a focus on models of improved chronic care management. Citing statistics which show that one-third of those over age 65 have four or more chronic diseases, Dr. Ziv pointed out the need to tackle this issue as large numbers of baby boomers age.

Participants also reviewed the four reform proposals currently being modeled and studied by the 208

Commission, which can be examined in their entirety at www.colorado.gov/208Commission by selecting the "Health Reform Proposals" section. Several participants and speakers commented on the likely need for new tax funding to implement any of the reform proposals in their entirety as well as working toward long term funding and cost containment to make reform sustainable. Applauding the Colorado Medical Society strategies for long term engagement in this process, Dr. Tim Kennedy urged that physicians speak with a unified voice and clearly articulate medicine's core values which can then be used to evaluate reform efforts.

The Denver Medical Society will continue to inform its members about the health reform process and their opportunities to participate in shaping healthcare reform efforts in Colorado. On July 12, the DMS Young Physicians group will host an evening with Colorado Speaker of the House Representative Andrew Romanoff at the City Park Pavilion. Contact DMS for details or to RSVP. Physicians can also participate in informational sessions and policy development at the CMS Annual Meeting of the House of Delegates to be held in Steamboat Springs September 7-9.

It is vital that physicians take the opportunities available to them now, including completing the online matrix, to make sure that their voices and concerns are accurately reflected in the actions of DMS and CMS leaders. DMS members should feel free to contact members of the DMS Board or the DMS staff directly at 303-377-1850 or www.denvermedsociety.org.



Rep. Anne McGihon urges DMS physicians to stay engaged in health reform debate.



DMS members listen attentively to Colorado health reform leaders.

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.

Colorado NPI Repository The Statewide Sharing of National Provider Identifiers

The Health Insurance Portability and Accountability Act (HIPAA) established a standard National Provider Identifier (NPI) for individuals and organizations that deliver medical services. Not only are physicians and other health care providers required to utilize their own NPI when submitting claims, they must also enter the NPIs of other providers, such as when a physician is making or receiving patient referrals.

The Denver Medical Society, along with the state and other Colorado county medical societies, received numerous requests from members and their staffs for assistance in acting as a repository of NPI information. Physician leadership worked with the Centers for Medicare and Medicaid Services to assure that a directory of NPI numbers could be created without violating federal regulatory requirements.

We are pleased to announce that NPI data can now be shared via the **Colorado NPI Repository**, a secure database available exclusively to DMS members and their staff. The database is searchable by physician name, practice name, specialty, city or zip code. It is maintained in a secure, HIPAA compliant repository by Managed Care Advisory Group (MCAG), our technology partner for this project. We are excited to provide this benefit to our members as part of our ongoing effort to support you in meeting the challenges faced by today's medical practices.

Now we need you to build our Colorado NPI Repository. If you are a DMS member, go to www.denvermedsociety.org and click on the link "Colorado NPI Database". Follow the prompts to simply and safely create your practice profile and edit the pre-populated physician-specific information.

The value of this statewide database is the ease by which physician practices can obtain the necessary NPI data for any physician in Colorado with whom they have a professional relationship. The strength of the database is dependent on the number of Colorado physicians who participate by providing their NPI information.

To avoid liability issues and assure that we meet the guidelines for sharing NPI numbers we can only include society members in this registry. If you do not find a name you need, encourage that non-member colleague to join.

Please feel free to contact MCAG Customer Support at 1-800-355-0466. Press 1 for customer service if you have problems or questions regarding your physicians' records, password creation, or database log-in issues. A customer service representative will be happy to assist you.

If you have not yet obtained your NPI, you can apply online at <https://nppes.cms.hhs.gov>, or by calling the NPI enumerator at 1-800-465-3203.

If you require more information on the NPI, please visit the Centers for Medicare & Medicaid Services website at www.cms.hhs.gov/NationalProvIdentStand.

ENTER YOUR PRACTICE'S ONLINE PROFILE BY JULY 31 AND BE ELIGIBLE FOR A FREE IPOD!

Complete your practice's online NPI database profile by July 31 and you will be entered into a drawing for a free iPod! In order to encourage as many practices as possible to complete their profiles so that the Colorado NPI Repository will be of maximum value to Colorado physicians, the sponsoring medical societies are offering this prize to those practices that contribute to this project by posting their data in a timely manner.

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Colorado's Preparations for Pandemic Influenza

The following information is excerpted from an article submitted to DMS by the Colorado Department of Public Health and the Environment.

What is Colorado's plan in the event of a pandemic influenza?

Colorado's Pandemic Influenza plan is available on the website of the Colorado Department of Public Health and Environment <http://www.cdph.state.co.us/bt/panflu.html>. In general, the plan is in place to support regions, counties, municipalities or other areas of the state in the event of a pandemic influenza. The state has provided funding through federal grants to help local public health agencies prepare their communities. It often is said that all disasters and all emergencies are local. If a pandemic influenza reached the state, it first would be identified in as few as a single locality. The state is prepared to activate and mobilize its resources to assist in locations as needed. In addition, in the event of a statewide pandemic, the state also can call on federal resources for assistance.

Who is in charge in Colorado in the event of a pandemic?

The governor has the ultimate authority. A 2000 state statute called for creation of a 22-member advisory committee, the Governor's Expert Emergency Epidemic Response Committee, to advise the governor in the event of an emergency epidemic caused by bioterrorism, pandemic influenza or novel and highly fatal infectious agents or biological toxins. The committee already has developed a supplement to the Colorado State Emergency Operations Plan that was approved in 2001. The committee's priorities include the following:

- protecting human life (highest priority)
- controlling the further spread of disease
- meeting the immediate emergency needs of people (specifically medical services, shelter, food, water and sanitation)
- restoring and continuing operations of facilities and services essential to the health, safety and welfare of people and the environment
- preserving evidence for law enforcement investigations and prosecutions

This committee of health and medical experts would be convened rapidly in the event of a disaster emergency, assess all available information and make recommendations to the governor.

Other than allocating state resources, what else can the Colorado governor do in the event of a pandemic?

The governor has the broad powers to meet an emergency. See C.R.S. § 24-32-2104(7). In any disaster, the governor may "suspend the provisions of any

regulatory statute prescribing the procedures for conduct of state business or the orders, rules, or regulations of any state agency, if strict compliance with provisions of any statute, order, rule, or regulation would in any way prevent, hinder, or delay necessary action in coping with the emergency."

What is Colorado's approach to anti-viral medications such as Tamiflu?

There are more than 600,000 10-day treatments of Tamiflu reserved for Colorado through the Strategic National Stockpile. While the CDPHE is supporting local public health agencies that want to purchase additional antivirals at the federal contract price, the department has decided not to purchase additional courses of Tamiflu through the federal government for the following reasons:

- Any Tamiflu purchased through the federal contract must be used only to treat influenza; it cannot be used to protect the uninfected from getting influenza. Perhaps most importantly, there is little evidence regarding the effectiveness of Tamiflu in treating a novel pandemic influenza such as H5N1.
- Any Tamiflu purchased through the federal contract that is not used by the drug's expiration date must be discarded and cannot be rotated.

In light of the above, Colorado will be purchasing a smaller quantity of Tamiflu apart from the government contract, so that there will be flexibility in having some pre-positioned antiviral drug available. This pre-positioned supply can be maintained without expiring and can be used to support local decisions about the most effective use of the drug in response to a pandemic or other influenza-related event.

How will antivirals such as Tamiflu be used in Colorado?

First, as directed by the federal government, the 600,000 10-day treatments available to the state from the national stockpile will be used to treat the sick in the event of a pandemic. These courses cannot be used to protect others from a possibility or likelihood of contracting the virus.

Second, the Tamiflu purchased directly by the state can be used to protect those individuals most at risk of contracting the virus. In the event of a pandemic, Colorado will use its Tamiflu to help protect individuals, such as health care workers, emergency response personnel and others, who are most directly responsible for working with the already sick and who, therefore, are most at risk of contracting and spreading the virus.

How has Colorado used the federal funds received for emergency preparedness?

Colorado has received approximately \$16 million to fund public health emergency preparedness activities

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Colorado's Preparations

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this year. The majority of that money has been distributed to local health agencies to lead and support planning at the local level. The remaining funds are being used by the state to provide the state level preparedness capacity that is needed with any response. Colorado Department of Public Health and Environment also has received a one-time federal funding of nearly \$5.2 million to further enhance pandemic planning and preparations. Of these funds, \$3.3 million has been awarded directly to local public health agencies.

How many patients could be accommodated by Colorado's health care system? What is Colorado's "surge capacity" in the event of a pandemic?

Colorado has more than 10,000 hospital beds. Of those, only about 10 percent are available at any one time. In addition to the beds already in place through the state's many health care providers, the state has an additional 6,500 emergency medical beds in strategic locations around the state. The issue in Colorado is not available beds; rather it will be medical personnel to staff the beds.

What steps is Colorado taking to help increase the number of medical staff members available?

The state has contracted with the Disaster Medical Assistance Team of Colorado to manage a statewide Colorado Public Health and Medical Volunteer System database. Marketing/public information efforts are underway to help attract additional volunteers to register in the database. The primary purpose of the effort is to have a single database of qualified/trained medical volunteers who can be called upon in the event of medical necessity. The system also will allow nonmedical volunteers to sign up for logistical or administrative support assistance.

Where can I go for other information to help me, my community and my household prepare for a possible pandemic emergency?

Please visit the following Web sites for addition information, fact sheets and questions/answers:

Colorado Department of Public Health and Environment

<http://www.cdphe.state.co.us/bt/panflu.html>

U.S. Centers for Disease Control and Prevention

<http://www.cdc.gov/flu/pandemic/cdcplan.htm>

READYColorado <http://www.readycolorado.com/>

Will Colorado have a hotline number for people to call for information?

Yes, the CoHELP line at 1-877-462-2911. The Colorado Department of Public Health and Environment will work with CoHELP staff to provide updated information about any large-scale, health-related emergency such as pandemic influenza.

Pan Flu and Other Disasters Preparedness Dinner Meetings

July 19, 2007, 6:30 P.M. , Sheraton Denver Southeast

August 21, 2007, 6:00 P.M., Lakewood Country Club

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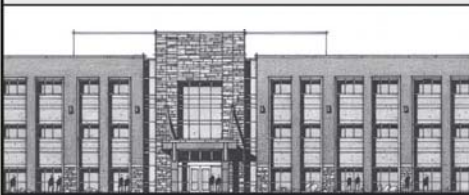
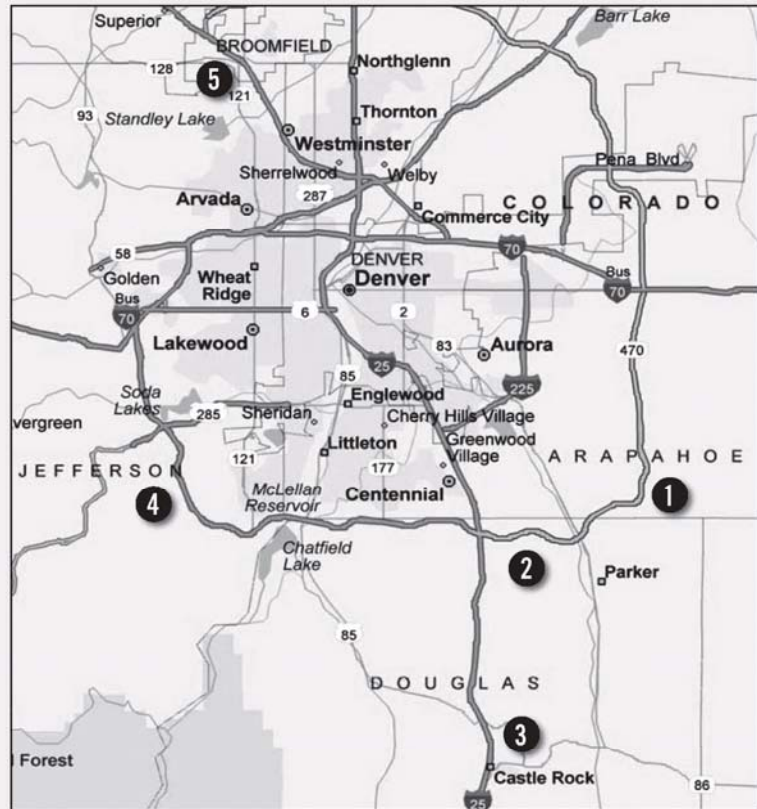
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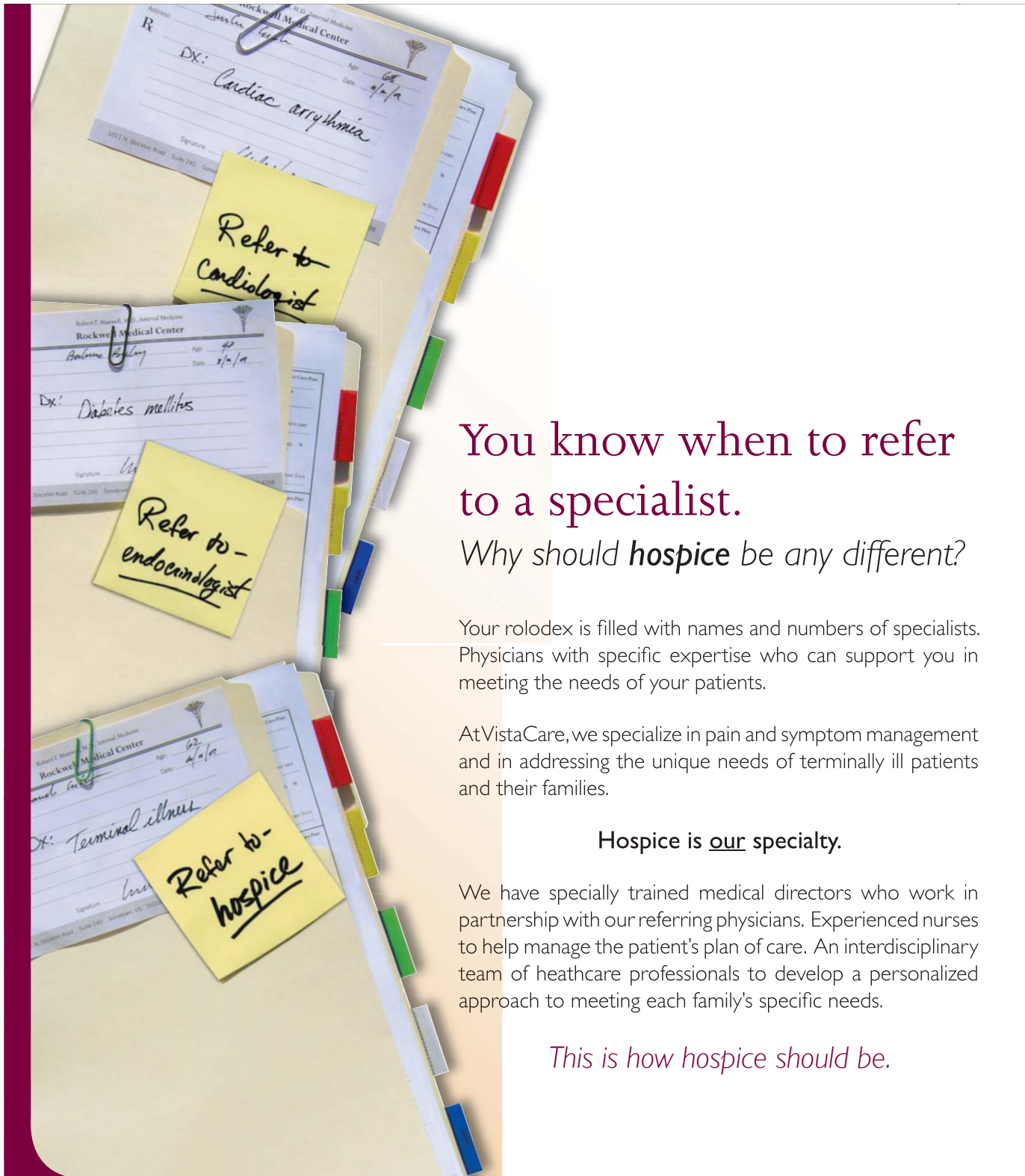
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