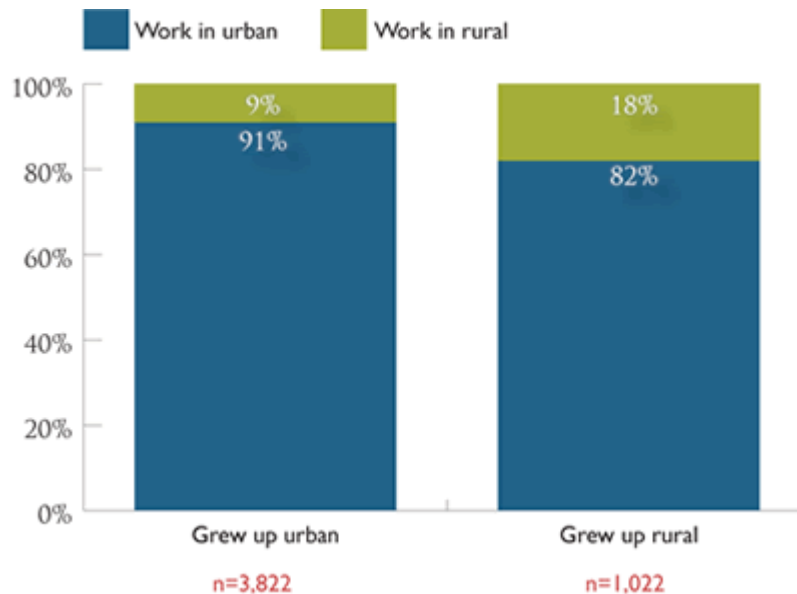


Welcome to **CHI HealthTalk**, the bimonthly e-newsletter from the Colorado Health Institute (CHI). **Please subscribe, unsubscribe or give us feedback** at info@coloradohealthinstitute.org.

Focus on the facts

CHI's 2005 physician survey found that a large majority of respondents who grew up in both urban and rural areas practice in urban areas. Those who grew up in rural areas, however, were twice as likely to practice in a rural community (18% versus 9%) as respondents growing up in urban areas.

Respondents' primary practice location by where they grew up



Source: Colorado Health Institute, [2005 Colorado Physician Workforce Survey: Key Findings and Technical Notes](#) (400 KB pdf)

A conversation with...



... Steve Poole, MD. Dr. Poole is executive director of the [Colorado Children's Healthcare Access Program](#) (CCHAP), a nonprofit organization working to develop financially sustainable models for providing medical care to Colorado children in low-income families who lack a regular source of quality health care. He also is professor and vice chairman of the Department of Pediatrics at the University of Colorado School of Medicine.

Q: You're involved in making sure poor Colorado children have a "medical home" What is a medical home?

Poole: The medical care of infants, children and adolescents ideally should be accessible, continuous, comprehensive, family centered, coordinated, compassionate and culturally appropriate. Medical care may be provided in various locations such as physicians' offices, federally qualified health centers (FQHCs), hospital outpatient or school-based clinics, community health centers and county health department clinics. Regardless of the location, a medical home should provide comprehensive primary care, including care for acute or chronic illness; preventive care including immunizations, growth and developmental assessments and screenings; health care supervision; patient and parent counseling about health, nutrition, safety and other issues; and meet a variety of other requirements such as accepting Medicaid or CHP+ reimbursement.

Q: Why is a medical home important for children?

Poole: When an acute illness occurs, children without a medical home have to go to an emergency department or receive care later than they would if they had a medical home. Going to an emergency department usually costs the health care system six or seven times as much as the office visit that could have handled or prevented the problem. Furthermore, children don't have the continuity of care needed to handle ongoing health problems when they receive their care in an emergency department. As a group, children on the Medicaid program who don't have a medical home have much lower rates of immunization and preventive care services, and their health outcomes are poorer across the board. For example, hospitalization rates and death rates are higher, and cost of care is higher.

Q: When I was a kid my mother always took me to the same doctor. Did I have a medical home in the sense that you are using the term now?

Poole: Today's medical home may be different because the role of the primary care provider includes not only preventive care and illness care, but also management of chronic illness, more emphasis on education, and management and coordination of specialists, various special treatments and care, whether in a hospital or an outpatient setting.

Q: How many Colorado children have a medical home?

Poole: About one-third of Colorado children live in a low-income family and are therefore either uninsured or eligible for CHP+ or Medicaid coverage. The other two-thirds are covered by private insurance. We think the majority of children with private insurance have a medical home. Of the Medicaid, CHP+ eligible or enrolled children, we think at least one-third, or about 140,000 children, don't have a regular source of comprehensive primary health care – a medical home.

Q: Do children with public insurance, Medicaid and CHP+ face additional barriers to establishing a medical home? If so, what are those?

Poole: Colorado has a wonderful collection of safety net providers, but there aren't enough of them to provide access to care for these roughly 140,000 children, so we need private physician practices to get involved, too. The single greatest barrier to private physician involvement is the low reimbursement rate for services provided to Medicaid and CHP+ children. But, we have found there are other barriers, too, like the need for social service and care coordination, the need for case management, help with the increased

paperwork, help in maintaining enrollment, problems with transportation, etc. Our program addresses these and more.

Q: There's a major push in Colorado to enroll more low-income children in Medicaid and CHP+. If this effort is successful, will there be enough medical homes for the newly enrolled children?

Poole: No, there won't be since we aren't able to find medical homes for many of the children who currently are enrolled and eligible. Estimates are that there may be as many as 100,000 uninsured children who are eligible for CHP+ or Medicaid. If all we do is enroll these children, it will overwhelm the system if we don't have private practices involved. If we expand eligibility to include children up to 250 or 300 percent of the federal poverty level, we could get all but about 30,000 of the children into the Medicaid or CHP+ programs. That would be wonderful, but we have to expand our capacity to ensure them access to a medical home.

Q: What has CCHAP accomplished to date, and what are your goals for the next couple of years?

Poole: CCHAP is a nonprofit organization whose mission is to ensure that every child in Colorado has a high-quality medical home. Its goal is to encourage and enable all pediatric private practices and as many family private practices as we can to devote 10-20 percent of their practice to Medicaid and CHP+ children. We've expanded to 28 practices in 34 pediatric locations around the Denver Metro Area. We're also in the process of implementing a demonstration program with the Department of Health Care Policy and Financing (HCPF) which will provide higher reimbursements and reward physicians for comprehensive preventive care of Medicaid children. Three years ago, only 20 percent of private pediatric practices in the Denver area accepted Medicaid or CHP children; today we're up to almost one-half and hope to expand to the rest of the state over the next two years.

Q: Securing medical homes for more low-income children must require a lot of collaboration with HCPF, provider organizations and others. What have been some of your challenges and successes in this area?

Poole: There were some real surprises. We had heard that it was difficult to get good mental health services for Medicaid children. However, working with behavioral health organizations has been a dream. They have really stepped up and changed the way they do business in order to accept referrals, provide timely access and help to the referred families and communicate with the primary health care providers. We're also experimenting with having providers from mental health centers see patients within private pediatric practices to make the referral process easier and improve compliance among referred families.

CCHAP has worked with Family Voices of Colorado [an advocacy organization for children with special health care needs] to create a hotline that helps providers find the appropriate resources for families and children no matter what the problem is -- a medical, mental health, developmental or family resource issue. We're very proud of that and anticipate that will be starting within a few months.

The change in leadership and philosophy at HCPF also has made it possible for us to obtain data to develop the new demonstration program. This new level of communication has been a dramatic improvement.

Editor's note: CHI has been working with Dr. Poole and HCPF to analyze data in order to help determine the number and location of children who do and do not have periodic visits to a medical home. For more

information, contact Reid Reynolds, CHI senior research fellow, 303.831.4200 x 204 or info@ColoradoHealthInstitute.org.

CHI spotlight



Job opening: database administrator

CHI is looking for a database administrator to continue the development of CHI's information clearinghouse and integrated analytical database functions.

See the job description:

http://www.ColoradoHealthInstitute.org/Documents/jobs/SAS_DBA_job.doc



New CHI physician publication

[*2005 Colorado Physician Workforce Survey: Key Findings and Technical Notes*](#) – This paper includes key findings from CHI's 2005 survey of physicians licensed to practice medicine in Colorado. The survey is part of CHI's [Health Workforce Database project](#), funded by The Colorado Trust as part of its Health Professions Initiative.

See Hot Issues below or:

http://www.ColoradoHealthInstitute.org/resourceHotissues/workforce_MD.htm.

New on the CHI Web site

Safety net indicator:

Employment Estimates: June 2007 for Colorado Metropolitan Statistical Areas

http://datacenter.coloradohealthinstitute.org/data_results.jsp?i=94&rt=11&p=2

Safety net stats:

Medicaid payments per enrollee

Health status and coverage

Uninsured Coloradans: full or part year

Fewer served in public mental health system

Health insurance for low-wage workers

Enrollment in employer-sponsored insurance

Low-income Medicare beneficiaries

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

Health care workforce indicator:

Employment Estimates: June 2007 for Colorado Metropolitan Statistical Areas

http://datacenter.coloradohealthinstitute.org/data_results.jsp?i=94&rt=11&p=2

Workforce stats:

RNs' perception nationally

Wages for family medicine

More medical students from Colorado

Medical graduates by state

Colorado psychologists

Social workers

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

Upcoming events

Caring for the Underserved Conference: Colorado Coalition for the Medically Underserved (CCMU)

Friday, September 21, 2007, Radisson Denver Southeast Hotel

“Shaping the Future of Health Care in Colorado” is the theme of the 11th annual CCMU conference. Dr. Patricia Gabow, Denver Health CEO, will receive a lifetime achievement award.

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

Culture of Data Conference

Friday, October 12, Tivoli Center at Auraria Campus

The 2007 conference will focus on "Culture of Data: What Does it All Mean?"

Register at: <http://www.coloradohealthinstitute.org/resourceEvents/events.aspx>

Hot issues

Colorado physicians getting grayer

Over the past several decades, federal and state policymakers have become increasingly concerned about whether the supply of primary care physicians will meet the demands of a rapidly growing aging population. Adding to this concern, the health workforce literature suggests that most physicians prefer to practice in urban or suburban settings, leaving large numbers of rural communities without an adequate supply of primary health care providers.

To better understand Colorado’s physician workforce, CHI sent a survey to the 16,138 physicians who renewed their Colorado license to practice medicine in 2005. More than 7,700 (48%) responded to the questionnaire, including 5,158 respondents who indicated their primary practice location was in Colorado. CHI examined data provided by the physicians practicing in Colorado.

[*2005 Colorado Physician Workforce Survey: Key Findings and Technical Notes*](#) (400 KB pdf) discusses factors associated with the availability of Colorado’s physician workforce, including:

- *Age* – More than one-third of respondents were 55 years of age or older.
- *Practice location* – Doctors who grew up in rural areas were more likely to practice in a rural community.
- *Time spent in direct patient care* – Male physicians spent more hours providing direct patient care, but female physicians spent a greater percentage of their time caring for patients.
- *Specialties* – 61 percent reported practicing as an “other specialist,” while 39 percent reported primary care as their specialty.

CHI also has released survey findings from [registered nurses](#) (404 KB pdf) and soon will release results from its surveys of Colorado licensed pharmacists, certified nursing assistants, dentists and dental hygienists.

Survey datasets are available to researchers who sign a data use agreement.

For more on CHI's health professions project: <http://www.ColoradoHealthInstitute.org/Workforce/> or <http://www.coloradohealthinstitute.org/resourceHotissues/hotissuesViewItemFull.aspx?theItemID=25>

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.



Lou Ann Wilroy, Executive Director, Colorado Rural Health Center

After serving as acting executive director for nine months, Lou Ann Wilroy was named on August 15 to head the Colorado Rural Health Center (CRHC), a nonprofit, membership-based organization that serves as the State Office of Rural Health for Colorado.

Wilroy has 18 years of experience in health care including work in urban and rural settings in both the private and nonprofit sectors. During her tenure at CRHC, she has been responsible for overseeing Colorado's Critical Access Hospital and Rural Health Clinic programs and administering the Medicare Rural Hospital Flexibility Grant. Under Wilroy's leadership, CRHC plans to broaden its membership base and focus on current issues such as health reform, workforce development and information technology.

"I look forward to serving as the executive director of the Colorado Rural Health Center, an organization whose work is extremely important to the state of Colorado. It is an honor to carry the center's mission forward, continue its strong commitment to professionalism and collaboration, and lead the dedicated staff in administering valuable programs that impact the health of rural communities."

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



Freddie L. Jacquez, Director, San Luis Valley Area Health Education Center

Freddie Jacquez, MA, became executive director of the San Luis Valley Area Health Education Center (AHEC) in Alamosa in March 2007 after 22 years as a field services representative for the Workforce Investment Act through Rocky Mountain SER Jobs for Progress. Prior to this work, he directed the Alamosa County Department of Social Services for more than three years.

As head of the regional AHEC, Jacquez supervises the Fetal Alcohol Syndrome and Substance Abuse Treatment workshop, Interactive Health Communication Cardiovascular Assessment Kiosk Program, Health Professions Initiative technical assistance to the Adams State College Nursing Program, the Pueblo Community College Medical Imaging Department and Kiowa Hospital District in Eads, the Epilepsy Resource Library, Bio-Terrorism Preparedness Program, In-Home Chores Program and a Summer Health Careers Institute.

"I am excited to be in a position where I can positively affect health care concerns in the San Luis Valley," Jacquez said. "I also plan to work with youth on awareness, encouragement and support in the pursuit of

health care careers.”

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

Inside Colorado

Health care reform task forces; public meetings

The Colorado Blue Ribbon Commission for Health Care Reform (208 Commission) has named 65 members to four advisory task forces: business, rural, provider and vulnerable populations. The committees will provide input on four proposals selected by the commission and a fifth consolidated proposal being developed by commission members. In addition, task force meetings are being scheduled.

- [Task force members](#)
- [Scheduled meetings](#)

New rural grant council

Governor Bill Ritter has established a council to distribute \$7.5 million in health care grants earmarked to help remedy deficiencies in access to health care for rural and underserved Coloradans. The Colorado Rural Health Care Grant Council will determine funding priorities, make grants, oversee the application process and assess outcomes. The funds will be provided as a charitable gift over the next six years by UnitedHealth Group.

For more:

<http://www.colorado.gov/governor/press/pdf/executive-orders/2007/ExecutiveOrder-Rural-Health-Care-Grants-Council.pdf>

HRSA annual child health report and Colorado

Only half of eligible Colorado children in the Medicaid program received the recommended developmental periodic screenings during FY 2003, according to *Child Health 2006*, released in early August by the Health Resources and Services Administration (HRSA). The report also shows that 9 percent of Colorado babies were born at less than five pounds, eight ounces in 2004. *Child Health 2006* presents data on more than 50 health status and health care indicators by state and for the nation.

For more: http://www.mchb.hrsa.gov/chusa_06/index.htm

Colorado hospital charges

The Colorado Hospital Association has released its annual report on the charges and length of stay for the 35 most common inpatient medical conditions and surgical procedures performed in Colorado hospitals.

For more: <http://www.cha.com/images/stories/data/crpt06np.pdf>

New Colorado health reform blog

The Bell Policy Center has launched Health Blog, a forum for health care experts and the public to discuss health care reform efforts under way in Colorado.

View the new blog at <http://www.thebell.org/blog/208/>

Beyond our borders

Men leaving primary care but more women entering

A new study from the Center for Studying Health System Change reports a “marked shift” in the health care workforce, with male physicians leaving primary care practice for specialty practice. Female physicians, however, are making up some of this loss. Since 1996-97, the center reports that a 40 percent increase in the female primary care workforce has helped to offset a 16 percent decline in the male primary care physician supply relative to the U.S. population.

At the same time, primary care physicians’ incomes have lost ground relative to both inflation and medical and surgical specialists’ incomes, a factor that eventually could lead to a greater loss of male primary care physicians and female physicians choosing specialty care, the report said. Women in primary care already earn 22 percent less than men.

For more: <http://www.hschange.com/CONTENT/934/>

Illinois’ children insurance program off to good start

Illinois’ All Kids program, the nation’s first universal health insurance program for children, has surpassed state enrollment targets, providing coverage for 50,000 previously ineligible children within a few months of implementation, according to a case study conducted by the Kaiser Family Foundation’s Commission on Medicaid and the Uninsured. The real test, though, will be whether the program can sustain this momentum and address challenges as it moves forward. The report examines state decisions on program design and highlights some early program experiences.

For more: <http://www.kff.org/uninsured/upload/7677.pdf>

Web watch

Local resources about Colorado’s health care workforce

- [LMI](#) (Labor Market Information) Gateway), Colorado Department of Labor and Employment
- [Colorado Rural Health Center](#)
- [Colorado Department of Regulatory Agencies, Division of Registrations](#)
- [The Colorado Trust](#)
- [Colorado Area Health Education Centers](#)
- [Colorado Family Medicine Residencies](#)



CHI HealthTalk Contributors

Writers: Sherry Freeland Walker, Kelly Hugger, Reid Reynolds

Design: Kindle Fahlenkamp-Morell

Submit ideas for future HealthTalk issues to info@coloradohealthinstitute.org.