

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

Year of graduation from dental school by urban/rural practice location

Year of graduation from dental school	Working in a rural setting	Working in an urban setting
1946-1965	7.8%	4.2%
1966-1985	62.3%	54.7%
1986-2005	29.9%	41.1%

Source: [Colorado Rural Oral Workforce Project: Report of Findings](#), CHI, based on 2006 survey of dentists licensed to practice in Colorado

A conversation with...



...Donna Marshall, Executive Director, Colorado Business Group on Health

Q: What is the Colorado Business Group on Health (CBGH)? Who do you represent and what is the focus of your work?

Marshall: CBGH is an 11-year old nonprofit organization whose mission is to improve value and quality in health care by working with large purchasers of health care, i.e., employers, and the health care provider community. Our voting members include 14 employers, the smallest of which has 650 employees. Representatives of the health care community can sign up for affiliate status. CBGH has a number of affiliate members that provide health care services and who want to help improve quality at the community level. These providers include hospitals, physician groups, mental health agencies, hospice programs and pharmaceutical manufacturers.

Because it's difficult to provide excellent health care benefits and constrain costs at the same time, CBGH members work to improve quality and value through a variety of strategies. For example, we use [eValue8](#) to compare and contrast health plans in Colorado with over 200 from around the nation. We also publish HEDIS data (standardized performance measures intended to help purchasers and patients compare health plans on quality and service) with a focus on preventive care and chronic disease management. Colorado

does well in comparison to most states, although not as well as some eastern states with a larger penetration of managed care health plans.

Q: You're getting ready to release a fact sheet on *Health Care and Business: The Bottom Line* which focuses on the effect of rising health insurance costs on businesses. What is CBGH's biggest concern about health insurance costs? What are you hoping to accomplish with this brochure?

Marshall: Large and small employers and individual consumers and patients are all paying a lot more for health care and health insurance, yet not knowing what we are paying for. Ten years ago CBGH was concerned that health care quality was not consistently good across the board and that consumers and businesses were unaware of the quality differences. The data show a "quality chasm." For example, many errors and unnecessary costs occur because of the failure to manage chronic disease appropriately. Benefit plan design is not usually about good care management and does not provide incentives for providers to deliver appropriate and effective health care or for employers and their employees to manage their own health in partnership with their physicians.

Whose fault is the high cost of health care? It's all our faults because we're not demanding an accountable, high-quality product. Part of the problem in engaging businesses and consumers is that they feel like they can't do anything, although a lot of health policy initiatives today are directed toward individual responsibility such as not smoking and becoming more active. This being the case, individuals are now being encouraged to take ownership of their health, modify their behaviors and question the value of a recommended test or procedure. Half of the cost increases we experience have to do with overutilization of health care, including unnecessary procedures. We all need to be wiser consumers and shop for health care based on price and quality. If we're not asking health care providers for the information we need to make informed purchasing decisions, then shame on us.

The new brochure, *Health Care and Business: The Bottom Line*, builds on the work of the Blue Ribbon Commission on Health Care Reform and the Ritter Administration's Building Blocks for Health Reform, both of which have a focus of making health care more accountable and affordable. We need informed Coloradans who are savvy about value to move this agenda forward. CBGH hopes to be seen as a resource to help individuals and businesses frame the quality issues, focus on affordability and accountability in health care purchasing, and work with them to devise health care cost and quality solutions to improve the economic and personal health of all Coloradans.

Q: How does the concern about health care and insurance costs compare to other current business concerns?

Marshall: The National Federation of Independent Businesses reports that small businesses have ranked health care costs as their No. 1 issue for over a decade. Nationally, concerns about the economy are currently overshadowing health care as an issue, but health care cost escalation is unlikely to abate. In the nation and in Colorado, we're globally less competitive because of health care costs—employers continue to spend increasing amounts of money on health insurance premiums for their employees, or they simply stop providing insurance and thus add their employees to the ranks of the uninsured.

Q: The Business Group publishes an annual *Health Matters Health Plan and Hospital Quality Report*. When will the next one be released? How do you arrive at your rankings?

Marshall: The next report card will be released in September. We've been disappointed in Colorado's rankings in the mental health area, but we have made strides in other areas such as improving childhood immunization rates. The data specifications for the metrics used in the health plan report are quite specific and rigorous and the data are collected using a scientifically derived random sample to ensure the validity and representativeness of the data to the whole population. To be able to compare Colorado to other states, all states need to use the same data collection and reporting methods so business groups across the country are working to standardize their approach to data collection and analysis. CBGH has found that large purchasers in Colorado are working with health plans to get the data needed to produce the report card; health plans that market in Colorado have been good partners.

CBGH also works cooperatively with the [Colorado Hospital Association](#) to report mortality data. Again, hospitals have been responsive to the requests of business to make their data publicly available.

Q: Another initiative CBGH has embraced is Leapfrog. What is this?

Marshall: After the Institute of Medicine reported in 1999 that there were up to 98,000 avoidable deaths annually in hospitals, a group of large employers founded the [Leapfrog Group](#) to work to reduce these numbers through public reporting of data targeted at employers as purchasers. In 2002, CBGH took Leapfrog on as an initiative to implement its patient safety and health information technology standards in Colorado. A number of urban hospitals have been reporting ever since—only four are not. Colorado hospitals have the best participation of any market in the country with 50-150 hospitals.

Q: What advice do you have for businesses and consumers?

Marshall: What individual consumers and small businesses can do is extremely important; don't underestimate their ability to move the health care system toward a higher performance. For example, consumers should call the hospital in their community and ask if they report patient safety data and if not, why not. It's up to all of us to be more informed and active consumers. Until providers in the health care marketplace know that consumers are demanding higher quality in the services they purchase, there are few economic incentives for them to improve.

For more information or a copy of the new brochure, see <http://www.coloradohealthonline.org/> or contact 303.922.0939 or cbghealth@aol.com.

CHI spotlight

Funding and board members

The Colorado Health Institute (CHI) has been awarded over \$4 million for core operations to carry out its work over the next four years. The funding comes from four of the state's major health foundations: The Colorado Trust, The Colorado Health Foundation, Caring for Colorado Foundation and Rose Community Foundation.

"The generous commitment of these foundations is testimony to what CHI has accomplished during its first five years in business," said CHI President Pamela Hanes. "These grants represent a positive response to

the next four-year business plan approved by CHI's Board of Trustees last May. We are extremely grateful to the foundations and appreciative of the confidence they have placed in CHI, its staff and the work it has undertaken on behalf of the people of Colorado."

CHI board members and officers elected for this year include:

- *Susan E. Birch*, RN (secretary), executive director, Northwest Colorado Visiting Nurse Association, Inc., Steamboat Springs
- *Jerome Buckley*, MD (chairman), chairman and CEO (retired), COPIC Insurance Company
- *Stephanie Foote*, president and CEO, LAVAL Strategic Resources, LLC
- *Irene Ibarra*, JD, MSW, president and CEO, The Colorado Trust
- *Jean Jones* (treasurer), president and CEO (retired), Girl Scouts Mile Hi Council
- *Lois Lynch*, RN, critical care nurse, Swedish Hospital
- *Stephen Shogan*, MD, neurosurgeon, Colorado Neurosurgery Associates,
- *Chris Wiant*, MPH, PhD, president and CEO, Caring for Colorado Foundation

Former CHI board member dies

Dr. Donald Fink, a founding trustee of The Colorado Trust, passed away on March 6 at age 76. During his tenure with The Trust—1985 to 2002—Dr. Fink served as chairman, vice chairman and secretary of the board. He was a member of CHI's board of trustees from 2003 to 2006. Professionally, Dr. Fink served as chief of the Department of Radiology at St. Luke's Hospital in Denver. Dr. Fink was an avid supporter of CHI and will be greatly missed by its board and staff.

New on CHI Web site



[Colorado Rural Oral Workforce Project: Report of Findings](#)

Prepared by CHI under contract with the Colorado Department of Public Health and Environment as part of the department's Colorado Rural Oral Workforce Project, this paper examines findings specific to the rural dental workforce in Colorado from CHI's 2006 survey of licensed Colorado dentists. (For highlights, see [Hot Issues](#) below).



"Faces of the Safety Net": Colorado Springs' SET Family Medical and Homeless Clinic Clinic and the Metro Community Provider Network

CHI's latest profiles of safety net clinics look at the SET clinic in Colorado Springs and the Metro Community Provider Network (MCPN) in the Denver area. SET provides a homeless clinic as well a family clinic and a senior care program. MCPN has 16 clinics around Denver including Arapahoe and Jefferson counties and portions of Adams and Park counties. These "up-close-and-personal" stories of safety net providers focus on the services safety net clinics provide and the challenges they face as they care for families and patients who otherwise slip through the cracks of the private health care system.

For more on SET:

<http://www.coloradohealthinstitute.org/resourceHotissues/facesSN/set/set.htm>

For more on MCPN: <http://www.coloradohealthinstitute.org/resourceHotissues/facesSN/mcpn/mcpn.htm>

[Previous "Faces of the Safety Net"](#)

New CHI safety net presentations

CHI has posted on its Web site several new staff presentations that relate to various aspects of the safety net monitoring activities currently underway at CHI. They include:

- ["Monitoring the health of Colorado's safety net system"](#)
- ["Examining the role of school-based health care: Access, utilization and revenue"](#)
- ["Estimates of Colorado's uninsured children who are eligible but not enrolled in Medicaid or CHP+"](#)
- ["The health care safety net puzzle: How your rural health clinic fits in"](#)

Trauma providers and family residency programs

CHI's Web site is designed to be a key source for state and county indicators and other data resources about health care-related issues in Colorado. One new indicator available on the Web site shows the distribution of Colorado's 66 trauma providers, highlighting the fact that 20 counties have none. Another new indicator lists where the state's 10 family practice residency training programs are located.

- [Trauma providers](#)
- [Family residency training](#)

CHI Web Tip – Create and save a trend graph

Year	Adams	Boulder	Denver	Montrose	Pueblo	Weld
2000	380,000	300,000	580,000	50,000	150,000	200,000
2001	370,000	290,000	580,000	50,000	150,000	200,000
2002	380,000	290,000	580,000	50,000	150,000	200,000
2003	390,000	290,000	580,000	50,000	150,000	210,000
2004	400,000	290,000	580,000	50,000	150,000	220,000
2005	410,000	290,000	580,000	50,000	150,000	230,000
2006	420,000	290,000	580,000	50,000	150,000	240,000

Here's how to do it:

1. On the [data](#) page, choose a topic of interest.
2. Check the tabs above the blue box on the left to see if the "Trend" tool is available. If "Trend" is available, click on the tab. (If not, please choose a different topic.)
3. Choose up to six counties to include in the trend graph and click "Update."

TABLE MAP **TREND** BAR
Show 2000 - 2006:
2006
Show Age Groups:
Save Image

4. Click “Save Image” and follow the instructions to save the picture to your computer for use in a PowerPoint presentation.

Upcoming events

17th Annual Colorado Rural Health Conference

June 18-20, 2008

Copper Mountain Resort

For more: <http://www.coruralhealth.org/crhc/events/conference.htm>

2008 Dorsey Hughes Symposium

July 24-26, 2008

Park Hyatt, Beaver Creek

For more: <http://www.coloradohealth.org/news/dorsey.cfm>

State Coverage Initiatives Summer Workshop for State Officials

July 30-August 1, 2008

Westin St. Francis, San Francisco

For more: <http://www.statecoverage.net/meetings.htm>

Hot issues

Colorado’s rural dentists

Although oral health care access has improved over the past several decades, some segments of Colorado’s population still face barriers to receiving the dental care they need. Among these subgroups of the population are rural residents who, according to numerous studies, see dental providers less frequently than their urban counterparts. CHI recently examined Colorado’s rural dental health workforce under contract with the Colorado Department of Public Health and Environment. The assessment was based on findings from CHI’s 2006 survey of licensed Colorado dentists and focused on a number of issues related to the supply and demand of dentists in rural areas of the state.

Highlights of the findings include:

- The rural dental workforce in Colorado is aging—47 percent of dental responders practicing in a rural area were 55 years and older compared to 37 percent of the dental workforce practicing in an urban area.
- About 92 percent of dentists practicing in a rural area were male compared to 82 percent of dentists practicing in an urban area.
- A majority of dentists (both urban and rural) reported not accepting Medicaid patients—68 percent rural and 74 percent urban. Of those who have Medicaid patients in their practice, a large percentage reported not accepting new Medicaid patients (73 percent rural and 71 percent of urban practicing dentists).

- Dentists practicing in rural areas appear to be much more likely to see Child Health Plan Plus (CHP+) children than their urban counterparts—52 percent rural versus less than 30 percent of dentists practicing in an urban area. Similarly, 48 percent of dentists in rural areas reported accepting new CHP+ patients compared to only 28 percent of dentists in an urban practice.
- The majority of dentists responding to the survey own their dental practice—80 percent of dentists practicing in both rural and urban areas.
- There were no significant income differences between dentists practicing either in rural and urban areas.

The rural oral health workforce paper also presents options for increasing the number of dental providers in rural areas of Colorado.

The analysis is based on responses from 169 rural dentists who responded to the CHI survey of all dentists renewing their license to practice in Colorado in 2006. Response rate was 42 percent overall; analysis was limited to dentists indicating their primary practice location was in Colorado.

For more on rural dentists:

http://www.coloradohealthinstitute.org/Documents/workforce/rural_dentist_workforce.pdf

For more on CHI's dentist survey:

http://www.coloradohealthinstitute.org/resourceHotissues/workforce_DDS.htm

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.



Ned Calonge, MD, MPH, Chief Medical Officer, Colorado Department of Public Health and Environment

Dr. Ned Calonge is a man who wears many hats. Foremost, he serves as the chief medical officer of the Colorado Department of Public Health and Environment (CDPHE). He also is an associate professor of family medicine and of preventive medicine and biometrics with the University of Colorado Denver medical school.

Recently, he agreed to chair the new Collaborative Scopes of Care Advisory Committee.

This committee is providing input and advice on the design of a study of the evidence and efficacy for expanding the scopes of practice of advanced practice nurses, physician assistants and dental hygienists. The study was initiated through an executive order by Governor Ritter who also appointed the advisory committee members. CHI is serving as the research entity for the study which is to be completed by December 31, 2008.

At CDPHE, Dr. Calonge supervises all health-related divisions. In addition to teaching, his work outside the department includes serving as member and past president of the Colorado Board of Medical Examiners,

which licenses and provides regulatory oversight of physicians and physician assistants; serving on the board of the Colorado Regional Health Information Organization; and chairing the Health Affairs Committee of the Colorado Medical Society.

Nationally, Dr. Calonge chairs the U.S. Preventive Services Task Force, a federal panel of experts charged by Congress to develop national evidence-based recommendations for preventive health care services. He is also a member of the Centers for Disease Control and Prevention's Task Force on Community Preventive Services and the Health Resources and Services Administration's Advisory Committee on Heritable Disorders and Genetic Diseases.

Before joining CDPHE in January 2002, Dr. Calonge was the chief of preventive medicine and research for Kaiser Permanente of Colorado. In that position, he was responsible for the development, implementation and evaluation of evidence-based preventive medicine guidelines and prevention programs and provided leadership, management and research consultation for the Kaiser Permanente Clinical Research Unit.

Dr. Calonge received a BA in chemistry from Colorado College, his MD from the University of Colorado and his MPH from the University of Washington. He is board certified in family medicine and preventive medicine.

Inside Colorado

Easing Colorado's health care workforce shortage

The initial evaluation report on The Colorado Trust's [Health Professions Initiative](#) indicates that three components are needed to find a long-term solution to the shortage of health professionals:

1. Create awareness and readiness among students to generate interest in health careers;
2. Support and expand training opportunities; and
3. Promote employer efforts and community partnerships to recruit and retain health professionals.

The Trust has committed an additional \$5.7 million over the next three years to develop and implement strategies tied to these recommendations. With support of The Colorado Trust, CHI has developed its [Health Professions Database and Workforce Web site](#) and will carry out studies of the supply and demand of registered nurses and physicians in Colorado, mid-level providers, nursing faculty and workforce initiatives and programs.

For more on the Trust evaluation:

http://www.thecoloradotrust.org/repository/publications/pdfs/EVALUATION/HPI.11-07_FINAL.lowres.pdf

For more on CHI's workforce projects:

<http://www.coloradohealthinstitute.org/resourceHotIssues/hotissuesViewItemFull.aspx?theItemID=25>

Collaborative Scopes of Care Advisory Committee meets

The first meeting of the advisory committee appointed by Governor Ritter to guide the study of expanding the scopes of care of certain health care professionals was held April 16 in Denver. The [meeting notes](#) are

available on CHI's Web site. The next meeting is scheduled for June 18. Check the [Web site](#) for time and location. Also see the [March-April issue of CHI HealthTalk](#) for more information about the study.

Colorado rated average on health care quality measures, strong on emergency preparedness

Compared to all states, Colorado is "average" for 100 health care quality measures, according to the federal Agency for Healthcare Research and Quality's 2007 State Snapshots. The snapshots look at measures of quality of care and states' performances by overall health care quality, types of care (preventive, acute and chronic), settings of care (hospitals, ambulatory care, nursing homes and home health), five clinical conditions and clinical preventive services.

Colorado was rated strong in clinical care for cancer, diabetes, heart disease and respiratory diseases, and for certain hospital care measures. The state was weak in maternal and child health measures such as low birth weight.

In another state comparison, this one from the nonprofit Trust for America's Health (TFAH), Colorado scored nine out of a possible 10 in 2007 on emergency preparedness indicators, up significantly from 2006 when the state received a score of six. The only emergency preparedness area in which Colorado was deemed lacking was in its decision not to purchase additional antivirals to use during a pandemic flu, a step Chief Medical Officer Ned Calonge says is [unnecessary](#).

In other health care issues in the TFAH report, Colorado had the highest number of new cases of the Human West Nile Virus in 2007 but was among the top states for low obesity, hypertension and diabetes rates.

For more on the AHRQ State Snapshot:

<http://statesnapshots.ahrq.gov/snaps07/dashboard.jsp?menuId=4&state=CO&level=0>

For more on the Trust for America's Health report: <http://healthyamericans.org/state/index.php?StateID=CO>

Beyond our borders

Pennsylvania reports on hospital-acquired infections

In 2006, Pennsylvania's 165 acute care hospitals reported that 30,237 patients contracted an infection during their hospitalization, a rate of 19.2 per 1,000 cases, according to the Pennsylvania Health Care Cost Containment Council (PHC4). Of those patients, 3,716 died (12.3%). The 2006 infection rate was higher than the 12.2 per 1,000 cases reported in 2005, the first year of the study, largely because the hospital-acquired infection reporting categories were expanded and hospitals did a better job of reporting such infections, PHC4 reported.

For more: <http://www.phc4.org/reports/hai/06/docs/hai2006report.pdf>

States striving to improve health care systems

A new study by the National Academy for State Health Policy (NASHP), supported by the Commonwealth Fund, found that every state is doing something to promote achievement of a high-performance health system. The study reviewed literature and surveyed multiple state agencies to determine states' involvement in improving health care.

Among the findings was a continuing state focus on ensuring that vulnerable populations have insurance coverage and access to health care services. Additionally, NASHP reported that states are moving beyond their historic roles “to exert influence with the private insurance market, leverage purchasing power and collaborate more with the private sector.”

For more: http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=676496

New Web site profiles innovative health care models

Two hundred leads were winnowed down to two dozen innovative care models to be featured on a new Web site recently launched by [Health Workforce Solutions](#) (HWS) and funded by the [Robert Wood Johnson Foundation](#). All were selected according to specified [criteria](#) including positive impact on quality, safety, cost and/or (patient or caregiver) satisfaction and potential for replication.

For more: <http://www.innovativecaremodels.com/>

Web watch

Dental profession resources

- [Colorado Dental Association](#)
- Colorado Department of Public Health and Environment [Oral Health Program](#)
- [Be a Smart Mouth](#) (Oral Health Awareness Colorado!)
- [Colorado Dental Hygienists Association](#)
- [University of Colorado School of Dentistry](#)
- [Colorado Board of Dental Examiners](#)
- [Centers for Disease Control Oral Health Resources](#)
- [American Dental Association](#)

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