

# Boulder County Medical Society

# HeartBeat

6676 Gunpark Drive, Suite B, Boulder, CO 80301 - (303) 527-3215, bcmedsoc@aol.com - www.BCMS.net

April 2008

## Boulder County Medical Society

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## PRESIDENT'S MESSAGE - James A. Britton, MD

**I**s that right? Don't know if it's right but it's correct at this time! SB 164 is tied up in the judiciary committee of the house without sufficient votes to pass at this time. Our Boulder legislators who did vote on the bill voted in the Senate: Mitchell, S -no; Gibbs-yes; Shaffer-yes; Tupa-yes.

Representatives haven't been given the chance to vote, as it hasn't come before the full house. There still might be time to further lobby by the time you read this, with clear thinking it won't get out of committee.

Thank you to all who wrote emails, letters, and faxes or who spoke with your legislators regarding this issue. We must remember the support given by senator Mitchell in the Senate vote and still to be determined in the House.

All physicians who are acquainted with Senators Gibbs, Shaffer and Tupa are encouraged to redouble our efforts to establish access and information avenues to the legislators. With better understanding and dialog on the issues and foreseen consequences, we hope to be able to support their future bill preparation and eventual votes regarding appropriate and efficient health care.

Is SB 164 the end of the story? In legislative terms, never, it's an idea and therefore you never get it to go away, we can only control its expression for a time. We heard a lot of well-articulated concerns in the letters about 164 and shouldn't these ideas also continue to shape our efforts? If our concern is for better access to rural and jeopardized specialty care shouldn't

this contention prompt subsequent legislation to foster in Colorado these avenues of practice and make them more available?

Some have agreed that the tort system isn't very efficient in provision of benefits to injured patients, (both sides of 164 made that point eloquently from the scrub suit and the wheel chair) then might we consider limited and focused tort reform to these specific areas of medical care as a pilot project to start solving our medical care access problems?

Such "carve outs" of liability and compensation would in some way use available premium dollars to fund this compensation. Implied is sufficient premium to actually compensate loss but sufficiently limit the cost to physicians or institutions to induce the desire practice patterns.

Such a system would look primarily at historic and actuarial incidence and severity to see if sufficient funds would be available to compensate all (not the first or the most dramatic) cases.

Such a systems' decisions would remove domination by medical, legal, or single sector of the public domain (the victims of dodge ball injury shouldn't determine the compensation for their injuries).

I imagine all parties will be luke-warm to such an idea. Physicians will still require a hybrid type of coverage to meet needs not addressed in the carved out practice, but hopefully savings and



James A. Britton, M.D.  
BCMS President

**continued on page 2**

## President's Message - continued from page 1

change in the level of contention would attract practitioners to the underserved specialties or the rural areas.

Insurance providers suffer less premium as a portion of their expensive product is removed. Attorneys work in a bit rarified medical climate, as compensation for their efforts will be limited but more predictable. Patients, as usual, live by and under the systems provided. State government probably likes another authority or commission unless it's all work and little play.

Hopefully by the time you read this SB 164 is down for the count. It should not represent only a preservation of the medical market place. Provision of care as a general market place exchange is an unbalanced system that may be the reason most of the society members favor some sort of reform.

Public funding input to our education and the ethical demand to care for the entire citizenry prevent providers from saying "here's the cost, take it or leave it". Similarly the true cost of some legitimate care options prevent society from writing the check that says, "give everyone the care requested".

When the community can't provide a payor mix sufficient for physician and hospital success, short of improving income available for that specific expense, the only option is a more efficient system that can deliver care and still pay the market to attract providers and institutions or the service goes away.

Presently there are unequal payors that don't reflect patient care intensity of service. Only physicians and hospitals agree to take 160% of cost here, cost only there, and 30% of cost on occasion when the service is the same for each patient. Would there even be a tort, construction, or civil service if their providers labored under such constraint?

To integrate these unequal markets each practice must cost shift to either stay afloat, or maximize profits and all that looks about the same to the public when they are a patient and evidently when they are some of our legislators. The only time the public gets the idea that it's not working is when a practice goes under, leaves a rural community, or starts refusing to participate in a segment (the most vulnerable or expensive) of care. That's about as effective timing for social policy as it is in medical care!

We're still in a system that expects and requires that we practice in many segments of a medical market exchange for care we provide. This system isn't optimized toward providing care and attracting a new generation of physicians. We still have work to do (after evening rounds)!

Respectfully,  
*James Britton, M.D.*

### CALL/EMAIL:

Rep. Jack Pommer:

(303) 866-2780

[jack.pommer.house@state.co.us](mailto:jack.pommer.house@state.co.us)

and urge him to OPPOSE SB164  
and move the complex discussion  
of our medical liability system  
to an interim study panel.

## DR. LAITOS ANNOUNCES CANDIDACY FOR CMS PRESIDENT-ELECT

BCMS Past President (2002-2004) Dr. Mark Laitos has announced his intention to run for CMS President-elect this September! And the only way to vote for him is for YOU to be one of our 23 Delegates representing BCMS, and attending the Colorado Medical Society's Annual Meeting September 11-14 in Keystone.

As many of you know, Dr. Laitos is in private practice in a four-doctor (soon to be five) Family Practice group in Longmont. He has been a Delegate of BCMS since 1999, served on the BCMS Executive Committee since 2000, and is on the CMS Board of Directors since 2005.



*Mark M. Laitos, M.D.*

The CMS election will take place the morning of Sunday, September 14. If you'd like to be there to vote for Dr. Laitos, and to celebrate with us, please call BCMS for information. If you currently are not a Delegate or Alternate Delegate, we can place you on a waiting list should an opening occur.

We know he will represent you well at the state medical society, he's already been doing that in his superb fashion here in Boulder County.

**Run Mark Run!**



# WHAT IS THE PHYSICIAN ADVISORY COMMITTEE (PAC)?

written by Mel Stjernholm, M.D., BCMS representative to UHC-PAC

If you can recall the efforts of the BCMS polling of physicians regarding their percentage of patients on the United HealthCare plan merging with PacifiCare, we found that 30-35 percent of our market would be affected by this merger. We petitioned along with the Colorado Medical Society and the AMA to the Division of Insurance and Governor Owens to stop the merger. As a result, Governor Owens appointed an advisory committee to meet with United HealthCare on a regular basis to try and address issues of concern to physicians, such as those raised at the hearing.

As a result of these meetings, we were able to establish a law that would require fair and transparent contracts between health plans and physicians that cannot be changed by the insurance company at their will without notification. This has been a step forward in the contracting with UHC-PacifiCare and other major companies in Colorado. Secondly, it has helped with the contracting for physicians in the smaller communities where they are manipulated by the larger companies to negotiate terms which are unfair and unreasonable.

March 5, 2008, CMS with the help of the Colorado Association of Health Plans (CAHP) introduced legislation known as SB 138 supported by Johnson/McGihon. This bill was a quest for transparency and clarity associated with physician profiling systems used by insurance companies and others in Colorado. The concept of SB 138 was the product of PAC over the past 2 years in working with UHC.

## THE KEY ISSUES:

1. Disclosure of data and methodology on which physician designations are based must be disclosed with fair and accurate information.
2. CAHP and CMS agreed-upon internal health plan review process based upon fundamental concepts of fairness.

3. If a designation is appealed the health plan cannot publish that information until the appeal has been finalized.

New York Attorney General reached an agreement with several national health plans regarding their physician designation programs that included similar provisions. The New York agreement is endorsed by the AMA and the Consumers Union.



Melvin R. Stjernholm  
M.D. - Endocrinology

This bill is known as the "PHYSICIAN DESIGNATION DISCLOSURE ACT" which passed the Senate Subcommittee on Human and Health with a vote of 6/0 in favor of this Act. It is expected to pass the Senate, House and be signed by Governor Ritter. Included in the Act is the need for the insurance company to provide to patients a disclaimer in **bold-faced type** that the designations are intended only as a guide in choosing a physician and should not be the sole factor in selecting a physician and that the designations have a risk of error and that consumers should discuss designations with the physician.

This act is intended to create fairness for physician profiling and an appeals process which allows the physician direct contact with the medical director of the insurance company. I would encourage you to Google "Physician Designation Disclosure Act of Colorado" in order to read the entire act.

Many hours have been spent on getting this legislation passed, and my thanks go to the PAC Committee, the CMS, (especially Dr. David Downs - President of CMS, and our CEO - Alfred Gilchrist) in addition to our staff- Judy Ladd, Executive Director at the BCMS for keeping the "ball rolling" to get this legislation passed.



## HAPPY DOCTOR'S DAY

Since the days of the Hippocratic oath, the physician has been held in high esteem as healer, trusted confidant and patient advocate. The relationship between physician and patient is invaluable during times of crisis. Technological breakthroughs have done much to advance the science of medicine, however, the patient-physician relationship remains the fundamental tenant of medicine. Patients depend on their doctors. And for good reason. Your doctor does more than keep you healthy. The 570 physicians who belong to BCMS voluntarily advocate for their patients. Everyday, they work to ensure that what is right for their patients will drive our state and national health policy in a direction that not only manages care ethically but keeps the patients interest foremost in the discussion. March 30th, National Doctor's Day, is a day set aside to show appreciation for the role of America's physicians in caring for the sick and advancing the art and science of medicine. We take this opportunity to recognize the physicians in our community who dedicate their lives to the health and well being of their patients.



## **Boulder County Medical Society Disaster Preparedness**

### ***“Don’t SPAM Me Bro!”***

John Ogle, MD, MPH  
Emergency Physician and Past President, BCMS

**Medical Disaster:  
“Manmade or natural disruption that overwhelms  
the health care system’s normal surge capacity.”**

New Orleans, my birth town, was a disaster in every sense of the word. I deployed after Katrina to run a field hospital and vowed Colorado will not be another Louisiana. Communication problems were and are largely preventable. Government strategies fail to resonate with most physicians; but in proper context, historical “lessons learned” can help physicians organize, prepare, respond and recover from future contingencies. Most of us already have the hardware we need; the missing link is an effective communications plan.

Our current Emergency Alert System (EAS) replaced the Emergency Broadcast System in 1994, and it warns the public about tornados, disasters and other imminent emergencies. Universities have effectively augmented the EAS to specifically alert students about gunmen, etc. The EAS is nicely restrained, so the “tune-out” factor is minimal. Distinctive tones catch your attention because the EAS does not spam our master inbox every time there is a snowstorm, stray dog, FDA recall or change to the terrorist threat level.

Today’s EAS has one shortfall, though. It remains a one-way “broadcast” system. Authorities need an inconspicuous, two-way means for “PINGing” doctors. The concept is daunting and BCMS physicians must proactively insure our “authorities” don’t abuse any such system—doctors have different message filtration requirements than other “essential workers.” A physician notification plan must be independent of crumbling and inefficient hospital recall trees, but communication techniques must be unobtrusive but bypass cumbersome answering services.

Responding to this glaring gap in our readiness, BCMS is building an overarching, “break-the-glass” physician notification system. Our nonintrusive doctor-designed Emergency Notification System promises to be a national prototype because of its EAS-like restraint and professional focus.





We understand that doctors don't want or need to subscribe to any lists unless it is a "DO NOT CALL" list. Our secure, doctor-centric network is simple, focused, restrained, professional, and independent of competitive and commercial interests. Safeguards and maintenance will not burden hospitals, practices or answering services. The key is strictly guarded access. Abuse, accidental disclosure and loss of trust would destroy this database. We understand security. BCMS doctors will not receive home mortgage offers or any other spam from this network.

Our restrained two-way notification system will be co-tested twice only per year by BCMS and the Health Department, and physicians should take a few seconds to sign up now:

<http://physiciancheckin.com>

Temporary Access Credentials (all lowercase):

Username: doctor

Password: bcms2008



*John Ogle, M.D., M.P.H.  
Medical Director of BCMS  
All Hazards/Disaster  
Preparedness Committee*

***Thanks for helping to keep your community prepared!***

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## **DISASTER PREPAREDNESS TRAINING CALENDAR**

Take advantage of the upcoming trainings and seminars to further your knowledge of preparedness, medical surge, immunization, and volunteerism.

### **April 3**

#### **Citizen Corps**

Public Safety Building, Boulder, 3:30 pm to 4:45 pm

Contact: Merrie Harper (mharper@bouldercounty.org)

### **April 27 - May 2**

#### **Healthcare Leadership Course**

Center for Domestic Preparedness, Anniston, AL

Contact: Lisa Widdekind, 303-413-7582, Boulder County Public Health  
(lwiddekind@bouldercounty.org)

### **May 15**

#### **Colorado Medical Surge Seminars, Denver**

8:00 am to 5:15 pm

Register at [www.co.train.org](http://www.co.train.org)

### **May 15**

#### **Immunization Dinner**

6:30 pm to 9:00 pm

Boulderado Hotel, Boulder

# SB 164: YOU GUYS HAVE DONE A GREAT JOB!

submitted by Mark Laitos, MD, Co-Chair Congress for Health Care Reform



Mark M. Laitos, M.D.

There is an alarming bill in Colorado's legislature. If passed, SB 164 would lift Colorado's cap on malpractice awards. It would threaten our standing as one of the few states without a malpractice crisis. At this point, Sunday, March 23, we still don't know whether SB 164 will ultimately pass.

But I'm pleased to say that you—the doctors of this state—have skillfully and successfully represented yourselves, and have had a huge impact on this bill's progress. Your rapid and sustained response to the trial lawyers' attempt has stopped this bill's momentum. Just as important, your measured and respectful patient-centered message opposing this bill has derailed SB 164's progress, and has gained our House of Medicine much respect at the capitol.

Early in the process, this bill had a lot of speed and power. If not for your effective and broad grassroots pressure, it may have been signed by the governor by now.

Yes, this legislation already squeezed through the State Senate. That was largely because of insider politics that were independent of the merits of the bill. (This kind of process is not unique to SB 164. It's simply how bills get passed. We succeed when we know the rules, so we play by them.)

But now, as a result of your relentless messages, many, many more legislators are realizing that this request from the trial lawyers, SB 164, is irresponsible and at odds with the broader goal of health care reform. Note that the Colorado Medical Society has been present at uncounted meetings across the state involving medical access and cost control. We've shown the legislature, the governor's office, the Medicaid office and the office of the insurance commissioner that we mean business, that we have good ideas, and that we can deliver.

The trial lawyers' contribution, their only contribution to the health care debate, is this SB 164. Your phone calls have helped the legislature recognize that.

Meanwhile, we've had some great successes at the capitol. Your CMS worked with the HMOs last year to pass a law requiring insurance companies to issue a standardized contract to physicians (the first one of these laws in the nation). This year we've worked with the insurance companies again to

draft a bipartisan bill that will establish legal standards for how insurance companies profile us in their consumer ratings systems, that will make that process transparent, and that will spell out our appeal process and our mechanism for enforcement.

Legislators have told us that if the HMOs can work with us, but the trial lawyers can't, there must be something really wrong with this bill!

On this issue, SB 164, Colorado physicians are building on our reputation for being respectful, approachable, reasonable, and able to work on all sides of an issue. Legislators want to listen to us. We have flooded the capitol with speakers in lab coats. Our message has been professional—emphasizing the cause and effect, especially on our patients, of this proposal.

We have not vilified those who disagree with us on SB 164; many of those legislators have championed other issues for us. After this bill's first hearing in the Senate, doctors went up and shook the hand of SB 164's sponsor. This is how we want to conduct ourselves in the public arena, and it's how you have conducted yourselves in your e-mails and phone calls. I'm thrilled to tell you: the leadership of the General Assembly recognizes your professionalism and appreciates it.

We are applying our politics and policy at an impressive level of sophistication. We were the first state to pass a standardized contract law. We are about to become the first state to have oversight of payer profiling.

And on March 23rd, with your skilled involvement, we are blocking a well-heeled and aggressively lobbied trial lawyer attempt to unravel our medical liability environment. I am proud to be a part of such a dedicated grassroots medical organization— one which, even under political duress, remembers to build policy from the exam room, and the operating room, on up.



# CU ALUMNI COLLEGE TO FOCUS ON HEALTH CARE

"Health Care: Insurance, Delivery and Innovation" is the hot topic of the CU-Boulder Alumni Association's third annual Alumni College May 16-17. The public is invited to join CU faculty and alumni for a spirited discussion of health care.



The Alumni College will take place in the Stadium Club on the CU-Boulder campus. Eleven specialists from CU-Boulder and CU's Anschutz Medical Campus will discuss current issues of the U.S. health care system in four different sessions.

BCMS presenters will be: Drs. John Farrington (CU-PreMed'49), Mark Laitos (CU Econ. '76, MD 1980), and Howie Wolf - what a stellar assemblage of talent!

Topics addressed include various aspects of the health care system today followed by ample opportunities for discussion. Presenting will be historians, political scientists, sociologists, business profes-

sors and medical practitioners. Participants will be provided with readings in advance of the event.

"What makes the Alumni College Weekend so compelling," says weekend organizer and history/international affairs Professor Robert Schulzinger, "is the high level of the discussion prompted by the readings each speaker circulates to the participants. It's the kind of engagement that goes on every day in CU classrooms."

The weekend attracts engaged CU alumni and friends from Colorado and across the country. Several meals and a closing reception are included in the fee of \$80 for members of the Alumni Association and \$100 for nonmembers.

For more information about Alumni College, see <http://cubuffalum.org/2008/01/02/alumni-college/>.



## COLORADO ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM

*submitted by Merle Miller, MD, FACEP*

The Colorado State Program that allows electronic prescription drug monitoring for controlled substances has gone live. Colorado pharmacies and pharmacies that ship into the state will provide the database. Doctors can register as a "data requester" (need NPI #). This is aimed at decreasing inappropriate use of controlled substances.

The goal of the program is to provide information to both Prescribers (Physicians, Dentists, Optometrists, etc.) and Pharmacists to assist them in the proper treatment of their patients.

Title 12, Article 22, Part 7 of the Colorado Revised Statutes requires the electronic monitoring of Schedule II, III, IV and V prescription drugs. Beginning on July 1, the Prescription Drug Monitoring System (PDMP) will provide a platform to track controlled substances and expedite the flow of information about controlled substance prescription drug use.

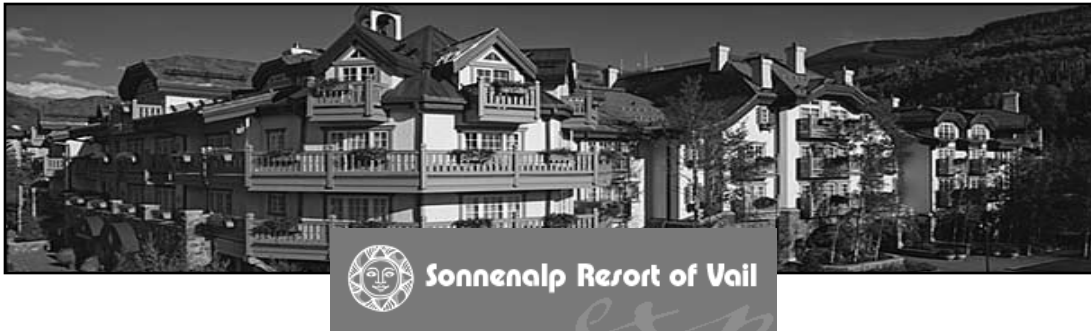
All pharmacies in Colorado that dispense schedule II-V substances will be required to report information regarding the dispensing of such drugs. Information may either be submitted to the provider of this service through a secure file transfer or individually entered through a secured website.

This project will be implemented in two phases. The first phase is to establish the data collection procedures and begin collecting the data. The second phase of the project will be to enable both prescribers and pharmacists to query the data for patients they are considering prescribing controlled substances to or dispensing them for.

For more information see: [www.coloradopdmp.org](http://www.coloradopdmp.org)



# VAIL IS CALLING! MAY 2-4, 2008



**J**oin your colleagues at the beautiful Sonnenalp Resort in Vail at this year's CMS Spring Conference focused on "Imagineering Colorado's Health Care System."

The weekend will begin with hors d'oeuvres, drinks and a presentation from the Honorable Barbara O'Brien, Colorado's Lieutenant Governor on Friday evening May 2nd. Saturday will feature presentations on systems thinking and creating a vision for our future health care system.

After taking the afternoon off to enjoy Vail, there will be dessert and a lively fireside chat panel discussion Saturday evening

called, "Hearing our Friends in the Health Care Reform Conversation." The conference wraps up Sunday morning with practical presentations and moderated discussions on how the medical profession can put ideas for our vision for our health care future into action.

To make your Sonnenalp hotel reservations, please call: 800-654-8312 and be sure to ask for the CMS special room rate of \$145/night. Registration forms for CMS can be found at [cms.org](http://cms.org) then click on the "ASAP" link.

Plan to see us up the hill, or on the hill!



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SUFFERS A WORK-  
RELATED INJURY OR  
ILLNESS, SMALL  
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## CHECK THIS OUT!

*Wednesday, April 2nd*

**BCMS All Hazards Disaster Preparedness/Pan Flu Committee Meeting**

12:00 noon to 1:00 pm  
BCMS Conference Room  
Lunch will be served  
Call Anita Albrecht to RSVP at (720) 273-2554

*Wednesday, April 2nd*

**"Emergent Evaluation Of Stroke/Thrombolysis"**

Sponsored by COPIC Insurance, 12:30 pm to 1:30 pm  
Louisville, 1 point  
Contact Kathy Hardisty 303-673-1218

*Wednesday, April 16th*

**"Intensive Communication Skills"**

Sponsored by COPIC Insurance, 6:00 pm to 8:00 pm  
BCH, 2 points  
Contact Megan Sitlington at 303-440-2003

*Thursday, April 17th*

**BCMS Office Managers Meeting**

7:30 am to 8:30 am  
BCH-Foothills Campus, Leo Hill A Room

*Friday, April 18th*

**CMS Alliance Spring Luncheon**

"Keeping the Home Front Safe"  
(family preparedness for potential disasters)  
Noon luncheon and speaker  
Pinehurst Country Club  
\$15.00 per person  
RSVP to Patti Brown: brwnfam@aol.com

*Friday, May 2nd*

**BCMS All Hazards Disaster Preparedness/Pan Flu Committee Meeting**

12:00 noon to 1:00 pm  
BCMS Conference Room  
Lunch will be served  
Call Anita Albrecht to RSVP at (720) 273-2554

*Friday, May 2nd*

**CMS Board of Directors Meeting**

1:00 pm  
Sonnenalp Resort in Vail  
All members welcome

*Saturday and Sunday May 3rd-4th*

**CMS Spring Conference**

"Imagineering Colorado's Health Care System"  
See article on page 8 for details & registration information

*Monday, May 5th*

**"Difficult Clinician/Patient Relationships"**

Sponsored by COPIC Insurance, 6:00 pm to 8:30 pm  
at Avista Hospital, 2 points  
Contact Kathy Hardisty 303-673-1218

*Wednesday, May 14th*

**BCMS Executive Committee Meeting**

6:30 pm at BCMS office

*Thursday, May 15th*

**BCMS Office Managers Meeting**

7:30 am to 8:30 am  
BCH-Foothills Campus, Leo Hill A Room

*Thursday, May 15th*

**"Pathogenesis & Prevention of Herpes Zoster (Shingles)"**

9th Annual Immunization Educational Forum  
\$10.00 fee  
6:00 pm to 9:00 pm  
Presented by Dr. Myron Levin, Professor of Pediatrics at CU  
and Children's Hospital  
RSVP: Carol Helwig 303-413-7506 or [chelwig@bouldercounty.org](mailto:chelwig@bouldercounty.org)

*Friday-Saturday May 16 & 17*

**CU Alumni College Weekend**

**"Health Care: Insurance, Delivery & Innovation"**

Stadium Club of CU Boulder  
For more info or to register:  
<http://cubuffalum.org/2008/01/02/alumni-college/>

*Wednesday, June 18th*

**Caregiving Symposium**

Boulder County Aging Services  
10:30 am to 4:30 pm  
Calvary Bible Church, Boulder  
Emily Cooper 303-678-6116

*Thursday, June 19th*

**BCMS Office Managers Meeting**

7:30 am to 8:30 am  
BCH-Foothills Campus, Leo Hill A Room

*Wednesday, July 9th*

**BCMS Executive Committee Meeting**

6:30 pm at BCMS office

*Friday, July 11th*

**CMS Board of Directors Meeting**

1:00 pm  
CMS offices in Denver  
All members welcome

## **WELCOME! - Please Welcome These New Members**

**Susan "Elizabeth" Cruse, M.D.**  
*Internal Medicine*  
Internal Medicine Associates  
1000 W. South Boulder Road  
Suite 214  
Lafayette, CO 80026  
303-444-1850

**Katherine Dueber, M.D.**  
*Pediatrics*  
Longmont Clinic  
1925 W. Mountain View Avenue  
Longmont, CO 80501  
303-776-1234

**Kim Feldhaus, M.D.**  
*Emergency Medicine*  
Boulder Emergency Physicians  
3033 S. Parker Road, Suite 800  
Aurora, CO 80014  
303-440-2037

**Mary Louise Langlois, M.D.**  
*Internal Medicine*  
Spruce Street Internal Medicine  
2575 Spruce Street  
Boulder, CO 80302  
303-449-3594

**Angela M. Rosetti, M.D.**  
*Pediatrics*  
Centennial Valley Pediatrics  
818 W. South Boulder Road  
Louisville, CO 80027  
303-666-7337



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# Save the Date!

For the 9th Annual  
Immunization  
Educational Forum

Thursday, May 15, 2008  
6:00 - 9:30 pm

Pathogenesis and Prevention of  
Herpes Zoster (Shingles)

Presented by:

**Myron Levin, MD**

Professor of Pediatrics and Medicine  
University of Colorado - The Children's Hospital

*Registration for this event will begin in April*

*For more information contact Carol Helwig  
chelwig@bouldercounty.org or 303-413-7506*

Sponsored by:

**Boulder County Immunization Coalition**

# YES! You Can Ask Your Patients About Addiction.

**THE SOLUTION IS RIGHT HERE IN YOUR OWN COMMUNITY.  
LEAVE THE DETAILS TO US AND LET THE EXPERTS BE YOUR RESOURCE.**

We have a highly qualified team of professionals with over 50 years of combined experience, and a dedicated Board of Directors including: **Dr. Stephen Henderson, M.D., Board President,** & **Dr. Mary Faini, M.D., Board Secretary**

**Services Offered Include:**

- Intensive Outpatient Treatment
- Community Education & Workshops
- Interventions
- Assessments
- Group & Individual Therapy
- DUI Education & Therapy
- Family Therapy

(even if the addict/alcoholic isn't receiving help)

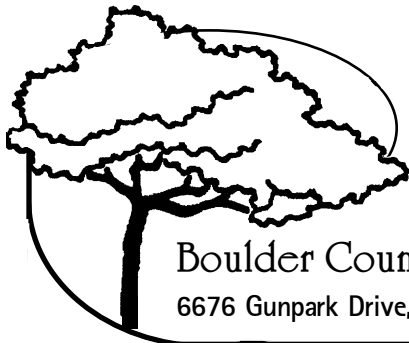


**For brochures  
and consultations  
call 303-651-9200**

**THE NEXT STEP**  
A PLACE WHERE FAMILIES RECOVER

(Formerly Addiction Treatment Center of Longmont)

**www.atclongmont.org • 2130 Mountain View Ave., Suite C • Longmont, CO 80501**



**Boulder County Medical Society**  
6676 Gunpark Drive, Suite B, Boulder, CO 80301

Phone: (303) 527-3215, Fax: (303) 527-3216

***Please share this with your Office Manager***