Best Practices Forum
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Denver Health

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Denver Health

Our Mission

- Provide access to quality preventive, acute, and chronic, health care for all the citizens of Denver regardless of ability to pay.

- Provide expert emergency medical services to Denver and the Rocky Mountain region.

- Fulfill public health functions as dictated by the charter and the needs of the citizens.

- Provide for the health education of patients and to participate in the education of health care professionals.

- Engage in research that enhances the health care needs of patients and the educational needs of future health care professionals.

Who we are: Unique Model
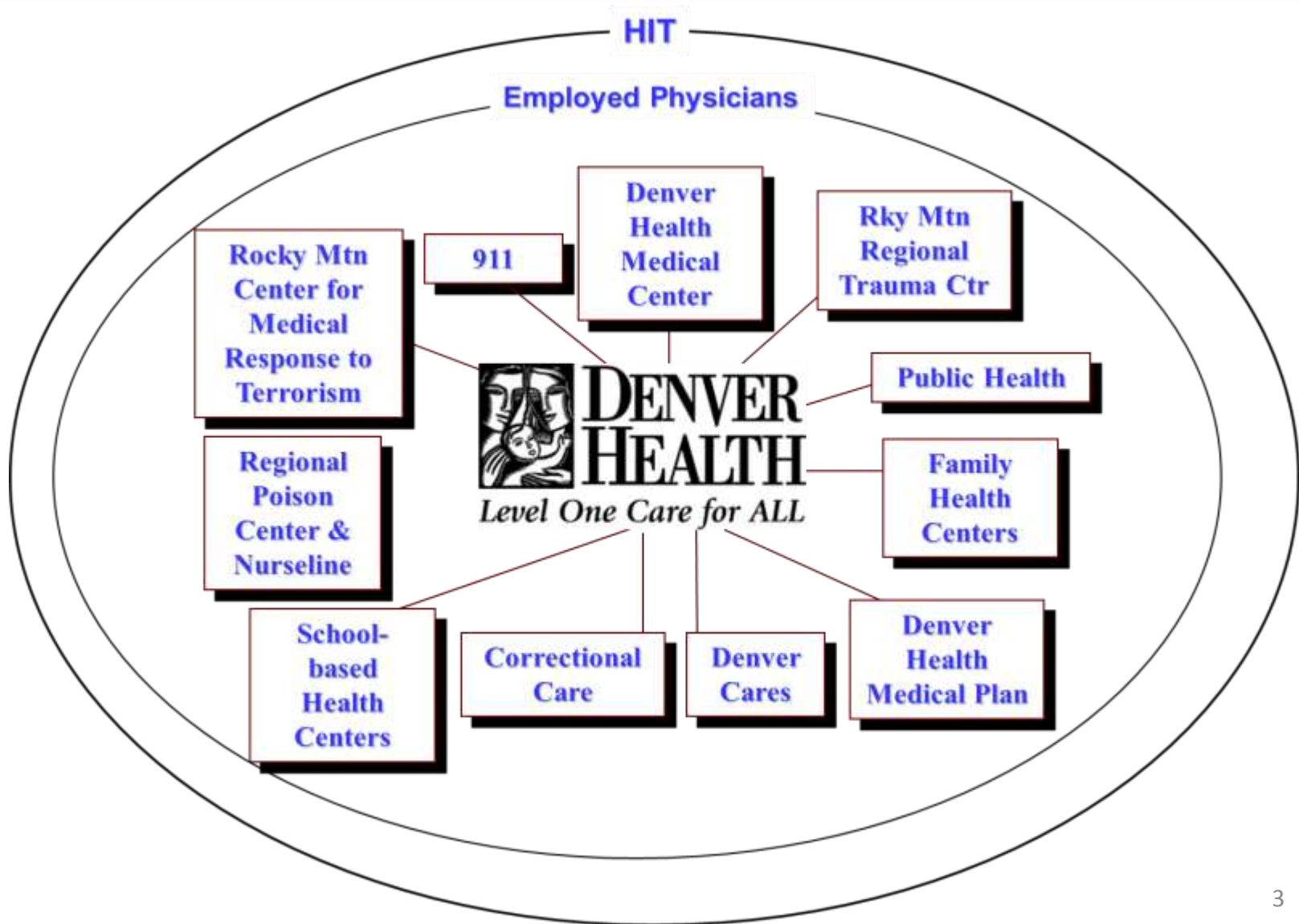
- Denver Health cares for approximately 176,000 individual patients – almost one third of Denver County's population
- 37% of Denver's babies are born at Denver Health
- 40% of Denver children use Denver Health
- 70% of patients are ethnic minorities
- 75% of patients are below 185% FPL
- 42% of patients are uninsured

- Major Medicaid provider

- Major provider of care for children/CHP

- Increasing role in Medicare

- Busiest trauma center in the state

- Major correctional care provider

- Major state partner in disaster preparedness

Denver Community Health Services

- Network of 8 Community Health Centers, 15 School-based Health Centers & 2 Urgent Care Centers

- Clinics provide Family Med, Peds, and Gen IM, OB/GYN, & Dental Services and limited BHS

- Resident training in all services but not all sites
  - Peds, GIM, FM, Dental (GPR), OB/GYN

- Many co-located public health programs
  - WIC, Title X, EPSDT Outreach, CSHCN

Denver Community Health Services

- Facilitated Enrollment
- 8 CHCS
- WIC Program
- Mobile Mammography Van (WWC)
- 14 SBHCs
- Senior Plus Program
- 2 Urgent Care Centers
- **Patient Needs**
- 4 Dental Clinics
- CSHCN Services
- Nurse Home Visitor
- HIV Primary Care
- EPSDT Outreach
- Title X Family Planning
- Community Voices

- FQHC Board with >50% users
- Public Model FQHC with MOU between FQHC board and DHHA
- FQHC CEO/Medical Director reporting to BOD and DHHA CEO
- 6 Clinical Divisions: Pediatrics, GIM, Family Medicine, School Health, Dental and Women's Health
- Clinical Director & Program Manager for each clinical unit

- Team-based delivery utilizing physicians, AHPs, RNs, MOAs, patient navigators, behavioral health clinicians and clinical pharmacists

- Integration of dental and mental health services with primary care services

- Chronic care model used as framework for chronic disease management and preventive service delivery

- Level III NCQA Medical Homes
  - patient empanelment
  - pro-active panel management
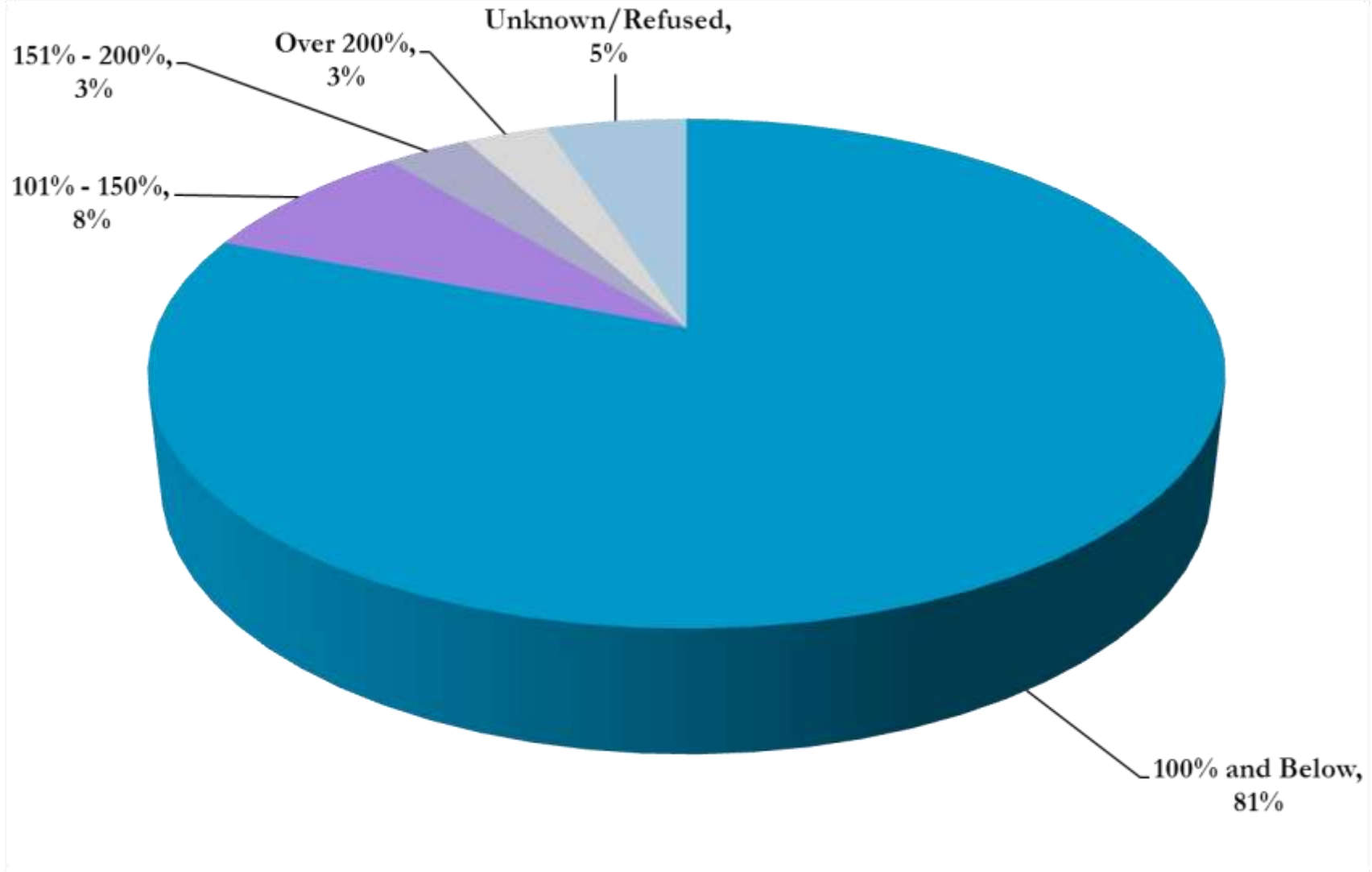 - care management
  - patient-centeredness

DCHS Patient Demographics

- 57% female, 43% male

- 38% users < 15 years

- 5% > 65 years

- 26% women 15-44 years

- 35% prefer to receive care in language other than English

DCHS Patient Demographics
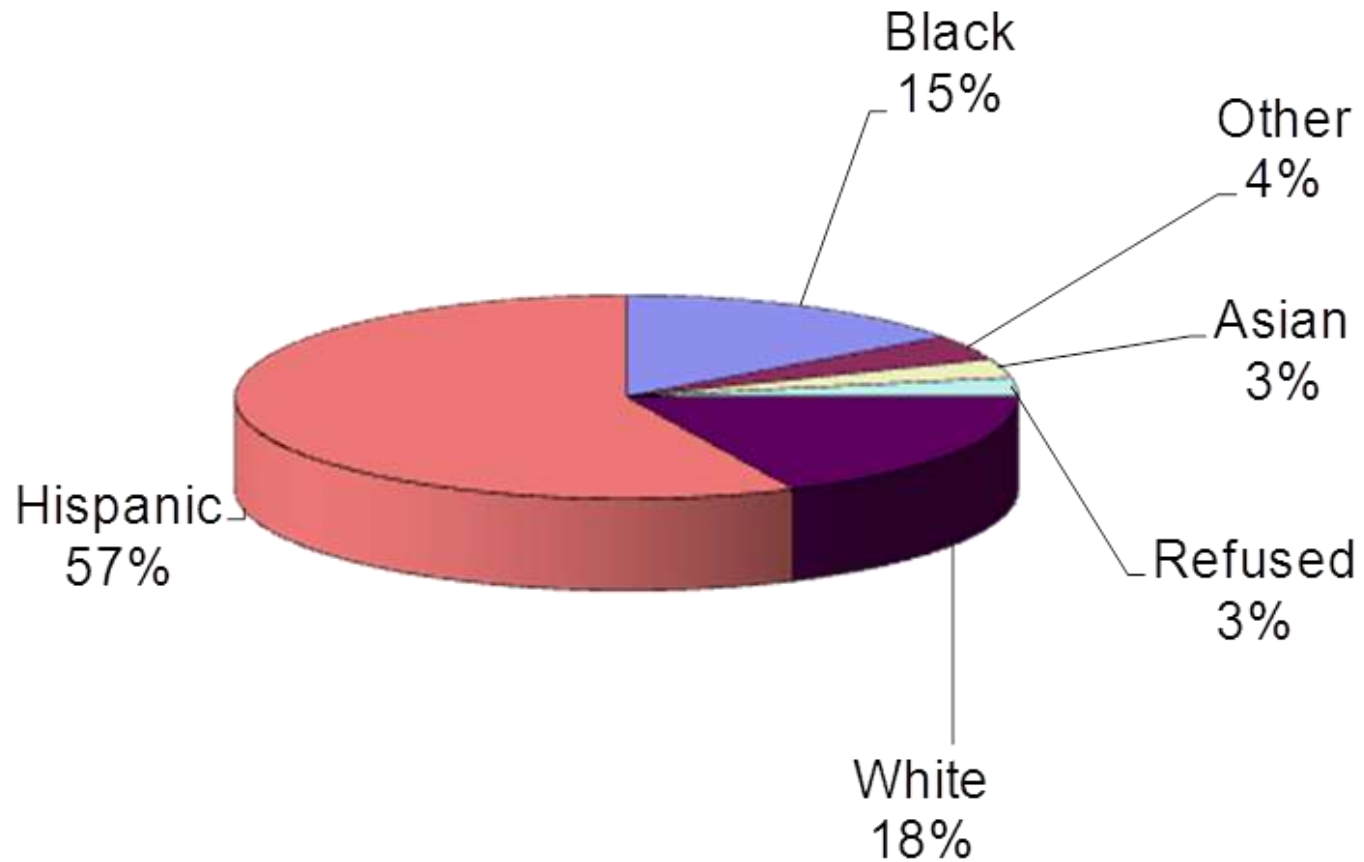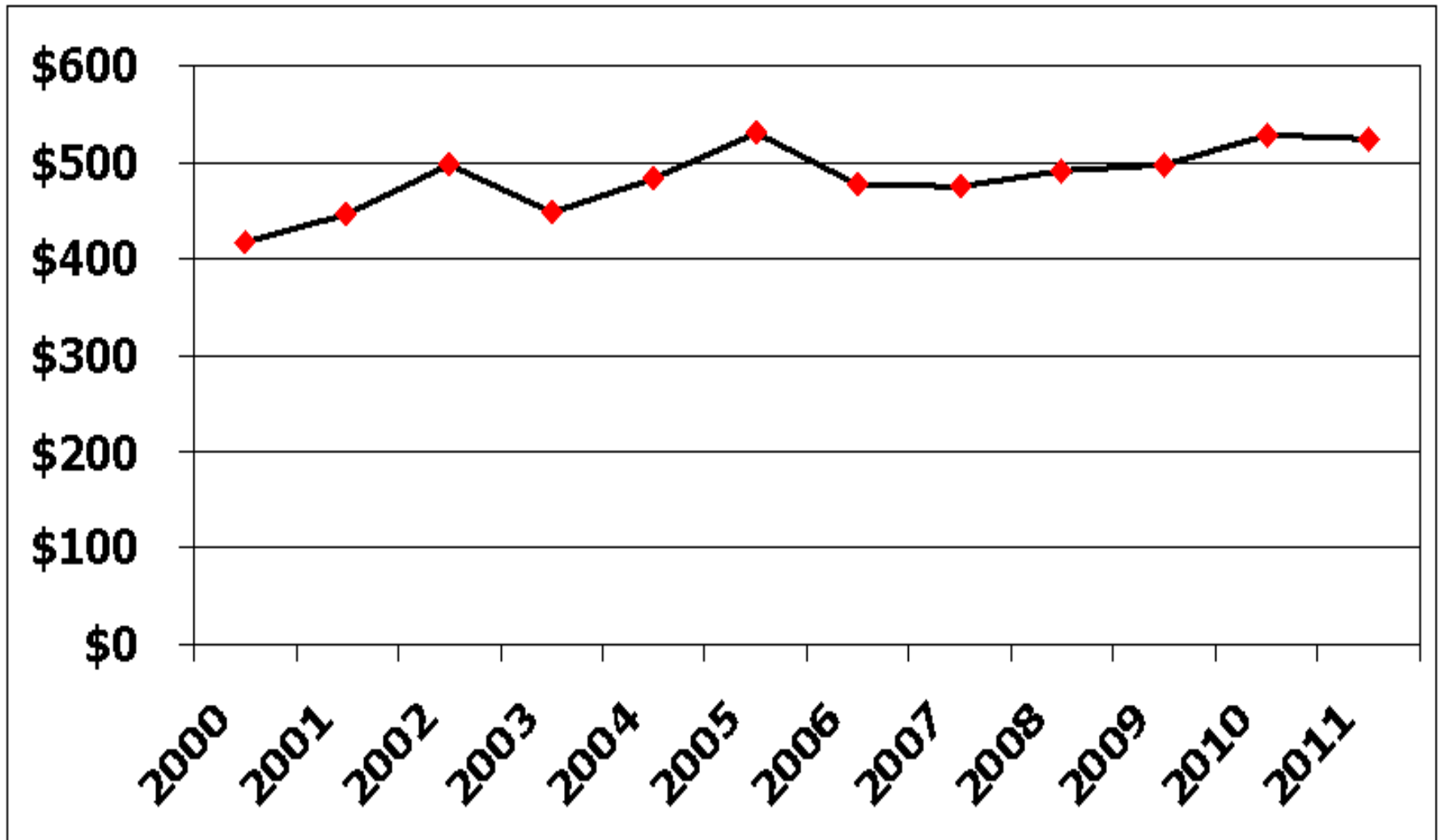
Poverty Level DCHS Patients

Payer Mix of DCHS Patients

Pie chart — Payer Mix of DCHS Patients:
- None/Uninsured, 29%
- Private, 10%
- Other Public (CHP+), 4%
- Medicare, 7%
- Medicaid, 50%
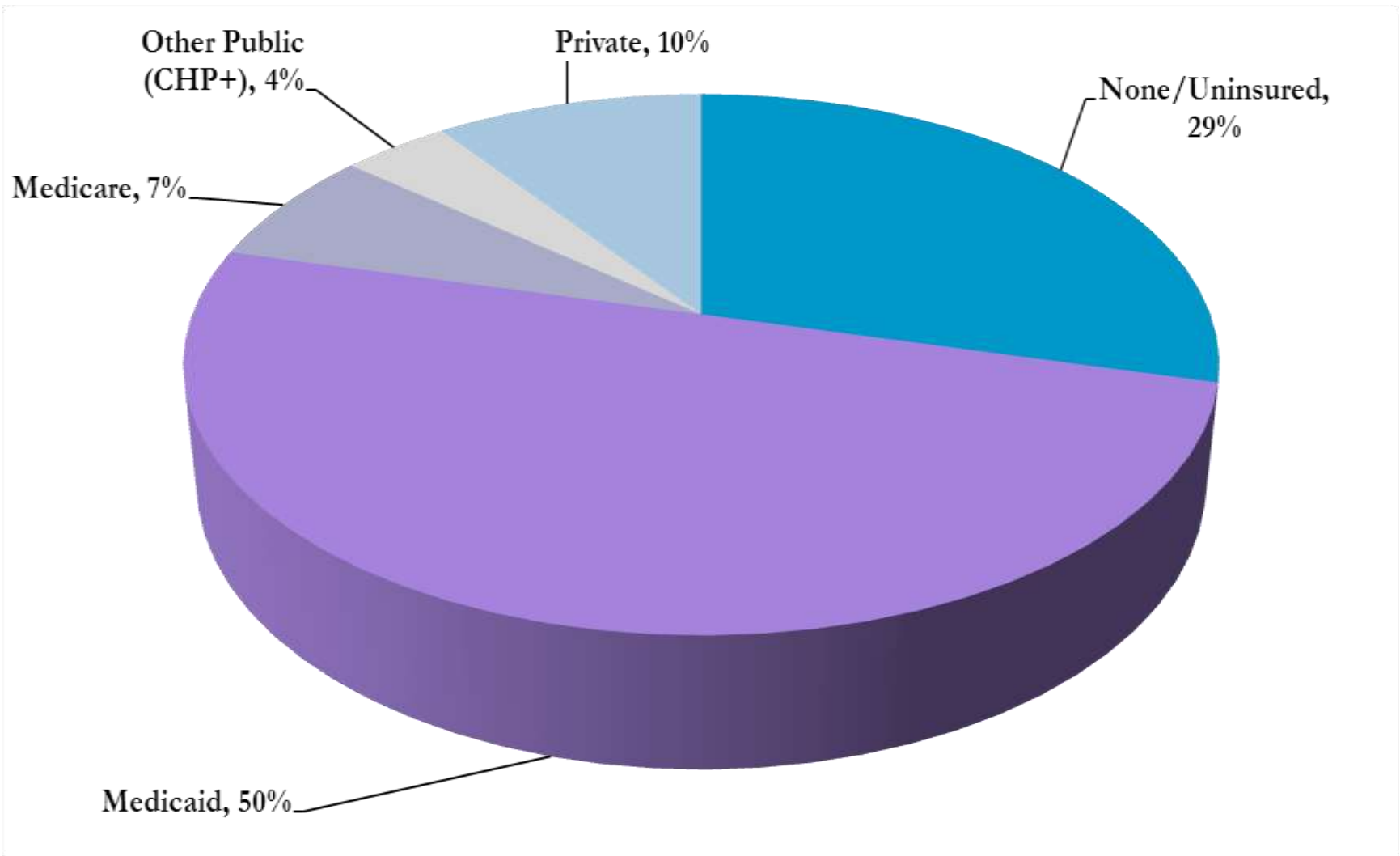
2011 Performance

- Total Users = 123,614
  - 5.6% increase from 2010
- Total Visits = 406,787
  - 6% increase from 2010
- Medical Visits = 351,425
  - 4.7% increase from 2010
- Medical Users = 115,889
  - 4.7% increase over 2010
- Cost per Medical Visit = $142
  - 2.9% increase over 2009

Cost per Medical User

Quality Dashboard

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Integrated System:
Advantages and Disadvantages

Advantages

- Integrated Electronic Med Record system

- Unified salaried medical staff

- Single registration for patients for all services

- Quality Outcomes measured across all areas

- Recruitment and retention of medical staff (SOM Affiliation Agreement)

- 24/7 after hours coverage from Nurse Advice Line, Urgent Care and ED

- Direct access to Specialty and Emergency Care

- Direct Admission for Inpatient Hospital Care

- Transitions from Hospital or ED to clinic easily accomplished

- One pot for funding (don't eat what you kill) Example: DSH

- HMO/Managed Care plan; well positioned for ACO

- Data Warehouse – unified data set for quality and evaluation

- Commitment from the City: most health centers built with City capital

- Response to HIV/AIDS epidemic
  - Public Health ID Clinic
  - HIV Primary Care Clinics
  - Public Health Response
- CMMI Grant
  - Integrated Network Response Foundation for Successful Application

Disadvantages

- Lacks advantages that come with being autonomous-Not as nimble

- Financial analysis-hard to know what revenue to apply to primary care activity

- Hospital can dominate the enterprise agenda

- Siemen's HIT system and Ambulatory Care Module

Questions and Discussion