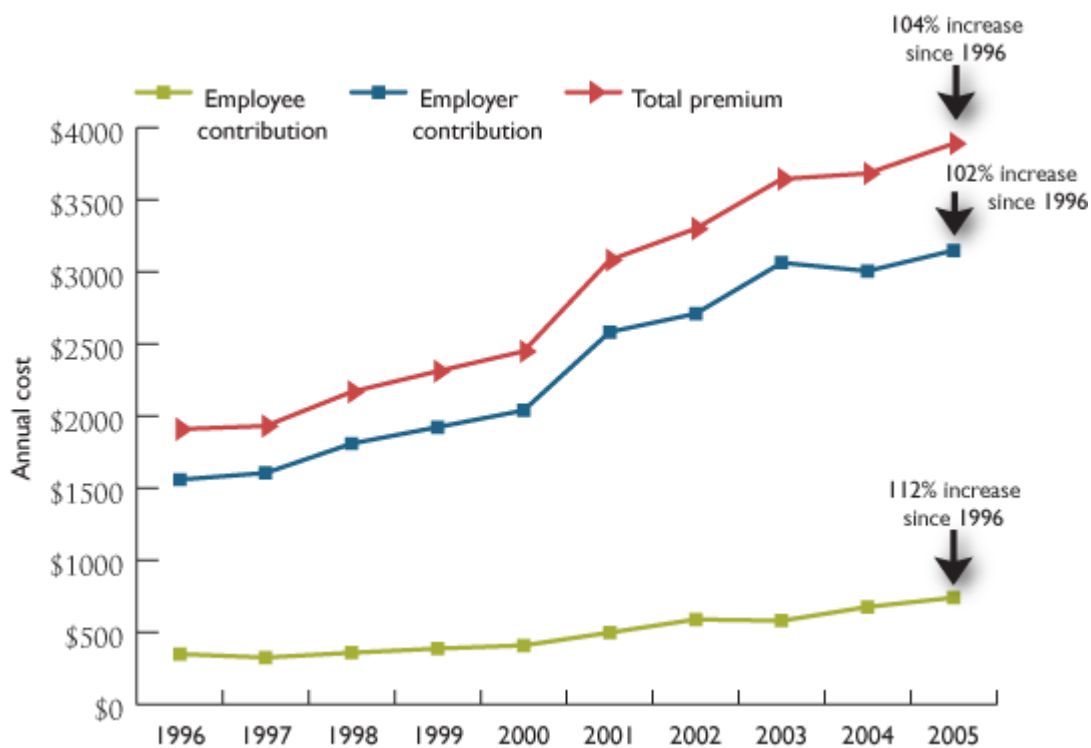


Welcome to **CHI HealthTalk**, the bimonthly e-newsletter from the Colorado Health Institute (CHI). **Please subscribe, unsubscribe or give us feedback** at info@coloradohealthinstitute.org.

Focus on the facts

Trends in Colorado's employer-based market, employee premium increases over time



Source: *Medical Expenditure Panel Survey*, 2006

From: [Affordable health insurance: Affordable to whom? For what?](#).

A conversation with...



... Jeff Bontrager, MSPH, CHI senior research analyst. Jeff leads CHI's safety net indicators team, part of an ongoing Safety Net Indicators and Monitoring System project that was initially funded by The Colorado Health Foundation in 2005.

Q: What is CHI's Safety Net Indicators and Monitoring Project about?

Bontrager: The project was designed to assess the degree to which Colorado's health care safety net is meeting the physical, mental and dental primary care needs of

vulnerable populations such as the uninsured and people in geographically isolated areas of the state. Through a series of data collection activities, including executing data-sharing agreements with safety net clinics, CHI is building the most comprehensive, uniform database of safety net providers that has existed in Colorado to date. The overall goal of the monitoring system is to inform state and local policymakers about the viability and capacity of the safety net to meet the health care needs of vulnerable population groups in Colorado.

Q: What role does the indicators team play?

Bontrager: The indicators team is in charge of two primary activities associated with the monitoring function: (1) identifying, collecting and posting publicly available safety net-related data from various sources on CHI's Web site; and (2) collecting and analyzing primary data collected from safety net providers by CHI via a secured Web portal.

Q: What kinds of data are of most interest to the project and from where do they come?

Bontrager: For the Web site indicators, we seek out existing data that describe the demographic characteristics of vulnerable population groups, safety net providers, people who seek health care from safety net providers and how these providers and their services are financed. These data come from various sources such as the Colorado Demography Office and the Department of Health Care Policy and Financing.

For the primary data, we're working with safety net providers to gather information about their patient population (age, gender, ZIP Code, income and insurance status), the services they provide and their staffing and revenue sources. CHI is collecting this information through a variety of means. For example, CHI has partnered with organizations that represent the various safety net clinics – rural health clinics, local public health departments, school-based health centers, independent clinics, family practice residencies, community health centers, and mental health and dental clinics. Individual safety net providers sign a data-sharing agreement with CHI and then submit the data to us through a simple online system. Only aggregate data are provided; CHI receives no individual patient data.

Q: What do you do with the data you receive?

Bontrager: The data will enable the staff of CHI to compare "apples to apples," that is, analyze uniform data about patient services, finances and staffing across providers to estimate the capacity of the state's health care safety net to meet the primary care needs of vulnerable populations. We are collecting data down to the ZIP Code level so we can look at geographic variations across the state and within selected communities.

With the various data we receive, we are building a comprehensive database that will allow us to better identify information gaps. By filling these gaps, CHI will be able to paint a more holistic picture of Colorado's safety net. In addition to making this aggregated information available to policymakers, we will be providing local communities and their provider networks valuable information about how the safety in their community functions and the populations it serves. For example, we have begun to map where individuals live in relation to the clinics they visit, estimate travel distances and describe patient characteristics across the providers in a given community.

Q: What does the future hold for the monitoring system?

Bontrager: CHI is excited about working with providers that we haven't had much interaction with to date, for instance, the local public health departments, rural health clinics and community mental health centers. We continue to seek additional data-sharing agreements and collect data and will begin more in-depth analysis of provider data in the spring of 2008. For the first time, Colorado will have information across the entire spectrum of safety net providers that will allow us to better understand how Colorado's safety net operates at the community level, the characteristics of the people it serves, how accessible the services are to vulnerable population groups and what resources are available to support the system.

We're looking forward to sharing this information with policymakers interested in the long-term viability of the state's safety net providers. CHI believes this information is especially important in light of ongoing discussions about expanding health care coverage for all Coloradans.

Q: How can providers, policymakers and other interested parties get more information about the indicators you're collecting?

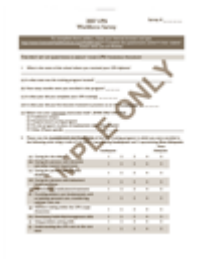
Bontrager: People interested in the safety net monitoring system should first check out our Safety Net Web site at <http://www.ColoradoHealthInstitute.org/SafetyNet>. They can also contact me or other members of the indicators team: Michael Boyson, Reid Reynolds, Jessica Dunbar or Todd Hockenberry at info@ColoradoHealthInstitute.org.

CHI spotlight



Job openings

CHI is currently recruiting two staff positions: a [Research Associate/Senior Research Associate](#) to provide administrative and technical support for survey management for the Health Professions Database and a [Research Analyst/Senior Research Analyst](#) to participate in the conduct of policy research projects involving both qualitative and quantitative data.



LPN sample survey

As part of its Health Professions Database Project, CHI is surveying a random, stratified sample of about 2,500 LPNs licensed to practice in Colorado. The survey will provide a baseline of education and practice information about Colorado's LPN workforce and identify relevant workforce policy issues facing LPNs. Questions cover the following domains of interest:

- LPNs' roles in today's health care delivery system;
- LPNs' assessment of their preparation for their first LPN position;
- Retention strategies; and,
- Perceptions of the work environment, including job satisfaction.

For more: http://www.coloradohealthinstitute.org/resourceHotissues/workforce_LPN.htm



HealthWords

Policymakers, health care providers, educators, the media and others interested in the health care reform efforts under way in Colorado may request a copy of *HealthWords*, CHI's new pocket-sized glossary of health care terms at info@ColoradoHealthInstitute.org or by calling 303.831.4200, x 211. CHI prepared this glossary to assist policymakers and others interested in health care reform to better understand the terms used in a policy area fraught with acronyms and esoteric terms.

For an online preview, see <http://www.coloradohealthinstitute.org/documents/glossary.pdf>.



Southwest Colorado: A demographic and health profile

This report provides a profile of selected demographic, health care access and health status characteristics of southwest Colorado and compares these characteristics to the state as a whole. Nine southwest Colorado counties are included in this report: Archuleta, Delta, Dolores, La Plata, Montezuma, Montrose, Ouray, San Juan and San Miguel. The Colorado Health Institute (CHI) intends for this report to complement other existing sources of quantitative and qualitative information about health and health care in southwest Colorado. For more:

<http://www.coloradohealthinstitute.org/documents/sn/swcolorado/swreport.htm>



Health Conference Calendar

Organizations with an upcoming health or health care-related conference in Colorado are encouraged to submit information about the event to CHI's new Health Conference Calendar. This free service is designed to support the coordination of health-related conferences, symposia and special events within Colorado and to provide a central

clearinghouse where upcoming conferences can be listed. To submit information about an upcoming meeting, go to <http://www.coloradohealthinstitute.org/resourceEvents/COcalendar.aspx>.

New on the CHI Web site



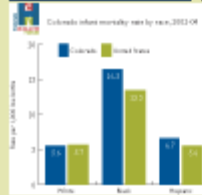
Health care reform basics

This fall, CHI held three roundtables for legislators on health care reform in a Colorado context. Presentations from each are available on the CHI Web site:

- ["Where do Coloradans get their health care coverage?"](#) (Sept. 19)
- ["Affordable health insurance: Affordable to whom? For what?"](#) (Oct. 22)
- ["Are we buying health?"](#) (Nov. 7)

HEALTH STATS [\(archive\)](#)

Infant mortality [\(html\)](#)



Colorado has a higher infant mortality rate for Blacks than the national rate. For Hispanics, the state's rate is also slightly higher.

CHI Web Tip – Ready to go “Stats”

Use our Colorado-specific “Health Stats” for your speeches, presentations or publications. You'll find them, updated weekly, on the home pages of the [CHI main site](#), the [Workforce Web site](#) and the [Safety Net Web site](#).

To get the most from Health Stats click on the thumbnail image to enlarge the graph, then follow the directions at the right to download and save the image. You can paste the image into a PowerPoint or Word file. Clicking on the “stat” title on the home pages will take you to the original source of the information.

New “stats” are added each week. Older graphs go into the archives, accessible by clicking “archive” next to the terms Health Stats, Safety Net Stats or Workforce Stats. CHI welcomes constituents to use these graphs with proper citations. If you have any suggestions for a stat you'd like to see, contact us at info@coloradohealthinstitute.org.

Safety net information:

Safety Net Stats:

CHI currently has about 40 Safety Net Stats posted on its Web site, all with downloadable graphs. Recent additions include:

State Medicaid expenditures

Assistance for Medicare beneficiaries

Medicaid for the aged and disabled

How many uninsured kids receive medical care?

Children in Medicaid

Rural Coloradans in Medicaid

Insurance coverage in Colorado

Federal Medicaid and SCHIP match

<http://www.coloradohealthinstitute.org/safetynet/archiveSafetyNet.aspx>

Workforce information

Workforce Stats:

Like Safety Net, CHI has posted about 40 Workforce Stats relating to Colorado's health care professions.

Recent additions include:

Nursing doctoral program graduates

Colorado medical students are equal in gender

Master's degree nursing students

Registered nurses going back to school

Nurses graduating from Colorado baccalaureate programs

Wages for allied health workers, nurses, physicians, dentists and dental hygienists and others

<http://www.coloradohealthinstitute.org/workforce/archive.aspx>

Upcoming events

Colorado Culture of Health Conference

The 7th International Conference on Health Policy Statistics

American Statistical Association

January 17-18, 2008

Philadelphia, Pennsylvania

<http://www.amstat.org/meetings/ichps/2008/>

National Health Policy Conference

AcademyHealth

February 4-5, 2008

Washington, D.C.

<http://www.academyhealth.org/nhpc/>

2008 Public Health Preparedness Summit

February 19-22, 2008

Atlanta, Georgia

<http://www.phprep.org/>

Hot issues

Rising health care costs

A number of recent reports have focused on the impacts of increasing health care costs on consumers, including greater out-of-pocket spending for individuals and families with both private and public insurance plans. Here's a snapshot of a few of the latest reports.

Underinsured Coloradans – More than 1 million Coloradans are in families that will spend more than 10 percent of their income on health care costs in 2008, and the majority of them (nearly 83%) have health insurance (Families USA, 2007). Between 2000 and 2008, the number of people in families spending more than 10 percent of their pre-tax income on health care costs will have increased by 434,000 – nearly the entire population of Adams County.

For more: <http://www.familiesusa.org/assets/pdfs/too-great-a-burden/colorado.pdf>

Higher deductibles – A November Agency for Healthcare Research and Quality publication using data from the 2005 Medical Expenditure Panel Survey (MEPS) reported that about 64 percent of employees enrolled in a health insurance plan had a deductible obligation in 2005, up from 48 percent three years earlier. The deductible amounts have risen as well. Enrollees with a single coverage plan paid an average deductible of \$652 in 2005 compared to \$446 in 2002 (46% increase). For more:

http://www.meps.ahrq.gov/mepsweb/data_stats/Pub_ProdResults_Details.jsp?pt=Statistical%20Brief&opt=2&id=838

Medicare beneficiaries – A new article in *Health Affairs* looks at the effect of rising health care costs on Medicare beneficiaries. The authors suggest that out-of-pocket expenses are too high for most Medicare

beneficiaries to afford. They found that four in 10 beneficiaries spent more than 20 percent of their income on health care in 2003, while the 25 percent with the largest out-of-pocket burden were spending about 30 percent. For more:

<http://content.healthaffairs.org/cgi/content/full/26/6/1692?ijkey=4Mi5leXUPIR8s&keytype=ref&siteid=healthaff>

Community differences – The financial burden of medical care expenses for U.S. families varies widely from community to community, according to a new Commonwealth Fund report. Data from the 2003 Community Tracking Study Household Survey showed that communities with high cost burdens were more likely to be in rural areas and in the South. The 15 communities with the lowest medical cost burdens were all in metropolitan areas with a population of at least 200,000, and more than 85 percent were either in the Northeast or Midwest. The authors also found that communities with high uninsurance rates tend to have a large number of insured residents with high costs as well. For more:

http://www.commonwealthfund.org/usr_doc/Cunningham_overburdenedoverwhelmed_1073_ib.pdf?section=4039

Dealing with cost increases – The 2007 Health Confidence Survey, from the Employee Benefit Research Institute, examined how consumers are dealing with health care cost increases and found they are:

- Trying to take better care of themselves – 81 percent in 2007 compared to 71 percent in 2005;
- Talking more explicitly to their doctor about treatment options and associated costs – 66 percent in 2007 compared to 57 percent in 2005;
- Scheduling a doctor's appointment only for more serious conditions or symptoms – 64 percent in 2007 compared to 54 percent in 2005;
- Delaying a doctor visit – 50 percent in 2007 compared to 40 percent in 2005; and
- Not filling or skipping doses of their prescribed medications – 28 percent in 2007 compared to 21 percent in 2005.

In addition, consumers reported contributing less to their retirement (30%) and other savings accounts (52%) and having difficulty paying for basic necessities (29%) and other bills (36%). For more:

http://www.ebri.org/publications/notes/index.cfm?fa=notesDisp&content_id=3857

Also see CHI's presentation on affordable health care at:

<http://www.coloradohealthinstitute.org/resourceHotissues/hotissuesViewItemFull.aspx?theItemID=39>

Who's who?



In each issue of CHI HealthTalk, we introduce you to individuals who are making a difference in health and health care in Colorado.

Stephen K. ErkenBrack, Esq., Vice President for Legal Affairs, Rocky Mountain Health Plans

Steve ErkenBrack is currently vice president for legal affairs with Rocky Mountain Health Plans (RMHP), a Colorado-based, nonprofit health plan serving around 176,000

enrollees. Before joining RMHP in 2002, Steve was a partner in Hale Hackstaff Tymkovich & ErkenBrack, with offices in Denver and Grand Junction. From 1993 to 1997, Steve served as Colorado's chief deputy attorney general under Gale Norton. From 1986 to 1993, he was elected three times to serve as Mesa County District Attorney.

Prior to this public service, he was a partner in the Grand Junction law firm of Beckner & ErkenBrack in the 1980s. Steve served largely as a litigator in his private law legal practice with a focus that shifted over the years from criminal prosecution to health care and related businesses. Over more than 20 years, Steve served as lead trial attorney in hundreds of cases ranging from first-degree murder prosecutions to complex business litigation.

Steve has been involved in a number of community service efforts. In the 1990s, he was selected by the Colorado Supreme Court to chair the Colorado Board of Law Examiners and was unanimously chosen by Colorado's district attorneys to serve as president of the Colorado District Attorneys Council. Currently, Steve chairs Club 20's Subcommittee on Health Care, serves on the boards of directors for both March of Dimes and Partners of Mesa County, and is active in Rotary International Youth Exchange program.

In recognition of his leadership role in health care policy, Steve was appointed by leadership in the Colorado General Assembly in August 2006 to serve on the SB 208 Blue Ribbon Commission for Health Care Reform.

"The next five to 10 years will be a terrific time of challenge in health care," Steve says. "We enjoy a system of unparalleled quality that is balanced precariously on an evolving delivery system. The challenge for all of us is to ensure the broadest possible access to the finest possible health care. I am proud to be a small part of Rocky Mountain Health Plans' efforts to that end."

Inside Colorado

Colorado Hospitals

The Colorado Hospital Association (CHA) found itself in the limelight in 2007. In November 2007, it released the first Colorado Hospital Report Card, mandated in legislation and intended to provide the general public with clinical data measuring the quality of the health care services provided in Colorado hospitals. House Bill 06-1278 requires that general hospitals in the state report clinical outcome data to allow consumers to compare hospitals based on a set of quality metrics. Quality measures in the report card include: patient safety indicators, risk-adjusted mortality rates, pediatric inpatient volume, prevention measures for ambulatory care sensitive conditions, procedure volume and hospital-acquired infection rates.

For more: http://www.cohospitalquality.org/index.php?option=com_frontpage&Itemid=1

U.S. News & World Report: In the latest U.S. News & World Report ratings of hospitals, National Jewish Medical and Research Center and the University of Colorado Hospital ranked in the top seven for respiratory disorders. The Children's Hospital and Craig Hospital were among the top 10 for pediatrics and rehabilitation.

For more: <http://health.usnews.com/usnews/health/best-hospitals/search.php?spec=repreha&>

Health Information Exchange

The Colorado Regional Health Information Organization (CORHIO), which incorporated as a 501(c) 3 in March 2007, recently added six new board members. CORHIO plans to launch its point-of-care, interoperable health information exchange by June 2008 among the four partners that entered into a contract with the Agency for Healthcare Research and Quality (AHRQ) in 2005: Denver Health, Kaiser Permanente, The Children's Hospital and University of Colorado Hospital. Colorado was one of only six states to receive a contract from AHRQ to build a prototype health information exchange platform for the exchange of patient-level data between health systems at the community level.

For more: <http://www.corhio.org>

Beyond our borders

New Mexico health insurance reform proposal

Governor Bill Richardson has unveiled a comprehensive reform blueprint to provide all New Mexicans with health insurance coverage and to redesign the way health care is delivered in the state. HealthSOLUTIONS New Mexico has four components:

- Insurance reform to make coverage more affordable and accessible;
- Coverage mechanisms and participation to assure coverage for all;
- Health coverage authority to reduce bureaucracy and create a single point of accountability; and
- Electronic health transactions and information to control costs and increase quality.

State residents would be required to purchase coverage, and employers would contribute to a "Healthy New Mexico Workforce Fund" to help fund the proposal with a dollar-for-dollar offset granted to those firms already contributing to their employees' health coverage. In addition, the reforms would hold down cost increases for small employers by changing from 20 percent to 10 percent the amount premiums can be increased above the average rate because of health status or experience (phased in over five years and retaining rating by age and geography).

For more: <http://www.governor.state.nm.us/healthsolutions.php>

Web watch

Additional resources on employer-sponsored health insurance benefits:

- Kaiser Family Foundation *Employer Health Benefits 2007 Annual Survey*, <http://www.kff.org/insurance/7672/>
- Medical Expenditure Panel Survey, Health Insurance – Employer-sponsored http://www.meps.ahrq.gov/mepsweb/data_stats/MEPS_topics.jsp?topicid=7Z2
- National Conference of State Legislatures, *State Employee Health Benefits*, <http://www.ncsl.org/programs/health/stateemploy.htm>
- Mercer, *Mercer's National Survey of Employer-Sponsored Health Plans*, <http://www.mercer.com/referencecontent.jhtml?idContent=1287790>
- Employee Benefit Research Institute, <http://www.ebri.org/research/index.cfm?fa=health>



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