

Best Practices Forum

October 3, 2012



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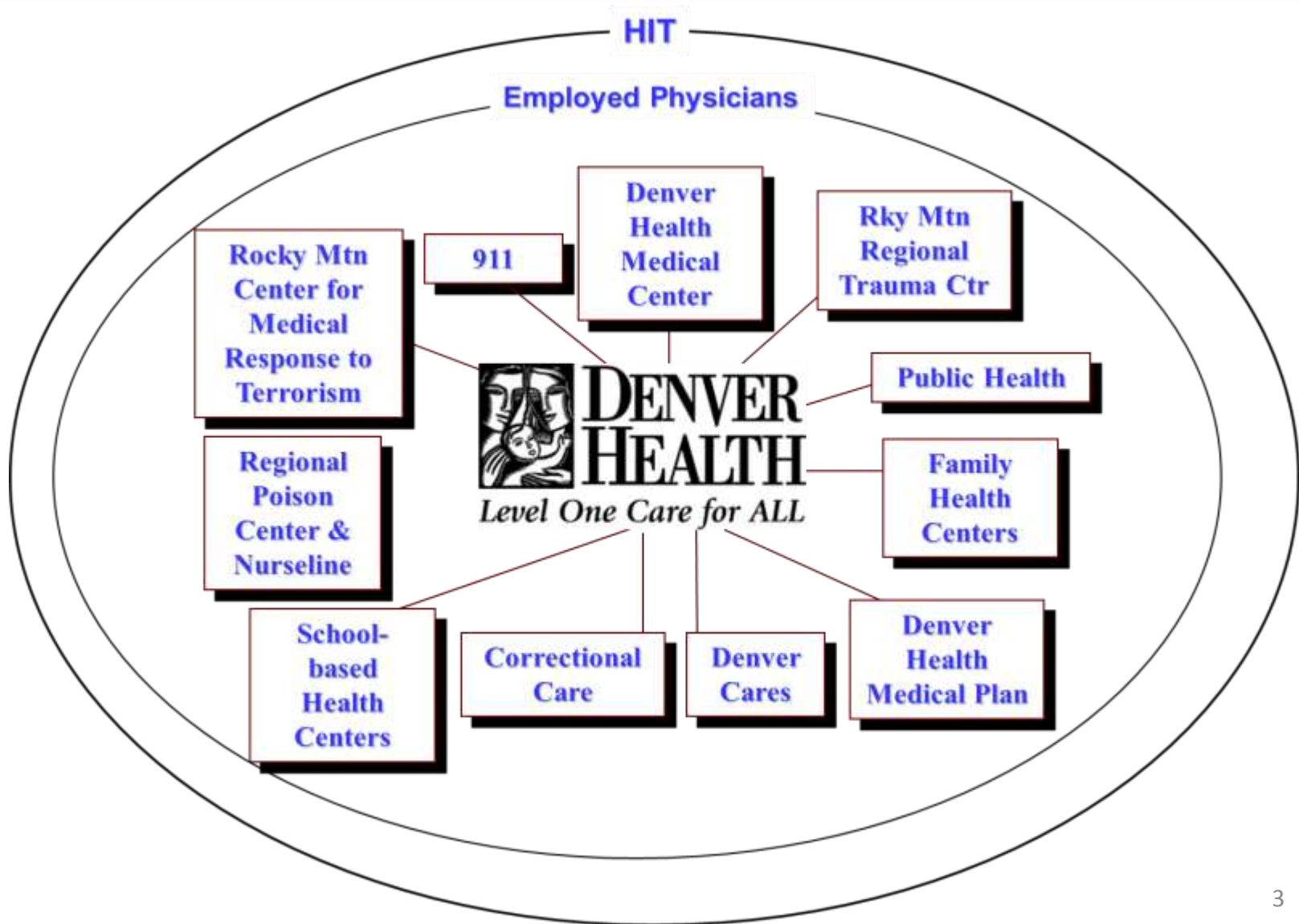
Our Mission



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- 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



Who we serve: Level One Care For All



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- 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

What we do: Going beyond the uninsured



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- 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



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- 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



DCHS Organizational Structure



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- 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

Delivery System Design



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- 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

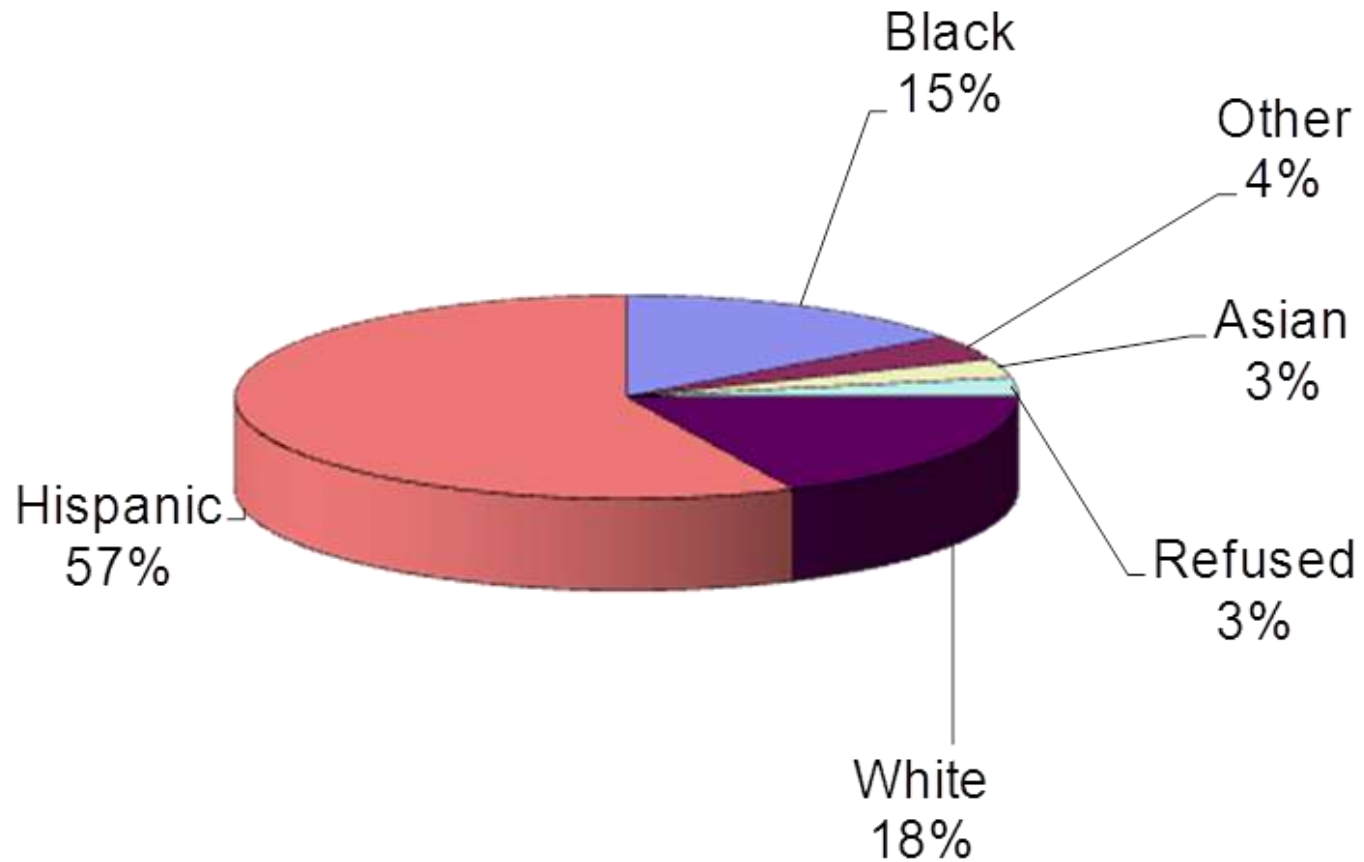
DCHS Patient Demographics



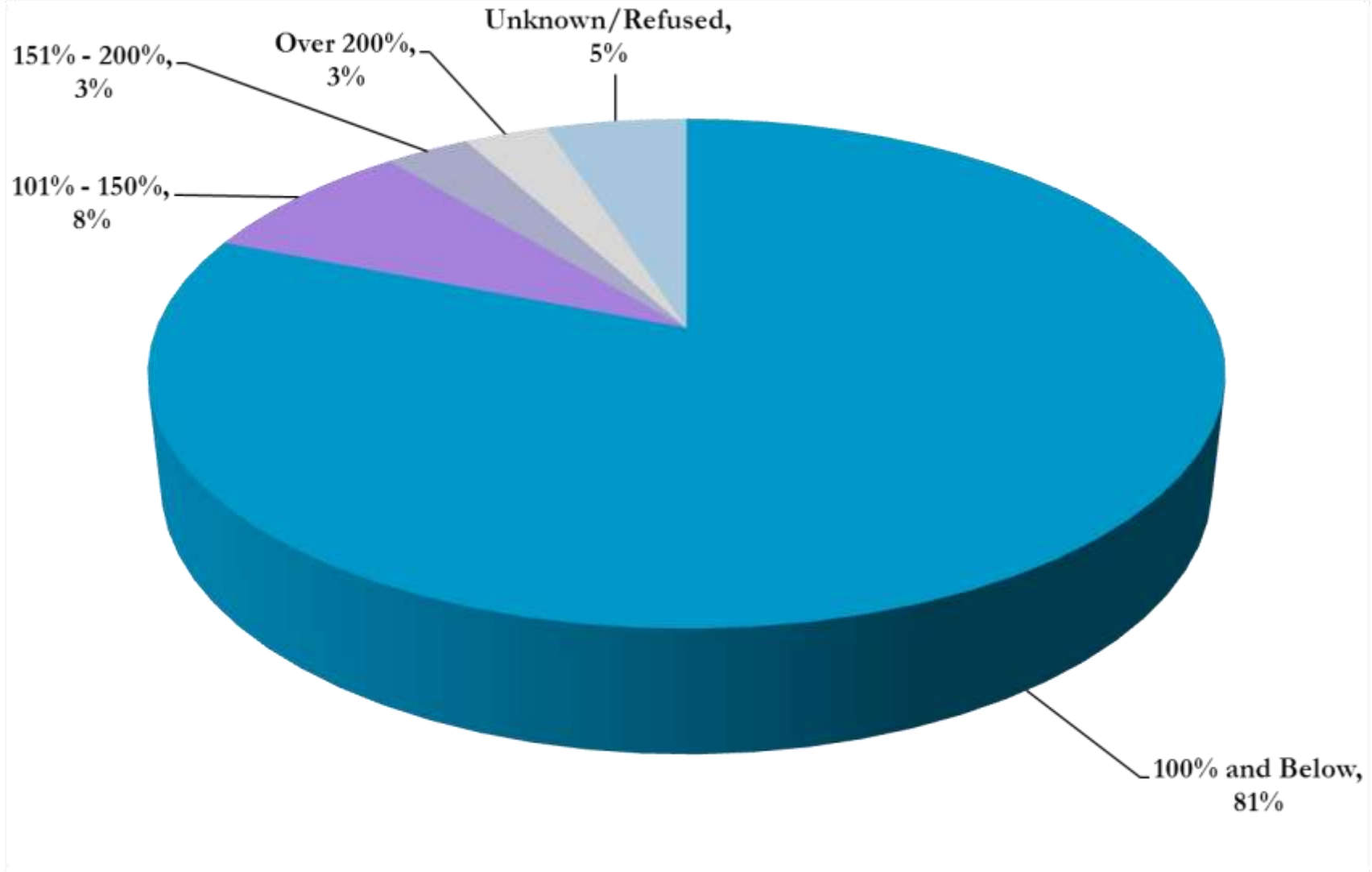
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- 57% female, 43% male
- 38% users < 15 years
- 5% > 65 years
- 26% women 15-44 years
- 35% prefer to receive care in language other than English

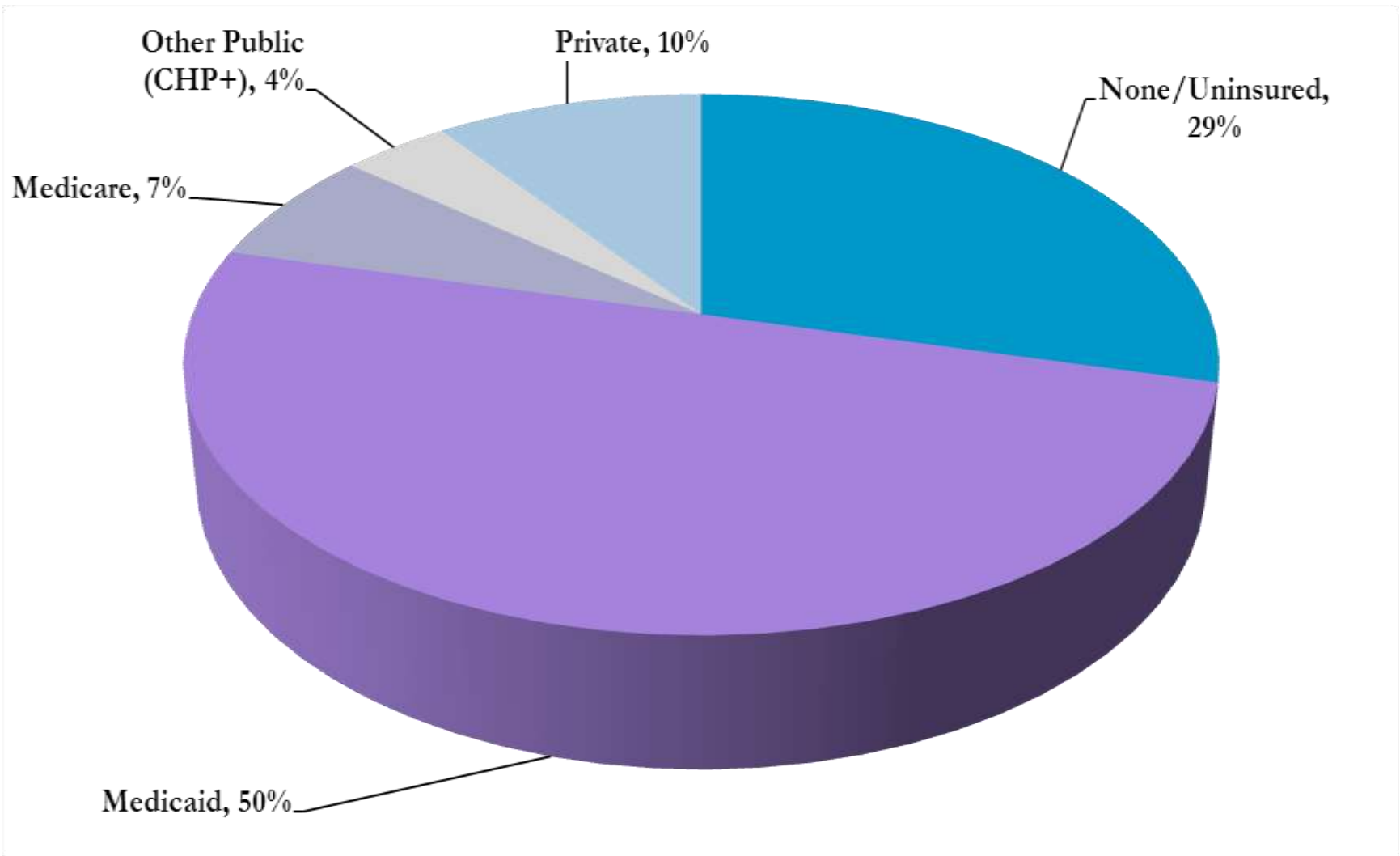
DCHS Patient Demographics



Poverty Level DCHS Patients



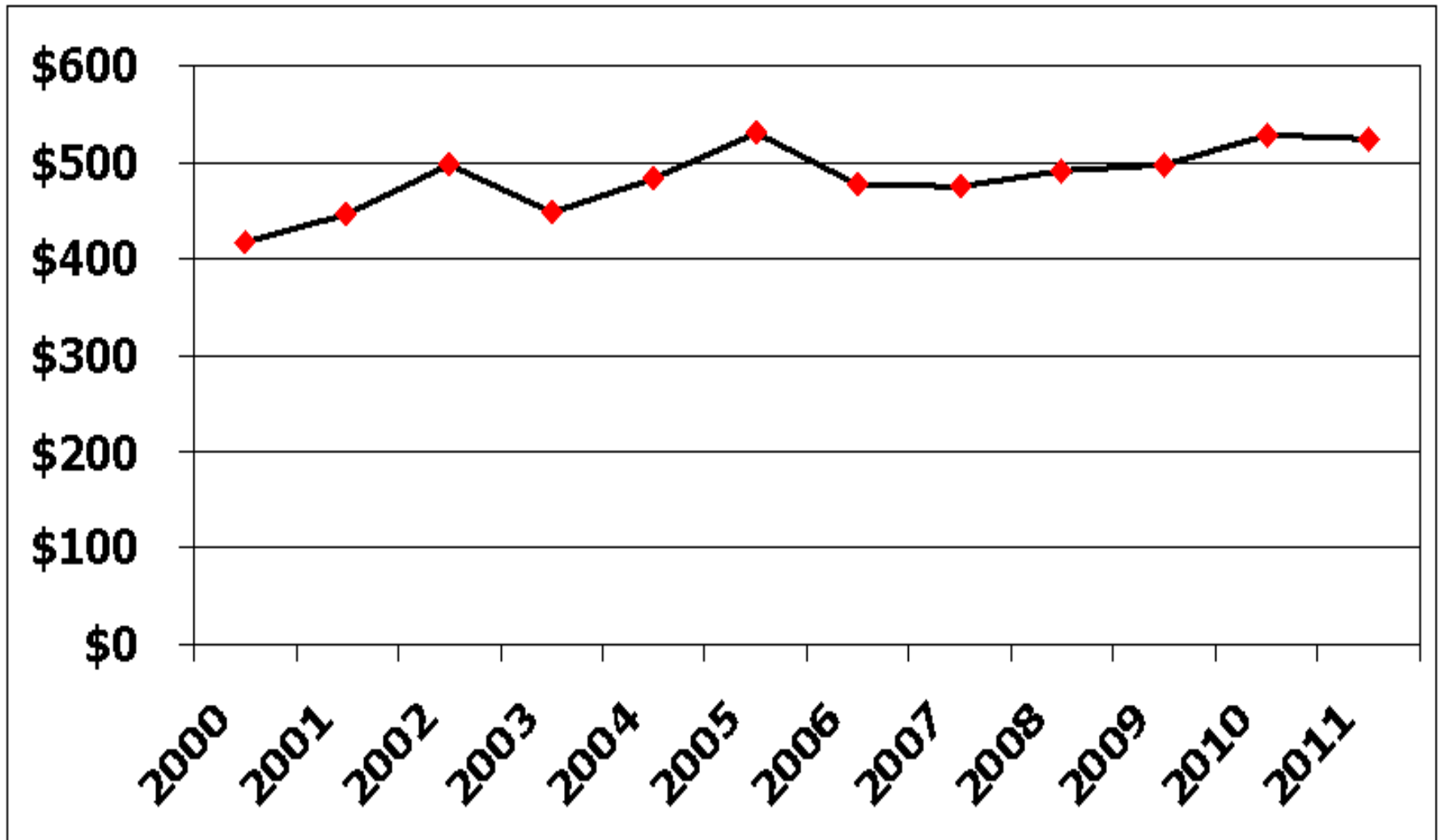
Payer Mix of DCHS Patients



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

Ambulatory Dashboard - Windows Internet Explorer

http://dhpulse.hosp.dhha.org/generalinformation/managerPortal/qsc/Dashboards/Ambulatory%20Dashboard, Live Search

File Edit View Favorites Tools Help

Favorites Suggested Sites Free Hotmail Citrix Web Link CORHIO Denver Health Pulse Express Query Health Track LCR Pediatrics Pharmacy

Ambulatory Dashboard

	Current Measure	Indicator	Denominator	Target	Date of Current Measure
Pediatric Prevention					
Five or more Well Child Checks by 15 Mos	80%	●	2842	75%	Aug 2011
Developmental Screening in Patients 12-36 mos	95%	●	4185	85%	Aug 2011
Dental Visit or Fluoride Application in Patients 12-36 mos	70%	▲	4343	75%	Aug 2011
Immunizations					
Combo 3 Vaccination (4-3-1-3-3-1-4) by 24 Mos	79%	◆	3653	85%	Jun 2011
Adolescent TDap Vaccination	91%	●	11964	80%	Jul 2011
Influenza Vaccination for Adults Ages 50+ and 18-49 with Comorbidities	43%	▲	30329	50%	Jul 2011
Pneumonia Vaccination in Adults Ages 65+	77%	▲	6333	80%	Jul 2011
Diabetes					
HgbA1C <= 9%	72%	●	6207	70%	Aug 2011
LDL < 100 mg/dL	54%	◆	6207	60%	Aug 2011
Blood Pressure < 130/80 mm HG	54%	●	6207	50%	Aug 2011
Bundle of HgbA1C, LDL and Blood Pressure Control	47%	▲	6207	50%	Aug 2011
Hypertension					
Controlled Blood Pressure	72%	●	16854	70%	Aug 2011
Cancer Screening					

All Hypertension BP < 140/90 mm HG

Month	Measure Value (%)	Denominator	Target	Red Indicator
Jul 2008	59.75	14156	≥ 70.00	< 65.00
Aug 2008	60.13	14185	≥ 70.00	< 65.00
Sep 2008	60.20	14333	≥ 70.00	< 65.00

Done Local intranet 100%

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)

Advantages, continued



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- 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

Advantages, continued



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- 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

Examples of Advantages

- 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

Example of Disadvantages



- Siemen's HIT system and Ambulatory Care Module

Integration: Advantages and Disadvantages



Questions and Discussion