



# **DENVER MEDICAL BULLETIN**

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## **Legislative Night—2011: They Worked Hard and Played Nice**

A full house of physicians and Colorado state legislators filled the Millennium Ballroom of the Warwick Hotel on January 25 for the annual Legislative Night. The evening provides an opportunity for physicians to meet with their representatives and senators in an informal setting to discuss important issues likely to come before the Colorado legislature during the current session. The event has grown in prominence over the past several years as DMS has joined with other medical societies to co-host a unified evening for metro area legislators and physicians. This year, DMS joined with the Aurora-Adams County Medical Society, Arapahoe-Douglas-Elbert Medical Society, Clear Creek Valley Medical Society and the Colorado Medical Society to host the evening.

Legislative Night offers a unique opportunity for the medical community to forge one-on-one personal relationships with legislators and share their real-world insights into the health care needs of the community and the impact public policy can have on the ability of physicians and the health care sector to deliver high

quality, cost effective care to all patients. Attendees received name badges that identified their House and Senate districts so that they could easily determine their individual legislators. Large regional maps were also displayed to provide a visual cue to the way in which districts are organized in the metro area. The evening was introduced by DMS President Naomi Fieman, MD, who welcomed participants and encouraged them to take advantage of the opportunity to connect on an individual level in the congenial atmosphere of the evening.

Prior to the evening, all metro area legislators and the attending physicians had received copies of a document prepared by Edie Sonn, Senior Director of Public Affairs and Diana Protopapa, Director of Legislative Affairs for the Colorado Medical Society that outlined the legislative priorities for Colorado organized medicine in 2011.

Copies of these priorities were also distributed at the event as a guideline for discussion of issues which will be watched closely by the medical community. Those priorities and the medical community's perspective on them are included here.



Rep. Bob Gardner and DMS President Naomi Fieman, MD

## Organized Medicine's 2011 Legislative Priorities

### Managed Care Reform – Physician Profiling

In 2008 CMS worked with legislators to pass SB 138, first-in-the-country legislation to make health plans' physician ratings more transparent, and give physicians a chance to appeal ratings with which they disagree. Unfortunately, as physicians have had the opportunity to review their ratings, they have identified numerous areas of concern, e.g., being held responsible for costs outside their control, definitions of "quality" that rely on costs, and appeals processes. CMS has been meeting with health plans in hopes of resolving these concerns without legislation. If these meetings aren't productive, CMS will be compelled to work with legislators to amend the current statute.

### Scope of Practice

#### *Direct Entry Midwives (DEMs) Sunset*

DEMs are registered professionals, otherwise known as "lay" midwives, who are statutorily allowed to provide prenatal care, assist during home births, and provide



Rep. Marsha Looper; Aaron Burrows, MD  
Sen. Pat Steadman; Rep. Mark Ferrandino

care to newborns. The training required to register as a DEM is much less rigorous and extensive than that required for certified nurse midwives. The DEM sunset bill would allow lay midwives limited prescriptive authority for substances to treat new mothers and their infants. CMS' strong concern for patient safety makes this problematic for us: while timely administration of these substances is important, we believe that adequate pharmacological training is essential before anyone is allowed to provide prescription drugs – and DEMs do not receive much of that training. We are working closely with the leaders in the OB/GYN and pediatric communities to determine how to resolve these concerns.

#### *Naturopathy*

This session, we expect at least two legislative proposals regarding the regulation of naturopathy. Two years ago, CMS negotiated an agreement with the association of naturopaths who graduated from accredited, post-graduate schools of naturopathy, outlining a limited scope of allowed services for them and no regulatory



Sen. Joyce Foster; Nora Morgenstern, MD  
Michael Lyster, RN; Jerome Schroeder, MD

**Denver Medical Bulletin:** Naomi M. Fieman, MD, DMS President and Publisher / Michael B. Keller, MD, Chair of the Board / Lucy W. Loomis, MD, President Elect / Curtis L. Hagedorn, 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.



Rep. David Balmer; Debra Parsons, MD  
James Karel, MD

recognition for naturopaths without that same level of training. CMS is willing to support this model once again but would have concerns over proposals that go beyond this agreement.

**Medicare Opt-Out**

In September, Governor Ritter “opted out” of Medicare requirements regarding physician supervision of certified registered nurse anesthetists (CRNAs) for certain rural hospitals. As a result, CMS and the Colorado Society of Anesthesiologists (CSA) sued to block the opt-out on the grounds that it conflicts with Colorado law. We are not certain whether the court will rule on our claim before the legislature adjourns in May. In the meantime, CMS and CSA are exploring potential legislative action to address the impact of the opt-out.



Judy Zerzan, MD, DMS member  
and CMO for Colorado Medicaid;  
Brian Davidson, MD, new DMS  
Board member

**Patient Safety, Professional Accountability and Liability Reform**

Improving patient safety, enhancing systems for professional accountability and creating alternatives to litigation for injured patients in Colorado are high priorities for CMS. We are not pursuing legislation of our own under this umbrella this year. Instead, we are developing pilot projects in conjunction with hospitals and patient advocates, testing new ways to minimize the potential for errors, learn from them and make changes to prevent their recurrence, and speed fair compensation to injured patients. While we work on these non-legislative approaches, we are intrigued by legislative proposals from Sen. Linda Newell and Rep. Cindy Acree to make alternative dispute resolution mechanisms more available in medical liability cases. We also strongly support a legisla-

tive proposal from Cerebral Palsy Colorado, creating a fund to cover medical expenses for children born with severe neurological impairments without the need for litigation. (We do not know if the latter proposal will come to the legislature this year.)

**Medicaid Budget**

We understand the dilemma lawmakers face, needing to balance the state budget in the face of an anticipated \$1 billion shortfall with few discretionary areas to cut. But we must advocate for reasonable approaches to the Medicaid budget, which recognize that – even without recent expansions in eligibility, which federal law will not allow us to back away from – Medicaid rolls continue to grow as a result of the recession. With growing enrollment, it is essential that lawmakers understand the importance of not cutting provider reimbursements below their already low level. It is also important for legislators to understand that different specialties fare differently under the Medicaid program, and solutions that work for office-based physicians may not work as well for hospital-based physicians. We urge legislators to talk to representatives from CMS and medical specialty societies before making decisions on Medicaid budget actions.

**Health Insurance Exchange**

A critical piece of legislation this session will be a bill to establish Colorado’s health insurance exchange. Creating a successful exchange will be a challenging endeavor, and we urge that this year’s bill be modest in its scope. We recommend that legislators focus now on establishing only the governance structure for the exchange, requiring that appropriate expertise be represented on the board while minimizing the opportunity for conflicts of interest. Such expertise should include that of those who provide care and understand how insurance works, as well as those who will be using the exchange’s products.



Tom Mohr, DO; Rep. Jeanne Labuda



## What's New For You?

### New Webinars!

**February 22—Beginning of the Year Tips.** Practice tips from our Practice Managers Workgroup—PECOS, PQRI, code changes and more. Has your practice addressed all these issues for the new year?

**ACE (Acute Care Episode) Demonstration Project.** CMS has launched a 5 year pilot testing bundled payments for hospitals and physicians focusing on acute and post-acute services, including office visits. Should your practice participate?

**March 22—Inpatient ACE Pilot**  
**April 22—Outpatient ACE Pilot**

Practice managers Laura Andrebb (Colorado Pulmonary Associates) and Linda Lee Hendrick (South Denver Nephrology) will outline the requirements of these programs. Is this how practices will be reimbursed in the future?

Webinars will be archived after the initial posting.  
Submit questions for inclusion at [www.physicianspracticetoolbox.com](http://www.physicianspracticetoolbox.com).

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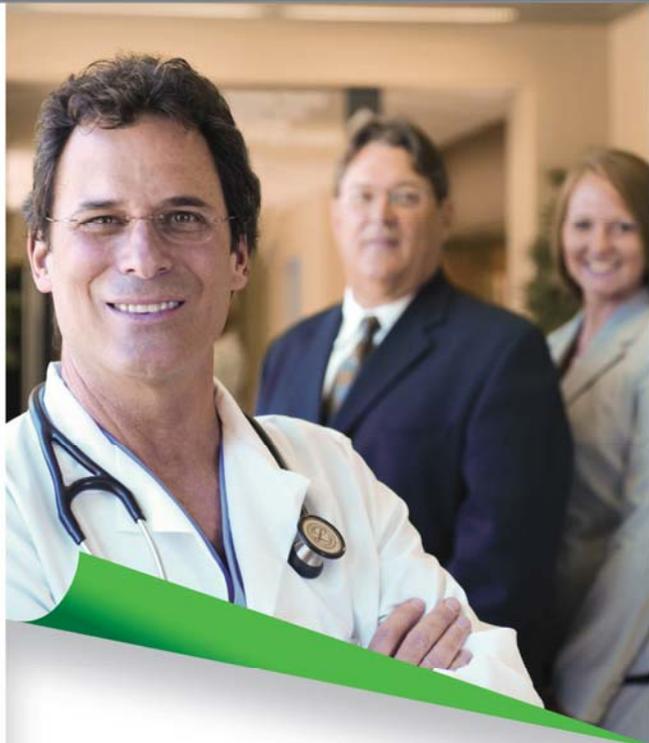
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Phil Odell, Director Account Services  
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**Using Physicians Practice Toolbox (PPT)  
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Meghan Stephens, PPT Site Administrator

**My Experience Using Social Media in My Practice**

Vandna Jerath, MD  
Optima Women's Healthcare, PLLC

**Maggiono's**  
500 16th Street, Denver

**Wednesday evening, February 16, 2011**

6:00 Cocktails and hors d'oeuvres  
7:00 Dinner begins  
7:30 Program starts

*You are welcome to bring a guest.*

Call 303-377-1850 or email [dms@denvermedsociety.org](mailto:dms@denvermedsociety.org).

**RSVP**

This program generously sponsored by



### Physician Summit On Payment Reform



Saturday, February 26, 2011  
8:30 am—3:45 pm

Colorado Medical Society offices  
7351 Lowry Blvd., Denver

CMS and the Systems of Care/Patient-centered Medical Home Initiative are inviting physicians in active practice to develop a physician strategy on payment reform in Colorado. This is an opportunity to ensure that payment systems support, rather than impede, high-quality, physician-led care. For more information and to register go to <http://www.cms.org/strategic-priorities/colorado-physician-summit-on-payment-reform/>.

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### IMPORTANT REMINDER

*Be sure and review your Physician Profile on the Colorado Medical Board website for completeness and accuracy as required under the Michael Skolnik Transparency Act.*

### RAINER AUDITORIUM AT SAINT JOSEPH HOSPITAL

#### Chamber Music Concert

5:30 pm—Cocktails and Hors d'oeuvres  
6:30 pm—Concert  
7:00 pm—Dessert

Tuesday, March 29, 2011

#### Faronius Trio

Paul Maslund, trombone  
John Neurohr, trombone  
Greg Harper, trombone

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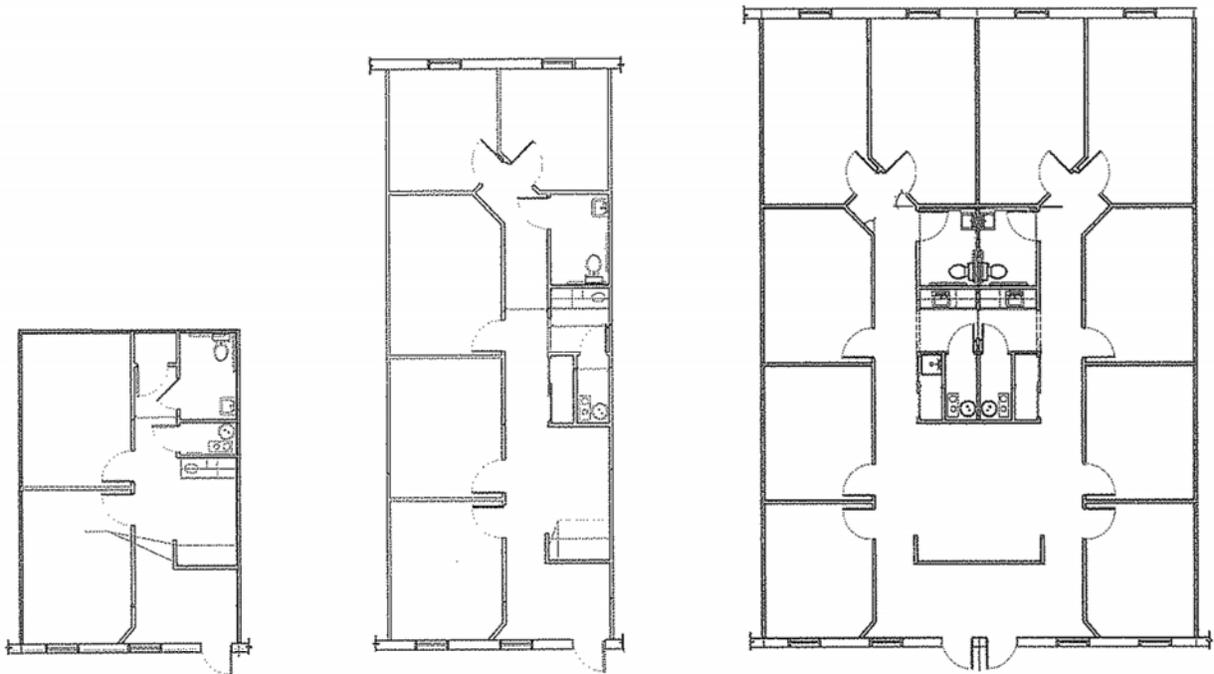
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