



DENVER
THE MILE HIGH CITY

Denver Health & Hospital Authority

2020 Budget

- Provide **access** to quality preventive, acute and chronic health care for all the citizens of Denver regardless of ability to pay;
- Provide life-saving **emergency medicine and trauma** services to Denver and the Rocky Mountain region;
- Fulfill **public health** functions as dictated by the Denver Charter and the needs of the citizens of Denver;
- Provide **health education** for patients;
- Participate in the **education** of the next generation of health care professionals; and
- Engage in **research**, which enhances our ability to meet the health care needs of Denver Health system patients.

Denver Health History

1860
City Hospital



1969
Denver General



1997
Denver Health and
Hospital Authority

The State of Denver Health

Denver Health

An innovative healthcare system that is a model of success for the nation.

OUR AREAS OF FOCUS

-  **Clinical Care**
Highest quality, low cost provider*
-  **Education**
Academic center teaches the next generation of healthcare workers.
-  **Research**
Ongoing, leading-edge research

ACUTE Center for Eating Disorders

Providing medical stabilization for patients with life-threatening eating disorders—credited with saving more than **800 lives**

Emergency Response

Operating Denver's emergency medical response system, the busiest in the state—handling **100,000 emergency calls** and logging 1 million miles on our emergency vehicles each year

Rocky Mountain Regional Trauma Center

Region's top Level I Trauma Center for adults and Level II Center for children = **whole family care**

**TOP 5%
IN THE NATION**

Denver Health Medical Center

One of Colorado's busiest hospitals with **25,000+** inpatient admissions annually, ranked in the top 5% for inpatient survival

Rocky Mountain Poison and Drug Center

Trusted experts for multiple states and **over 100** national and international brands

Community Health Centers

Offering total family care in **9 neighborhood centers** where families need it the most – **400,000+** patient visits completed annually

School-Based Health Centers

Keeping kids in school by providing vital health care to DPS students through **17 in-school clinics**, free of charge

Denver Public Health

Keeping the public safe through prevention and tracking data – contributing toward decreased smoking and teen pregnancy rates

Rocky Mountain Center for Medical Response to Terrorism

Working every day to plan for the "what if" for **5 states**

Denver Health Medical Plan, Inc.

Keeping our community healthy by providing healthcare insurance to **90,000+**

Denver Health Foundation

Providing **additional resources** that bridge the gap financially to fund special projects and specific needs

Denver Cares

Providing a **safe haven** and detox for public inebriants

NurseLine

Registered nurses field **200,000+ calls per year** – advising on medical information, home treatment, and when to seek additional care – giving patients peace of mind 24/7

Correctional Care

Providing **medical care to prisoners** in Denver's jails and via telemedicine

Strategic Plan 2020 – 2023

- ✓ Center for Addiction Medicine (CAM)
- ✓ Outpatient Medical Center (OMC)
- ✓ Telemedicine
- ✓ Explore Geographic Footprint Strategy
- ✓ Explore Geriatrics Strategy

- ✓ Community Engagement Strategic Plan execution
- ✓ Education Strategic Plan execution



- ✓ Patient & Workforce Engagement
- ✓ Target Zero
- ✓ Local Leadership Teams
- ✓ Leadership Development

- ✓ Care Coordination
- ✓ Clinical Variation/Evidence-based Practice (EBP)
- ✓ Patient Flow
- ✓ Ambulatory Pre-care
- ✓ Medicare Advantage 5-Star Improvement
- ✓ Resource Stewardship

DENVER HEALTH: 2018 BY THE NUMBERS



928,014

Total patient visits

903,000+
Outpatient
encounters

24,000+
Inpatient
admissions



2,716
Medical Staff



1 in 3

Denver children are born
at Denver Health



122,509

Adult and Pediatric
Emergency Department
and Urgent Care visits



117,630

911 Calls Answered by
Denver Health Paramedics



555
Beds



186,767

Denver Health NurseLine Calls



585,263

Patient Visits to our Community
Health Centers



9

Community Health
Centers across Denver



17

School-based Health Centers
at Denver Public Schools

More than
\$2.8 billion
provided in
uncompensated care

Treatment on Demand

Expenditures	Revenues	FTE	Duration
\$ 387,266	N/A	3.0 FTE	Permanent

Treatment on Demand (TOD) was launched as a result of the city's strategic plan to develop a community response to ensure persons with opioid misuse were provided immediate access to medication assisted therapy (MAT) and next day linkage into a community based opioid treatment program (OTP).

Change Request Performance Metrics Impact						
Name of Change Request Proposal Impacted	Measure Name	Data Source / How Calculated	2017 Actuals	2018 Actuals	2019 Projected	2020 Projected
Treatment on Demand	# patients presenting for MAT	Induction Access Database	Null	Null	600	600
Treatment on Demand	# of Successful Linkages to Care within 48-hours	Induction Access Database	Null	Null	68%	68%
Treatment on Demand	% retained in treatment > 90-days	Induction Access Database - Data exchange from partner programs	Null	Null	40%	40%
Treatment on Demand	Increase capacity at local OTPs	Local OTP data exchange	Null	Null	set-baseline	monitor for maintenance
Treatment on Demand	Provide access to Law Enforcement drop off	Induction Access Database	Null	Null	set-baseline	monitor for maintenance

CARES Base Budget Increase

Expenditures	Revenues	FTE	Duration
\$ 350,000	N/A	8.0 FTE	Permanent

In order to maintain the current staffing and census levels, Denver Health needs an adjustment in base funding. This adjustment ensures that Denver Health can maintain admissions to CARES from 3 AM – 11 AM (average 6 per day), thereby avoiding having to house Denver CARES clients at the Denver County Jail, or in some cases, metro area hospital Emergency Departments (ED) which unnecessarily increases health care cost. DHHA's ED is at capacity and needs to maintain capacity for trauma and other patients needing emergency care and could not likely take many or any of the CARES clients there.

Change Request Performance Metrics Impact

Name of Change Request Proposal Impacted	Measure Name	Data Source / How Calculated	2017 Actuals	2018 Actuals	2019 Projected	2020 Projected
CARES BASE BUDGET	ADC	Financial Report	97	106	115	115

Health Information Management (HIM) Clerks

Expenditures	Revenues	FTE	Duration
\$ 92,044	N/A	2.0 FTE	Temporary

This expansion continues funding for 2.0 FTE HIM Clerks. These positions were two year term running out in 2019. Since the Electronic Medical Record is not yet complete, Health Information Management is unable to maintain the loose filing at the Denver Detention Center with the increases in volume of patients and providers. Loose filing impacts continuity of care and places the facility at risk for litigation.

Denver Sheriff Replacement Equipment

Expenditures	Revenues	FTE	Duration
\$ 54,378	N/A	N/A	One-Time

The Denver County Jail pharmacy packager and 15 vital sign machines have exceeded their useable life and are in need of replacement.

RN - Regional Epidemiologist

Expenditures	Revenues	FTE	Duration
\$ 80,066	N/A	0.8 FTE	Temporary

Ensures that Denver Public Health continues 0.8 FTE RN to serve in the position of Regional Epidemiologist. This 0.8 FTE is a continuation of funding.

Change Request Performance Metrics Impact						
Name of Change Request Proposal Impacted	Measure Name	Data Source / How Calculated	2017 Actuals	2018 Actuals	2019 Projected	2020 Projected
0.8 FTE (1 Registered Nurse) to serve as the Regional Epidemiologist	Number of completed case interviews and reports closed for reportable conditions	Staff enter data, track and close case reports in the Colorado Electronic Disease Reporting System (CEDRS); complete and compile monthly city reports; as needed, share information with Denver Dept of Public Health and Environment for coordinated follow up	1777	2057	2467	2750
	Total number of disease/illness report notifications as noted in the Data Entry Tool (DET)	Data pulled from the Data Entry Tool through specific reports	N/A-DET initiated 10/2018	117	604	900
	Number of outbreak investigations completed	Staff enter data into internal folders and track through spreadsheets. Includes participation in state-wide and flu outbreaks	36	53	55	65
	Percentage of regional epi conference calls attended annually	80% attendance/yr required. Some conflicting obligations may prevent 100% attendance. Reg Epi or designees acceptable	95%	90%	95%	95%
	Number of trainings conducted as result of needs assessment conducted in 2018	Results of needs assessment	N/A	N/A	3	5
	Number of Hepatitis A outreach clinics conducted	Beginning 2019 we are also supporting other organizations to play a larger role to further expand outreach.	1	17	15	15

* 2019 and 2020 projection includes this position in baseline of volumes as 1 of 2 staff currently on board.

Registered Nurse (RN) for Disease Surveillance and Investigation

Expenditures	Revenues	FTE	Duration
\$ 92,254	N/A	1.0 FTE	Temporary

Approves 1.0 FTE RN for the Disease Investigation, Preparedness and Response division of Denver Public Health.

Change Request Performance Metrics Impact

Name of Change Request Proposal Impacted	Measure Name	Data Source / How Calculated	2017 Actuals	2018 Actuals	2019 Projected	2020 Projected
1 FTE (1 Registered Nurse) to support increased requirements for communicable disease surveillance and investigation	Number of completed case interviews and reports closed for reportable conditions	Staff enter data, track and close case reports in the Colorado Electronic Disease Reporting System (CEDRS); complete and compile monthly city reports; as needed, share information with Denver Dept of Public Health and Environment for coordinated follow up	1777	2057	2467	2750
	Total number of disease/illness report notifications as noted in the Data Entry Tool (DET)	Data pulled from the Data Entry Tool through specific reports	N/A-DET initiated 10/2018	117	604	900
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* 2020 projection includes additional workload that will be supported by this position.

Expansion of Nursing Differential at Jails

Expenditures	Revenues	FTE	Duration
\$ 200,000	N/A	N/A	Permanent

The cost of differential pay at the Jails has increased over the years as the number of staff has increased. This amount more closely aligns 2020 budget to current trends.

	Budget	Actual	Shift Differential Gap
2017	\$ 300,459	\$ 664,257	\$ (363,798)
2018	\$ 300,459	\$ 723,429	\$ (422,970)

Prisoner Care Budget Increase

Expenditures	Revenues	FTE	Duration
\$ 100,000	N/A	N/A	Permanent

The Prisoner Care cost went over budget by \$465,633 in 2018 and is on pace to go \$650,000 over budget in 2019. This adjustment is needed to align budget with current trends.

Denver Health & Hospital Authority		
A-6 Medical Service for Prisoner Care		
Description	2018 Final	2020 Requested
Annualized Physician Billing Costs	\$ 586,579	\$ 600,000
Annualized Hospital Costs	\$ 3,438,723	\$ 3,375,000
Annualized Ambulance Costs	\$ 372,806	\$ 435,000
Annualized Outside Services	\$ 17,525	\$ 15,000
Annualized Cost to Collect 3rd Party Payors	\$ 50,000	\$ 50,000
Total	\$ 4,465,633	\$ 4,475,000

CCMF Outpatient Renovation

Expenditures	Revenues	FTE	Duration
\$ 2,371,509	N/A	N/A	One-time

Alters the existing footprint of the CCMF secured unit to expand the physical capability to provide medical services within the locked unit that are currently not available in secured areas. The medical services will no longer be available upon the project completion of the Outpatient Medical Center (OMC) and movement of all outpatient medical services for Denver Health into the new facility.

Race and Social Justice Initiative

Budget Expansion	Community Benefit	Community Impact (Burden)	Reduce gaps in race and ethnic outcomes
Treatment on Demand	Treatment on Demand will focus on Denver's persons with a DSM-V Opioid Use Disorder (OUD), 12-years and older. The population of focus will encompass individuals of all races and ethnicities, sexual orientation, gender identity, veterans and those with and without other mental or physical disabilities and pregnant women.	N/A	Denver is the state's largest and most diverse city. Its population demographic is: 10% African American, 30.2% Hispanic/Latino, 3.9% Asian/Pacific Islander and 1.9% American Indian. Nearly 16.4% have incomes below the poverty line. Substance abuse has higher rates in minority and lower income populations. This expansion will address the disparity found in different demographics of populations needing assistance.

QUESTIONS?