



DENVER MEDICAL BULLETIN

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New Tool Will Compare Colorado Providers Online

The Center for Improving Value in Health Care (CIVHC) is a non-profit corporation created to promote initiatives to improve the health of Coloradans and contain healthcare costs by creating an efficient, high quality and transparent healthcare system. CIVHC was created in 2008 by an Executive Order of the Governor to address the need for a systemic, state-wide approach to enhancing consumer healthcare experiences, contain healthcare costs, and improve healthcare across the state. One of the functions of CIVHC is to operate as the administrator of the Colorado All Payer Claims Database (APCD). Under the legislation which created the APCD in 2010, the Colorado Department of Health Care Policy and Financing (HCPF) was directed to appoint an administrator as well as an advisory committee with defined roles, responsibilities and representation. As the administrator, CIVHC is responsible for the operation, funding, analytics and reporting for the APCD and consults with the Advisory Committee on a quarterly basis.

At their January meeting, the Denver Medical Society Board of Directors heard a presentation on the APCD from CIVHC CEO Phil Kalin, APCD Director Tracey Campbell, and Jonathan Mathieu, CIVHC Director of Data and Research.

The APCD is a secure database that includes claims data from commercial health plans, Medicare and Medicaid. It is the only comprehensive source of healthcare claims data from both public and private payers in Colorado. One of its goals is to help identify variations in Colorado's healthcare system and seek to explain why these variations occur. As it evolves, the APCD will help to identify where gaps in quality and

cost effective care exists across the state, providing a more complete picture of healthcare costs and utilization, including spotting opportunities for improvement.

Currently the database includes three years of historic claims data from the largest commercial payers' individual and large-group, fully-insured lines of business, and Medicaid data, representing approximately 2 million Coloradans. Additional data from Medicare and self insured companies will be added over the next few years. Efforts are now underway to expand the database to include the small-group market data as well. The goal over the next few years is to create a database encompassing 90% of covered lives in Colorado.

The APCD is designed to service a variety of constituents, and current information identifies variability in costs and utilization across several regions of the state. Data is continually being added, and as more information is received and analyzed, more data elements and reports will become available. By the end of 2014, the database will include more detailed cost and quality information of particular value to consumers, providers, payers and policy makers.

The data currently publically available on the APCD website presents geographic variations across the state on such metrics as total cost of care per covered life per year, emergency use, and hospital admissions and readmissions. Data can be viewed for the years 2009, 2010, and 2011 by county or 3 digit zip code regions. Reports and graphs can also be accessed which further explore comparisons of these metrics. Snapshot reports also display utilization data on imaging services, knee arthroscopy, and a few other specific services.

By the end of 2013, provider-specific cost and qual-

ity data will be available on the APCD at the facility and provider group level. Individual physician data is not expected to be available until sometime later. That means that patients, payers, and other providers will be able to compare costs and quality and that providers will need to be able to articulate and communicate the value they bring to the healthcare equation. At the same time, the APCD will give providers information with which to challenge payer profiling and designation determinations, compare themselves to their peers in ways that can support their own value proposition, and access data that can be useful in the transition to performance based payment methodologies.

The work of defining the quality metrics by which providers will be measured and compared, as well as the actual determination of what will constitute a “provider group”, is being carried out in conjunction with a physician work group organized by the CMS and on which several DMS physicians will serve. DMS will continue to monitor developments and keep you informed.

For additional information on the APCD, contact Tracey Campbell, APCD Director, at (720) 583-2095 or tcampbell@civhc.org. To provide comment or input to the physician work group, contact Chet_Seward@cms.org.

Example of data currently available from the Colorado APCD

Colorado All Payer Claims Database
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Home | Map | **Reports** | About APCD | About CIVHC

Filter the Claims Data:
 Select criteria below to filter the data from the APCD.

Type of healthcare metric: *not applicable for reports*
 Type of payer data: All Current Payers
 Show data for: 2009 2010 2011
 View by: County
 Selected Areas: Adams, Arapahoe, Denver

Display Results:
 Select how you would like the results displayed.

Report | Download Data

Total Cost of Care Comparison

	Adams		Arapahoe		Denver		State
	C1		C1		C1		C1
	Value	Index	Value	Index	Value	Index	Value
▼ Dollars Paid Per Person Per Year							
Total Cost of Care	\$2,384	0.90	\$2,747	1.03	\$2,199	0.83	\$2,660
Inpatient Facility Cost	\$592	1.00	\$609	1.03	\$603	1.02	\$593
Outpatient Facility Cost	\$527	0.88	\$554	0.92	\$455	0.76	\$601
ER Facility Cost (subset of Outpatient Cost)	\$154	1.10	\$167	1.19	\$124	0.88	\$140
Professional Cost	\$912	0.89	\$1,165	1.14	\$814	0.80	\$1,020
Rx Cost	\$353	0.79	\$421	0.94	\$328	0.73	\$447
▼ Dollars Paid Per Person Per Year by Gender/Age							
Female							
1 - Child (0 - 17)	\$1,539	1.03	\$1,677	1.12	\$1,280	0.85	\$1,500
2 - Young adult (18 - 34)	\$3,685	1.08	\$3,686	1.08	\$2,847	0.84	\$3,402
3 - Mature adult (35 - 64)	\$4,004	0.93	\$4,300	1.00	\$3,574	0.83	\$4,296
Male							
1 - Child (0 - 17)	\$2,194	0.89	\$2,527	1.02	\$2,070	0.84	\$2,473
2 - Young adult (18 - 34)	\$1,886	1.09	\$1,941	1.12	\$1,550	0.89	\$1,737
3 - Mature adult (35 - 64)	\$2,384	0.92	\$2,872	1.11	\$1,977	0.77	\$2,578
	\$3,255	0.86	\$3,621	0.96	\$3,236	0.86	\$3,770

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 . 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 info@denvermedsociety.org. Postmaster: Send address changes to 1850 Williams Street.

Covenants not to compete in physician contracts are void in Colorado – or are they?

In general, covenants not to compete are prohibited in employment contracts in Colorado as “unlawful restraints of trade”, and the statute expressly extends that prohibition to contracts between physicians. The wrinkle comes from exception language in the statute, that **allows** parties to physician contracts to include contractual provisions that require a departing physician to pay **damages** to his or her former employer upon termination:

“Any covenant not to compete provision of an employment, partnership, or corporate agreement between physicians which restricts the right of a physician to practice medicine...upon termination of such agreement, shall be void; **except that all other provisions of such an agreement enforceable at law, including provisions which require the payment of damages in an amount that is reasonably related to the injury suffered by reason of termination of the agreement, shall be enforceable. Provisions which require the payment of damages upon termination of the agreement may include, but are not limited to, damages related to competition.**” (emphasis added).

Whether or not a court will enforce such a provision and actually require a departing physician to pay the agreed upon damages involves a two-stage process. First, the court must decide whether the covenant is “enforceable at law”, which means that it must be “reasonable” in both duration and geographic scope. In cases involving physicians, Colorado courts have found covenants not to compete to be reasonable when they prohibited competition for 5 years, in the city of Trinidad; for 5 years, within 50 miles of the city of Lamar; for 5 years within the County of Boulder; and for 2 years, within 25 miles of the city of Greeley.

Second, any damages sought for the breach of a covenant not to compete must be proved to be reasonable in light of the injury suffered by the former employer as a result of the departed physician’s competition. At least one Colorado court, that examined the damages to be assessed against a physician who breached his non-competition agreement, agreed with the parties that the harm suffered by the former employer included future lost profits, but then required the submittal of evidence at trial in order to determine whether the agreed upon formula in the contract resulted in appropriate damages. In that case, the parties’ contract included a “liquidated damages” clause in their employment contract in which the physician was required to pay his former employer 50 percent of any

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Drug-Related Adverse Events on the Rise: Protect Yourself from Claims

Medication-related errors involving narcotic analgesics are not only a patient safety concern but are also a cause of significant professional liability for physicians and other prescribers.

Over the past decade, the number of adverse events related to inappropriate prescribing, misuse, and abuse of prescription painkillers has substantially increased in the U.S. In 2010, 2 million people—nearly 5,500 a day—reported first-time, nonmedical use of prescription painkillers during the previous 12 months.¹ Such drugs cause more deaths than heroin and cocaine combined,² and drug-related deaths exceed deaths from traffic fatalities.³

Narcotic analgesics are the most common class of medications that can lead to a medication-related error claim, according to a study by The Doctors Company, the nation’s largest medical malpractice insurer. Some 5.8 percent of 2,646 closed claims analyzed by The Doctors Company in 2011 contained medication-related errors. Of these, narcotic analgesics were the most common class of medications identified (17.5 percent of claims).

The U.S. Food and Drug Administration (FDA) has mandated a Risk Evaluation and Mitigation Strategies (REMS) program for prescribing extended-release and long-acting opioid analgesics. The FDA will implement this voluntary program on March 1, 2013. As part of the program, the FDA is requiring opioid manufacturers to provide grants to fund continuing medical education (CME) programs to advance prescriber understanding and safe use of pain medications.

In addition to completing CME programs, doctors can reduce risk by incorporating electronic prescribing, also known as e-prescriptions, into their practice. Electronic prescribing removes the time-intensive process involved with tracking paper prescriptions, voids opportunity for alterations, and allows direct connection to pharmacists to ensure accurate prescriptions.

Other tips for avoiding narcotic analgesics claims include:

- Require office visits for obtaining controlled medication prescriptions.
- Note actual amounts prescribed, and give matching numerals to discourage prescription alterations (e.g., thirty/#30).
- Attend seminars to educate yourself on safe prescribing practices.

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MEDICAL SPANISH and CULTURAL COMPETENCY

Friday, April 19 - Monday, April 22, 2013

8:00 AM to 5:00 PM

Denver Medical Society, 1850 Williams Street, Denver

Colorado has one of the highest proportions of Hispanic and Latino populations in the country. Denver counts over 31% of its population in this category! To enhance physician communication capabilities, Denver Medical Society in conjunction with the Community Health Association of Mountain/Plains States (CHAMPS) is offering a 4 day intensive, total-immersion learning experience in conversational and medical Spanish for physicians, nurses, PAs, NPs and other medical staff. This is the 17th offering of this lively, rewarding, and highly popular class conducted by Rios Associates.

Four day class offers a ton of CMEs! Plan now to attend.

45 CME credits through AAFP or AANP, or
43 CMEs through the AMA, or
43 credits through ACEP.

The cost of the class is \$499 for DMS members, \$599 for non-members, including text book. Optional costs: Ten audio CDs corresponding to Beginner Level or Intermediate/Advance Level for \$55, or a Flash Drive covering both levels for \$75.

To register, go to <http://medspanish.org> and click on the registration tab at the top. You will be able to register, pay and complete a brief Self Assessment Form at this site. On the registration form scroll down to "United States": DMS members select the \$499 "Students" rate; non-members select the \$599 "Residents, PAs, and R.N.s" rate. By completing the Assessment Form, the instructors will be able to determine whether you belong in the Beginner class or the Intermediate/Advanced class.

DMS is located north of the Rocky Mountain Cancer Center and has a small parking lot. There is also free parking in the garage just north of DMS and generous street parking.

Morning and afternoon snacks are provided.

If you have any questions, please call Tamara Rios, PhD, (520) 907-3318, or email convesp@aol.com for additional information.

SAVE THE DATE**Colorado Medical Society Spring Conference: May 3-5**

The Colorado Medical Society invites you to attend its Spring Conference, May 3-5, 2013, at the Sonnenalp in Vail, Colo. Titled "Assembly Required: A User-Friendly Blueprint for Practice Transformation," attendees of the conference will learn what they need to do to improve the care experience and provide greater value for the premium dollar through an inter-connected compilation of hands-on practice transformation sessions.

Topics will include:

Practice Transformation and Workflow Redesign—five speakers, including John Bender, MD, CMS President-elect

Team-Based Approach to Care—the culture of collaboration, leadership, and teamwork

Metrics Reports and Population Management—three speakers on how reports can work for you

Health Information Exchange—what CORHIO will do for physicians at the point of care

Access for All—how doctors can lead the way for sustainable, expanded Medicaid in Colorado

The link to register is <http://library.constantcontact.com/download/get/file/1102839655460-221/SC-Registration-13.pdf>

Contracts

(Continued from page 3)

fees he earned "within a 25-mile radius of Greeley during the two-year period" following termination of his employment. The court upheld the scope of that prohibition but, after a trial with expert testimony and an appellate review, the Colorado Court of Appeals held that the agreed-upon damages were not "reasonably related to the injury suffered" by the employer and that, as a result, the damages provision in the non-competition covenant was not enforceable.

The lesson to be gleaned from that court decision is that a non-competition clause in a physician's contract can be enforced in Colorado to the extent that it provides for the payment of damages upon termination of employment; however, even a seemingly clearly drafted damages provision that accurately reflects the agreement of the parties at the time that they entered into the contract can be the subject of costly litigation, and may be determined to be unenforceable based upon a judge's discretionary evaluation of the facts.

The tip? If you don't like paying lawyers to litigate on your behalf, don't agree to include a non-competition provision in your employment contract, no matter how clearly you think that it states your agreement.

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175+ PCPs Join CORHIO

The expectations are high for the 32 Medicare Pioneer Accountable Care Organizations (ACO) in the U.S. They are tasked with improving individual health care as well as population health, and reducing costs. Their results are tied directly to payments and reported publicly.

One of those ACOs is located right here in the Denver area, [Physician Health Partners](#) (PHP). PHP is the management company of [Primary Physician Partners](#) (PPP). PPP, the largest primary care independent practice association in the metro area, has begun connecting their many practices to the Colorado Regional Health Information Organization (CORHIO) health information exchange (HIE).

Connecting to the CORHIO HIE will allow the more than 175 primary care physicians in PPP to quickly and securely access their patients' information from hospitals and other providers. They will receive lab, pathology, and imaging reports, physician transcripts, referral information, newborn screening results and hospital discharge reports. Having access to this information will help PPP physicians efficiently and accurately assess, diagnose and provide treatment to their patients.

The data provided through the CORHIO HIE helps the PPP providers with care coordination initiatives that are imperative to their goals of accountable and patient-centered care. The HIE makes it easier for providers to proactively follow up with their patients after hospital or specialist visits, which helps prevent medical complications and avoidable hospital readmissions. For individuals with chronic conditions, such as heart disease, asthma or diabetes, well-managed care coordination is essential to avoid unnecessary complications.

On a state level, there are currently 28 hospitals, 575 office-based providers, 27 long-term and post-acute care facilities and two behavioral health centers connected to the CORHIO HIE.

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.

SOPE Society of Physician Entrepreneurs

“Dealing with the FDA”
by Jason Sapsin, Polsinelli Law Firm



Thursday, March 7, 2013
 7-8 AM Networking and Breakfast
 8-8:45 AM Presentation
 8:45–9:00 AM Q & A

NEW LOCATION - The COPIC Auditorium at Lowry
 7351 East Lowry Boulevard, Denver, CO
 RSVP to info@denvermedsociety.org

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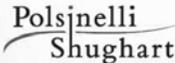
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Drug Related Adverse Events

(Continued from page 3)

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2. Centers for Disease Control and Prevention. Prescription painkiller overdoses in the U.S. *Vital Signs*. Published November 2011. <http://cdc.gov/vitalsigns/PainkillerOverdoses>.
3. Drug deaths now outnumber traffic fatalities in U.S., data show. *Los Angeles Times*. September 17, 2011. <http://articles.latimes.com/2011/sep/17/local/la-me-drugs-epidemic-20110918>

Contributed by *The Doctors Company*. Learn more about prescription security at www.thedoctors.com/prescribing or visit www.thedoctors.com/articles for more safety articles.

Resources to Combat Drug Abuse

The National Institute on Drug Abuse (NIDA), part of the National Institutes of Health, has developed NIDAMED, a portfolio of resources designed to help clinicians better address drug abuse in their patients. Visit the NIDAMED web site now to view the portfolio of science-based, free resources: <http://www.drugabuse.gov/nidamed-medical-health-professionals>.

Available materials include:

- The NIDA Drug Use Screening Tool—a one question quick screen and a full interactive screen
- Information guides on brief intervention and referral to treatment
- Two New Medscape CEs about substance abuse topics
- Patient materials
- Curriculum resources for students about drug abuse and addiction

Contact nidacoeteam@jbsinternational.com.

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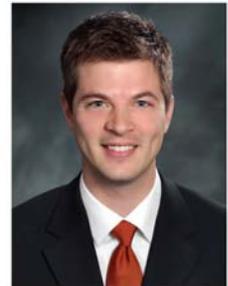
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