



DENVER MEDICAL BULLETIN

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Health Reform Proposals Go to Legislature

The Colorado Blue Ribbon Commission for Health Care Reform submitted their report to the Legislature on January 31. Below are the Commission's summaries of the five proposals they presented. Additional detail, along with the Commission's final recommendations, can be viewed at www.colorado.gov/208commission.

Proposal 1: Better Health Care for Colorado, submitted by the Service Employees International Union

Key elements

- No requirements for individuals to purchase or employers to provide insurance
- Expands Child Health Plan Plus (CHP+) to 300% of the federal poverty level (FPL)
- Provides private insurance coverage for "working poor" adults
 - Choice of plans offered through health insurance exchange
 - Offers subsidies for private insurance purchase to parents and childless adults up to 300% FPL, or individuals may use subsidy to purchase employer-sponsored insurance
- Uninsured workers above 300% FPL and small businesses that do not offer health insurance can purchase coverage through the exchange without a subsidy.
- All plans offered through the exchange must provide at least a "core" minimum benefits package.
 - Annual benefit maximum of \$35,000
 - Monthly premium cannot exceed \$150-250 depending on income.

- Modified community rating for the minimum benefit package
- No deductible
- Medicaid reform
 - Medicaid managed care; Primary Care Case Management in rural areas
 - Pay-for-performance for hospitals and long-term care facilities
 - Consumer-directed home care
- Long-term care reforms
 - Increased access to home and community-based services for people with disabilities and seniors
 - Achieve cost savings through placing recipients in least restrictive settings
 - Improves home and community-based workforce to meet growing needs of consumers

Cost containment strategies

- Preventive care
- Medicaid managed care
- Medicaid preferred drug list and specialty pharmacy program
- Home and community-based long term care

Estimated annual spending \$30.7 B
Estimated new state spending \$389 M

Proposal 2: Solutions for a Healthy Colorado, submitted by the Colorado State Association of Health Underwriters

Physician's Practice Toolbox is Here. . .Page 3

Key elements

- All Coloradans required to have insurance. Those with insurance get income tax credit; those without pay tax penalty
- Core limited benefit plan for individual insurance
 - All carriers must offer core benefit plan
 - Annual benefit maximum of \$50,000
 - Guaranteed issue
 - Limited health status rating
- Subsidies for those up to 250% FPL
- Expands CHP+ to children up to 250% FPL
- Expands Medicaid to parents up to 100% FPL
- In addition to employer-sponsored plans, individuals will have a choice of plans offered through "health insurance connector".
- Any benefit mandate that affects less than 1% of the population and contributes more than 1% of the cost of claims would be eliminated.
- Establishes reinsurance pool to cover cost of high-dollar claims (>\$100,000)
- Uniform/standardized payments to providers
- Reforms medical malpractice laws, including limits on non-economic damages

Cost containment strategies

- Pay-for-performance for providers
- Medical malpractice reform
- Preventive care and wellness

Estimated annual spending \$30.4 B

Estimated new state spending \$853 M

Proposal 3: A Plan for Covering Coloradans, submitted by Committee for Colorado Health Care Solutions

Key elements

- All Coloradans required to have insurance or pay assessment through income tax filing if they do not
- All employers required to either contribute to employee coverage or pay assessment

- Merge individual and small business purchasers into one pool
 - Require guaranteed issue, pure community rating for plans offered through the pool
- Subsidies for those up to 400% FPL
 - Safety net providers must be included in subsidy program
- Minimum benefit package
 - Comprehensive coverage (including dental, mental health, substance abuse, prescription drugs, other benefits)
 - Standardized benefit plans to allow consumers to compare plans
- Expand public programs for disabled (buy-in for those up to 300% FPL), elderly (up to 100% FPL), medically needy (50% FPL), children and parents (up to 300% FPL) and childless adults (up to 100% FPL); merge Medicaid and CHP+

Cost containment strategies

- Standardized claims forms, billing and payment
- Preventive care, wellness and early interventions
- Disease management programs
- Medicaid Preferred Drug List and 304b pricing

Estimated annual spending \$31.4 B

Estimated new state spending \$2 B

Proposal 4: Colorado Health Services Program, submitted by Health Care for All Colorado Coalition

Key elements

- Single-payer program governed and administered like a public trust
 - Governing board sets annual budget and determines provider rates
 - Create Colorado Health Trust insulated from general state budget
 - Index funding to rate of growth (e.g., GDP)
- Funded through income tax and payroll deductions

(Continued on page 4)

Denver Medical Bulletin: Nora E. Morgenstern, MD, DMS President and Publisher / Johnny E. Johnson, Jr., MD, Chair of the Board / Randall M. Clark, MD, President Elect / Michael B. Keller, 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.

New Member Service: The Physician's Practice Toolbox

"We see lots of patients every day, but the numbers just aren't adding up—if we don't get a handle on it soon I may have to close my practice."

"Staff turn-over is killing our productivity—there must be tools to help us address this, but how do we find them?"

"I try to run an efficient practice, but I'm a physician not an accountant. How do I know if I'm doing the right things?"

Sound familiar? It certainly does to DMS. Unfortunately, with the current business environment for medical practices these are the kinds of things we hear with increasing frequency, and often not until after a practice has decided to throw in the towel or has dug an even deeper hole. To help respond to these challenges we are excited to introduce a new service for our members, **The Physician's Practice Toolbox.**

The Physician's Practice Toolbox is designed to help you care for the health of your practice by offering easy-to-find, -use, and -afford tools that can improve the overall business health of medical practices and identify problem areas before they threaten your practice's viability. The tools available can be used by practice managers to support their efforts, by staff to improve performance and efficiency, and by physicians to measure their practice's performance and identify opportunities for improvement.

The toolbox approach emphasizes:

- Simple processes
- Proven practice solutions
- Education that's convenient and self-paced
- Access to knowledgeable and acknowledged experts
- Easy, inexpensive access to information, resources, and expertise

It offers help with financial, operational, staffing, and technological challenges affecting all medical practices.

What's in the Toolbox? Self-assessment tools addressing topics like overall practice performance, billing, human resources, coding and reimbursement, and cash handling procedures. These can help you and your practice manager identify areas of concern and decide how to proceed. Mini-audits that link you to proven practice management experts that can help you identify problems and easy-to-implement solutions specific to your practice's needs. A Resource Directory that

you can consult on-line to find screened resources and experts who actually understand and have experience in the issues facing medical practices—and evaluations from your peers who have worked with them. Webinars to help you and your staff gain the skills to run an efficient practice. Currently, the Webinar Library includes 12 topics, from "How to Create and Use a Medical Practice Budget" to "How to Hire and Fire" and "Borrowing 101".

We've tested this program with four local practices and the responses were enthusiastic and positive. DMS members will be able to access the assessment quizzes and Resource Directory on-line for free, while the mini-audits are heavily discounted at a member price of \$500, and Webinar pricing will be in the \$39-99 range.

The Physician's Practice Toolbox is designed to respond to your interests and your needs. Features and topics will be added based on your feedback. New technologies to enhance service are being considered if demand warrants. DMS envisions the Toolbox as a partnership with our members which will evolve to meet your most critical practice needs. We hope you will actively participate in that partnership. Join us on Thursday, February 27, to learn more about how The Physician's Practice Toolbox can help you, or contact us at (303) 377-1850 or (303) 779-7760.

Introducing

The Physician's Practice Toolbox

Join us Feb. 27th to find out all the details!

What your DMS colleagues are saying. . .

"Addresses daily annoyances in your practice."

"Paid for itself with one suggestion alone."

"Gives you a sense of where your practice stands."

Thursday, Feb. 27, 2008, at 6 PM
DMS office, 1850 Williams Street
Refreshments Provided
RSVP: (303) 377-1850

Health Reform Proposals

(Continued from page 2)

- Employers may pay for employees
- Covers everyone who has lived in the state at least 3 months, including those enrolled in federal programs such as Medicare, TRICARE, FEHBP, etc.
- Basic benefit package for all based on current Medicaid benefits
 - Cover primary care, hospitalization, lab, emergency, auto and workers' comp, mental health, substance abuse, dental and other benefits; eventually add long-term care
 - Long-term care (room and board excluded for higher income)
 - Minimal co-pays assessed for services
- Statewide patient health information network for cost, utilization and quality information
 - Use data to reward providers for high-quality care and identify and fund training needs

Cost containment strategies

- Administrative savings through consolidation
- Preventive care and early interventions
- Single statewide formulary
- Home-based long-term care

Estimated annual spending \$28.7 B
Estimated new state spending \$15 B

Proposal 5: Submitted by the 208 Commission on Health Care Reform

Key elements

- Individual mandate – all Coloradans must have insurance or pay assessment through income tax filing if they do not
- Employers not required to offer insurance
 - Required to offer payroll deduction/pre-tax plans to help employees to purchase insurance themselves
- "Connector" for individuals and small employers to purchase insurance
- Reform individual insurance market
 - "Healthy" people can't be turned down
 - Premiums can vary by age, geography
 - Equivalent coverage for mental and physical health
 - Expand Cover Colorado to cover more people with chronic conditions
- Subsidies up to 400% FPL
 - Subsidies for purchase of basic benefit plan

- Catastrophic care fund for those eligible for subsidy
- Combine and expand Medicaid/CHP+
 - Cover children up to 250% FPL
 - Cover parents and childless adults up to 205% FPL
 - Buy-in program for disabled
 - "Medically Needy" and "Medically Correctable" programs
 - Increase funding for home and community-based service waiver programs
- Optional "Continuous Coverage Portable Plan" similar to Medicare
- 24-hour coverage option for employers

Cost containment strategies

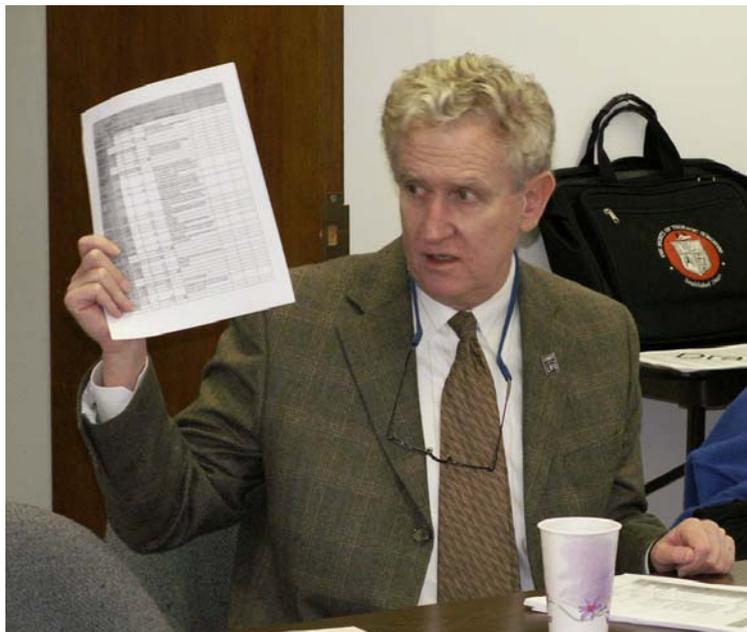
- Administrative savings: Uniform eligibility and coverage systems, streamlined provider credentialing, standardized prior authorization procedures and claims processes
- Chronic care management
- Preventive care and wellness
- Asset test for new parents and childless adults in Medicaid/CHP+ and subsidy program

Estimated annual spending \$31.1 B
Estimated new state spending \$1.1 B

Differences in cost and coverage impacts are driven by program elements, for example:

- Proposal 1 does not require individuals to have insurance, thus has a smaller impact on reducing the number of uninsured than other proposals, even though it expands public programs and facilitates the purchase of private insurance. It has a limited benefit package, so costs less than the others.
- Proposal 2 requires individuals to have insurance, expands public programs and facilitates the purchase of private insurance, thus has a significant impact on reducing the number of uninsured. It has a limited benefit package and lower subsidy levels, so costs less than some of the others.
- Proposal 3 requires individuals to have insurance and employers to provide it, expands public programs and facilitates the purchase of private insurance, thus has a significant impact on reducing the number of uninsured. It has comprehensive benefits and high subsidy levels, so is more expensive than some of the others.
- Proposal 4 covers everyone automatically. Because it eliminates many administrative layers it brings overall system costs down. However, because it is publicly administered, it represents higher new costs to the state than other proposals.

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DMS representative to the Physician Congress for Health Reform, Bruce Madison, MD, presents the Congress' analysis of proposals.

DMS Board Considers Health Reform Proposals



Nora Morgenstern, MD, DMS President, responds to proposed reform measures.



DMS board members Randall Reves, MD, and Jean Kutner, MD, consider how to evaluate ideas for reform.

The Denver Medical Library is at Your Fingertips

It has been an exciting year and one filled with change at the Denver Medical Library, the library for the Denver Medical Society. Our two biggest changes are a move to electronic journals and a new way to access all DML electronic content* from any computer with internet access. **That's over 7,000 eJournals, 50+ databases, and 119+ electronic books at your fingertips!**

Imagine being able to access an article or database in just a few clicks from your home, office, or hospital computer. Imagine not having to install any programs or remember complex instructions. Now you can do just that with your Denver Medical Library membership.

Our new easy system of remote user authentication is called EZProxy! Just go to www.denvermedlib.org and select a database, eJournal, or eBook and if you are not in the library physically, a screen will appear which asks for your username and password. Then put in your code and you can continue on to whatever it was you wanted to use. Remember to use the *second* link to PubMed on our homepage, the one titled "PubMed for EZ Proxy Users". This is necessary to make sure you have the correct links to full text articles from PubMed.

Health Reform Proposals

(Continued from page 4)

- Proposal 5 requires individuals to have insurance, expands public programs and facilitates the purchase of private insurance, thus has a significant impact on reducing the number of uninsured. It has comprehensive benefits and high subsidy levels, so is more expensive than some of the others.

NOTE: All proposals contain various investments (e.g., increased use of health information technology, changes to provider reimbursement, etc.) that represent up-front costs but potential downstream savings. Those are not included in these lists of cost containment strategies but are important tools for reducing overall system costs.

The Commission's recommendations, presented to the Legislature and available on their website, are largely drawn from the 5th proposal, as well as elements from the 31 additional proposals originally submitted and reflect common themes from public hearings across the state and the Commission's Task Forces.

Do you already have remote access to DML with your VPN software? No problem, just use the same login and password you have always used when you come to the above screen. If you do not know what your codes are or they aren't working like you expected, please get in touch with us, as our records may have become inaccurate over time, especially if you have changed your password.

If you haven't signed up for portal access to DML, you should! You can try it out for the first quarter of 2008 using the following login: denmedsoc and password: skeleton. This combo will expire March 31st 2008. After that, call the library to find out how to set up your one year subscription for only \$100! (\$100 probably wouldn't pay for a personal subscription to *one* journal, so it's a pretty good value).

Denver Medical Library can be reached for more information Monday through Friday 7-5 at 303-839-6670, info@denvermedlib.org. We are on the first floor of Presbyterian/St. Luke's Medical Center, 1719 E. 19th Ave., Denver, CO.

* *UpToDate is the one exception: It is only available to those physically at the library.*

MEETINGS & CONTINUING ED

April 2-5, 2008—**Pelvic Floor Disorders Symposium: A Multidisciplinary Approach.** Sponsored by HealthONE and Rose Medical Center. A maximum of 11 **AMA PRA Category 1 Credits** available. Sonnenalp Resort, Vail, CO. For information call (303) 938-9237. To register online visit www.rosemed.com.

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SWEDISH HEALTH PARK SOUTHWEST (Wadsworth and Bowles) in Littleton. Sub-Lease available. Third floor office with lake views. Invision radiology on first floor of office. Plenty of parking space. Please contact Diane at (303) 933-9050.

Medicine’s Day at the Capitol

Monday, February 25, 2008

Colorado State Capitol



SCHEDULE OF EVENTS

9:30 a.m.: Registration, Old Supreme Court Chambers, 2nd Floor of the State Capitol

10:00 a.m.: Legislative Program

“Key legislators offer their projections on health care reform and the 2008 Session”
Old Supreme Court Chambers

11:30 a.m.: Break for Lunch—12:00 Noon: Lunch with your Legislators

*Luncheon Program: “Colorado’s Comprehensive Health Care Reform Outlook”, 208 Commissioners
Bill Lindsey, 208 Commission Chair, David Downs, MD, CMS President
Warwick Hotel, 1776 Grant Street—Lunch Cost \$25*

1:30 p.m.: Adjourn

Medicine’s Day at the Capitol, Monday, February 25, 2008

REGISTRATION FORM

Name: _____

Address: _____

Phone: _____

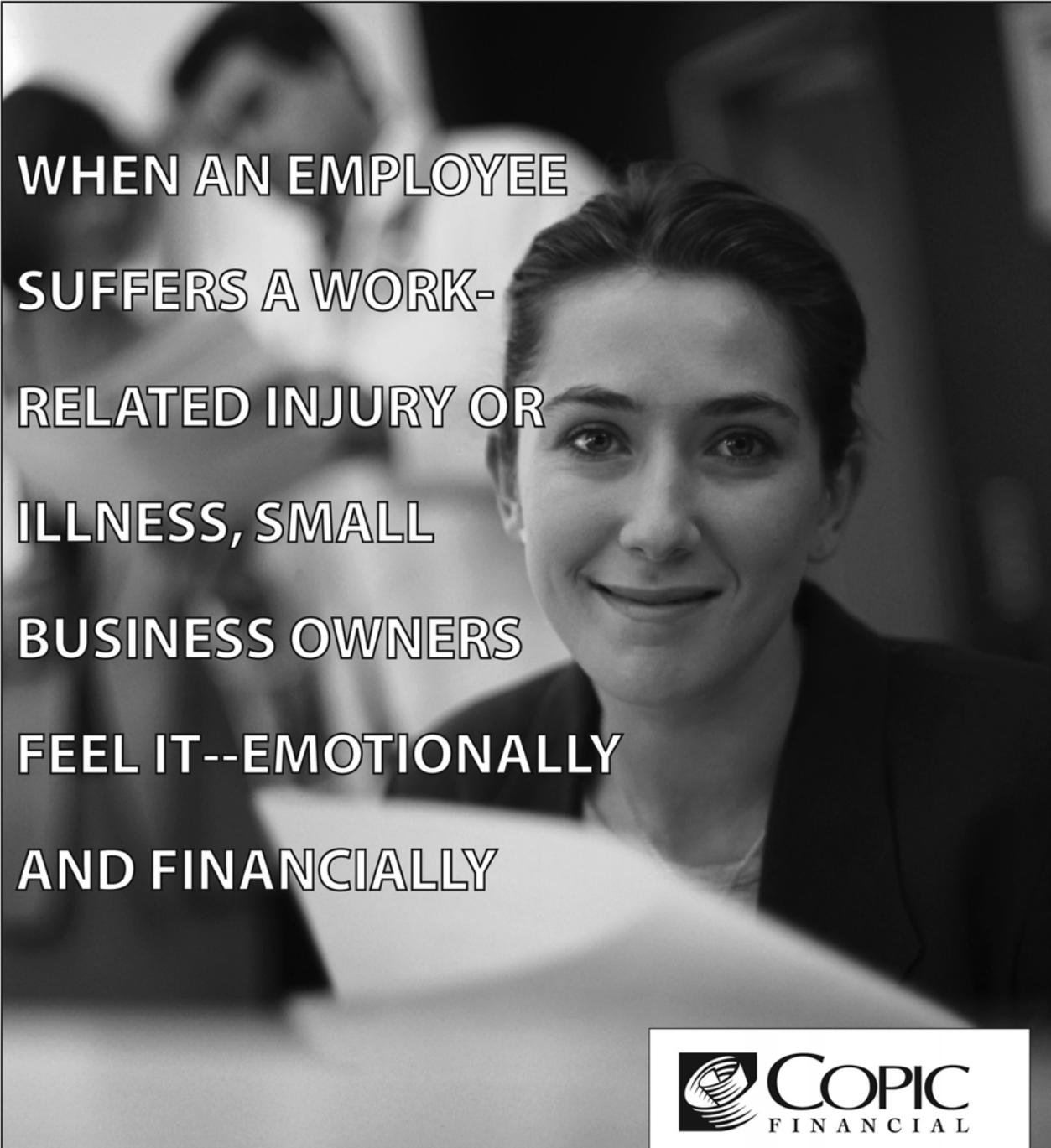
County Society: _____

Specialty Society: _____

My legislators are: _____

Lunch: \$25.00 per person Member: _____ Spouse: _____ Guest(s): _____ Total: _____

Mail your registration and check (payable to CMS) by February 15th to:
Greg Maloney, Colorado Medical Society
P. O. Box 17550, Denver, CO 80217-0550



**WHEN AN EMPLOYEE
SUFFERS A WORK-
RELATED INJURY OR
ILLNESS, SMALL
BUSINESS OWNERS
FEEL IT--EMOTIONALLY
AND FINANCIALLY**



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