Colorado Medical Society
2011 Payment Reform Operational Plan

Background:
Under its 2011 strategic plan, the Colorado Medical Society is pursuing a number of goals objectives and strategies related to payment and delivery system reform in Colorado including:

> **Physician Well Being and Success**
> Ensure physicians thrive personally and professionally throughout their careers in an evolving health care system.
>
> Objective: Increase member's knowledge about the implications of health care system evolution and how they fit into the evolving system
> Strategy: Create a safe environment for primary care and specialty physicians to explore together different payment models and their economic implications in a data-driven, patient-centered, evidence-based manner

Goal:
Help physicians to understand, prepare and transition to new and evolving payment systems.

Objectives:
1. Educate physicians about alternative systems of payment and the opportunities and challenges they present for different physician specialties
2. Identify opportunities in each specialty for reducing health care costs that do not harm physicians or patients, and identify the barriers to realizing those opportunities
3. Develop physician consensus on specific recommendations as to how payment systems should be designed to best enable physicians to help improve value in health care
4. Identify what assistance will be needed to ensure the success of those preferred payment systems
5. Identify roles that the Colorado Medical Society can play to ensure that Colorado implements payment and delivery reforms in the most effective way
6. Help physician practices make the necessary changes to be successful under new payment models

Strategies:
1. Develop and drive a multi-pronged educational campaign that helps physicians understand the evolution of payment systems from those that reward volume to those that reimburse for value.
2. Contract with nationally recognized payment reform expert Harold Miller in a three-part engagement to include a multi-specialty summit in the winter, the 2011 Spring Conference and the fall 2011 Annual Meeting
3. Utilize the Systems of Care/Patient-centered Medical Home Initiative to connect payment reform to existing work on building out patient-centered medical homes, medical neighborhoods and other systems of care
4. Create a framework and promote forums for intra and inter-disciplinary dialogue on payment reform
5. Connect how use of data and clinical/business performance improvement activities can help to position a practice/specialty for alternative payment systems and broader system transformation

6. Closely coordinate physician education campaign with Colorado's Center for Improving Value in Health Care (CIVHC), the American Medical Association and other physician-driven organizations

Tactics

ACTIVITY	TIME	STAFF
Collaborate with and actively engage component and specialty societies to promote specialty-specific and local educational forums for the purpose of educating and engaging physicians and their practices on payment reform	May - August 2011	Seward
Messaging – utilize a message that resonates with CMS members (see below)	May - ongoing	Seward
Feature payment reform information and resources in *Colorado Medicine, ASAP* and the CMS Web site using the latest literature and expert advice	May – December 2011	Seward, Rissmiller, Holzkamp
Create a visual of possible payment reform models that includes a description of what physicians will need to do and what will likely be expected of them in the future	May	Seward
Identify preferred physician payment reform models and barriers to achieving those models	May - ongoing	Seward, Rissmiller
Extensively vet these potential preferred models throughout the physician community using polling, small and large group meetings and other mediums	May – ongoing	Seward, Rissmiller
Develop a list of specialty-verified cost saving ideas that ensure quality care and engage payers and others in discussions about how to implement these ideas and share in the savings	May – ongoing	Seward, Frederick-Gallegos
Develop a simple, practical list of key payment reform questions that can help physicians prepare their practices for alternative payment models	June 2011	Seward
Conduct extensive stakeholder outreach with health plans, business and consumers to share and gather ideas for future collaboration	May – December 2011	Gilchrist, Seward, Rissmiller
Actively partner with and inform the payment and delivery system reforms that CIVHC is developing	May – December 2011	Seward
Encourage plans, business and other stakeholders to participate in CIVHC	May – ongoing	Gilchrist, Seward, Rissmiller
Monitor and shape payment reform pilots and other initiatives by working closely with CIVHC, Prometheus, health plans and others	May – ongoing	Seward
Utilize the extensive expertise of the American Medical Association and other physician-driven organizations as needed	May – ongoing	Seward, Rissmiller
Develop a report for consideration by the House of Delegates at the 2011 CMS Annual Meeting	August 2011	Seward, Rissmiller

Strategic messaging

Key messages on payment reform for physicians include:

- Payment reform is a unique and powerful opportunity to engage physicians and encourage physician collaboration to help change the system.
- There is still time for physicians to influence the fundamental design of the radical reimbursement realignments already evolving away from fee for service into more complex bundles of episodic treatment.
- To be effective physicians will need an organized voice.
- Many physicians have already noted the potential for clinically sound efficiencies and the reduction of unsupportable variances in health care delivery.
- Poorly conceived schemes that simply ration medically necessary care by stealth and budget design carry significant downside risks.
- Real reforms will be drawn from the exam room up.
- Payment reform is a critical extension of CMS' work to promote patient-centered medical homes, medical neighborhoods, new systems of care, and health information technology/health information exchange.
- CMS retained the expertise of one of country's leading experts in this emergent field, Harold Miller.
- CMS wants the physicians of Colorado to be ahead of the curve – leading rather than following, advocating versus responding.
- With or without the passage of health reform last year, payment reform is happening; the figurative train has left. Indeed, private and public payers are already implementing and planning on payment reform.
- We're witnessing discussions at the local, state and federal level. We believe action is needed now. We believe Colorado physicians can and should lead a collaborative redesign process that bends the cost curve without displacing or disenfranchising physicians and their patients.
- Market forces are demanding changes in health care, but political expediency should not supplant a methodically built and sustainable means of financing health care delivery.
- We know that these transformations will be challenging for individual physicians and physician communities.
- These changes are critical to ensure access to quality, safe and cost-effective care for patients.
- Good for patients, good for doctors.
- Reform is going to happen and it will occur either by outside entities or by the profession with a focus on patients.