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Official Newsletter of the Larimer County Medical Society

THE Honker

November/December 2010

LCMS Annual Meeting Held December 15th

Over 160 physicians, guests and elected officials attended the LCMS Annual Meeting December 15th at the Fort Collins Marriott. Dr. Robert Benz was elected President, succeeding Dr. Janet Seeley who represented LCMS in the community during her term in 2010. Benz will focus on bringing a collaborative health information exchange to Northern Colorado and pushing physicians to work together and with other community partners to achieve greater patient outcomes. He congratulated Seeley on her outstanding year maintaining LCMS membership at an all-time high and strengthening LCMS representation in the community.

The new LCMS website was unveiled and demonstrated by Dirk Hobbs and Scott Casey of Medical Voyce. A key component of the site is a HIPAA compliant email system. Physicians may also log in and update their profiles for both the LCMS site and a larger Medical Voyce portal.

The 2010 financials were reviewed by Treasurer Ted Norman and the 2011 budget was approved.

Dr. Peter Smith was elected President-Elect. Drs. Cory Carroll, Bruce Cooper, Jeff Donner, Sarj Gill, Lee Goacher, Joseph Jacob, A. Bill Kieger, William Lanting, Krishna Murthy, Christie Reimer, Janet Seeley, Michael Towbin, and Michael Wiggins were voted in as Colorado Medical Society Delegates and Drs. Geoffrey Capes, John Cawley, Robert Ellis, Rod Holland, Michael Houghton, Daniel Langer, Crystal North, Parker Preble, and Stephen Sears were elected Alternate Delegates.

Dr. Ted Norman announced Krishna C. Murthy, MD, as 2010 Physician of the Year for his longstanding commitment to the practice of medicine and as a

most respected member and leader of humanitarian projects for those in need. In nominating Murthy, Larry Salmen said "In addition to his kind and giving nature, Murthy is a generous giver of his time and treasure to worthy humanitarian projects and organizations. Krishna is a 5 time Paul Harris Fellow of Rotary International, having contributed over \$ 5,000 and thousands of hours." Murthy accepted the award crediting his mother with instilling in him her gentleness of spirit and compassion for all.

The evening's program "Physician-Hospital Alignment in Northern Colorado" featured Robb Austin, CEO, Estes Park Medical Center, Rulon Stacey, CEO, Poudre Valley Health System, Sheldon Stadnyk, Regional CMO, Banner Health System, and Sharon Caulfield, Esquire, Caplan and Earnest, LLC, chair -Health Law Section. The panel discussed the trend towards hospital-employed physicians and how variables of practices cause physicians to feel lifestyle improves through the employment model. The panel emphasized physician independence as a critical component in patient care and that hospital systems strive to preserve it. Employment allows physicians to focus on care rather than business practices. Tight financial markets are a detriment to physicians coming out of residency and are a contributing factor to the trend towards employed physicians. Changes in reimbursement patterns and care of the uninsured make it difficult for small or solo physician practices to survive.

Dr. Benz announced the LCMS Spring Meeting would be April 13th at the Fort Collins Marriott and that the program would be "Is Medicine's House on Fire? LCMS and CMS Focus on the Future."



Presidential Perspective

Janet Seeley, M.D., Ph.D.

"We are guests in our patients' lives." Donald Berwick

Retirement - personal reflections while looking ahead.

Retirement, n. 1. Choosing to keep the car and replace the tires. 2. Withdrawing from office, active service, etc. 3. Withdrawing into seclusion.

When I announced my plan to retire August, 2009, I blamed my husband. He had retired two and a half years earlier than I. After spending one and a half of those years preparing us and our home for down-sizing, he was ready for new, more enjoyable adventures. We were both ready to have flexible schedules for traveling, visiting our children, pursuing our passions and discovering new ones. Having assembled a list of activities I wanted to explore, filling my time was not a concern. Leadership in the Larimer County Medical Society, clinical volunteering, book club, drumming circle, naturalist training, reading to children... I was ready! Apparently, relaxing and withdrawing into seclusion were not very high on that list! One great thing about retirement is being in control of my own schedule. If I have been too busy these subsequent 18 months, I have no one to blame but myself!

"The harder you work, the harder it is to surrender."

— Vince Lombardi

So, now, when friends and former patients ask me "What have you been doing? Are you busier than when you were working? Where have you been traveling?" I say, yes, I sure am busy - I love it! And we have been traveling a lot: Mini trips to the mountains for wildflowers and photography, hiking in Colorado National Monument and Arches

National Park, a 3 weeks tour of the Great Lakes to visit sons and grandson in Michigan and Ohio, 4 weeks exploring Oregon and celebrating our daughter's graduation from OSU School of Nursing, 3 more trips to Ohio where both sons and grandbaby now live and twice to Washington D.C. I spent more travel time in cars and planes than in the previous 19 years!

Graduation, n. 1. Commencement.

Another form of my travel was via books - almost as enjoyable, sometimes more comfortable and certainly more affordable! Included in this issue of the Honker is a list of some of those wonderful books - the ones I remember reading. (Next year, I will have a better list. I just signed up for the library's My Reading History service - check it out!). The novels and memoirs I chose transported me to other places, times and points of view. The non-fiction has been challenging and stimulating. This literary touring has been like attending a traveling graduate school!

My life this year seems to serve as a laboratory course for some of the theories and lessons I've encountered in the reading. Some of the novels and memoirs remind me of how lucky I am in this life. The books on health care reinforce my sense that now is the time for me to contribute my small part to healing our broken health care system. And the leadership guides suggest powerful tools and pathways for physicians to improve our communication with our professional colleagues and our community during this difficult transition towards a better health care system. We are

caught between the simple and the complex - in the very thorny territory between. It is in navigating that territory that I would like to make a difference.

"Anyone can make the simple complicated. Creativity is making the complicated simple."

Charles Mingus

"For every complex problem, there is a solution that is simple, neat and wrong."

HL Mencken

So, where am I in my retirement - graduation - transition?

Why am I still choosing to be so busy - to be a human doing more than a human being? This can be exhausting and obscure my perspective, crowding out friendship and spirituality.

"It is impossible to enjoy idling thoroughly unless one has plenty of work to do"

Jerome K. Jerome

Jerome's witticism suggests a reason for my busy-ness, as does Vince Lombardi's observation about a life-long pattern of hard work. So should I head pell-mell though this stage of my life, too? Maybe not. There is something that I recall reading during a previous transition in my life - from basic science research into medical school. In *Pathfinders*, (1982), Gail Sheehy found that when the highly accomplished individuals she studied were going through major life transitions, many experienced a period of doldrums - quiet, rudder-free drifting. This seemed to provide them time to contemplate life with the inner eye, a time of reverie out of which powerful new growth and self- direc-

Presidential Perspective

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tion emerged.

Perhaps this is the "surrender" Lombardi was referring to, which I initially took as the gridiron opposite of "win." Maybe it's time for more Yoga, massages and sinking into sandy beaches!!

"There is always next year" - ancient wisdom.

During this next year, I will continue to practice weaving family, friends, fun, passions and surrender into my life fabric so that I may make a difference in this community - a goal that gives meaning to my life. Maybe I'll even get to that drumming circle!

"It is not easy to find happiness in ourselves, and it is not possible to find it elsewhere."

Agnes Repplier

Wishing you all a Happy, Healthy Holiday season with your family and friends. And may you have a Transforming New Year!!

Janet

P.S. You have a terrific new LCMS president - there was hearty discussion by the panel Robert Benz put together at the annual meeting- see the report in this issue!

Books- non fiction

Peter Block, Community. The Structure of Belonging, 2008.

"Community transformation calls for citizenship that shifts the context from a place of fear and fault, law and oversight, and preoccupation with leadership to one of gifts, generosity.; social fabric and chosen accountability; and associational life and the engagement of the citizens."

Richard Boyatzis and A McKee, Resonant Leadership, 2005

Viktor Frankle, Man's Search for Meaning, 1959.

A remarkable memoir of life in Auschwitz concentration camp. It is less a questioning of why in-

mates died there than his inspiring conclusions of why anyone could survive.

"In the Nazi concentration camps, one could have witnessed that those who knew that there was a task waiting for them to fulfill were most apt to survive... The same conclusion has been reached by...investigations into Japanese, North Korean and North Vietnamese prisoner-of-war camps.

What man needs is not a tensionless state, but rather a striving and struggling for a worthwhile goal, a freely chosen task...There is much wisdom in the words of Nietzsche: 'He who has a why to live for can bear almost any how.'"

Cornelius Hogen, D Richter and T Doran, At the Crossroads. The future of health care in Vermont, 2005.

Steven Levitt and S Dubner. Freakonomics. A rogue economist explores the hidden side of everything. 2005.

From the book cover: "a study of the stuff and riddles of everyday life...the conclusions regularly turn conventional wisdom on it's head." Delightfully written.

Paul Rogat Loeb (ed.), The Impossible Will Take a Little While. A citizen's guide to hope in a time of fear. 2004.

An inspiring collection of essays and stories contributed by a wide range of world citizens. Looking back, I noticed my underlined sections carried the same theme as Viktor Frankle expressed. For example: "Don't look for a moment of total triumph. See engagement as an ongoing struggle, with victories and defeat, but in the long run slow progress.

So you need patience and persistence. Understand that even when you don't "win," there is fun and fulfillment in the fact that you have been involved, with other good people, in something

worthwhile." Howard Zinn, historian, from the Optimism of Uncertainty.

"The tragedy of life doesn't lie in not reaching your goal. The tragedy lies in having no goal to reach." Martin Luther King, quoted by Marian Wright Edelman, who goes on to say:.. "Our nation does not have a money problem. We have a values and priorities problem." From Standing Up for Children.

"I believe in significant actions, those that have totally out-of-proportion effects. Like breaking an icy silence between feuding parties, or embracing a young man who can't cry... We have to be part of something larger than ourselves, because our dreams are often bigger than our lifetimes." Rosalie Bertell, from In What Do I Place My Trust?

Maggie Mahar, Money Driven Medicine, 2006.

Highly readable book about assumptions implicit in our current health care system and questions we need to be asking. She sets the stage for our course ahead.

Kerry Patterson, J Grenny, R McMillan and A Switzler, Crucial Conversations. Tools for talking when stakes are high, 2002.

Daniel Pink, Drive. The surprising truth about what motivates us, 2009.

Another report on studies which upend conventional wisdom. "Every thirteen minutes another hundred (Americans) - members of the wealthiest and best-educated generation the world has ever known- (turn 60 and) begin reckoning with their mortality and asking deep questions about meaning, significance, and what they truly want...(We are witnessing a companion trend to worker disengagement) - a sharp rise in volunteerism...volunteer work is nourishing people in ways that paid work simply is not."

Michael Porter and AO Tiesberg.

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Presidential Perspective *(continued from page 3)*

Redefining Health Care, 2006.

The authors 15 years of research on economics and business of medicine concludes that competition is good, but must be redirected to competition on value and results, rather on volume. This is a major contribution to the blue print for emerging health care pilots and policy.

Christina Sell, Yoga from the Inside Out. 2003.

"Lasting change comes from (begins at, jks) an unconditional acceptance of the place in which we are, in the moment. For instance, if we are planning a trip from California to New York, the road maps will only be useful if we honestly acknowledge that our starting point is California. If we pretend we are in Vermont and then plan our trip according to those road maps, we will get lost...We must fully accept our starting point to successfully navigate the journey we want to make."

Jeannette Wallis, The Glass Castle. 2005.

Funny and hunting childhood

memoir by a national journalist.

Leslie Crutchfield and HM Grant, Forces for Good. The Six Practices of High-Impact Nonprofits. 2008.

Not what we usually think of in nonprofits - Author's studies suggest why these 12, including Habitat for Humanity, are transformative. Lessons for our community

Books - fiction

Sara Dallas, Tall Grass.

Sara Gruen, Water for Elephants. 2006

Ken Kesey, Sometimes a Great Notion.

Barbara Kingsolver, Lacuna. 2009

Jodi Picoult, Handle with Care, 2010.

Ibid, Salem Falls, 2001.

Katheryn Stockett, The Help, 2009.

Novel about the pain, danger and irony of bigotry as well as the

transparency and transformation that can occur through telling life stories. This reminds me of stories my parents told about participating in lunch counter sit-ins in Wichita, Kansas. I also remember the segregated restrooms and drinking fountains in the Enid YWCA on a 1956 visit to Oklahoma relatives.

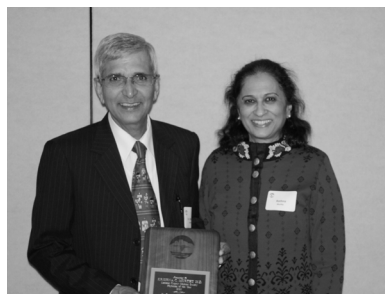
Abraham Verghese, Cutting for Stone, 2010.

"...I found my purpose in life and it was to become a physician. My intent wasn't to save the world as much as to heal myself. Few doctors will admit this, certainly not young ones, but subconsciously, in entering th profession, we must believe that ministering to others will heal our woundedness. And it can. But it can also deepen the wound."

"Ignorance was just as dynamic as knowledge, and it grew in the same proportion. Still, each generation of physicians imagined that ignorance was the special provenance of their elders."

"In an emergency, what treatment is administered by ear? (words of comfort)"

At the LCMS Annual Meeting



Physician of the Year, Dr. Krishna Murthy, and his wife Rathna



The panel presenters



Recipients of 25, 40, and 50 year service certificates



A packed house



2010 President, Dr. Janet Seeley, with 2011 President, Dr. Robert Benz



Dr. Ted Norman with Dr. Krishna Murthy, 2010 Physician of the Year

What's That Lying in the Road? A Head?

Kim Ross, Kimble Consulting, Austin, Texas

While the future ain't what it used to be, as Yogi observed, rumors of the decapitation of private medical practice, to borrow from Mark Twain, are probably exaggerated. In the breathless headlines of their press release accompanying a survey of 2400 physicians who, according to the survey, almost to a person loathe the massive federal health system laws, the Physicians' Foundation, the offspring of a class action settlement by Cigna with the two dozen or so state medical societies (and a couple of county societies, including El Paso County in Colorado Springs) plaintiffs, predicted the end of private practice. This conclusion evidently was drawn from the revelation that most physicians think they and their patients will be worse off post enactment, although this survey, and several others like it, including two of Colorado physicians, also found that (1) Stabilizing the SGR yo-yo and reinventing a more sane and fair volume control methodology has an uplifting effect on at least half of the respondents and (2) physician skepticism similarly receded with a more detailed understanding of the more significant, practice level relevant components. Hardly a consensus to emerge as yet: A more likely scenario is one of a growing divergence of views and changes in practice behavior. Yogi also advised, 'when the road forks, take it,' which ironically may be what actually does lie ahead for physicians—not that many wrong turns, just consequences and trade-offs for each.

Physician sentiment, as measured in these studies and a constant stream of discussions among the profession and their advocates in organized medicine, suggest something more like a tri-modal curve: First, the intractables, who arguably stand to lose the most in the

transition, and for a mix of ideological as well as socioeconomic reasons would rather fight/retire/repeal than adapt. Second, and by far the largest plurality to- near- majority, may share the cynicism of their intractable cohorts, but with some degree of variance that ranges from reluctance to enthusiasm, are searching for the tools, mentors, and guidance to adapt to a brave new world of transparency, comparative effectiveness, and value-based purchasing. The third modality is typically characterized by the early-adopters and physicians in integrated systems who stand to gain the most in that same brave new world.

Heads will certainly roll during the next set of seismic upheavals, but not necessarily those of practicing physicians. This will suggest a brief guide as to what may be lying in the road ahead. Like Yogi also said, 'I hate making predictions, especially about the future.'

Repeal Unreal? Readers of this space will recall the previous analysis that argued that a full on repeal of the federal legislation, partisan enthusiasm notwithstanding, is problematic in that (1) By the time a legal challenge or any kind of repeal legislation was achieved, most of this massive apparatus will be underway and have its own constituencies and (2) Well ahead of the congressional action, the most significant game changers in the exam room were already much further down the road in the form of payment realignments at Medicare that will metastasize to the private sector in almost real time, analogous to the rapid adoption of 'never-event' policies by commercial plans and major hospital systems. Defunding as a de facto repeal strategy will certainly influence federal policies, but the impact on daily medical practice may be about as effective as re-

moving your shoes at an airport screening checkpoint.

The SGR on the road or in the ditch? The SGR tumor didn't get resected, but Congress did kick the can 13 months down the road this time, an early indication that there might be a bipartisan acknowledgment that a longer term patch- if not permanent fix- won't throw physicians in the ditch. After 8 years of being in and out of that ditch, most physicians no doubt share Will Rogers view: "When Congress is in session I get the same feeling as when watching a 2 year old pick up a hammer."

Payments Realignment For Real? While the substantive shift of Medicare payment policies to a federal-reserve like authority would speed things up, 'over-valued' services are already being scrutinized and scheduled for the chopping block; as comparative effectiveness results come on line, with or without the imprimatur of the federal government, payors will latch onto those findings and adjust their strategies to reduce those variances; the physician practice surveys conducted jointly by AMA and most the specialties have already remixed the value of some services in the RBRVS; Congress, in a departure from resource based payment strategies kicked in large bucks to re-infuse atrophied primary care services—a constituency that is already on record in support of these changes, despite the internal divisions now emerging as a consequence. The peer reviewed journals are overflowing with studies and commentaries on what works and what hasn't in payment retooling strategies. Form is already following function.

Hospitals as your new boss? Across the country hospital systems are hoovering up medical practices for a short list of

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St. Matthew's Medical Clinic

"Heal the sick...Freely you have received, freely give." *Matthew 10:8*

We invite you to learn about St. Matthew's Medical Clinic. Please allow us to explain our background; we hope you will consider joining our mission.

The need for St. Matthew's became clear in March of 2010 when the *Loveland Reporter-Herald* ran a front page article announcing that, due to overwhelming demand, the Loveland Community Health Center (LCHC) was having trouble taking new patients. We were moved to share God's love by addressing our neighbors' health needs. St. Matthew's Medical Clinic was incorporated as a non-profit company in order to provide a free clinic, staffed by volunteers, that gives people primary care that they would not otherwise receive. LCHC provides fabulous, full-time medical office care and they are accepting patients to their waiting list, but that list is many months long, so there is a niche for St. Matthew's to fill.

The clinic is hosted by Immanuel Lutheran Church and School, 4650 Sunview Drive (US Highway 287 at 50th Street), in north Loveland. We are open on Thursday nights, 6 pm to 9 pm, as many weeks of each month as volunteer labor allows. We were open once in July and grew to most weeks in October and November. Patients are seen by appointment only. They are evaluated by a physician or mid-level provider and an individualized plan is made for disease management, testing for symptom investigation or simply preventative health care. The clinic does not currently offer much on-site testing, but instead, when needed, refers patients to free or low-cost services avail-

able in the area. (A grant to fund some point-of-care testing is pending.) There are no "entry criteria," with the only limit being the number of appointments available each session.

Appointments are made by calling our dedicated phone number (970) 624-3425 and leaving a message; a volunteer returns the call as soon as possible to schedule the first available appointment. This number may be freely shared with whomever may be in need of clinic services. We are currently scheduling three to four weeks in the future.

Medical providers naturally have questions about what would be expected of them and how liability issues are handled. The beauty of St. Matthew's Medical Clinic is that as a non-profit corporation organized for the purpose of providing volunteer health care, volunteer providers are immune from liability by federal and Colorado laws for both acts and omissions, barring "willful and wanton conduct." These laws (Colorado Revised Statutes 13-21-115.5) thus cover most liability, though apparently there is a loophole for non-economic damages. For this reason, separate medical liability insurance is still needed. This can be provided either by the medical provider's normal insurer (COPIC, self-insured hospital system [Banner Health/BTMG has agreed to cover its employees who volunteer], etc.) or through St. Matthew's. The latter option is through a free United States government program for free clinics under the Federal Tort Claims Act (FTCA) law.

Credentialing for all providers

is required in order to keep St. Matthew's eligible for the FTCA coverage. St. Matthew's handles the vast majority of the process. We strive to make this free and as painless for the volunteer provider as possible.

The time expectation for providers will be only a once-a-month, three-hour shift on a Thursday evening. Set-up and clean-up is handled primarily by the handful of other volunteers present each night. With no walk-in patients, there is not a hoard of patients demanding to be seen. Follow-up on labs and x-rays, arrangement of consults, etc. can be handled by St. Matthew's medical director (Scott Sundheim), so you would not have this responsibility in the weeks between your shifts, unless, of course, you prefer otherwise. We have volunteer transcriptionists, so notes can be dictated or handwritten; there is no CPOE system to learn. As a free clinic, there is not any billing paperwork.

As the patients are low-income, there are issues with how to pay for medications and testing. The providers will need to strive to use low-cost medications (such as the \$4 and \$10 lists at local pharmacies). A program for some on-site medications is being arranged for next year. Referrals to local resources for prescription "patient assistance programs" are made, as well as referrals to House of Neighborly Services and other local resources for assistance vouchers. Low-cost laboratory services have been researched and on-site volunteers have training in addressing these issues. Patients can be referred for enrollment in Medicaid, CICP, etc., and then

St. Matthews Medical Clinic *(continued from page 6)*

referred for low-cost testing at local hospitals. All patients are encouraged to seek a full-time clinic, such as entering the queue for their local federally-qualified Community Health Center.

This is a Christian-based clinic, free from the secular restrictions on religious speech in most medical settings today. The love of Christ is shown and spoken to each patient. However, the main goal for the providers is the medical portion, so no evangelism

What's That Lying in the Road? *(continued from page 5)*

reasons that includes but isn't limited to: (1) their competitors are doing the same (2) market share concerns-- most believe—and employers are no longer shy about it—that networks are going to tighten and tier (3) their competitors are forming ACOs even before they know what it will look like (4) more and more inpatient services will be bundled (5) because they are on the hook for too many readmits, post-acute outpatient services will likely also be bundled. Physicians are seeking, post mediquake, refuge from the storm, creating a sort of harmonic convergence of at least short term interests. After the IPA-PHO economic debacles of the 90's most hospitals appear to be contracting with physicians with some of kind of built-in set of performance metrics against salary. AMA has retained some of the country's top legal experts to develop a set of screens and a model employment contract for physicians.

ACOs as the SeaWall against

Insurance Hikes and Reform *(continued from page 8)*

see better use of electronic patient records, so that all health care providers can communicate and have the necessary information available.

Morrison would like to see health care in the United States become "more accountable and more efficient," and she argues that it's possible to control medical costs. One suggestion is to make greater use of physician assistants and nurse practitio-

ties are required. In order to address the patients' spiritual health needs, a separate volunteer takes a religious "history," either before or after the medical exam, and, if appropriate, refers patients to local Christian resources meeting their geographical and language preferences.

We have seen patients from all of the Front Range cities. Our biggest need now is for more providers so that we may offer clinic every week. We pray that

the flood tide of hospital systems? In seminar after seminar, the policy literati and the been-there-done-that experts are extolling the virtues of these I-know-it-when-I-see-it organizations that have been empowered with impressive incentives by Congress. The Conventional Wisdom, much of which can be found in the pioneering work of Mesa County, seems to point to several conclusions: (1) their success will be predicated on local physician leadership (2) They can create medical 'neighborhoods' that can incorporate primary care and coordinated specialty services, with or without ties to a hospital (3) the inherent antitrust risks long associated with the pioneering efforts, who by definition caught most the arrows, are calming and softening.

Plans as Collaborators? The health plans now fall under a federal regulatory umbrella that sharply limits underwriting practices, requires certain performance measures, including their medical loss ratio, and increasing

ners rather than relying so much on doctors.

Many Americans are uninsured and can't just walk into a clinic and get care, Morrison pointed out. "We should have quality and access – other than emergency rooms, the most expensive kind of care," she said.

"For many years," Morrison commented, "Americans have been stuck in the belief that 'By God,

you will consider joining our effort in some way, whether that is by being a volunteer, a donor to help cover equipment and paperwork costs, or simply a word-of-mouth advocate of our services. If you are interested in helping the clinic, please contact Scott Sundheim at scott-sundheim@yahoo.com or by cell phone (970) 215-4688.

The Board of Directors of St. Matthew's Medical Clinic

pressure by employers to tighten utilization. The creation of the health insurance exchanges over the next several years has many of them privately asking, 'if they build it, will we come?' As the plans' road also forks, some (not all) are increasingly looking to physicians, especially those in coordinated if not integrated settings, as strategic partners to reduce variances by sharing data, outcomes, and savings. Colorado Medical Society is piloting a version of this strategy with UHC and AMA.

The new medical world order, such as it is at this early stage of upheaval, is not likely to abandon physicians altogether. To the extent physicians function as a community and not succumb to the powerfully divisive forces, to the extent physicians act as professionals and not line items, to the extent they can reinvent significant aspects of their until now fiercely independent culture, doctors will not only survive, they will thrive.

the American health care system is the best in the world.' But if you stand still, someone will run you over eventually."

Morrison thinks the PPACA is a step in the right direction, but by no means the final answer to America's health care problems. "It's a huge public policy issue, and change does not come overnight," she said.

Commissioner- Don't Blame Insurance Hikes on Reform *reprinted with permission*

Cherry Sokoloski, North Forty News, December 2010

Fall is a peak time for insurance renewals, and some folks have been taken aback by double-digit premium increases this year. However, they can't blame the big rate hikes on health care reform, according to Colorado Insurance Commissioner Marcy Morrison.

Morrison recently asked staff analysts to examine factors that are driving insurance premiums higher.

"What we found isn't surprising: health insurance premiums continue to rise," Morrison said. "But what may be eye-opening for some people is that federal health reforms have contributed from zero to a maximum of 5 percent of those increases. It's not the primary cause for increasing rates."

With large-group plans, 0 to 1.4 percent of increases can be attributed to health reform, while individual plans can trace 0.3 to 4.9 percent of increases to reform.

Morrison retired Dec. 1, but she had a busy fall before packing up her desk. In particular, her office received lots of calls from consumers who were facing big premium hikes when they renewed their policies.

The Colorado Division of Insurance reviews all requests from insurance companies for rate increases. Colorado has more than 300 health insurance carriers, and one company can have dozens of different plans. Each plan must be reviewed separately.

In the calls coming in to Morrison's office, the most commonly blamed culprit for premium hikes was federal health care reform. "For months, I have been hearing about the Patient Protection and Affordable Care Act causing increases in premiums," Morrison said. Some provisions of the bill went into effect on Sept. 23.

Morrison decided to find out the facts about the premium hikes. In particular, the staff analyzed what percentage of premium increases could be attributed to the new health care bill, PPACA.

The analysts found that so far, while federal reform has had some effect on premiums, it has been minimal. "You may get a 15 to 20 percent increase," Morrison said, "but I was trying to correct the misinformation that it is all attributable to the federal reform plan."

The Division of Insurance study looked at all rate increase requests over a three-month period, August through October. The study included "some of the largest plans in the state," Morrison said, affecting a substantial number of people.

Many factors involved

If health care reform isn't the main culprit, what is causing the big premium hikes? Morrison explained that the answer is complicated.

"People always look for a simple answer," she noted, whether it's blaming hospitals, doctors or insurance companies. However, she stressed, there are multiple factors causing premium costs to rise. The individual insurance market, versus the group market, is seeing the lion's share of those increases.

Insurance carriers must justify rate increases based on a series of "rating factors" allowed by law in Colorado. There are numerous factors that can be considered, including age, tobacco use, type of industry and previous claims.

Increased provider costs, including hospital and doctor bills, can drive premiums higher. Cost shifting can do the same; it pushes premiums higher for the insured, to cover uncompensated care of the uninsured as well as inadequate payments from Medicare and Medicaid.

Utilization is also important. That refers to the frequency with which people use the health care system, and it can be affected by an aging population, an increase in societal health problems, such as obesity, and an increase in testing by doctors.

Colorado has two new insurance mandates – yet another factor in premium hikes. As of 2010, maternity coverage must be offered in the individual market, and no gender rating is allowed in the individual market.

"There are so many factors to put into the mix," Morrison said, "including people's own behavior." She said people must take responsibility for their own health, including what they eat, their lifestyle and their own health maintenance – such as getting medical care before a health issue becomes serious.

On the other hand, she acknowledged, some people – especially the uninsured or underinsured – can't afford routine medical checkups.

Because of new laws at both the state and national levels, the Division of Insurance can now scrutinize insurance companies' requests more thoroughly, to see if rate hikes are justified. At the state level, the Division can dig deeper into insurance companies' financial records. Nationally, PPACA awarded the division a \$1 million grant this year to hire additional experts to do the digging.

U.S. system rated

As she prepared to leave office, Morrison took the opportunity to rate the American health care system as a whole. "In some areas, Americans are so advanced in medicine," she commented, "but not in terms of getting information back and forth among patients, providers and insurance companies." She wants to

(continued on page 7)

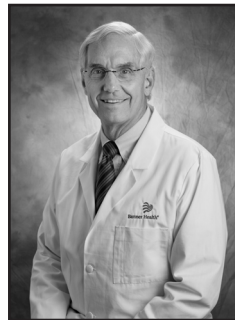
**Aspen Medical Center
Allergy Clinic's
Anna Kujawska, M.D.**



Dr. Kujawska is the newest physician to join Aspen Medical Center's Allergy group. Dr. Kujawaka specializes in treating Eczema, Asthma and Immunology as well as other conditions of the allergic patient. She joins nationally-recognized Dr. Bill Culver and Dr. Dan Laszlo at the clinic to help meet the needs of you and your family.

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Update from the LCMS Alliance

Melissa Conlon and Lisa Marks, Co-Presidents



LARIMER COUNTY MEDICAL SOCIETY ALLIANCE

Mark Your Calendars!
WINTER WINE TASTING

Presentation by Wilbur's Total Beverage
(the Dinsmore family)

Saturday, January 29, 2011
at the home of Lee and Patty Grant
1729 Linden Lake Road, Fort Collins

to benefit Centennial High School Health Clinic

Happy Holidays

from the

LCMS Alliance!!

Welcome New Members

Benjamin Girdler, M.D., whose specialty is urology. Dr. Girdler practices with Urology Center of the Rockies, 1647 18th Street in Loveland. The telephone is 970-484-6700 and the fax is 970-669-0440.

Amanda Lund, M.D., whose specialty is internal medicine. Dr. Lund practices with Poudre Valley Internists, 4674 Snow Mesa Drive, Suite 100, in Fort Collins. The telephone is 970-482-3712 and the fax is 970-482-4057.

Paul Mayer, M.D., whose specialty is family medicine. Dr.

Mayer practices with Poudre Valley Family Program, 1025 Pen-nock Place, Suite 121, in Fort Collins. The telephone is 970-495-8980 and the fax is 970-495-8988.

Darren Tremblay, D.O., whose specialty is emergency medicine. Dr. Tremblay practices with Emergency Physicians of the Rockies, 1024 Lemay Avenue in Fort Collins. The telephone is 970-495-8006 and the fax is 970-495-7641.

Benjamin Wisner, M.D., whose specialty is urology. Dr. Wisner

practices with Urology Center of the Rockies, 1647 18th Street in Loveland. The telephone is 970-484-6700 and the fax is 970-669-0440.

Transfers In

Warren Schutte, M.D., - from Boulder

Dr. Schutte's specialty is plastic surgery. He practices with Front Range Plastic and Reconstructive Surgery, 1939 Wilmington Drive, Suite 102, in Fort Collins. The phone is 970-377-1422.

Upcoming Events

Jan. 19th: LCMS Board of Directors- 6:00 p.m. Biaggis

April 13th: LCMS Spring Meeting- 6:15 p.m. Fort Collins Marriott
"Is Medicine's House on Fire? LCMS and CMS Focus on the Future"

For More Information Visit: larimermedicalsociety.org

LCMS Board of Directors

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Robert Ellis, MD
Jan Gillespie-Wagner, MD
Sarj Gill, MD
Lee Goacher, MD
Mark Hoenig, MD
Joseph Jacob, MD
A. Bill Kieger, MD
William Lanting, MD
Deanne Lembitz, MD
Curtis Markel, MD
Krishna Murthy, MD
Christie Reimer, MD
Matthew Solley, MD
Michael Towbin, MD
Michael Wiggins, MD

Alternate Delegates

Geoffrey Capes, MD
John Cawley, MD
Robert Conlon, MD
Rod Holland, MD
Michael Houghton, MD
Daniel Langer, MD
Richard Oddy, MD
Crystal North, MD
Parker Preble, MD
Stephen Sears, MD

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St. Matthews Medical Clinic
LCMS Annual Meeting
Perspectives

Suggestions or comments?
Call Executive Director Cathy
Whittlesey at 674.7512 or e-mail
cathy@larimermedicalsociety.org.



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