



# **DENVER MEDICAL BULLETIN**

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## **Welcome to the Neighborhood! Patient-Centered Medical Homes and Neighborhoods**

**T**he DMS Young Physician group joined with their other DMS colleagues on February 26 to hear a presentation entitled “Welcome to the (Medical) Neighborhood!” at the Wellshire Inn. The evening, sponsored by The Doctors Company, was the first of the ongoing quarterly gatherings for 2010. With the attention on the design of health care delivery and payment reform, the program addressed the issues both specialists and primary care physicians need to grasp as policymakers and health plans push for integration and increased accountability for physicians and other health care providers.

Using the model of the patient-centered medical home/neighborhood (PCMH), Scott Hammond, MD, discussed ways in which these issues can harness new models of care delivery to improve both patient care and practice viability. Dr. Hammond, a family physician practicing in Westminster, is also currently serving as the Medical Director for the System of Care Initiative, a two-year grant program funded by the Colorado Health Foundation seeking to develop strategies and to provide education and technical assistance to enable Colorado physicians to make informed decisions about their participation in medical home and integrated system models.

The Initiative is a collaboration between the Colo-

rado Medical Society, CCGC, and primary care societies in Colorado supporting physicians in becoming medical homes and working with specialists to create integrated medical neighborhoods. The intent of the Initiative, based on input from statewide engagement with practicing physicians and directed by a multi-disciplinary steering committee, is to simplify the message around system of care models and create a coordinated approach for the medical community; provide education and resources to practices to support actionable steps; improve communication and understanding between primary care and specialty care physicians; and support policy changes that advance medical home and medical neighborhood models such as payment reform and health information exchange.

Dr. Hammond began his presentation by reviewing the real world challenges both primary care and specialty physicians face in trying to deliver comprehensive high-quality management in a complex and fragmented delivery system. Despite physician commitment to provide quality patient care, barriers to changing behavior include a lack of time to institute new systems, dysfunctional and out-dated clinical infrastructure, a natural resistance to change, and a

### **Principles of Patient-Centered Medical Home**

- ▶ Personal Physician
- ▶ Physician Directed Medical team
- ▶ Whole Person Orientation
- ▶ Care is Coordinated and/or Integrated
- ▶ Quality and Safety
- ▶ Enhanced Access
- ▶ Payment Reform

reimbursement system that still responds to fragmented service delivery rather than outcomes.

One of the models being closely examined in the search for new modes of delivering comprehensive, coordinated, and efficient patient care is the patient-centered medical home, which offers a path to redefining and redesigning primary care as well as integrating evidence-based, multi-disciplinary care across the delivery system.

Over 40 states have some sort of medical home pilot activity underway. The results from these pilots have been impressive so far. At the Geisinger Clinic, a 20% reduction in hospitalizations has been achieved, while a Medicaid pilot in North Carolina was able to ensure that 94% of diabetics received two or more primary care visits per year while achieving over \$400m in savings over four years. Intermountain Health Care System recognized savings of \$640 per year per patient in their program. In Colorado, several medical home projects are already underway in addition to the System of Care Initiative. These include the Colorado Family Medicine Residency Practice and Curriculum Improvement Project, the Colorado Children's Healthcare Access Program, the Safety Net Medical Home Initiative and the Colorado Medical Home Initiative.

Moving beyond the benefits of a medical home to primary care practices and their patients, Dr. Hammond described the concept of a medical neighborhood, which consists of health care and non-health care professionals that share care for the same patients. This neighborhood might include other providers, such as specialists, hospitals, nursing homes, pharmacists;

mental health providers, case management and social service professionals; and community resources including community centers, support groups, churches and other entities providing education and support to patients.

In the medical neighborhood both primary care and specialty physicians actively define the terms of their interactions focusing on transitions of care, collaborative care management, access and patient communication. This type of integration can result in improvements in patient care, survival of currently threatened primary care practices, a model which supports the autonomy of specialty physicians, and creation of a sustainable delivery system which also will help physicians to reclaim the joy of practicing medicine.

The System of Care Initiative will be offering ongoing opportunities for physicians to learn more about the patient-centered medical home/neighborhood across the state. It will be part of the CMS Spring Meeting in Vail, April 30-May 2, that will focus on integrated delivery models including the PCMH and Accountable Care Organizations (ACO). Through

the participation of the Colorado Academy of Family Physicians (CAFP), a program entitled Parade of Homes provides an opportunity for physicians to visit established, NCQA recognized medical home practices and learn from the experience of physicians and their staffs who have gone through the transition. Contact Angel Perez at CAFPP for information on dates and locations at [angel@ColoradoAFP.org](mailto:angel@ColoradoAFP.org) or (303) 696-6655 x16.

Watch for future announcements about upcoming Young Physician dinners that will focus on other topics of concern and interest to our members!

### WHAT PCMH IS AND IS NOT

- ▶ PCMH is not just about more new money for Primary Care.
- ▶ It is not about just doing a better job of chronic disease management.
- ▶ It is about the survival of Primary Care and the viability of Health Care System.
- ▶ It is about redefining and redesigning Primary Care.

**Denver Medical Bulletin:** Michael B. Keller, MD, DMS President and Publisher / Randall M. Clark, MD, Chair of the Board / Naomi M. Fieman, MD, President Elect / Lucy W. Loomis, 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](http://www.denvermedsociety.org). Email: [dms@denvermedsociety.org](mailto:dms@denvermedsociety.org). Postmaster: Send address changes to 1850 Williams Street.



# SPANISH FOR THE MEDICAL PROFESSION

Friday, May 21—Monday, May 24, 2010

Denver Medical Society, 1850 Williams Street, Denver

The Denver Medical Society is offering a four-day intensive, total-immersion learning experience in conversational and medical Spanish for physicians, nurses, PAs, NPs and other medical staff. This is the fourteenth offering of this highly popular class conducted by Rios Associates, although the first to cover **four days**.

**It's longer! It offers a ton of CMEs! But you have to plan now.**

The cost of the class is \$499 for DMS members, \$599 for non-members, including text book, a corresponding set of 10 CDs and **43 CME credits through ACEP, AAFP or AANP or 43 CMEs through the AMA!** To register, complete the coupon below and include payment. All payments will be held until 15 people have registered. If we are unable to enroll 15 participants, all checks will be returned and credit card information will be destroyed. No cancellations after April 30, 2010. Call 303-377-1850 or email [dms@denvermedsociety.org](mailto:dms@denvermedsociety.org) for additional information.

*\*\*\*COPIC is offering a limited number of \$250 scholarships for COPIC/DMS members who have not participated in this offer previously, on a first come-first served basis. Don't delay.*

Enroll me in *Spanish for the Medical Profession* course offered May 21-May 24, 2010.

Name: \_\_\_\_\_ Intermediate Class \_\_\_\_\_  
 Address: \_\_\_\_\_ Beginner Class \_\_\_\_\_  
 Phone: \_\_\_\_\_

Please make checks payable to the Denver Medical Society and mail with registration to 1850 Williams Street, Denver 80218. You may fax credit card registrations to (303) 331-9839.

**DMS members - \$499      All others - \$599**

Payment enclosed:     Check     Credit Card  
 VISA  MasterCard  Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_  
 Cardholder Name and Address \_\_\_\_\_  
 (if different from registrant) \_\_\_\_\_  
 Signature \_\_\_\_\_ Phone \_\_\_\_\_

## Helping You Care for the Health of Your Practice

# Denver Medical Society Announces Physicians Practice Toolbox 2.0!

*You Asked for Changes and We Made Them!*

### Login

Visit [www.physicianspracticetoolbox.com](http://www.physicianspracticetoolbox.com) today and register for your free membership.



### Learn

Self assessments, webinars and other tools are part of each group. Choose the groups that most interest you:

- Practice Management,
- Revenue Cycle Management,
- Human Resources,
- Healthcare Information Technology,
- Many more groups to choose from.

New content is added to each group regularly.

### Connect

An online social network made up of thousands of physicians, office managers and support staff!

- Connect with experts in medical office management,
- Participate in group discussions,
- Consult with other members one-on-one,
- Search, locate and connect with other members.

You'll be surprised how quickly your network will grow.



### Share

It's about the physician practice community coming together to support one another. We need your participation to help it grow.

- Create an online profile for yourself and your practice,
- Share articles, websites and tools that are useful,
- It's easy for other medical offices to connect with you.

Login today and learn more or contact us:

[info@physicianspracticetoolbox.com](mailto:info@physicianspracticetoolbox.com) (303) 779-7760

Brought to you by:



*National MS Awareness Week: March 8-14, 2010*

## MS FIVE: What Every Physician Should Know About MS

Colorado is known for great lifestyles, its natural beauty, and its climate. For many it is also a place where multiple sclerosis (MS) has a strong foothold. Five facts every physician should know about MS are:

1. Colorado has one of the highest incidences of MS in the nation.
  - One in every 520 Coloradans has MS as compared to 1 in 750 in the U.S. and 1 in 2,000 in southern states.
  - There are more than 9,500 Coloradans living with MS.
2. Symptoms vary from person to person depending on where the central nervous system is affected, making it difficult to initially diagnose.
  - Common symptoms include balance and gait issues, cognitive and sensory problems, fatigue, tremors, vertigo and dizziness, visual impairment and heat intolerance.
3. MS targets by gender.
  - Nearly 75 percent of people diagnosed with MS are women.
4. The National MS Society, the largest private funder of MS research in the world, funds 10 research projects in Colorado.
  - The National MS Society directs \$40 million annually to fund 335 research projects worldwide in search of therapies and a cure.
5. There is progress. There are currently 6 disease-modifying medications approved by the U.S. Food and Drug Administration (FDA) for use in relapsing forms of MS to slow the progression of MS.
  - The first oral therapy has been approved by the FDA to improve walking ability for people with all types of MS.

The Colorado Chapter offers resources for every stage of MS, as well as support for caregivers, friends, family and loved ones, including self-help groups, support groups, care management, financial assistance, fitness and education classes, advocacy services, and a National Call Center, which is staffed by master's level personnel. The Chapter has offices in Denver, Fort Collins, Grand Junction, and Colorado Springs, with each office providing local programs and support for your patients living with MS and their families.

The Colorado Chapter of the National Multiple Sclerosis Society encourages every person with MS to maintain a health lifestyle and engage a physician for optimal care.

MS information is available for physician offices by calling 1-866-678-7328.

*This information is provided by the Colorado Chapter of the National Multiple Sclerosis Society.*

## Update on Claims Processing for Ordering/Referring Providers

The Centers for Medicare and Medicaid Services (CMS) will delay until January 3, 2011, the implementation of Phase 2 of new Medicare enrollment rules requiring current Medicare enrollment records for all practitioners who are eligible to order items or services for Medicare beneficiaries or who refer Medicare beneficiaries to other Medicare providers or suppliers.

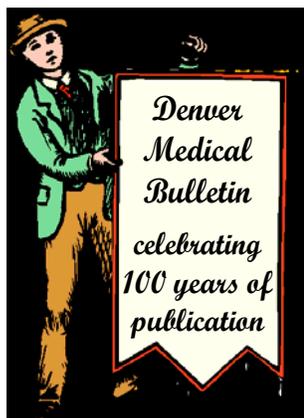
This delay will give physicians and non-physician practitioners sufficient time to enroll in Medicare or take the action necessary to establish a current enrollment record in Medicare prior to Phase 2 implementation.

Although enrolled in Medicare, many physicians and non-physician practitioners who are eligible to order or refer do not have **current enrollment records** in Medicare. A current enrollment record is one that is in the Medicare Provider Enrollment, Chain and Ownership System (PECOS) and contains the National Provider Identifier (NPI).

Under Phase 2 of the above referenced CRs, a phy-

sician or non-physician practitioner who orders or refers and who does not have a current enrollment record that contains the NPI will cause the claim submitted by the Part B provider/supplier who furnished the ordered or referred item or service to be rejected.

CMS continues to urge physicians and non-physician practitioners who are enrolled in Medicare but who have not updated their Medicare enrollment record since November 2003 to update their enrollment record now. Even if these physicians and non-physician practitioners have no changes to their enrollment data, they need to submit an initial enrollment application, which will establish a current enrollment record in PECOS. Colorado physicians can confirm that their enrollment record is in PECOS by calling Trailblazer at 866-539-5596 or going online to the CMS Ordering/Referring file at [www.cms.hhs.gov/MedicareProviderSupEnroll/06\\_MedicareOrderingandReferring.asp#](http://www.cms.hhs.gov/MedicareProviderSupEnroll/06_MedicareOrderingandReferring.asp#).



An excerpt from the  
Denver Medical Bulletin  
April 1, 1911

### THE WORK OF THE COUNTY SOCIETY

The County Society is the work-shop of the Medical Profession, where its members, the raw material, are best fashioned by

those subtle tools, social intercourse, precept and example, instruction and debate, reports of failure and success, into cultured and refined gentlemen, broad-minded altruistic humanitarians and clear-headed scientists.

The specifications are rigid and complete, and call for an ideal finished product. The medical profession has no excuse for existence except to preserve the public from sickness and disease, to reestablish health when possible and to alleviate suffering.

It is the work of the Society to cultivate the gentleman, courteous and polite, tolerant of the opinions of others, always giving the benefit of the doubt, and unwilling to believe that his brother practitioner is anything less than a high-minded, competent physician whose motives and practices are the best and whose name is above reproach. It is the work of the Society to develop in its members in their treatment of others what each one most needs for himself, that greatest of all virtues—charity.

It is demanded that we should be leaders in the development of public thought along medical lines and we should exert ourselves to the utmost to assist in the passage of acts to protect the public from imposture and incompetency and in perpetuating Rational Medicine. We should supervise public school instruction; support the Board of Medical Examiners and Public Health; recommend hospitals and institutions to meet the public need; make efficiency of service the basis of appointments to public institutions; help the local medical institution; advise and maintain quarantine and in all other ways serve the public as our sovereign. If we are all this

we will not fail in our duty to the individual patient.

The skill with which we use our tools will determine the results. The scientific programs should diffuse knowledge and stimulate study, investigation and systematic collection of data. A well-equipped library is the cornerstone of progress and should be liberally supported. The tone of the papers should foster original investigation and the keeping of case records. It is the duty and privilege of the members to report their successes and failures. The meetings should be scientific and the discussions sincere attempts to add to the value of the subject during which all thought of personal benefit should be banished in the attempt to serve the common good.

## CMS Spring Conference

April 30—May 2

Sonnenalp Resort in Vail

### The ABCs of ACOs (Accountable Care Organizations)

**The future of medical care in the U.S. will be collaboration and cooperation!**

**Come hear about:**

- **Physician leaders who helped create one of the most successful ACOs right here in Grand Junction**
- **Anti-trust and other barriers to ACO development**
- **Health Information Exchanges as a key element of ACO success**
- **Federal legislation to support ACO creation**
- **Hands-on resources to prepare your practice**

**Information and registration at [cms.org](http://cms.org).**

Colorado Department  
of Public Health  
and Environment



# CONTINENTAL DIVIDE DISASTER MEDICAL SUMMIT

April 14, 2010, in Denver or April 16, 2010, in Durango

## ADVANCED DISASTER MEDICAL RESPONSE TRAINING

Mass Casualty Management/  
Radioactive/Biological/Chemical Agents/  
Blast/Crash/Pediatric injuries...and more!



Featuring speakers from the International Trauma & Disaster Institute

Susan Briggs, MD, MPH, FACS, Director

Roy Alson, PHD, MD, FACEP, Affiliate Faculty

Carole A. Lyons, RN, Associate Editor & Program Coordinator

**6.75 CME Credits and 2 ERS Points from COPIC**

No charge for this event. Registration required to reserve your place.  
Registration: <http://www.cms.org/disasterprep.html>

*All funding for this event courtesy of the Colorado Department of Public Health & Environment—Emergency Preparedness and Response Division for the Hospital Preparedness Program to coordinate disaster preparedness, planning and response activities for physicians*

*This activity has been planned and implemented in accordance with the Essential Areas and Policies of the ACCME through the joint sponsorship of Southwest Memorial Hospital and the Colorado Medical Society. Southwest Memorial Hospital is accredited by the Colorado Medical Society to provide continuing medical education for physicians. Southwest Memorial Hospital designates this educational activity for a maximum of 6.75 AMA PRA Category 1 Credit(s) TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.*

**IF YOUR  
DIAGNOSTIC  
EQUIPMENT  
FAILS  
WILL YOUR  
BUSINESS  
INSURANCE  
AGENT KNOW HOW TO  
TREAT IT?**



EQUIPMENT REPRESENTS A SERIOUS INVESTMENT. AND YOU NEED A BUSINESS INSURANCE agent who truly understands its value. Someone with extensive experience in assessing health care risks, like the insurance specialists at COPIC Financial. Working with a variety of carriers, we make sure you, your staff, and your equipment are adequately covered. We save you time and money.

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