

MEMBERS PRESENT

President	Michael Volz, MD
President-elect	Katie Lozano, MD
Immediate Past President	Tamaan K. Osbourne-Roberts, MD
Treasurer	JT Boyd, MD
District 5	David Markenson, MD
District 6	Sami Diab, MD
District 7	Laird Cagan, MD
District 8	Mark Johnson, MD; Lynn Parry, MD
CPMG	Kim Warner, MD
District 9	Lucy Loomis, MD; MD, Daniel Witten, MD
District 10	David Richman, MD
District 12	Charles Breaux, Jr., MD
District 11	Cory Carroll, MD; Edward A. Norman, MD; Jan Gillespie, MD
RFS	Charles Tharp, MD
Districts 3 & 4	Gary A. Mohr, MD, Gina Martin, MD
Speaker/House	Robert Yakely, MD
Vice Speaker/House	Brigitta J. Robinson, MD

MEMBERS ABSENT (EXCUSED)

District 1 & 2	Richard Lamb, MD
District 7	Scott Replogle, MD
District 9	Curtis Hagedorn, MD
District 10	Joel Dickerman, DO
District 13	Christine Nevin-Woods, MD
District 14	Leah Kellogg, Evan Manning, Andrea Vincent, Kendra
Grundman	
Sections: CPMG	Kim Warner, MD

GUESTS PRESENT

Andrea Chase, Judy Ladd, Mike Ware, Stephen Boucher, Sara Lipnick, Mike Ware, Drs Deb Parsons, Lee Morgan, Benjamin Kupersmit, Ed Dauer, Dr. Peter Ricci, John Conklin, JD

CMS Staff	Alfred Gilchrist, Susan Koontz, JD, Chet Seward, Dean Holzkamp, Dianna Mellott-Yost, Marilyn Rissmiller
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I. Introductions of Members and Guests

CMS President Mike Volz, MD, started the meeting with introductions of members and guests. He reminded all board members to use the microphones and to identify themselves before speaking so those on the phone have good sound quality and can participate robustly.

II. Commitment to Advocacy: Public Policy

The first agenda item related to the CMS commitment to advocacy. Dr. Volz emphasized that The New CMS is dedicated to advocacy, bilateral communications with our members and providing helpful information.

Payer Issues

Dr. Volz made the following comments on the subject of Payer Issues to start the individual agenda items:

- At the May 2015 meeting, the board of directors voted to make payer issues a high priority for the remainder of the decade.
- The May 2015 motion was associated with a plan to address OON care, network adequacy, and other issues that are surfaced through CMS members.
- A collegial reminder about our payer issue focus helps with continuity from one meeting of the board to the next;
- Third party interference is the number one source of professional workplace dissatisfaction and burnout among physician; and, the increasing rate of burnout is alarming.
- Board members were requested to read at their leisure: (1) A March Health Affairs article titled, "US Physician Practices Spend More than \$15.4 billion Annually to Report Quality Measures"; and (2) a letter from CMS Wellness Committee Chair, Doris Gundersen, MD. Regarding burnout in relationship to payer issues and pointed out that the letter was given in February to the Colorado Congressional Delegation, and to the DORA Executive Director and the DOI Commissioner.
- Identifying and meaningfully addressing the right payer issues can, hopefully, will reduce burnout and this would be a great contribution to our colleagues on behalf of CMS.
- CMS members need to feel that CMS is standing up for them --- fighting for them --- because of what is known about the leading causes of burnout.
- Mergers, Network Adequacy and Access. Medicaid E and M Codes, Colorado Care Amendment 69; Quality Measures, Market Power, Contracting Practices, de-selections without cause, and more put CMS in payer issue overload and it should be considered a target rich environment as long as the board continues to be strategic and focused.

A. Mergers

- CMS pollster, Benjamin Kupersmit, presented all-member survey results the mergers on the mergers and on Physician Assisted Suicide, followed by a Q and A session.
- Mr. Kupersmit was welcomed by Dr. Volz who noted that Mr. Kupersmit was into his 9th year as the official CMS pollster.

1. Presentation of All-member Survey

2. Aetna-Humana:

a. Court Case

- For the merger portion of the board meeting, Dr. Volz convened the board into executive session. He noted that some, though not all, of the discussion should be kept confidential on advice of counsel due to the court proceedings on Aetna's Form E market analysis.
- Dr. Volz made the following comments prior to introducing legal counsel:
 - CMS is seeking Aetna's market analysis on their proposed merger with Humana.
 - The DOI approved the Aetna-Humana merger without public notice or public hearing and DOI made this decision despite repeated requests from CMS to have input and expressions of deep concern about the mergers.
 - CMS strenuously objected, filed 2 open records requests, one of which was specific to Aetna's market analysis that was used as the basis for the DOI's decision.
 - The insurance commissioner turfed this request to a state district court and named CMS.
 - The AMA Litigation is supporting CMS financially
- The board then heard a presentation from John Conklin, JD, outside legal counsel to CMS on the court case involving efforts to obtain Aetna's market analysis (Mr. Conklin's written presentation is available upon request to any CMS member).
- Following Q and A, was thanked for his work. No action was taken at this point in the meeting.

3. Anthem-CIGNA:

- Dr. Volz introduced Peter Ricci, MD to make a report and recommendations on the mergers from the Committee on Physician Practice Evolution (CPPE). Dr. Volz made the following points about Dr. Ricci:
 - Dr. Ricci's work for our profession can best be described as above and beyond the call.

Friday, March 11, 2016

- Dr. Ricci not only chairs CPPE, he chairs the Multi-Specialty Working Group on Managed Care and he served on the CMS-CAHP Core Group during the mediation.
- Dr. Ricci has donated an enormous amount of time and effort into our payer projects, and he serves with such professionalism and diplomacy that I am not only grateful, I am honored to have him by our side.
- Dr. Ricci presented a revised set of recommendations from what was originally included in the board packet.
- Dr. Ricci's report is available upon request to any CMS member.
- A motion was made, seconded and unanimously approved that:

The Colorado Medical Society strongly oppose the Aetna/Humana and Anthem/Cigna mergers given the:

1. Overwhelming opposition to the mergers expressed by physician members through the statewide survey on the subject;
 2. Lack of transparency by the Division of Insurance surrounding the process and information used to evaluate the mergers, and the demonstrated unwillingness to receive input from principal stakeholders including physicians and patients;
 3. AMA analysis of Colorado metropolitan statistical areas (MSA) that demonstrates a current, significant anti-competitive health insurance marketplace in many MSAs that these mergers will only augment;
 4. Ongoing and aggressive development by health plans of narrow provider networks that limit access to care and choice of physicians with little to no transparency about the standards used to create and maintain these networks; and,
 5. Strong support of the AMA and their efforts nationally to oppose the mergers.
 1. Network Adequacy:
 2. CMS-CAHP Mediation Outcome:
- This agenda item was a report on the recently completed mediation between CMS and Colorado Association of Health Plans on Out-of-Network and other matters involving network adequacy.
 - Ed Dauer, the Dean Emeritus of the DU Law School, who served as the mediator, was introduced.
 - Dr. Volz pointed out that the failure of the mediation had nothing to do with the mediator; in fact he stated that Dean Duer did everything he possibly could to get the two sides to 'yes', but unfortunately, for the moment, it was not meant to be.

Friday, March 11, 2016

- Dean Dauer's report was protected in Executive Session for two reasons: (1) Because of the mediation agreement; and, (2) Because Dr. Volz wanted the Dean to be as candid with the board as possible and appropriate to achieve as full an understanding as possible of why the mediation did not conclude with an agreement.
- The Dean's presentation was concluded with a Q and A session.
- The mediation report is available to any CMS member upon request.

3. The Path Forward

- a. COL Motion
- b. DOI Stakeholder NA Process

- A strategy session with the board on the path forward on payer issues was held.
- The strategy discussion occurred in 5 phases, as follows:
 - 1: The Colorado Division of Insurance stakeholder network adequacy process was presented and reviewed.
 - 2: The board reviewed the rationale for its May 2015 vote to make payer issues a priority for the remainder of the decade.
 - 3: CMS President-elect, Katie Lozano, MD, made a presentation about what it is going to be required of CMS, and the board, to be successful.
 - 4: Following Dr. Lozano's presentation the board was asked whether the commitment to the motion to make payer issues a priority for the remainder of the decade was still appropriate; and,
 - Step 5: Following discussion, the following motion was unanimously approved by the board, that the board of directors:
 1. Reaffirm its vote of May 2015 designating the resolution of payer issues, most particularly those that create barriers to the provision of good patient care and serve as a leading source of physician workplace dissatisfaction and burnout, as a high priority for the remainder of the decade;
 2. Continue to develop and pursue policy positions that seek to strengthen physician/patient relationships, assure fairness, promote transparency of all criteria and transactional aspects of in and out network functions, and share accountability by all involved parties.
 3. Recognize that medicine's network adequacy, access and administrative simplification agenda will have to be advocated in a political process. Striking the balance between the business interests of health plans and the clinical and economic concerns of physicians will remain a singular priority of CMS, along

Friday, March 11, 2016

with the liability and professional review environment, requiring the long-term devotion of resources and political engagement.

4. Request that COMPAC qualify all candidates as a high priority on medicine's perspective on network adequacy, access and administrative simplification.
5. Remain committed to an inclusive and candid approach to developing a consensus among specialty societies, component societies and other physician-led organizations in advocating medicine's views in the public affairs arena.
6. Utilize all appropriate means to achieve these goals, always starting with an invitation to collaborate and dialogue in pursuit of mutually beneficial solutions that improve access to high quality, cost effective care.

B. Colorado Care Operational Plan

1. Operational Plan-CHI
2. Special Advisory Committee Nominees

- Dr. Volz made the following comments to start the conversation about Colorado Care Amendment 69;
 - A reminder that the board approved an operational plan on Colorado Care Amendment 69 in January (available upon request to any CMS member).
 - Colorado Care Amendment 69, like physician assisted suicide, raises a lot of passion among CMS members; and, its important that board members be conversational about how CMS is dealing with the subject.
 - Referenced a 4-step process that Colorado Health Institute will use to assist the CMS Special Advisory Committee on Colorado Care to perform an in-depth review of the pros and cons of Colorado Care compared to Colorado's current public-private, multi-payer coverage system.
 - That the first two-steps in the process had already been set for March 17 and May 24.
 - That the operational plan tracked what the 2015 House of Delegates directed the board to do.
 - That the timeline will allow CMS to: (1) Get the educational document to members at a least 3 and ½ months before the November General Election, and perhaps sooner; (2) Provide the Special Advisory Committee with ample time to work with Kupersmit Research on a survey of CMS members and to have the results in time for the September board meeting and the Annual Meeting so the board can decide if CMS should take a further position on Amendment 69.
- Following a Q and A, the board's attention was turned to the Special Advisory Committee nominations. Dr. Volz made the following comments to start the conversation:

- On January 27, less than 2 weeks after the January board meeting, he reached out to CMS members asking for volunteers to serve on this one-time advisory committee.
 - Members applied by completing a brief survey.
 - 85 members applied to serve and 40 of the applicants were notified that they were chosen, and that their service was contingent on being available to attend the March 17 and May 24 meetings because of the need for continuity in developing the educational document.
 - For those that could not make both meetings, a reserve list was maintained for further outreach.
 - 40 persons was the maximum number that CHI felt they could effectively focus group to write the educational document.
 - That the number of applicants that have been notified and have accepted is 36.
 - Considerable time was devoted to applications to ensure that all voices, specialties, ages and geographic areas were represented on the advisory committee.
 - That work on the advisory committee, similar to work on mergers, physician-assisted suicide surveys and network adequacy, was going to serve as a robust engagement tool for The New CMS.
 - Finally, that in addition to the educational document and designing a survey instrument, the advisory committee would be convened for one last meeting after the election for socialization and a facilitation to give the board the benefit of the group's post election advice on what CMS should be doing next.
- Following Q and A, a motion was made, seconded, and unanimously passed to accept the nominations for the Special Advisory Committee on Colorado Care Amendment 69.

2. Non-Payer Priority Issues

A. Physician-Assisted Suicide

1. Presentation of All-member Survey Data
 2. Political Landscape: Legislative-Ballot Initiative
 3. CEJA Policy Recommendation
- Dr. Volz started this agenda item with the following comments:
 - The issue before us is policy re-evaluation on physician-assisted suicide.
 - CMS lobbyist Susan Koontz presented the political landscape which was important to the board's discussion and any decision that is made.
 - Almost 2 weeks ago, every CMS member that took the physician-assisted suicide survey was sent a thank you note, a copy of the survey summary and analysis, and the CEJA report; in this communication members were asked for further input, specifically on the CEJA recommendations. The communication explained that any reply would be brought to the board's attention.

Friday, March 11, 2016

- To be true to the commitment to members that any reply would be brought to the board's attention, the board was given time to review the replies.
 - Each member that replied received a note of appreciation from Dr. Volz.
 - It was noted that the Christian Medical Society had initiated a lobby campaign directed at CMS with the message "do not approve the CEJA report and oppose PAS".
 - It was also noted that even though almost all of these physicians were not CMS members, they received a reply from Dr. Volz asking them to review the survey results, the CEJA report and they were extended an invitation to join CMS.
- Lynn Parry, MD, board member and CEJA Vice-Chair offered the CEJA report (available upon request to any CMS member). Following discussion, the following motion was made, seconded and passed with three votes in opposition, that:

In lieu of the CEJA recommendation, the board approved the following motion:

- a. Circulate the CEJA report to the entire membership, including component and specialty societies and urge peer-to-peer discussion and further input to CEJA;
- b. Refer the report back to CEJA to incorporate the recommendations into the policy language and to consider additional member input;
- c. Ask the Re-engineering the Annual Meeting Work Group to hold an educational session on physician assisted death at the Annual Meeting in September; and,
- d. Put the report and recommendations through the virtual policy forum before the November board vote so that the entire membership will have an opportunity to participate.

B. Prescription Drug Abuse: 2016 Work Plan

- Dr. Volz started this discussion with the following points:
 - The opioid issue is now a federal legislative and executive branch issue.
 - In a recent trip to Washington, DC, CMS was able to demonstrate the well-established concern and action of CMS and the State of Colorado on the subject.
 - Our Committee on Prescription Drug Abuse continues their excellent work.
- Before the board action was the Committee's 2016 work plan.
- Following discussion, a motion was made, seconded and unanimously adopted to accept the Committee's 2016 work plan.

C. Consent Calendar

- Dr. Volz noted that the consent calendar contained votes of the Council on Legislation, none of which were controversial among the Council members.
- A motion was made, seconded and unanimously adopted to accept the Council's votes.

III. The New CMS: Follow-Ups

A. Board Size Proposal

1. Board Member Alternates: Proposed Bylaw Change NOCOMED

The board discussed a recommendation from Northern Colorado Medical Society to amend the bylaws allowing for component medical societies to appoint an educated alternate representative to attend and vote on matters of the CMS board in the case that the appointed board member is unable to attend.

Cory Carroll presented the perspective of Northern Colorado Medical Society.

Following discussion and Q and A, a motion was made, seconded and passed to not adopt the bylaws change with two board members voting in opposition.

B. Other clerical bylaws changes. Dean Holzkamp reviewed the two areas of the bylaws that contained clerical errors:

- The first clerical error put in doubt the ability of the President to be a voting member of all of the CMS councils, committees and workgroups that he belonged to by virtue of his office. The recommended fix was to strike the word "non-voting" from Chapter V, Section 4 of the bylaws.
- The second clerical error inadvertently left out Section representation on CEJA. The recommended fix was to add the words "and section" to and strike an old reference "as provided in the bylaws (Chapter VIII, Section 2)" from Chapter V, Section 11 of the bylaws.

Following presentation by Dean Holzkamp, a motion was made, seconded and unanimously adopted to approve the clerical bylaw changes

C. Nominating Committee Report Norman, MD

The Nominating Report was delayed until the May meeting due to time.

IV. Council-Committee-New CMS Work Groups

Council and committee nominations were presented. A motion was made, seconded and unanimously approved to accept the nominations.

III. Organizational Excellence

A. Finance Committee

1. Financial Summary and Statements: December 2015/January 2016

J.T. Boyd, MD, Finance Chair presented the board with the finance report. Following the presentation, a motion was made, seconded and unanimously approved to accept the report as presented.

B. Approval of minutes from January 15, 2016, meeting

Dr. Volz presented the minutes of the January 15 meeting and asked for comments. A motion was made, seconded and unanimously approved to accept the minutes as written.

C. Board Memo Update: Extractions

VII. Executive Office Reports

A. President-elect

B. Immediate Past President

C. Chief Executive Officer

IV. Other Business

A. Next meeting May 13, 2016, at CMS Headquarters, Denver

V. Adjournment

VI. Executive Session

Attachments:

- BOD contact list
- BOD Calendar
- Membership Report