It is a great privilege to become the latest president of this great organization. As I move into this position I have to thank the wonderful DMS staff for their hard work on behalf of Denver's physicians, and for their work in support of the Board of Directors and the DMS Executive Committee. The staff is the engine of this organization.

My predecessors as president leave some pretty big shoes to fill. Johnny Johnson, President two years ago and the outgoing Chair of the Board, will become one of the three Denver representatives to the Colorado Medical Society Board of Directors. Dr. Johnson's compassion and common sense approach to problems will continue to serve us well.

Nora Morganstern will move from President to Chair of the Board. Nora is the embodiment of the idea that one can speak softly but with power, passion, and persuasion. I look forward to working with Dr. Morganstern and the other Board members in the coming year. Johnny and Nora, thank you for all you have done and will continue to do for the Medical Society.

I have titled this presentation, "Why the Denver Medical Society?" Why should we join and support this organization? What role does it play, and in a broader sense, what role does organized medicine play in today's rarefied health care environment?

It is not going to shock anyone to say that American medicine faces significant challenges. It would seem that we are facing far more challenges than ever before. It seemed daunting enough at the time of graduation from medical school that we faced residency, finding or building a practice, a lifetime of continuing education so that we could be sure that we are providing the best care for our patients, and the myriad of regulatory and other issues that have to be addressed to practice medicine. But now we are faced with questions about the whole financial underpinnings of our health care system. And to show just how bad things can get, the added recent turmoil in the broader financial system is not going to make things any better.

So why the Denver Medical Society? When faced with systemic challenges, the actions of individual physicians are unlikely to be able to have much influence. DMS and organizations like it can serve to pool the observations of countless individuals, look for common themes in the problems we face, solicit possible solutions, vet those solutions with as broad a coalition as possible, and work with other organizations to implement our plans. The Colorado Medical Society has pursued just such a course with its Physicians Congress on Health Care Reform.

The Denver Medical Society and the other geographic medical societies are the foundation of the Colorado Medical Society. The whole representative structure is built around the counties. Specialty organizations, including those for primary care physicians, definitely have a voice and a role at the state level, but to this observer, not to the same degree that we see in national organized medicine.

This means that if we are to truly influence statewide policy, legislation, or state regulation, our county medical societies are integral to the process.

Those that know me well have probably heard me joke that physicians are the 'weak link' in medicine. For
most of the time when I say this I mean that we can be our own worst enemy. All too frequently we have a strong hand in creating whatever problem faces us. Scope of practice issues, something that we have been spending a great deal of time on at the DMS in the last two years, are a good example. But when you think about it, physicians are ill-equipped to deal with many of the challenges we face. Lack of time is the huge problem. Few professionals spend more time practicing their profession than those in medicine. That in turn makes it difficult to become knowledgeable on these systemic issues and even more difficult to be part of the solution.

Again, organizations like DMS can serve to amplify the contributions of many. And key to getting that done are the talented executive directors and staff in our organizations.

So what are the biggest challenges we face? In my opinion, the two biggest issues are the current dysfunctional financing of the health care system and the lack of integrated systems of care. The two are probably more closely related than it would seem at first blush.

Lightning may strike me down, but it now appears to me that many of the ideas put forward in the Clinton health plan of 1993 are the correct ones. It attempted to balance regulation with market competition. Its reliance on regional alliances answered many of the problems created by our current health plans, especially the for-profit ones. It was comprehensive and universal. It preserved competition, but at a much broader level than individual physicians and practices. It embraced cost-effectiveness, by putting the difficult decisions in the hands of regional alliances and a national board rather than relying on these decisions being made by physicians at the point of care.

Its shortcomings were that it was too radical for its time, too complex and too detrimental to the then-prevalent independent practice of medicine and the individual hospital. To my thinking, those problems have been negated by what has progressed over the last 16 years since the plan was put forward. We have seen massive consolidation in the health insurance industry; we have seen huge expansions of hospital systems. But these developments have tended to worsen our problems rather than help them.

There is a cautionary tale from this time that I would like to relay to you. It shows the hazard of unintended consequences. First, think back to the early 1990’s. Managed care was expanding rapidly out of California. Capitation was becoming all the rage. Anesthesiologists, like most, were very concerned for the future. Many knowledgeable people predicted that the need for surgical and anesthesia services would fall by 30% or more. The American Society of Anesthesiologists commissioned a manpower study by a company called Abt to look at the issue. The conclusion was that we would need far fewer anesthesiologists in the future than we had at the time.

The Abt study, combined with the rapid expansion of managed care, cast a pall over anesthesiology. Anesthesiology groups stopped hiring new graduates. Deans of medical schools counseled strongly against the profession. It did not take long for the message to get to the medical students working their way towards graduation.

In round numbers, in the mid 1990’s, there were a total of 1500 first year residency slots in anesthesiology across the U.S. By 1996, the total number of applicants from U.S. medical schools applying to anesthesiology residencies had fallen to a little more than 100. Imagine. 1500 slots versus 100 or so available graduates from American medical schools.

The total residency enrollment fell to about 500 out of the 1500 slots, mostly through the expansion of the number of international medical graduates. Fortunately, those selected were well qualified. The crash of interest in the specialty and resulting toll on residency programs took more than ten years to rebuild and correct. It was only in the last three years that the number of residents in anesthesiology has returned to the numbers of the early 1990’s.

What happened to the demand for surgery and anesthesiologists? Despite the predictions of the best minds, cases and demand never fell but continued to increase at typical historic rates. If anyone ever wonders why anesthesiologists are currently paid as well as they are, you can thank or blame the managed care (Continued on page 6)
IT’S NEVER TOO EARLY TO MAKE A NEW YEAR’S RESOLUTION!

RESOLVED: I promise to improve my ability to speak with my Spanish speaking patients.

HOW: By enrolling in SPANISH FOR THE MEDICAL PROFESSION with Joanna Rios, PhD

WHEN: February 20 – 22, 2009. FEES: $395 for DMS members; $460 for all others

A maximum of 24 hours in category 1 credit towards the AMA Physician's Recognition Award awarded from the University of Arizona College of Medicine at the Arizona Health Sciences Center. For those interested in CME, an additional $35 processing fee applies.

Name ________________________________________ Intermediate Class ___ Beginner Class ___
Address ________________________________________ 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 - $395, All others - $460

Payment enclosed: _____Check _____Credit Card

VISA ___ MasterCard ___ Card # ___________ - ______ - ______ - ______ - ______ Exp ____/____

Cardholder Name and Address _____________________________________________________________

(if different from registrant) ______________________________________________________________________

Signature _______________________________ Phone __________________________

Tuesday, January 27, 2009—6:00 - 8:00pm
The University Club, 1673 Sherman St., Denver

Arapahoe-Douglas-Elbert, Aurora-Adams and Denver Medical Societies are presenting a night of facilitated discussion with our Denver Metro State Legislators. The purpose of this evening is to create a dialogue between legislators and physicians. Chris Adams, President, The Adams Group, facilitated a successful program last year for ADEMS and will be back with his electronic instant results voting keypads. Participating legislators will be able to poll their attending constituent physicians on various topics according to various demographics with immediate results. Physicians will also have an opportunity to ask questions of their legislators.

This informal meeting will provide time for casual mingling between legislators and physicians beginning at 6:00 PM with cocktails and hors d’oeuvres. The scheduled program will begin promptly at 6:30 PM. As healthcare issues continue to be a high priority for Coloradans, physicians need to ensure that legislators hear their concerns.

Reservations are required to attend this function. Medical Society Members of AACMS/ADEMS /DMS and one guest may attend at no cost. Non-members may attend at the pre-paid cost of $30.00 per person.

Fax your reservation to DMS at 303.331.9839 or call 303.377.1850 no later than Thursday, January 22

Member Name: (please print) ____________________________ Phone ____________________________

Guest: ____________________________________________________________________________
Robert B. Sawyer, MD, pictured here with his wife Curly, was presented with the first DMS Lifetime Achievement award. Some of his many accomplishments include: President of the CMS, of the American College of Surgeons-Colorado Chapter, and of the Southwestern Surgical Congress; Chair of the Health One Alliance and of the 9Health Fair’s Board of Trustees; President, Chief of Staff and Chief of Surgery at P/SL; established the first medical exploring program for the Boy Scouts in the Denver area; trustee of the Bonfils Blood Bank; Honorary Life Trustee of the Denver Zoo; recipient of the Silver and Gold award from the University of Colorado Medical Alumni Association; perfect attendance for 45 years in the Denver Rotary Club.

Out-going Chair of the Board, Johnny E. Johnson, Jr., MD; recently-elected officers: Michael B. Keller, MD—President-Elect; Randall M. Clark, MD—President; Nora E. Morgenstern, MD—Chair; Naomi M. Fieman, MD—Treasurer

President, Randall Clark, MD, in his inaugural speech, reiterated the importance of membership in DMS.
New DMS member Khurram Hussain, MD, his guest, Lori Wall, and past DMS president, A. Lee Anneberg, MD

DMS treasurer, Naomi M. Fieman, MD, and Robert J. Fieman, MD

DMS past president and CMS Board member, James R. Regan, MD, Nancy DeLauro, and John E. DeLauro, MD

DMS past presidents, Johnny E. Johnson, MD, and John A. Sbarbaro, MD, with Marlene Sbarbaro

Denver Medical Library Board member, Carol A. Stamm, MD, and DMS Board member, Lucy W. Loomis, MD
industry, the Abt company, and the laws of supply and demand, depending on whether you think those salaries are a good thing or a bad thing.

I mention all of this because I am a huge believer in the power of unintended consequences. There is nothing like unintended consequences to humble the best devised plan. I hope we will keep this in mind as we undertake health care reform. If your neighbor the anesthesiologist brings a skeptical attitude to the discussion, please just bear with him or her.

This idea is a good transition into the final area I would like to speak about, health care financing. We now spend over $2 trillion dollars per year on health care in this country and the cost accelerates at a rate far above the general rate of inflation. The increases in our national and state programs, Medicare, Medicaid, SCHIP, Tricare, and others, is growing at a staggering rate. Combined, these programs now spend over $900 billion per year of taxpayer money. This is far above the costs of both gulf wars and the war in Afghanistan. It is far above the cost of the financial bailout. We spend this every year and the amount is growing.

President-Elect Obama has proposed expanding private health insurance to the uninsured through a variety of market based mechanisms. If that fails, he proposes a new government health plan to be created to insure the currently uninsured. He uses as the model the health coverage that members of Congress receive. But it is not unreasonable to ask what this plan is more likely to look like, Federal Blue Cross or Medicare/Medicaid/SCHIP?

Earlier I talked about unintended consequences. While I believe that this nation must develop a universal and comprehensive health plan, I worry about some of the potential consequences. We have now had more than 50 years of governmental intervention into health care and it would appear to me that we now have more people in need of taxpayer funded health care than ever before.

The measure of a people is how well it does in lifting up its whole society including those in great need. We must show compassion for those whose circumstances are not as fortunate as our own. But it would be unspeakably tragic to bankrupt the great accomplishments of our society, such as our institutions of higher education and our fragile infrastructure, and still end with even more people in need.

We as a nation are wealthy enough that we can take every child currently in need of food, housing, education, and health care and give that to them. But what will we have in twenty or thirty years, fewer or more people in need? The experience of the last 50 years is not reassuring.

We must seek balance. We must go into the future with our eyes open. We must constantly be on guard for the unintended consequences.

These are the questions I hope we will keep in the back of our minds as we work through the Denver Medical Society, the CMS, and our other representative bodies as we tackle comprehensive health care reform and the other issues that challenge us.

We will need for everyone to be engaged, for this will surely affect all of us as physicians and citizens. Bring your ideas and your energy to the DMS.
## UPCOMING 2008-2009 CME/CE EVENTS*

**Presented by The Office of Professional Education**

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Date and Time</th>
<th>Registration Fee</th>
<th>Speakers</th>
<th>CME</th>
<th>CE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundamental Critical Care Support (FCCS) Course</td>
<td>Thursday–Friday, December 18–19</td>
<td>$400 Physicians</td>
<td>Stephen Frankel, MD</td>
<td>15.75</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$300 Residents, Nurses, PAs and allied health professionals</td>
<td>Michael Schwartz, MD</td>
<td></td>
<td>18.5</td>
</tr>
<tr>
<td>31st Annual National Jewish Health Pulmonary &amp; Allergy Update at Keystone Resort, Colorado</td>
<td>Wednesday–Saturday, February 4–7</td>
<td>$950 MDs, DOs, Pharmacists and industry partners</td>
<td>Richard Martin, MD</td>
<td>15.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$550 NPs, PAs, RNs and other Allied Health Professionals</td>
<td>Erwin Gelfand, MD</td>
<td></td>
<td>17.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Harold Nelson, MD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Annual International COPD Conference: Phenotyping</td>
<td>Thursday–Friday, March 5–6</td>
<td>$150</td>
<td>Barry Malea, MD</td>
<td>14.25</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Russell Bowler, MD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Annual Rocky Mountain Sleep Conference</td>
<td>Friday–Saturday, March 13–14</td>
<td>$199 for MD, DO and DDS</td>
<td>Nic Burtkov, RPSGT</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$145 for Sleep Technologists and other Allied Health Professionals</td>
<td>Sharon Kuehn, PhD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity: A Disease with Systemic Consequences</td>
<td>Saturday, April 4</td>
<td>$50 Clinicians Track</td>
<td>David Beutler, MD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AM Session Only</td>
<td>Howard Weinberger, MD</td>
<td></td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Robert Kushnir, MD</td>
<td></td>
<td>TBD</td>
</tr>
<tr>
<td>“I Can’t Breathe” – Dyspnea Symposium</td>
<td>Saturday, April 18</td>
<td>$50</td>
<td>Howard Weinberger, MD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>The Denver TB Course (The longest running TB course in the US)</td>
<td>Wednesday–Saturday, April 22–25, October 21–24</td>
<td>$750 General</td>
<td>Michael Iseman, MD</td>
<td>22</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$455 Fellow, Resident</td>
<td>Charles Daley, MD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Rocky Mountain Food Allergy Conference</td>
<td>Saturday, May 2, 7:15am–9pm</td>
<td>$95</td>
<td>Dan Atkins, MD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>

### Online Courses

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Website</th>
<th>Registration Fee</th>
<th>Participating Faculty</th>
<th>CME</th>
<th>CE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimizing Asthma Control (three-part series)</td>
<td><a href="http://www.optimizing-asthma-control.info">www.optimizing-asthma-control.info</a></td>
<td>No Charge</td>
<td>Ronald Balkissoon, MD, MSc, David Beutler, MD, Harold Nelson, MD</td>
<td>1–4</td>
<td></td>
</tr>
<tr>
<td>Insomnia: Recognition &amp; Intervention (Also certified for ACPE)</td>
<td><a href="http://www.insomnia-intervention.com">www.insomnia-intervention.com</a></td>
<td>No Charge</td>
<td>Teofilo Lee-Chiong, Jr, MD, Amy Robinson Kielheimer, PhD, Wilfred Pigeon, PhD</td>
<td>1.5</td>
<td>1.8</td>
</tr>
<tr>
<td>The National Asthma Educator’s Certification Review Course (Also certified for CRCE and ACPE)</td>
<td><a href="http://www.cmelogix.org">www.cmelogix.org</a></td>
<td>$200</td>
<td>Allliah Hicks, MS, RN, AE-C, Ann Mullien, RN, MSN, CNS, AE-C</td>
<td>5</td>
<td>5.5</td>
</tr>
<tr>
<td>Atopic Dermatitis – The Itch That Rashes: Soak and Seal Skin Care</td>
<td><a href="http://www.cmelogix.org">www.cmelogix.org</a></td>
<td>$40</td>
<td>No Charge</td>
<td>0.75</td>
<td>1</td>
</tr>
<tr>
<td>Rethinking Difficult Asthma</td>
<td><a href="http://www.rethinkingdifficultasthma.info">www.rethinkingdifficultasthma.info</a></td>
<td>No Charge</td>
<td>Richard Martin, MD</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Airway Clearance Devices – Why Use Them? (Also certified for CRCE)</td>
<td><a href="http://www.cmelogix.org">www.cmelogix.org</a></td>
<td>$40</td>
<td>Brad Harman, RRT, Leslie Schamaun, RRT</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>

Advance registration is required. For more information or to register visit www.nationaljewish.org/proed or call 800.844.2305

Courses held in the Molly Blank Conference Center, unless otherwise noted.

National Jewish Health 1400 Jackson Street Denver, CO 80206

*Subject to change
Resourceful
Responsive
Right here

At COPIC, we take pride in doing the unexpected — like resolving claims while preserving patient relationships, giving you 24/7 access to physician risk experts, and helping to shape Colorado’s health care environment.

- NEJM-recognized “3Rs” early resolution program
- Med student scholarships and risk management rotations
- Collaborate/coordinate with CMS’s legislative efforts
- Round-the-clock hotline to physician risk managers

- Online access to clinical guidelines, model forms, and risk management knowledge base
- Lawsuit Stress Support Sessions
- Discounts for expanding risk management knowledge

Today and in the future, you can count on COPIC to be resourceful, responsive, and right here. Contact Ms. Pat Zimmer, Director of Sales, at (720) 858-6186 or (800) 421-1834, x6186 or email sales@copic.com for more information or to obtain an application or premium indication.

7351 Lowry Boulevard, Denver, CO 80230 • www.callcopic.com
Exclusively endorsed by the Colorado Medical Society and the Nebraska Medical Association

WE PROVIDE INSURANCE, BUT OUR BUSINESS IS HEALTH CARE