



CAFP NEWS
BOLD CHAMPION FOR COLORADO FAMILY PHYSICIANS

IN THIS ISSUE:

***Familiar Face at the
Head of CMS:***

DR. JOHN BENDER

Page 28

Payment Reform has Arrived in Colorado Page 17

Worst Year for Measles in 15 years Page 20



WE HELP KIDS WITH ASTHMA BREATHE EASIER.

WE NEVER SAY NEVER.®

Whether a child has mild or severe eczema, allergies or asthma, coming to National Jewish Health as early as possible can lead to better outcomes. Our Pediatric Specialists use innovative approaches that address each child's individual needs, helping them (and you) breathe easier. Call 1.800.621.0505 to make an appointment or visit njhealth.org.



ADVOCACY

President's Report4
 Congratulations to Dr. Jeffrey Cain4
 CEO's Report.....5
 CAFP Legislative Update7
 Involuntary Commitment Taskforce7
 Kansas City AAFP Conference 10
 Letter to the Editor 11
 AAFP National Conference for Students and Residents..... 12
 Doctor of the Day CME Information 12
 CAFP on the Go..... 13

EDUCATION & PRACTICE ENHANCEMENTS

Patient Privacy and Social Media 14
 SNOCAP RECAP 16
 YOU ARE INVITED!..... 16
 Payment Reform Has Arrived 17
 High-Risk Asthma Care in Children 18

HEALTH OF THE PUBLIC

The Latest Vaccine News 20
 Albert Burkle's Adventure to Washington D.C. 22
 CAFP Welcomes New Tar Wars Coordinator Karol Groszold 22
 Promoting the Social-Emotional Development of Your Youngest Patients..... 24
 Accidental Marijuana Poisoning in Children 26

MEMBERS

The New Familiar Face at the Head of CMS 28
 Congratulations..... 31
 Invitation to Join CAFP 32
 Small Donor Committee 33
 CAFP Special Discount Programs 34

Edition 37



pcipublishing.com

Created by Publishing Concepts, Inc.

David Brown, President • dbrown@pcipublishing.com
 For advertising information contact:
 Deborah Merritt at 501.221.9986 ext. 109 or
 800.561.4686 dmerritt@pcipublishing.com
 www.pcipublishing.com

Acceptance of ads does not constitute an endorsement by the CAFP of the service or product.

CAFP Board of Directors

Officers 2013-2014

| | | | |
|-----------------------------|--|----------------------------|--|
| Chair/Past President | Kajsa Harris, MD Pueblo E-mail: kajсахarris@hotmail.com | Vice President | Glenn Madrid, MD Grand Junction E-mail: gmadrid@pcpgj.com |
| President | Rick Budensiek, DO, FAAFP Greeley E-mail: president@coloradoafp.org | Secretary/Treasurer | Ryan Flint, DO Denver E-mail: ryanflint@centura.org |
| President-elect | Candace Murbach, DO, FAAFP Pueblo E-mail: candacerm210@aol.com | | |

Board Members

Terms expiring 2014

Chandra Hartman, MD, FAAFP
Denver
E-mail: chandra.hartman@gmail.com

Chet Cedars, MD
Lone Tree
E-mail: chetflies@aol.com

Anna Wegleitner, MD
Denver
E-mail: awegleitner@mountainviewfamilymedicine.com

Sergio Murillo, MD
Pueblo
E-mail: sergiomurillo@yahoo.com

Terms expiring 2015

Monica Morris, DO
Denver
E-mail: mcorriga@zagmail.gonzaga.edu

Wilson Pace, MD, FAAFP
Denver
E-mail: wilson.pace@ucdenver.edu

Rob Vogt, MD
Colorado Springs
E-mail: rpvm@comcast.net

Zach Wachtl, MD
Denver
E-mail: zcwachtl@gmail.com

NEW Term Expiring 2016

Michael Archer, MD
Westminster
E-mail: marcher@completefamilymed.com

John Cawley, MD
Ft. Collins
E-mail: jcawley@afmfc.com

Tamaan Osbourne-Roberts, MD
Denver
E-mail: tamaan.osbourne.roberts@gmail.com

Wendy Richmond, MD
Pueblo
E-mail: wendyalalexandra@hotmail.com

Delegates

John Bender, MD, FAAFP, Ft. Collins
jlbender@miramont.us
term expires 2013

Kent Voorhees, MD, FAAFP, Littleton
kent.voorhees@ucdenver.edu
term expires 20124

Alternate Delegates

Brian Bacak, MD, FAAFP, Highlands Ranch
brian.bacak@healthonecares.com
term expires 2013

Luke Casias, MD, Hesperus
E-mail: lcasias@hotmail.com
Term expires 2014

Resident Representatives

Carolynn Francavilla Brown, MD, Rose
carolynn.francavillabrown@healthonecares.com
grad 2013

Kevin Piper, MD, Greeley
pipe0045@gmail.com

Anneliese Heckert, DO, Pueblo
annelieseheckert@centura.org

Sarah Hemeida, MD, Denver
sarah.hemeida@ucdenver.edu

Student Representatives

Nicole Struthers, CU,
nicole.struthers@ucdenver.edu
class of 2014

Vision Statement:

Thriving Family Physicians creating a healthier Colorado.

Mission Statement:

The CAFP's mission is to serve as the bold champion for Colorado's family physicians, patients, and communities through education and advocacy.

Editor

Kajsa Harris, MD
kajсахarris@hotmail.com

Education Committee Chairs

Chandra Hartman, MD, FAAFP
chandra.hartman@gmail.com
Anna Wegleitner, MD
wegwoods@aol.com

Legislative Committee Chair

Candace Murbach, DO
candacerm210@aol.com
Glenn Madrid, MD
gmadrid@pcpgj.com

Staff

Raquel Rosen, MA, CAE
Chief Executive Officer
E-mail: Raquel@coloradoafp.org

Manthan Bhatt
Director of Communications
E-mail: Manthan@coloradoafp.org

Karol Groszold
Tar Wars Coordinator
E-mail: Karol@coloradoafp.org

Sarah Roth, MA,
Fit Family Challenge Program Manager
E-mail: Sarah@coloradoafp.org

Jeff Thormodsgaard
Director of Public Policy
E-mail: jeff@mendezconsultinginc.com

Erin Watwood
Director of Education, Events, & Meetings
E-mail: Erin@coloradoafp.org

Contact Information for the CAFP

Colorado Academy of Family Physicians
 2224 S. Fraser St., Unit 1
 Aurora, CO 80014
 phone 303-696-6655 or 1-800-468-8615
 fax 303-696-7224 e-mail info@coloradoafp.org

PRESIDENT'S REPORT

Rick Budensiek, DO, FAAFP



It's time for a follow up visit. No, this is not another form letter my office sends out reminding patients to follow up with their health issues. I'm just checking in with my fellow family docs about their physical health, mental health, financial health, and professional health.

Last quarter I mentioned the need for physicians to be mindful of their own physical health issues and address them by having a relationship with their own personal physician. That seems to be a no-brainer, but studies have shown physicians are even more susceptible to certain diseases than the general population. Don't put off developing that important relationship any longer.

As a segue to discussion about mental health, the SIM (State Innovation Model) grant recognizes the value for integration of mental health integration into primary care. Your academy is in discussion with the SIM about how to make that integration happen.

On a personal note about integration of mental health and primary care, I received a nice note from Doris C. Gundersen, M.D. and Sarah Early, PsyD From the Colorado Physicians Health Program in response to my plea for a self-awareness of personal health issues. They reminded me

that the CPHP is a valuable resource available to Colorado physicians. The CPHP mission statement is "to assist physicians, residents, medical students, physician assistants, and physician assistant students who may have health problems which if left untreated, could adversely affect their ability to practice medicine safely." Should you have a question whether the CPHP can be of assistance to you, they can be reached at 1-800-927-0122. In this time of accelerating change in our professional lives, there are many challenges to our physical, emotional, and spiritual well-being. It is more important than ever for us to be healthy so we can continue to competently care for our patients as well as interact effectively in all the other roles we have.

How is the financial health of your practice? Have you signed the attestation form with Medicaid to receive the Medicaid bump that gives payment parity between Medicare and Medicaid for primary care?

To enhance payment reform, the CAFP is working with the Patient Centered Primary Care Collaborative, an organization started by Paul Grundy, M.D. who works as CMO of IBM. He showed that IBM saved more than 20% on its health care costs by providing

PCMH practices for the IBM workers. The CAFP is starting a Colorado 501(c)(3) non-profit organization to bring together businesses, patients, providers, insurers and other stakeholders to educate them of the savings realized from patients of a practice who employs PCMH principles. Who wouldn't be interested in investing in that kind of savings? I am happy to report that several of the big health care organizations are making that investment. Stay tuned about specifics.

As for professional health, are you prepared for the newly insured you will have knocking on your door because of the Insurance Exchange and Medicaid Expansion through the ACA (Obamacare)? The CAFP is working with HCPF to improve family medicine reimbursement rates so family medicine docs can take on Medicaid patients and yet remain financially solvent. The AAFP has a site that may help you discuss the ACA changes with your patients.

Just checking in. Your Academy cares about you. We have added additional staff to help serve you better. It is our vision to see "thriving Family Physicians creating a healthier Colorado."



CONGRATULATIONS DR. JEFFREY CAIN

Dr. Jeffrey Cain, MD, FAAFP, was recently named by Modern Healthcare as one of the 100 Most Influential People in Healthcare. Dr. Cain, former President of the CAFP and the current Chair of the AAFP, is the Chair of the Department of Family Medicine at Children's Hospital. Dr. Cain is also the founder of the international program Tar Wars. Dr. Cain ranked number 78th on the list between Microsoft founder Bill Gates and Governor of Louisiana Bobby Jindal.

CEO's Report

by Raquel J. Rosen, MA, CAE



Exciting, Cutting Edge Advocacy & Education for CAFP Members

We reported in the last magazine about the hiring of new staff for the CAFP: Manthan Bhatt, Director of Communications; Sarah Roth, Director of Health of the Public; and Erin Watwood, Director of Education, Events, and Meetings. July 1 we hired a new Tar Wars Coordinator, Karol Groszold. So now we have five of us working for you and I think the production has indeed increased at least fivefold. There are many meetings that we are attending on your behalf. And we are planning improved communications, educational opportunities, and stronger advocacy for you.

But we also need your help in volunteering for Tar Wars (contact karol@coloradoafp.org for information); volunteering for the Doctor of the Day program (contact manthan@coloradoafp.org); signing up for the Annual Scientific Conference in April 2014 (contact erin@coloradoafp.org); and nominating yourself to be on the CAFP board (contact raquel@coloradoafp.org).

Revised CAFP Strategic Plan

The CAFP Board of Directors reviewed the CAFP's strategic plan which was created in 2012. Because it was intended to be used for at least three to five years only minor revisions were made. The vision and mission statements were not revised. If you would like to see the entire plan including strategies, please let me know.

CAFP Vision Statement

Thriving Family Physicians creating a healthier Colorado.

CAFP Mission Statement

The CAFP's mission is to serve as the bold champion for Colorado's family physicians, patients, and communities through education and advocacy.

CAFP Strategic Goals & Objectives

GOAL 1: ADVOCACY - Shape health care policy through interactions with government, the public, business, and the healthcare industry.

Objectives:

1. Advance health care for all.
2. Advance the Patient Centered Medical Home.
3. Support payment reform to achieve practice viability, improved quality, and decreased costs.
4. Increase family physician workforce.
5. Enhance Doctor of the Day program
6. Support legislative issues that are important to Family Medicine physicians including but not limited to patient safety, tort reform, peer review, and workforce.

GOAL 2: EDUCATION & PRACTICE ENHANCEMENT

- Promote high-quality, innovative education for physicians, residents, and medical students that encompasses the art, science, evidence and socioeconomics of family medicine; Enhance members' abilities to fulfill their practice and career goals.

Objectives:

1. Assist members to become designated Patient Centered Medical Homes.
2. Promote the ongoing imperative for practice redesign through education and communication.
3. Assist our members to achieve financial success and fulfill career goals.
4. Promote viable models of Family Medicine.

GOAL 3: HEALTH OF THE PUBLIC - Assume a leadership role in health promotion, disease prevention, and chronic disease management.

Objectives:

1. Involve family physicians in targeted public health activities, to include but not limited to tobacco, obesity, exercise, and immunizations.
2. Increase member and patient awareness of resources on www.familydoctor.org.

Colorado Patient Centered Primary Care Collaborative (CO-PCPCC)

I think this is the most exciting and valuable initiative that has been undertaken by the CAFP this year. It was initiated by Bob Brockmann, MD, MA, FAAFP, who had wanted to start a chapter-like organization similar to the national Patient Centered Primary Care Collaborative (PCPCC).

A group of strong supporters has been meeting regularly. The following is a draft document which is subject to change based on future discussions.

VISION

Patient-centered primary care practices sustained through practice transformation and payment reform resulting in improved community health.

MISSION

The Colorado Patient-Centered Primary Care Collaborative (CO PCPCC) is dedicated to advancing primary care via the patient-centered medical home (PCMH) by focusing on delivery reform, payment reform, patient engagement, and employee benefit redesign.

ACTIVITIES

To achieve our mission, we work in partnership with our members and fellow medical home advocates to promote the vision of the CO-PCPCC to patients, purchasers, businesses, health plans and government by:

Disseminating results and outcomes from medical home

continued on next page >>

<< *continued from previous page*

initiatives and clearly communicating their impact on patient experience, quality of care, population health and health care costs.

Advocating for public policy that advances and builds support for primary care and the medical home, including payment reform, patient engagement, and employer benefit initiatives.

Convening health care experts, thought leaders, and consumers to promote learning, awareness, and innovation of the medical home model.

If you are interested in participating in this organization please let me know.

Doctor of the Day

We are going to have a drawing for an iPad Mini. If you participate in the Doctor of the Day, your name will be included for as many days as you volunteer. So be sure to sign up now. Go to www.coloradoafp.org, click on Doctor of the Day, and then click on the number date for the day you want to go to the Capitol. This is such an important program for the CAFP and for you, our members. If you have questions on this please contact manthan@coloradoafp.org.

Medicaid Participation

The new Colorado Medicaid Accountable Care Collaborative (ACC) addresses the fragmentation of health services for Medicaid beneficiaries. The purpose of the program is to integrate care for the Medicaid population to decrease costs and improve quality through access to medical homes. The CAFP urges all Family Medicine Physicians to participate in the new Medicaid program. Medicaid payment is now equal to Medicare payment. We will continue to work with the Colorado Medical Society on Medicaid payment reform for both primary care and specialty care.

Choosing Wisely Colorado

The CAFP supports the efforts of the Colorado Medical Society to reduce medically unnecessary health care in an effort to improve quality of care, reduce potential for avoidable patient harm, and to help control health care costs. Choosing Wisely Colorado will provide tools to assist physicians with the challenging patient conversations regarding discouraging medically unnecessary tests or procedures. If you would like more information please visit: <http://www.cms.org/resources/category/choosing-wisely>

CAFP Bylaws Revisions

The CAFP board of directors has proposed three revisions on the CAFP bylaws. Please see the details below. If you have questions or concerns please contact Raquel Rosen, 303-696-6655, ext. 10, raquel@coloradoafp.org.

Article I, Section 8: The revisions added the Rocky Vista University and clarified that the CAFP nominations committee will approve the nominations of student members to the CAFP board of directors.

Section 8. Student Members. Full-time medical students, in good standing at the University of Colorado, Anschutz Medical Campus, School of Medicine, and the Rocky Vista University, meeting applicable American Academy of Family

Physicians membership requirements, may be elected to Student Membership by the American Academy of Family Physicians upon approval of their application on a form prescribed by the Board of Directors. Student membership shall terminate upon graduation from medical school.

Nominations for Student members to the CAFP Board of Directors shall be approved by the CAFP's Nominations Committee. Student members shall be entitled to vote in corporate affairs.

Article VI, Section 2: The revisions changed the voting process to elect the CAFP board of directors to electronic ballot by email.

Section 2. Election of Board of Directors. Directors shall be nominated by the nominating committee as stated in Article VI, Section 1, of these Bylaws. Election of the Board of Directors shall be by electronic ballot sent by email to members prior to the annual meeting. Each member will be allowed as many votes as there are vacancies, and may cast only one (1) vote per candidate. The candidates receiving the greatest number of votes shall fill the positions available. In the case of a tie for a position, members will be given one (1) vote to be cast by electronic ballot for the candidate of their choice. The candidate with the greatest number of votes will fill the position. Vacancies on the Board of Directors may be filled by appointment by the Board of Directors; provided, however, that such appointment shall terminate at the next annual meeting, at which time the members shall present a nominee for the unexpired period, if any.

Article XII: The revisions changed the amendment notification process to email notice.

Article XII – Amendments

These Bylaws may be amended, repealed or altered in whole or in part by a majority vote at any duly organized meeting of the CAFP. Any five (5) or more members may propose Bylaws or Amendments to Bylaws. The proposed change shall be emailed to each Board member at least ten (10) days before the time of the meeting which is to consider the change. At least thirty (30) days prior to said meeting, the staff executive shall provide notice of the availability of proposed amendments to all CAFP members. Such notice shall be sent by email or published in an official publication of the CAFP sent to the entire membership, shall include a summary of all proposed amendments and shall set forth a mechanism by which any member may obtain a copy of all proposed amendments. Amendments to the Bylaws of this chapter shall be submitted in writing to the American Academy of Family Physicians not later than thirty (30) days following adoption. Those amendments relating solely to the internal structure and organization of the constituent chapter, and which do not address issues specifically addressed in the Bylaws of the AAFP, may be implemented immediately upon adoption by the constituent chapter but shall be subject to review by the Board of Directors of the AAFP. Amendments other than those addressed in the preceding sentence shall not be of any force or effect until they have been approved by the Board of Directors of the AAFP; provided, however, that if the AAFP Board fails to provide written objection to any amendment within ninety (90) days of receiving such amendment, it may be considered to be approved.

CAFP Legislative UPDATE

By Jeff Thormsodsgaard, Vice President, Mendez Consulting Inc., CAFP Director of Public Policy

INVOLUNTARY COMMITMENT TASKFORCE

During the 2013 legislative session CAFP worked closely with the Colorado Department of Human Services (CDHS) on HB 13-1296, Civil Commitments and Task Force. On June 15th, CDHS Executive Director Reggie Bicha appointed individuals to the Civil Commitment Statute Review Task Force, pursuant to House Bill 13-1296.

The Task Force is charged with making recommendations to the Department of Human Services concerning the consolidation of mental health, alcohol and substance abuse statutes related to civil commitments, concerning the following:

- the method of statutory consolidation, including any change to statute language;
- the effect of consolidation on detoxification facilities and emergency holds;
- involuntary commitment for treatment;
- the alignment of the civil commitment statute with the statewide behavioral health crisis response system;
- the clarification and codification of definitions in the behavioral health statutes;
- the length of emergency and long-term commitments;
- patient rights and advocacy resources; and
- any other issues the task force deems relevant.

CAFP was actively involved with this legislation, because of the direct impact on all providers. One of the main concerns is that changes to the current standards and procedure would directly affect how family physicians and providers interact with patients who might be eligible for involuntary commitments. The effects range from liability to patient care to provider education to capacity. The number of potential problems or unintended consequences that were identified is why CDHS and the legislature decided to form a taskforce.

The taskforce will make recommendations to the department by November of this year, which CDHS will in turn bring to the legislature during the 2014 session. The first taskforce meeting was held on July 9th and they will continue to meet for the next few months. They have broken down the group into subgroups to deal with each topic: age/geography, special populations, statute combination, and definitions.

SUBGROUP OVERVIEW

Definitions Subgroup

This sub group is chaired by Michael Stafford, representing the Denver District Attorney's office; this group is charged with creating the new definitions specific to the aforementioned

continued on next page >>

With more than 100 years of service to Colorado and the Rocky Mountain region, CU Orthopedics offers a continuum of care treating a broad spectrum of conditions and offering services to all ages of patients from infants to retirees.

Comprehensive Services We Offer:

Adult Reconstruction, Foot & Ankle, Hand, Orthopedic Oncology, Pediatric Orthopedics, Shoulder, Spine and Sports Medicine

Adult Reconstruction, Foot & Ankle, Orthopedics Oncology:
720-848-1900

Hand:
720-848-0485

Pediatric Orthopedics:
720-777-6600

Pediatric Sports:
720-777-3899

Spine:
720-848-1980

Sports Medicine:
720-848-8200 (Denver),
303-441-2219 (Boulder)

With convenient locations throughout Metro Denver, Boulder and Colorado Springs

www.cuortho.org

CU Orthopedics
Combining exceptional patient care with progressive education and research

<< *continued from previous page*

prevue. The first definition they discussed was “Gravely Disabled.” The proposed options are:

1. “Gravely disabled” means a condition in which a person, as a result of a mental health disorder, lacks judgment in the management of his or her resources and in the conduct of his or her social relations (to the extent that his or her safety is significantly endangered and lacks the capacity to understand that this is so) or is incapable of making informed decisions about or providing for his or her essential needs without significant supervision and assistance from other people. As a result of this lack of judgment or lack of capability, a person who is gravely disabled is at risk of substantial bodily harm, dangerous worsening of any concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of his or her essential needs, including but not limited to the following: nourishment, safe shelter, medical needs, clothing, that could result in substantial bodily harm. A person of any age may be “gravely disabled,” but such term does not include a person whose decision making capabilities are limited solely by his or her developmental disability.

2. “Gravely disabled” means a condition in which a person, as a result of a mental health disorder, lacks judgment in the management of his or her resources and in the conduct of his or her social relations (to the extent that his or her safety is significantly endangered and lacks the capacity to understand that this is so) or is incapable of making informed decisions about or providing for his or her essential needs without significant supervision and assistance from other people. As a result of this lack of judgment or lack of capability, a person who is gravely disabled is at risk of substantial bodily harm, dangerous worsening of any concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of his or her essential needs, that could result in substantial bodily harm. A person of any age may be “gravely disabled,” but such term does not include a person whose decision making capabilities are limited solely by his or her developmental disability. Essential needs include, but are not limited to the following: nourishment, safe shelter,

medical needs, clothing.

3. “Gravely disabled” means a condition in which a person, as a result of a mental health disorder:

- lacks judgment in the management of his or her resources and in the conduct of his or her social relations to the extent that his or her safety is significantly endangered; or
- Is incapable of making informed decisions about or providing for his or her essential needs without significant supervision and assistance from other people.

4. As a result of this lack of judgment or lack of capability, a person who is gravely disabled is at risk of:

- substantial bodily harm;
- dangerous worsening of any concomitant serious physical illness
- significant psychiatric deterioration; or
- Mismanagement of his or her essential needs, including but not limited to the following: nourishment, safe shelter, medical needs, clothing, that could result in substantial bodily harm.
- A person of any age may be “gravely disabled,” but such term does not include a person whose decision making capabilities are limited solely by his or her developmental disability.

The sub group also evaluated several options for the term ‘danger to self or others’ and ultimately decided on the following option:

4.5 “Danger to self or others” means:

- (a) With respect to an individual, that the individual poses a substantial risk of physical harm to himself or herself as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm to himself or herself; or
- (b) With respect to other persons, that the individual poses a substantial risk of physical harm to another person or persons, as manifested by evidence of recent homicidal or other violent behavior by the individual in question, or by evidence that others are placed in reasonable fear of violent behavior or serious physical harm to them, as evidenced by a recent overt act, attempt, or threat to do serious physical harm by the individual in question.

Combined Statute Subgroup

This group is co-chaired by Art Schut, representing Arapahoe House, and the Colorado Hospital Association. This group will be discussing how and if to consolidate

the statutes, and propose language on how to do so. It is clear that consolidation of the statutes are not a forgone conclusion, there are some issues involved in this that may be fixed by rule, and the group does need to bring in the rule making authority to assist in that piece. The larger question seems to be the logistics of a payer source; however it is a bit out of reach for this group at the moment, but ultimately when report/recommendations are made to the General Assembly in November the payer source piece must be mentioned as something that still needs work.

At the initial meeting the group discussed the main consolidation of the statutes, and whether or not to combine all three, just two or none at all. It was the general consensus of the group to start by combining the drug and alcohol commitments, before deciding whether or not to add the mental health hold as well. Michael Stafford, from the City of Denver DAs office, and Chris Hapgood, from CDHS have proposed several versions of this language; however the sub group has not submitted any official recommendations yet.

Age & Geography Subgroup

This group is chaired by the Colorado Hospital Association. They will be addressing the concerns that surround the age and location of the patients. Access to mental health care in rural areas is a main concern for the stakeholders on the taskforce; therefore this group is charged with evaluating the current problems and making recommendations on solutions. The group has not made any official recommendations or proposals to the task force yet.

Specialty Populations Subgroup

This subgroup is chaired by Julie Reiskin, representing the Colorado Cross Disability Coalition, with departmental support from Patrick Fox. Initially, the group discussed several definitions for various demographic groups that may need to be included as a “special population.” The group began by debating how to define “family” or “family member.” There was general agreement that the term “family” should include blood relatives, spouses and partners, and persons who behave as relatives. The group also agreed to review definitions of “family” and “caregiver” found elsewhere in current statute & regulation and to determine whether other

continued on page 10 >>



**University of
Colorado Denver and
Health Sciences Center
Department of Family
Medicine**

**ASSISTANT PROFESSOR
FACULTY – ROSE FAMILY
MEDICINE RESIDENCY**

Job Posting – Position
Position # 7217 Posting # F00679

The Department of Family Medicine at the University of Colorado Denver Health Sciences Center is seeking a full-time ABFM-certified or eligible family physician for our community based program. The Rose Residency is located at Rose Medical Center, ranked nationally as a top 100 hospital, and is supported by the Colorado Health Foundation, a non-profit organization dedicated to making Colorado the healthiest state in the nation. Applicants must possess or be eligible for medical licensure in the State of Colorado. Applicants must demonstrate experience and competence in teaching and patient care. This position is full-time and applicants for full-time positions will have priority, applicants for part-time position at 0.5 FTE or higher will be considered. Obstetrics and hospital call required. Women and minorities encouraged to apply. Detailed job descriptions and qualifications required can be found on jobsatcu.com and the Department's website, <http://fammed.ucdenver.edu/home/careers.aspx>.

JOB RESPONSIBILITIES: Applicant will be a core member of the Residency Teaching Faculty: Teaches residents, supervises residents and students in the provision of patient care, provides direct patient care in the inpatient and outpatient setting, participates in scholarly activity, serves as a leader and role model for residents.

REQUIRED QUALIFICATIONS: MD/ DO degree, Colorado Medical License, DEA Certificate, Board Certified/Board eligible in Family Medicine. Practices full spectrum of Family Medicine, including Obstetrics and inpatient medicine. Must obtain Medical Staff privileges within the HealthONE LLC d/b/a/ Rose Medical Center and obtain Medical Staff Privileges at University of Colorado Hospital.

PREFERRED QUALIFICATIONS: Experience in family medicine teaching/practice preferred.

Salary is commensurate with skills and experience. The University of Colorado offers a full benefits package. Information on University benefits programs, including eligibility, is located at <http://www.cu.edu/pbs/> Applications are accepted electronically at www.jobsatcu.com.

Review of applications will begin September 1, 2013 and continue until position is filled.

When applying at www.jobsatcu.com, applicants must include:

- 1) A letter of application which specifically addresses the job requirements and outlines qualifications.
- 2) A current Curriculum Vitae

Questions should be directed to regina.garrison@ucdenver.edu.

“The University of Colorado Denver and Health Sciences Center requires background investigations for employment.”
“The University of Colorado is committed to diversity and equality in education and employment.”

<< *continued from page 8*

existing language should be included.

The second term discussed was “veteran.” The recommended definition for this term will be “anyone who has served, or is currently serving, in any branch of the United States armed forces.” The term “people with a disability” will likely reflect the same language as is currently found in the Americans with Disabilities Act, and will include the term “substantial impairment.” There was a fairly extensive discussion regarding the term “chronic illness” and

how a chronic illness should be addressed in the context of involuntary holds. The suggestions for requirements related to treatment led the group to the conclusion that most issues related to a chronic illness would be addressed through the standard of care at the holding facility. Other issues may need to be addressed through rule or less formal training or guidelines, but this may not be a term necessary to define for statutory purposes in this section. The group also had an extensive and somewhat heated discussion about ethnic

groups and minorities. Many pointed out the disproportionate representation of people of color in the criminal justice system, and some questioned whether minority populations are “pushed” into jails rather than placed on mental health holds which might be a more appropriate placement. Dr. Fox pointed out the lack of sufficient data on this topic, and the group discussed including recommendations for the collection of more data to better assess whether racial discrimination is a problem within the civil commitment process.

AAFP National Conference of Family Medicine Residents and Medical Students



By Lia Fiallos

Though I’ve lived in the US for most of my life, I had my reasons for putting off becoming a citizen. After 14 years of being eligible, this was the year I decided to finally become an American citizen. One of the most exciting aspects of obtaining citizenship was that I would be able to vote in the last election. Unfortunately, I missed the cutoff for new voters to participate. But the idea that I could vote was enough to make me realize that I should have gone through the long process years ago.

Going to AAFP’s conference this year, as a delegate of Colorado, gave me an idea of what I had been missing. Upon arrival, we were introduced to the many residents, students and practicing doctors that had been working on legislation that affects Family Physicians.

One of the neatest aspects of the weekend was during the brainstorming session that broke out among the resident delegates. It was interesting to hear the different problems and issues some residents in different areas of the country have. Some issues we shared in common, and some I was unfamiliar with. From these sessions, new resolutions were born and crafted for submission that evening. I participated in the brainstorming for a resolution that would join Family Medicine and Emergency Medicine forces to decrease ER overuse. It was at this session that I met the Colorado student delegate and learned we had similar passions in healthcare. I especially enjoyed the “meeting of the minds” with the combination of medical students and residents.



The day after consisted mostly of learning about the AAFP Congress of Delegates. This included learning about the committee structure and the different resolutions that can be brought up or passed on altogether. I also learned about and became acquainted with different resident leaders from around the country that run for different congress positions. It was empowering and inspiring that these colleagues were not only advocating for Family Medicine but also our patients and the health of the public.

The schedule for the last day involved more opportunities to vote than one could ever wish for. I had the chance to vote for the people I thought would best be suited in leadership positions, as well as restructuring of different resolutions. While I know that these resolutions will transform as it becomes policy, it was inspiring to know that I participated in a small part.

I learned a great deal in Kansas City and about the many wonderful things students, residents and practicing physicians are capable of achieving. Though I would certainly welcome the chance to be a delegate again, the conference made me more interested in becoming involved in my own state’s policies. I know I will be practicing in Colorado for a long time, and I plan to start helping out in reforms that affect Family Physicians. I really appreciate the opportunity to experience the conference as a delegate. I have a better understanding of how congress works, and how it can achieve so much. I look forward to increased involvement with the Colorado Academy of Family Physicians.

LETTER to the EDITOR

Letter To the Editor: 5280 Magazine
By Dr. Rick Budensiek

Our society is enamored with the heroics of medicine. The heart transplants, limb reattachments, delicate neurosurgeries, and the miraculous treatment of the most sick in our intensive care units are wonderful examples of the triumphs of the U.S. health system. The doctors recognized in your recent feature of Top Doctors in the August edition of 5280 are indeed heroes.

In addition to the wonderful doctors highlighted in your August edition, I also want to acknowledge the other important heroes of medicine: rural physicians and physicians serving the underserved population. They play an important role in our health system and its success.

Study after study has shown that the key to a healthy population is robust primary care. Whether in an urban or rural setting, primary care is crucial to good medical care. Yet, finding a primary care provider and getting the care we need is becoming more and more difficult. Since the end of World War II, our medical system has placed priorities on intensive and specialized care. As a result, few doctors have

chosen primary care as a career. This is most evident in our rural communities where, according to a recent study by the Robert Graham Center, we have had to import doctors from other countries to fill the gap in care.

I also want to acknowledge the future heroes I have met during my time as the President of the Colorado Academy of Family Physicians. Medical students and residents across our great state are planning to practice in rural Colorado upon completion of their training in a country that saddles them with great debt but very little pay. They are, indeed, the future heroes of our health care system.

Sincerely,



Richard Budensiek, DO, FAAFP

President of the Colorado Academy of Family Physicians



1 out of 2 U.S. households say they need more life insurance.*

And What About You?

With all that's going on in your life, have you overlooked an indispensable part of your family's financial security – making sure you have enough life insurance? The AAFP Guaranteed-Level-Premium Term Life Insurance Plan offers up to \$2,000,000 in benefits at exclusive AAFP member rates.

For information

including exclusions, limitations, rates, eligibility and renewal provisions of

The AAFP Guaranteed-Level-Premium Term Life Insurance Plan

call (800) 325-8166

or visit www.aafp.org/insurance

 facebook.com/aafpinsurance  twitter.com/aafpinsurance  linkedin.com/company/aafp-insurance-services

*Facts About Life, LIMRA.



Underwritten by New York Life Insurance Company
51 Madison Avenue • New York, New York 10010

AAFP National Conference for Students and Residents

August 1-3, 2013

By Maggie Reinsvold, University of Colorado School of Medicine, Class of 2016

Family physicians are in the unique position to not only treat the whole person, but also the whole family. From prenatal care to pediatric care to geriatric care, family physicians are able to be a part of some of the best moments and hardest moments of individuals' lives. Family Medicine enables providers to provide a full spectrum of care as well as continuity of care. These two opportunities continue to be two of the reasons I am interested in the specialty. However, after attending the AAFP National Conference for Students and Residents in Kansas City this past month, I learned more about the opportunities of health advocacy and leadership provided by a career in Family Medicine.

As the Student Delegate representing Colorado and the Colorado Academy of Family Physicians, I had the opportunity to attend the official meetings of the AAFP Student Congress. Through this experience, I witnessed the enthusiasm and passion my peers have for not only their future patients, but also the environment their future patients live in. I think the best example of this passion and determination is the resolution that passed to encourage the AAFP National Congress to formally pass a resolution dissolving their relationship with Coca-Cola. AAFP began a corporate partnership with Coca-Cola in 2009 in order to create the Family Doctor website (www.FamilyDoctor.org). While the website provides wonderful evidence-based and practical information for both providers and patients, its connection with the beverage company sends an incredibly

mixed message as obesity is one of the most significant chronic health problem affecting the American public today. Sugary beverages, like those made by Coca-Cola, significantly contribute to this obesity epidemic, as it not uncommon for many people to consume over 1000 calories in soda and other sugary beverages each day. Still, the Family Doctor website provides a user-friendly and accessible interface for patients of all ages to access information important for their health and daily lives, especially for times when the doctor isn't there. This debate about AAFP's partnership with Coca-Cola emerged in our Student Congress. While not an easy issue to agree upon, I am proud to be a part of a Student Congress that sent a resolution forward to apply pressure on the National Congress to rethink this partnership.

As a part of the Student Congress, I was able to grow my leadership skills to be a part of a large group tasked with making difficult decisions and still find my own voice to contribute to the Congress. Additionally, I began to see the possibility to use my voice as future physician to not only serve individual patients, but shape also the environment in which we all live in.

I am truly thankful to everyone at the Colorado Academy of Family Physicians to have the opportunity to have these experiences and grow both as a medical student and future physician. This is a wonderful conference that I hope to attend in the future and it has only strengthened my interest in a career in Family Medicine.

DOCTOR OF THE DAY CME INFORMATION

Rick Budensiek, DO, FAAFP
CAFP President

Visit
www.coloradoafp.org
to sign-up!

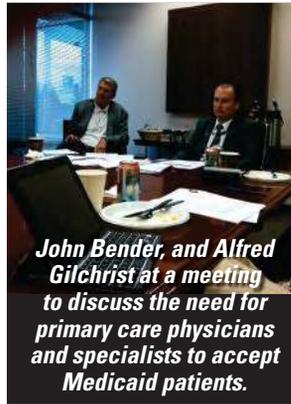
When you volunteer to serve as the CAFP's Doctor of the Day at the Capitol, you can claim some CME credit for the activity. If there is a medical student or resident there then you can get some "teaching" CME assuming you taught something, and if you learn something yourself then you can claim some "self-study elective" CME. It's not a lot and it's self-reported but if you read some of the materials Jeff Thormodsgaard, CAFP lobbyist, has put together, and walked around with him a bit learning how the legislative process works, you could claim a few hours. Also, if you spend time on your own learning about some medical topic, say the proper use, risks, and dangers of Naloxone for example, you can claim that time as "self-study elective CME." It doesn't matter WHY you chose to learn about some medical topic, just that you did. These CME credits count towards the AAFP Fellowship designation.

Lobbying and testifying to legislators do not count as CME, but these are life enriching activities all unto themselves.

CAFP ON THE GO



The CAFP spoke with the head of the Colorado Association of Health Plans CEO, Ben Price, about the importance of payment reform.



John Bender, and Alfred Gilchrist at a meeting to discuss the need for primary care physicians and specialists to accept Medicaid patients.



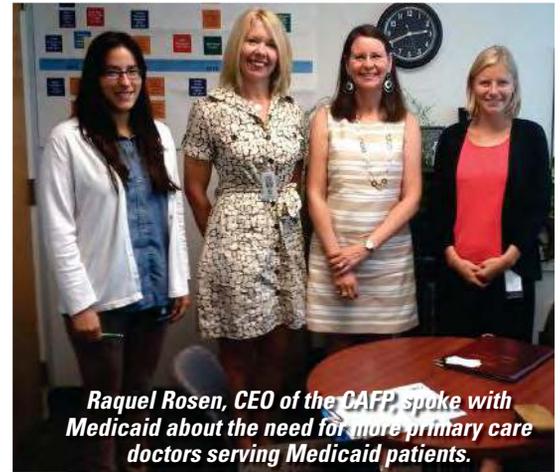
Jay Want, Chief Medical Officer at the Center for Improving Value in Health Care, speaks to the CAFP Board of Directors about health care reform.



The CAFP was well represented at HCPF's payment reform committee.



Recruiting for the FFC at the Salud día de Los niños



Raquel Rosen, CEO of the CAFP Spoke with Medicaid about the need for more primary care doctors serving Medicaid patients.



Jeff Thormodsgaard, the CAFP's lobbyist, Rick Budensiek, DO, the President of the CAFP, and Raquel Rosen, CEO of the CAFP, met with the President of RVU, Cheryl D. Lovell and RVU's lobbying team to talk about Family Physicians at the State Legislator and other policy initiatives that the CAFP and RVU can work on together.



Left: Sarah Roth, Director of Health of the Public, Manthan Bhatt, Director of Communications, and Dr. Rick Budensiek, President of the CAFP, at the annual Colorado Health Symposium.



Manthan Bhatt, Director of Communications, was at Rocky Vista University's yearly club fair to speak about the importance of students at the CAFP.



Dr. Jeffrey Cain, President of the AAFP, met with students from Rocky Vista University and spoke with them about the importance of Family Medicine and the CAFP's Tar Wars program.



Past CAFP Tar Wars staffers Tina Disorbio and Shane Wathen got together to train new Tar Wars coordinator Karol Groszold, and Sarah Roth, CAFP Director of Health of the Public.

Patient Privacy and SOCIAL MEDIA

By COPIC's Patient Safety and Risk Management Department

During the last several years, social media has become more prevalent in our personal and professional lives. For health care professionals, posting information on Facebook, Twitter and other platforms requires caution because of the impact it can have on reputations and the risk of violating patient privacy regulations.

According to a recent survey of state medical boards published in the *Annals of Internal Medicine*¹, the biggest areas of concern (based on the percent of those surveyed who said these actions may lead to an investigation) include:

- Citing misleading information about clinical outcomes (81 percent)
- Using patient images without consent (79 percent)
- Misrepresenting credentials (77 percent)
- Inappropriately contacting patients (77 percent)

Patient privacy was a key issue that was highlighted in the survey with posting patient images to a website without their consent and inappropriate online interactions with patients being cited as examples of situations that caused investigations.

Guidelines for social media use by health care professionals were posted by the Federation of State Medical Boards (<http://www.fsmb.org/pdf/pub-social-media-guidelines.pdf>). Some topics covered in this resource include:

Interacting with Patients — Physicians are discouraged from interacting with current or past patients on personal social networking sites such as Facebook. Physicians should only have online interaction with patients when discussing the patient's medical treatment within the physician-patient relationship, and these interactions should never occur on personal social networking or social media websites. In addition, physicians need to be mindful that while advanced technologies may facilitate the physician-patient relationship, they can also be a distracter which may lessen the quality of the interactions they have with patients. Such distractions should be minimized whenever possible.

Privacy/Confidentiality — Just as in the hospital or ambulatory setting, patient privacy and confidentiality must be protected at all times, especially on social media and social networking websites. These sites have the potential to be viewed by many people and any breaches in confidentiality could be harmful to the patient and in violation of federal privacy laws, such as HIPAA. While



physicians may discuss their experiences in nonclinical settings, they should never provide any information that could be used to identify patients. Physicians should never mention patients' room numbers, refer to them by code names, or post their picture. If pictures of patients were to be viewed by others, such an occurrence may constitute a serious HIPAA violation.

Posting Content — Physicians should be aware that any information they post on a social networking site may be disseminated (whether intended or not) to a larger audience, and that what they say may be taken out of context or remain publicly available online in perpetuity. When posting content online, they should always remember that they are representing the medical community. Physicians should always act professionally and take caution not to post information that is ambiguous or that could be misconstrued or taken out of context. Physician employees of health care institutions should be aware that employers may reserve the right to edit, modify, delete, or review Internet communications. Physician writers assume all risks related to the security, privacy and confidentiality of their posts. When moderating any website, physicians should delete inaccurate information or other's posts that violate the privacy and confidentiality of patients or that are of an unprofessional nature.

Outlining the possible consequences for specific violations is still something that has not been clearly defined, said the researchers who authored the article. "Physicians should be aware of the potential consequences for online behaviors... and apply the same high ethical and professional standards in their online actions as they would in their actions offline," noted the researchers.

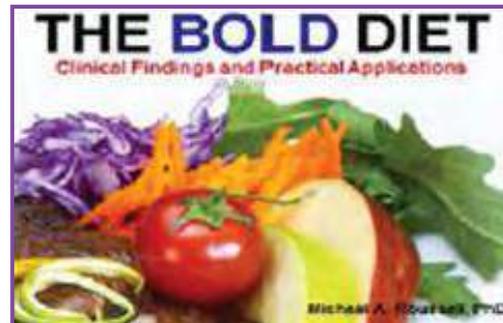
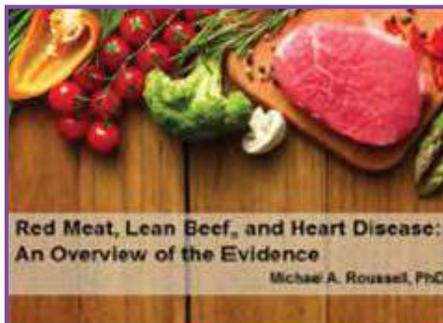
¹*Ann Intern Med.* 2013;158(2):124-130.

A Heart-Healthy Diet and Lifestyle: Should We Be Updating Our Recommendations

www.heart-healthynutrition.com

Two one-hour web-based presentations offering new information to consider when advising patients who need to follow a heart-healthy diet.

The presentations include current data, research findings, and practical information and strategies for physicians helping patients make dietary changes aimed at a reduction in cardiovascular risk factors.



Two webinars offered for Continuing Medical Education credit through February 2015

*Each webinar is approved for 1 prescribed credit
by the American Academy of Family Physicians.*

*There is no cost to participate. Credit certificates
will be issued to participants.*

SNOCAP RECAP

By Don Nease, MD and Tabria Winer, MPH

As I write this we are in the middle of final preparations for our 2013 Convocation, which will take place at the end of September. We are featuring a focus on bringing practices and their communities together, which I and our planning committee are very excited about. If you attended, please make sure and give us your feedback. I hope it will help all of us understand how working together can help us better serve our communities and state!

Since our last newsletter was penned, we were joined in July by Jodi Holtrop, PhD to fill the role of Co-Director of SNOCAP. Jodi comes to Colorado from Michigan State University where she was Co-Director of the GRIN practice-based research network. She brings a fantastic track record of examining thorny primary care issues like: what kind of care management works best and how can we best connect primary care patients to community resources. In the two months since she has been

with us she has already proven her worth many times over. We are so excited she is here, and I know you will be too once you have an opportunity to meet her.

Beyond Convocation we are always busy with studies and planning for studies. Here are some highlights of our current active projects:

Health Appraisal project – We just learned this week that this study, focused on learning how to best implement health risk appraisals in busy practices, has gotten attention at the highest levels of the Dept. of Health and Human Services, and they will be working with Doug Fernald on a

dissemination plan to get the word out. Thanks to all of you that participated in this project!

Connection to Health – Perry Dickinson and Bonnie Jortberg are still looking for practices that might be interested in this project focused on helping practices improve the care of their diabetic patients. Core to the project is the use of an innovative, web-based tool that allows patients to prioritize what they would like to focus on improving. If you are interested please contact Tabria.

Medical Marijuana Communication – Tabria and I, with Elin Kondrad, are still looking for practices to participate

“WE ARE FEATURING A FOCUS ON BRINGING PRACTICES AND THEIR COMMUNITIES TOGETHER, WHICH I AND OUR PLANNING COMMITTEE ARE VERY EXCITED ABOUT.”

Tar Wars

YOU ARE INVITED!

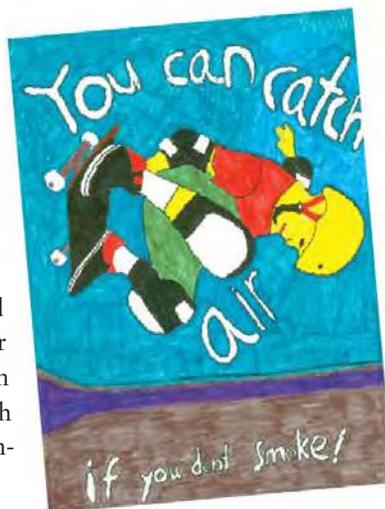
Volunteer as a Tar Wars presenter for the 2013-2014 school year and join in the drive to keep our young children tobacco-free! To sign up simply go to the CAFP website and click on the link for Tar Wars Presenter Participation Form. Or sign up here: snipurl.com/cotarwars

As a Tar Wars presenter you will get matched with a 4th or 5th grade classroom in your community. Once matched you will present an hour-long tobacco cessation curriculum with the objective of promoting tobacco use prevention and awareness.

If you need further information or want to sign up by phone, contact Karol Ann Groszold at the CAFP office!

E: Karol@coloradoafp.org

P: 303-696-6655 ext. 15



for 3-5 days in this card study focused on the communication between patients and their usual medical providers when they are using medical marijuana. As this is a card study, the burden on practices is low and we are in and out of your practice very quickly. We are learning lots from this already. Again, please contact Tabria if you are interested.

INSTTEPP – Do you wrestle with how to integrate self management into your busy practice? INSTTEPP is an AHRQ funded project that we are about to launch in Colorado, Oregon, Iowa and Wisconsin that will use input from practice providers, staff and patients to help us understand how to do a better job with self management support. We have identified some practices already, but if this sounds interesting, please let us know!

That's it for this quarter. We are always interested in coming to visit practices. If you'd like to have us swing by when we're on the road, let us know!

Until next time!

PAYMENT REFORM HAS ARRIVED

By Dr. Elizabeth 'Cissy' Kraft, Chief Medical Officer for Anthem Blue Cross and Blue Shield Colorado

To say that today's health care system is highly fragmented, based upon episodic reactive interventions and showing inconsistent adherence to evidence-based guidelines, is not a new observation. For years, Family Medicine physicians have been calling for payment reform as the cornerstone to support patient centered care. Several national, international and Colorado specific pilots have demonstrated the positive clinical outcomes and cost-effectiveness of a patient -centered medical home approach.

With all the talk about the need for payment reform for primary care physicians, is it ever going to happen? The answer, fortunately, is yes - payment reform has finally arrived for primary care physicians and practices in Colorado! You don't have to be in a large IPA or an employed physician to be able to reap the results of your being in primary care, running a transformed practice and managing your practice as a medical home.

This approach is vastly different from the much-reviled capitation approach from a decade ago. An M&M of the capitation HMO era in the 1990's tells us that overnight, medical practices became clinically and financially responsible for a group of patients without preparation, infrastructure, education and data to adequately evaluate and manage their patient population. The key differences in the pay for performance and gain sharing payment programs of today include the delivery of meaningful and actionable clinical and utilization data, alignment of incentives, use of nationally recognized quality measures, identification of an assigned group of patients, rewards for practice transformation and a sharing of the reduction in costs.

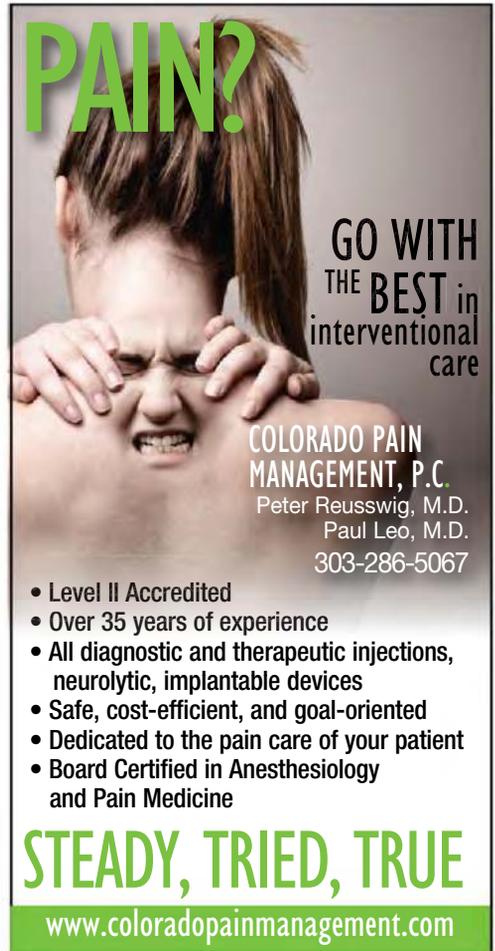
Each of the largest health plans in Colorado has a different twist of how payment reform will be played and paid out. The Center for Medicare and Medicaid multi-payer initiative, CPC (Comprehensive Primary Care), includes practices all across Colorado. However, almost all have as the foundational

backbone the notion of primary care driving the management of health care resources.

Anthem announced last year its Patient Centered Primary Care program and has rolled it out, first to large primary care groups and now to smaller practices across Colorado with the goal of having most of Colorado PCPs participating in the new payment program over the next few years.

At its core, the program has three components to the payment change: fee for service payments remains intact, a monthly pmpm (per member per month) and a percentage of shared saving if quality metrics are met based upon the reduction of total cost of care. In order to elevate primary care practices to their highest level, Anthem is bringing to the table tools and resources to assist in practice transformation. This includes an online tool kit of action oriented guides and handouts for everyone in the practice. Practices have the availability to view their patient's claims history for over 5 years, access to video webinars about motivating patient behavior for change and regular reports of their patient's inpatient and ER admissions as well as care gaps to improve preventive and chronic care measures. Anthem has practice transformation staff dedicated to Colorado to provide personalized coaching services as well as online learning collaboratives and "office hours" to share successes and problem solve with peers.

The ultimate goal of improving the health status for your patients by reducing or eliminating gaps in care and empowering your patients to self-manage their care can be achieved in partnering in new ways with the health plans in Colorado. Primary care should be the key element to any highly efficient healthcare system. As the fundamental component to a medical neighborhood and community, primary care has the opportunity to drive change in our healthcare system. Now is the time and we now have the tools in place to make it happen.



PAIN?

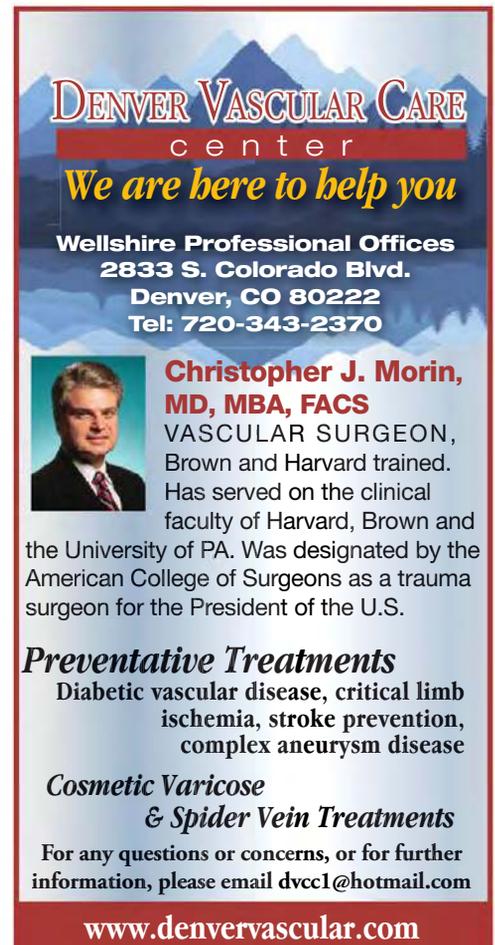
GO WITH THE BEST in interventional care

COLORADO PAIN MANAGEMENT, P.C.
Peter Reusswig, M.D.
Paul Leo, M.D.
303-286-5067

- Level II Accredited
- Over 35 years of experience
- All diagnostic and therapeutic injections, neurolytic, implantable devices
- Safe, cost-efficient, and goal-oriented
- Dedicated to the pain care of your patient
- Board Certified in Anesthesiology and Pain Medicine

STEADY, TRIED, TRUE

www.coloradopainmanagement.com



DENVER VASCULAR CARE
center

We are here to help you

Wellshire Professional Offices
2833 S. Colorado Blvd.
Denver, CO 80222
Tel: 720-343-2370



Christopher J. Morin, MD, MBA, FACS
VASCULAR SURGEON,
Brown and Harvard trained.
Has served on the clinical faculty of Harvard, Brown and the University of PA. Was designated by the American College of Surgeons as a trauma surgeon for the President of the U.S.

Preventative Treatments
Diabetic vascular disease, critical limb ischemia, stroke prevention, complex aneurysm disease

Cosmetic Varicose & Spider Vein Treatments

For any questions or concerns, or for further information, please email dvcc1@hotmail.com

www.denvervascular.com



by Dr. Monica Federico, Director, Asthma Program; Director, Clinical Integration, Children's Hospital Colorado, Associate Professor, Pediatrics, University of Colorado School of Medicine

HIGH-RISK ASTHMA CARE IN CHILDREN

Improving outcomes with Team-Based care

Asthma is the most common chronic condition of childhood; in 2011, an estimated 7.1 million children in the United States had asthma and 4.1 million suffered an asthma attack. Asthma also accounts for almost one-third of all hospital discharges and more than 750,000 emergency department visits annually for children under the age of 15. There are more than 70,000 children in Colorado with asthma and asthma is the most common reason for children to be admitted to Children's Hospital Colorado. At the Breathing Institute at Children's Colorado, we see more than 3,000 patients each year for asthma. This article will focus on the high-risk asthma program.

Unfortunately, many children with asthma report poor asthma control. Data from the 2012 C.H.O.I.C.E. (Comprehensive Survey of Healthcare Professionals and Asthma Patients Offering Insight on Current Treatment Gaps and Emerging Device Options) survey showed that only 14.3 percent of the children being treated with a daily inhaled steroid for persistent asthma are well controlled (based on the National Lung Heart and Blood Institute 2007 guidelines). The CHOICE survey and other recent studies also show that poor asthma control is associated with increased risk of emergency department visits and hospitalizations.

High Risk Asthma

Patients who have been to the emergency department (ED) twice or more in 12 months or have been hospitalized for asthma are considered high risk for severe exacerbations in the future. Teach et al. (2006) demonstrated that completing a follow-up clinic visit soon after hospital discharge significantly reduces unscheduled visits for asthma care and limitations on quality of life as well

as increases reported use of inhaled corticosteroids¹⁰. Unfortunately, it can be difficult to ensure that high-risk patients have a follow-up appointment scheduled prior to discharge and the no-show rate for those follow up appointments is high. The asthma team at Children's Colorado developed a program for children with asthma who are at increased risk for an ED visit or a hospital admission for asthma in 2007. We defined high-risk asthma as children with two or more ED visits or one hospitalization in the last 12 months for asthma.

The high-risk asthma program identifies patients at the time of inpatient or ED discharge. Kelli Bernier, RN, asthma nurse specialist, receives the names of children and families with high-risk asthma weekly. Families are contacted for a follow-up appointment if their primary care provider approves the visit. The follow-up visits take place in the pediatric pulmonary clinic with an asthma provider. Each child with

high-risk asthma will see an asthma provider, a respiratory therapist and social work as part of the visit. These appointments focus on confirming the diagnosis of asthma including spirometry, evaluating triggers and home environment including allergy testing if needed, asthma education and social work screening.

A plan for future asthma care with the asthma clinic or with the primary care provider is established at that time.

Preliminary data show that we are positively impacting children with high-risk asthma.

Children had follow up visits in the Child Health Clinic and in Pulmonary Clinic. The Child Health Clinic has an associated high-risk program with an asthma case manager for its own patients.

For all other children, the analysis in Table 1 shows the number of children who had a follow up visit in the pulmonary clinic within 90 days of their

Figure 1: Current High-Risk Asthma Program at Children's Colorado

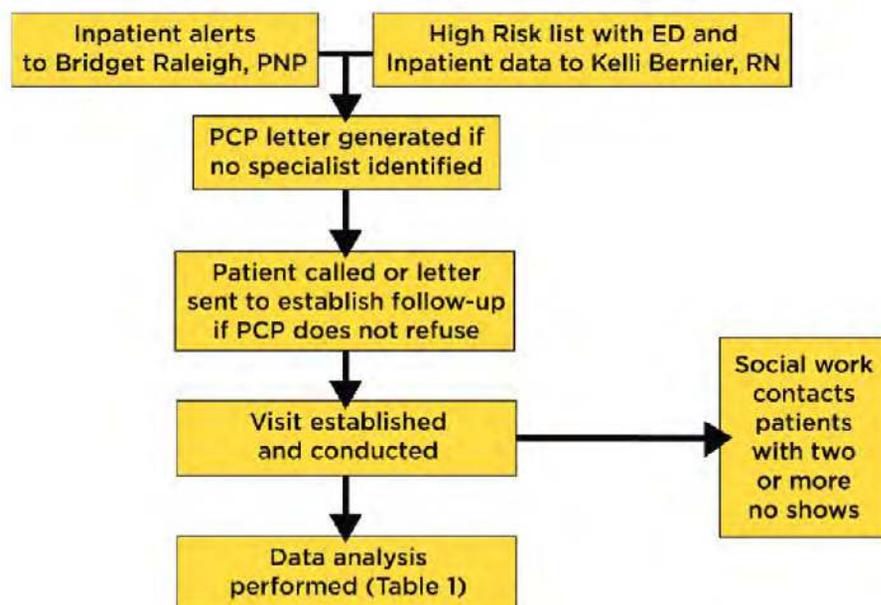


Table 1: High-Risk Asthma Seen in the Pulmonary Clinic at Children’s Colorado

| | 2010 | 2011 | 2012 |
|--|----------------------------------|----------------------------------|----------------------------------|
| Total ED/obs/inpatient | 3010 | 3271 | 3376 |
| Total high risk (# of encounters with 2 or more ED/Obs or 1 Inpatient visits) | 823 (27%) | 839 (26%) | 826 (24%) |
| Number with an outpatient appointment within 90 days of the 2nd ED visit or inpatient stay | 203 (25%) <i>146 Pulm</i> | 211 (25%) <i>122 Pulm</i> | 227 (27%) <i>129 Pulm</i> |
| Number with an appointment who returned within 12 months of the outpatient visit | 93 (46%) <i>61 Pulm (42%)</i> | 84 (40%) <i>45 Pulm (37%)</i> | 61 (27%) <i>28 Pulm (22%)</i> |

index high-risk asthma visit. Those patients are followed after their clinic visit. Since 2010, the number of patients seen in the ED or hospital in the 12 months following that visit has fallen significantly.

Future Plans

During the next one to two years we plan to intensify our efforts to identify and support children and families with high-risk asthma. We recently applied for a grant to implement telephone calls to encourage patients to be seen and address barriers to attending appointments. We are working with the ED to identify patients with high-risk asthma who have been seen at outside hospitals. Our goal is to reduce the number of children with high-risk asthma seen at Children’s Colorado who return to the ED or hospital to less than 20 percent throughout the next two years.

References

1. Centers for Disease Control and Prevention: National Center for Health Statistics, National Health Interview Survey Raw Data, 2011. Analysis by the American Lung Association Research and Health Education Division using SPSS and SUDAAN software.
2. Centers for Disease Control and Prevention: National Center for Health Statistics, National Hospital Discharge Survey, 1995-2010. Analysis by the American Lung Association Research and Health Education Division using SPSS software.
3. Centers for Disease Control and Prevention: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey, 2009. Analysis by the American Lung Association Research and Health Education Division using SPSS software.
4. Sharples J et al. Long-term effectiveness of a staged assessment for paediatric problematic severe asthma. *Eur Respir J.* 2012; 40 (1): 264-267.
5. EPR-3. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma (EPR-2 2007). NIH Publication No. 07-4051. Bethesda, MD: U.S. Department of Health and Human Services; National Institutes of Health; National Heart, Lung, and Blood Institute; National Asthma Education and Prevention Program, 2007.
6. Colice GL et al. The CHOICE survey: high rates of persistent and uncontrolled asthma in the United States. *Ann All Immunol.* 2012; 108: 157-162.

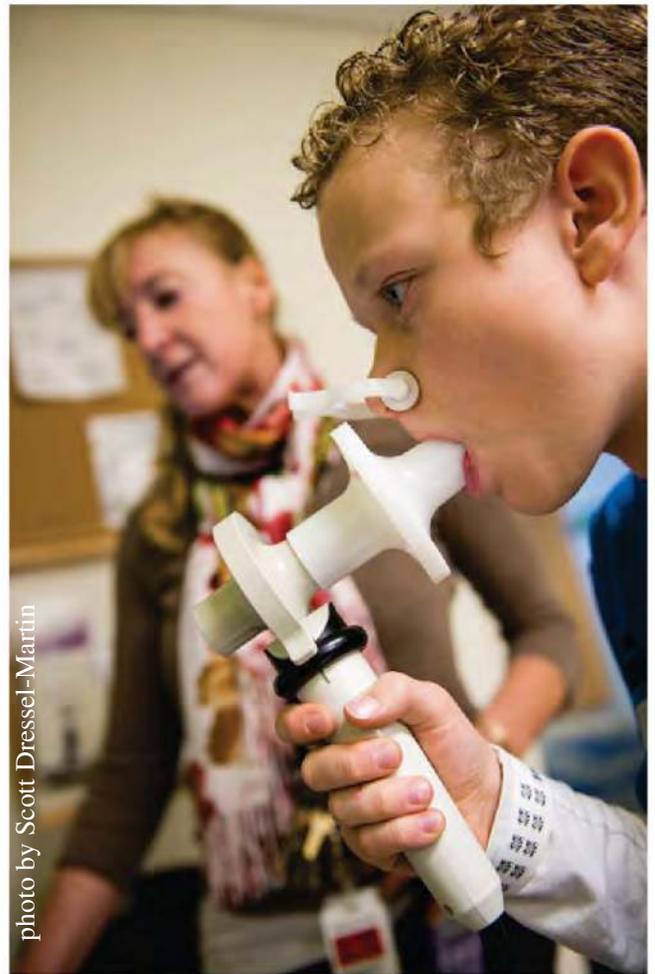


photo by Scott Dressel-Martin

“PATIENTS WHO HAVE BEEN TO THE EMERGENCY DEPARTMENT (ED) TWICE OR MORE IN 12 MONTHS OR HAVE BEEN HOSPITALIZED FOR ASTHMA ARE CONSIDERED HIGH RISK FOR SEVERE EXACERBATIONS IN THE FUTURE.”

Colorado Researchers Document Consequences of Failure to Vaccinate Children for Pertussis

By Reg Finger, MD, MPH and Walt Larimore, MD, DABFP, FAAFP

It should not be a surprise to family physicians that a case-control study of children contracting a vaccine-preventable disease will find them less likely to have received recommended doses of the vaccine on time than those children who did not become ill. And now we have Colorado data to prove it.

In September, researchers from Kaiser-Permanente in Denver, in collaboration with co-investigators in five other states and from CDC, published results of their pertussis study in *JAMA Pediatrics*.¹ Children undervaccinated with DTaP by 3 doses were almost 20 *times* and by 4 doses almost 30 *times* (and that's not percent!) more likely to be diagnosed with pertussis than children whose vaccines were up to date.

These findings deserve note here in Colorado for several reasons:

- First, due to a variety of clinical and epidemiologic factors, pertussis has persisted in the face of routine immunization longer and more “successfully” than any other vaccine-preventable disease. Each of the others (measles and mumps in particular) occasionally strikes with a vengeance when immunization is neglected. However, pertussis is always around somewhere and the price for failure to vaccinate will likely be paid sooner rather than later. Pertussis outbreaks in Denver, Boulder, and Greeley in the last two years have disrupted many families and commanded plenty of media attention.^{2,3}
- Next, it is clear that many of our state's children and adults remain unvaccinated. In the latest (2011-2012) National Immunization Survey results published on line by CDC,⁴ Colorado ranks 41st among states for percent of young children having received the four recommended doses of DTaP vaccine on time. We are four percentage points below the national average.
- Finally, it is very appropriate that since the publication of this study, one of simple but robust design and with results too extreme to ignore, was led by authors from our own state, that our statewide professional publications should acknowledge it.

Recently, epidemiologists figured out that one reason pertussis refused to go away was that it was “slipping around” the immunization schedule by infecting adults, parents and grandparents especially, who then transmitted the infection to infants too young to be immunized, sometimes with fatal results. At that point, pertussis vaccine recommendations were changed to include adults as well as children.⁵

All this leaves us with this question: Why are family physicians and the parents in our practices not more consistent in getting children and adults vaccinated, and what more can we all do about it than we have already?

Currently, these steps are being taken in Colorado:

- We make the vaccine available widely in clinics throughout the private and public sectors;
- We have a statewide immunization registry⁶ to make it easy to find out who needs the vaccine and when;
- We enforce school and preschool immunization requirements⁷, and
- We continue to emphasize in the media at every turn that vaccines are important and that proposed objections to the safety of routine immunizations have been found to lack merit.

We did not write the previous paragraph because we have a compelling list of answers to put in front of you. Physicians, public health professionals, and child advocates have been working at this for a long time and know that the most workable way to get a family into a health professional's office for immunizations varies with each family.

However, considering for a moment just one-birth year's worth of children, about 65,000 in Colorado, we see that each percentage point represents about 650 children. That means that 650 unique solutions have to be found in order to improve our state's standing by one point.

It is a challenge that can be met if every individual, family, and health professional does his or her part. Coloradans deserve no less.

2013: Worst Year for Measles in 15 Years

Dr. Anne Schuchat, director of the National Center for Immunization and Respiratory Diseases, is emphasizing the important role vaccines play in combating outbreaks of measles and other diseases, while announcing that “2013 already is one of the worst years for measles in more than 15 years.”⁸

What's the main cause? Dr. Schuchat says, “Clusters of people with like-minded beliefs leading them to forgo vaccines can leave them susceptible to outbreaks when measles is imported from elsewhere.” Dr. Schuchat pointed out, “This is an extraordinarily contagious virus.”⁹ According to the CDC, at least 82 percent of the cases involved patients who had not been vaccinated,” while the vaccination status of another 9 percent of those infected was not known.¹⁰

When it comes to vaccines, can children get “too many, too soon”?

It's been reported that anti-vaccine zealot Jenny McCarthy is joining ABC's “The View” as a host.¹¹ She is well-known for her false and misleading claims that vaccines cause autism, including her claim that when it comes to vaccines that children get “too many, too soon.”¹²

While it is true that the recommended vaccination schedule exposes children to 5 live attenuated or altered organisms and 21 different antigens by age six, is this really “a lot”?

Does this antigenic load put an enormous burden on the immune system sending it spiraling out of control to damage some of our children? Does this explain the increase in autism diagnoses?

The simple answer: absolutely not. Perhaps one of the best videos we've seen to explain this to parents has been produced by Academic Earth.¹⁰ If you can't view the video, here's the transcript:

Too many, too soon!" is the favored battle cry of the anti-vaccine crowd. Too many shots, too many antigens, too close together.

By age 6, the recommended vaccination schedule exposes children to 5 live attenuated or altered organisms and 21 different antigens.^{13,14} Is this a lot? Does this put an enormous burden on the immune system sending it spiraling out of control to damage our children? Let's find out.

It has been estimated that humans can generate about 10 billion different antibodies, each capable of binding a distinct epitope of an antigen.¹⁵ Actual estimates of antibody specificities in an individual, due to exposure to various germs and other foreign materials, range between 1 million and 100 million.¹⁶

We cannot say with absolute certainty how many antigens the average human is exposed to by age 18, but let's say, as an argument, that you've had most of your antigen exposure by that age. Assuming total exposure is around 1 million antigens, this equals 152 unique exposures per day. Under this conservative estimate, by age 6, the vaccine exposure would account for 0.006% of the total antigen exposure of the child.

If a child is exposed to 100 million antigens by age 18, the rough maximum, we're looking at 15,520 unique exposures per day. By age 6 that would be nearly 34 million antigens, and the vaccine schedule would account for 0.00006% of exposure.

No matter how you slice it, the vaccine schedule represents a miniscule exposure to antigens and organisms compared to what people encounter as part of life. Worrying about the exposure from the vaccine schedule is like worrying about a thimble of water getting you wet while swimming in an ocean.

Reginald Finger, MD, MPH, is a public health expert and researcher, as well as a former member of the CDC's Advisory Committee on Immunization Practices (ACIP). Walt Larimore, MD, DABFP, FAAFP, a well-known author and medical journalist, works with Concentra Medical Clinics and volunteers at Mission Medical Clinic in Colorado Springs (www.MissionMedicalClinic.org).



Glanz JM, Narwaney KJ, Newcomer SR, et al. Association between undervaccination with diphtheria, tetanus toxoids, and acellular pertussis (DTaP) vaccine and risk of pertussis infection in children 3 to 36 months of age. *JAMA Pediatr* 2013(Sep 9). Published online. <http://tinyurl.com/lrwr6cr>

Stutzman E. Rumors, reluctance, and herd immunity: Whooping cough outbreak. Boulder County's The Daily Camera 2012(Aug 24). <http://tinyurl.com/n4u9kmc>

Weld County Experiences Worst Whooping Cough Outbreak In 20 Years. The Greeley Tribune 2013(Apr 23). <http://tinyurl.com/p59otq2>
http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_1112.htm

Finger RF, Shoemaker J. Preventing Pertussis in Infants by Vaccinating Adults (editorial). *Am Fam Physician* 2006; 74(3):382. <http://tinyurl.com/nkun7ls>

Colorado Immunization Information System. Colorado Department of Public Health and Environment. <http://tinyurl.com/opx26he>.

Immunize for Good. Colorado School Requirements. <http://tinyurl.com/nn52b3l>

Stobbe M. US Measles Tally Already Among Worst in 15 Years. *The Associated Press* 2013(Sep 12). <http://tinyurl.com/mouklcn>

Jaslow R. CDC: Vaccine "Philosophical Differences" Driving Up U.S. Measles Rates. *CBS News* 2013(Sep 13). <http://tinyurl.com/kvouyxe>

Serrie J. Measles still poses threat to US, health officials warn. *Fox News* 2013(Sep 12). <http://tinyurl.com/l77v7xf>

Larimore W. Will the new host on "The View" lead to children being harmed? Has ABC reached a new low? *DrWalt.com* 2013(Jul 22). <http://tinyurl.com/nzw6cys>

Gorski D. Jenny McCarthy, Jim Carrey, and "Green Our Vaccines": Anti-vaccine, not "pro-safe vaccine." *Science-Based Medicine* 2008(Jun 9). <http://tinyurl.com/ozm9gzd>

United States. Centers for Disease Control and Prevention. National Center for Immunization and Respiratory Diseases. <http://tinyurl.com/aguuuof>

Crislip M. The Infection Schedule Versus the Vaccination Schedule. *Science-Based Medicine* 2008(Nov 21). <http://tinyurl.com/kej6axj>

Fanning LJ, Connor AM, Wu GE. Development of the Immunoglobulin Repertoire. *Clin Immunol Immunopathol* 1996;79(1):1-14. <http://tinyurl.com/mhekyyd>

Problem 5: Antibody diversity. Immunology Problem Set. The University of Arizona's *The Biology Project* 2000(Nov 10). <http://tinyurl.com/k4kz4mx>

ALBERT BURKLE'S *Adventure to Washington D.C.*

By Albert Burkle

I got to go to Washington D.C. this summer because I won the Tar Wars poster contest for the State of Colorado. This is my poster! The idea for my Tar Wars poster came from Memorial Skate Park in Colorado Springs. Tar Wars is an anti-tobacco committee that informs kids about the dangers of doing tobacco. At Memorial Skate Park I see a lot of people who smoke there and I also see kids my age smoking. I needed to come up with a good slogan so I thought a little bit and then I came up with the phrase “you can catch air if you don’t smoke” with a picture of me catching air on my skateboard.

My dad told me one day after school that I had won the Colorado Tar Wars poster contest and it was just insane. Sarah Roth, the coordinator for Tar Wars Colorado and the American Academy of Family Physicians bought my dad and I a plane ticket to and from D.C. and a hotel room there. I was really glad that the Tar Wars event in D.C. was not the same time as my skateboard camp in California I had scheduled already.

After a long airplane ride to Washington DC and a nice nap, my family and I went to get the awards for my poster. I had to wear a suit and tie so I was really unhappy. When we got there we ate dinner. After dinner, they announced the winners from last place to tenth. I wasn’t called so I was jumping out of my seat. When they called to fifth it was just agonizing! They called me for third and I was ecstatic. I went back to the room \$175 richer than I’d left. I was so excited I stayed up late planning my future skateboard shopping.



I was also happy because I was going to meet my U. S. representatives, Doug Lamborn, Mark Udall, and Michael Bennet. When we got to Lamborn’s office we were right on time. The guy we talked to was named Jamie Dangers. Mr. Dangers said that he needed to read about the anti-tobacco legislation paperwork I gave him. We talked about my poster and about being tobacco free. At the end, we took a couple pictures and another lady came in and thought my poster was amazing!

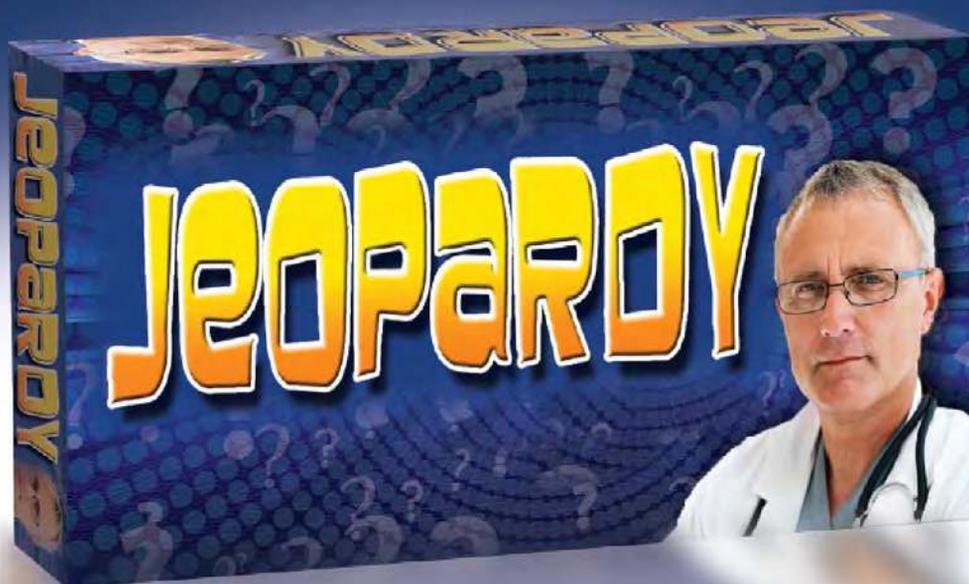
I hate seeing people smoke. Especially when they walk by you and then you have to breathe in their cigarette smoke. I wish people would just stop smoking because its bad for you and it can hurt other people around you. I wish it could be made illegal like other drugs. Then, you wouldn’t see all the cigarette butts lying around, people would be healthier, and you wouldn’t have to breathe it in all the time. It would just make the world a better place.

Tar Wars

**CAFP WELCOMES
NEW TAR WARS
COORDINATOR
KAROL
GROSWOLD**

The CAFP is proud to announce the hiring of Karol Ann Grosword as the new Tar Wars coordinator. Karol, who graduated from Stanford University with a bachelor’s degree in Biology, is a former teacher and has extensive experience in developing curriculum and serving children. She previously worked at Kyffin Elementary School and Maple Grove Elementary in Golden. Her goal for Tar Wars is to expand the program to reach even more schools than the program has ever reached and to make it easier for Family Physicians to sign up for schools. Tar Wars is a tobacco-free education program for fourth- and fifth-grade students. The program is designed to teach kids about the short-term, image-based consequences of tobacco use, the cost associated with using tobacco products, and the advertising techniques used by the tobacco industry to market their products to youth. If you are interested in becoming a presenter for Tar Wars, please email Karol at karol@coloradoafp.org

Protecting your practice is not a game.



Our financial solutions keep you out of Jeopardy.

Patient care is your mission. And keeping your practice in top financial health is necessary to fulfill it.

COPIC Financial Service Group brings an in-depth understanding to find the right insurance and financial planning products and services for doctors and health care organizations. These personal and business products not only help protect your practice now, they help to ensure a strong future for you and your staff.

Experienced and resourceful, our professionals research the industry to find the best possible coverages and precisely tailor them to your unique needs. COPIC Financial facilitates the process from beginning to end, making sure you receive personalized, professional service.

While you're taking care of patients, we'll be taking care of you.

Areas of service include:

- Workers' compensation
- Property and casualty
- Health and dental
- Disability, life and long-term care
- Cyber Liability
- Medicare coverage

 **COPIC**[®]
*COPIC Financial
Service Group, Ltd.*

COPIC Financial Service Group
www.copicfsg.com • 720-858-6280/800-421-1834



Scan here to learn more about
COPIC Financial Service Group.

Promoting the Social-Emotional Development of Your Youngest Patients

By Jenna Bannon Davis, MNM

HEALTH OF THE PUBLIC

Columbine. Aurora. Sandy Hook.

What came from those tragic events was a national dialogue on mental health. What did not come from that dialogue was a conversation about the answers behind young adult mental health issues – early childhood mental health.

As with all other aspects of health, the interactions between genetic predispositions and life experiences shape the story of each patient. The most “sensitive period” in each of their lives takes place from birth to age five, where rapid cognitive, language, social and emotional development is occurring. Expanded research on early brain science, mental health and toxic stress has led to a growing recognition that healthy social-emotional development from birth is profoundly foundational, and can have detrimental effects on overall health, well-being, learning and social competence when left untreated.

Early childhood social-emotional health is the developing capacity of a young child from birth to five years to form close and secure adult and peer relationships, experience, manage and express a full range of emotions, and to explore and learn from their environment – all in the context of family, community and culture (Zero to Three Infant Mental Health Task Force, 2011).

In Colorado, there are nearly 350,000 children birth to five. While mental health data on these children is limited, what we do have reveals that this is an area for family physicians to be concerned about and become engaged in:

- Sixteen percent of parents report concerns about their child’s emotions, concentration, behavior, or getting along with others (Colorado Child Health Survey, 2011)
 - Of these, 64% identify these difficulties as moderate or severe, yet only 25% of these parents reported seeking counseling or treatment
- Approximately 3,640 children under the age of six are receiving services through Colorado’s public mental health system (Colorado Division of Behavioral Health, 2012)
- Approximately 3,500 – ten out of every 1,000 – young children in Colorado are being expelled from child care due to challenging behaviors, and this is a significantly higher expulsion rate than the K-12 system (Hoover, SD, et. al. Infant Mental Health Journal, 2012)

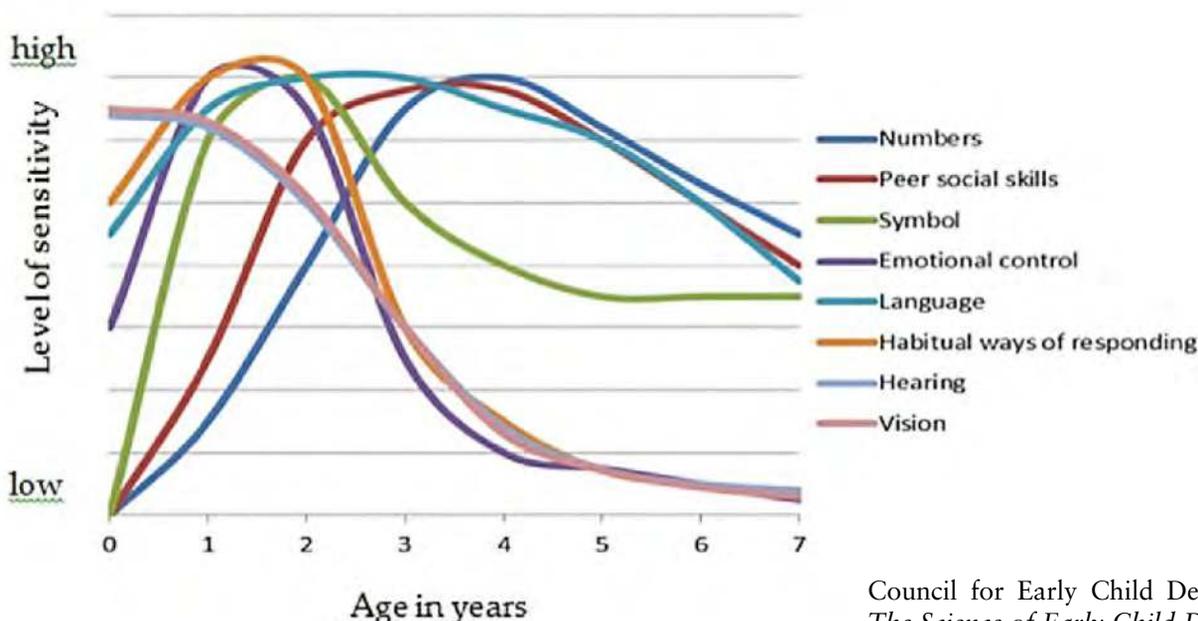
Yes, I said it – expelled from preschool, from ongoing and interfering behaviors such as hurting themselves or others, defiance and disrespect, and uncontrollable

anger. The challenge and opportunity here is that we know the earlier we promote, prevent and intervene, the greater the impact we can have on health social-emotional development.

Infants and young children develop in the context of relationships. Research and clinical work reveal that the emotional quality of the parent-child relationship has a profound effect on the health and wellbeing of young children. Dependable, responsive and sensitive relationships are key to providing support and encouragement, which leads children – and adults – to have:

- Resilience
- Initiative
- Self-control
- Secure Attachment & Healthy Relationships

Amazingly, while this early caregiving relationship “lays the wiring” for a child’s future, I have yet to meet a parent in this day and age who feels completely confident in the way they are parenting their young kids. Instead, we all say “this is the hardest thing I’ve ever done” and either revert back to the way we were parented ourselves or do the exact opposite. While there is extensive research and neuroscience behind a young child’s social and emotional development, translating it for parents, family members,



Council for Early Child Development. (2010). *The Science of Early Child Development.*

child care professionals and the health community into useful, hands-on, accessible information.

This is where you come in. Your unique ability to have a “whole child” and even “whole family” perspective on each young child and/or parent who turns to you as their trusted health source offers you the opportunity to put good information into the hands of families. Are you sharing information on parenting classes taking place? Do you send families home with a list of good parenting books, online resources and behavioral tips at the end of each wellness checkup? Are you familiar with other programs in your community that are skilled in promoting healthy social emotional development in young children? These can be home visitation programs, high quality child care, and family therapists who are trained in early child development.

Most importantly, talking with families about their child’s behavior will open an important door. The majority of us as parents have no idea what “annoying behaviors” are developmentally appropriate and what should raise red flags. More and more primary health care providers are using the Ages and Stages Questionnaire – Social Emotional (ASQ-SE) at well-child check-ups to engage parents around this complex issue and potentially identify early mental health issues. Many are also using the Modified Checklist for Autism in Toddlers (M-CHAT) between 16 and 30 months to identify early signs of autism.

When there are serious red flags, resources do exist to serve early social-emotional needs of young children. Early Intervention serves children birth to three across Colorado and can address these needs in the context of a family and parent-child interaction. (<http://www.eicolorado.org/>) Child Find serves children three to eighteen, and provides children and families with social-emotional services when the behavior impairs learning. (<http://www.cde.state.co.us/early/childfind>) Our statewide managed care mental health program provides comprehensive mental health services to all Coloradoans with Medicaid. These Behavioral Health Organizations (BHOs) are regional and arrange or provide for medically necessary mental health services to clients in their service areas.

There are many other great resources for you to tap into. Zero to Three is a national center for infants, toddlers and families and has excellent, user-friendly behavioral health resources for professionals and families. (<http://www.zerotothree.org/child-development/social-emotional-development/>) They have podcasts, research and reports, and helpful one-pagers for families on everything from fussy babies to tantrums.

I’d also encourage you to connect with your local Early Childhood Council to find out more about what resources exist right in your community. Our work is focused on building a comprehensive system of care for all children prenatal to eight, and social-emotional development is a priority issue for us. (http://earlychildhoodcolorado.org/state_initiatives/councils.cfm) We would love to connect with more family physicians in our counties.

Ultimately, social health is about supporting a child’s ability to get along with others, and to have friendships and connections. Emotional health is about teaching our young children how to express their feelings and know how to get their needs met. It’s about helping parents, families and the other adults in their lives learn to read the cues that children so readily share with us, but that we don’t always see.

And it’s about working towards a society where we all know how to express ourselves, get our needs met, have friends and connections, and where we can all get along.

Jenna Bannon Davis works as the Manager of Early Childhood Systems Building for the Denver Early Childhood Council. She currently co-manages a Colorado Health Foundation grant to train and support child care professionals in the Pyramid Plus Model – a research-based model focused on developing the skills of early childhood teachers to promote supportive social-emotional environments and provide targeted support for children at risk (<http://www.pyramidplus.org/>). She is also the mom of an active 4 year old and 10 year old. She welcomes all questions at jenna@denverearlychildhood.org or 720/644-2563.



A strong focus on patient care.

Concentra has been a national leader in health care for more than 30

years. Through our affiliated providers, we provide primary care, urgent care, occupational medicine, physical therapy, and wellness services from more than 320 medical centers in 39 states. We are currently seeking full-time and PRN providers for our **Colorado urgent care** centers.

Here is what you can expect with Concentra:

- Healthy work-life balance
- Competitive compensation
- Unmatched company culture
- Leadership opportunities
- 401k, CME, PTO, and health benefits

Contact Caroline Witt today for information on opportunities in Colorado.

Call 877-218-0179 or email: WittC@workatConcentra.com.



HEALTH OF THE PUBLIC

Accidental Marijuana Poisoning in Children An Alarming New Trend in Colorado

By Children's Health Advocacy Institute,
 Heidi Baskfield, Greg Tung, Jody Kay Duke

HEALTH OF THE PUBLIC

When an increasing number of two and three year olds arrived at the Emergency Department at Children's Hospital Colorado with an odd combination of symptoms ranging from respiratory challenges to significant lethargy, their trauma and emergency medicine teams began to take notice. Soon it became clear, Colorado was seeing what continues to be a new and alarming trend, toddlers suffering effects caused by the accidental ingestion of marijuana edibles. There is no difference in either the packaging or appearance of a gummy bear infused

with potent levels of THC and a normal candy gummy bear. In the face of this new trend preventing accidental ingestion of marijuana by children is a high priority for our state.

Following the legalization of medical marijuana in Colorado in 2000 and the federal government's decision in 2009 not to prosecute in medical marijuana states, Children's Hospital Colorado saw a large increase in the number of pediatric patients who presented to the Emergency Room with marijuana-related health consequences. In 2013 Amendment 64 was passed in Colorado

Hospital through its Children's Health Advocacy Institute (CHAI) has worked to ensure the state of Colorado take steps to prevent unintentional ingestion of marijuana by children.

The State of Colorado, through the Department of Revenue, is currently finalizing the regulations that will govern everything from the sale to the delivery of marijuana. It is clear that Colorado has the need for marijuana edibles to be contained in re-sealable, opaque, child resistant packaging. To the argument for this standard being incorporated into Colorado's



These THC-infused gummie bears look nearly identical to their confectionary counter-parts

“There is no difference in either the packaging or appearance of a gummy bear infused with potent levels of THC and a normal candy gummy bear. In the face of this new trend preventing accidental ingestion of marijuana by children is a high priority for our state.”

legalizing and regulating recreational marijuana sales to adults over the age of 21. It is anticipated that this measure will further increase the availability of marijuana and marijuana-products (i.e. loose-leaf products, candies, baked goods, infused fruit drinks, etc.) throughout the state and further increase the risk of and number of unintentional ingestions of marijuana by children. Given this concern, Children's

regulatory framework, CHAI looked to the efficacy of already existing child resistant standards. Evidence supporting the effectiveness of specific child-resistant packaging is strong and long-standing. Since the inception of the Consumer Product Safety Commission's Poisoning Prevention & Packaging Act of 1970 (PPPA), numerous studies have shown the efficacy and effectiveness of child resistant packaging in reducing

child poisonings. Child resistant packaging as defined by ASTM International and the Poison Prevention Packaging Act of 1970 is often considered a gold standard both in the US and internationally. A vast body of evidence suggests that the implementation of child resistant packages has been highly successful in reducing accidental ingestion by children under the age of 5.

Children's advocates argue that implementing a subset of rules and regulations for retail marijuana sales in Colorado based on the PPPA could reduce resulting childhood poisonings by 45%. Child resistant containers and packaging is an effective way to reduce accidental ingestions, especially among children under the age of 5 years old who do not yet possess the sensorimotor development and cognitive ability of older children and adults. While children under the age of 5 are a major consideration, so to are those between 5 and 21. Because child resistant packages will not prevent older children from opening them, it is also important to reduce the appeal of these products.

CHAI also decided to take things a step further and advocate for a standard even more stringent than the PPPA. We recognized a need to advocate for a packaging requirement that helps curb a toddler's interest in the contents of the package, which is why we argue all exit

packaging for edibles must be opaque. Cognitive and Developmental Psychologists generally agree that 8-24 months is the approximate time a child understands object permanence (he/she knows an object is there without seeing it) and 2-7 years is the time when thinking is centered on a single aspect of a situation (i.e. drinking a toxic substance without noticing other aspects of the situation such as a warning label). Furthermore, marketing research has found that one of the best ways to increase food appeal to adolescents is to provide packaging that allows them to view the item. These findings formed the scientific foundation for our recommendation that all child-resistant packages should be opaque.

To date, both the marijuana industry and the Department of Revenue are supportive of the CHAI recommendations with respect to child resistant packaging. Once the Department of Revenue completes its rulemaking process, CHAI will look next at how these provisions will be enforced and whether any and all products should be allowed to infused with THC and sold legally in marijuana dispensaries.

If you are interested in learning more about this topic or joining CHAI in our advocacy efforts, please visit the advocacy page on Children's Hospital Colorado's web site.

We're not just a hospital for children.

We make parents feel a whole lot better too.

Because Children's Hospital Colorado sees, treats and heals more children than any other hospital in Colorado, parents can rest assured they're getting the best pediatric care available.

It's why we're nationally ranked in the top 10 by *U.S. News & World Report* Best Children's Hospitals 2013-2014 Honor Roll.

Learn more about the location near you at ChildrensColorado.org/locations.



Children's Hospital
Colorado

Many hands, one heart.



colorado springs
westminster
aurora
parker
denver
ChildrensColorado.org/locations
broomfield
wheatridge
littleton
centennial
pueblo

DR. BENDER AND MIRAMONT, A MODERN, EFFICIENT BUSINESS

By Manthan Bhatt

JOHN BENDER, MD, PRESIDENT OF COLORADO MEDICAL SOCIETY

A familiar face is now the President of the Colorado Medical Society (CMS). With Dr. John Bender's years of executive experience, he should have no problem assuming his leadership position at CMS.

John Bender, MD, FAAFP, is the founder and CEO of Miramont Family Medicine and is a past President of the Colorado Academy of Family Physicians (CAFP).

SUCCESSFUL PRACTICE

Miramont Family Medicine was founded in 2002 by Dr. Bender and his wife, Teresa. Since then, Miramont has become one of the most successful practices in the state of Colorado.

"I don't plan on plateauing until I'm 80," said Dr. Bender. "I want to do things in the marketplace that others haven't tried yet."

Indeed, this pioneering sentiment has carried Dr. Bender's practice into the 21st century. Miramont is an NCQA level III recognized Patient Centered Medical Home and has incorporated many new and modern business techniques into the practice. Currently, Miramont incorporates audiology, psychology, physical therapy, podiatry, and even an aesthetician. This model of incorporating non-traditional services to Family Medicine has led to Miramont doubling in size every 2-3 years.

"I haven't referred a patient to an endocrinologist in 4 years," said Dr. Bender. "We have our own Medtronic insulin pump program, and we don't use hospitalists, but admit our own patients to the ICU, even for diabetic ketoacidosis."

80% of blood tests are done at Miramont and results are given in the same visit.

"I do things in the marketplace that others don't want to do. Why should my patients spend money on Jenny Craig when they can go to us?" said Dr. Bender.



"The opposite of cautious is not always careless. Sometimes, the opposite of cautious is courage."

HARNESSING NEW TECHNOLOGY

Miramont also harnesses information technology to drive down costs and increase efficiency.

"By leveraging IT, we can manage labor efficiencies," said Dr. Bender. "Many tasks that once took 20 minutes now take 10 minutes. That's partly why I can see Medicaid patients. With IT, we are doing population management in order to fit this century."

This, according to Dr. Bender, leads to more patient contact time.

"I've increased the value-added time I spend with patients because it takes less time to get and read medical records. The time is dramatically reduced."

Miramont also offers, in-house, services like mammograms and its own physician dispensing of prescription medications.

"We have women who get their first mammogram at Miramont because we offer the service on site," said Dr.

Bender. "The pricing of prescriptions at Miramont are equal to or better than Costco or Walmart."

But don't call Dr. Bender an outlier. "We do things faster for a lower cost than Walgreens but we do much more, and my patients get continuous care. I don't think we are an outlier, I think everyone will be doing this in 10 years."

NEED TO UPDATE LAWS

As the new President of the Colorado Medical Society, Dr. Bender wants to move current laws into the 21st century.

"Medicaid won't pay for my dispensary but every other payer does. We have to change and update the laws that Medicaid and others work on because those laws are from the 70's," said Dr. Bender. "I'm trying to run a modern practice."

SERVING THE UNDERSERVED

Dr. Bender says that because Miramont runs like an efficient business, *continued on page 30 >>*

The power of the AAFP, now available on the go.

Featuring enhanced access to AAFP services, the mobile app puts valuable tools and resources at your fingertips.

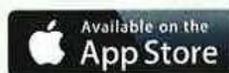


Sponsored by **WelchAllyn**

Experience the AAFP's mobile app.
Download it now.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS



Apple, the Apple logo, iPhone and iPad are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc.

Google Play is a trademark of Google Inc.



Dr. Bender in front of Miramont's in-house blood testing machine



Above: Miramont's powerful IT system reduces the time required to retrieve patient information and helps increase patient contact time.

Left: Miramont's prescription drug prices are more competitive than Walgreens and Costco. The dispensary, in fact, is preferred by many insurers in the area.

The Core Content Review of Family Medicine

Why Choose Core Content Review?

- CD and Online Versions available for under \$200!
- Cost Effective CME
- For Family Physicians by Family Physicians
- Print Subscription also available
- Discount for AAFP members
- Money back guarantee if you don't pass the Board exam
- Provides non-dues revenue for your State Chapter

North America's most widely-recognized program for:

- Family Medicine CME
- ABFM Board Preparation
- Self-Evaluation

- Visit www.CoreContent.com
- Call 888-343-CORE (2673)
- Email mail@CoreContent.com



The Core Content Review of Family Medicine

Educating Family Physicians Since 1968



Find us on Facebook

it can take the most underserved and neglected patients. In fact, Dr. Bender's practice is trying to take on even more Medicaid and Medicare patients than it already does. Currently, 20% of Dr. Bender's patients are enrolled in Medicaid.

"It's an exciting time for primary care. I would tell Family Physicians to start taking uninsured patients, Medicaid and Medicare. But in order to take these patients, you need to transform into a leaner practice. Become an NCQA recognized practice. It'll make your practice more lean and will solve many common problems."

Dr. Bender estimates that for every \$100,000 that is spent at Miramont, his practice saves the community over \$300,000.

THE OPPOSITE OF CAUTIOUS IS NOT ALWAYS CARELESS

"The opposite of cautious is not always careless. Sometimes, the opposite of cautious is courage," says Dr. Bender.

A lot has changed since his humble days in a mining town in Montana. Today, Dr. Bender is the leading voice at the Colorado Capitol and has testified in front of the United States Congress. Even with his great success and leadership, Dr. Bender says he is most proud of something completely outside of medicine.

"I'm most proud of my marriage to my wife Teresa. She brings balance to my life," said Dr. Bender, who has 2 sons and 2 daughters with Theresa. "I got married at 18, it was the best decision of my life."

CONGRATULATIONS to fellow Family Physician Dr. Osbourne-Roberts!



Tamaan Osbourne-Roberts, MD, was elected president-elect of the Colorado Medical Society (CMS) on Sept. 22. At the age of 37, Dr. Osbourne-Roberts will be the youngest president in the organization's history as well as the organization's first black president. He served as a board member of the Colorado Academy of Family Physicians and served as an Alternate Delegate and Delegate to the American

Academy of Family Physicians (AAFP) Congress of Delegates, as co-convenor and delegate to the AAFP's National Conference of Special Constituencies (NCSC), and as member and chair of the AAFP-NCSC Reference Committee on Health of the Public and Science.

Dr. Osbourne-Roberts is currently a staff physician at Salud Family Health Centers where he practices full-spectrum outpatient care for primarily Spanish-speaking, low-income patients throughout the nine-clinic system. His main practice location is in Commerce City, Colo., and he also practices inpatient newborn care at Platte Valley Medical Center hospital in Brighton, Colo.

Dr. Farley, of Salud Family Health, nominated for PAEA Partnership Award

Tillman Farley, the Executive Vice President of Medical Services for the Salud Family Health Centers was selected from amongst the nominations received from all PA Programs across the country to receive the PAEA Partnership Award. Dr. Farley will be honored at a luncheon on October 17, 2013. Because of Dr. Farley's strong interest in medical education, he brought the clinical coordinators from all the PA programs, medical schools and NP programs together to allocate the 149 available clinical rotations that are available at the different clinic locations. This program is now in its third year and continues to allow all programs to work together for the betterment of the student. We are very excited that the work Dr. Farley has done will be recognized nationally and hope that he can inspire other administrators to put similar programs in place in their communities.

I love being a
Family Medicine Physician
with CPMG because...

Donna
Baldwin,
D.O.



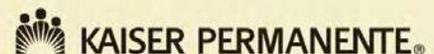
- **We help to decide** what is on the formulary and what tests should be ordered using a strong evidence-based approach to practicing medicine. Family Medicine Physicians make the decisions on how we care for our members at every level.
- **We are encouraged and supported** in using our unique broad-based family medicine oriented skills.
- **Our Health Plan Partners are not-for-profit.** I am proud to be a part of a group that commits to bettering the health of our members within our communities.
- **My career and leadership development are valued,** as we are offered medical group-run CMEs and physician-based quality and service committees.
- **We have a primary care core** with rich support and built-in quality tools and registries to work to prevent illness.
- **I have the ability to care for patients** through e-mail, telephone visits, group visits, chronic disease care managers and clinical pharmacists.
- **I don't have any call or practice OB.** I focus on providing excellent outpatient, preventive, continuity medicine for my patients. And after all, it is the Rocky Mountains, so I find plenty to do with my spare time.
- **I can't see myself making such a difference anywhere else.**

Opportunities in Denver/Boulder & Greeley, CO

Bilingual skills are a plus.

To learn more about life in Colorado and what we can offer your career, visit:
<http://co.kpphysiciancareers.org>.

Please submit your CV by email to
Andrea.C.Hughes-Proxmire@kp.org
or contact **Andrea Hughes-Proxmire** at
303-344-7833. EOE/M/F/V



Colorado Permanente Medical Group P.C.



COLORADO ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR COLORADO

You are invited to join the Colorado Academy of Family Physicians!
There are so many reasons to join today:

STRONG ADVOCACY

Your voice is heard

- Full time lobbying at the Capitol during the Legislative session
- Public Relations campaigns promoting Family Physicians and the importance of the Patient Centered Medical Home
- October Family Health Month
- Promotion of your specialty to medical students
- Private sector advocacy regarding insurance issues
- Making sure that Family Medicine is represented in healthcare reform discussions

EDUCATION

Receive the most up-to-date information

- Annual Scientific Conference
- Live interactive Webinars
- CAFP News Magazine
- CAFP Electronic Newsletter
- Networking opportunities for Family Physicians

FINANCIAL SAVINGS

Save money with our special discounts

- Special discounts programs
- EHR software
- Medical publications
- Exclusive access to FP Jobs Online

RESIDENT & STUDENTS

The CAFP offers incredible opportunities for Family Physicians in training

- Free Registration to CAFP Annual Scientific Conference (value of \$390)
- Student & resident representatives to the CAFP Board of Directors
- Financial support to AAFP resident & student conferences
- Free American Family Physician Journal

Become a member today!

Visit: snipurl.com/joincafp

24-27

2014

April



COLORADO ACADEMY OF FAMILY PHYSICIANS

SAVE THE DATE!

New Horizons for Family Medicine
66th Annual Scientific Conference

Cheyenne Mountain Conference Center
Colorado Springs, CO

Small Donor COMMITTEE

Support the CAFP SDC and you help support issues in the Colorado General Assembly that matter to Family Physicians.

Do You Care About These Issues?

- Health Care Reform
- Childhood Immunizations
- Tobacco Cessation and Education
- Preventive Health Care
- Patient Safety Tort Reform
- Primary Care Workforce

What is a Small Donor Committee?

Campaign finance reforms enacted by Colorado voters in 2002 authorized “Small Donor Committees” as a new method for ordinary citizens to contribute to political campaigns and better compete with deep-pocket special interest groups. Small Donor Committees can accept contributions only from individual persons – no corporate or union contributions are permitted. Individual contributions are limited to \$50 per year, per person. Hence the name: Small Donor Committee.

Unlike other Political Action Committee contributions, Small Donor Committees enjoy much higher limits on what they may give to candidate campaigns. This reform is intended to empower ordinary people to pool their money and compete with big business and special interests. The Colorado Academy of Family Physicians Small Donor Committee was formed to allow the Family Physician community to take advantage of the new campaign finance laws.

How much can a Small Donor Committee give to candidates?

The Colorado Academy of Family Physicians Small Donor Committee can give candidates for governor, attorney general or secretary of state up to \$10,600 per election cycle. Candidates for the state legislature may accept up to \$4,250 per election cycle from Small Donor Committees.

Which candidates will The Colorado Academy of Family Physicians Small Donor Committee Support?

Each election year, the Legislative Committee of CAFP will determine a slate of candidates to receive financial support. Candidates will be selected based upon their support for Family Physicians, their viability as candidates, the competitiveness of their race and the impact that a contribution from CAFP SDC will be expected to have. The number of candidates receiving support depends in large part on the number of small individual donors that have contributed to CAFP SDC.

Why should I contribute to The Colorado Academy of Family Physicians Small Donor Committee?

Supporting CAFP SDC is an easy way to support candidates that support Family Physicians. Contributions from CAFP SDC will be branded as Family Physicians’ money. These donations will be a visible means of rewarding elected officials and candidates that support our issues.

Do I have to give \$50 each year?

No. That’s the maximum amount that each person is allowed to give per year. Smaller contributions are welcome. Donors will be solicited each year to renew their annual gifts.

Are contributions tax deductible?

Unfortunately not. Because your contribution will be used to support political candidates, the IRS will not allow us to offer a tax deduction.

Detach here and send contribution to: CAFP, 2224 S FRASER ST. UNIT 1, AURORA, CO 80014

Count me in. Enclosed is my contribution to the Colorado Academy of Family Physicians Small Donor Committee. I understand that only personal checks may be accepted, and my contributions may not exceed \$50 per year.

Name: _____

Street Address _____ City _____ State _____ Zip _____

Email Address _____ Phone _____



CAFPMEMBER \$PECIAL DISCOUNT PROGRAM\$



Please take a look at all these companies! We've teamed up with them to bring more benefits to members. If there is a service or product you would like to see on the list, please contact admin@coloradoafp.org

Atlantic Health Partners! The CAFPM is pleased to announce a partnership with Atlantic Health Partners! Atlantic, the nation's leading physician vaccine program, provides your practice: • Best Pricing for Sanofi Pasteur and Merck Vaccines • Enhanced Ordering and Payment Terms • Medical Supply Discounts and Reimbursement Support and Advocacy. Join your many colleagues in Colorado that have lowered their vaccine costs. Call Atlantic Health Partners at 800.741.2044 or email info@atlantichealthpartners.com. www.atlantichealthpartners.com

BEST CARD: Discounted Credit Card Processing - Serving more than 2,000 medical offices, these practices are saving an average \$1,277 annually (23%) since switching to Best Card. Members receive great rates including swiped rates of 0.51% debit, 1.94% credit, and 2.44% rewards, with no rate higher than 2.74%. No hidden fees (\$5 monthly fee and \$.12 per transaction based on average ticket) and unparalleled customer service. You get PEOPLE not PROMPTS. Call 877-739-3952 or fax your recent credit card statement to 866-717-7247 and receive a complimentary cost comparison.

Health E-careers Network: FPJobsOnline is the official online job bank of the Colorado Academy of Family Physicians and provides the most targeted source for Family Physician placement and recruitment. Accessible 24 hours a day, seven days a week, FPJobsOnline taps into one of the fastest growing professions in the U.S. Please visit www.FPjobsonline.com or call 1-888-884-8242! Mention you are a CAFPM member to receive discount.

Hertz Car Rentals: Great discounts on car rentals, traveling in U.S. or worldwide. Receive 10% off the regular price! Call 1-800-654-2200 or visit Hertz website at www.hertz.com. Special code CDP # 1699462

Law Consulting by Michele Law: Michele offers consulting services for physician clients with regard to their contractual arrangements with insurance carriers, health maintenance organizations and/or networks. We advise, analyze and make recommendations regarding contracts and their reimbursement schedules, and, upon request, we directly negotiate the terms of those agreements. Law Consulting operates a messenger model consulting service where the physician client retains the final and ultimate business decision regarding his or her contract. Law Consulting offers a discount to CAFPM members. Please contact Michele Law 719-687-5465, lawconsult@qwestoffice.net

National Procedures Institute: NPI offers you an exciting opportunity to bring new procedures to your practice and generate revenue for your state academy at the same time. When you attend an NPI course, NPI will send \$50 to the Colorado Academy of Family Physicians. All you have to do is enter "Colorado" in the Referral Code field when you register online at the NPI Web site so that our chapter receives credit for your attendance. Visit NPI online at www.npinstitute.com to view course descriptions, learn about NPI's outstanding faculty, find a course in our area and register. Don't forget to enter the name of our state in the Referral Code field during the registration process and start getting more out of your practice with NPI.

NCSPlus: NCSPlus Incorporated, the nation's leading accounts receivable management firm. As opposed to collection companies that charge a percentage of the patient bill, or a flat fee and a percentage, NCSPlus charges CAFPM members only a low flat fee. Because of their customer service focus, NCSPlus reports a recovery rate that is more than twice the national average. CAFPM members who enroll in this program receive a free Bonus Upgrade Package that includes: • Guaranteed 400% R.O.I. • Complimentary computer maintenance fee • Free debtor reporting to the major credit bureaus
A strong focus on service and competitive rates translate into a valuable benefit for our members. To get started in this low-cost and effective collections system, please contact NCSPlus Representative, Polly Klidas, at 303-704-8896, or send email to pklidaras@ncsplus.com.

Northwestern Mutual Financial Network: James O'Hara offers a broad range of financial planning services and products. Consultations are complimentary. Some of the areas of practice are non-qualified executive benefits, retirement planning, and education funding. Visit www.nmfn.com/jamesohara.com for more information on James O'Hara, his team and the products available from Northwestern Mutual as well as informative articles and calculators. Contact James O'Hara at 303-996-2379.

Office Depot offers Colorado Academy of Family Physician members a 10% discount off retail catalog price (excluding technology items & business machines). Members can also get discounts on the print and copy center. Use the Acct # 43244917 when ordering. Please contact Rob Boyer at 303-576-1117 or e-mail: rob.boyer@officedepot.com.

OnePoint/Virtualaccounts.com: Customized bookkeeping solutions for medical offices. Complete payroll processing services with 24/7 access, easy transition and easy online processing. 10% discount. Just mention you are a CAFPM member! Please call 303-800-2832.



Up to \$500 of FREE Services for CAFPM Members Call for Details

More than a copy center. From business cards and brochures, to promotional items, direct mail and trade show displays Signal Graphics can help you implement your marketing strategies with flair. Convenient online ordering available. Please call today for a quote.

Signal Graphics. 303.751.9477

2230 S. Fraser St., Unit 3 • Aurora, CO 80014
sgp2@earthlink.net • www.signalgraphics.com/2

Sharkey, Howes & Javer is a nationally recognized financial planning and investment services firm that offers complimentary consultations to doctors for their personal needs and their company retirement plans. The firm has been recognized by Medical Economics as a top advisor for doctors and is the preferred provider of financial services for members of the Colorado Medical Society. Located in Denver. Visit www.shwj.com or call 303-639-5100 for more information.

Pre-Paid Legal Services, IN, and Identity Theft Shield— helping individuals, families and businesses reduce risk from identity theft and provide affordable access to top law firms nationwide for unexpected and expected life events or any business matters. Contact Brian Henry at 720-771-1883 or email bhenry@prepaidlegal.com.

UNLEADED GROUP

WEBSITES – MOBILE SITES – SEARCH CONVERSION THAT DRIVES NEW AND REPEAT PATIENTS.

SPECIAL PRICING FOR CAFPM MEMBERS.

TOM O'ROURKE, VP MARKETING & BUSINESS DEVELOPMENT

720-221-7126 X238 – TOM@UNLEADEDGROUP.COM



CAFPM members receive a \$500 lender credit to be used towards closing cost.

The Mortgage Company is a locally owned and operated mortgage banker and has been a member in good standing with the BBB since 1997. We offer FHA, 203k, VA, USDA, Conventional, CHFA, and Jumbo loans. Call 855-757-2120
www.coloradosbestrates.com



THE FUTURE OF RADIOLOGICAL SERVICES...



Advanced Medical Imaging exists to provide excellence in radiological services from image generation to interpretations for our referring physicians, patients, and health care delivery partners in the greater Denver Metro area. We hold dear our values of integrity, compassion, professionalism, and quality of care. Let us help you see the future in radiological services.



303.433.9729

www.AMIColorado.com

**Colorado Academy of
Family Physicians, Inc.**
2224 S. Fraser St., Unit I
Aurora, Colorado 80014

Presorted Standard
U.S. Postage Paid
Little Rock, AR
Permit No. 2437



A BRIGHT FUTURE FOR IMPROVED HEALTH CARE.

COPIC understands the importance of educational resources at the forefront of health care issues. That's why we provide access to opportunities that range from in-person seminars on effective patient communication to online courses about risk management when working with PAs and APNs. It's an investment designed to reduce liability risks and offer health care professionals valuable knowledge so they can focus on what matters most—better medicine and better lives.

Find out more about how we're supporting health care in your community at callcopic.com.



Better Medicine • Better Lives
(720) 858-6000 • (800) 421-1834

COPIC is exclusively endorsed by the Colorado Medical Society and by the Colorado Hospital Association as the medical liability carrier of choice for hospitals and facilities in Colorado.



Scan here to see a listing of COPIC seminars and courses.