

2017 Annual Report



COLORADO ACADEMY OF
FAMILY PHYSICIANS

STRONG MEDICINE FOR COLORADO

2017 was another active year at the CAFP! Your staff and leaders were present at the state and national level advocating for payment reform, decreased administrative burden, working to support our students and residents, and continued funding to GME. 2017 was a year of laying a great deal of groundwork for our coming efforts. We worked on grants, educational programs and more. I was honored to write a resolution that was passed by the AAFP Congress of Delegates aimed at researching violence in the healthcare workplace. This resolution will shape national efforts, and we are taking on this issue on the state level as well, with the plan to create an educational toolkit for members.



We worked with Colorado state legislators, other physician groups, safety net clinics, patient advocate groups, and many more to develop the strategy that ultimately became our Primary Care Investment Legislation. Together with the Colorado Primary Care Collaborative, we put on the June conference "Primary Care Payment & Delivery Reform: What's on the Horizon," which included payment experts from across the state and nation. Our state has one of the largest groups of Direct Primary Care (DPC) physicians in the nation. We worked with Colorado DPC physicians to pass a DPC bill in Spring 2017. Our advocacy efforts were recognized at the national level, and we received the State Advocacy Award from the AAFP for this Direct Primary Care bill.

We felt the scorch of burnout so prevalent in our practices today, and launched the first ever Wellness Conference in Fall 2017. We continue to actively discuss measures for addressing burnout at every level [administrative burden, payment reform, workplace violence, etc.]. Also in education, our 2017 Annual Summit once again delivered high yield, relevant educational opportunities for our members.

In hopes of bringing more value to your membership dues, we have expanded the benefits offered to our members, and launched the "New Physician Benefits Package" (please contact Lynlee on our staff if interested, there are some fabulous perks there).

Thank you to all of our members for your continued support! I have been overwhelmed and inspired by the work you do. Together, we will continue to advance the work of our mission statement "to serve as the bold champion for Colorado's Family Physicians, patients, and communities, through education and advocacy."

It was an honor and the experience of a lifetime to serve as your president.



Monica Morris, DO

2017 Membership Statistics

2,454 Members

1,584

Active Members

242

Resident Members

430

Student Members

167

Life Members

4

Supporting Members

27

Inactive Members

2017 Financial Data

The CAFP continues to be very strong financially. We seek to be responsible and mindful stewards of your membership dues. This includes making socially responsible investments. None of the CAFP's investment portfolios include tobacco stocks.

Current Assets: \$845,510.08

Fixed Assets: \$390,341.07

Total Assets: \$1,235,851.15

Total Liabilities: \$162.62

Total Income: \$603,266.35

Total Expense: \$577,275.95

Net Ordinary Income: \$25,990.40

Advocacy at the Capitol

11

CAFP Physician
Members
Testified

11

Committee
Hearings CAFP
Testified In

Advocacy from Anywhere

276

Letters Sent
to Legislators

134

CAFP Members
Took Action

SpeakOut Outcomes

Senate Bill 88: Network Selection/De-Selection Criteria.

CAFP Position Supported

Passed on Bipartisan Vote in Senate 30-5 and House 44-20. Signed by Governor

SB 106 - Naturopath Sunset.

CAFP Position Supported: No expansion of scope

Passed on Bipartisan Vote in Senate 34-0 and House 54-11. Signed by Governor

CIIS Vaccine Registry Funding

CAFP Position Supported: Funding maintained in budget, CIIS will continue

Joint Budget Committee supported 6-0 to include in budget

SB 267 – Hospital Provider Fee Enterprise/Sustainability of Rural Colorado

CAFP Position Supported: \$528 million cut to rural hospitals avoided

Passed on Bipartisan Vote in Senate 25-10 and House 49-16. Signed by Governor

CAFP Testified on 9 Different Pieces of Legislation and Had a 100% Success Rate in the Ultimate Outcome of the Bills on Which CAFP Testified.

SB-250 would have loosened vaccine exemption requirements and eliminated a standardized state exemption form.

CAFP Opposed. Bill defeated on Senate floor

SB-106 Naturopath Sunset

CAFP Opposed expansion of naturopath scope. Bill passed without expanded scope

HB-1094 Telehealth

CAFP Supported. Prevents insurers from charging higher copays for telehealth services than for in-person services

SB-250 Coverage of 12-Month Contraception Supply

CAFP Supported. Requires health insurers to pay for a 12-month contraceptive supply if prescribed by a physician

HB-1322 Domestic Violence Reporting by Health Professionals

CAFP Supported. Eliminates mandatory reporting by a physician if the victim of domestic violence, who is a patient, does not wish the case to be reported. Requires a referral to a victim's advocate, and provides immunity to the physician for reporting or not reporting.

HB-1115 Direct Primary Care is not Insurance

CAFP supported. Ensures Direct Primary Care practices are not regulated as insurance companies.



Tamaan Osbourne-Roberts, MD
testifying on behalf of Senate
Bill 88, regarding insurance
network transparency.

Doctor of the Day By the Numbers

2017 saw record participation in the Doctor of the Day program at the state capitol. Family physicians treated legislators, staff and visitors, and offered a first-hand example of how important family doctors are.

37

Patients Treated
at the Capitol

48

Doctor of the Day
Participants

36

Out of a Possible
78 Days Covered



2017 Colorado Primary Care Collaborative (CPCC) Convening

Leaders from across the Colorado and national primary care landscape gathered together to discuss:

Primary Care Payment & Delivery Reform:
What's on the Horizon

The Impact of a Family Physician

Family Medicine's Contributions to the Economy in Colorado

\$4.7 billion in direct
and indirect
economic output



29,107 jobs,
direct and indirect
positions



\$2.3 billion in direct
and indirect
wages and benefits



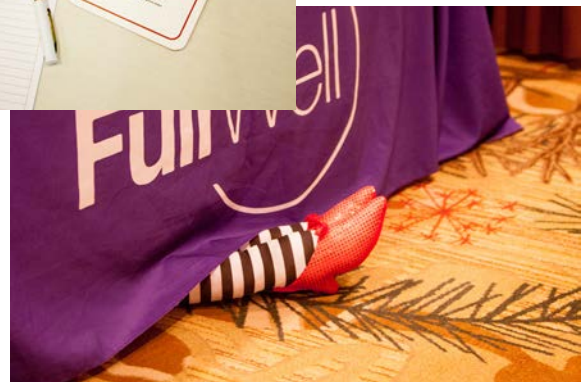
Data via AAFP and AMA. (February 2018). AMA Physicians' Economic Impact Study. Retrieved from <https://www.physicianseconomicimpact.org/>



Governor John Hickenlooper signs HB-1115,
distinguishing Direct Primary Care as different from
insurance.

2017 CAFP Annual Summit

Family medicine centered education is what the Annual Summit is all about. Topics at the 2017 Summit included HIV prevention, physician wellness, medical aid in dying, and GME reform. Plus, a Wizard of Oz themed exhibit hall, student and resident events and more.



2017 CAFP Award Winners



Family Medicine Resident of the Year
Brenda Campos-Spitze, MD



Family Medicine Teacher of the Year
Jeff Cook, MD



Family Medicine Physician of the Year
Steve Lavengood, MD



Patient-Centered Innovation Award
Concussion Consultants at Centura
Rocky Khosla, MD

Fall Wellness Conference

In 2017 the CAFP introduced a new wellness-focused conference for family physicians. Real world tools, practical advice, and preparing physicians to work in a frequently imperfect system were discussed.



Improving the 5 Dimensions of the Diagnostic Process

New research identifies strategies to reduce diagnostic errors

Receive CME
by reading this article!
Visit www.coloradoafp.org/cmequiz

By COPI's Patient Safety and Risk Management Department

Building upon the landmark 2015 Institute of Medicine's "On Improving Diagnosis in Health Care" study, a recent *Annals of Internal Medicine* article¹ examines five dimensions of diagnosis, along with strategies to reduce diagnostic errors in hospitalized patients.

The strategies highlight the importance of first understanding how these errors occur, and then developing practical ways to improve results.

"Defining whether a diagnostic error has occurred can be difficult. Diagnosis evolves over time, often across multiple providers and settings. Standards for diagnostic accuracy and timeliness for most conditions are ill-defined, and physicians must constantly achieve diagnostic rigor with judicious use of tests or procedures," note the researchers in the article.

"In view of these conceptual challenges, the term 'error' should be used only when unequivocal evidence suggests that a key finding was missed or not investigated when it should have been. Errors should also be framed as learning and improvement opportunities, not moments for assigning blame."

Analysis of diagnostic errors by the researchers showed that they generally arise from a mix of individual cognitive factors and system-related factors. Often times, there is a breakdown during the patient-physician encounter and identified problems include poor data gathering, misinterpretation, overconfidence in diagnostic judgment, or knowledge deficiency.

System-related factors often emerge from breakdowns in communication, coordination and teamwork, or from a lack of robust policies and procedures.

In conclusion, the researchers mention that "Diagnosis determines more therapies and procedures that hospitalized patients receive. With so much at stake, efforts to understand and prevent diagnostic errors represent a new horizon of opportunities for hospital medicine."

¹Ann Intern Med. 2016;165:HO2-HO4.

DIMENSION OF DIAGNOSTIC PROCESS	STRATEGIES FOR IMPROVEMENT
The patient-physician encounter	Allocate time and nurture skills to communicate effectively with patients; improve clinical reasoning by critically reflecting on decisions; utilize Web-based decision-support resources and other colleagues
Performance and interpretation of diagnostic tests	Collaborate with lab professionals and radiologists to develop an appropriate strategy and to interpret test results; seek face-to-face communication in difficult-to-diagnose cases
Follow-up and tracking of diagnostic information over time	Clarify responsibilities and processes for following up on abnormal findings and results; use health information technology tools, such as electronic triggers and notifications, to ensure follow-up of pending test results; do not overlook diagnostic data obtained before the current hospitalization, visit or encounter
Subspecialty consultation-related communication and coordination	Use direct communication for critical decisions; reevaluate the diagnosis as a team when multiple consultants are involved
Patient-focused strategies	Encourage patient/family participation; improve engagement through clear discharge instructions and a follow-up plan; encourage patients to be proactive in ensuring that the post-discharge evaluation is done in a timely manner

In 2017 CAFP introduced CME accredited articles in our publication, Colorado Family Physician. These free CME opportunities are another way for physicians to quickly earn the credits they need. Learn more at www.coloradoafp.org/cmequiz

Tar Wars Poster Contest Winner



Congratulations to Gavin Cichello, 2017 Tar Wars Poster Contest Winner! Gavin is a 5th grade student at Chipeta Elementary in Colorado Springs.

Congratulations also to Gavin's teacher Jaimer Kronmiller and Gavin's Tar Wars presenter Rhonda Heschel.



Colorado continues to struggle with key adolescent vaccination rates, including HPV, meningitis, influenza, and others.

Thanks to a grant from the AAFP, the CAFP hosted "Highlight on Vaccinations 4 Teens," a showcase of local and national vaccine advocates and experts who have personal experience with the importance of adolescent vaccinations.

CAFP Board of Directors

Officers

Chair/Past President – Tamaan Osbourne-Roberts, MD, Denver

President – Monica Morris, DO, Denver

President-elect – Zach Wachtl, MD, Denver

Vice President – Gina Carr, MD, MPH, Buena Vista

Secretary/Treasurer – John Cawley, MD, Ft. Collins

Member-at-Large – Craig Anthony, MD, Denver

External Relations/Awards Committee Chair – Glenn Madrid, MD, Grand Junction

Term Expiring 2018

Craig Anthony, MD, Denver

Brian Juan, MD, Denver

Laurie Patton, MD, Parker

Aaron Shupp, MD, Broomfield

Term Expiring 2019

Krista Ault, MD, Durango

Corey Lyon, DO, Denver

Virginia Richey, DO, Wheat Ridge

TJ Staff, MD, MPH, Denver

Term Expiring 2020

Melissa Devalon, MD, Monument

Stephanie Gold, MD, Denger

Matthew Mullane, MD, MPH, Denver

Alan-Michael Vargas, MD, Rifle

Delegates

Brian Bacak, MD, Highlands Ranch – term expires 2017

Rick Budensiek, DO, Greeley – term expires 2017

Alternate Delegates

Glenn Madrid, MD, Grand Junction – term expires 2017

Tamaan Osbourne-Roberts, MD, Denver – term expires 2017

Resident Representatives

Andrew Clithero, MD, 2019, North

Colorado Family Medicine Residency

Kyle Leggott, MD, 2019, University of

Colorado Family Medicine Residency

Lisa Matelich, MD, 2019, St. Mary's

Family Medicine Residency

Julie McKenzie, DO, 2018, St. Anthony

North Family Medicine Residency

Lindsey Pearson, MD, 2019, Rose

Family Medicine

Cleveland Piggott, MD, MPH, 2018,

University of Colorado Family Medicine

Residency

David Stuart, MD, 2019, St. Mary's

Family Medicine Residency

Daniel Wandsneider, DO, 2018, Rose

Family Medicine

Jessica Zha, MD, 2019, University of

Colorado Family Medicine Residency

Student Representatives

Marshal Ash, RVU, grad 2017

Emily Garban, CU, grad 2018

Lindsey Herrera, CU, grad 2018

Mallory Krueger, RVU, grad 2019

Bobby Nieland, RVU, grad 2018

Katie Teixeira, RVU, grad 2019



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