Colorado Medical Society
"Advocating excellence in the profession of medicine"

November 15, 2013

Lorez Meinhold
Deputy Executive Director/Director Community Partnership Office
Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

Dear Ms. Meinhold:

The Colorado Medical Society supported the original State Innovation Model (SIM) proposal and continues to support the Governor Hickenlooper's effort to develop Colorado's State Health Innovation Plan that works both to transform the health system and to help attain our objectives for health care reform. We are deeply grateful for the opportunity to participate in the SIM Testing project and wish to convey our enthusiasm for future involvement. We applaud the work of the SIM leadership team and the many volunteers who have contributed to this refined proposal.

As you are well aware, the draft Colorado Health Plan is a 185-page document complete with a wide-ranging narrative, and a set of goals and strategies in each chapter. We applaud the goals and strategies of the report. Rather than commenting on every piece of the narrative, the objective of this communication is to provide a high level commentary on the document based on the Colorado Medical Society polices attached to this communication. We agree with a great deal that has been written, and take exception with only a few statements. Our feedback here is respectfully offered in the hopes of improving the plan.

Chapter 2 - Delivery System Design and Payment Reform
The Colorado Medical Society supports the goals outlined in this section, and welcome the planned payment model trajectory. We strongly support the push to integrate primary/behavioral health within coordinated systems of care. Fostering these systems of care is critical and leveraging the skills and expertise of the broader community effectively encapsulates our policies and support for team-based care delivery. Our experience over the last four years shows that physicians across Colorado face real challenges including lack of capital, general risk aversion, lack of operational capabilities and expertise (e.g. health information technology/health information exchange, data/analytics, contracting skills and high functioning staff), concerns about liability, fragmented approaches and most recently "innovation fatigue." This underscores the importance of and our strong support for the four stage payment reform trajectory.

Although meaningful change will not occur if only one or a few payers adopt payment reforms (if payers utilize disparate strategies long term the benefits will be lost as physicians and other providers spend their time, resources and talent on administration rather than care improvement), we support transforming the system using a variety of value-based payment models, including prospective payment. We suggest caution about locking Colorado into prospective payment models exclusively as such a statement may stifle innovation. We respectfully suggest that the goals within the proposed plan be modified by striking language restricted to "prospective payment models" and including the term "outcomes-based payment models".

By deploying the payment model trajectory, the state will take the lead in payment system reform, and in anticipation of improved patient outcomes, hopefully will facilitate and encourage private sector payers to adopt the prospective payment model in the nearer future. Stage four providers receiving global capitation arrangements will enjoy the capital freedom for enhanced marketplace innovation, and will continue to transition the system away from strict fee for service.

The Colorado Medical Society agrees that effective systems of care have a physician-led primary care medical home at their center. We applaud the focus within the strategies outlined in this section to grow those capabilities. As noted in the past, we emphasize the need for enhanced specialty care engagement in order to ensure sustainable, robust medical neighborhoods.

We support building off of successful current efforts like the Comprehensive Primary Care initiative and utilizing a glide path approach to conceptualize the necessary delivery system and payment reforms. Physician practices, much like the patients and communities they serve, vary across Colorado. That's why we are also strongly supportive of the Health Extension System approach outlined in the plan. This system can assist the predominantly small physician practices across the state in addressing some of the leadership, management and systems capability problems that we have documented that threaten the necessary transformations envisioned within the plan.

We commend the plan's approach to leverage and utilize common performance measures. The disparate public and private performance measurement programs currently in use are essentially a foil of the fragmented approach to care delivery today. Moving forward it is essential that every effort be made to standardize measures, ensure complete transparency regarding evaluation methodology, and aggregate data so that reports can be valuable decision-making tools for physicians, patients and policymakers. We also support and encourage multi-dimensional approaches to performance measurement that focus on health outcomes rather than just claims data.

Finally, it is important to note that payment reform is necessary but not sufficient to affect the changes that must occur within the health system. The Colorado Health Plan specifically outlines other important areas that must travel with payment and delivery system reform including health information technology/exchange and patient experience. As the work of the plan advances we encourage you to consider other key reform areas that can help enable and advance the innovations envisioned in this plan, including exploring value-based benefit design, pursuing anti-trust reforms, enhancing administrative simplification, and reducing defensive medicine by ensuring a stable liability climate that ensures safety and maintains appropriate accountability and transparency.

Chapter 3 – Integrating Health and Behavioral Care
We support the goals and strategies outlined in this section. The disconnect in the current system continues to be a frustration for many of our primary care members. We commend the project team's recognition of the multifaceted approach necessary to achieve this goal, which recognizes the care continuum and targets the use of team-based care by focusing on practice transformation and alternative payment strategies. Our comments from the previous section largely apply here. The importance and the promise of the Extension System should not be undervalued, as we continue to hear from physicians about the need for a statewide infrastructure and the fact that transformation requires hands on assistance directly at the practice level.

Chapter 4: Colorado Health Care Workforce: Building the Capacity to Support our Goals
We generally support the goal outlined in this section.

"The strategic roadmap is framed around five critical areas:

- Building on Colorado's base of information and data to aid decision-making.
- Creating a statewide systems-level plan of workforce training.
- Strengthening Colorado's health care workforce pipeline.
- Addressing policy barriers related to workforce innovation.
- Leveraging local technology, innovation and leadership."

We respectfully ask that bullet number four read as follows:

"Addressing policy and operational barriers related to workforce innovation and workplace satisfaction."

This amendment is requested given that health care professional workplace dissatisfaction is ubiquitous and driving burnout, medical errors, less compassionate care, and early retirement. To prevent early retirement, to attract health professionals from out-of-state, and to persuade Colorado-trained health care professionals to choose Colorado over other states, we must reverse the dangerous trend of workplace dissatisfaction.

Studies show that U.S. physicians spend 66% more than other benchmark countries on administrative related costs. Studies also estimate that a minimum of $55 billion is wasted annually in unnecessary administrative costs. Research also links excessive administrative burdens with increased care redundancy, as well as preventable errors. On the other hand, studies demonstrate that administratively simple and transparent care delivery systems enhance care efficiency, value and outcomes.

Colorado Medical Society recently collaborated with the American Medical Association and the researchers at Rand Corporation to assess the contemporary challenges physician face and the relationship between professional satisfaction and the delivery of patient care. The report released in October (available at http://www.cms.org) affirmed the common sense notion that the same factors drive work satisfaction inside and outside the medical workplace: things like fairness, positive incentives, and removal of barriers to optimal care. In the medical workplace, these and other factors play a major role in achieving professional satisfaction.

The AMA-Rand study was drawn from interviews with a range of specialties and practice settings across the country, including Colorado. The report details issues that stakeholders must address in order to reverse the dangerous and unsustainable spiral of professional dissatisfaction. They are:

- Address quality concerns that simultaneously improve care to patients and improve satisfaction;
- Tackle issues with EHRs;
- Define and confirm shared values with practice leadership;
- Increase opportunities for collegiality;
- Address negative consequences of what physician see as "pressure to do more" by giving attention to work quantity and pace of work;
- Strive for stability of well trained, trusted and capable staff;
- Ensure fair payment arrangements that align with good patient care; and
- Provide a knowledge base and resources for internal physician practice improvement.

The strategy to provide on-going leadership by supporting practice transformation with leadership at the state level as well as assistance for individual practices should be a major priority. This strategy should include in-depth research and recommendations that are known to improve or upgrade delivery systems. In this manner, Colorado's health care professionals will stay in the workforce for longer periods of time and recruitment will be enhanced.

The strategy to address policy barriers related to workforce innovation should be amended as recommended above. In addition, the focus inside of the strategy seems to narrow and should be expanded to include a review "of current statutory and regulatory law as is necessary to address barriers, workplace administrative inefficiencies and innovation."

With respect to a standard curriculum for patient navigators, we encourage you to consult with Citizens for Patient Safety and Rocky Mountain Health Plans who are innovating in the area of Patient Navigation.

Chapter 5: HIT and HIE
We heartily agree that health information technology (HIT) and health information exchange (HIE) are not the end, but rather are a means to better care and care management, especially when it comes to integrating physical and behavioral health. Bi-directional interoperability, although a challenge, is a must in order to have the information at the bedside or in the exam room when it is needed.

Similar to previous comments about practice redesign activities, we note that there are varying levels of adoption and technology among physician practices. Once again we call out the need to take a balanced approach to these strategies given the AMA/Rand study findings that show that physician professional satisfaction is adversely affected by EHRs because they:

- Interfere with face-to-face patient interactions;
- Require too much time performing clerical work;
- Degrades the accuracy of medical records by encouraging template-generated notes; and
- Are more costly than expected and lack of interoperability is unacceptable.

Chapter 6: Public health
We generally support these goals and strategies, noting that as the plan effectively emphasizes health is local and efforts to align and leverage public health systems and expertise must focus at the community level, not reinvent the figurative wheel by duplicating existing efforts and utilize standardized measures to ensure shared accountability and concentration on improvement.

Chapter 7: Patient Experience
We recommend a change in the patient experience chapter. On page 169 it states:
"The fee-for-service focus on quantity over quality helps enforce profit as a primary goal of medicine and is both a major issue impacting the current patient experience and a huge barrier to change. As one focus group participant summed up, 'As long as medicine in this country is a for profit business, we will continue to have the highest health care costs in the world.'"

The commentary on payment reform should center on value over volume, and reducing unwarranted variation in care rather than drawing conclusions about whether profit or non-profit status is the source of waste in healthcare.

Chapter 9: Evaluating Colorado's State Health Innovation Plan
The driver diagram here is elegant and succinct. As thematically noted above, we support this goal of minimizing administrative burdens and aligning measures.

Conclusion
Thank you once again for the opportunity to participate and for your thoughtful outreach and collaboration. We agree that the current health care system is unsustainable Colorado Medical Society is committed to help align incentives and build systems that can achieve the aim of improving individual patient experiences, improving population health and reducing per capita costs. The Colorado Health Innovation Plan is firmly on the right track and we look forward to continuing our work together to finalize and then execute the plan.

Sincerely,

John L. Bender, M.D., FAAFP
Diplomat, American Board of Family Medicine
President, Colorado Medical Society

Enc: CMS policies on health system reform