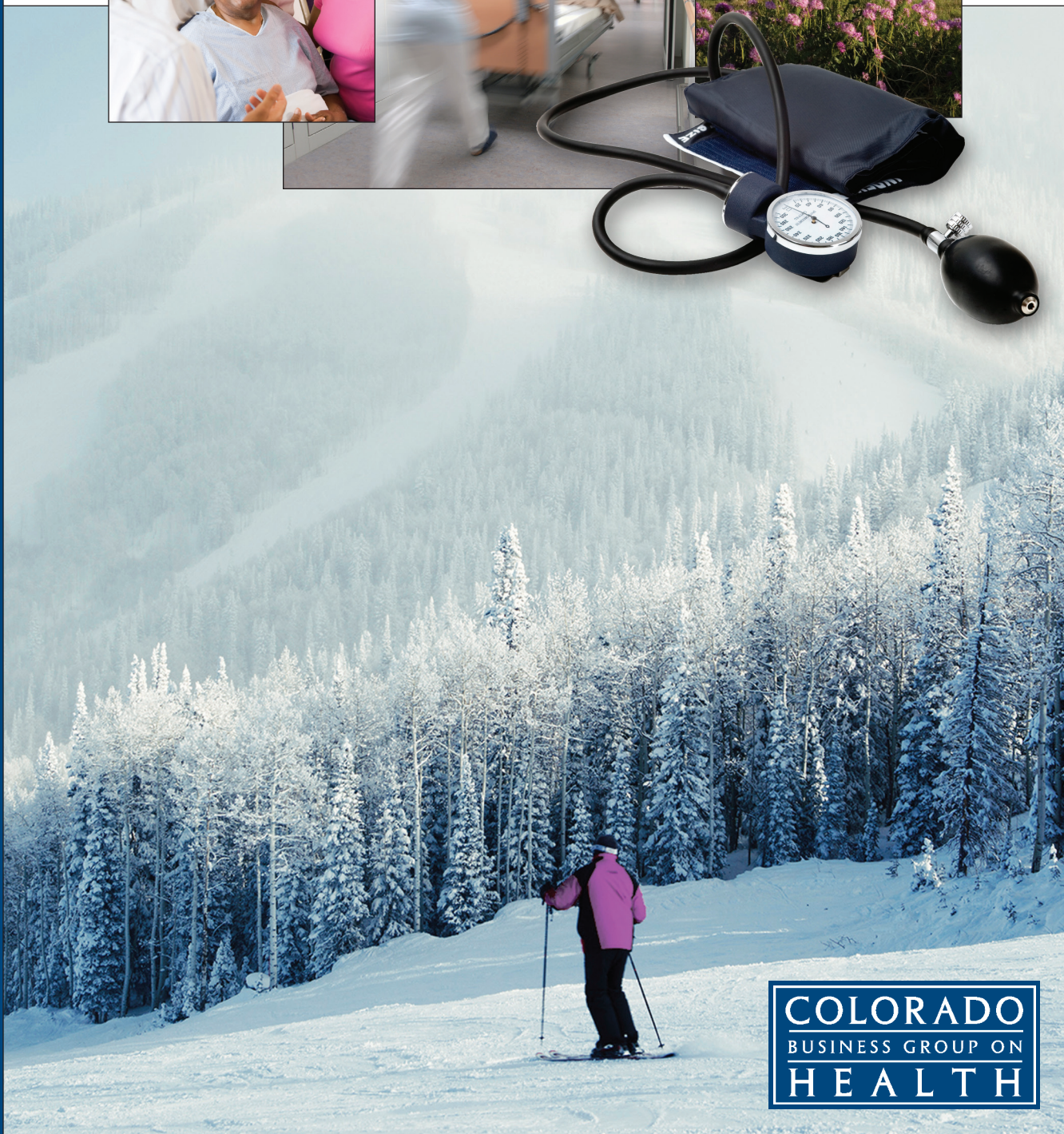
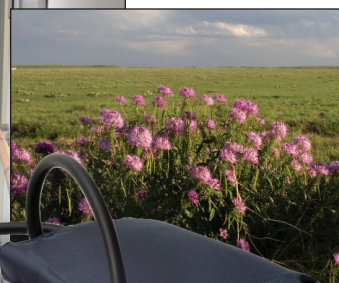
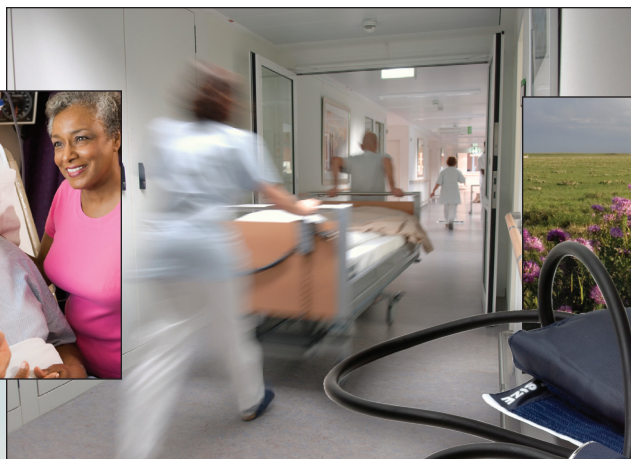


# Colorado Health Matters 2012

## Quality Report: Hospitals



**COLORADO**  
BUSINESS GROUP ON  
**HEALTH**

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The information contained in this publication is meant to increase reader awareness of quality in health care. Its contents should not be construed as medical advice or instruction on individual health matters, which should be obtained directly from a health professional.

For more information, contact Colorado Business Group on Health at 303-922-0939 or [www.coloradoHEALTHonline.org](http://www.coloradoHEALTHonline.org).





# Cutting the fat

## The obesity epidemic

**D**uring the past 20 years there has been a dramatic increase in obesity\* in the United States. Colorado is no exception. Between 1990 and 2007, obesity among Colorado adults has more than doubled. As of 2009, 18.6 percent of Coloradans were considered obese and 36.7 percent were considered overweight.

Last year we reported that only Colorado and the District of Columbia had a prevalence of obesity less than 20 percent. Sadly, this is no longer true. In 2010, 21 percent of Coloradans were obese. That is 2.4 percent rise from 2009's 18.6 percent.

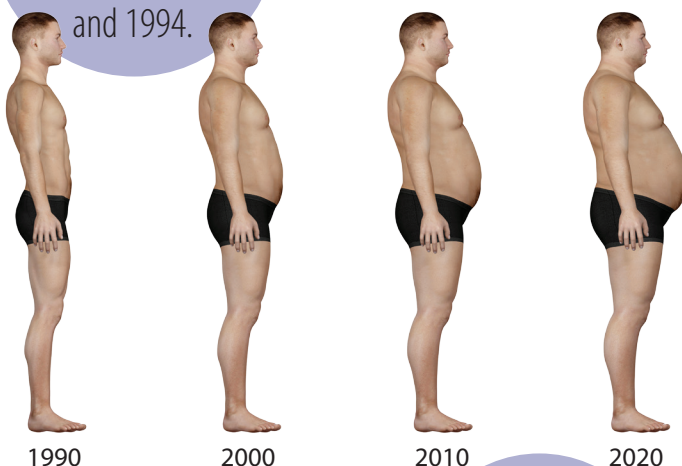


With the alarming rate of increase of obesity in Colorado, the Colorado Business Group on Health decided to devote the 2011-2012 *Colorado Health Matters Quality Reports* to informing consumers, employers, and the community at large about the impact of not maintaining a healthy weight on one's overall health and the American health care system.

This publication focuses on a group of Colorado physicians that have chosen to meet specific standards in treating their patients. Furthermore, we present evidence that these recognized physicians are improving their patients' health.

\* Overweight is defined as a body mass index (BMI) of 25 or higher; obesity is defined as a BMI of 30 or higher.

**56%**  
of Americans were  
obese or overweight  
between 1988  
and 1994.



**68%**  
of Americans  
were obese or  
overweight  
in 2010.

## The costs of obesity

### To your wallet

Around 9.1 percent of all health care costs in the US are related to obesity and being overweight. People who are obese spend almost \$1,500 more annually on their health care than the non-obese. Additionally, worker absenteeism due to obesity is estimated at \$4.3 billion annually and lower worker productivity costs employers approximately \$506 per obese employee per year.

### Obesity vs. Smoking

Obesity raises individual

- Health care costs by 36%.
- Medication costs by 77%.

Smoking raises individual

- Health care costs by 21%.
- Medication costs by 28%.

### To your health

Adults categorized as obese are 44 percent more likely to say that they have fair or poor health status than those adults who are not obese. Poor health can affect daily activities, including workplace productivity. Obese adults are 21.7 percent more likely to report having one or more poor physical health days per month.

In addition to influencing the number of work days missed, obesity also increases the risk for at least 20 health conditions, including diabetes, high blood pressure, high cholesterol, stroke, heart disease, and asthma. For example, research shows that as weight increases to reach the levels referred to as "overweight" and "obese," the risks of the following conditions also increase:

- Coronary heart disease
- Type 2 diabetes
- Cancers (endometrial, breast, and colon)
- Hypertension (high blood pressure)
- Dyslipidemia (for example, high total cholesterol or high levels of triglycerides)
- Stroke
- Liver and gallbladder disease
- Sleep apnea and respiratory problems
- Osteoarthritis (a degeneration of cartilage and its underlying bone within a joint)
- Gynecological problems (abnormal menses, infertility)

# How to choose your hospital

## The Leapfrog Hospital Survey

The Leapfrog Hospital Quality and Safety Survey has been a method for improving hospital quality, safety, and efficiency since its inception in 2001. The results from the survey inform consumers of the kind of care they can expect to receive by determining which hospitals are meeting high quality, cost effective standards, comparing area hospitals to local and national performance standards, and providing incentives for quality improvements. The Leapfrog Group initially identified four quality and safety practices (Leaps) as the focus for hospital recognition and reward. They are Computer Physician Order Entry (CPOE), Intensive Care Unit (ICU), Physician Staffing (IPS), Evidence-Based Hospital Referral (EBHR), and Safe Practices Score (SPS). This year, 22 out of 34 urban and 6 out of 41 rural invited Colorado hospitals took part in the annual Leapfrog Hospital Survey.

Remarkably, one of Colorado's own rural hospitals, St. Anthony Summit Medical Center in Frisco was one of only five rural hospitals in the nation to make Leapfrog's Top Hospital List last year. Top Hospitals must meet the following criteria:

- Fully meet Leapfrog standards for implementing computer physician order entry (CPOE) systems and carefully testing their systems with Leapfrog's CPOE Evaluation Tool;
- Fully meet stringent performance standards for at least half of the complex, high-risk procedures done in that particular hospital;
- Fully meet the ICU staffing standards;
- Score a 69 or better in efficiency according to Leapfrog's Hospital Recognition Program (LHRP). This score is calculated by combining a hospital's scores for quality and resource use (which include all of the standards on Leapfrog's Hospital Survey), with quality weighing more heavily. Due to restrictions on resources, rural hospitals are only required to meet this measure.

The mission of the Leapfrog Group is to activate leaps forward in the safety, quality and affordability of health care by making the American public aware of a small number of compelling and easily understood advances in patient safety. Their mission is to do so by specifying a simple set of purchasing principles designed to promote these safety advances, as well as overall customer value. If all hospitals implemented just the first three of Leapfrog's four Leaps: over 57,000 lives could be saved, more than 3 million medication errors could be avoided, and up to \$12.0 billion could be saved each year.

### Leap 1: Computer Physician Order Entry (CPOE)

#### An Rx for Rx

Choose the hospital with electronic prescribing systems that requires its staff to use computers to order medications, tests, and procedures. CPOE has been shown to reduce serious prescribing errors by more than 50%.

### Leap 2: ICU Physician Staffing (IPS)

#### Sick people need special care

Choose the hospital with an Intensive Care Unit (ICU) that is staffed by physicians experienced in critical care medicine. IPS has shown to reduce the risk of patients dying in the ICU by 40%.

### Leap 3: Evidence-Based Hospital Referral (EBHR)

#### The best of the best: practice makes perfect

Choose hospitals with the best track records. Choose the hospital with low mortality rates or high rates of adherence to clinical practices. This means making sure those patients with high-risk conditions and procedures are treated at hospitals with characteristics shown to be associated with better results or extensive experience. The following are some of the Leapfrog high risk procedures:

- Abdominal Aortic Aneurysm (AAA). Repair procedure that fixes an abnormal enlargement of the abdominal portion of the aorta, which is the major artery from the heart.
- Aortic Valve Replacement (AVR). Open-heart surgery to replace the heart valve if it thickens so much that it causes an abnormal narrowing and stiffening of the valve.
- Bariatric Surgery. Weight-loss surgery.
- Esophagectomy Surgical. Removal of all or part of the esophagus.
- High Risk Deliveries & Neonatal Intensive Care Units (NICU). High risk delivery is when mother and/or fetus are at higher-than-normal risk. Low-birth weight, premature, or seriously ill newborns may require specially designed equipment.
- Pancreatic Resection. Surgical removal of all or part of the pancreas. The pancreas is an organ that lies deep in the abdomen and produces important hormones such as insulin. If cancer develops in the pancreas, removing the cancer may be lifesaving.

### Leap 4: Leapfrog Safe Practices Score

#### Leapfrog Quality Index: A culture based on safety

Choose a hospital that has a high Leapfrog Safe Practices Score. This fourth Leap assesses a hospital's progress on 17 of the 34 National Quality Forum (NQF) safe practices not covered by the first three Leaps. NQF safe practices focus on those that have the strongest evidence, are auditable, and are not measured in another way in a different section of the Survey.

*"Consumers who choose hospitals identified by Leapfrog as having begun to implement patient safety practices will likely find hospitals with better process, quality and lower mortality rates."*

Dr. Ashish K. Jha, Harvard School of Public Health upon completing a study for the Joint Commission Journal of Quality and Patient Safety 2008.

# Colorado urban hospital ratings

The Leapfrog Group publically reports patient safety ratings for all hospitals that submit data. With transparency in mind, Leapfrog rates each hospital on how near its policies and practices are to the Leapfrog standards. The lowest rating, Willing to Report, designates that a hospital submitted data, but has not made progress

in meeting Leapfrog standards. Some Progress and Substantial Progress indicate a hospital is on its way to fully meeting Leapfrog standards, but still must put forth effort to wholly meet the standards. Lastly, a hospital is given the rating Fully Meets Standards if the hospital fully meets the Leapfrog standard in that measure.

Hospital	City	Leap 1 (CPOE)	Leap 2 (IPS)	Leap 3					Leap 4
		Prevent Medication Errors	Appropriate ICU Staffing	Abdominal Aortic Aneurysm Repair	Aortic Valve Replacement	Esophageal Resection	High Risk Deliveries	Pancreatic Resection	Steps to Avoid Harm
Boulder Community Hospital	Boulder								
Centura – Avista Adventist Hospital	Louisville			na	na****				
Centura – Littleton Adventist	Littleton			na	na****	na		na	
Centura – Parker Adventist	Parker			na	na****				
Centura – Penrose-St Francis	Colorado Springs						na		
Centura – Porter Adventist	Denver						na		
Centura – St. Anthony Central	Lakewood						na		
Centura – St. Anthony North Hospital	Westminster				na****		na		
Centura – St. Francis Medical Center	Colorado Springs			na	na****	na		na	
Centura – St. Mary Corwin	Pueblo				na****	na		na	
Childrens Hospital	Aurora			na	na	na	na	na	
McKee Medical Center	Loveland			na	na****	na	na	na	
Medical Center of Aurora	Aurora								
North Colorado Medical Center	Greeley					na	na	na	
North Suburban Medical Center	Thornton				na****	na	na		
Parkview Medical Center	Pueblo						na		
Presbyterian/St. Luke's Medical Center	Denver								
Rose Medical Center	Denver								
Sky Ridge Medical Center	Lone Tree								nr
Spalding Rehabilitation Center	Aurora		na	na	na	na	na	na	
St. Mary's Hospital	Grand Junction			nr	nr	nr	nr	nr	
Swedish Medical Center	Englewood								
University of Colorado Hospital	Aurora			nr	nr	nr	nr	nr	

na =

na\*\*\*\* =

nr =

= Willing to Report

= Some Progress

= Substantial Progress

= Fully Meets Standards

# Colorado rural hospitals

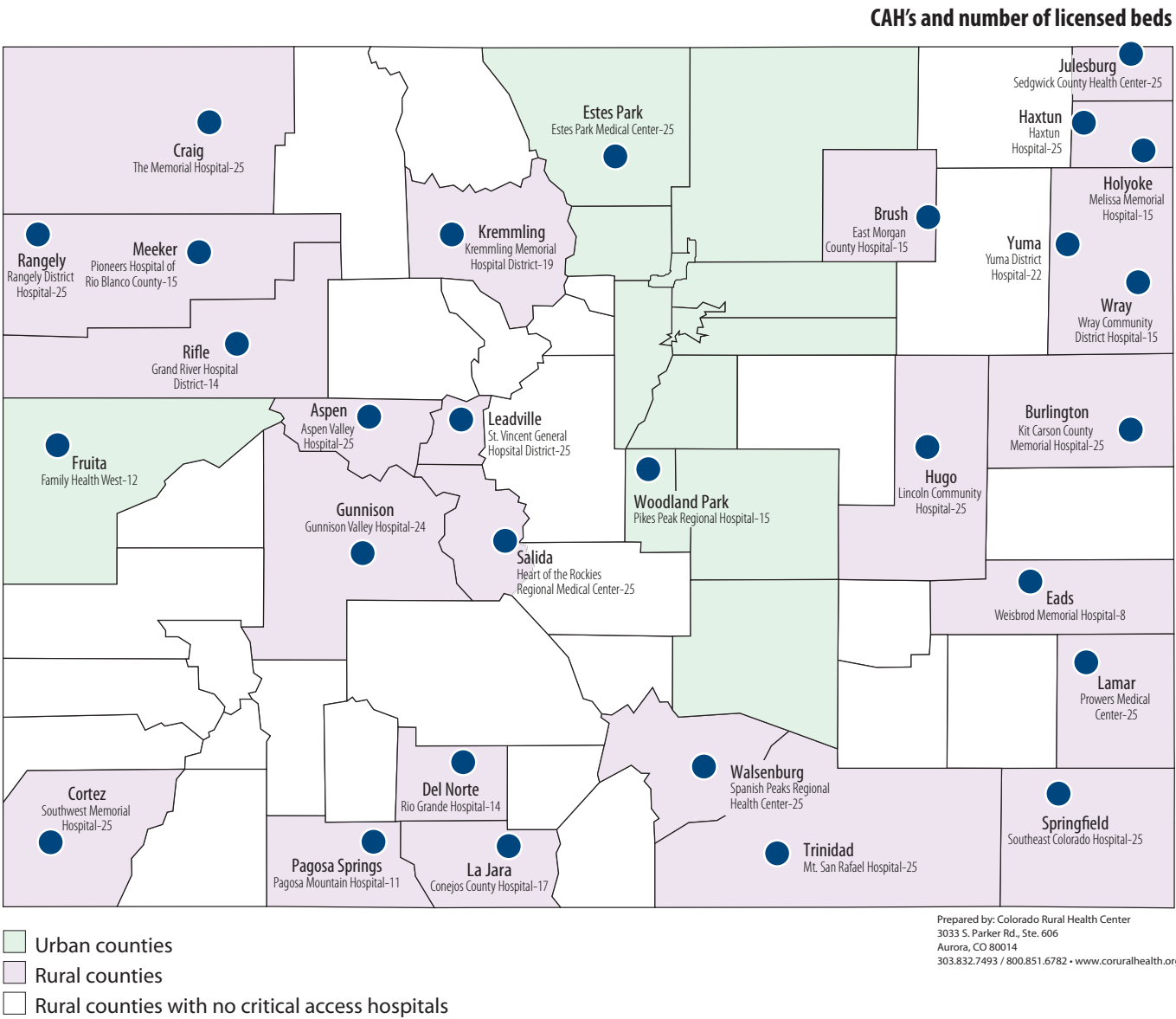
## Colorado’s critical access hospitals

### What is a critical access hospital (CAH)?

A CAH is a hospital that is certified to receive cost-based reimbursement, from Medicare, to improve the facility’s financial performance and thereby reduce hospital closures in areas with limited medical resources. CAHs must be located in a rural area and meet one of the following criteria: 1) over 35 miles from another hospital; 2) 15 miles from another hospital in mountainous terrain

or areas with only secondary roads; or 3) state-certified as a necessary provider of health care services to residents in the area.

There are 95 hospitals in Colorado. Of those hospitals, 41 are rural hospitals that serve approximately 20% of Coloradans. Twenty-nine of those rural hospitals are Critical Access Hospitals (CAHs).



# A culture based on safety



## A rural culture based on safety

The Colorado Business Group on Health asked rural hospitals to complete Leap 4, the Leapfrog Quality Index (see page 5). Rural hospitals are not asked to complete all four Leapfrog Leaps due to staffing and resource constraints involved in complying with computer physician order entry (CPOE) and ICU physician staffing. However, this is the eighth year rural hospitals have been asked by the Leapfrog Group to complete Leaps 3 and 4. We only report Leap 4 for rural hospitals, but our hope is that rural hospitals will increase their participation in Leap 3 as the program continues.

Adequate staffing, clear and uniform documentation, prevention practices, management of medications, and infection control are basic foundations of care that greatly impact the outcomes of any hospital stay. This score, based upon the Leapfrog Hospital Survey, is a summary of 17 health care practices.

		Leap 1 (CPOE)	Leap 2 (IPS)	Leap 4
Hospital	City	Prevent Medication Errors	Appropriate ICU Staffing	Steps to Avoid Harm
East Morgan County Hospital	Brush		na	
Family Health West Hospital	Fruita		na****	nr
Mercy Regional Medical Center of Durango	Durango			
St. Anthony Summit Medical Center	Frisco			
Sterling Regional Medical Center	Sterling			
Valley View Hospital Association	Glenwood Springs			

na =

na\*\*\*\* =

nr =

= **Willing to report** means the hospital is in the lowest quartile for Overall Points.

= **Good early stage effort** means the hospital is below median, but not in the lowest quartile, for Overall Points across all Safe Practices that apply to the hospital.

= **Good progress** means the hospital is above the median, but not in the top quartile, for Overall Points across all Safe Practices that apply to the hospital.

= **Fully implemented** means the hospital is in the highest quartile for Overall Points across all Safe Practices that apply to the hospital.

# Bariatric surgery:

## A safe option for weight-loss?

For many, losing a lot of weight requires more than exercise and a healthy diet alone. Physicians may suggest bariatric surgery (e.g. gastric bypass, gastric banding) as an effective and lasting treatment for morbid obesity and associated comorbidities. Of the patients who received bariatric surgery, 95% experienced a rise in quality of life and 95% of bariatric patients were able to maintain long-term weight loss. For bariatric surgery to have the most lasting benefits, it must be only a fragment of a weight loss program that includes: (1) pre- and post-surgical counseling, (2) nutritional counseling, (3) exercise & weight management programs, (4) psychological evaluation and counseling, (5) support groups, and (6) the member must be a patient for life.

The Leapfrog Survey measures the quality of Bariatric Surgery performed at hospitals across the nation. Serious complications are not uncommon. Many studies report in-hospital morbidity rates of 10-20% for bariatric surgery patients. In order to measure the quality of bariatric surgery by measuring an outcome that is closely related to quality for bariatric surgery. Procedure volume, the number of specific type of surgeries performed at hospital, correlates to outcomes following the surgery. The rates of serious complications were 4.1% if less than 150 bariatric surgeries were performed compared 2.3% if more than 300 surgeries were performed.

The Colorado health plans that participate in submitting data to the Quality Reports were polled to determine which bariatric surgeries were covered, what the medical requirements were to have bariatric surgery, and whether a member must use a Center of Excellence for the surgery. Each plan varied, but generally:

### The most popular covered surgeries:

- **Gastric Bypass:** The surgeon will use staples to divide your stomach into a small upper section and a larger bottom section. The top section of your stomach (called the pouch) is where the food you eat will go. The pouch is about the size of a walnut. It holds only about 1 ounce of food. The small intestine will then be connected to the pouch, thus food will bypass the larger bottom section of the stomach.
- **Gastric Banding (lap banding):** The surgeon places a band around the upper part of your stomach to create a small pouch to hold food. The band limits the amount of food you can eat by making you feel full after eating small amounts of food. After surgery, your doctor can adjust the band to make food pass more slowly or quickly through your digestive system.

### Medical requirements:

- BMI >40 or BMI >25 with comorbidities,
- Attempted weight loss overseen by physician, counselor, or dietician without significant weight reduction,
- Member must undergo psychological evaluation pre- and post-operation

Hospital	City	Bariatric Score
Boulder Community Hospital	Boulder	na
Centura Health – Avista Adventist Hospital	Louisville	na
Centura Health – Litleton Adventist Hospital	Littleton	na
Centura Health – Parker Adventist Hospital	Parker	■ ■ ■ □
Centura Health – Penrose St. Francis Health Services	Colorado Springs	■ ■ ■ ■
Centura Health – Porter Adventist Hospital	Denver	na
Centura Health – St. Anthony Hospital	Lakewood	na
Centura Health – St. Anthony North Hospital	Westminster	na
Centura Health – St. Francis Medical Center	Colorado Springs	na
Centura Health – St. Mary Corwin Medical Center	Pueblo	na
Children's Hospital Colorado	Aurora	na
East Morgan County Hospital	Brush	na
Family Health West Hospital	Fruita	na
McKee Medical Center	Loveland	na
Medical Center of Aurora	Aurora	na
Mercy Regional Medical Center of Durango	Durango	na
North Colorado Medical Center	Greeley	■ ■ ■ □
North Suburban Medical Center	Thornton	■ □ □ □
Parkview Medical Center	Pueblo	na
Presbyterian-St. Luke's Medical Center	Denver	■ ■ ■ ■
Rose Medical Center	Denver	■ ■ ■ ■
Sky Ridge Medical Center	Lone Tree	■ ■ ■ ■
Spalding Rehabilitation Hospital	Aurora	na
St. Anthony Summit Medical Center	Frisco	na
St. Mary's Hospital and Medical Center	Grand Junction	nr
Sterling Regional MedCenter	Sterling	na
Swedish Medical Center	Englewood	■ ■ ■ □
University of Colorado Hospital	Aurora	nr
Valley View Hospital	Glenwood Springs	na

■ □ □ □ = Willing to Report

■ ■ ■ □ = Some Progress

■ ■ ■ ■ = Substantial Progress

■ ■ ■ ■ = Fully Meets Standards

### Centers of Excellence (make this a sidebar)

Hospitals are named Centers of Excellence (COE) for particular surgical procedures by health plans. It is beneficial for a patient, and a health plan, for a member to utilize a COE. COEs usually have better morbidity and complication rates for the particular surgery so a patient will receive better care at a COE. For health plans, a COE keeps readmission rates low and therefore the plan is paying less. For example, payments exceed \$65,000 for patients readmitted to hospitals for complications in the 6 months following bariatric surgery compared to \$25,000 for those who do not have complications. Generally, the

requirement for a COE (varies by plan and surgery) include performing a certain number of the designated surgeries a year while meeting performance and clinical standards.

According to the national health plan survey tool, eValue8, 82% of American health plans offer incentives to encourage the use of COE for bariatric surgery, but only 39% mandate their use. Each health plan determines the requirements a hospital must meet to be deemed a COE. Check with your health plan to determine which hospitals are rated as Centers of Excellence.



# Hospital Safety Matters



In this digital information age, where finding a restaurant review is as simple as typing in an internet search engine, why is one of the most important aspect of an American consumer's life not publically reviewed? Health care is a looming concern for much of America following recently enacted federal legislature. However, beyond paying for health care, Americans should worry about the safety of health care.

The Department of Health and Human Services estimates that preventable mistakes cause 180,000 deaths of Medicare patients in hospitals every year. 1.4 million Medicare patients are seriously injured as a result of the care they receive at the hospital. Patient safety advocate, Rosemary Gibson, estimates that 2.25 million Americans will die from medical harm in this decade and likens that to killing the entire population of North Dakota, Rhode Island and Vermont, by accident. For more prospective, 400 deaths are attributed to preventable hospital errors daily. That is like an airliner crashing and killing every passenger every day.

One reason hypothesized for lack of consumer review of health care is the American mentality regarding health care. Patients do not consider themselves consumers buying a service. Even though every time you pick a physician, choose a hospital, or select a health plan, you are making a purchasing decision. Another cause is the complexity of health care in the U.S. Most patients, alone, lack the skills to understand if the health care they are receiving meets complex quality standards.

Many organizations have taken up the banner of patient safety with the intent to make safety measures standardized and understandable to the average health care consumer. One such organization is The Leapfrog Group. For the first time, The Leapfrog Group gave 2,600 U.S. hospitals a letter grade according to patient safety. The A, B, C, D, or F score comes from expert analysis of publically available data on rates of infections, injuries, and errors in hospitals. Scores for all hospitals are available at [www.HospitalSafetyScore.org](http://www.HospitalSafetyScore.org). We encourage you to research the quality of health care provided at a hospital before choosing one for your procedure.

## Hospital Safety Score differs from the Hospital Survey

How does the Hospital Safety Score differ from the Leapfrog Hospital Survey? The Safety Score is a separate project by The Leapfrog Group that rates hospitals on safety only—meaning injuries, errors, and infections. The Safety Score draws on some Leapfrog data as well as other data, but is not a rating of Leapfrog performance. Participation in the Leapfrog Hospital Survey is not a requirement for the Hospital Safety Score.

# Never Events

## A rare medical error should never happen to a patient.

Adverse health care events are a leading cause of death and injury in the United States today. The National Quality Forum, a nonprofit national coalition of physicians, hospitals, business leaders and policy-makers, has classified 29 events as occurrences that should never happen to a patient in a hospital. They termed them “serious reportable events,” or “Never Events.” Therefore, as part of the Leapfrog Group Hospital Survey, hospitals were asked to confirm their commitment to adopting a Never Events policy. Never Events policies should reduce the number of serious reportable events in hospitals by helping hospitals take responsibility for their mistakes and outline a method to learn from them. XX percent of urban Colorado hospitals and XX percent of rural Colorado hospitals fully meet Leapfrog Group’s Never Events policy. In 2011, Leapfrog required that hospitals adopt the following five points into an internal facility policy to address the occurrence of a Never Event.

### The Never Events components

1. Hospital’s staff give a verbal apology and explanation to the patient and/or family affected by the Never Event.
2. Hospitals report the event to at least one of the external agencies (Joint Commission, State reporting program for medical errors, and Patient Safety Organization) within 10 days of becoming aware that the Never Event has occurred.
3. Hospitals perform a prompt and thorough root cause analysis in order to identify and learn from the mistakes that caused the Never Event.
4. Hospitals waive the costs that are directly related to the Never Event so that the patient or the third-party payer never receives a bill for those costs.
5. Hospitals provide a copy of the hospital’s policy to all patients, patients’ families, and payers upon request.

In 2002, the National Quality Forum (NQF) endorsed a list of 27 (now 29) adverse events that are serious, largely preventable, and of concern to both the public and health care providers for the purpose of public accountability.

### Ten of the 29 Never Events:

- Surgery performed on the wrong body part
- Patient death or serious disability associated with the misuse or malfunction of a device
- Infant discharged to the wrong person
- Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy
- Patient suicide, or attempted suicide, resulting in serious disability
- Patient death or serious disability associated with the use of restraints or bed rails
- Abduction of a patient of any age
- Stage 3 or 4 pressure ulcers acquired after admission to a health care facility
- Sexual assault on a patient within or on the grounds of a health care facility
- Unintended retention of a foreign object in a patient after surgery or other procedure

To see a complete list of all 29 Never Events go to [www.qualityforum.org](http://www.qualityforum.org).

In March of 2008, the Colorado Hospital Association (CHA) Board of Trustees approved a recommendation that advised Colorado member hospitals to adopt a common set of core principles in developing payment policies pertaining to serious reportable events. These principles better define the fiscal responsibilities of Colorado hospitals when responding to a Never Event within their facilities.

Colorado hospitals sharing their Never Event policies in 2011

Hospital	City	Never Events Policy Score
Boulder Community Hospital	Boulder	■ ■ ■ ■
Centura Health – Avista Adventist	Louisville	■ ■ ■ ■
Centura Health – Littleton Adventist	Littleton	■ ■ ■ ■
Centura Health – Parker Adventist Hospital	Parker	■ ■ ■ ■
Centura Health – Penrose St. Francis Health Services	Colorado Springs	■ ■ ■ ■
Centura Health – Porter Adventist Hospital	Denver	■ ■ ■ ■
Centura Health – St. Anthony Central Hospital	Denver	■ ■ ■ ■
Centura Health – St. Anthony North Hospital	Westminster	■ ■ ■ ■
Centura Health – St. Francis Medical Center	Colorado Springs	■ ■ ■ ■
Centura Health – St. Mary Corwin Medical Center	Pueblo	■ ■ ■ ■
Children’s Hospital Colorado	Aurora	■ ■ ■ ■
East Morgan County Hospital	Brush	■ □ □ □
Family Health West Hospital	Fruita	nr
McKee Medical Center	Loveland	■ □ □ □
Medical Center of Aurora	Aurora	■ ■ ■ ■
Mercy Regional Medical Center of Durango	Durango	■ ■ ■ ■
North Colorado Medical Center	Greeley	■ □ □ □
North Suburban Medical Center	Thornton	■ ■ ■ ■
Parkview Medical Center	Pueblo	■ ■ ■ ■
Presbyterian-St. Luke’s Medical Center	Denver	■ ■ ■ ■
Rose Medical Center	Denver	■ ■ ■ ■
Sky Ridge Medical Center	Lone Tree	■ ■ ■ ■
Spalding Rehabilitation Hospital	Aurora	■ ■ ■ ■
St. Anthony Summit Medical Center	Frisco	■ ■ ■ ■
St. Mary’s Hospital and Medical Center	Grand Junction	■ ■ ■ ■
Sterling Regional MedCenter	Sterling	■ □ □ □
Swedish Medical Center	Englewood	■ ■ ■ ■
University of Colorado Hospital	Aurora	■ ■ ■ ■
Valley View Hospital	Glenwood Springs	■ ■ ■ ■

■ □ □ □ = Willing to Report

■ ■ □ □ = Some Progress

■ ■ ■ □ = Substantial Progress

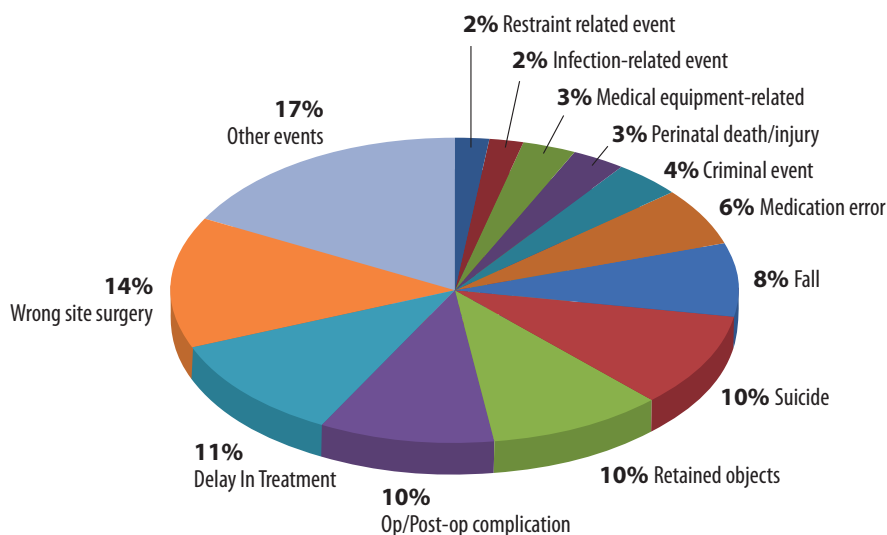
■ ■ ■ ■ = Fully Meets Standards

# Enacting Change

## Enacting change

**R**educing serious medical errors requires an engaged community and transparency. Health plans, consumers, and government agencies must encourage hospitals to reduce serious medical errors. Currently, 26 States, including Colorado, have adopted laws requiring public reporting of Never Events. Additionally, many health plans encourage hospitals to utilize never event policies by withholding payment for services related to Never Events and requiring hospitals to report to an external agency such as The Joint Commission. See what your health plan does to encourage the reduction of serious medical errors by reviewing the chart below.

## Never Events reported to the Joint Commission 2004-2010



Source: Summary Data of Sentinel Events Reviewed by The Joint Commission

## 2011 Never Events Scorecard

Policy	Aetna	Anthem	CIGNA	Kaiser	United Health
Plan requires the hospital to report Never Events to the patient and family	★	✗	✗	✓	✓
Plan requires the hospital to report Never Events on an annual basis to at least one program designed for reporting of adverse events	✓	✗	✓	✓	✓
Plan requires the hospital perform a root cause analysis of the event	✓	✗	✗	✓	✓
Plan does not reimburse hospitals for services related to the complications stemming from Never Events	?	✓	✓	✓	✗
Plan holds the member harmless for out-of-pocket payments for services related to complications stemming from Never Events	✓	✓	✓	✓	✗
Plan holds the employer harmless for self-funded payments for services related to complications stemming from Never Events	?	✓	✓	✓	✗
Plan has incorporated Leapfrog's steps into contract templates & has successfully negotiated into contracts	?	✗	✗	✗	✓

★ = Requires apology  
✓ = Yes

✗ = No  
? = Unknown

## Medicare and Never Events: paving the road to quality care

The Medicare program has generally paid for services under a fee-for-service payment system. They often pay without consideration of quality, outcomes, or overall costs of care. This is now changing.

Over the past several years, the Centers for Medicare and Medicaid (CMS) began to identify quality standards to use as a basis for public reporting and payment. They have also aimed to improve quality of care in several ways, including tying payment to quality. CMS has decided that paying for some Never Events is not consistent with the goals they have established in their reforms. Beginning in 2008, Medicare no longer pays for certain conditions acquired by patients after they were admitted to the hospital. By reducing or stopping payments for Never Events, more CMS resources can be put toward preventing mistakes, rather than paying for them after they occur.

Source: eValue8

# Can hospital care be safer?

## Patient safety efforts save lives

In 1999, the Institute of Medicine (IOM) issued a landmark report titled *To Err is Human: Building a Safer Health System* which estimated that up to 98,000 people die in U.S. hospitals each year due to medical errors, many of them preventable. That is to say, a visit to your doctor or a hospital is twice as likely to result in your death as a drive on America's roads.

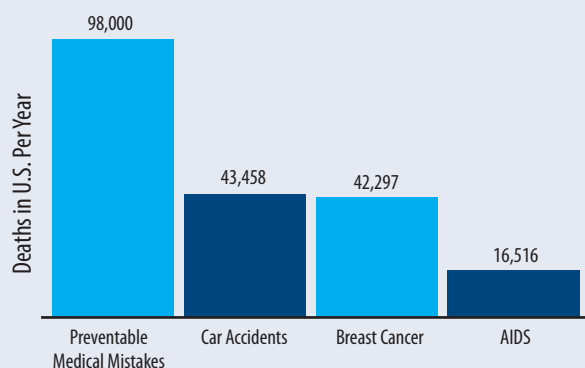
Though it has been a decade since the IOM's report on the failure of U.S. hospitals to adequately protect patient safety, too many hospitals have failed to implement standards known to improve quality and save lives. Patient safety is defined as the prevention of harm to patients, where harm can occur through errors of commission and omission. In 2008, the Agency for Healthcare Research and Quality, in its annual report to Congress, reported preventable medical injuries are growing each year by 1 percent.

In 2009, Hearst Newspapers released a series, "Dead by Mistake," focusing on avoidable deaths in health care and the steps taken to prevent them since the 1999 IOM report. With respect to voluntary reporting, reporters concluded doctors and hospitals are not given enough incentive to report medical errors. Medical practices are discouraged from reporting medical errors because of the liability to the practitioners. Likewise, hospitals are paid more for medical errors due to resulting follow-up care. Startlingly, only 20 states have mandatory medical error reporting. Of those 20 states, only five publicly report occurrences by facility. Colorado is among these five and mandates health care providers report medical errors to the patient.



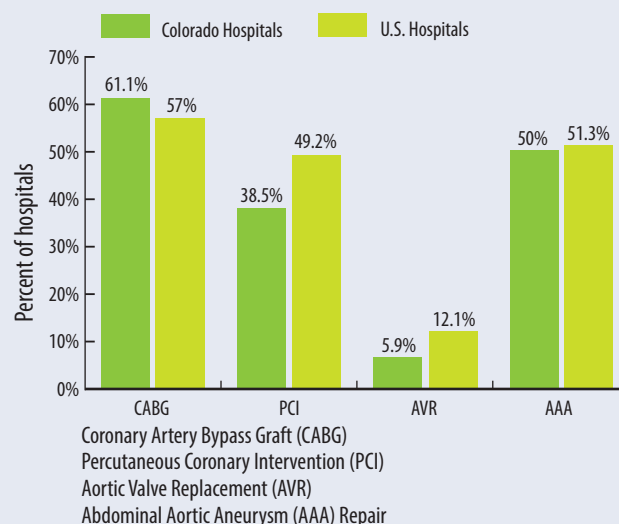
However, improvements are on the horizon thanks to groups encouraging change. Charles Buck, a *To Err is Human* author, helped create the nonprofit Leapfrog Group to measure hospital safety efforts. For achieving patient safety, the majority of patient safety leaders in the U.S. agree that the efforts of organizations like the Leapfrog Group have helped move patient safety in the right direction but that progress is still too slow. But how much progress has been made in Colorado? The next several pages will outline how Colorado hospitals performed in 2011 and what can be improved.

### Preventable medical mistakes cause more deaths per year than car accidents, breast cancer or AIDS



Source: Institute of Medicine (1999)

### Meeting the Leapfrog Quality Standards: Colorado hospitals compared to U.S. hospitals (2010)





# Patient safety resources

## National and local organizations making a difference in patient safety in Colorado

### Agency for Healthcare Research and Quality (AHRQ)

[www.ahrq.gov](http://www.ahrq.gov)

The Nation's leading federal agency for research on health care quality, cost, outcomes, and patient safety.

### Colorado 5 Million Lives Campaign

[www.colorado5millionlives.org](http://www.colorado5millionlives.org)

Part of a nationwide effort led by the Institute for Healthcare Improvement (IHI) to protect patients from five million incidents of harm over a two-year period through strengthening and implementing safeguards in hospitals. The local effort is spearheaded by the Colorado Foundation for Medical Care (CFMC), one of the country's most experienced and respected medical quality improvement organizations. Their goal is to help contain costs, improve quality of care, and assure that health care dollars are spent on medically necessary and appropriate services.

### Colorado Patient Safety Coalition

[www.coloradopatientsafety.org](http://www.coloradopatientsafety.org)

A local patient safety organization focused on education, communication, encouraging best practices and promoting collaboration regarding patient safety.



### Institute for Healthcare Improvement (IHI)

[www.ihl.org](http://www.ihl.org)

A global organization working to accelerate improvement in health care by building the will for change, cultivating promising concepts for improving patient care, and helping health care systems put those ideas into action.

### The Leapfrog Group

[www.leapfroggroup.org](http://www.leapfroggroup.org)

A national patient safety organization with local ties to the Colorado Business Group on Health. Leapfrog promotes improvement by providing consumers with data to make more informed hospital choices. The Leapfrog Group administers an annual survey to hospitals that focuses on four main areas that have the greatest effect on improving patient safety and quality.

### National Committee for Quality Assurance (NCQA)

[www.ncqa.org](http://www.ncqa.org)

A private, not-for-profit organization dedicated to improving health care quality by developing quality standards and performance measures for a broad range of health care entities. NCQA's programs and services reflect a straightforward formula for improvement: Measure. Analyze. Improve. Repeat.

### Robert Wood Johnson Foundation (RWJF)

[www.rwjf.org](http://www.rwjf.org)

The mission of the RWJF is to improve health and health care for all Americans. This is achieved by funding grants for research on the American health care system. The website has a multitude of resources/papers on myriad of subjects.



# All hospitals are not the same

## Colorado Hospital Report

**A**s the Bridges to Excellence program is a yardstick against which local physicians may be evaluated (for more information read *Colorado Health Matters Quality Report: Physicians* at [www.ColoradoHealthOnline.org](http://www.ColoradoHealthOnline.org)), the Colorado Hospital Report Card is a tool for consumers to compare information on health care facilities. Hopefully, the increased transparency will lead to informed decision-making consumers, and much like the Leapfrog Report, lead to safety, quality, and accountability improvements.

Research confirms that the quality of patient care directly correlates to the rate of patient deaths for certain conditions and procedures. The Colorado Department of Public Health and Environment and the Colorado Hospital Association Board defined a detailed set of parameters that measure various aspects of quality improvement in order to create the Colorado Hospital Report Card. The Report Card gathers data on those measures from the hospitals and reports the findings to the consumer. The Report Card currently uses data gathered in 2009, 2008, and 2007. The following metrics are used:

- AHRQ Risk-Adjusted Mortality Rates
- AHRQ Volume Measures
- AHRQ Prevention Measures
- AHRQ Patient Safety Measures
- NQF Nursing Sensitive Measures
- Pediatric Inpatient Volume Measures.

Here we focus on one aspect of risk-adjusted mortality rates: heart attack (AMI). According to the Centers for Disease Control and Prevention, heart disease is the leading cause of death in the United States and resulted in 599,413 deaths in its latest report in 2010. Statistically, while an expected range of patient deaths is predictable for a given procedure or condition, mortality rates above or below the expected range may have quality implications. However, when reviewing mortality rates, it is important to remember that medicine is not an exact science and death may occur even when all standards of care are followed.

Risk-adjustment is a method used to account for the impact of individual risk factors — such as age, severity of illness(es), and other medical problems — that can put some patients at greater risk for death than others. To calculate the risk-adjusted expected mortality rate (the mortality rate we would expect given the risk factors of the admitted patients), statisticians use data from a large pool of patients with similar diagnoses and risk factors to calculate what the expected mortality would be for that group of patients. This data is obtained from national Medicare patient records.

**Acute Myocardial Infarction [AMI] Risk-Adjusted Mortality.** In a heart attack or stroke emergency the best choice for a consumer is the closest hospital. It is a life-and-death emergency. If a heart attack victim gets to an emergency room fast enough, prompt care dramatically reduces heart damage and may save the person's life.

You can find other charts like this one at [www.cohospitalquality.org](http://www.cohospitalquality.org).

2009 Heart Attack (AMI) Mortality Measures	Number of cases	Number of deaths	Risk adjusted mortality rate	Statistical significance
Statewide Totals	5985	300	5.74%	
<b>Metro Denver</b>				
Denver Health Medical Center	136	5	3.66%	average
Exempla Good Samaritan Medical Center	140	1	0.93%	better
Exempla Lutheran Medical Center	418	16	4.51%	average
Exempla Saint Joseph Hospital	264	11	3.90%	average
Littleton Adventist Hospital (Centura)	138	4	3.87%	average
Medical Center of Aurora, The (HealthONE)	319	17	5.65%	average
North Suburban Medical Center (HealthONE)	111	9	11.05%	below
Parker Adventist Hospital (Centura)	107	3	4.33%	average
Porter Adventist Hospital (Centura)	107	11	8.35%	average
Presbyterian/St. Lukes Medical Center (HealthONE)	82	5	7.51%	average
Rose Medical Center (HealthONE)	130	7	4.17%	average
Sky Ridge Medical Center (HealthONE)	139	2	2.23%	average
St. Anthony Central Hospital (Centura)	324	29	8.33%	below
St. Anthony North Hospital (Centura)	102	6	5.62%	average
Swedish Medical Center (HealthOne)	235	18	7.57%	average
University of Colorado Hospital	208	17	7.77%	average
<b>North Central</b>				
Boulder Community Hospital	79	5	7.65%	average
Longmont United Hospital	96	3	3.88%	average
McKee Medical Center	56	3	4.44%	average
Medical Center of the Rockies	346	6	2.94%	average
North Colorado Medical Center	271	10	5.07%	average
Poudre Valley Health System	122	8	6.30%	average
<b>Southeast</b>				
Memorial Health System	449	18	5.28%	average
Parkview Medical Center	228	11	6.09%	average
Penrose-St. Francis Health Services (Centura)	465	17	4.88%	average
St. Mary-Corwin Medical Center (Centura)	175	14	8.85%	average
<b>Western Slope</b>				
Mercy Regional Medical Center	121	5	6.08%	average
Montrose Memorial Hospital	48	2	7.27%	average
St. Mary's Hospital & Medical Center	377	14	5.11%	average
Valley View Hospital	31	1	3.21%	average

**better** = Better than average    **average** = Average    **below** = Below average  
Hospitals with less than 30 cases not listed



Heart Health

According to the American Heart Association publication, more than 81 million Americans have had one or more forms of cardiovascular disease. It is no surprise that cardiovascular diseases are the single largest killer of Americans and Coloradans alike. In fact, every 26 seconds, an American suffers a coronary event, and about every minute, an American dies from one. In Colorado alone, someone dies every hour from cardiovascular disease.

Cardiovascular disease includes, but is not limited to the following:

- High blood pressure (140/90)
- Coronary
  - Myocardial infarction (MI or heart attack)
  - Heart failure
- Stroke
- Congenital cardiovascular defects

Tips to reduce your risk of heart disease:

- Do not smoke
- Exercise regularly
- Control your blood pressure
- Eat a healthy diet

Even while a person is still overweight or obese, losing 5-10% of one’s weight may lower the likelihood of developing heart disease. A stronger heart means more efficient pumping, oxygenation, and nutrient carrying benefits of the blood. Weight loss will help:

- Lower blood pressure
- Lower triglycerides
- Lower cholesterol
- Improve heart function and blood flow
- Decrease inflammation through the body.

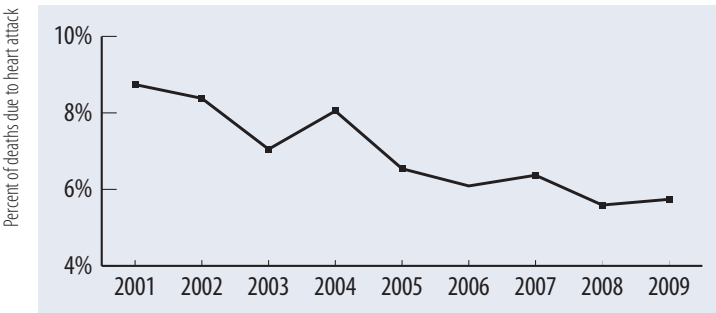
How to use the Colorado Hospital Report Card

1. *Familiarize yourself with the indicators.* The analysis is on conditions and procedures with higher volumes.
2. *Decide which quality indicator is most relevant to you* and review that chart. Look to see if the hospital you are interested in is listed. If not, it means that the hospital did not have enough cases for that indicator. You might wish to look at another quality indicator for that hospital’s performance.
3. *Hospitals are arranged alphabetically by geographic area.* You may wish to compare the performance of hospitals in your area or those that are covered by your health insurance plan. Each chart provides the results for specific hospitals, as well as a statewide average.
4. *View the hospital’s comments.* It is especially important to view the hospital’s comments if performance is lower than expected.
5. *Compare the hospital’s performance over time by viewing the trend report.*
6. *You may find other quality indicator reports on the web.* Each methodology will produce different results. Data on this web site is produced using a publicly

available methodology. The information can be verified and reproduced. This is not true for all publicly available reports on quality. Be aware of the difference. Mortality indicators are outcome indicators; other types of indicators you may find may include process indicators, which measure whether or not certain known treatments were given, and patient satisfaction indicators. You may also find indicators that measure resource availability.

7. *Talk with your physician, your hospital, your family, and your friends about the information and their experiences and recommendations* as part of making a decision where to obtain hospital care. As with all data, context and appropriate interpretation are needed for the information to be meaningful and useful.
8. *Notice that for the hospitals that fall into the category of “no significant statistical difference from the statewide rate,”* it cannot be determined if one performs better than another in this category.
9. *This data should not be used alone to draw a conclusion about a particular hospital’s overall performance.*

Colorado heart attack deaths by year (risk adjusted)



Take note

Very few states actually make this information available to the public and even fewer provide the information in an easy-to-use searchable format like Colorado does. For more information see [www.CoHospitalQuality.org](http://www.CoHospitalQuality.org).



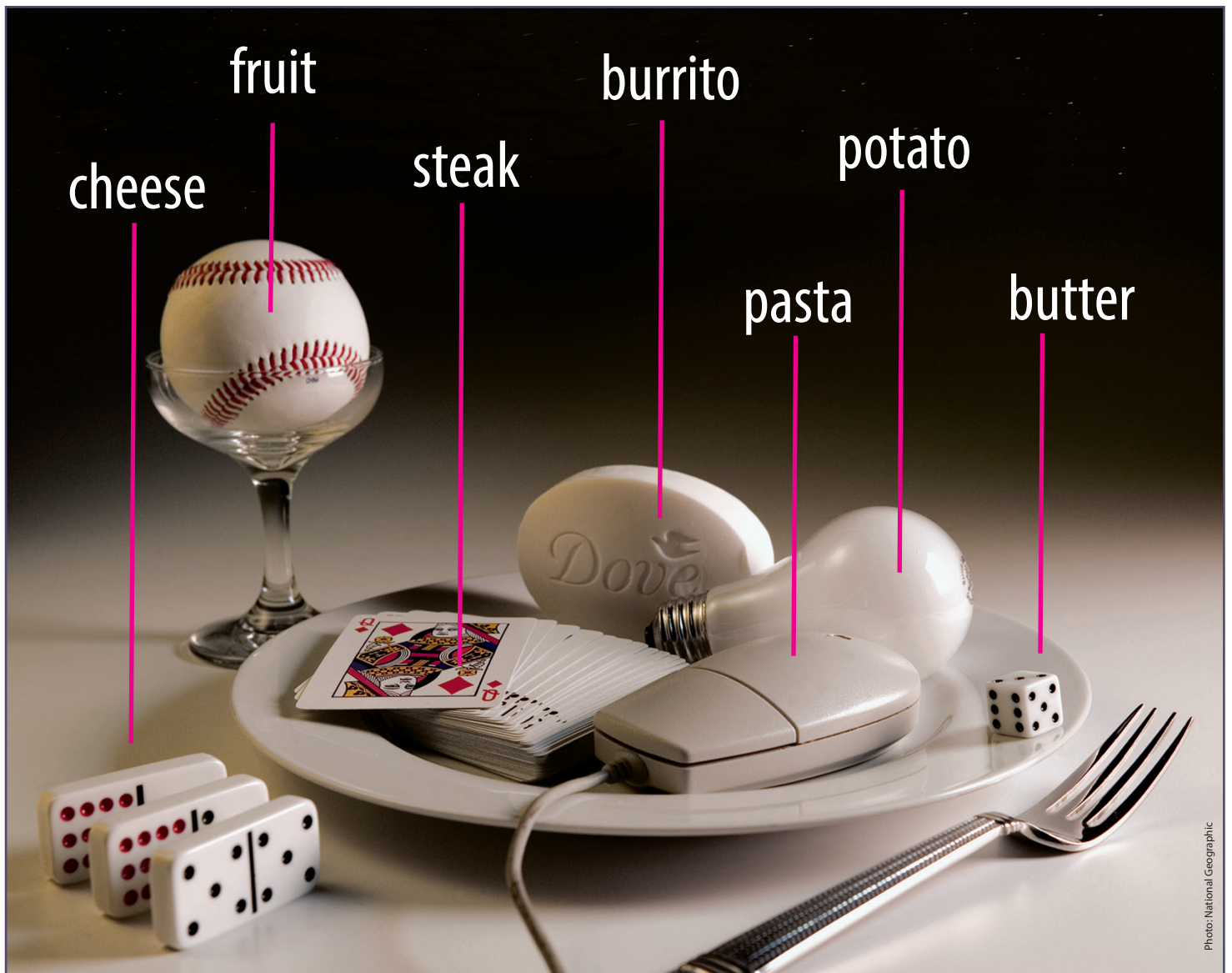


Photo: National Geographic

Thinking about...

# HOW MUCH TO MUNCH?

Use these objects as a guide to portion size.

YES, I CAN! Small Steps, Great Rewards  
ACTIVITY AND FOOD

Eat a little less! Walk and exercise more!

100 extra calories per day could add 10 extra pounds per year.

Nutritionists suggest what a single serving should be.

Portion sizes based on recommendations from the American Dietetic Association  
and Weight Watchers International.



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# American health and health care: is it the best?



Welcome to our 14th annual edition of  
*Colorado Health Matters Health Quality  
Report: Hospital.*

Only in America does the promise of life-saving drugs, transplanted hearts, and leading cancer care coexist with the reality of nearly 50 million people without health insurance and with the overall per capita cost of health care twice as high as the next most expensive country in the world, where everyone has insurance.

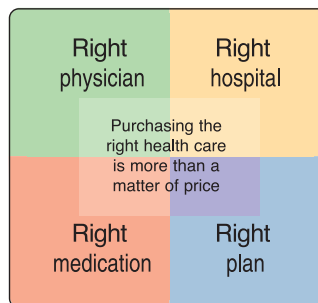
Is American health care the most expensive because it is “the best?” Is it the most expensive because people without insurance use emergency departments or become more ill while deferring needed care? Is it the most expensive because most studies identify at least 30% waste in the system? The answer seems to be in “all of the above.”

Americans feel pride in a system that can deliver the “best care.” Sometimes, we do receive safe, timely, effective, and efficient care. But, often we do not have a decent chance of getting this type of care. According to a study published in the prestigious *New England Journal*, researchers found that there is essentially a 50-50 chance that patients will get the care medical experts recommend for routine conditions such as asthma, hypertension, or depression.

Even for patients with insurance, there is no guarantee that you will receive the care you need. And how will you fair if you do not have health insurance? Another study reports as many as 91,000 Americans die prematurely each year because they do not receive routine care for common conditions, such as high blood pressure, diabetes and heart disease due to lack of insurance.

This issue of waste in the system, which leads to higher costs and lower quality, is multi-faceted. The math shows that we spend significantly more treating common diseases for some individuals but get worse outcomes than others. In addition, health care is not safe. At least 98,000 individuals die each year in American hospitals due to preventable errors. Meanwhile, other individuals, who would benefit from care, have no access. We educate many more specialists and fewer primary care physicians than other countries, so it is difficult for many Americans to find a good doctor for routine care. We shift the costs of uncompensated care from individuals without insurance into the premiums of those who do, causing more working individuals to be unable to afford health insurance. And the cycle continues.

What can you do about the problems in health care? Start with a realization and a promise to yourself: good health starts with you. You can prevent the poor health outcomes that accompany obesity, tobacco use, and sedentary lifestyle. You can immunize your children and get cancer screenings according



to recommended schedules. You can be informed when you access health care for your health issues. Helpful questions to ask yourself are: Do I understand my diagnosis? Do I know how to preserve my health in spite of illness? Do I know what medicines I take, what is the dosage? Do I have a list of questions for my physician? Do I make routine visits to manage care if I have a chronic ailment?

Good healthcare starts with you, too. You should use objective information about high quality healthcare providers.

- Does your physician help you manage your chronic condition? For example, is your weight, blood pressure, and blood sugar in normal range? When you and your physician are working as a team: then optimal health is your shared goal. How do you find a physician like this? Look for them in the *Colorado Health Matters Quality Report: Physicians*. This publication highlights those doctors who attain high marks in patient care.
- Does your hospital report its record on patient safety using a nationally tested and respected survey? You will find those top performing hospitals in the *Colorado Health Matters Quality Report: Hospitals*.
- Does choice of health plan also make a difference? Yes! Some health plans do perform better than others in achieving good patient outcomes and good customer satisfaction. That information is published annually in the *Colorado Health Matters Quality Report: Health Plans*.

The Colorado Business Group is an advocate for high quality health care, and most hospitals and health plans voluntarily participate in our projects. Over 250 physicians have met standards for diabetes and cardiac recognition: up from only 4 in 2006. Use our publications to inform your decisions. Be an active participant in your health. It's good for you, good for your family, and good for your pocketbook.

*Donna Marshall*

Yours in good health,  
Donna Marshall, MBA



# President's letter from Tamara Kirk

## We survive and press on



**Tamara Kirk**, President,  
Colorado Business Group on Health

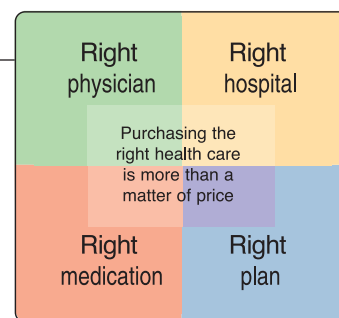
HR Supervisor,  
Colorado Springs Utilities

**H**aving survived the initial requirements of health care reform, some of us chose to lose grandfathered status, sometimes because we had no choice but to shift more cost to employees immediately. Some of us maintained grandfathered status because we had positive experience perhaps due to the economic downturn or because of good management of wellness programs, or just because of good luck. Others marched forward to strategic planning for benefits and health care with a longer term view. When it comes to strategic planning, there are a lot of questions to "noodle on."

From what you've seen of reform, no doubt, you are starting to ask yourself questions like:

- Should we continue to offer health care benefits or let the exchanges take care of it? How will the exchange offer benefits that are competitive and affordable? How will my offering remain competitive, or will I lose enrollment to the plans on the exchange? How will I keep my plan affordable?
- If our organization isn't involved in health care anymore, how would that affect my bottom line as a business? Will it cause my business to care about health and productivity more, or, less?
- What will my workforce expect? Does my offering health care to my workforce add value? Will offering health care benefits and access, or not offering it, affect ability to compete for labor? Will my workforce appreciate the convenience of group health care benefits or prefer to shop for access to insurance on their own? What will the plans on the exchange look like compared to my plan(s)?
- If employers are not engaged in health care access, preferring to pay taxes, what will this do to compensation strategies and the cost of wages? Will labor cost rise more or less?
- If you project your trend forward, will your plan be subject to tax penalties? Will you have to reduce benefits? How much will the taxes cost if I make Decision A or Decision B?
- When should I take my plan out to bid? What will I be able to buy? How will the evolution shape group carriers, Third Party Administrators and Pharmacy Benefit Managers?

When you start really thinking through the possibilities, they are endless and mind-numbing. Benefits professionals will have a lot to deal with, and of that we are certain.



Given where things are, and what we've seen so far, we are also certain that health care costs will continue rising. Required access to health care insurance does not mean that health care will suddenly be affordable. We have a long way to go before we can get cost under control. The underlying drivers of cost are increased demand, increased utilization and unhealthy lifestyle choices. Additional cost is incurred because of waste, duplication, unsafe practices, lack of primary care doctors and poor quality.

Even if you are of the mind that your organization is going to get out of health care, that decision is not without consequence. Even if you are of the mind that your organization is planning to offer health care benefits for the foreseeable future, you will be facing purchasing and plan design decisions that have to take new and uncharted experience and new developments into account.

So, while we faced the first hurdles of health care reform with success, and have had some time to see a few reform developments, the future is still uncertain for employers on many fronts.

That's why the Colorado Business Group on Health is so important to those of us who are members and employer-purchasers. The best way to address these issues is through collaboration, sharing ideas and community initiatives like those listed here. Be sure to consider joining us as we tackle the true cost drivers and adapt to ongoing reform. We're looking forward to seeing you!



# Creating a state of quality



## Your partners in quality

The Colorado Business Group on Health is a non-profit coalition representing large purchasers of one of your most important benefits—health care services. By working together, we can assure that consumers have the best possible information on health care quality. CBGH and Colorado health plans have been working on the “big picture” of health care quality since 1996. Health care is a service that is delivered locally; therefore the only way to successfully incorporate value-driven principles is to act locally.

**[www.ColoradoHealthOnline.org](http://www.ColoradoHealthOnline.org) • 303-922-0939**

### Members

Boards of Education Self-funded Trust  
Boulder Valley School District  
City of Colorado Springs  
Colorado College  
Colorado Public Employees' Retirement Association (PERA)  
Colorado Springs School District 11  
Colorado Springs Utilities  
Poudre School District  
St. Vrain Valley School District  
TIAA-CREF  
University of Colorado

### Association members

Denver Metro Chamber of Commerce  
Mountain States Employers Council  
Rocky Mountain Healthcare Coalition  
South Metro Denver Chamber of Commerce

### Affiliate members

AspenPointe  
AstraZeneca  
Boehringer Ingelheim  
Centura Health  
Colorado Foundation for Medical Care  
Colorado Permanente Medical Group  
Colorado Springs Health Partners  
Craig Hospital  
Daiichi Sankyo  
Ethicon Endo-Surgery (part of Johnson & Johnson)  
Exempla Healthcare Inc.  
GlaxoSmithKline

Jefferson Center for Mental Health  
Memorial Health System  
Merck & Co., Inc.  
New West Physicians, P.C.  
Novartis Pharmaceuticals Corporation  
Penrose—St. Francis Health Services  
Pfizer, Inc.  
Physician Health Partners  
Roche Diagnostics Corporation  
Rocky Mountain Cancer Centers  
sanofi-aventis U.S.  
The Denver Hospice

### What does CBGH do?

We engage the health care marketplace through leadership and active participation, driving positive change to address quality and realize savings.

Here's how we are doing this:

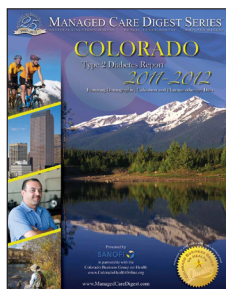
- Restructuring and reforming health care delivery systems
- Creating uniform standards of care
- Improving accountability and data about providers and hospitals
- Improving accountability and data from insurance plans and carriers
- Providing data about high performing providers and hospitals so lower performing entities are inspired to improve
- Focusing on key strategies for managing cost such as wellness, demand management, and incentive design; developing incentives and benefits focused on rewarding quality
- Advancing use of technology to reduce redundancy, increase quality, improve patient outcomes, and engage employees in their own health
- Engaging consumers/employees in purchasing decisions based on quality and price
- Reducing redundancy and the risk of medical errors
- Improving the health of our employees.

### Why should employers join CBGH?

- To step up and lead positive changes in the health care marketplace locally and regionally to address the above areas
- To stay up to date on developments in health care reform; be at the front of the curve
- To engage your employees and consumers about the importance of quality in the purchasing decision
- To unite together in joint purchasing projects with other employers in order to leverage purchasing opportunities and our influence on the health care market
- To collaborate, prioritize, and leverage those initiatives that have the greatest impact on health care cost management and quality
- To add quality to your arsenal, providing a fundamental strategy for cost management

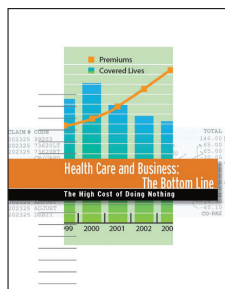


CBGH publications are available at no cost at [www.ColoradoHealthOnline.org](http://www.ColoradoHealthOnline.org)



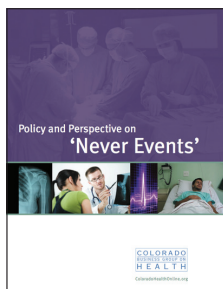
### Colorado Type 2 Diabetes Report 2011

An analysis featuring demographic, utilization, charges, and pharmacotherapy data. The report also provides state and national benchmarks.



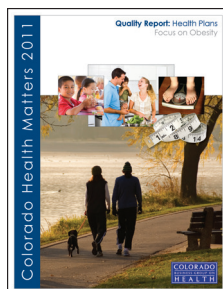
### Health Care and Business: The Bottom Line

Health care costs have risen fast in Colorado. See this impact on Colorado's businesses.



### Policy and Perspective on 'Never Events'

Thousands of patients die each year from preventable medical errors, but there are things employers can do.



### Colorado Health Matters 2011-12 Quality Reports

With all the health plan offerings in Colorado, it can be difficult to decide which plan would benefit you or your employees the most. *Health Matters Quality Report: Health Plans* aids in evaluating health plans by presenting key information for Colorado plans in a comparative, graphical, and numerical format.

*Colorado Health Matters Quality Report: Physicians* recognizes those Colorado physicians that work on improving the health of their patients and gives guidance on how consumers can proactively improve their health. *Colorado Health Matters Quality Reports* leaves a Coloradan with the know-how to make informed decisions regarding his or her health care.

*Colorado Health Matters Quality Report: Hospitals* displays ratings that focus on improving hospital quality, safety and efficiency. The report defines "Never Events": which are those events in hospitals that result in bad outcomes for patients, and what hospitals, health plans, and consumers can do to prevent a Never Event. *Quality Report: Hospitals* provides savvy consumers with objective and credible help in selecting safe and high quality patient care.

Please view our library of Colorado Health Matters Quality Reports at [www.ColoradoHealthOnline.org](http://www.ColoradoHealthOnline.org).

## What is quality health care?



Quality health care is more than just having a health plan, a certain provider, or a particular treatment. It's more than a matter of cost. Quality means getting what benefits you most—balancing risk, cost, and quality of life.

**It's effective**—the right kind of care for your health condition based on up-to-date scientific knowledge about what works best.

**It's efficient**—using precious resources wisely, not wasting time and effort.

**It's safe**—delivered without error and avoiding harmful results.

**It's timely**—getting the most effective care without delays.

**It's focused on the individual**—provided in a manner respecting a person's individual characteristics, needs and concerns.

**It's equitable**—delivered without discrimination based on income, ethnicity, culture, or beliefs.

Important aspects of quality health care are measured in different ways. Health Matters provides you with the information necessary to make cost-effective decisions regarding your health care.