



# THE Honker

Official Newsletter of the Northern Colorado Medical Society

Summer 2014

## NCMS Leadership

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 Bruce Cooper, MD  
 Jeff Donner, MD  
 Frank Dumont, MD  
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 Joseph Jacob, MD  
 William Lanting, MD  
 Kelly Lowther, MD  
 Curt Markel, MD  
 Krishna Murthy, MD  
 Kevin Piper, MD  
 Parker Preble, MD

### Delegates, cont.

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 Gill Sarvjit, MD  
 Warren Schutte, MD  
 Peter Smith, MD  
 Donna Sullivan, MD  
 Gene Tullis, MD  
 Joe Tyburczy, MD

### CMS ALTERNATE DELEGATES

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 Robert Ellis, MD  
 Richard Oddy, MD  
 Jan Seeley, MD, PhD

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Kate Alfano

## Presidential perspective

John C. Cawley, MD



Hello, I hope y'all have been having a great summer. I want to share with you, in with

this installment of the Honker, a bit about stories. In May I joined a contingency from our board at the Colorado Medical Society annual Spring Conference in Vail. There we heard from Aaron Templer about the power of a narrative, and the power to use stories in effective leadership to create bonds and further understand the human connection – whether with patients or fellow peers.

Just this last week I was sitting in our urgent care and overheard a provider in awe of a patient's story. I heard "All I needed to know was that she had right ear pain and a fever of 102F for two days," but what was said next was that the provider heard all about her recent trip to the Caribbean, her woes with her current partner, and the amazing party she was at last night, and that it made his day to hear her story.

In our current point, click, check-the-right-box, APSO vs. SOAP note driven electronic medical records that we all rely on day-in and day-out is the patient's story: the trip, the travel, the new romantic fling. All of this peripheral information that paints the picture of who really is in front of you is all LOST if the only data gathered is from checking "yes," "no," or "not applicable" on each of those little pesky boxes that the computer would like me to check. Is this superfluous information? With all the splendid, added features of templates, smart-sets, smart-lists, and forms for capturing information needed to support billing and guide protocols, has the patient's narrative become obsolete?

If this story that you're reading right now was the riveting story full of shared hardship and call to duty that Aaron Templer described in the CMS meeting, the plot should turn and show that because my partner knew the patient was in the Caribbean, the ear pain wasn't a regular ear infection but was rather some exotic tropical disease like intra-auricular cutaneous leishmaniasis.

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*Cont. from page 1*

However, thankfully for the patient, she just had a regular purulent acute otitis media, and nothing probably “story-worthy.” But maybe – just maybe – did the patient connect, have a better experience, or form a bond with the provider that day; that because he listened to “her story,” will she will be more likely to share a future, possibly more sensitive story the next time?

Electronic medical records are here to stay. I’ll say it, too, that I’m glad that they aren’t going away, as they do provide many benefits for enhanced patient safety, information gathering, and data management. However, as physicians – especially those of us in primary care, I feel that one of our many great responsibilities is the fundamental charge to care for patients with real, meaningful, complicated, and nuanced stories, in addition to populating the required data collection fields that our EMR requests of us. As we struggle through the sea of computer-generated templates and smart-lists, I challenge each and every one of you to find ways to continue to

promote clinical methods that value and integrate a patient’s unique story and find ways to incorporate it in to their medical chart note.

The medical society’s story continues to be ever unfolding. We hosted Dr. Eric Coleman who spoke on Transitions of Care at the NCMS Spring Educational Meeting in May. We are gearing up for the fall CMS meeting, and before we know it winter will be here and the December meeting will be just around the corner – when we will celebrate our society’s first year as the “Northern Colorado Medical Society.”

I invite everyone to become involved with our medical society and represent our story, the story of the physicians in northern Colorado. The CMS Board and staff are currently making preparations for a fantastic annual fall meeting. It will be again held up in Vail, Sept. 19-21, and we are looking for representatives willing to represent northern Colorado at this meeting. It looks like it will be interesting – with lots of information on the SIM grant, specialty access for Medicaid patients,

and the rollout of the new physician wellness program. Please feel free to contact either myself or Nan any time to discuss how you can be involved with the story of our medical society.

In closing, I’d like to leave you with two short quotes from a great storyteller, Dr. Seuss: “Unless someone like you cares a whole awful lot, nothing is going to get better. It’s not.” And: “You’re off to great places! Today is your day! Your mountain is waiting, so get on your way!”

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## Welcome, new members!

- Becky K Benz, MD
- Gregory R Beyer, MD
- Richard F Bindseil, DO
- Jeremy M Huff, DO
- Darla M Leins, DO
- Danielle N Mianzo, MD
- Richard M Ruderman, MD
- Nadia Shah, MD
- Nicholas J Statkus, MD
- Jacob C Walter, MD

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## Surgery center offers second annual Free Surgery Day

The Surgery Center of Fort Collins is holding its second annual Free Surgery Day Saturday, Aug. 2, 2014. The mission of the Free Surgery Day continues this year with surgeons and staff donating time and providing complimentary surgical services to patients without insurance coverage. Mark Loury, MD, FACS, one of SCFC’s physician owners, is once again championing the effort. By getting the word out earlier we hope we can serve even more patients!

The Surgery Center will partner with local health care providers and nonprofits to collect and screen applicants. All free surgery patient candidates must fill out applications, which be screened by a review panel. Selection of applicants will be based

on need, appropriateness for outpatient procedure and type of surgical specialty required.

Last year’s event was held in October and donated services were provided by Northern Colorado Anesthesia Professionals, Summit Pathology, and nursing, surgical and administrative staff who together were able to provide free ENT, GYN, and general surgical services to front-range patients who otherwise may not have been able to afford them.

The Surgery Center of Fort Collins is located in a 10,000 square foot building at the intersection of Lemay and Prospect in the heart of the Fort Collins medical community. It was one of the first ambulatory surgery centers

(ASCs) to open in northern Colorado, and was the first multi-specialty ASC in the market. It is AAAHC accredited as well as Medicare and Medicaid certified. As a multispecialty ASC, SCFC performs approximately 3,000 surgeries per year in several specialties including neurosurgery, ENT, GYN, general surgery, plastic surgery, podiatry, and pain management. The physician-owners at SCFC are board certified, credentialed, and are the same physicians that you would see in a hospital setting.

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

# Spring Meeting report

*Members and guests gather to discuss care transitions*

The Northern Colorado Medical Society held its 2014 Spring Educational and General Membership Meeting on May 7 at the Embassy Suites in Loveland. NCMS President John Cawley, MD, chose the theme of care transitions and opened the meeting to all care providers interested in improving transitions between care settings. As a result, NCMS hosted a record-breaking number of attendees, which included physician members from around the region, their guests and families, sponsors, and many other members of the care team including nurses and staff.

Cawley introduced the featured speaker, Eric Coleman, MD, MPH, professor of medicine and director of the Care Transitions Program at the University of Colorado Anschutz Medical Campus. Coleman is nationally renowned as the premiere expert on care transitions for his development of the Care Transitions Program to improve quality and safety in these handoffs.

The ultimate goal for transitional care, Coleman said, is to create a match between the individual's care needs and his or her care setting. Health care providers often struggle with transitional care, having been trained to manage individual encounters rather than coordinate care across multiple settings. But successful transition management can be achieved by fostering greater engagement among patients, family caregivers and physicians; forging cross-continuum collaborative teams that extend "outside the box" of traditional collaborators; and improving communication among the various partners.

Coleman stressed the importance of using "simulation learning experiences" before a patient and caregiver leave



NCMS members enjoy a social hour before the business and educational portion of the spring meeting. Top photo, *from left to right*: Peter Smith, MD; Ted Norman, MD; Christie Reimer, MD; Frank Dumont, MD; and Curt Markel, MD. Bottom photo, *from left to right*: Michael Martucci, MD, and Bruce Smith, MD.

a facility, which allows the patient to demonstrate how he or she might perform steps of the prescribed care plan so the physician can identify obstacles and adjust the plan as needed. This has been shown to empower patients and caregivers to perform self-care more effectively and reduce hospital readmissions. Coleman also spoke of the effectiveness of a Transitions Coach to further build skills and confidence in self-care. In his model, coaches perform one home visit with the patient and three follow-up phone calls, not

providing care but rather identifying needs and ensuring comprehension of and adherence to self-care skills in his or her real-world setting.

Go to [www.caretransitions.org](http://www.caretransitions.org) to learn more about the Care Transitions Program and available training opportunities and access resources and publications.

Following Coleman's address, Kim Linden RN, BSN, and Jen Tanguay, LCSW, joined him in a panel facilitated by Cawley to answer the audience's questions. Linden is a care

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navigator at Associates in Family Medicine in Fort Collins and Tanguay is a patient care coordinator at AFM. Questions included how to get started implementing a care transitions plan, how to manage patients with mental illness in addition to chronic diseases, and how best to identify the patients who would benefit from resources provided by the Care Transitions Program.

Thank you to all who attended the 2014 NCMS Spring Educational and General Membership Meeting, and a special thank you to the sponsors of the meeting who demonstrate support of the physicians and patients of northern Colorado and help keep meeting costs low.

- AeroCare - [www.aerocareusa.com](http://www.aerocareusa.com)
- Amerita Home Infusion Pharmacy - [www.ameritaiv.com](http://www.ameritaiv.com)
- Collinwood Assisted Living and Memory Care - [www.bethesdaseniorliving.com](http://www.bethesdaseniorliving.com)
- Columbine Health Systems - [www.columbinehealth.com](http://www.columbinehealth.com)
- COPIC - [www.callcopic.com](http://www.callcopic.com)
- Good Samaritan Society - [www.good-sam.com](http://www.good-sam.com)
- Interim HealthCare of Fort Collins - [www.interimhealthcare.com](http://www.interimhealthcare.com)



Top photo: A panel of experts answered audience questions. *From left to right:* facilitator John Cawley, MD; and panelists Eric Coleman, MD, MPH; Kim Linden RN, BSN; and Jen Tanguay, LCSW. Bottom photo: Eric Coleman, MD, MPH, speaks on care transitions.

- North Colorado Health Alliance - [www.northcoloradohealthalliance.org](http://www.northcoloradohealthalliance.org)
- University of Colorado Health - [www.uchealth.org](http://www.uchealth.org)

## Select the next NCMS Physician of the Year

*Nominations due Oct. 1*

The Northern Colorado Medical Society Board of Directors is seeking nominations for the 2014 NCMS Physician of the Year, the society's highest honor. The award will be presented at the NCMS Annual Meeting in December 2014.

Nominees should provide the community with compassionate and caring medical service in practice, education or research, enhance the quality of his or her community, serve as a credible role model to others, and be an active member in good standing of NCMS.

If you know a colleague who you feel goes above and beyond, submit his or her name by Oct. 1, 2014, to NCMS Executive Director Nan Lee at [nocomedsoc@gmail.com](mailto:nocomedsoc@gmail.com).

A subcommittee will review the nominations and make its selection this fall. Questions? Contact Nan by e-mail at [nocomedsoc@gmail.com](mailto:nocomedsoc@gmail.com) or by phone at (970) 324-3035.

**Previous awardee (NCMS)**  
2013 Mark Wallace, MD, MPH

**Previous awardees (LCMS)**  
2012 Janet Seeley, MD, PhD  
2011 Frank D. Dumont, MD  
2010 Krishna Murthy, MD  
2009 Roger Sobel, MD  
2008 Austin Baily, MD  
2007 Steven Thorson, MD  
2005 Michelle Soriano, MD  
2004 Merlin Otteman, MD  
2003 Cory Carroll, MD  
2002 Joe Jabaily, MD



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# Colorado Health Care Cooperative

Mark K Matthews, MD FACP

There are 52 weeks in the year and now each week can be dedicated to an attempt by the House of Representatives to repeal Obamacare. One must admire their persistence or question their sanity.

Our country does not have a health care system. Instead we have a fragmented jumble of coverage options that has left us with the most expensive health care in the world while at the same time leaving millions of Americans out in the cold. Obamacare is an attempt, a beginning, to try and change these established facts. Sadly, it is apparent that our country is too big and too diverse, to achieve consensus on the best way to improve quality, reduce costs, and bring about universal health care. However, there is hope for change built into the Affordable Care Act (ACA). There is a provision that allows states to create their own health care plan provided it offers as much or more than the ACA.

The Colorado Health Care Cooperative is such a plan and it is a unique Colorado solution. It will be non-governmental and owned and operated by its members, the residents of Colorado with all health care dollars remaining in Colorado. The coverage will be equal to or better than most platinum plans and apply to all

Coloradans regardless of income or employment status. The cooperative will be governed by a board of directors that will be elected from the seven regions of Colorado. Therefore, there will be local control and accountability of our health care system with ombudspersons in place for members and providers. This will create a system that is flexible and able to respond to the changing needs of its members.

The cooperative will be funded by employers who would pay a 6 percent pre-tax premium and employees who would pay a 3 percent pre-tax premium. For most these costs are less than what is currently being paid. Also Medicaid and the ACA would transfer \$20.5 billion to the cooperative, and the cooperative will apply to become a Medicare Advantage Program.

Rising health care costs are dragging other parts of our economy down and must be brought under control. The cooperative brings an immediate reduction of 20-30 percent in administrative costs and these savings will be used to improve access and quality. Also, the size of the cooperative strengthens its bargaining position with pharmaceutical companies and device manufacturers.

The delivery system will be based on the patient-centered medical home

model with medical neighborhoods and/or accountable care systems. There will be a statewide safety net for emergency and specialty care. Members, not their employers, will choose their provider networks and their coverage will be continuous and portable. Similarly, providers will not lose patients with whom they have developed relationships because a patient has changed jobs or their employer has changed insurance carriers. Also, providers will receive prompt and fair payments through an envisioned "smart card" that will be carried by all members.

Nearly everyone will need health care at some time during their life and it makes sense to have a system of coverage that recognizes this fact. It cannot be overstated the peace of mind that will be realized by the citizens of Colorado to know that their health care needs will be covered from birth through old age. It will not be necessary to put off care for financial reasons or go bankrupt due to medical bills.

Coloradans have demonstrated time and again a willingness to try something original if it makes sense. The Colorado Health Care Cooperative streamlines and simplifies health coverage and makes eminent sense.

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## Colorado Opioid Epidemic Symposium

*Saturday, July 19 • 8 a.m. - 5:30 p.m. • Embassy Suites, Loveland*

Plan to attend the Colorado Opioid Epidemic Symposium on Saturday, July 19. Attendees will learn to be conversant in best practices for opioid prescribing, develop skills to manage high-risk populations on chronic narcotics, facilitate interagency collaboration to reduce prescription drug abuse

in your community, and coordinate with behavioral health professionals to identify and treat mental health diagnoses and addiction. The registration fee for physicians is \$125.

Register for the program at [www.regonline.com/COES](http://www.regonline.com/COES) or call (303) 696-6655.

## Tell us your mailing preference

Unless you've already specified your mailing preference, this newsletter was e-mailed to members for whom we have an e-mail address on file and mailed to those for whom we do not have an e-mail address on file. Let us know preference by contacting Kate Alfano at [kate@nocomedsoc.org](mailto:kate@nocomedsoc.org).

# Issues of marijuana legalization extend beyond public health

Ted Norman, MD

With Colorado's legalization of both medical and recreational marijuana, there has been increased debate about the health benefits and harms of this substance.

Many in the medical field have been hesitant to weigh in on the appropriate use of this drug, given the conflicting evidence about it. With the increased number of Coloradans using this drug, the time is right to change the discussion.

When legalization of medical marijuana passed, the rationale was that there are some debilitating conditions that could only be treated with marijuana, especially in cases where conventional treatment has failed or the side effects were intolerable. These conditions — such as advanced HIV, malignancies and debilitating illnesses — were touted as representing a small subset of disorders. The reality of marijuana prescribing, though, paints a different story.

At the end of 2013, there were 110,000 patients holding medical marijuana cards in Colorado, about 2 percent of the state population. State data show that almost 70 percent of the cardholders are male, with an average age of 40.

The most common symptom listed on the applications for a card is severe pain, accounting for 94 percent of patients. This suggests that we have somehow uncovered an epidemic of chronic pain in young men, untreatable with conventional medication.

Given the issues around fraudulent authorization by a small number of providers filling out hundreds or even thousands of these cards, I would suspect that we are not dealing with a pain crisis, but more likely an incentive to report pain — an immeasur-

able condition — in order to legally obtain marijuana.

Now that marijuana is legal in small amounts, I suspect the use of medical marijuana cards will drop.

But is this a health issue? Let's look at this substance objectively. In many cases, marijuana is smoked, incurring the same risks as smoking cigarettes. It is intoxicating and can impair mental performance, as can alcohol, and can lead to craving junk food, like a double cheeseburger, which is not good for your heart.

It sure sounds like it can have negative effects on public health, but so can a number of other legal substances. This makes it a societal and public health issue, and not one based on medical conditions. Because of that, we need to be honest with ourselves and think about it differently. Instead of asking whether marijuana treatment is medically justified, we need to decide whether we think adults have the right to make their own decision about its risks and benefits.

Based on the votes, we have made that decision.

Regardless of whether you supported legalization, you need to realize that the choice will have effects on our society — both good and bad, depending on your point of view — but we should no longer use the insincere "medical" excuse to promote this drug.

Instead, this is an issue balancing public health, individual rights, and — since we are collecting tax revenue — money.

*Ted Norman, MD, is an internist with Banner Medical Group. This op-ed was originally published in the Coloradoan on Feb. 19.*

## COLORADO MOCK TRIALS

*Discover the anatomy of a medical liability trial with COPIC*

The medical liability trial is an unknown territory for most, but an all-too-real experience for many. COPIC's 2014 Mock Trial programs offer a look into the courtroom proceedings during a medical liability trial.

Each program presents an enactment of an actual trial featuring members of COPIC's defense counsel team, Risk Management and Claim departments, as well as practicing physicians. Attendees will serve as jury members, putting forth a verdict after hearing testimony from the plaintiff, an expert witness, and the defendant.

The vast majority of physicians will face a claim in the course of their career. Be prepared! COPIC's Mock Trial programs are designed as an education tool for physicians to learn and understand the chain of events from the time a suit is filed.

### **FORT COLLINS**

Tuesday, July 22  
Fort Collins Hilton  
425 W. Prospect Road  
Fort Collins, CO 80526

All Mock Trial programs run from 6 to 9 p.m. and include dinner. COPIC-insured physicians will receive 2 COPIC points for attending. Seating is limited; please register early. Register at [www.callcopic.com/education](http://www.callcopic.com/education) and click to open "In-Person Seminars."

For more information, call Lindsey Sidener at (720) 858-6071 or (800) 421-1834 ext. 6071.



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P.O. Box 336787  
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## Upcoming NCMS/CMS Events

**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](mailto:nocomedsoc@gmail.com).