
The Society News

November 2007

WELD COUNTY MEDICAL SOCIETY



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FROM THE DESK OF THE PRESIDENT

WCMS Mission Statement:

To promote the art and science of medicine and facilitate the organization of physicians to enhance the practice of medicine for the betterment of public health and the community.

As you read this issue of the Society News, you will see that WCMS has been very active in the political/legislative process, as well as promoting projects that "give back to the community." From the Cooks Scholarship Awards and the Classroom Grants to the

legislative screenings and All Hazard Preparedness project, we continue to meet or exceed the expectation of our mission statement.

With the continued help of our members, there will be more to come next year.

2007 WELD COUNTY MEDICAL SOCIETY HIGHLIGHTS

New Members

John Breen, MD
William Casey, MD (Associate Member)
Dan Kreider, MD
Patricia Mayer, MD
Maurice Lyons, DO
Dana Morgan, DO
Todd Nelson, MD
David Powell, MD
James Raque, MD
Daphne Rommereim-Madden, MD
Stephen Rust, MD
Steven Seiler, MD
Trudi Woodson, MD

SAVE THE DATE

WCMS WINTER MEMBERSHIP MEETING
THURSDAY, JANUARY 24th - 6:00 PM
UNION COLONY DINNER THEATER
Featuring
Little Shop of Horrors

COMMUNITY PROJECTS

Don & Elsie Cook Awards

The Third Annual Don & Elsie Cooks Award ceremony was held on March 28, 2007 at the University Ballroom. Two \$2000 scholarships for Outstanding Graduating Seniors were awarded to Gabriela Nagy and Kelsey Musslewhite, both from Greeley West High School. Ms. Elizabeth Dent was awarded a \$1000 honorarium for Most Inspirational Teacher and Mr. Noel Johnston was awarded a \$1000 honorarium for Lifetime Achievement Award. Entertainment selected to perform at the event included Greeley Central High School Wood Orchestra, Greeley West High School Pegasus Honor Choir, Platte

Valley High School Select Choir, Union Colony Prep School Jazz Band, and the Windsor High School Theater Department. The University of Northern Colorado hosted the ceremony. New Frontier Bank awarded a \$250 honorarium to each group selected to perform. The Tribune promoted the event and provided the programs for the ceremony.

Contributions for the event totaled \$2,550. We would like to acknowledge the following members and businesses for their contributions:

- **Platinum:** North Colorado Cardiology
- **Gold:** Centennial Neurology; Dr John & Kristen Ebens; Dr Robert & Monica Kahn; COPIC Insurance
- **Silver:** Dr. Steve & Sue Kading; Dr. Patricia Powell; Dr. Matt & Julie Uyemura; Dr. John & Barbara Volk; Dr. John & Andria Welch; Clarksons Land, LLC
- **Bronze:** Dr. Robert & Marilyn Bradley, Dr. John & Carolyn Mills; Dr. Herschel Phelps; Dr. Raymond & Alice Yockey

A special thank you to Andria Welch for all of her work in making this year's event so successful.

Classroom Grant Funding

Each year WCMS awards money to Weld County middle school and high school classrooms for medically-related, educational items. This year grants were awarded to the following schools

- ❖ Greeley Central High School - \$750
- ❖ South Valley Middle School - \$405
- ❖ St Mary's Catholic School - \$750
- ❖ Union Colony Prep School - \$750
- ❖ University Schools - \$650
- ❖ Windsor School District - \$660

2007 Relay for Life Bronze Sponsor – Donated \$500

Start Teaching Kids Early (S.T.R.I.K.E.) Force Home Run Against Drugs.

WCMS continues to endorse this program, which is designed to help empower children to make good life-style choices. It is presented to 3rd grade students throughout Weld County. As part of the program, each student is presented with a personalized "Homer & Me" book that makes each child the "star" of a story about staying drug free and healthy. WCMS is identified as a sponsor in each book and receives recognition in publicity of the program.

Doctor's in the Military Project

As part of the NCMC Archives and History Project, WCMS continues to sponsor a project to acknowledge community physicians who have served (or are currently serving) in our military. A military pictorial exhibit is displayed in the NCMC Physicians Lounge on Veterans Day. We encourage physicians to provide military photos to include in the display. Please contact Jackie at 353-2596 for details.

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STEPS Program

The WCMS BOD is supporting the Steps to a Healthier Weld County, which is a series of community-based programs designed to improve people's health. For further information, go to www.stepstohealthierweld.com.

WCMS ANNUAL MEETING

The WCMS Annual Meeting was held on August 29, 2007 at St Michaels Event Center. Dr. Lynn Parry, CMS President, and Alfred Gilchrist, CMS CEO, were honored guests and participated in the legislative presentation. The following WCMS Board members and CMS Delegates were elected to serve for the 10/1/2007-9/30/2008 term.

Board Members

Neal H Allen, MD, Member-at-Large
Gene E Tullis, MD, Member-at-Large
Joseph A Tyburczy, MD, Member-at-Large

CMS Delegates

Dr. Richard Budensiek, Dr. Randall Marsh, Dr. Daphne Rommereim-Madden, Dr. Michael Stone, Dr. Gene Tullis, Dr. Joseph Tyburczy, Dr. Matt Uyemura, Dr. Mark Wallace

Alternates: Dr. Leslie Fraser, Dr. Richert Quinn

Appreciation for Dr. Ryan's Service on the WCMS BOD

Dr. Joseph Ryan was recognized for his service on the WCMS BOD, serving from 2003 – 2007.

Revision of WCMS Bylaws

The following revision to the WCMS Bylaws was approved:

Deletion of Section 1.2. 7 Classification of Membership – Associate Member

"Associate Members shall be those persons who are ineligible for or do not desire active membership, and who meet one or more of its qualifications for Associate Membership prescribed by the Bylaws of the Colorado Medical Society. Associate Members shall not be required to pay any annual dues or assessments toward the support of this Society. They shall have no right to vote, to hold any office, or to make any nominations."

The deletion was recommended because:

1. The CMS Bylaws previously removed the Associate Member Category from its Bylaws; therefore, the reference in the WCMS Bylaws to qualification in the CMS Bylaws are obsolete;
2. For the past two years, several members who practice in both Larimer and Weld County have requested membership in both Societies. Because LCMS does not have an Associate Member Category, these members joined LCMS as Active Members and

WCMS as Associate Members at no cost. This has resulted in a decrease in dues revenue. The majority of the state component societies previously removed the Associate Staff from their Bylaws.

The WCMS and LCMS Executive Directors are investigating strategies that will allow membership in both societies in a manner that will benefit both societies.

The Annual Meeting program included the following presentations:

"State of the State" of Comprehensive Health Care in Colorado"

Dr. Mark Wallace presented an update on the Blue Ribbon Commission; Dr. Lynn Parry discussed the activities of the Physicians' Congress; Dr. Marsh and Dr. Tullis participated in a discussion on the Physicians Congress' health systems reform evaluation matrix questionnaire and Mr. Alfred Gilchrist discussed political strategies.

Weld County is well represented in the "quest" to reform health care in Colorado. Delegates on the Physician Congress for Health Care Reform include Representatives of WCMS--Dr. Patricia Powell, Dr. Patricia Mayer and Dr. Daphne Rommereim-Madden; Representative of the Colorado Chapter, American College of Cardiology--Dr. Randall Marsh; and Representative of Rocky Mountain Thoracic & Cardiovascular Surgical Society--Dr. Gene Tullis. Dr. Mark Wallace was appointed to the Blue Ribbon Commission, which was established under Senate Bill 208.

WCMS Disaster Preparedness Project and Westlake Family Physicians Pandemic Disaster Drill

An overview of the WCMS Disaster Preparedness project was provided by Mr. Jon Surbeck, the Director of Emergency Preparedness & Response for the Weld County Health Department. He is also the CFO of Vista Prieta, a Weld County consulting firm that specializes in disaster preparedness planning. WCMS contracted with Mr. Surbeck and his company to manage the WCMS All-Hazard Preparedness project. They have conducted the bulk of the scope of work for the project.

Mr. Surbeck explained that in an effort to expand the services we provide to physicians practicing within Weld County, Weld County Medical Society partnered with the Colorado Medical Society and the State of Colorado to participate in a campaign to enhance awareness and preparedness within the physician community. WCMS was afforded an opportunity to proactively consider the impact and ramifications associated with an event such as a Pandemic, or some other significant event(s), which might cause economic and/or social disruption. Note that although the funding was awarded for pan flu preparedness, our approach has been to prepare for all hazards.

The WCMS All-Hazard Preparedness Committee chaired by the Medical Director, Dr. John Breen, developed plans which focused on meeting with physicians at their practices to determine their current level of preparedness and their interest in developing continuity of

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operations plans for the practice. The Weld County scope of work included conducting a disaster exercise for an independent clinic.

During this time, the United States Department of Health and Human Services (DHHS) and the National Association of County & City Health Officials (NACCHO) were conducting surveys of independent medical clinics throughout the US for "best practices" in planning for pandemics. Because of Mr. Surbeck's expertise in disaster planning and our work with WCMS physician's offices, Weld County was selected as a survey site for an independent clinic pandemic flu exercise. Westlake Family Physicians volunteered to hold a pandemic disaster drill at their office, which was held on Aug 7th. Officials from NACCHO observed the drill and Dr. John Agwunobi, the assistant secretary of health for the US Dept of Health and Human Services, and his entourage arrived on the scene to evaluate the exercise. Admiral Agwunobi was extremely impressed with the detailed planning of the exercise and said he would take lessons learned back to Washington, DC. DHHS and NACCHO have identified this exercise as a "National Best Practice".

Dr. Budensiek presented the following report of the Westlake Family Physicians' Pandemic Flu Exercise.



Why involve my office in such an exercise?

Early in my career in family practice, while taking ATLS the first time, we went through an exercise where we made decisions about who we should ration limited medical resources to in a mass casualty disaster. I smugly thought to myself, that the chances of being involved in such a reality in my career were slim to none. Several years later we practiced a community wide drill with the scenario of a large passenger airline crashing in our small airport. I remember thinking what a waste of resources that drill was.

That was before July 19, 1989, when flight 232, a DC-10, traveling from Denver to Chicago crash landed in a cornfield adjacent to our Sioux City, Iowa airport. Suddenly, we had to deal with 112 casualties and 184 survivors on a hot July afternoon. At the door of the emergency room, the trauma surgeon/triage doc paired up care teams and victims with the precision only training and practice can bring, I was thankful to have trained for such an event, especially since I was the only doc in my team that was assigned to the plane's pilot in command, Captain Al Haynes.

On August 7th, after 5 weeks of preparation, our office practiced a drill based on the scenario of an outbreak of a new and very virulent influenza A virus which overwhelmed our hospital and prevented 30% of our office staff from coming to work. We had a busier than average schedule and had to effectively triage and treat a number of "mock" disaster patients who suffered a number of diseases ranging from allergies to heart attacks. Meanwhile we stayed reasonably on schedule with our "real" patients.

It doesn't have to shut your office down for a day.

Our office operated with 70% of the staff (picked from the hat), we saw a larger than average number of patients.

What will it do for you?

1. Help you make a plan to provide for and protect yourself and your family
2. Teach you to think more like a soldier than a doctor, think and act logistically
3. Give you a chance to evaluate your staff in a more stressful situation
4. Help you develop rapport with your local resources
5. Make contacts and build relationships
 - a. access to stockpiled medications
 - b. national guard/reserves--useful personnel for transport/logistics/first aid
 - c. paramedics/EMS--will they be available for transport from your office?
 - d. How will you handle the family of a seriously ill influenza patient who insist on bringing their loved one into the front door of the office to be treated? Will police be available to handle civil unrest?
6. Get phone numbers and names for access to important resources
7. Get a written action plan for disaster preparedness

Top Ten Reasons to Have a Preparedness Exercise

- #10 You get to review what you learned in Kindergarten:
 - a. Wash your hands
 - b. Cover your cough
 - c. Keep your distance from your neighbors
- #9 You get to wear "One Size Fits None" paper scrubs
- #8 If you wait to "wing it", you may be left singing "I Can't Get No Satisfaction" instead of "Getting to Know You" as you try to figure out the public health resources available
- #7 You can evaluate your staff's strengths and weaknesses under different stresses. For example, one of my staff turned getting a paid day off into a negative. "They planned it all along that I would be the one off because they didn't think I was good enough."
- #6 Like immunizations, it hurts a little bit now, but saves a lot of grief later
- #5 You may avoid the poo of "Dr. Pou"
- #4 You can get back to sleep when you waken in a dream about a disaster
- #3 You will get recognition for being naïve enough to go through this

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- #2. You get to see your colleagues develop "crows feet" when they ask you, "You *volunteered* for that?"
- #1 The Government really isn't here to help us. Hearing Admiral Agwonabi (Asst. director of the HHS) tell you, "We're from the government and we can't help you" then realize that he has taken that personally because he resigns from his govt. post that day to run Sam Walton's Wal-Mart Redi Clinics."

NOTE: The Phase II contract was recently approved. Physician offices will be contacted to discuss opportunities to receive assistance with developing disaster preparedness plans. If you have questions, call Jackie at 353-2596.

WCMS LEGISLATIVE ACTIVITIES



Colorado Physicians' Congress for Health Care Reform

Summary of the 2006 Legislative Session
-from Colorado Medical Society-from Colorado Medicine

The Big Sweep—What it means to Medicine

Colorado has entered the pantheon of color shifting states, moving from purple to deep blue. For the first time since 1958, the Democrats now occupy the legislative and executive branches of government. In the statehouse, Democrats expanded their majority by four in the House making it 39 out of 65, and by two in the Senate for a 20 out of 35 head count. COMPAC's elevated and accelerated grassroots role in these races was unprecedented, as was the level of collaboration and coordination with county and specialty medical societies, students, and the Alliance. From candidate screenings that made our issues locally and powerfully relevant, to our steadfast, bottom up support through "physicians-for-pick-your-candidate" campaigning, block walks, fund raising, robo calls and independent efforts, medicine was on the front line. CMS also maximized its Small Donor Committee funds to stand behind incumbents who were there for us on our managed care reform legislation - SB 198. We were loyal, consistent, persistent, and decidedly bipartisan. We stood by the Democrats and the Republicans who have stood by us. At least five other states changed from Republican to Democratic Governorships, tipping the balance to over half the Governors' mansions, which will have substantial and thus far unanalyzed implications for the 2008 presidential sweepstakes, and place Colorado at the epicenter of those contests. More on this seismic spike and ensuing waves of influence in the near future. While the pundits continue to pore over results, conduct their post mortems and sift through all the political implications of a majority of Democratic Governorships and congressional majorities, here is our initial take on what this will likely mean for Colorado medicine in the short run up to the 2007 legislative session:

1. Health care has come of political age. Access to care is no longer a victim of benign neglect, the noisy kid kept strapped into the back seat. We just got hold of the wheel. Not only did candidates on both sides of the aisle campaign on health care issues, Governor-elect Ritter put health care front and center in his campaign, and reemphasized that commitment in his acceptance speech. Our now seemingly prescient ramp-up of our Physicians' Congress and steadfast support for the creation of a Blue Ribbon Commission not only has wheels, it has sprouted wings, and can fly.
2. Colorado Medical Society has come of political age as well. Physicians, students and Alliance members were embedded in pivotal races, on both sides of the partisan divide. Medicine provided a steady stream of draft speeches, talking points, white papers, and practical advice to the incumbents and candidates. We were FOR candidates, and campaigned on the positive side of health care advocacy. In a world that was increasingly nasty and mean spirited, we kept our lab coats on and spoke as one voice for our patients and our profession. Governor elect Ritter had strong support from his many physician friends, who regularly advised him and will be close by during this transition into a Ritter administration.

Appreciation for Involvement in the Legislative Process

Candidate Screening Committee Members:

Thank you to the following members who invested their time and energy in interviewing and making recommendations on the 2006 candidates:

Dr. Budensiek, Dr. Kaplan, Dr. Stone, Dr. Quinn, and Dr. Cook

Legislative "Call to Action"

Thanks to all of our members who took the time to contact our legislators. Your help was critical in:

- Helping to pass Referendum C and Amendment 35 (tobacco tax)
- Rallying to lead opposition to the United Healthcare acquisition of PacifiCare, which ultimately resulted in extracting a number of pivotal conditions now being developed by a CMS physician advisory body.
- The ground-breaking push for managed care fairness in SB 198 which drew broad, bipartisan support and will fuel a growing grassroots debate this election cycle that has carried over into the 2007 session.

WCMS/LCMS Joint Legislative Night

Joint Legislative Night was held on October 24, 2007 at Austin's at Pelican Lakes in Windsor. The evening featured a facilitated dialog with Northern Colorado's legislators. Weld County legislators in attendance included Senator Scott Renfroe, Representative Jim

Riesberg and Representative Glenn Vaad. Staff from Senator Salazar's and Representative Musgrave's offices also attended. The three issues of focus were Colorado's Health Care Reform, SCHIP, and Uranium Mining. Mr. Chris Adams, president of the Adams Group that has worked on several health-related projects, facilitated the program. Responses to prepared questions posed to the physicians and legislators were tracked using electronic voting machines. This technology offered the ability to compare legislators' and physicians' responses, which presented the opportunity for discussion on varying opinions as well as identifying those areas indicating a level of consensus. Overall, the format of the meeting was very productive and set the stage for the WCMS legislative grassroots plans to schedule meetings with the legislators and physicians. Data from the electronic voting is posted on the WCMS Website.

We Need Your Help Again This Year

The march toward health care reform in Colorado is entering another important phase. Your participation in our collective push toward a successful outcome is essential.

Slightly over two years ago, the CMS House of Delegates overwhelmingly demanded CMS aggressively pursue comprehensive health care reform. Today, the state's statutorily authorized Blue Ribbon Commission on Health Care Reform is only three months from finalizing reform recommendations for consideration by the Colorado Legislature. All along the way, CMS, through its Physicians Congress' for Health Care Reform, has honed long and short term strategies that are predicated upon the belief that physicians should help drive the debate on how to transform the system, rather than being run over by it.

No one knows exactly when the Legislature will act. It could happen as early as next year, be postponed to the 2009 legislative session, or perhaps immediately before the next gubernatorial election in 2010 when voters will determine whether or not they will reelect Governor Bill Ritter, who has made health care reform a part of his Colorado Promise, back into office. Yet, several things are clear. Colorado is now engaged in a robust health care reform debate. Traditional adversaries are talking and some divergent rivalries are coming together. Voters are polling in large numbers about their concerns over cost and access. The media is watching and routinely covering the debate. With unanimous approval of the evaluation matrix by delegates in September, medical opinion on what it will take to make health care reform meaningful has been consolidated into a compelling consensus. Regardless of the timing of comprehensive health care reform, health care issues will be prominent in the 2008 Legislature.

"Legislative Engagement at the Grassroots Level" is a vital key to the six-part CMS strategy for achieving meaningful health care reform. This is why it is critical that local meetings be conducted with House and Senate members before the Legislature convenes in January, 2008, just three months from now.

WCMS Legislative Grassroots Campaign

Plans are underway to schedule meetings with Sen Scott Renfroe, Rep Jim Riesberg, Rep Glenn Vaad and Rep Jerry Sonnenberg. WCMS members who have volunteered to meet with Weld legislators include Dr. Budensiek, Dr. Colberg, Dr. Cook, Dr. Marsh, Dr. Mayer and Dr. Stone.

NATIONAL PRACTITIONER IDENTIFICATION (NPI) REPOSITORY

The Weld County Medical Society, along with CMS and other Colorado county medical societies entered into an agreement with Managed Care Advisory Group to provide a secured, HIPPA compliant database for Colorado physician practices to share NPI numbers. In an effort to promote this project, each partner medical society awarded an I-Pod to a physician's practice that entered physician data by July 31st. There were six practices that qualified for the I-Pod. The winner was selected by a drawing. **And the winner is: Center for Women's Health –Congratulations!!**

We are excited to provide this benefit to our members as part of our ongoing effort to support you in meeting the challenges faced by today's medical practices. For more information on this service, go to the WCMS website at www.weldmedicalsociety.com (click on Practice Viability/Management from the menu on the home page; then click on Membership Benefits.)

NPI EDITS CAUSE CLAIMS REJECTION INCREASE—from CMS Department of Health Care Financing

ISSUE: The Medicare Part B processing system, the Multiple Carrier System (MCS), is now editing the NPI/legacy ID combinations for validity against the NPI crosswalk file. When a match cannot be located on the crosswalk, claims are rejected by "front end" edits; they are not entered into the MCS processing system. The NPI edit became effective on October 22, 2007 (for the states of AK, AZ, CO, HI, IA, NV, OR, WA and for Drug CAP Vendor Claims) and October 29, 2007 (for the states of MT, ND, SD, UT and WY). Initial reports show that the claims rejection rate has increased from the "normal" rate of 2% to approximately 20% (results vary by state).

The MCS NPI Part B edits are now in effect. Although NAS has been providing education regarding NPI and this NPI edit implementation via multiple methods to the Part B provider community (educational calls, website notices, list serve articles, seminars and more) initial results are that approximately 20% of claims are being rejected. NAS expects the Medicare Part B providers whose claims are rejected will become more aware of this edit when claims are not paid 14(EMC claims)/29(paper claims) days after submission.

Electronic Media Claims (EMC) submitters are being notified of rejected claims via the Batch Detail Control Listing (BDCL)

report. Paper claims submitted with an invalid rendering provider PIN/NPI are rejected; a letter containing claim information is sent back to the provider.

PROVIDER ACTION: For validation of NPI, CMS and NAS urge providers to log into the National Plan & Provider Enumeration System (NPPES) database system at:

<https://nppes.cms.hhs.gov/NPPES/LoginPage.do?userType=PROVIDER> and immediately verify the accuracy of the following information in their NPPES database files.

Provider legal name and/or legal business name entered in NPPES is correct.

- Provider Practice Address and full 9-digit zip code in NPPES is correct.
- The Medicare provider file EIN (for organization/group providers) or SSN (for solo practitioners) must exactly match what has been submitted to the NPPES.
- The Medicare legacy number (PIN) listed in the NPPES database must include the alpha state code where appropriate.
 - i. Legacy PINs not requiring an alpha state code as part of the PIN are: IA, MT, and UT.
 - ii. Legacy PINs not requiring a provider state code as part of the PIN: CAP Vendor Claims.
 - iii. Legacy PINs requiring an alpha state code as part of the PIN are: AK, AZ, CO, HI, ND, NV, OR, SD, WA, and WY.

INTRODUCING THE WCMS WEBSITE

We are pleased to announce that the new WCMS website is up and running. The site is designed to provide useful information for physicians, office staff and the community.

The website features:

- Disaster preparedness planning—resources for personal and physician practice preparedness, health alerts and more
- Legislative news-- including Legislative and Call to Action Alerts and contact information for your legislators
- Medical practice advocacy – links to CMS educational programs, information on health plans, claims resolution assistance
- Pictorial directory of WCMS members (under construction) – an information and referral resource.

In addition to the website, WCMS will offer a pictorial directory booklet for physician offices, area medical facilities and businesses. WCMS members will receive a copy free of charge. WCMS has procured the services of RCL Portraits to take physician photos for the directory and website at no cost to WCMS members. The photographers will take pictures at NCMC in the Medical Staff Conference Room from November 27-30th.