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Colorado Physician Summit on Payment Reform

As reported in last month's *Denver Medical Bulletin,* in an article on the AMA National Advocacy Conference, physician payment reform has become a hot topic as policy makers push to move from a volume-driven system to a value-driven system in an effort to improve quality and reign in costs to the US healthcare system. That urgency has reached Colorado in the form of the Colorado Physician Summit on Payment Reform convened by the Colorado Medical Society on February 26. In order to help our physician members to understand and participate in the transition to a new payment system, Colorado organized medicine has committed to keep physicians informed and to provide timely information on this complex and rapidly evolving topic.

The Colorado Physician Summit was the first step in this process and brought together over 100 Colorado physicians from all practice settings to listen to Harold Miller, a national expert on payment reform, and the Executive Director of the Center for Healthcare Quality and Payment Reform, and President and CEO of the Network for Regional Healthcare Improvement. He described alternative reimbursement models and gathered physician input through a series of small group activities targeting the development of a Colorado physician consensus on ways in which payment reform models can work in the real world.

Harold Miller, a national expert on payment reform, addressed doctors at the Colorado Physician Summit on Payment Reform in February.

A recent RAND Corporation study noted that persistent criticism of the current fee-for-service payment model focuses on its role in increasing the volume and intensity of services without enhancing the quality of care or its efficiency. Its failure to foster coordination of care across providers and delivery systems while contributing to the potential overuse of services with little or no benefit has been criticized as a major driver in the rapid rise of healthcare costs in the US. Experimentation by private and public payors over the last two decades with payment approaches that tried to incentivize quality and coordination while reducing unnecessary services have taken on new intensity with the passage of healthcare reform legislation which provides funding for expanded pilot programs and introduces the promise of broad implementation of these approaches.

The Rand study identified 90 existing payment reform programs and categorized them into 11 models. The authors noted great diversity in their methodology and application, particularly in targeting of payment to performance goals, bundling of services, and the level at which payments are made to both organizations and individual providers. This diversity indicates that optimal approaches have not been identified, so ongoing experimentation will be the rule in the near future. The study noted that more work is needed to refine accurate measures in areas such as health outcomes, care coor-

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dination, patient and caregiver engagement, and efficiency measures that combine quality and resource use. Overall, the promise of payment reform as a tool to cost control will only be realized if physicians and other provider groups commit to work through the challenges of implementation that early models have identified.

As Mr. Miller pointed out, "Many physicians are understandably skeptical about payment reforms because they have been designed by health plans in ways that impose inappropriate financial burdens on physician practices." But he went on to say, "The solution to these kinds of design flaws isn't to resist payment reform altogether. Physicians need to roll up their sleeves and work to design payment reform that gives them the proper balance of flexibility and accountability."

Colorado has already been on the forefront of the exploration of alternative reimbursement and delivery models, with pilot projects already underway such as those through HealthTeamWorks and the Prometheus Payment pilot. Colorado physicians now have the opportunity to come together in order to create a model system that serves the interests of both the patient and the physician communities rather than waiting for external forces to shape their future.

Harold Miller will be returning to Colorado to participate in the CMS Spring Conference to be held at the Sonnenalp in Vail, April 29 through May 1. He will be working with participating physicians to move beyond the preliminary discussions to a more vigorous consideration of what successful payment reform should look like in Colorado. He will also be participating in the CMS Annual Meeting in Breckenridge, September 9-11. Colorado will benefit from the broadest possible participation by physicians in these important discussions!

In addition to participation in the sessions with Mr. Miller, physicians who were unable to participate in the February 26 Summit can view a webinar of his presentation and find recommended readings on the topic by visiting the CMS website at www.cms.org and selecting Payment Reform on the right hand side. There is also an opportunity to share your thoughts on improving value in healthcare by answering a brief survey that will be shared directly with Mr. Miller and provide perspective for the development of a physician consensus in Colorado.

DMS will be offering two meetings this Spring that further explore the changing environment. The Spring Young Physicians dinner on May 11 will feature a discussion of current developments in the Denver market (see p. 5), and in early June a meeting open to all members will present different perspectives on physicians' opportunities to participate in healthcare and payment reform—meeting details to come soon.

Curtis Hagedorn, MD, DMS Board member and Treasurer, participated with other physicians from throughout Colorado at the payment reform summit.

***Denver Medical Bulletin**: Naomi M. Fieman, MD, DMS President and Publisher / Michael B. Keller, MD, Chair of the Board / Lucy W. Loomis, MD, President Elect / Curtis L. Hagedorn, MD, Treasurer / Kathy Lindquist-Kleissler, Executive Director / Barbara Kamerling, Program Director. The **Bulletin** is the official publication of the Denver Medical Society, established April 11, 1871, as the first medical society in the Rocky Mountain West. Published articles represent the opinions of the authors and do not necessarily represent the official policy of the Denver Medical Society. All correspondence concerning editorial content, news items, advertising and subscriptions should be sent to: The Editor, **Denver Medical Bulletin**, 1850 Williams Street, Denver, CO 80218. Phone (303) 377-1850. Fax (303) 331-9839. web www.denvermedsociety.org. Email: dms@denvermedsociety.org. Postmaster: Send address changes to 1850 Williams Street.*

COLO PRESCRIPTION DRUG MONITORING PROGRAM (CO PDMP)

By Patricia L. VanDevander, MD, MBA

At a time when we all are feeling the trials and tribulations of coming to terms with the need for adaptation of computers and technology into our medical practices, let me introduce you to a clinically relevant bright spot for connectivity. The CO PDMP is one of the most useful electronic tools to come along thus far that can be used to impact the health and safety of our patients. Despite the usefulness of this tool, only 17% of Colorado physicians were registered users as of July 2010.[1] We all can come up with our own guesses as to why such a low percentage of physicians use this. I hope it is just due to a lack of knowledge about the availability of this new tool. If the new Bill (Senate Bill 192) passes this session, there will be some changes to the original program, which I have tried to include in the following description of the program as of the date of this writing.

In the Colorado Prescription Drug Abuse Task Force 2010 Fact Sheet, it is noted that "In 2009, 70% of drug-related deaths in the city of Denver involved the abuse of prescription drugs." It also states that the "Youth at Risk Survey (2009) conducted in a Denver-Metro community revealed that more than 33% of high school students had abused prescription medication….which is significantly higher than the national data of 1 in 5 teens reporting the abuse of prescription drugs."[2] As healthcare providers we can work hard to educate our patients about the safe use and storage of their medications and try to refer our patients for addiction treatment when necessary. But I also believe that we have an obligation to provide thoughtful and appropriate prescribing of controlled medications, which, with the help of the PDMP, will reduce the supply of these drugs being dispensed for illegitimate use.

Here is a quick summary of the program.

What is the CO PDMP?

This is an electronic database of prescribed Schedule II thru V medications dispensed by nongovernmental outpatient pharmacies located in or distributing within the State of Colorado and operated by the Board of Pharmacy. Legislation was passed in 2005 for the creation of this program (HB05-1130), but it took lots of time and federal money to get everything up and running. The website went live on February 4, 2008, and it contains data from July 2007 to present.

How much does the CO PDMP cost me?

The funding for the program originally came from federal grants. However, those funds were only available to establish the program, not maintain it. Therefore, to secure a stable funding source for the program, SB204 was passed in 2007 allowing the Board of Pharmacy to add a fee to all prescribers' licenses. Currently, all prescribers pay a $7.50/year fee. Since physicians renew their licenses every 2 years it adds $15.00 onto their license fees. SB192 removes this cap on the fee and allows the Board to collect a fee based on the "approximate direct and indirect costs of the program."[3] The amount of this increase is yet to be determined due to many dynamic factors including a "notification" amendment which requires someone (still up for debate as to whether it will be the prescriber or the dispensing pharmacy) to notify the patient obtaining the controlled medication that their data will be included in the PDMP.

Who can access the CO PDMP?

Any healthcare provider with prescribing authority in the State of Colorado (physicians, PA's, optometrists, some RN's, veterinarians, dentists, podiatrists) and any pharmacist who dispenses these medications AND who has complied with the registration rules of the website can access the CO PDMP. In addition, law enforcement has access to a specific patient's data from the Board of Pharmacy if they already have an ongoing investigation involving that patient and they have an official court order or subpoena.

SB192 will allow Residents with an active physician training license and law enforcement, meeting the same criteria above but with regard to prescriber data, to access the PDMP.

You are to access the data only of the patient(s) you are "prescribing or considering prescribing controlled medications for"[4], and you must treat the information as any other medical information under HIPPA.

How can you access the CO PDMP?

Go to https://www.coloradopdmp.org, which will bring up the Home page. Then follow the instructions for registering. You will be asked to provide your license number, social security number, date of birth and DEA number. These must all match the information with which you became licensed under DORA, or you will not be able to register.

What information is in the CO PDMP database?

For patient data you are able to search by patient name, date of birth, or gender. The important fields are the medication name/dosage/quantity dispensed, the date it was dispensed, the prescriber name, and the pharmacy dispensing. For patients you suspect of using aliases or different spellings of their name, you can try multiple variations in the search data. How specific or

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how nonspecific you are in your search fields will make the difference in how long it takes to get back your results. Have patience.

You are also able to access the controlled medications you have written prescriptions for and were dispensed, grouped together by month. This is a good way to quickly review your prescribing and make sure no one is using your name and DEA to write prescriptions or quantities of medications you did not prescribe.

Why would you want to access the CO PDMP?

1. To help you make medically appropriate decisions about prescribing controlled medications to your patients
2. To reduce the quantity of controlled medications obtained by your patients for "fraudulent or deceitful purposes"
3. To help you refer your patients earlier for drug treatment if needed
4. To monitor the controlled medications obtained by your chronic pain patients
5. To work with your patients in holding them accountable for partnering with you in managing their medical need for controlled medications and/or other treatment modalities

What controlled medications dispensed in Colorado are NOT included in the CO PDMP?

1. Methadone distributed by methadone clinics
2. Controlled medications dispensed at governmental pharmacies
3. A 24 hour supply of controlled medications dispensed by hospitals for outpatient use
4. Controlled medications dispensed within healthcare facilities
5. Controlled medications administered by EMS
6. Controlled medications dispensed at pharmacies that have obtained a waiver from the Board of Pharmacy due to their lack of technology to report

How long does it take for a prescription to show up in the CO PDMP once it is dispensed?

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The Denver Medical Society
cordially invites our Young Physicians

"The Evolving Healthcare Environment: Who's Doing What with Whom?"

Hear about innovative systems and healthcare redesigns.
Will these attempts really improve quality and safety?

Panelists will include:

Marjie Harbrecht, MD, CEO
HealthTeamWorks

Tom Cain, MD, Past President
Physician Health Partners (PHP)

Clarke Godfrey, MD (tentative)
ACE Project (Acute Care Episode) between
Medicare/St. Joseph Hospital/Physicians
sharing in a bundled payment arrangement

The Denver Chophouse & Brewery

1735 19th Street
LoDo – Valet parking included

Wednesday evening, May 11, 2011

6:00 Cocktails and hors d'oeuvres
7:00 Dinner begins
7:30 Program starts

You are welcome to bring a guest.

To **RSVP** call 303-377-1850 or email dms@denvermedsociety.org.

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It is possible that a controlled medication could be dispensed on the 1st of the month and not show up in the PDMP for 24 days. This is because, under current law, pharmacies only have to report their data twice a month.

What is the consequence to you for "releasing, obtaining or attempting to obtain PDMP data in violation of the law?"

You would be subject to a civil fine of not less than $1000 and not more than $10,000 for each violation. This would most likely stem from a complaint filed with DORA and/or the Board of Pharmacy by anyone concerned about your unauthorized access or use of the data. In addition, this could possibly lead to review and action from the Board of Medicine for unprofessional conduct.

Patients are able to obtain a copy of their data from the PDMP by contacting the Board of Pharmacy at http://www.dora.state.co.us/pharmacy.

More questions about the CO PDMP?

You may call DORA – CO State Board of Pharmacy PDMP help desk at 303-894-5957. OR email your question to pdmpingr@dora.state.co.us.

For technical questions call 877-324-4878 or email copdmphelpdesk@ghsinc.com.[5]

Why should you know about and actively engage in supporting the CO PDMP?

Because, the CO PDMP has a very real possibility of going away and it will be almost impossible to get it back. This year was the Sunset Review by DORA of the program to determine whether or not it should be continued by the legislature. After including stakeholder input, DORA testified at the Senate Health and Human Services Committee on Jan 27th and Feb 16th in favor of the program's continuation with some additional suggestions for improvement. A few stakeholders also testified in support of the program at both sessions and added their own changes which were not included in the DORA report. There was NO opposition testimony to the program.

In brief, SB114 was killed in the Senate Appropriations committee by a vote of 5 opposed (all Republicans except Steadman) to 3 support and 2 excused (both Democrats). Let me just summarize to say that the reasons given for opposing the Bill were not within upholding their positions to "protect the public."

Due to a tremendous amount of work by many concerned folks and an unusual turn of events, a late bill (SB192) was able to be introduced this session for one more attempt to get the program approved. The bill was introduced in the Senate the first part of March and as of press time was scheduled to be heard again in the Senate Health and Human Services Committee on March 31.

You can check with DMS for the current status of the bill and as to how you can make your voice heard.

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1 DORA 2010 Sunset Review: Electronic Prescription Drug Monitoring Program and the Prescription Controlled Substance Abuse Monitoring Committee October 15, 2010, page 10.
2 Colorado Prescription Drug Abuse Task Force 2010 Fact Sheet. A program of Peer Assistance Services, Inc funded by the Colorado Division of Behavioral Health, November 3, 2010.
3 SB 11-192_L.001 page 4, Section 9, 12-22-706.
4 HB 05-1130, Section 1, 12-22-705.
5 DORA Division of Registrations State of CO PDMP information handout June 2008

What's New For You?

PPT Welcomes New Sponsors!

Two new Core Sponsors have joined Physician Practice Toolbox and will be participating in bringing expertise and timely content to PPT and its members.

WellComm+

is a marketing and branding firm dedicated to spreading the word about health and wellness. With years of experience marketing products and services, WellComm+ is focused on helping physician practices create powerful brands, compelling messages, and highly impactful marketing programs. WellComm+ will be creating several practice marketing toolkits that will be available on PPT to member practices to use to create their own marketing plans or begin exploring how to embark on a marketing and branding process.

COPIC Companies

strives to be the premier diversified service organization providing for professional liability insurance and other needs of the healthcare community through advocacy, through innovation and through the commitment and dedication of its employees. COPIC Financial Service Group, Ltd., is an insurance brokerage firm representing a variety of insurance carriers. COPIC will be providing expert tips and updates to PPT members.

New Resource Directory Sponsor

Apollo Credit Agency , Inc.

is the newest participant in the PPT Resource Directory. A family owned and operated business in the local community for 39 years, Apollo works to provide excellent recovery rates and maximize the efficiency of the collection process through thorough communication with its clients. Apollo manages its business with the utmost integrity and tailors its services to meet client needs.

Visit our new sponsors and all PPT sponsors at the PPT Resource Directory to find out more. The Resource Directory offers your practice instant access to experts and vendors who are screened by your medical society and who are committed to meeting the needs of the physician practice community.

Get Practical Tips on Issues Impacting Your Practice!

New Webinar

ACE (Acute Care Episode) Demonstration Project. CMS has launched a 5 year pilot testing bundled payments for hospitals and physicians focusing on acute and post-acute services, including office visits. Should your practice participate? (See the Inpatient ACT Pilot webinar in the Archived Webinars below.)

April 22—Outpatient ACE Pilot.

Latest Archived Webinars

Inpatient ACE Pilot. http://revenuecyclemanagment.physicianspracticetoolbox.com/free-webinars/aceip

Accountable Care Organizations (ACO). http://revenuecyclemanagement.physicianspracticetoolbox.com/free-webinars/aco

What's New with PECOS and the Skolnik Transparency Act. http://revenuecyclemanagement.physicians practicetoolbox.com/free-webinars/pecos-and-the-michael-skolnik-law

2011 Beginning of the Year Tips. http://revenuecyclemanagement.physicianspracticetoolbox.com/free-webinars/what-the-bleep1