Disaster Proofing Your Medical Practice

Business continuity planning is not something most of you were taught in medical school. But planning how your practice will respond to both man-made and natural disasters might make the difference between your ability to ride out a difficult situation versus being overwhelmed by a disaster and its aftermath. We all know we should plan in advance to manage potential emergencies, but sometimes these threats seem too indeterminate or the process too overwhelming to know where to begin. By using common sense and available resources physicians can develop plans to take care of themselves, their co-workers, and their practices’ viability. As part of the Denver Medical Society Pandemic Flu Preparedness project, we will be bringing you information and resources to help prepare yourself, your family and your practice to weather potential emergencies such as a pandemic, natural disaster, or terrorist attack.

Planning Resources for Physician Practices

Continuity planning begins with identifying operations critical to the survival and recovery of your practice in the event of a disaster. A key area to consider would be communication with your employees including redundant systems in the event that normal communication channels are not functioning. Emergency supplies are another important issue, both for staff and patients who might be forced to shelter-in-place under some circumstances as well as those supplies that you might need to continue caring for patients during a crisis. Fire is the most common of all business disasters, and your practice should have a process in place for evacuation and alerting the fire department.

One of the simplest steps to take in advance of an emergency is to review your insurance coverage and identify and protect the documentation that might be needed in the event of a claim. Physician practices should also carefully examine which utilities are vital to their ongoing operation and plan ahead for potential disruptions. Protecting information technology systems and databases can be vital to recovering business operations following a disaster.

The Denver Medical Society has adapted a Medical Office Checklist which can be a useful tool in business continuity planning. The checklist can be accessed at www.denvermedsociety.org by selecting Pandemic Flu Preparedness. On that same page, practices can download an Office Practice Preparedness Tool Kit that contains a variety of tools and resources that can be used in developing a business continuity and emergency preparedness plan. Physicians might also want to look at the Ready Business site created by the Department of Homeland Security and the US Chamber of Commerce at www.ready.gov/business/.

Physician Pan Flu Community Created

Physicians are encouraged to visit the new Pan- demic Influenza Community website at www.cms.org/PanFlu or directly from the CMS home page at www.cms.org. The community offers physicians an opportunity to discuss current topics, view news stories about pandemic flu, and access resources on many topics including business preparedness, CME programs, and volunteer opportunities. The site is avail-
able to all Colorado physicians.

**Physician Preparedness Survey**

DMS is urging all member physicians to complete the Colorado Emergency Planning Physician’s Survey online. The survey is a collaborative effort between the Tri-County Health Department, the Denver Metro Medical Response System, and the Colorado Department of Public Health and the Environment. The brief survey is being conducted statewide to develop a data base of information about the current state of physicians’ knowledge and level of preparation for a pandemic flu or other major disaster. Please complete the survey by accessing the link at [www.denvermedsociety.org](http://www.denvermedsociety.org) and take a few moments to participate in this important statewide effort to move toward improved disaster preparedness for the medical community.

---

**INFECTIOUS DISEASE CASE CONFERENCE**

Thursday, June 7, 2007

**Topic:** PANDEMIC FLU

**Speaker:** JONATHAN HARTE, MD

ROCKY MOUNTAIN INFECTIONOUS DISEASE SPECIALISTS

**Time:** 12:15 p.m. to 1:15 p.m.

**Place:** The Medical Center of Aurora 1501 S. Potomac St., Meeting Room 1

1 category 1 credit toward the AMA Physician’s Recognition Award is available.

---

**10 STEPS YOUR PRACTICE CAN TAKE**

√ Check that existing contingency plans are applicable to a pandemic.

√ In particular, check to see that core business activities can be sustained over several weeks.

√ Plan accordingly for interruptions of essential governmental services like sanitation, water, power, and disruptions to the food supply.

√ Identify your company’s essential functions and the individuals who perform them. The absence of these individuals could seriously impair business continuity. Build in the training redundancy necessary to ensure that their work can be done in the event of an absentee rate of 25-30 percent.

√ Maintain a healthy work environment by ensuring adequate air circulation and posting tips on how to stop the spread of germs at work. Promote hand and respiratory hygiene. Ensure wide and easy availability of alcohol-based hand sanitizer products.

√ Determine which outside activities are critical to maintaining operations and develop alternatives in case they cannot function normally. For example, what transportation systems are needed to provide essential materials? Does the business operate on “just in time” inventory or is there typically some reserve?

√ Establish or expand policies and tools that enable employees to work from home with appropriate security and network access to applications.

√ Expand online and self-service options for customers and business partners.

√ Tell the workforce about the threat of pandemic flu and the steps the company is taking to prepare for it. In emergencies, employees demonstrate an increased tendency to listen to their employer, so clear and frequent communication is essential.

√ Update sick leave and family and medical leave policies and communicate with employees about the importance of staying away from the workplace if they become ill. Concern about lost wages is the largest deterrent to self-quarantine.
Beware Contract Amendments

As most physicians are aware, SB79 concerning contracts with healthcare providers will become effective January 1, 2008. Physicians who receive amendments to existing health plan contracts, or request a new contract between now and December 31, 2007, may want to compare the health plan's terms to the provisions of SB79.

In addition, if physicians receive an offer from a health plan to change their reimbursement to a new fee schedule based on a set year RBRVS calculation, evaluate it carefully! What is offered as protection from future POTENTIAL reductions in the Medicare rates may actually be a bigger, immediate reduction. The only way to be sure is to run the numbers for each individual practice. Here's what one medical practice that actually ran the numbers found:

"I ran my codes and their respective volume billed to X Health Plan in 2006. I was startled to see that the reimbursement went from a decrease of 3% to 16%. Their proposal portends to protect us from a 9.9% Medicare reduction over eight years. Lesson learned: always look at the codes and volume of each before deciding the offer. I hope other practices look beyond the conversion factor of 2005."

More than one health plan is using this same tactic. Physicians are advised to be cautious in accepting any contract amendments involving new fee schedules.

UnitedHealthcare

There have been reports of UHC issuing new/amended contracts over the past month that are not compliant with SB79. Physicians holding contracts with both United and PacifiCare are receiving "amendments." Physicians holding contracts with PacifiCare and not United, are receiving "new contracts." CMS staff has met with UHC leadership and have been assured, without exception, that United intends to come into compliance with SB79 within the statutory time frame.

CMS legal counsel has discussed this with UHC legal counsel who agree that the new contracts/contract amendments are not compliant with SB79 (they are not required to be compliant until after 1/1/08) as well as containing language that circumvents the applicability of SB79. The duration of the contract circumvents the trigger for coming into compliance with the new statute. UHC legal counsel is taking the issue of the new contracts/contract amendments to UHC leadership as well as the "Contracting Committee", and CMS should have a formal proposal as to how they intend to address this issue of non-compliance no later than May 30.

United has acknowledged that their communications relating to this transition of old United/PacifiCare and PacifiCare contracts have created confusion and unintended discomfort within the physician community. CMS will be submitting questions relating to these amendments/new contracts on behalf of Colorado physicians. United has agreed to formally answer those questions so that CMS can communicate United's answers directly to CMS physicians. Please be assured, you will receive this "Q & A" when available.
As a healthcare provider, you deal with risks daily. In fact, in a highly litigious environment, statistics demonstrate there’s a one in eight chance you’ll be sued this year and a 40% chance you’ll have a claim filed against you in the next five. These suits often seek millions of dollars, jeopardizing your personal assets and reputation.

But if you’re with Medical Protective, you’re safe. Last year alone, our healthcare providers won 92% of their trials and thousands of claims were dismissed without liability or payment—over 90% in many jurisdictions.

Trust the insurance carrier that provides you over a century of experience delivering the strongest defense for your assets and reputation.

Make Medical Protective your steel cage.
Don’t Discount DMS RX Discount Program

Are you using the DMS/Rx Care card to help your patients? Studies have shown that 20% of patients who receive prescriptions for chronic medical conditions fail to have them filled. Negative outcomes due to noncompliance raise healthcare costs more than $100 billion annually. A Robert Wood Johnson Foundation study found that 49% of uninsured adults with chronic conditions forgo needed medical care and prescriptions due to cost. It was with these findings in mind that the Denver Medical Society introduced the Physician’s Rx Care discount card in February 2006 at no cost to either the physician or the patient. With the uninsured population continuing to grow, the DMS continues to promote and encourage this program. In the first quarter of this year, patients of DMS physicians using the drug discount card saved an average of 29% on their brand and 71% on their generic prescriptions. This translates into an average savings per prescription of $30.75.

We asked Arthur Waldbaum, MD, whose patients are frequent users of the Physician’s Rx Care program, how he got his patients to participate. He stated, “There is really nothing unusual that we do. My staff hands out the card to patients along with their prescription and tells them that it provides a discount for them at the pharmacy since they do not have any insurance. That seems to be incentive enough. Maybe some doctors are not handing out the cards or not giving them simultaneous with the prescriptions”.

To assist physicians and their staffs in promoting this program, the card has been redesigned to minimize the need for staff to explain the program to patients. It is now a 5” X 10” flyer on heavy, glossy stock with the card as a tear-off at the bottom. The body of the card tells patients how to use it and what to expect. Many of you will be relieved to note that the reverse side of the flyer/card is in Spanish.

Your patients will be able to obtain additional services and discounts with this card such as:

- **Beltone** offers up to 15% discounts on hearing products and services.
- **JCPenney Optical Centers** allows 25% savings on eyewear, contact lenses, and other vision products.
- **LXD Blood Testing** program provides access to more than 300 blood tests and 19 wellness panels at savings of up to 70%. The patient goes online to select and pay for these tests, then takes paperwork to the lab selected. A prescription is not required.
- **LXD Imaging and Diagnostic Testing** operates similarly to the blood lab, but requires a prescription from the patient’s physician. Services include: MRI, X-ray, Neurological Testing, Surface and Needle, Sensory Nerve Conduction Threshold Testing, Musculoskeletal Diagnostic Ultrasound Testing, Dynamic Motion X-ray, Bone Mass Density Testing, Holter Cardiac Monitoring, Cardiovascular Ultrasound.

To obtain discounts at either of LXD’s Diagnostic Networks using the Physicians Rx Care card, the patient must call the toll free number 1-888-436-3700 and give the Customer Service Center representative the Coupon Code PFI2007. A representative will help the patient locate the nearest clinic and will assist with scheduling tests. Patient access to a computer and printer is highly desirable, and having a credit card to pay for the services in advance is essential.

We believe these services will not only assist your patients to obtain the care and services they need, but may also help you gain the compliance with treatment regimes you seek. If you need more prescription drug discount cards for your patients, just call the Denver Medical Society at 303-377-1850 or email your order to dms@denvermedsociety.org. Your request will be filled and mailed within two business days.
Practicing Good Medicine Just Got More Rewarding

Announcing The Doctors Company’s 2007 member dividend.

Practicing good medicine has its rewards, but they don’t usually come in the form of a dividend from a medical malpractice insurance company. As a company owned and led by physicians, we take our commitment seriously: We relentlessly protect, defend, and reward our members.

We lead the industry with aggressive claims defense and with innovative patient safety tools and services that protect our members, help them provide the highest quality care, and avoid claims. Our multi-year dividend plan is just one way we recognize and reward our members for their continued professional excellence and loyalty.

Beginning in July, members in Colorado will receive a dividend credit between 5 and 7.5 percent as part of their policy renewal—proof that it pays to practice good medicine.

To find out how we can help you make practicing medicine more rewarding, call us at (800) 862-0375 or visit us online at www.thedoctors.com.
The Doctors Company Announces Colorado Dividend and New “Tribute Plan” for Denver Medical Society Members

The Doctors Company has approved a dividend to recognize and reward its Colorado physician insureds and members of the Denver Medical Society (DMS) for their loyalty and partnership in helping the company realize its mission to advance and protect the practice of good medicine.

The dividend credit will provide a premium reduction between 5 and 7.5 percent to full-time member insureds in Colorado, except those with surcharges consequent to adverse claims experience. The dividend will be effective with renewals on or after July 1, 2007, and is in addition to the 5 percent discount that members receive for their participation in the DMS professional liability insurance program as well as any claims-free credits they may receive. Please contact Jack Meyer at (707) 226-0217 or jmeyer@thedoctors.com if you have any questions about the dividend plan.

On May 1, TDC also launched the Tribute Plan in order to reward physician members for their loyalty to the company and for their commitment to outstanding patient care. The Plan will be effective as of January 1, 2007.

The Plan is a new financial benefit for physician members of The Doctors Company. It is an individual balance that accumulates each year until a physician’s permanent retirement, at which time the balance will be distributed as a career award. Major funding for the Tribute Plan will take place over the next five years. More than a third of The Doctors Company capital has been earmarked for this benefit.

“The Tribute Plan is a significant reward that underscores The Doctors Company’s mission to advance and protect the practice of good medicine,” said Richard E. Anderson, MD, FACP, chairman and CEO of The Doctors Company. “As a member-owned, doctor-led organization, we believe that by working together to promote outstanding patient care and reduce claims frequency, we all win.”

The breakthrough benefit utilizes a loyalty pool to reward members. A portion of the loyalty pool is allocated to each physician annually based on that physician’s premium. Members will receive their Tribute Plan award when they reach age 55 or older, have five or more years of continuous coverage with The Doctors Company, and retire from the practice of medicine. At the end of 2011 a member of The Doctors Company could accumulate a Tribute balance equal to 50 percent of their annual premium.

“The Tribute Plan is a long term commitment to our members and to improving the environment in which our doctors practice. We believe it is a benefit that no other national medical malpractice carrier can match,” continued Dr. Anderson.

The Plan is an addition to the many benefits that members already receive. The Company continues to offer competitive premiums, pay dividends, provide industry-leading claims defense, and offer comprehensive risk management and patient safety programs as it delivers outstanding customer service.

“The announcement of this major new benefit underscores the reasons Denver Medical Society is confident in its exclusive relationship with The Doctors Company,” said DMS President Johnny Johnson, MD. “We are proud to offer our members professional liability services from a carrier so firmly dedicated to protecting, defending, and rewarding our members.”

Eligible members of The Doctors Company with policies in force on or after January 1, 2007, are automatically enrolled and have begun accumulating balances. Tribute Plan awards are delivered as a lump sum payment when the member retires. For additional information visit http://www.thedoctors.com/tribute.

These exciting benefits will provide the membership with solid evidence of The Doctors Company’s position of leadership and strength in the marketplace and its commitment to its member insureds.

The Doctors Company has been the exclusively endorsed/sponsored medical malpractice carrier of the Denver Medical Society since 1989 in a partnership that provides Denver Medical Society members with superior protection from the nation’s leading physician-owned medical malpractice insurance carrier.

---

TDC 2007 Patient Safety/ Risk Management Seminar

“Patient Safety and the BME”

Speakers: Linda Siderius, Attorney
Susan Miller, State of Colorado, Dept. of Regulatory Agencies
Ed Dauer, Attorney
University of Denver
Laura Dixon, BS, JE, RN
The Doctors Company

Saturday, November 3, 8 AM-noon
Lowe’s Georgio Hotel
(Seeking CME accreditation)

Contact Laura Dixon at ldixon@thedoctors.com or (303) 967-0202 to register.
MEDICAL OFFICE SPACE

New two phase medical office building development in Littleton, Colorado. Physician ownership opportunities may be available to qualified physician tenants.

First phase occupancy June 2007
- 62,300 square feet of Class A medical office space
- 53% Preleased
- Imaging Center with CT, MRI, Bone Density, Digital Mammography & Routine Imaging
- Clinical Laboratory
- Urgent Care Center open 7 days per week

Second phase construction start in 4th quarter 2007
- 41,290 square feet of Class A medical office space
- Surgery Center

Welcoming the following primary care physicians:
- Pediatrics West
- Altitude Family & Internal Medicine

Leasing information:
Ms. Pat Wassik
Health Connect Properties
pwassik@healthconnectproperties.com
303-830-1444

Developed & Owned by Lauth

www.lauth.net Offices Nationwide 720.279.5454
With comprehensive health care reform certain to be a high-profile issue in the 2008 Colorado legislature, it is critical that Colorado physicians vigorously participate in the process by taking the time to complete the CMS policy matrix questionnaire accessible online on the CMS Physicians' Congress for Health Care Reform web page, www.cms.org/DocCongress/DocCongress home.html. The Colorado Medical Society will use a scoring tool based on the policy matrix to evaluate and score competing health care reform proposals in the 2008 legislature.

The web-based matrix questionnaire gives Colorado physicians an opportunity to participate in the development of CMS health care reform policy by critiquing the evaluation criteria developed over several months by the Physician Congress. It will be cross-tabbed by specialty, geography, age, type of practice, and gender. Carol Carlson, PhD, a CMS consultant responsible for the design and construction of the health care reform scoring tool, emphasizes the importance of having as many physicians as possible in Colorado complete the matrix questionnaire so CMS can capture statistically significant data from all areas and perspectives of the state.

The matrix questionnaire allows respondent physicians to:

- Accept or reject criteria
- Recommend changes to criteria
- Rank the criteria from 1 (least important) to 5 (most important) on a Likert scale.

Descriptive data from the matrix questionnaire will allow the Physicians Congress to consider for each criterion:

- Percent of respondents accepting or rejecting each criterion
- Specific changes recommended for each criteria
- The importance placed on each criterion by all respondents.

The Physicians Congress will use the data from the matrix questionnaire and will forward an action report to the September 2007 meeting of the CMS House of Delegates. Once approved by the House, delegates will use electronic voting equipment in a series of votes to weight the criteria. Weighting will permit objective comparison between the criteria. Dr. Carlson will then place the matrix in a scoring tool that will permit Colorado physicians to consistently and reliably compare health care reform proposals, making the policy matrix the gold standard for the score.

Physicians' Congress calls on all Colorado doctors to help develop CMS policy on comprehensive health care reform

Many DMS members have expressed an interest in becoming more informed about the status of health care reform in Colorado including updates regarding the preliminary selection of four proposals by the Blue Ribbon Commission for Health Care Reform and the role of the CMS’ Physician Congress in shaping future direction.

You are cordially invited to attend an informative and casual meeting to address these issues, answer any concerns you may have, and find out how you can help shape the health care reform debate.

WHEN: Thursday, June 14, 2007
5:30 p.m. – 7:00 p.m.
WHERE: Denver Medical Society
1850 Williams Street
WHAT: Cocktails, hors d’Oeuvres, Program

Please RSVP to DMS by calling 303-377-1850 or emailing to dms@denvermedsociety.org.
Colorado NPI Database Now Online

As was announced in the April Denver Medical Bulletin, a statewide NPI database has been established by the Denver Medical Society, other county medical societies and the CMS in response to requests from many members and their staffs for assistance in establishing a NPI repository. As most practices are aware, they will not only need to utilize their own physicians’ NPIs when submitting claims, they will also need to enter the NPIs of other providers in some circumstances, such as when a referral is involved. The Colorado NPI Database, which is now accessible through the DMS website at www.denvermedsociety.org, will provide a convenient way for practices to obtain this information.

DMS has pre-populated the secure database for all of its members. But it is important that each practice visit the database to ensure that the profiles created for their physicians are accurate, including confirming the accuracy of NPIs that were submitted to the DMS with members’ 2007 Membership Profiles. For the physicians who have not provided their NPIs to DMS, their profiles will still have been pre-populated, but it will be necessary for them to enter their own NPIs directly online. When initially visiting the online database to confirm the accuracy of data and complete any missing data, the user will be able to create a unique user name and password which will allow the user to make any corrections or additions online and search the database on future occasions.

The database will be secure and password protected, and physicians will each have their own individual record that will be displayed when their name is selected. The database will be searchable by name, specialty, phone number, city, zip, or practice affiliation to make it easy to locate the NPIs of other physicians.

In order for the database to be of maximum value to physician practices, it is imperative that practices take a few minutes to confirm the accuracy of their profiles and to add their physicians’ NPI numbers if they are not already in the database. If practices come across physicians with whom they have referral relationships whose NPIs have not been entered into the database, they should encourage those practices to visit the database and create or complete physician profiles so that this tool can provide maximum value to all physicians. At this point, non-member physicians will be permitted to create a profile on the database in order to ensure that DMS members will be able to search as complete a database for Colorado physicians as possible. This policy for non-member participation will be reviewed in the future.

Please be sure to review your NPI profile by visiting www.denvermedsociety.org and selecting NPI Data-base. If you have any questions or problems in utilizing the database please contact the DMS at 303-377-1850 or dms@denvermedsociety.org.
“I didn’t know COPIC did all that!”

That’s right. COPIC Financial can assist with a wide range of financial needs – personal and professional.

- employee benefits
- property and casualty insurance
- long-term care
- practice valuation
- disability and life insurance
- investment and retirement planning

All with the same level of service and expertise you’ve come to expect from COPIC Companies.

720.858.6280
800.421.1834 ext. 6280
www.copicfsg.com
You know when to refer to a specialist.

Why should hospice be any different?

Your rolodex is filled with names and numbers of specialists. Physicians with specific expertise who can support you in meeting the needs of your patients.

At VistaCare, we specialize in pain and symptom management and in addressing the unique needs of terminally ill patients and their families.

Hospice is our specialty.

It’s in how our specially trained medical directors work in partnership with our referring physicians. In how our nurses manage the patient’s plan of care. And in how our interdisciplinary team develops a personalized approach to meeting each family’s specific needs.

This is how hospice should be.

To arrange a consultation with one of our hospice medical directors, call VistaCare at (866) 847-8222. You can also subscribe to VIA, our free e-newsletter, by visiting www.VistaCare.com/via.