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Official Newsletter of the Larimer County Medical Society

THE Honker

January/February 2010

Support for LCMS Directory Needed

We need your support for the Larimer County Medical Society Directory! The directory is an integral fundraising arm of the Society and the proceeds keep all your dues low. Did you know your dues are some of the lowest in the state? Here's a sampling of the dues in the counties surrounding Larimer: Boulder- \$275; ADEMS- \$285; Denver- \$295; Clear Creek- \$350; Weld- \$225; Aurora- \$200. Without the directory, it would be very difficult to provide member services at the current LCMS dues rate of \$170 per year.

Each year the directory is printed and distributed to all member offices as well as to the community at large. Our members have indicated they find the directories a great resource, offering them the ability to recognize their peers from the pictures in the directory. The community benefits as well. The directories are distributed free-of-charge at area hospitals, area medical clinics, senior centers, pharmacies, and other appropriate locations. Each year all 5,000 directories are distributed and we receive countless calls for additional directories.

The LCMS has formed partnerships with the local Chambers of Commerce and Board of Realtors to have the directories distributed to prospective and new members of the community. These members are valuable users of the directories because health care is considered one of the primary needs of new members to a community upon or before their arrival.

For the low cost of \$60, your professional pictorial listing will be placed in both the hard copy directory and on the Larimer County Medical Society's website at www.larimermedicalsociety.org. The website is continuing to grow as a resource for physicians and the general public and a major update is planned for this spring. As a LCMS member you are able to log on and update your information at any time with the web directories so your information is always current. We will be promoting the web directories with our partners listed above, as well as through other promotional campaigns. You receive this listing free of charge when you commit to the hard copy version of the directory.

You should have already received a pre-printed sheet with directory information included. Please return it with your check and support the effort by your Society to keep your dues low. Discounted advertising rates were included with your letter and are an excellent way to spotlight your practice and help the LCMS. Directory forms should be returned immediately and can be faxed to 970-223-6184. Advertising sheets are due on March 12th.

Contact Executive Director, Cathy Whittlesey at (907) 674-7512 or at cathy@larimermedicalsociety.org if you did not receive directory information or advertising rates, need your picture taken, or have any other questions.



Presidential Perspective

Janet Seeley, MD

FLY USA

A physician went to heaven and met God, who granted (her) one question. So the physician asked, "will health-care reform ever occur?"

"I have good news and bad news," God replied. "The answer is yes, but not in my lifetime." -Stephen Huber, MD, Medical World News

When Dr. Huber wrote these words in the mid 1990's, health care reform did indeed seem to be eons away. And, who knows whether anything comprehensive will come from Capitol Hill this year, either. However, some health care reform is already taking place (see below) in response to pressure from the business community, payers and the general public. Their demands for better value and access are fueled by escalating costs, multiple reports showing low marks on many indicators of health care quality in the US, and large disparities between populations and the states.

Practicing medicine in our current system is like flying an airplane patched together from an old fuselage and a jumble of old and new parts, held together with hard and often frustrating work. "Do your best, folks, got to keep it flying (and the passengers safe) during the remodel(s)!" Physicians are right in the middle of this messy transformation. We need to know about proposed changes, be familiar with the designs and schedules, and play an active

role in the process. Fortunately, as the blueprints were drawn up for the regulations and programs listed below, the Colorado Medical Society and the AMA have been – and are – at the table. They have developed strategies to help you understand, navigate and find funding for these changes. Your input to CMS and the AMA are important in determining your needs and evaluating what is of value to your practice.

Health care happens locally, as does the renovation process. The programs discussed below are opportunities to help us make the transitions needed for affordable, safe, quality health care in the 21st century. Some of these issues will be discussed in more detail in the *Honker* and the *CMS Colorado Medicine* publications during the following months. Affordable access to health care, which is not discussed below, will also be the subject of a future article.

Incentives for Performance and Health Information Technology

"Effective physician payment systems include support for the role of primary care physicians, incentives for quality improvement and reporting, and incentives for care coordination. Higher quality of care can be encouraged through establishment of performance measures, financial incentives, and active monitoring of performance." -Ann Intern Med. **Achieving a High-Performance Health**

Care System with Universal Access: What the United States Can Learn from Other Countries 2008;148:55-75.

Most current reform efforts come as financial incentives to promote changes in how health care is organized, delivered and reimbursed. These include:

1. Medicare incentives for adoption of Electronic Medical Records (EMR) and demonstration of meaningful use of those ERM. This is a multi-phase program designed to pay annual incentives to qualifying providers until 2015 and then switch to penalties for those providers who cannot demonstrate meaningful use of EMR by that time. There is a similar program for Medicaid. However, it will still pay the first year if the providers without electronic records can demonstrate that they are in the process of adopting EMR (see up-to-date information at www.cms.org).

2. Federal stimulus fund incentives for development of regional health information exchanges (HIE). These can be visualized as secure patient information superhighways, using provider EMR's as on-ramps. (see www.CORHIO.org and the CMS website) The Larimer and Weld County Medical Societies have been working on developing an HIE program for our region. More on that in a future issue of the *Honker*.

3. Incentives from business groups, government and payers for demonstrating per-

(continued on page 3)

Presidential Perspective *(continued from page 2)*

formance on various quality measures, i.e., pay-for-performance. For example, see *Colorado Business Group on Health* at www.cbghhealth.org and also CMS.org.

Incentives for Clinical Integration

A number of recent government and private grants are also encouraging health care practices and communities to develop clinically integrated systems to improve the coordination of patient services across the continuum of care (see the CO Health Foundation 2009 brief *Integrated Care: Putting the Pieces Together* for an extensive list of CHF grants and government projects focusing on integrated health care at www.coloradohealth.org. Health care quality research, although in its infancy, consistently has shown that integrated care results in better outcomes and lower costs, particularly for patients with chronic and complex medical problems. Integration requires a change in the usual organizational structure of health care delivery. One such structure on a practice level is the patient-centered medical home. (See www.cms.org and the article in this issue about the Larimer Patient-Centered Medical Home Collaborative.)

In contrast, an Accountable Care Organization (ACO) is an organizational structure which oversees community-wide clinical integration of health care entities. Health One in Denver and the Kaiser Permanente organization are examples of "vertical" ACO's. Grand Junction is a good example of an ACO with "horizontal" integration across a community, as described by Atul Gawande, MD in *The New Yorker* (June 1, 2009) and by Len Nichols in a health policy report for the *New America Foundation* (www.newamerica.net). Colorado Medicaid is in the process of designing a regional ACO pilot to be awarded to 7 regions of the state later this year (<http://www.colorado.gov/hcpf>). Accountable Care Organizations will be a focus of the CMS Spring meeting in May – watch *Colorado Medicine* for further details.

Colorado Patient Safety (and Tort Reform) Bill

Since the release of the "to Err is Human, Building a Safer Health Care System" report by the Institute of Medicine ten years ago, great strides have been made in defining elements which contribute to a safe patient environment (see www.ahrq.gov, the Checklist Manifesto by Atul Gawande and Mike Wiggin's excellent article in

the 2009 Sept/Oct. issue of the *Honker*). Among the many safety factors, two are currently addressed in a recently introduced bill (HB 10-1283) in the Colorado legislature and actively endorsed by the Colorado Medical Society:

1. A properly trained, certified and accountable work force
2. A system that recognizes, learns from and compensates for medical errors within a secure environment.

The bill calls for a formal 18 month review of the patient safety studies and pilots on alternatives to (not replacement of) litigation for medical errors. The report would be presented to the legislature in 2012, with recommendations for legislation. Please see the Legislative Digest on the CMS website for more on this bill and others related to health care this 2010 session. Then call your legislators with your thoughts on HB 10-1283!

It takes teamwork to fly this proud but ailing aircraft while rebuilding it to truly deliver the World's Best Health Care. Please join us in the conversation. We welcome your feedback, suggestions and contributions!

Welcome New Members

Angela Mills, MD, whose specialty is internal medicine. Dr. Mills practices with Northern Colorado Hospitalists, 2121 E. Harmony Rd., #300 in Fort Collins. The telephone is (970) 224-9102 and the fax is (970) 224-9112.

Steven Seiler, MD, whose specialty is orthopaedics. Dr. Seiler practices with Orthopaedic and

Spine Center of the Rockies, 2500 E. Prospect Road, in Fort Collins. The phone is (970) 493-0112 and the fax is (970) 419-1794.

Ricardo Nieves, MD, whose specialty is physical medicine and rehabilitation and pain management. Dr. Nieves practices with Colorado Spine, Pain, and Sports Medicine, 1437 Riverside Avenue,

#2, in Fort Collins. The phone is (970) 692-5550 and the fax is (970) 689-1147.

Eric Wideman, DO, whose specialty is emergency medicine. Dr. Wideman practices with Emergency Physicians of the Rockies, 1024 S. Lemay Avenue, in Fort Collins. The telephone is (970) 495-8006 and the fax is (970) 495-7641.

Larimer County Medical Society Spring Meeting CME Meeting

Wednesday, April 14, 2010

Fort Collins Marriott
350 E. Horsetooth Road, Fort Collins

“Medicine and Compassion”

Presented by

David Shlim, MD

6:15 PM Reception

6:45 PM Business Meeting and Dinner

Vegetarian meal available on request

7:30 – 8:30 PM CME Program

The intended audience is physicians and other health care providers.
At the conclusion of this presentation, participants should be able to:

*Articulate the definition of compassion and a compassionate attitude.
Describe how one’s capacity for compassion can be increased with training.
Identify learned techniques for increasing the capacity for compassion.
Create ways to decrease the chance of professional burnout in oneself.*

David R. Shlim, M.D., is the co-author, with Chogyi Nyima Rinpoche, of *Medicine and Compassion: A Tibetan Lama’s Guidance for Caregivers*. He received his medical degree from Rush Medical College (Chicago, Illinois) and did his post-graduate training at Good Samaritan Hospital and Medical Center. He is currently Medical Director, Jackson Hole Travel and Tropical Medicine, Jackson, Wyoming. Dr. Shlim directed the world’s busiest destination travel medicine clinic in Kathmandu for fifteen years, during which time he also offered free medical care to the Tibetan Buddhist monastic community and newly-arrived Tibetan refugees. He was the personal physician of Tulku Urgyen Rinpoche for 11 years, and has been a student of Chogyi Nyima Rinpoche for over 25 years. Their collaboration on *Medicine and Compassion* represents the first time that authentic Tibetan Buddhist teachings have been tailored for caregivers in the West. In addition to teaching about medicine and compassion, Dr. Shlim is one of the most respected travel medicine experts in the world. Recommended Reading: *Medicine and Compassion: A Tibetan Lama’s Guidance for Caregivers* by Chogyi Nyima Rinpoche with David R. Shlim, M.D.; Wisdom Publications, Boston 2004.

There is no registration fee for members of the Larimer County Medical Societies. Each member may bring his or her spouse or a special guest at no charge. To register, please call the Larimer County Medical Society office at (970) 674-7512 by April 9th.

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Colorado Medical Society (CMS) through the joint sponsorship of Banner Health and the Larimer County Medical Society. Banner Health is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. Banner Health designates this educational activity for a maximum of *1.0 AMA PRA Category 1 Credit*.™ Physicians should only claim credit commensurate with the extent of their participation in the activity.



DISCLOSURE INFORMATION: Dr. Shlim has no relevant financial relationships that may constitute a conflict of interest with the content of this presentation.

Medical Home Coalition in Larimer County

Kim Sharpe, coordinator, Healthier Communities Coalition of Larimer County

Have you heard the buzz? It sounds like "Medical Home." Often its paired with the term "patient centered." And it makes some providers bristle thinking it implies they are meant to become slaves to their patients, meeting their every demand.

While it does mean providers encourage their patients to take a more active role in their health and the decisions affecting it, the Medical Home approach still recognizes providers* as the professionals with expertise to inform and guide the decision making process.

This term, and more importantly, the Medical Home concept, originated through the collaboration and work of many professionals and family advocates on a national level, specifically the Maternal and Child Health bureau and the American Academy of Pediatrics," according to the Colorado Medical Home Initiative (www.coloradomedical-home.org). Increasingly, more professionals and organizations through-out the nation, state and here in northern Colorado endorse this model of care. A medical Home collaborates with an individual and their family and other professionals to provide coordinated services.

Dr. Kelly Lowther of Miramont Family Medicine explains, "the Medical Home approach takes us back to the old-fashioned style of medicine that family practitioners had in mind when we started. We've always had a philosophy of

taking care of the whole person, not just body parts, but personalized care began to deteriorate when we had to see at least twice the number of patients to stay in business."

Lowther and others are looking at how to recapture this way of delivering health care, making it more commonplace here in our community without becoming another economic drain on practices. The newly formed Larimer County Medical Home Coalition (LCMHC) has been meeting monthly since July. The group's work is being coordinated by the Healthier Communities Coalition of Larimer County (HCC). HCC was selected by the Colorado Department of Public Health and Environment to be a neutral facilitator in identifying barriers while promoting solutions in developing a medical home system of health care delivery for children.

Many gaps have been identified and they fall into four broad categories that all could begin with "lack of." Funding, of course, tops the list, followed by access, communication and education. LCMHC members acknowledged that they could not solve some of the issues, such as funding. Some of the areas where the group has begun working include:

- Communicating to local providers and patients about Medical Home and how it can enhance health care
- Developing a resource guide to help providers better

connect their patients to services.

Another Medical Home effort here in Larimer County is the Healthy Harbors pilot project that will ensure foster children, who often have very complex needs, receive health care that is accessible, family-oriented, comprehensive, continuous, coordinated, compassionate and culturally competent. A navigator will be hired to work in tandem with Department of Human Services' case workers and connect foster children to a team of providers based out of the Family Medicine Center. The navigator will support the medical team and assist foster families through the necessary maze of medical specialists, mental health centers, dental offices and educational systems, and will interface and share information with the many agencies involved.

If you are interested in participating in the LCMHC or would like more information about either the coalition or Healthy Harbors, contact HCC Coordinator Kim Sharpe at (970) 495-7503 or krs4@pvhs.org. For more information about the Colorado Medical Home Initiative, visit www.coloradomedicalhome.com.

*It is important to note that Colorado Revised Statute 25.5-1-103 defines the term "provider" as it relates to Medical Home as inclusive of behavioral, oral and physical health care providers and specialists.



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National MS Awareness Week: March 8 – 14, 2010

MS FIVE: What Every Physician Should Know About MS

Colorado is known for great lifestyles, its natural beauty, and its climate. For many it is also a place where multiple sclerosis (MS) has a strong foothold. Five facts every physician should know about MS are:

1. Colorado has one of the highest incidences of MS in the nation.

- One in every 520 Coloradans has MS as compared to 1 in 750 in the US and 1 in 2,000 in southern states
- There are more than 9,500 Coloradans living with MS.

2. Symptoms vary from person to person depending on where the central nervous system is affected, making it difficult to initially diagnose.

- Common symptoms include balance and gait issues, cognitive and sensory problems fatigue, tremors, vertigo and dizziness, visual impairment and heat intolerance.

3. MS targets by gender.

- Nearly 75 percent of people diagnosed with MS are women.

4. National MS Society, the largest private funder of MS research in the world, funds ten research projects in Colorado.

- The National MS Society directs \$40 million annually to fund 335 research projects worldwide in search of therapies and a cure.

5. There is progress – There are currently six disease-modifying medications approved by the U.S. Food and Drug Administration (FDA) for use in relapsing forms of MS to slow the progression of MS

- The first oral therapy has been approved by the FDA to improve walking ability for people with all types of MS.

sources for every stage of MS, as well as support for care givers, friends, family and loved ones, including self-help groups, support groups, care management, financial assistance, fitness and education classes, advocacy services, and a National Call Center, which is staffed by master's level personnel.

The Chapter has offices in Denver, Fort Collins, Grand Junction, and Colorado Springs. Each office provides local programs and support for your patients living with MS and their families.

The Colorado Chapter encourages every person with MS to maintain a healthy lifestyle and engage a physician for optimal care. MS information is available for physician offices by calling (866) 678-7328.

(Article submitted by National Multiple Sclerosis Society, Colorado Chapter)

The Colorado Chapter offers re-

Upcoming Events

March 24th 6:00 pm: LCMS Board of Directors Meeting at Biaggis

April 14th 6:15 pm: LCMS Spring Meeting and CME Program at Fort Collins Marriott- "Compassion and Medicine" presented by David Shlim, MD

April 16th 7:00 pm: Alliance's Wine Tasting Fundraiser at the home of Donn and Mary Turner
Proceeds to benefit Crossroads Safehouse

April 30th - May 2nd: CMS Annual Meeting at Sonnenalp Resort, Vail

Of Interest

• Health professionals petition FTC for relief from "red flags" rule

In light of a recent federal court decision, four national organizations representing physicians, dentists and veterinarians have called on the Federal Trade Commission (FTC) to exclude health professionals from a controversial new regulation—the so-called "red flags" rule—intended to combat identity theft. In a letter sent to FTC Chairman Jon Leibowitz, AMA Executive Vice President and Chief Executive Officer Michael D. Maves, MD, and leaders of the American Dental Association, the American Osteopathic Association and the American Veterinary Medical Association asked the FTC to make it clear that the rule will not apply to their members given the result of recent litigation brought by the American Bar Association against the FTC. In that case, the U.S. District Court for the District of Columbia ruled that lawyers should be excluded from the requirements imposed by the "red flags" rule.

• Medical cum cultural tour of India

P.K. Vedanthan, M.D. reports due to his educational and research

work in various medical institutions in India, he is thinking of arranging a medical cum cultural tour of India for members of LCMS (as well as other members of CMS) in the fall of 2010. The tour will last two weeks and will entail visits to changing health arenas of the India (from government primary health centers to five star corporate hospitals). CME and cultural show packages will be provided to physicians and their families. He would like to limit the number of participants to 25 couples. If there is interest in this idea he will have his travel agent give all the particulars of the package. For activities in India and elsewhere check the website at: <http://intlsthma.googlepages.com>. Dr. Vedanthan may be contacted at 2020 Wadsworth Blvd, Suite # 13A, Lakewood, CO 80214 or at (303) 238-0471.

Volunteers Needed

The Thirtieth Annual Loveland Community Health Fair will be will be 8 a.m.-1 p.m., Saturday, April 24 in the McKee Conference and Wellness Center, 2000 Boise Ave., Loveland. LCMS is a sponsor of this important community event. Physician volunteers are needed to discuss the findings and to provide summary and referral from the blood draw during those times. Two additional physicians who are able to participate in the skin cancer screenings are also needed. Different shifts are available. Please contact cathy@larimermedicalsociety.org or call (970) 674-7512 to volunteer.

Spotlight

Orthopaedic and Spine Center of the Rockies (formerly Orthopaedic Center of the Rockies) has a new location in Loveland. The address is 3470 East 15th St. The phone is (970) 663-3975 and the fax is (970) 663-2235. The Fort Collins address and telephones remain the same.

Do you have a submission for Spotlight? Email cathy@larimermedicalsociety.org or call (970) 674-7512.

Deals for Docs

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Colorado Medical Society Update

- CMS has updated the online Stimulus Fund Calculator to reflect the proposed rules released by the federal government in late December.

This calculator will help you see how much money your practice could receive for the “meaningful use” of Health Information Technology and Health Information Exchange. You may also use the calculator to see how much money you could lose if you don’t become a meaningful user. Under the law governing the incentive program, practices that don’t become meaningful users of HIT/HIE by 2015 will be penalized 1 percent of Medicare payments. The penalty increases in subsequent years, to at least 3 percent in 2017 and beyond.

You may access the calculator from the CMS HIT website (see link below). This link also will give you access to our Vendor Comparison Tool, which compares pricing and features of 11 Electronic Health Record systems commonly used in Colorado practices, and gives you a list of more than 40 questions you should ask a vendor when considering purchasing an EHR. (Login required).

For more information, including the proposed definition of “meaningful use,” visit the CMS HIT website.

Calculator/Vendor tool: <http://www.cms.org/fmi/iwp/cgi?-db=ARRA%20Calculator&-load-frames>

Website: <http://cms.org/HIT/1HITHome.html>

• UPDATE

The Centers for Medicare & Medicaid Services (CMS) will delay

until January 3, 2011, the implementation of Phase 2 of Change Request (CR) 6417 (Expansion of the Current Scope of Editing for Ordering/Referring Providers for Claims Processed by Medicare Carriers and Part B Medicare Administrative Contractors (MACs)) and CR 6421 (Expansion of the Current Scope of Editing for Ordering/Referring Providers for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Supplier Claims Processed by Durable Medical Equipment Medicare Administrative Contractors (DME MACs)). This delay will give physicians and non-physician practitioners who order items or services for Medicare beneficiaries or who refer Medicare beneficiaries to other Medicare providers or suppliers sufficient time to enroll in Medicare or take the action necessary to establish a current enrollment record in Medicare prior to Phase 2 implementation.

Although enrolled in Medicare, many physicians and non-physician practitioners who are eligible to order items or services or refer Medicare beneficiaries to other Medicare providers or suppliers for services do not have current enrollment records in Medicare. A current enrollment record is one that is in the Medicare Provider Enrollment, Chain and Ownership System (PECOS) and contains the National Provider Identifier (NPI). Under Phase 2 of the above referenced CRs, a physician or non-physician practitioner who orders or refers and who does not have a current enrollment record that contains the NPI will cause the claim submitted by the Part B provider/supplier who furnished the ordered or referred item or service to be rejected.

CMS continues to urge physicians and non-physician practitioners who are enrolled in Medicare but who have not updated their Medicare enrollment record since November 2003 to update their enrollment record now. If these physicians and non-physician practitioners have no changes to their enrollment data, they need to submit an initial enrollment application which will establish a current enrollment record in PECOS.

- The 2010 CMS Spring Conference looks into the future of health care systems. Accountable care organizations (ACOs) will be the focus. In Vail, you will hear about one of Colorado’s most successful ACOs that developed over decades in Grand Junction. We’ll hear from a physician leader who helped make it happen from the beginning. Plus, we’ll hear from Rocky Mountain Health Plans – an insurance company that models collaboration and cooperation with physicians and communities. Following the kickoff describing current success stories, the conference will then turn to new development and further expansion of the ACO concept.

Our keynote address will update health reform efforts from Washington D.C. Len Nichols plans on returning to share his knowledge about pending legislation and how ACOs are incentivized. Federal legislation may help foster ACO development. It might require it.

It’s about leadership and momentum. It’s the Colorado Medical Society’s Spring Leadership Conference. Mark your calendar for April 30 – May 2 at the Sonenalp Resort in Vail.

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Update from the LCMS Alliance

Melissa Conlon and Lisa Marks
Co-Presidents



Greetings from the Larimer County Medical Society Alliance! In 2010, the Medical Alliance will continue to be dedicated to strengthening our organization and physician families, promoting our substantive causes such as health education, volunteer and charitable work, and building camaraderie by hosting adult social events for our medical community.

We are currently planning some wonderful events.

This year the Open Heart Luncheon & Fundraiser will be held on Thursday, March 4, 2010 from 11:00 a.m. -1:00 p.m. at the home of Sandy & Lisa Marks. Past Medical Alliance Presidents will provide lunch and everyone is encouraged to attend and support the Larimer County Child Advocacy Center with a Wish List item or financial donation. See below for more information about the Child Advocacy Center.

You will not want to miss our Wine Tasting Event at the home of Donn and Mary Turner on Friday, April 16, 2010 at 7:00 p.m. At this event, you will have the opportunity to show your support of Crossroads Safehouse.

Information on the Larimer County Child Advocacy Center

What is the LCCAC?

We are a non-profit agency whose mission is to reduce trauma to children during child abuse investigations by providing a child and family-friendly setting for forensic interviews and the coordination of services while ensuring our clients receive effective and sensitive support. We also provide school based and community based prevention programs.

The Larimer County Child Advocacy Center's mission is to reduce trauma to children and their families through a comprehensive response to child abuse.

The vision of the Larimer County Child Advocacy Center is to eliminate child abuse through prevention and education. Where we cannot, all victims will receive comprehensive and compassionate services from an effective team of professionals.

What services does the LCCAC provide families and community members?

The LCCAC conducts forensic interviews with children who

have allegedly been abused, or who have been possible witnesses to violent crimes; provides support services, mental health and medical exam referrals to families; holds community trainings on child abuse issues; conducts both a school (Talking About Touching) and community based (Steward's of Children) prevention program.

Contact Information:

LCCAC
5529 S. Timberline Rd.
Fort Collins 80528
(970) 407-9739
(970) 407-9743

Update on Crossroads Safehouse:

Currently, Crossroads is in the demolition phase of the renovation process. They will complete that phase by April, at which time they hope to have raised the remaining \$1.2 million that will be needed to continue the renovation straight through to completion by this time next year. About half of this remaining funding has been promised but not pledged in writing; nonetheless, they are hopeful that the goal of 100% of funding being raised by the end of this year is attainable.

For More Information Visit: larimermedicalsociety.org

LCMS Board of Directors

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Suggestions or comments?

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