



Defining a Consensus

What and how Colorado doctors think: The emerging consensus, the splits and divides, and how to manage them

How doctors think collectively about their medical organizations in the context of medicine's responses to the politically-derived forces warping their daily practice environment ultimately determines the effectiveness of organized medicine as their advocates.

Show a split among lab coats at a public hearing or in the op/ed pages and politicians will duck and cover. Some will just as likely pour flammable liquids into the pot for entertainment value alone. When doctors fight among themselves, they hand the advantage to their adversaries.

A defensible consensus, however perceived, is the whole enchilada, as a

former president once said. Well, duh, most would think. But, consolidating medical opinion in the complex world of health care policy, and melding it into a consensus that has a sustainable influence in the real world involves more than a voice vote at the House of Delegates instructing CMS to shoot trial lawyers randomly selected from the *Yellow Pages*. Despite its intuitive popularity to many, there would be dissenting voices to that resolution, and perhaps some other unintended legal and political consequences as well.

Exhibit A: The recent and dramatic veto override by Congress to temporarily reverse the scheduled

Medicare cuts left untouched the deep divisions among physicians over reimbursement realignment. Medical societies across the country are struggling with the unraveling of constituencies over scope of practice disputes, reimbursement versus tort reform strategies, physician investor facilities, widening gaps among specialties, and/or pharmaceutical support of CME or marketing strategies, to mention only a handful.

That is why CMS systematically polls its House of Delegates and anyone else in the room at each annual meeting, testing strategic direction and velocity, teasing out inherent conflicts, explaining trade-off scenarios

that could result from each decision and creating logical constructs among competing priorities. This method is a purposeful effort to help CMS' policy leaders and influencers to measure, in real time, the probable consequences of their positions and where mainstream physician opinion resides.

In anticipation that the pressure will continue to build to reinvent the dysfunctional health care system, both at the federal and state levels, CMS also pre-tested grassroots physician opinions of system reform approaches and their general confidence in CMS' effectiveness in a statewide survey of all its members prior to this year's annual meeting in Keystone. As an apparent consensus emerged along familiar lines, CMS then drilled down on those intuitions at the House of Delegates, asking its members to not only define what constitutes a consensus, but how CMS should respond to those outside those statistical boundaries should the trigger be pulled on a policy choice.

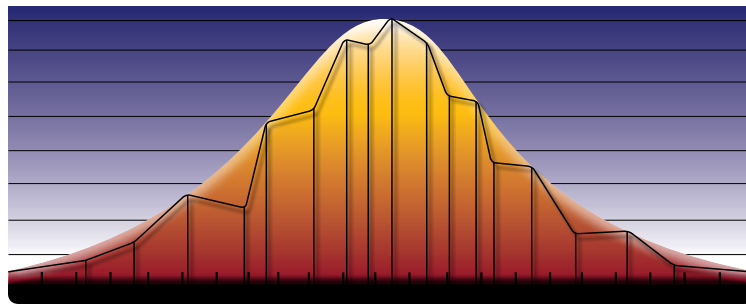
"There is an inherent conflict between what physicians believe as simply the right thing to do – faith based policy – and how their ideas, however well-intentioned, will translate into real world socioeconomic consequences as laws and regulations splash and ripple through our delivery systems over time," CMS CEO Alfred Gilchrist explained. "Evidence-based health care policy – the relative assurances based on historical experience that a body of law will produce the intended result – carries with it not only uncertainty but also pluralities of physicians who believe to the contrary. And, when breaking new policy ground, you can be pretty sure the pioneers will catch most of the arrows."

Moving from resolutions and internal debates to political reality isn't straightforward in the house of medicine. What may seem to be a consensus is just likely to have dueling pluralities. It is not as straightforward as it may appear to legislators on the receiving end of the kind of formidable

grassroots pressure physicians can generate when the proverbial wolf is at the door, the infidels are at the gates, and the forces of light are on the run.

However, if there ever were a consensus approaching unanimity in organized medicine, it would be the near-universal recognition that physicians rely on Colorado Medical Society for advocating on their behalf. In the late summer survey of CMS members conducted by Kupersmit Research, those frequency distributions were overwhelming. Four-fifths of the CMS respondents cite "advocacy" as the most important function of CMS, and impressive super majorities expressed general satisfaction in those efforts.

Similar questions posed in several state medical surveys conducted across the country found comparable ranges of support for medical advocacy. What makes CMS' approach substantially different is the drill-down into policy



detail, cross-checking dissenting views against majority opinions, and forcing trade-off considerations in the higher profile policy positions. The latter is a favorite straw poll question at the annual meetings, posed as "Who's Your Daddy" – "What forces over the next three years will have the most influence on (the respondent's) practice?" The results have a centering effect on the single-issue advocates when their issue is 30 points behind the top three.

CMS' approach to consensus building is arguably the most thorough and transparent among its state medical counterparts. "No one I know in the federation is asking the 'what-if' questions of their leaders and grassroots – What if two-thirds of the doctors are for one kind of approach to system reform, for example, while

remaining third are evenly split with incompatible alternatives? We ask, then what?" explained Mr. Gilchrist. "And, I don't know of many who are explicitly asking the grassroots, along with the leadership, where to allocate our finite resources. Everyone is for advocacy, but what kind, and how much? If we spread our 'asks' too thin, we get nothing. If we bet the farm on one or two issues, we risk losing ground on everything else that is a priority."

CMS' approach to building a grassroots consensus that can be brought to bear in a public policy arena combines the common sense intuitions of its leaders with a methodology that measures the gaps between leadership and rank and file, and forces both to recognize the political and economic trade-offs that will result.

"We're fond of reminding our colleagues that their ideas will have consequences once they leave the House of Delegates, and that there are

no wrong choices, just consequences for each choice, including the choice to do nothing," said CMS president Ben Vernon, MD. "Our job is to lay out every plausible scenario associated with a CMS position so our collective eyes are wide open when we leave

the ball room and take our arguments downtown or under the dome."

Dr. Jerome Groopman, in his most recent book, *How Doctors Think*, laid out a series of case studies demonstrating the trade-offs between linear, Bayesian analytical logic pounded into every medical student, and the intuitive and intangible aspects of medical judgment: "Much has been made of the power of intuition and certainly initial impressions formed in a flash can be correct. But as we hear from a range of physicians, relying too heavily on intuition has its perils. Cogent medical judgments meld first impressions – gestalt – with deliberate analysis." This observation transfers readily to the world of strategic planning and advocacy and is borne out by many of the results of the survey highlighted on the next page.

Poll Result Highlights

CMS strategic priorities & marching orders

The following is, as measured by statewide polling followed by straw polling of delegates and other leaders at the Annual Meeting, a synopsis of how Colorado doctors think about their medical society, their hot issues, and each other, and how to manage the “what-ifs.”

Member perceptions of Colorado Medical Society

- The CMS carries solid ratings in the eyes of its members.
- Satisfaction ratings have risen since 2003, both in terms of overall satisfaction and “intensity” of satisfaction (the percent who are “strongly” vs. “somewhat” satisfied).
- Three-quarters of members (72%) are at least “very” likely to recommend joining the CMS to a colleague, especially members age 65 or older.
- Ratings of the CMS are strongest regarding “positive impact on health care,” “giving members like me a chance to provide input” and “Providing good value.”
- There is opportunity for improvement on “positive impact on my career” and “reflects my priorities.”
- Members who are in the “low” involvement level tend to be particularly less satisfied on “provides value,” “impacts my career” and “reflects my priorities.”

Physician needs and priorities

- CMS Members are clear on the areas where they want the CMS to focus its resources.
- Members cite “reimbursement issues” (focusing in particular on Medicare, along with private payers and Medicaid) as the most serious threat to health care in Colorado, along with “access to care for the uninsured.”
- “Fragmented delivery system” also scores strongly, with higher scores among primary care physicians and single payer advocates, followed by “collections,” “malpractice/liability” and “attracting new physicians.”
- In response to these threats, upwards of 30% report that they have been “practicing defensive medicine,” “delegating to physician extenders,” “reducing staff” and “marketing more,” while 25% say “increasing hours” or “limiting new patients.”
- Three-quarters point to “liability/tort environment” as the area on which they most want to see the CMS focus its resources (78% of members), followed by “private/public payer issues” and “achieving coverage and access.”

Comprehensive health system reform

- The data suggests a degree of impatience regarding the pace of reform, while reflecting general approval of the approaches of both the CMS and the Administration to date.
- Two-thirds of members believe the pace of reform currently is “too slow” (including 27% who say “way too slow”), while 28% say it is about right and 5% say it is “too fast.”

- A slight majority identify most closely with an “incremental” approach (“across legislative sessions”) while 28% say reform needs to happen “now” (“in one major effort”) and 18% choose “not pursued.”
- By a solid 62%-13% margin, members say they approve of the approach the CMS has taken to health care so far (after reading a description of the Matrix), with 25% saying “neither” or “not sure.”
- A solid majority (59%-23%) also say they approve of the Governor’s approach (after reading a description of the Building Blocks).
- Overall, members are skeptical that tax revenue is definitely needed to accomplish the goal of universal coverage in Colorado (just 32% say this is “definitely” true, while 55% say it is “probably” true or “not sure”).
- A significant majority supports achieving universal coverage through a funding mechanism that focuses on “increasing regulation of private insurers and access to public programs,” while a less substantial majority supports a “simplified payer system.”
 - Three-quarters (74%) agree that they would favor achieving universal coverage through a “more regulated” system, while 27% disagree.
 - A “simplified payer” system is favored by a 59%-41% margin.
 - A majority disagree with a “deregulated” approach, by a 43%-56% margin.
- When asked to vote between these three possible funding mechanisms for achieving universal coverage:
 - 41% choose “more regulated private/public mix.”
 - 33% say “simplified payer.”
 - 13% select “deregulated.”
 - 2% opt for “leave intact.”
- If the CMS was asked to endorse a plan that met the goals of the Matrix...
 - A plurality of members (41%) would want to see the CMS endorse either a “single payer” or “market-based” plan.
 - One-third (32%) say only a “Market-based” plan should be endorsed.
 - 15% say only a “single payer” plan.
 - 15% say the CMS should not endorse either plan.
- Very significant majorities (upwards of 75%) agree that members should “put ideology aside” and that the CMS should “get behind a proposal that meets the vast majority of Matrix goals” even if a proposal is not to everyone’s liking.
- Members are split evenly (46% agree, 44% disagree) that “we need to wait and see” until after the elections, and “table the question” of covering the 17% and making gains where we can.



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On track to meet the challenges ahead

The recently completed survey of CMS members reveals: a broad consensus (above 67%) regarding health system reform; an environment of great anxiety regarding the state of the profession; and a clear mandate for the CMS: maintain the stable tort environment, address private and public payer issues and continue the fight for universal access to coverage in Colorado.

The poll shows that at least two-thirds of members:

- Believe the pace of health system reform is too slow (67%);
- View “access to care for the uninsured” as a serious threat to the practice medicine in Colorado (73%);
- Support achieving universal coverage through market-based reforms that would “increase regulation” of private payers and “significantly expand” public programs (74%);
- Want the CMS to endorse a plan that meets the goals of the Matrix through market-based reforms, or “either” a market-based or single-payer system (70%);
- Agree “we need to put ideology aside” and “get behind a proposal that meets the vast majority of the Matrix goals” even if it is not 100% to everyone’s liking (79%); and
- Agree that “physician support will be crucial” if a plan is to succeed at the ballot box (78%).

And other members? Fifteen percent support only a market-based plan that reduces the role of government; the other 15% would support only a single-payer plan.

At the risk of editorializing a bit, the 15% who say “only the market” aren’t wrong, they are physicians who believe our fundamental strength is the free-enterprise system that is the envy of the world because of its innovation and leadership. The 15% who want “only single payer” aren’t wrong,

they are physicians who see a health crisis and believe private insurers are taking funds out of health care which is increasing costs and hurting patient care.

If you are among the 77% of Republican CMS members who supports increasing regulation and expanding public programs, reach out to your more conservative colleagues. If you are among the 73% of Democrats who support “increased regulation,” or feel that “either” option is better than only endorsing a single-payer solution, have a conversation with your more liberal colleagues.

Why do I believe doctors need to continue to come together (even beyond the already impressive 70% consensus in the survey), and have a solid, evidence-based understanding and consensus regarding health care reform and any proposal that meets the goals of the Matrix?

Because of the anxiety you express in the survey about the state of your profession:

- One-third would recommend a career as a physician, while 22% would be unlikely to do so (and 42% would be only “somewhat” likely).
- One-quarter of CMS members have “already left” active practice, are “planning to do so,” or consider it “all the time.” Among those who are age 56-64, one-third say as such. And, just 28% of solo practitioners say they “never” or “rarely” consider leaving active practice.
- A majority of those in practice reports that short-term financial viability is “just okay,” “not so good” or “poor,” while 63% say as such regarding medium-term financial viability.

In the face of this anxiety, the mandate for the CMS (and the need to act strategically and with as much grassroots support as possible) could not be more clear:

1. First, continue the fight to maintain the stable tort environment in Colorado. With the other major threats facing the practice of medicine, this stability is more critical now than ever.
2. Second, help members address private and public payer issues. In separate research on behalf of MGMA (with specialty practice administrators nationwide) we found deep, broad concern about declining reimbursement rates, inconsistent payer documentation requirements and untimely payment for services.
3. Third, continue to strive for universal access to coverage for all Coloradans. Doctors don’t have the option to sit on the sidelines, or take a “middle” position, in a debate on a proposal that meets the Matrix goals (especially if it will go to a vote). You are either enthusiastically for it, or you are not.

Yes, WebMD and the ever-present commercials that urge everyone to “ask your doctor” might make some patients more annoying, and some even less respectful. But make no mistake about it: your ability to effectively communicate and educate – both as a medical society and as individual doctors interacting 1-on-1 with Coloradans every day – can potentially drive this debate, and ultimately, determine the shape and degree of success of Colorado’s health system reform.

Thank you to each member of the CMS who took the time to complete the survey.

The CMS member survey was conducted August 12-October 2, 2008; n=501 and carries a margin of error of +4.4% at the 95% confidence level (i.e., if we redid the survey the results would be within 4.4 points 95% of the time). The final results were compared with actual CMS membership data to ensure representation by specialty type, age, gender and geography.