



THE Honker

Official Newsletter of the Northern Colorado Medical Society

Spring 2014

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John C. Cawley, MD



Happy spring! It's hard to believe that ski resorts are closing, flowers are blooming,

and spring is truly in the air, but the calendar saying April and the beautiful weather is hard to argue with that yes, truly, spring is here. In this installment of the Honker we have lots of great things to read about and with this column I'd like to talk more about TRANSITIONS.

Transitions can be a scary time, a rewarding time, and just a bit exciting as well! Within the last year our own medical societies have transitioned from Larimer and Weld to now the Northern Colorado Medical Society. Winter has transitioned to spring. My family has transitioned from our small family (myself, my wife Sara, our son Owen, and our beloved dog Mila) to now a much larger family (our dog is now more neglected, having added a newborn daughter, Margaret, in late January).

Transitions within the medical community can be equally as

anxiety provoking. The Institute of Medicine states that one of the highest risk times for a medical error to occur is in these times of transitions. Handoffs from one team member to another, transitioning a patient from one hospital specialty service to another, transitions from a primary care provider to a specialist, and transitions both into a hospital organization and then back out of the hospital, to that "real world" that most of our patients live in or, on to a long-term acute care or rehabilitation facility.

There have been many attempts to safeguard and protect patients during these transitional moments and improve patient outcomes along with helping increase patient safety. Checklists, care managers, medication reconciliation, discharge planners and transition coaches can all help decrease the burden and angst of transitions of care but they also add another set of hand-offs, additional transitions within themselves, and all lack the patient being actively involved within the management of his or her care.

Our medical society has sought

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out Eric Coleman, MD, MPH to speak at our educational meeting on May 7 (see more details below). Dr. Coleman is not only a geriatrician, but he is also a MacArthur Genius Fellow who has focused exhaustively on transitions of care and improving patient safety within the medical neighborhood. He has developed the "Care Transitions Intervention" which is run by nurses and social workers trained as care transition coaches to equip patients and their families with the skills and knowledge to advocate for enhanced self care with their own personal health record. I hope you'll join me to hear more about this innovative care model that is being used not only across the whole country but right here in many hospitals in Northern Colorado.

Additionally within this issue of the Honker you will hear about other programs, some of which are using Dr. Coleman's Care Transitions Intervention and others using the founding tenants of his transitions of care program.

Again, as change and transition can be at times be far from pleasant (somehow I now have not one but two crying kids and an annoyed dog at home) and all the new models of care continue to be touted as the next best thing since sliced bread, I still haven't found a roadmap of how to incorporate these changes fully in a manner that improves patient care and quality, and decreases the cost of care. I have asked a few local practices and groups that have gone through this "transition" of integrating active management of transitions of care to join us at our spring meeting to describe what they are doing and how they have transformed their practice into an entity that empowers patients through any care transition that they may progress through.

I urge you whole-heartedly to attend our spring event - I promise you that you will not regret it. Enjoy your spring and the upcoming transition to summer!

Welcome to NCMS, new members!

The following physicians have joined the Northern Colorado Medical Society since January 2014:

- Laura A Caton, MD
- Laura A Hester, MD
- Joseph M Lopez, MD
- Mark M Macelwee, MD
- Matthew J Mahlberg, MD
- Steven D Sides, MD
- Seth R Strode, MD
- Gregory N Tjossem, MD
- Mark L Wiesner, DO

We welcome our new members to NCMS, the third largest component chapter in the Colorado Medical Society. Your membership connects you to your colleagues and to a host of benefits through NCMS and CMS.

Go to www.nocomedsoc.org or www.cms.org to learn more about the societies. Questions about your membership? Contact NCMS Executive Director Nan Lee at nocomedsoc@gmail.com.

2014 NCMS Spring Educational and General Membership Meeting

Wednesday, May 7 • 6 p.m. • Embassy Suites, Loveland

Make plans to join the Northern Colorado Medical Society for the 2014 NCMS Spring Educational and General Membership Meeting, Wednesday, May 7, 2014, at the Embassy Suites in Loveland, 4705 Clydesdale Parkway.

The theme of the meeting is care transitions and will feature a keynote by Eric Coleman, MD, MPH, head of the Division of Health Care Policy and Research at the University of Colorado Anschutz Medical Campus, Director of the Care Transitions Program, and Director of the Practice of Medicine Changes Fellows Program. The title of his talk is "Improving Quality and Safety During Care Transitions."

The event opens at 6 p.m. with a social/cocktail hour. Dinner starts at 7 p.m., followed by a brief business meeting and Coleman's presentation.

There is no cost to attend this event. It is open to the public but seating is limited. NCMS members are given first priority. Health care professionals who coordinate care transitions are welcome and encouraged to attend.

RSVPs were requested by April 25, but there may still be space available. To inquire about availability, contact Nan Lee, NCMS executive director, by phone at (970) 324-3035 or by e-mail at nocomedsoc@gmail.com.

Colorado Chronic Opioid Symposium

Saturday, July 19 • 8 a.m. - 5 p.m. • Embassy Suites, Loveland

Colorado ranks No. 2 nationally for prescription drug misuse among people between the ages of 12 and 25. In Colorado, deaths from opioids quadrupled between 2000 and 2010.

Become conversant in best practices for opioid prescribing. Develop skills to manage high-risk populations on chronic narcotics. Learn how to share information to facilitate interagency collaboration to reduce prescription drug abuse in your community. And coordinate with behavioral health professionals to identify and treat mental health diagnoses.

Register at www.northcoloradohealthalliance.org or call (970) 350-4673.

A Q&A with Mark Wallace, MD, MPH

2013 Northern Colorado Medical Society Physician of the Year

Mark Wallace, MD, MPH, is the cofounder, board president, CEO and CMO for North Colorado Health Alliance in Greeley, and the executive director and health officer for the Weld County Department of Public Health and Environment. He is a dedicated medical professional with 20 years of successful executive leadership and he is actively involved in local, state and national advocacy. NCMS named Wallace Physician of the Year at the 2013 NCMS Annual Meeting in December 2013 and the Honker staff sat down with Wallace to learn more about his brand of medicine.

The Honker (TH): Why did you pursue medicine as a career?

Mark Wallace (MW): I have wanted to be a physician since I was about seven years old. I was one of those kids who was very active when I was young and ended up being taken to the doc a lot for minor bumps, bruises, and stitches and things like that. I was very intrigued by the work that my general practitioner did and I wanted to have a job like he had. As I got a bit older I watched the television show "Marcus Welby, MD" and thought, yes, I really do want to be a doctor.

TH: What sparked your interest in public health?

MW: I recognized that a lot of what we had been taught in medical school and residency was so focused on individual patients that we were missing what we could do on a population level. After completing an academic research fellowship I decided that what I needed most was more training in public health so I completed my public health work at UCLA. I still feel like I can make a difference when I do go into an exam room with an individual but I gradually moved my work

more to the prevention side, doing things on a bigger scale and trying to look at systems and communities.

TH: Can you describe your current work?

MW: I see patients on a limited basis because I'm so involved in population-based work and also being an administrative physician that I was finding it hard to keep the level of practice I had.

I serve as the executive director of the Department of Public Health and Environment for Weld County. I first started working with them when I was a faculty member for the residency training program in Greeley. I saw a lot of patients there and got very interested in the work that they were doing. I went through a period where I served as their medical consultant, then in 2000 I moved full-time into the role of being the executive director.

Around that time we saw a need to collaborate with community partners who do population-based health to really affect health care in northern Colorado. That's when we formed the North Colorado Health Alliance. I've served in various roles over the past 14 years and now serve as the CEO and CMO. Most of my focus is on trying to get collaboration on health care across northern Colorado through the vehicle of the alliance and other partnerships as well my ability to bring public health practice to prevention issues here in northern Colorado.

Then I do a lot of volunteer activities where I serve on different committees and boards. I serve as the chairman of Sunrise Community Health's board of directors. I serve on the board of directors of the Colorado Health Foundation and on their philanthropy committee. I also serve as a medical consultant for



Colorado Access, which is one of the organizations that has the regional collaborative care contract for the state of Colorado with Medicaid.

TH: What is your favorite part of your job?

MW: I have two parts of my job that I particularly like. Since my first training is as a physician, those times when I go to clinic and get to temporarily ignore the issues of whether we're going to have the health care system that everybody likes and the right insurance and whether doctors paid enough or too much, going into exam room and closing the door and being one-on-one with my patient and their family is still hugely rewarding.

The other part that I really enjoy is when I get to work with lots of different partner organizations to tackle a tough problem, whether that is something like access to care, looking at the impacts of obesity and overweight on chronic disease, or putting together integrated care models with physical health and behavioral health. I'm drawn to those challenges because it's like putting a puzzle together.

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TH: Why should physicians and patients be more aware of public health?

MW: We're recognizing more and more that we have to make an impact on a population level. We can put together a great plan for a diabetic patient but if we're not focused on the outcomes and the population as a whole around diabetes we're not going to achieve the degree of health that we want. What public health can bring frequently to our individual level of care is we can come up along side our private practitioners with prevention measures that will help keep their patient population healthier as a whole.

TH: Are you hopeful for the future of health care in northern Colorado?

MW: I am. We've had these fits and starts about how to make the health care system better and, even though it's a hugely controversial way to get there, we haven't until now done something that shook up the apple cart. I think we're at a place where physicians and physician organizations want to be an active part of leading this change. It gives me

hope. We're reaching a tipping point. Increasingly there is unanimity in opinion that this system isn't sustainable in the long term. Businesses know it, hospitals know it, doctors know it, patients know it, states and other funders know it. So at least there's consensus that we've got to do something.

I see some of my colleagues who are a little older than I am desperate to get out of medicine, and I can understand that. It's hard when you have practiced one way for 30 or 40 years and you feel like you're not as valued as you used to be. But I also see a lot of young people coming into medicine who are still very excited about what the future holds for them, for their career and what they want to do to impact the health of people.

Our state's in a great place. Aside from enjoying the climate in Colorado, we're movers and shakers here. I'm excited to know we've got people looking at us and saying, "Gosh, what is Colorado doing?" It's a good time. I'm not anxious to get out of the business.

Medical students: Apply for the Wiggins Memorial Scholarship by July 1

Are you a Larimer County high school graduate going to medical school? The Northern Colorado Medical Society encourages you to apply for the 2014 Michael P. Wiggins Memorial Scholarship, named for the late president of the Larimer County Medical Society. The awardee will receive one \$5,000 scholarship. Criteria:

1. Applicant must be a graduate of a Larimer County high school, or if home schooled must have graduated while living in Larimer County.
2. Applicant must be accepted to a medical or osteopathic medical school or be currently attending medical school.

3. Applications must be received by July 1, 2014. Payment will be made in December and the awardee will be invited to the 2014 NCMS annual meeting.

The NCMS Executive Committee will screen the applicants for selection with a preference toward a primary care specialty. Send your information by mail to Northern Colorado Medical Society, PO Box 336787, Greeley, CO 80633, or by e-mail to nocomedsoc@gmail.com. For more information, call (970) 324-3035.

COPIC MOCK TRIALS

Discover the anatomy of a medical liability trial

COPIC will present one of its 2014 Mock Trial programs in Fort Collins on Tuesday, July 22, 6 - 9 p.m. Physicians are encouraged to attend for a look into courtroom proceedings during a medical liability trial.

The event will be held at the Fort Collins Hilton, 425 W. Prospect Road, Fort Collins, CO 80526. Dinner is included. COPIC-insured physicians will receive 2 COPIC points for attending. Seating is limited. Register at www.callcopic.com/education and click to open "In-Person Seminars."

Questions? Call Lindsey Sidener at (720) 858-6071 or (800) 421-1834 ext. 6071.

Save the date for Free Surgery Day - Aug. 2, 2014

Save the date for the second annual Free Surgery Day, Saturday, Aug. 2, 2014. The event is sponsored by the Surgery Center of Fort Collins and championed by Mark Loury, MD, FACS, one of SCFC's physician owners. Free Surgery Day brings together surgeons and staff who donate time and provide complimentary surgical services to patients without insurance coverage. By getting the word out earlier they hope to serve even more patients!

All free surgery patient candidates must fill out applications, which will be screened by a review panel. Selection of applicants will be based on need, appropriateness for outpatient procedure and type of surgical specialty required.

For more information or to apply for Free Surgery Day, contact Shawna Smeltzer at (970) 494-4830 or ssmeltzer@surgerycenterftcollins.com.



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SOCI: Empowering patients through transitions of care coaching

Jan Gillespie, MD, SOCI President

The Transitions of Care Coaching Program is a free service to patients who are transitioning from hospital to home to help them manage their own care. To be eligible for the free program, patients must have been hospitalized at McKee Medical Center, Medical Center of the Rockies or Poudre Valley Hospital and have at least one chronic disease. The program is provided by a nonprofit community-based organization, Systems of Care Initiative, Inc. (SOCI), which is funded by grants from both the Poudre Valley Hospital Foundation and the McKee Medical Center Foundation.

Evidence has shown that patients who feel more comfortable and engaged in their own health care are far less likely to be readmitted to the hospital following hospitalization. The goal of the program is to improve the transition from hospital to home by engaging, activating and empowering patients for better self-care. This coaching program is modeled after a nationally recognized program that was started by Eric Coleman, MD, MPH, of the University of Colorado. This coaching program has been studied more than any other transition program and has proven that patients who receive coaching are less likely to return to the hospital for several months following the coaching.

WHAT DOES A TRANSITIONS OF CARE COACH DO?

The role of the Transitions of Care coach is to educate and empower patients to care for themselves. Coaches help patients become comfortable with and good at managing their care after hospital discharge and work directly with patients to help them understand

discharge instructions, post-discharge care and medication management. By educating and working with patients, Transitions of Care coaches improve patients' ability to recognize and respond to symptoms, to be prepared for doctor visits and to ask appropriate questions. Coaches assist patients to find solutions and routines that will work for individual patients. The program utilizes an evidence-based survey called the Patient Activation Measure® (PAM-13®) to identify the patient's level of interest in their own care before and after coaching.

The PAM-13® survey helps identify patients that will benefit most from coaching and helps coaches tailor the program to the patient's level of activation. The PAM-13® survey helps determine which patients are at risk of poor outcomes, such as an avoidable re-admission to the hospital and/or medication errors.

Coaches do not provide clinical care or treatment; their purpose is to empower and activate the patient's skills and confidence in caring for themselves and to improve patient interactions with physicians and other health care team members.

Coaches focus on four aspects of patient health management:

- Medication self-management,
- Use of personal health records,
- Timely physician follow up, and
- Knowledge of signs that indicate a worsening in condition and appropriate responses.

Coached patients have lower rates of re-hospitalization and ED use and typically have improved satisfaction with medical services.

WHAT IS THE STRUCTURE OF THE PROGRAM?

The program lasts for about one month and consists of five patient contacts with a Transitions of Care coach. The coach visits the patient in the hospital and in the patient's home following discharge from the hospital. The remainder of the coaching is completed through three or four weekly telephone calls. Whenever appropriate and possible, the coach includes family members and the patient's caregivers.

REFERRAL TO PROGRAM

Case managers, nursing staff from the hospitals, home health agencies and primary care physicians may call SOCI when a patient qualifies and needs coaching services. Referral criteria:

- At least one chronic disease
- Low activation score on PAM-13®
- Hospitalized in the last 30 days at McKee Medical Center, Poudre Valley Hospital or Medical Center of the Rockies

If you know of a patient who would benefit from coaching services, please call our coaching program referral line.

COACHING PROGRAM REFERRAL LINE: (970) 449-6840

A SOCI Transitions of Care coach will call to arrange the first visit with the patient.

SOCI STAFF

Renita Henson, RN – Program Coordinator/Transitions coach

Janet Seeley, MD, PhD – Transitions Coach

Laura Stevens – Transitions Coach

Jan Gillespie, MD – SOCI President

SOCI business office:
(970) 495-0300

Introducing the Colorado Primary Care Collaborative

Rick Budensiek, DO, FAAFP
President, Colorado Academy of Family Physicians

“If IBM has to build a new health system to meet its needs, maybe we need to look at transforming the health system as a whole.”

– Paul Grundy, MD

I have been asked to explain a relatively new player in the health care community, the Colorado Primary Care Collaborative (CPCC). The CPCC is an organization initiated by the Colorado Academy of Family Physicians, but is not another “trade organization.” Not everyone in the Northern Colorado Medical Society may be interested, but NCMS wants its members to be aware of the organization and its purpose.

The CPCC is a Colorado organization that seeks to establish partnerships with providers and consumers of health care. Its origins are from the Patient Centered Primary Care Collaborative (PCPCC), a national organization founded by Paul Grundy, MD, global medical officer of IBM. Dr. Grundy found that using PCMH practices showed 26 percent savings for IBM’s medical costs.

While primary care is only a piece of the health care transformation in meeting the triple aim of improved quality, better patient experiences, and lowering costs, it is an important piece. The CPCC seeks to achieve its local mission by advocating for and promoting primary care through support of the PCMH model, payment reform, and practice transformation to patients, businesses, health plans, and governments.

The need for the CPCC became apparent recently in Colorado. The multi-payer PCMH (patient-centered

medical home) pilot project showed savings to the health care system by enhanced PMPM (per member per month) payment to primary care offices in return for increased accountability by these practices for outcomes of its panel of patients. In spite of the “all-in” commitment of these 16 pilot practices in transforming their practices, some practices were not able to maintain all of their enhanced services once the pilot expired due to lack of continued enhanced payment. It is the goal of the CPCC to improve enhanced payment to primary care practices who provide increased levels of service of the PCMH including enhanced access, care coordination, disease management, preventive care and integration of behavioral health services.

Every organization needs a vision and mission statement. The CPCC’s vision and mission statements are:

Vision – “Patient-centered comprehensive and coordinated primary care services sustained through practice transformation and payment reform resulting in improved health for individuals and communities.”

Mission – “Dedicated to advancing primary care via the patient-centered medical home (PCMH) by focusing on delivery reform, payment reform, patient engagement, workforce training, and benefit redesign.”

Our purpose is to build the public will for medical homes to improve health care in Colorado by engaging stakeholders in finding solutions to the problem of increasing medical costs and poor quality of care that is found in the present medical system.

We recognize that patients don’t

actually care about the structure of primary care (whether it be PCMH, or other forms of delivery), as much as the functions of primary care and whether it is meeting their needs. We recognize that in order to be successful we will need to cater to the way patients and payers think and what actually motivates them.

The CPCC has convened two meetings on Jan. 9, 2014 and March 14, 2014 with members from the business community (including chambers of commerce), health plans, providers from the primary care community (including nursing, and behavioral health and primary care residencies), and government. Over 150 people attended the first meeting and 120 attended the second. We are planning a meeting on June 10 in conjunction with the first Western Area meeting of the PCPCC, which is on June 9.

Our goals are the following.

1. Engage the public by building awareness of PCMH goals,
2. Engage those who are buying health insurance for employees,
3. Achieve payment reform through benefit redesign. We would like to engage more representatives from the insurance industry, the provider community (including physician assistants and dentists), insurance brokers and purchasers of health insurance, and representatives from the patient community.
4. Achieve delivery reform in transforming primary care practices to the PCMH model using EHRs and data to measure and reform our processes.

If you are interested in more information, visit the CAFP website, www.coloradoafp.org, or contact the CAFP at 800-468-8615.



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Upcoming NCMS/CMS Events

May 7 • Spring Educational and General Membership Meeting • Embassy Suites, Loveland

May 16-18 • CMS Board of Directors and Spring Conference • Sonnenalp Hotel, Vail

July 9 • NCMS Board of Directors* • Biaggi's Centerra, Loveland

July 11 • CMS Board of Directors • Denver

September 3 • NCMS Board of Directors/CMS Annual Meeting Pre-Caucus* • Biaggi's Centerra, Loveland

September 19-21 • CMS Board of Directors and Annual Meeting • Vail Cascade, Vail

October 8 • Legislative Night • Location TBD

November 5 • NCMS Board of Directors* • Biaggi's Centerra, Loveland

November 14 • CMS Board of Directors • Denver

December 10 • NCMS Annual Meeting and General Membership Meeting • Embassy Suites, Loveland

* NCMS Board of Directors meetings are open to all members. RSVP to Nan Lee at nocomedsoc@gmail.com.