LCMS and Weld County Medical Society hosted their eighth joint Legislative Night on October 5th. Almost 100 physicians and guests attended the annual event which was sponsored by the Colorado Medical Society. Joining the physicians were State Representatives John Kefalas, Glenn Vaad, Randy Fischer, Dave Young and Senator Bob Bacon. Representatives from Congressman Gardner’s office and Senator Bennet’s and Udall’s offices were also in attendance. Chris Adams facilitated the event and had results shown instantly on an overhead which led to legislators and physicians sharing their perspectives on each of the given issues.

Of particular importance to physicians was Medicaid reimbursement, confidentiality in the peer review process, liability, false and deceptive advertising, and the potential legislation to allow chiropractors to call themselves “chiropractic physicians”. Each issue generated conversation and the legislators welcomed the opportunity to discuss the issues with a large number of physicians. Any physician who was unable to attend but who would like to share comments or thoughts is encouraged to contact their legislator at the numbers below:

John Kefalas- HD 52
303-866-4569
john.kefalas.house@state.co.us

Randy Fischer- HD 53
970-215-7898
RandyFischer@frii.com

Bob Bacon- SD 14
970-221-4552
bob.bacon.senate@state.co.us

Kevin Lundberg- SD 15
303-866-4853
Kevin@kevinlundberg.com

Pamela Shadduck
Senator Mark Udall’s Office
970-356-5586
Pamela_Shaddock@MarkUdall.senate.gov

James Thompson
Senator Michael Bennet’s Office
970-224-2200
James_Thompson@bennet.senate.gov

Mike Bennett
Representative Cory Gardner’s Office
970-221-7110
Mike.Bennett@mail.house.gov

Be sure to contact your elected officials when you receive alerts from LCMS and CMS. Your voice in important to physicians! If you need assistance in finding your officials go to www.cms.org/public-affairs/ and click on “Who’s my Legislator”.

B. J. Nikkel- HD 49
303-866-2907
rep.nikkel@gmail.com

Dave Young- HD 50
303-866-2929
dave.young.house@state.co.us

Brian DelGrosso- HD 51
970-222-1651
brian@briandelgrosso.com
The Colorado Medical Society annual meeting was held in Breckenridge in early September and your LCMS board was well represented. I will give you my synopsis of this meeting and a brief overview of the upcoming SGR fight.

For those of you who have never been to the annual meeting, there are educational programs discussing important topics in medicine, and discussions and voting on resolutions that are brought forward by our membership. I will not go through all the resolutions at this time but I would like to discuss the more controversial ones and then cover the educational program.

RESOLUTIONS

A resolution was brought forward to have CMS take a position opposing the legalization of recreational marijuana in Colorado. Although, I did not hear anyone supporting the legalization of recreational use of marijuana, the issue was ultimately referred to the CMS Board for action. We suspect there may be a ballot initiative next year on the legalization of marijuana and I expect CMS will come out against this. A physician from Boulder submitted a resolution that would support the formation of a marijuana registry similar to prescription drug monitoring program. This was also met with support; however, legal counsel opined that the state constitution would have to be amended for this to happen. For those of you who live in Fort Collins you will have the opportunity to vote on Initiative 300 which will ban marijuana dispensaries in Fort Collins. If you would like to get more information on medical marijuana you can go to [http://www.cms.org/images/uploads/downloads/Gunderson.ppt](http://www.cms.org/images/uploads/downloads/Gunderson.ppt) to view an excellent slide show presented by Dr. Doris Gunderson.

The other resolution of interest to the general membership, in my opinion, would require truth in advertising and as a part of this having all providers wear name badges with clearly stated credentials any time they are involved in patient care. This may have originated from a Denver 7 TV investigation of a chiropractic clinic in Denver that advertised it was an endocrinology center. If you care to view the news segment go to [http://www.thedenverchannel.com/news/28731977/detail.html](http://www.thedenverchannel.com/news/28731977/detail.html). This resolution was also referred to the CMS Board after hearing much heated debate. I believe we should all be as transparent as possible and if the house of medicine wants to police other professions we first need to set a good example, even if that requires wearing a name tag. In addition, we should continue to aggressively fight attempts by other providers to call themselves physicians.

PAYMENT REFORM

As I mentioned in previous newsletters, CMS has been working on payment reform as a banner goal for this year. Harold Miller, a national payment reform expert, made his third appearance before CMS this year and gave an excellent talk on the topic. We also heard from representatives of the Center for Improving Value in Healthcare (CIVHC). The take home message from these talks is that medical expenditures are out of control, they are bankrupting our country, and as the little guys on the block (compared to hospital systems, insurance companies, and the government) we had better come up with fixes or we are going to get run over!

Compared to the five other industrialized countries, our healthcare spending is twice as much per capita in real dollars and about 50% more as a percentage of our GDP. Back in 1980 our spending was comparable to these countries but has been on a rampage since. While you can find data showing we do better in some areas—such as our wait times for surgery are shorter, and survival rates after a cancer diagnosis are better in the US compared to other countries—most measures of public health are no better and in some cases are worse than the countries that spend half as much as we do.

CIVHC’s goal is to use payment reform to push toward the triple aim of improved population health, improved patient experience, and reduced per capita costs. A RAND study of Massachusetts’ health system found the top five ways to reduce costs were utilizing bundled payments, using a hospital all-payer rate, rate regulation of academic centers, eliminating payment for adverse hospital events, and adoption of health information technology. Some of the items we have been told will save money such as disease management, and medical homes are pretty low on the list. See the figure below.

(continued on page 3)
Physician services account for 27% of commercial insurance carrier costs and only 22% of Medicare costs; however, if you include spending on things physicians prescribe, control, or influence, the numbers jump to 56% for commercial and 71% for Medicare. Even though direct physician reimbursement accounts for only about 25% of costs we are the only ones with an SGR! In the current system the only way to reduce costs are to cut fees paid to providers or to deny some forms of care pitting physicians against each other. Harold Miller said that joining an integrated health system through employment will protect you only if you believe doctors will be cut last rather than first.

Thus, he feels the solution lies in the hands of the providers. Providers have to cut unnecessary procedures, minimize complications, decrease preventable admissions and cut non-urgent ER visits. The problem with the current system is that if providers actually do these things their reimbursement goes down (less RVUs = less money). Reducing costs and complications has to result in a financial reward for providers. Harold Miller’s triple aim is lower healthcare spending, better care, and financially viable environment for providers and hospitals. To get to there, physicians need flexibility to reinvent care, accountability to achieve results, and ability to profit from success. To achieve these points, physicians need data on where opportunities exist, a plan on how to change care, and organizational structures to manage global payments and care coordination.

Like many talks I have heard on payment reform and reducing health care expenditures, there seems to be little emphasis placed on patient accountability. There is generally very little discussion on how to incentivize healthy behaviors and how to assist patients on becoming wiser consumers of healthcare.

**SGR**

Last, but certainly not least, finding a fix for the SGR. As you are all aware, Medicare physician services are scheduled for a 29.5% cut on 1/1/12. The Medicare Payment Advisory Commission (MedPAC) has made a recommendation to Congress to hold primary care payments steady for the next 10 years, and cut specialty care payments by 17.7% over the next three years and then maintain these new lower rates for the following seven years. Meanwhile, the Medical Economic Index which is a measure of the cost of providing care is expected to rise 19% over the next nine years. Taking all of this in consideration, after adjusting for inflation, from 2001 to 2020 primary care will be cut by 16% and specialty care cut by 30%. Please contact our legislators and let them know how this will affect your ability to see Medicare patients and stay in business. Do it today!
Resilient Physicians - Getting back your joy and purpose in medicine

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

Responses to the 2010 CMS survey and focus groups indicated that physicians were feeling markedly less satisfaction in their profession than in previous years. As a result, the CMS board members and staff designated a new goal: “Physician Well Being and Success” in the CMS 5-year strategic plan. Partnering with COPIC, the Colorado Physicians Health Program (CPHP), and the AMA, physician health was a major focus of the 2011 Spring Conference and an important feature in September at the Annual meeting. This article summarizes some of the valuable information in those sessions and related material from recent literature. For more information and handouts, see the April/May and Fall issues of Colorado Medicine at www.cms.org.

Good news! As a group, physicians are healthier than the general population and live longer. We tend to smoke less and weigh less, have better health screening habits and score better in cardiovascular measures - better than other high stress professional groups, e.g., lawyers. Gotta love that! As a high-achieving group, we are armed with sharp reasoning powers, knowledge of medical cause-and-effect, as well as plenty of real-life experience with the consequences of poor health habits. We are starting to practice what we preach, and this is good for our patients as well. Several studies by E. Franks and others have shown that physicians who practice preventive health are more effective in encouraging their patients to do likewise.

However, this does not mean that we are happier. And, we are no less likely than others to experience many other forms of illness and injury, including cancer, autoimmunity and roadway trauma. How we respond to our own illness and stress is often determined by the same traits that lead us into and through medical training: Drive, autonomy, control and self denial. So, we tend to self-treat the symptoms, ignore a possibly bigger picture and expect ourselves to “push through.” The current external stresses of financial insecurity, complex regulations and non-medical challenges to our authority feed an uncomfortable gnawing of vulnerability, anger, fear and self-doubt. Our response - we work harder, with increasing discontent, frustration and sense of isolation. These are signs of burnout - a gradual, destructive response to chronic stress that we may not see coming. Burnout leads us to score higher on less desirable, tragic, health measures: 1.5 - 2 times higher depression rate and 2-4 times higher rate of suicide.

Dr. Sonja Boone, director of physician health for the AMA, pointed out that this is also a public health issue. Physicians experiencing burnout and depression are less likely to establish a therapeutic relationship with their patients and are more likely to make errors. This is also an important issue for health care organizations and employees. Spickard et al. in JAMA, 288, 2002 observed “Physician well being is related to patient satisfaction, a key outcome variable tracked by most organizations. Physician satisfaction will enhance recruitment and retention of staff... and promotes patent safety...thereby diminishing the threat of malpractice litigation.” Not surprisingly, perceived control over the work environment and social support from colleagues were the main predictors of physician satisfaction.

How can we learn from our success in the cardiovascular arena? (See the 5 Minute Wellness Break on page 11 in this issue for a quick stress-reliever tip.)

Dealing with Burnout: The “Three R” Approach

• Recognize – Watch for the warning signs of burnout
• Reverse – Undo the damage by managing stress and seeking support
• Resilience – Build your resilience to stress - take care of your physical and emotional health

We were trained and tested as individuals and we derive great personal satisfaction in solving problems. However, the complexities of medicine are driving us towards more team-based problem solving. Can we learn to recognize and short circuit the early warning signs for burnout in ourselves and in our teammates? This is the first step in recovering our sense of purpose, fulfillment, and joy we felt entering medical school. Brent Keeler, MD, our new CMS president, recommended that “we add a new component to our definition of professionalism: collaborating clinically and helping each other.” Doris Gunderson, MD, medical director of Colorado Physician Health Program, encouraged us to meet regularly with a peer group for mutual enjoyment and support, which can help us maintain a clear

(continued on page 5)
perspective. When intervention is needed, be respectful, transparent to your role and persistent. Ask CPHP how to do this: 303-860-0122.

**Getting Help**

We all know that asking for help is not an easy move for physicians. But everyone benefits when we do. If you or your colleague is feeling stuck, “make the tough decision, seek proper professional or pastoral care. It is okay to be an imperfect human being who happens to practice medicine.” (from An Open Letter to the Utah Medical Association, Joseph G. Cramer, 2000.)

The Colorado Physician Health Program (CPHP) can help, free, in confidence. (303-860-0122)

CPHP is a not-for-profit peer assistance program helping physicians, medical students and physician assistants since its inception in 1987. It is funded through a surcharge on physician licenses and is independent of other medical organizations. CPHP services are free to participants. Growing at a rate of 11% per year, CPHP saw 302 new referrals in 2010 statewide. 62% were voluntary (half of which were self-referred) and 38% mandatory. With rare exceptions regarding safety, voluntary participation is confidential. The most common presenting problem was psychiatric, with the majority of those being depression and anxiety, according to Sarah Early, Psy.D, executive director of CPHP.

CPHP assists with any health-related concern, including stress, depression, chronic illness, severe injury, relationship issues (family, colleagues, administrators), sleep and eating disorders, career or legal issues, financial problems, retirement stress, substance abuse, etc.

CPHP conducts diagnostic evaluations and makes recommendations and assists in finding appropriate sources for treatment, education, workshops, retreats, etc.

**Statement from a physician and former CPHP client:**

“CPHP helped provide me with both emotional and practical support during a time of great conflict with my former colleagues and the institutions where I practiced. I did not know anything about CPHP prior to my involvement. The clinical staff and physicians were very helpful, professional and supportive.

Currently, my practice is thriving, and my colleagues, including the hospital and medical staff, have been strongly supportive. I am deeply grateful both for the personal support and communication. I wish CPHP all the best for the future, and will remember fondly the warmth and support that CPHP showed me during our work together.” Source - CPHP.org

CPHP services also include educational programs on physician health related topics - see CPHP.org. COPIC, which helps sponsor presentations to physicians has seen a marked increase in demand, with requests coming from medical societies, physician groups and hospital medical staff offices.*

**Bottom line:** Resilient physicians are in touch with what is meaningful to them in their professional and personal lives. They have more fun, are more effective in helping their patients and in navigating today’s high stress medical landscape. Learn to recognize early burnout signs in yourself and your colleagues. Ask for help. Reclaim your vibrant life. Everyone will benefit.

*Upcoming CPHP Presentations in Northern Colorado

Nov. 8, 2011 PVH Tues. Afternoon Conference: Physician Stress/Physician Self Care


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### Early Warning Signs of Burnout

<table>
<thead>
<tr>
<th>Physical Signs / Symptoms</th>
<th>Emotional Signs / Symptoms</th>
<th>Behavioral Signs / Symptoms</th>
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<tbody>
<tr>
<td>Feeling chronically tired, drained</td>
<td>Sense of failure, self doubt</td>
<td>Withdrawal from responsibility</td>
</tr>
<tr>
<td>Feeling sick a lot</td>
<td>Feeling helpless, trapped, defeated</td>
<td>Isolating yourself from others</td>
</tr>
<tr>
<td>Frequent head, back, muscle pain</td>
<td>Detachment, feeling alone in world</td>
<td>Procrastinating</td>
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<tr>
<td>Change in appetite, sleep habits</td>
<td>Loss of motivation</td>
<td>“Coping” - food, drugs, alcohol</td>
</tr>
<tr>
<td></td>
<td>Increasingly cynical, negative</td>
<td>Taking out frustrations on others</td>
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**Authors:** Melinda Smith, M.A., Jeanne Segal, Ph.D., and Robert Segal, M.A.

Last updated: June 2011. Helpguide.org
At our state-of-the-art long-term acute hospital, we provide care for patients who require additional time to heal from a catastrophic injury or illness. We treat patients requiring intensive care, medically complex care, modified rehabilitation, ventilator/pulmonary care, wound care and more.

For the fourth consecutive year, Northern Colorado Rehabilitation Hospital (NCRH) has been ranked in the Top 10% of 805 inpatient rehabilitation facilities. NCRH was cited for care that is effective, efficient, timely and patient-centered.

At our state-of-the-art facility, we treat and care for patients who have suffered functional deficits from traumatic events such as amputations, stroke or any other debilitating illness or injury. We are the only freestanding rehabilitation hospital in Northern Colorado.
Edward A. Norman, MD was elected to serve as a member of the CMS Board of Directors from Larimer County. He replaces Frank Dumont, MD who had finished serving his second term and was not eligible to be re-elected. John L. Bender, MD continues to represent LCMS on the CMS BOD. Larimer County holds two seats on the CMS BOD.
Medical Marijuana Dispensaries-the wrong RX for Fort Collins

Lisa Olsen, R.N. CSU Health Network
Concerned Fort Collins Citizens

The ballot initiative for the upcoming election will allow the citizens of Fort Collins to vote whether or not dispensaries and grow operations are in the best interest of the community. Patients with legitimate, serious illness can use marijuana as outlined in the Colorado Constitution, Amendment 20 permitting patients to self-grow small quantities of marijuana, or obtain the same small quantities from a Care Giver. As physicians in the community, your role in substance abuse prevention and the promotion of healthy lifestyles is critical. Fort Collins is one of few remaining cities in Northern Colorado that allow dispensaries. As such, the choice city is becoming a magnet for marijuana traffic, providing ready access to a Schedule I Control Substance; the highest classification by the Drug Enforcement Agency because of its abuse potential.

Marijuana use is increasing among Fort Collins youth, likely due to the recent advent of the retail sale and grow operations of medical marijuana in Fort Collins. The Food and Drug Administration reserved the use of marijuana for those patients suffering with debilitating conditions refractory to conventional treatments, particularly to stimulate appetite in patients with AIDS and cancer. However, currently 2% of the patients on the Colorado Medical Marijuana Registry report “cancer” as their medical condition and 1% report HIV/AIDS as their condition. And what seems to be an “epidemic of pain” among young men in Colorado with 94% reporting “pain” as their medical condition on the Medical Marijuana Registry.

Despite being a Schedule I drug, Marijuana has bypassed the Colorado Prescription Drug Monitoring Program enabling 15 physicians to write 75% of the Medical Marijuana recommendations. Considering the volume of patients it would be logistically difficult to render a diagnosis, treatment recommendation and follow-up care for that number of patients receiving Medical Marijuana Cards. Medical Marijuana is for patients with debilitating medical conditions and motives such as ownership in dispensaries or financial kickbacks should not influence treatment recommendations.

Once obtained, a Medical Marijuana recommendation can be taken to multiple dispensaries with a smorgasbord of hash, marijuana and edibles. Fort Collins has seen a 40% increase in marijuana related crimes in Fort Collins since the commercial marijuana businesses opened in 2009. There has been a 53% increase in marijuana intoxicated driving since the pot shops opened, according to the Colorado Department of Transportation and an increase in marijuana related infractions at the high schools.

What you are voting on is not about compassionate care for patients suffering from serious disease but about commercial marijuana distribution. Medical Marijuana businesses are illegal enterprises under Federal Law, which preempts state law. This practice of Medicine is making a mockery out of the responsible medicine practiced in Larimer County. Physicians can have their say on this important issue in the upcoming election. More information and facts can be found at: concernedfccitizens.org.

Welcome New Members

**Eric J. Hess, MD**, whose specialty is internal medicine. Dr. Hess practices with Poudre Valley Medical Group, 1106 E. Prospect in Fort Collins. The telephone is 970-495-7410 and the fax is 970-495-7425.

**Nancy Maller, MD**, whose specialty is internal medicine. Dr. Maller practices with Northern Colorado Hospitalists, 2121 E. Harmony, Ste. 300 in Fort Collins. The telephone is 970-224-9102 and the fax is 970-224-9112.

**Joshua Saliman, MD**, whose specialty is pulmonology. Dr. Saliman practices with Northern Colorado Pulmonologists, 2500 Rocky Mountain Ave., Ste. 300 in Loveland. The telephone is 970-619-6100 and the fax is 970-619-6190.

Interested in Serving on the 2012 LCMS Board of Directors?

Call any member of the 2011 BOD, call 674-7512 or email cathy@larimermedical­society.org for more information or to volunteer!
No matter which direction you're headed, we're close by.

Every patient is important to us. So we want to make sure we're doing everything we can to meet your health care needs. That's why we've added new locations and new physicians to meet the needs of our growing community. No matter which location is most convenient for your family, you can rely on attentive care from experienced physicians to meet your health care needs.

Aspen Medical Center
*Allergy, Internal Medicine, Neurology*
970-669-6660

BMC - Highland Meadows
970-223-2272

BMC - North Loveland
970-203-0047

Berthoud Family Physicians
970-532-4910

Columbine Family Practice
970-663-0722

Family Practice Associates
970-667-3976

Fossil Creek Family Practice
970-461-8031

**Allergy**
970-498-9226

Loveland Pediatrics
970-663-5437

BMC – Harmony
970-204-9069

**Allergy**
970-498-9226

McKee Center for Women's Health
970-203-6801

OB/GYN Associates
970-667-2009

Skyline Urgent Care
970-461-6140

Summit View Urgent Care
970-378-4155

Women First
970-663-9523

Big Thompson Medical Group
www.BannerHealth.com
Keyword: Banner Medical Clinics CO

Banner Health®
Last year, more than 12,000 physicians attended one of the more than 420 seminars we conducted on improving patient safety for mothers and babies. Another 400 completed the online training we provided. We’re so passionate about the issue of patient safety that a physician doesn’t even have to be insured with us to take advantage of our free educational programs. Learn about birthing simulators we’ve funded, the doctor’s office evaluations our RNs provide, and everything else we’re doing to improve health care at callcopic.com.
Like many endurance training programs, open water swimming is easy to get hooked on once you get started. Opposed to training in a swimming pool, open water swimming training takes place in lakes, rivers or oceans depending on your training area. Whereas pool swimming often is done with interval training, open water swimming is usually swimming a steady pace over long distances. Swimming straight is the only mental challenge and otherwise it is nice way to exercise and let the mind wander.

For the past 3 years Dr. Warren Schutte and I have been training in Lake Loveland for both enjoyment of swimming and an occasional race. We usually take the first plunge in mid April with wetsuits, neoprene caps and booties on. We look like frog-men out of some 1970’s commando movie as weaddle our way into the water each morning. By June though, the water temperature is up and wetsuits are put away for the summer. To maintain a low profile, we try to be out of the water by sunrise. It also is easier to swim at night because we are able to aim for lights on the shore at each point of the 2.2 mile triangular course. The goal of the year is to do well in the Horsetooth 10K swim race which takes place in August each year. It is great fun and a good challenge as the race draws competitors from all across America.

As the stresses of practicing medicine seem to be increasing with time, we have been reminded multiple times about the importance of personal health. I know that many of the members of the Larimer County Medical Society participate in a variety of activities outside of their medical practice. The Honker would like to invite other members to share their fun activities outside of medicine.

Open Water Swimming
Peter Smith, M.D.

5 Minute Wellness Break - Balance the Autonomic Nervous System
Doris Gunderson, MD, CMS Annual Meeting, 2011
CPHP News, vol 10, 2011 Alternative Remedies to Reduce Physician Stress

- Breathe in through the nose 3 seconds, pause
- Breathe out through the heart 3 seconds, pause
- Visualize a pleasant image
- Continue 5 minutes
- Practice daily one month and you’ll be hooked!
Resilient Physicians
LCMS Annual Meeting
Marijuana Dispensaries

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