BOD-4
AM '08

Colorado Medical Society

Report of: Colorado Medical Society Board of Directors

Subject: Progress Report

Referred to: Reference Committee on Board of Directors/Constitution & Bylaws/Credentials

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Report on The History of the Road Map
January 2005 – Present

Executive Summary: When it comes to grassroots involvement, Colorado Medical Society is arguably one of the single most comprehensive and effective home grown, locally owned medical organizations in the country. The CMS positions, despite an often high degree of complexity and sophistication – the unique matrix for health care reform, the unprecedented advances in managed care operational reforms, a Medicaid package of reforms and code updates – were methodically ‘shopped’ with Colorado physicians through component societies and a range of grassroots outreach mechanisms, including conference calls, on site presentations, special ad hoc advisory entities such as the United Physician Advisory Committee, special forums on contracting and Medicaid, the Physicians’ Congress for Health Care Reform, email polling, web based solicitations, and real time straw polling in the course of the House of Delegates.

The Road Map history documents the strategic and policy development process CMS employs, its logic, and the roles of members and CMS staff in developing, reviewing, and soliciting participation in all aspects of CMS activities. Questions are posed at the end of this report on how to improve or strengthen these processes. Your suggestions are welcome.

Background: The CMS Board of Directors adopted its first strategic plan in over a decade in 2005. Called the Road Map, the plan was designed as the supporting document to the CMS mission statement. It included 5 Banner Goals, each utilizing the following format:

Goal: A defining statement that gives specifics to the CMS Mission
Objective: A statement proactively reinforcing and clarifying the Goal
Strategy: The ways that **Goals** and **Objectives** will be reached
Action Initiatives: These are specific projects or programs designed to achieve the strategy.

To operationalize the Road Map, the following steps are taken:

a) each "action initiative" is referred to an existing CMS council, committee, special ad hoc work group, the Physicians' Congress for Health Care Reform or the Board;
b) unless otherwise indicated, operational plans are drafted by staff and presented for review, edit, and approval to the CMS entity to which the "action initiative" is referred; and,
c) physician volunteers and CMS staff implement operational plans once they are approved.

In an organization familiar with strategic and operational planning, the process evolving from goals and objectives to the needed "action initiatives" is iterative, allowing constant feedback on all phases of planning, from goals, to process, to activities. "Action initiatives" necessitate resources and of course, resources have limits. The limits create the need for tradeoffs and that can affect either the timing of a goal or objective or even its viability. This is why the Board routinely monitors implementation of Banner Goal activities and adjusts the Road Map based on internal and external factors at least annually.

In an organization that is following this process for the first time (CMS is now four years down this road), the easiest tradeoffs would be to keep all the goals and objectives but change some of the timing, levels of attainment, or 'action initiatives'. In organizations that have institutionalized the planning process, the iterative element will often eliminate or add additional goals and objectives.

From drafting, to vetting, to ultimately approving, monitoring, and adjusting the CMS strategic plan and its operational components, the business philosophy of physician owned, patient centered, bottom-up, continuous feedback and analysis, and adjustments based on relevant information, has been adopted.

Road Map Iteration One: "Getting on Down the Road"
President, Alethia "Lee" Morgan, MD

Because CMS did not have a strategic plan for many years, a review of how the plan was created and its evolution is discussed next.

In November of 2004, CMS staff was asked to identify projects that they worked on in the previous year or two that (1) they enjoyed; and, (2) brought value to CMS members. This exercise identified what CMS was doing without the benefit of strategic direction. The identified projects were formulated into a draft strategic plan (Road Map) vetted through the county medical society executives and the CMS Board, where it was approved for full membership review and comment. In December, 2004, then-CMS President, Alethia "Lee" Morgan, MD, sent to CMS councils and committees, county and specialty medical society executives, COPIC physician leadership, CMS Alliance Leadership, 3,029 member physicians, and

other physician-driven organizations, an invitation asking for comments on the draft document. The invitation included the following format:

a. Have we identified the right set of Banner Goals for 2005? If not, please provide alternatives or revisions to the current goal or goals.
b. Are the objective and strategy statements appropriate? If no, what revisions would you suggest and why?
c. Are the action initiatives appropriate for each of the Banner Goals? If no, what alternatives would you suggest and why?
d. Other comments.

Over 60 responses to the invitation were received. 82% of respondents were favorable and offered suggestions or comments, while 8% disagreed with all or substantial parts of the Road Map along with detailed comments on their position. All comments were synthesized, made available to the county medical society executives and the CMS Board. On January 28, 2005, Dr. Morgan started the Board of Director's meeting by stating:

"We are here today to contemplate what can be done by organized medicine to accommodate the changing health care needs of our patients resulting from an ever-challenging health care environment. We are facing unprecedented challenges today. They are in some ways so daunting, that many of our colleagues are losing hope. They are retiring early and reaching burn-out in their early forties. In the room today, we have the leadership of Colorado medicine, specialties, counties, and the CMS. It is our job to provide leadership through vision. It is our job to provide hope."

The Board utilized break out sessions to review peer input and to develop recommendations on each Banner Goal. The full Board methodically discussed and debated break-out reports, and finalized a CMS strategic plan on a consensus vote. The 2005, Board-approved Road Map included 32 'action initiatives' embedded within the following five Banner Goals:

1. Improve the health care environment and access;
2. Advance patient safety and quality;
3. Provide leadership on community health;
4. Enhance practice viability; and,
5. Build a stronger, more unified CMS.

Consistent with CMS bylaws requiring the Board to direct administrative staff, through the chief executive officer, in accomplishing the activities, goals and objectives of the Colorado Medical Society, each "action initiative" under the five Banner Goals was referred to standing CMS councils and committees, where CMS staff worked with practicing Colorado physicians to develop operational plans to implement the 'action initiatives'. Operational plans in draft form were routinely provided to county medical society executives for review and comment. Their suggestions have been invaluable throughout the process. The President and

1 President-elect met weekly with CMS staff. Finally, at the 2005 annual meeting, the
2 HOD received a full report and affirmatively responded through electronic voting that
3 the 2005 CMS Road Map was strongly on the ‘right track.’
4
5 <u>2005 Notable Achievements:</u>
6 1. Provided the muscle to pass the <u>vetoed predecessor</u> to the state’s 208
7 Commission on health care reform by calling on the legislature to conduct a
8 societal debate on comprehensive health care reform, then worked
9 successfully to appoint former CMS President Louise McDonald, MD, to the
10 interim legislative study that incubated the notion of the state’s Blue Ribbon
11 Commission on Health Care Reform;
12 2. COMPAC led a high profile grassroots campaign, teaming up with a
13 bipartisan group of legislators, the business community, and consumers, in
14 support of the C and D referenda for allocation of those new resources to
15 include health concerns;
16 3. Stood up and took on the United/PacifiCare merger when no one else in
17 Denver would, and won state-imposed conditions and persuaded US
18 Department of Justice involvement that resulted in forced divestiture of
19 PacifiCare in Boulder County;
20 4. Passed legislation preserving assignment of benefits;
21 5. Held a highly successful technology fair providing physicians with information
22 and hands-on experience with HIT products and services;
23 6. Continued the popular Doctor Line 9 show;
24 7. Began the on-going upgrade of Colorado Medicine;
25 8. Redesigned the spring conference and annual meetings utilizing a format
26 focusing on the politics and the merits of issues contained in the Road Map;
27 9. Instituted the use of electronic polling at annual meetings to obtain real time
28 feedback from delegates on Road Map progress and anticipated key issues
29 confronting physicians (Right Track/Wrong Track);
30 10. Incubated the notion of a standardized contract bill through an all-day,
31 professionally facilitated, Saturday “practice viability” work session sponsored
32 by COPE; and,
33 11. Delegates voted 91-9 percent for CMS to make comprehensive health care
34 reform a priority.
35
36 <u>Road Map Iteration Two:</u> “Right Here and Right Now – It’s Our Time”
37 President, Rick May, MD
38
39 One year after adoption of the 2005 Road Map, on January 20, 2006, the CMS
40 Board of Director’s meeting featured breakout sessions and a facilitation by Don
41 Gilbert, Texas’ former Commissioner of Health and Human Services, and concluded
42 with adoption of the second iteration of the Road Map. The Board also determined
43 first and second tier priorities and that allocation of resources for tier one priorities
44 would take precedence over all others. The second iteration Road Map added

"Evidenced-based Medicine" as a new Banner Goal, amended the titles of several other Banner Goals, and added numerous new 'action initiatives'. A high priority was placed on comprehensive health care reform and began in earnest CMS's ambitious goal to achieve health care coverage for all Colorado residents and systemic health care reform. The 2006 Road Map included 53 'action initiatives' and the following 6 Banner Goals:

a. Health Care Environment and Access to Care;
b. Evidenced-based Medicine;
c. Practice Viability;
d. Community Health;
e. Patient Safety and Professional Liability; and,
f. A More Unified CMS Made Stronger Through Effective Collaboration.

As in 2005, all Road Map "action initiatives" were assigned to various CMS entities and operational plans were drafted, vetted, discussed, and approved. The format of the Board's agenda was changed by then CMS President Rick May, MD, so progress on Road Map Banner Goals could routinely be monitored and timely adjustments made to the 'action initiatives'. Dr. May made this decision to remind the Board that CMS operates according to a strategic plan, that CMS is following the plan, to constantly evaluate and adjust the plan according to feedback and deliberation. The HOD was once again asked whether the Road Map was on the right or wrong track, more or less. The response was substantially 'right track'.

<u>2006 Notable Achievements:</u>

1. Established a Blue Ribbon Panel to recommend use of Referenda C health care monies from the C and D campaign with a focus on access to care, local public health, safety net, medical education, disparities, and availability of health care;
2. The Physicians Congress for Health Care Reform was created and Guiding Principles for Health Care Reform were approved by the House of Delegates;
3. The CMS/Specialty Medicaid Reform Task Force was created;
4. The United Physician Advisory Committee (PAC) was created as a result of the DOI legal order imposed on the United/PacifiCare merger;
5. CMS-developed 'standardized contract' legislation was passed and vetoed;
6. SB 208, creating the state's Blue Ribbon Commission on Health Care Reform, was passed and signed with high profile help from CMS;
7. CMS and Colorado Association of Health Plans began negotiations late in the year on the vetoed standardized contract legislation;
8. Banner Goals EBM and Practice Viability were fully re-vetted based on Board discussions in response to grassroots feedback. The vetting of practice viability included a breakout session at the annual meeting and an invitation for comments to all county and specialty medical societies;

9. First-ever election cycle strategies, such as candidate interview trainings and real-life candidate interviews were initiated and conducted;
10. The Board approved a motion, pursuant to a vetting process, for CMS to pursue a contract with the state on private practice physician emergency epidemic preparedness training;
11. A full meeting was dedicated to a strategic Board discussion based on a memo from Rick May, MD, to the Board, outlining a second half operational plan that included an environmental scan of each Banner Goal and an operational response per Goal;
12. The HOD approved a Diversified Physician Section within CMS in recognition of the changing physician demographics and the need to address health care disparities;
13. A second practice-based office technology symposium was conducted, and CMS positioned itself at the table through board appointments to CORHIO and CCGC;
14. Through the United PAC, CMS pressed United for a greater accounting of their Premium Designation Program and addressed operational issues relating to communications, coding, and billing.

Road Map Iteration 3: "The Art of The Possible"
President, Lynn Parry, MD: 2007

Based on a re-vetting of Banner Goals Practice Viability and Evidenced Based Medicine in the 4th quarter of 2006, the Board at its January 2007 meeting, approved:

1. Road Map adjustments based on feedback from the House of Delegates, and input received from individual physicians and physician driven organizations throughout 2006.
2. CMS President-elect Dave Downs, MD, instituted an inclusive and transparent process for operationalizing 'resolutions and reports' adopted by the House of Delegates. The decision to create a new process was directly in response to feedback from county societies about a lack of transparency in follow-up to HOD-approved resolutions. Dr. Downs appointed an ad hoc Board committee that drafted and vetted an operational plan, the results of which can be reviewed in the 2008 Handbook for Delegates, Report of the Board of Directors "Report on Resolutions and Reports".

The Board in 2007 replicated the Road Map process utilized in 2005 and 2006 for referring "action initiatives' to CMS entities and vetting, approving, and implementing operational plans. The 2007 HOD once again voted 'right track' on CMS Banner Goals and accomplishments.

2007 Notable Achievements:

1. Through the Physicians Congress, the HOD approved ‘criteria’ for each health care reform guiding principle adopted in 2006, a matrix for evaluating reform proposals, and a comprehensive strategy for navigating the health care reform environment;
2. Through the CMS/Specialty Medicaid Reform Task Force, the HOD approved guiding principles for Medicaid reform;
3. Strongly backed the CCMU Cover All Kids 2010 initiative that streamlined enrollment for Medicaid and SCHIP kids and mandated a medical home for children;
4. Passed SB 79, a national first, to address abusive contracting practices of commercial managed care;
5. Incubated through the United PAC, the HOD approved legislative policy recommendations to: (a) establish legal standards of conduct for physician profiling systems under any designation, credentialing, or tiering scheme marketed by payers in Colorado; and, (b) creation of a health plan report card making transparent and reportable, through a standardized reporting format, health plan metrics important to physicians and patient;.
6. In collaboration with 12 county and specialty societies, a $1.5 million state contract was secured to prepare physicians for the implications of an influenza pandemic or some other unforeseen catastrophic event;
7. Continued to help produce the highly successful Dr. Line 9 program for the benefit of public health, accredited 32 organizations around Colorado that provide high quality, cost effective CME, and coordinated a block grant project funded by Wyeth Pharmaceuticals to improve the diagnosis and treatment of depression;
8. Through the Council on Practice Environment and the extensive vetting of the Banner Goal, Practice Viability, served as a clearinghouse for practice management information, established a virtual practice management community on the CMS web page, initiated monthly teleconference programs for office administrative staff and a monthly electronic newsletter, created, coordinated, and facilitated on a quarterly basis interactions between physician office managers and health plan representatives;
9. In conjunction with federal CMS, developed an all-day educational seminar on the 2007 Medicare Pay for Reporting Initiative, later named a “national model” seminar;
10. Exempted the Health Care Availability Act from CTLA-initiated legislation authorizing cap increases to Colorado’s wrongful death statute, and persuaded CTLA to postpone awkwardly crafted legislation to change the rate approval process for professional liability premium increases; and,
11. Continued Medicine’s Day at the Capitol, evolution of Colorado Medicine as a “must read” advocacy journal, and grassroots involvement in political and legislative action.

<u>Road Map Iteration 4:</u> “The Big Picture”

President, Dave Downs, MD: 2008

The 2008 Road Map was adopted by the Board in January, 2008. It included numerous adjustments based on feedback received during the prior year, including placement of reports and resolutions adopted by the 2007 HOD. Consistent with the previous three years, "action initiatives" were referred to CMS councils, committees and special ad hoc work groups for vetting, approving, and implementing operational plans. The 2008 HOD will once again be asked whether CMS has been on the right or wrong track, more or less.

<u>2008 Notable Achievements:</u>

1. Continued a high-profile push for comprehensive health care reform by supporting Governor Ritter's reform strategy, The Building Blocks to Health Care Reform;
2. Passed SB 138, the nation's 1st law governing physician designations by health plans;
3. Killed SB 164, CTLA's priority legislation to roll back Colorado's hard earned tort law;
4. Made substantial progress reforming Colorado Medicaid, including E & M code increases to 90% of Medicare;
5. Enacted a Health Plan Report Card;
6. Significantly upgraded federal advocacy and achieved a bipartisan Colorado congressional delegation vote to stop the 10% Medicare fee reduction;
7. Re-made the Alliance into the Connection, beginning the process of a renewed network of physician spouses;
8. Conducted workshops for physician offices on health plan contracting as a result of 2007 contracting law;
9. Held Special health plan "Quarterly Meeting" on the Western Slope;
10. Continued the Physician Disaster Preparedness Program;
11. Gained conditions on CIGNA's acquisition of Great West Insurance Company;
12. Please read BOD-3, Road Map accomplishments and updates for a full review of '08.

<u>Road map Iteration 5</u>:
President-elect, W. Ben Vernon, MD: 2009

In only four years, CMS has institutionalized a strategic planning process that is built from the grassroots up, is addressing the need of our members and at the same time is patient centered. The Board is constantly adhering to its direction and recognizes the imperative of keeping The Road Map "on point" so that what CMS does and how its resources are spent is both efficient and comprehensive -- and meets the wishes of the largest segment of membership as is possible. This is why Dr. Vernon appointed a Board-level ad hoc committee at the July 11, 2008, meeting, to work

with the Chief Executive Officer, to evolve our strategic plan into The 2009 Road Map. The ad hoc Board committee will:

1. work with the Benjamin Kupersmit polling firm to design and oversee a statewide survey of Colorado physicians seeking information in the functional areas of (a) CMS (b) member needs, and (c) health systems reform.
2. develop "Draft 2009 Revisions to the Road Map" for presentation to the Board at the November, 2008, meeting for "approval for broad crosscheck" with all CMS members". In developing this draft, the ad hoc committee will consider, at a minimum, results of the Kupersmit 'all member' survey, HOD polling, resolutions and reports, and any other feedback received subsequent to the 2007 meeting of the HOD. The broad crosscheck with CMS membership will be conducted over a one month period.
3. adjust the "Draft 2009 Revisions to the Road Map" based on consideration of all comments received from the "all member crosscheck", external environmental factors, and other information deemed relevant by the ad hoc committee; and,
4. present an "Adjusted Draft 2009 Revisions to the Road Map" to the Board at the January, 2009, meeting for "review, edit, and final approval" as the 2009 Road Map.

The "Draft 2009 Revisions to the Road Map" will be widely crosschecked through:

a. ASAP to all CMS members, direct notification to county and specialty presidents and executive staff and other physician driven organizations;
b. Early marketing notice through an article in the September/October issue of Colorado Medicine; and,
c. Use of wikis, communities, Meetings in a Bag, and other forms of communication as might be deemed appropriate.

In approving the 2009 Road Map, the Board will receive and consider a summary of the following information and the rationale for any changes from the "Draft" to the "Adjusted Draft" 2009 Road Map:

a. all member polling data (Kupersmit poll);
b. HOD polling data – to include "right track/wrong track" per Banner Goal, drill down data on the "all member polling data", and other data on policy and strategy specific questions;
c. summary of individual physician responses resulting from the all member ASAP alert and other comments that may be submitted;

d. recommendations submitted by county and specialty medical societies, and other physician-driven organizations; and,
e. an environmental scan of the healthy policy landscape.

The ad hoc committee will also create an operational plan for “reports and resolutions” passed by the 2008 HOD, and as appropriate, reference the reports and resolutions in the 2009 Road Map and the CMS policy manual. The operational plan will be prepared and ready for Board action at the November, 2008, meeting. Dr. Downs should be complimented for initiating this process in 2007 because it promotes greater participation and transparency in the process for addressing reports and resolutions once they are passed by the delegates.

Creating and maintaining momentum is achieved through the active participation of physicians, medical students, and physician spouses. Participation is achieved by maintaining an open and transparent CMS. The following communications are used to provide Colorado’s medical family with access to the needed information to fully participate or stay abreast of the work of CMS.

- weekly conference calls with county medical society executives;
- Road Map “updates”, meaning what has been done and is planned for each ‘activity’, per Banner Goal”, documented every two months, provided to county medical society executives, the CMS Board and posted on the CMS web site;
- updates on “Resolutions and Reports” are similarly posted every two months and made available to county medical society executives.
- a ‘common’ CMS/county medical society calendar providing timely access to dates for all board, council, committee, and Physicians’ Congress meetings is now on line at www.cms.org via the calendar icon link on the left-hand side of the homepage.
- monthly conference calls are conducted between the CMS and county and specialty medical society presidents and staff;
- Colorado Medicine content is based on Road Map Banner Goal strategies and activities; and,
- CMS physician and staff leadership are routinely available to county medical society boards and staff upon request.

The strategic planning process through the Road Map is constantly evolving and will be strengthened over the years ahead. Tell us what you think.

1. What improvements in terms of strategic and operational planning would improve the current Road Map process?
2. What additional forms of communications would help to keep county medical societies and/or individual CMS members better informed?
3. What is the role of county medical society boards in terms of:

1
2 a. reviewing and responding to strategic and operational planning documents
3 from CMS; and,
4 b. recruiting physicians to participate in CMS activities.
5
6 4. What further systematic involvement can be garnered from physicians and
7 component societies not already being conducted?
8
9 For Information

Respectfully submitted,

Alfred D. Gilchrist, CEO
Colorado Medical Society