



# DENVER MEDICAL BULLETIN

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## A Sustainable Path

By *Curtis L. Hagedorn, MD, President*

*DMS held its 142nd Annual Meeting on November 2 at Palettes at the Denver Art Museum. The evening included the inauguration of Curtis Hagedorn, MD, as President and recognition of our 50 Year Physicians— Drs. Raymond S. Gutin, and Kenneth R. Hovland (attending) and Drs. Dell L. Bernstein, Edmund Casper, and Richard Hamilton. Following is Dr. Hagedorn's inaugural address.*

**I**t is an honor for me to be installed as your next president. I am going to talk about sustainability of healthcare in this country. "Bend the cost curve" is a popular phrase right now as the US struggles with rising healthcare costs. "Our system is broken" is a term often heard these days, but I would say, and I think most would agree with me, that the healthcare in the U.S. is second to none, the best in the world. We have the most advancements, the most medical breakthroughs, and we are by far (it's not even close) the top in the world regarding number of peer reviewed research articles and number of research trials conducted. If I had any medical problems, I would certainly want to have care in the USA!

Now, the way we finance our healthcare is another story. Most would agree that our current healthcare financing system is..... unsustainable. We see these escalating "healthcare costs" in the US over the past few years; however, physicians have been seeing steady decreases in reimbursements over the same time period. Where are all these dollars going? They're certainly not going to the physicians!

If we look at a pie chart of where healthcare dollars go, we see that physician payments are just a small fraction of the costs. Most of the money is going to insurance companies, pharmaceutical companies, device manufacturers, hospitals. Physician reimbursements are not driving increasing healthcare costs. So, it's interesting that when cuts to healthcare costs are being considered, we physicians are almost always the targets!!! Take for example

the SGR...the "sustainable growth rate." This is a methodology which is frankly: unsustainable. Basically, the SGR ties Medicare physician reimbursements to the Gross Domestic Product in a way that has us staring down the barrel of 30% cuts each year!

Now somehow, big healthcare cost drivers like pharmaceutical companies and device manufactures are not



Outgoing President and new Chair of the Board, Lucy Loomis, MD, presented the new president's plaque to Curtis Hagedorn, MD, at the Annual Meeting.

*Happy Holidays to all of our members and their families!*

susceptible to this SGR formula...why is that? Well, it's because when the SGR was being hatched, these powerful organizations had powerful lobbyists sitting at the table protecting their self interests. Meanwhile, physicians were busy taking care of patients and delivering healthcare.

We physicians are seeing increasing overhead and decreasing reimbursements.....not sustainable. Now, I am not going to stand up here and tell you how to fix the healthcare financing system in the US because I don't know....no one does....but there are many smart people working on this and one thing is for sure....change is coming.....it's here.

Can we physicians continue to provide the best medical care in the world? Can we make the actual practice of medicine sustainable? A friend of mine is a primary care physician in the Denver area, and after being in practice for a few years, she realized that she was actually paying her nanny more than she was making.....not sustainable. So she decided to open a MedSpa—botox, wrinkle treatments, hair removal. The MedSpa makes a profit, and so she keeps her medical practice sustainable by funding it with the MedSpa..... certainly innovative, but a bit sad that it has come to this in this country.

### Physicians Must Come Together

How can we physicians make our delivery of healthcare sustainable? Well, start by joining the Denver Medical Society! I sincerely believe that organizations like the Denver Medical Society are the best place for physicians to begin to realize what is possible regarding the sustainability of healthcare. The Denver Medical Society provides a venue for physicians to learn from one another, to collaborate, to complain, to argue, but ultimately to band together for a common cause—providing healthcare to patients. It is through organizations like the Denver Medical Society and the Colorado Medical Society that we can make real tangible differences at the level of the law.

To me, this is really the meat of what DMS can provide for physicians — an opportunity to make yourself heard. Brainstorm, organize, and ultimately partner with

a legislator and craft law which can protect our practice of medicine and our patients who count on us. In the short time I have been in Denver (7 years now) I have seen the DMS and CMS partner with legislators and I have seen the defeat of harmful malpractice bills. I have seen bills passed to protect patient safety, to maintain the valuable peer review process we have in this state which enables us to reduce medical errors and keep patients safer.

### New Challenges to the Profession

The Denver Medical Society has accomplished a lot, but there is much more to do. You know, this year the number of employed physicians in this country just crossed the 50% mark. So now the majority of physicians in this country are employed, meaning they work for a hospital or large healthcare organization and are no longer in private practice. So I guess that makes those of us in private practice unemployed.....So a question that comes up is "Is the DMS relevant to employed physicians?" I would say emphatically, "Yes!" In fact, the DMS may be more relevant than ever and may be especially relevant for employed physicians.

An employed physician no longer has to worry about the day to day hassles like overhead and how much to pay staff; however, an employed physician is still a physician and is practicing medicine. There are threats out there to our very practice of medicine....to the sustainability of our delivering healthcare to our patients. If a law comes down which alters criteria for medical licensure, or inhibits patient access to a procedure or a medicine, or threatens patient safety, such a law will affect all physicians, employed and unemployed (private practice). In fact, the employed physician faces some additional challenges in the sense that an employed physician has less control over many facets of practice. An employer may use its leverage to put a physician in a difficult contract situation. This year there was a situation in northern Colorado where an employed physician separated from the employer and the employer put heavy restrictions on the physician's ability to practice medicine. In fact, this physician came to the

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**Denver Medical Bulletin:** Curtis L. Hagedorn, MD, DMS President and Publisher / Lucy W. Loomis, MD, Chair of the Board / Aris M. Sophocles, Jr., MD, JD, President Elect / Aaron J. Burrows, 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 [info@denvermedsociety.org](mailto:info@denvermedsociety.org). Postmaster: Send address changes to 1850 Williams Street.



# Legislative Night 2013

**Wednesday, January 30, 2013**

**6:00 – 8:00 pm**

**Cocktails and Hors d'oeuvres**

**Warwick Hotel – Millennium Ballroom**

**1776 Grant Street, Denver**

The Denver, Arapahoe-Douglas-Elbert, and Clear Creek Valley Medical Societies in conjunction with the Colorado Medical Society are proud to team up and present a night of informal discussions with our Denver Metro State Legislators. We hope you will take advantage of this opportunity to meet some of your legislators and offer your insight, as they face enormous challenges in the coming legislative session.

In order for us to best prepare for this evening,  
your reservation is required no later than Friday, January 25th.

RSVP by email to [info@denvermedsociety.org](mailto:info@denvermedsociety.org), call us at 303-377-1850, or fax your reservation to 303-331-9839. Give us your name and your specialty when you RSVP.

Name \_\_\_\_\_ Specialty \_\_\_\_\_

## A Sustainable Path

(Continued from page 2)

Colorado Medical Society asking for help and support on this matter. An employer may try to limit a physician's practice of medicine and not allow certain procedures or treatments based on non-clinical factors. I know specifically of a situation here in Denver where a large hospital organization would not allow use of a certain vision saving medicine because of the price. Organizations like the DMS may be able to assist employed physicians with such issues. Without organizations like the DMS and CMS, employed physicians are truly "on their own."

We as physicians also need to make ourselves sustainable — sustainable as human beings. We need to take that hike, do that bike ride, take that guitar lesson. We need to take a day off to spend time with family, friends. If we burn out, then we are not sustainable, and we are not helping anybody.

I want to leave you with one final story from my in-

ternship year in Chicago. I was on my pulmonary/critical care rotation—very intense and very exhausting—with Dr. Lou. One particular morning I was feeling a bit sick. I called in and said I wasn't going to make it to work that day. Later that day I began to perk up....probably just needed some sleep. I decided to head out to do some errands. So now I stopped at a stoplight and who should pull up behind me?....Dr Lou! I saw him in my rearview mirror and he began wagging his finger at me. Uuuggghhhh....he's going think I am a lazy delinquent!!!! So needless to say, I was quite anxious and couldn't wait to explain myself at morning rounds. So I got to the hospital a little early that day—5:45 AM instead of 6—and made sure to gather all the vitals/labs on all my patients and commit them all to memory. I had to show Dr. Lou that I wasn't a slacker. Dr. Lou arrived on the floor, and I immediately went up to him to apologize and explain that I really was sick but got better fast, but as I begin to speak he held up his finger and said, "Curtis, do you know what we do in my family when someone misses work when they are not sick?.....we celebrate."

**"As physicians, we have so many unknowns coming our way..."**

**One thing I am certain about is my malpractice protection."**

Medicine is feeling the effects of regulatory and legislative changes, increasing risk, and profitability demands—all contributing to uncertainty and lack of control.

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## DMS ANNUAL MEETING November 2, 2012



50 Year Honorees, Raymond Gutin, MD, and Kenneth Hovland, MD, received recognition.



Outgoing Chair of the Board, Naomi Fieman, MD, presented gifts of appreciation to longtime DMS Program Director, Barbara Kamerling, who is retiring at the end of the year.



Linda Redstone; Paul Redstone, MD; Marti Judson; Linda Huang, MD; Chuck Holum



Linda Broughton and Joseph Broughton, MD



Michael Lepore, MD; Robert Fieman, MD; Michela Lepore

## 2012 Denver Medical Society Election Results

The new DMS president is Curtis L. Hagedorn, MD, a retinal surgeon with Colorado Retina Associates. Immediate Past President, Lucy W. Loomis, MD, who practices family medicine at Denver Health will become the Chair of the Board of Directors. Family physician and attorney in solo practice, Aris M. Sophocles, Jr., MD, JD, has been elected President-Elect. Our newly-elected Treasurer is Aaron J. Burrows, MD, a gastroenterologist with Summit Gastroenterology.

Newly-elected members of the Board are: Lisa Davidson, MD, a family medicine physician with Insight Primary Care; and Tamaan K. Osbourne-Roberts, MD, who practices at Salud Family Medicine Center in Commerce City. Blaine M. Olsen, MD, and Russell J. Weister, MD, have been re-elected, and also continuing on the Board are: Drs. Brian M. Davidson, Justin S. Moon, Christopher J. Ott, Stephen V. Sherick, Patricia L. VanDevander, Usha Varma, and Clinton R. (Rocky) White.

Re-elected for three year terms to the Board of Censors are A. Lee Anneberg, MD; David N. Campbell, MD; and Elinor T. Christiansen, MD, with Drs. Mark E. Elles, Glenn T. Foust, III, Harrison F. Hayes, and W. Gerald Rainer as continuing Censors.

The Patient and Physician Relations Committee has retained all of its former members, with Drs. David A. Gordon, Kristinell Keil, and Jody L. Mathie being re-elected, and with Drs. Gary A. Snider, Lynn A. Barta, Christy M. Chaudhuri, Kerry S. Fisher, Janine C. Meza, and Allan V. Prochazka continuing to serve.

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

### Delegates

Donald G. Eckhoff, MD  
Glenn T. Foust, III, MD  
Curtis L. Hagedorn, MD  
Herbert L. Jacobs, MD  
Alan E. Kimura, MD  
Mark M. Laitos, MD  
Christine D. LaRocca, MD  
Michael L. Lepore, MD  
Christopher J. Ott, MD  
M. Ray Painter, MD  
Diana Reeves, MD  
Robert B. Sawyer, MD  
Patricia L. VanDevander, MD  
Bridget M. Walsh, MD  
Kim D. Warner, MD

### Alternates

Alison C. Agner, MD  
Muhammad F. Azam, MD  
Haftu K. Gebrehiwot, MD  
Reid A. Goodman, MD  
Harrison F. Hayes, MD  
Amilda R. Heckman, DO  
John L. Logan, MD  
Bruce A. Madison, MD  
Greg T. Mogel, MD  
Joseph P. Ramos, Jr., MD, JD  
Carlos A. Rueda, MD  
Marc Y. Wasserman, MD

Continuing Delegates serving for another year are: Drs. A. Lee Anneberg, Elinor T. Christiansen, David W. Claassen, Theodore J. Clarke, David A. Downs, Jr., Matthew J. Fiegel, Peder E. Horner, Karen L. Kempe, Lucy W. Loomis, Mark K. Matthews, Bonnie B. McCafferty, Cyrus A. Mirshab, Alethia E. Morgan, Michael L. Moore, Michael Muftic, Girish A. Paranjape, Debra J. Parsons, Richard S. Penaloza, Nathan M. Pollack, W. Gerald Rainer, Alan Y. Synn, and Usha Varma.

## Stressed Out During the Holidays? Try These Tips to Avoid Burnout

Stress and fatigue caused by working longer hours and inadequate staffing levels can put physicians at risk of burnout and can raise the risk of negative patient outcomes. During the holiday season, physicians may face added stress as employees and colleagues have more personal commitments and practices may be short staffed.

The rate of physician burnout is significant. A recent study by the Mayo Clinic found that nearly 1 in 2 (45.8 percent) of doctors in the United States have at least one symptom of burnout. According to the study, being asked to see more patients, having less time with each patient, and short patient release timelines are major stressors for physicians. Physician burnout can decrease quality of care, increase risk of errors, push physicians into early retirement, and cause problems in physicians' personal lives.

In 2010, The Doctors Company began tracking human factors as risk management issues and evaluated the influence of human factors in 862 closed liability cases. Of those cases, 114 (13 percent) included at least one human factor issue. Within those 114 cases, 14 percent dealt with conditions affecting the provider, including fatigue, physical or mental impairment, distractions, multitasking, or interruptions.

Stress management skills are not traditionally part of medical school curriculum. Most health care professionals are taught to put their heads down and persevere. At a time when medical professionals are increasingly in demand, as millions of patients become newly insured, practices should consider steps to prevent physician burnout and stress.

Consider these tips to help reduce stress, especially around high-stress times such as the holidays:

- Ensure adequate staffing levels on holidays and night shifts.
- Monitor staff schedules and curtail hours as needed to prevent undue fatigue.
- Call in additional physicians and staff to combat fatigue and stress.
- Provide an environment that supports staff members so that they feel comfortable expressing concerns about their stress level and ability to function effectively.
- Allow staff members to express concerns to each other if they identify signs of fatigue or stress in their colleagues.
- Encourage all staff members to take 20-minute meal breaks and to get fresh air to clear their minds at least once per shift.
- Have regular one-on-one and group meetings with staff to learn their thoughts on how to make things run more smoothly.
- Encourage physicians and staff to put their focus on things they can change, not things they have no control over.

*Contributed by The Doctors Company. For more patient safety articles and practice tips, or to read more about the 2010 human risk factors evaluation, visit [www.thedoctors.com/patientsafety](http://www.thedoctors.com/patientsafety).*

### Interested in Global Bioinnovation and Entrepreneurship?

Join us for the next in a series of monthly breakfast meetings put on by the Society of Physician Entrepreneurs. SoPE's mission is to help healthcare professionals get their ideas, discoveries and inventions to market by providing them with education and connections to people and capital.

## Society of Physician Entrepreneurs

*“How the CBSA can help you get your idea to market”  
by April Giles , President & CEO - Colorado BioScience Association*



Thursday, January 3, 2012  
7-8 AM Networking and Breakfast  
8-8:45 AM Presentation  
8:45–9:00 AM Q & A

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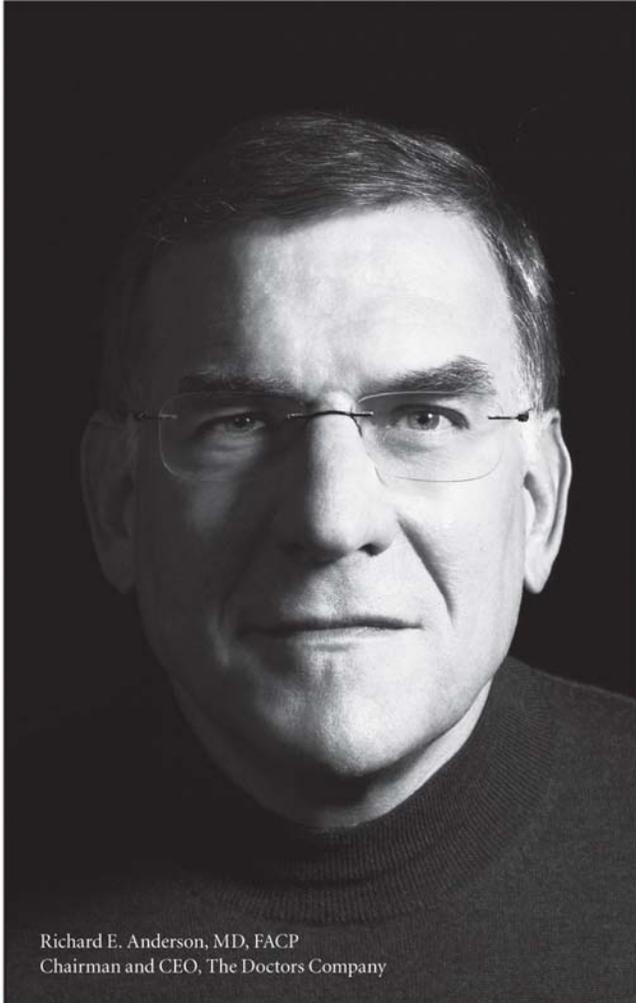
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