



Memorandum

DATE: November 1, 2011

TO: Councilwoman Debbie Ortega

CC: Deb Bartleson, City Council

FROM: Elbra Wedgeworth, Denver Health

RE: 2012 Denver Health Operating Agreement Questions

Attached are the responses to the questions you had about the 2012 Denver Health Operating Agreement:

II. A-1

Question: Please provide the specifics of 'performance criteria'

1.5 Performance Criteria

a. The Authority shall submit an annual report to the City which includes the data indicated below in the Performance Criteria tables in 1.5g and h for the year just ended, as well as the two previous fiscal years, by May 1 following the reporting year.

b. The criteria will focus on data collected and reported out of the Denver Health system.

c. The criteria will focus on appropriate access and outcome of services provided.

d. Several quality assurance reports are done to meet external payment or funding standards. The findings and assessment of quality assurance programs will be provided annually as well as the status of any recommended improvements.

e. Except when otherwise noted, all criteria are based on active patients in the Denver Health system, which is defined as a patient seen in a primary care clinic at least once in the past eighteen months.

f. As changes in circumstances occur, such as changes in demographics and population, the Denver Health Authority will change performance criteria to the City as agreed upon by the City.

g. Performance Criteria- Clinical (I-W numbering follows the Authority's Annual Report)

Number	Contract Criterion	GOAL
1.5I	Childhood Immunization Rate	90% of the active user population 24-35 months of age will have childhood immunization compliance maintained.
1.5J	Percent Women Entering Prenatal Care:	
	1 st Trimester	70% of women will begin prenatal care within the 1 st Trimester
	2 nd Trimester	20% of women will begin prenatal care within the 2 nd Trimester
	3 rd Trimester	10% of women will begin prenatal care within the 3 rd Trimester
1.5L	Patient Satisfaction	
	Community Health Service	A new survey tool that measures outpatient experience will be implemented by July 2012 and the goal is an overall patient satisfaction rate of 80% or above.
	Denver Health Medical Center	An overall patient satisfaction rate of 80% or above.
1.5M	Mammogram Screening	65% of active users over age 50 years.
1.5N	Pap Smear	80% of women 21-64 years of age must obtain a pap smear at least once in three years.
1.5O	Wellness checkups for adolescents	60% of adolescents, ages 13-17, will have a preventive services visit with appropriate screening in the once every 12 months.
1.5P	Diabetes Monitoring	A "Diabetic patient" for the diabetes measures is defined as a patient who has had at least 2 visits to a primary care clinic in the last year and at least one diagnosis code for diabetes in the last 18 months.
	Kidney Function (Monitoring Nephropathy)	75% of Diabetic patients will have appropriate monitoring of kidney function.
	Foot Lesions	70% of Diabetic patients will have their feet checked for foot lesions during exam.
	Eye Exams	60% of Diabetic patients will be referred for a retinal eye exam.
	Diabetes- per cent of diabetics with HBA1c < 9	70% of Diabetic patients will have an HBA1c < 9
	LDL C Controlled (LDL-C<100 mg/dL)	45% of Diabetic patients will have an LDL-C<100 mg/dL)
1.5Q	Hypertension Control	70% of patients identified with hypertension will have their blood pressure under control as defined by current standards.
1.5R	Smoking screening Tobacco Use Status: Advise or Refer	Maintain smoking assessment, advice and refer for 85% of adults.
1.5S	Seniors, Flu Vaccinations	60% of seniors, 65 years or older who are active patients receiving care will receive flu vaccinations.
1.5T	Survival with Trauma	Survival rate for blunt and penetrating trauma will be maintained within 5% of 2009 experience:
	Blunt	Survival rate for blunt trauma will be maintained within 5% of 2009 experience, which is 96.3%.

	Penetrating	Survival rate for penetrating trauma will be maintained within 5% of 2009 experience which is 86.8%.
	CMS Core Measures	
1.5U	<u>Surgical Care</u>	100% of surgical patients will receive antibiotics within 1 hour before surgery.
	<u>Congestive Heart Failure</u>	100% of patient with congestive heart failure will have an ACE-inhibitor prescribed at discharge for systolic dysfunction.
	<u>Acute Myocardial Infarction</u>	100% of patients with an acute myocardial infarction will have aspirin prescribed at discharge.

h. Performance Criteria-Ambulatory Encounters (1.5 numbering follows the Authority's Annual Report)

Number	Contract	2008	2009	2010	Recommendations
1.5G	Denver Health Medical Choice Average Monthly Enrollment				
1.5G	Inpatient Admissions				
1.5G	Inpatient Days				
1.5G	Emergency Room Encounters				
	Urgent Care Visits				New measure
	ER Cost/Visit				New measure
	Top 25 DRGs for MI population				New measure
	NICU days				New measure
	CT Scans				New measure
	MRIs				New measure
	Outpatient Surgeries				New measure
	Ambulatory Care Encounters				
	Ambulatory Care Center				
	Webb Center for Primary Care				
	Gipson Eastside Family Health Center				
	Sandos Westside Family Health Center				
	Lowry Family Health Center				
	Montbello Health Center				
	Park Hill Family Health Center				
	La Casa/Quigg Newton Family Health Center				
	Westwood Family Health Center				
	Other				Includes all Dental clinics, School-based Health centers, Family Crisis Center, and Women's Mobile Clinic, and prior to 2008, the Denver Health Medical Plan Clinic.
	OP Pharmacy Cost/per patient				New measure
	OP Behavioral Health Visits				New measure
	TOTAL AMBULATORY ENCOUNTERS				

i. Denver Health Medical Center's mortality rates for diagnoses reported yearly by the Colorado Hospital Association will not be significantly higher than expected mortality rates.

j. Denver Health will maintain appropriate accreditation for the major national accrediting organizations as a measure of quality care.

k. Denver Health will maintain national Residency Review Committee accreditation for its training programs.

DH Answer: The definition of “performance criteria” is contained in the language above which asks that Denver Health prepare a calculation of all of those statistics for 2011 by April 30, 2012. Enclosed is the May 2011 report for 2010. Denver Health will include in the May 1 annual report, a schedule of the number of patients treated during the reporting year by county, gender and ethnicity. Denver Health will develop a report of the same data by census tract or zip code for Denver users. A separate report will be prepared detailing the same information for the homeless.

II. A-2

Question: What % of the firefighters have received EMS training? Once they are all trained, shouldn't this (\$538,400) go down?

DH Answer: 91% (846/926) of the uniformed members of the Denver Fire Department are certified as EMT-Basics in the State of Colorado. 98% of the Denver Fire Department members are certified in CPR.

To maintain an EMT-B certification in the state of Colorado, an individual EMT requires 36 hours of continuing education in seven different medical categories every three years. To achieve this level of continuing education and ensure that all 846 Denver Fire Department EMT-Basics maintain their certification with the State, our trainers conduct almost 1200 training sessions in the fire stations each year. Additionally, our trainers conduct a minimum of 36 sessions annually to re-certify 918 Denver firefighters in CPR.

When DFD plans an academy of new fire recruits, our instructors create a plan to deliver content at different times so that hours can be flexed to provide the initial EMT-Basic training certification to the new DFD recruits while still providing the required continuing education for firefighters already certified as EMT-Basics.

II. A-3

Question: Regarding the operational budget of \$2,189,700, please provide a breakdown or line item of what this covers.

DH Answer: Note that the total request is \$2,439,700 which includes \$250,000 capital (Heating, Ventilation, and Air Conditioning [HVAC] replacement). If you subtract the capital, the total operating request matches the figure below of \$2,189,700.

Denver Health and Hospital Authority: Public Health
Year 2012 Budget Final

Cost Center	Personnel	Supplies & Services	Capital	TOTAL	REVENUE	PAYMENT
Public Health Administration	658,948	152,166	250,000	1,061,114	-	2,439,700
Per Capita	-	-	-	-	820,172	-
Vital Records	386,358	209,605	-	595,963	925,000	-
ID/AIDS Clinic	785,434	68,803	-	854,237	610,000	-
Tuberculosis Clinic	740,720	176,957	-	917,677	35,000	-
STD Clinic	745,517	483,580	-	1,229,097	38,000	-
Immunization Clinic	346,142	293,268	-	639,410	700,000	-
Epidemiology & Surveillance	149,573	6,999	-	156,572	-	-
Public Health Preparedness	112,602	1,200	-	113,802	-	-
Health Promotion Program	-	-	-	-	-	-
HIV Prevention & Training	-	-	-	-	-	-
TOTAL PUBLIC HEALTH	3,925,294	1,392,578	250,000	5,567,872	3,128,172	2,439,700

II. A-6

Question: Please define 'utilization management'

DH Answer: "Utilization Management" has been defined by URAC (Utilization Review Accreditation Committee) as "the evaluation of the medical necessity, appropriateness and efficiency of the use of health care services, procedures and facilities under the provisions of the applicable health benefits plan."

B. A well-functioning Utilization Management (UM) Program coordinates the use of available resources to optimize effectiveness. Appropriate and active management and use of medical, dental, and mental health and pharmacy services will assist in improving outcomes, controlling costs and reducing litigation.

C. The comprehensive Denver Health Correctional Care/Denver Sheriff Department (DHCC/DSD) UM program provides a mechanism to avoid the inadequate use of healthcare services by monitoring underuse, overuse or misuse of health care services. Systematic attention to appropriate use of health care services and resources is utilized to measure access and quality, evaluate health care, track progress and improve accountability. Cost efficiency is a byproduct when health care resources are managed in a structured system of care that ensures quality and promotes access while reducing errors, waste and risks.

D. The DHCC/DSD UM Program is a physician driven, structured approach to clinical decision making. Evidence-based guidelines are applied consistently to determine compliance with UP criteria and medical necessity. The UM Program performs utilization review of provided and/or proposed services according to guiding principles and in compliance with community, local, state and national laws, acts, regulations and standards.

The DHCC/DSD Plan outlines the guiding principles that have been developed with input from recognized health care providers. The UM Program and Plan are reviewed and approved annually by the DHCC/DSD UM.

II. A-8

Question: Please provide a copy of the Denver Health Medical Plan.

(see attachment)

III. B-2

Question: How many staff at FCC and what do they do?

DH Answer:

Denver Family Crisis Center Medical Team

The Denver Family Crisis Center has a full time medical team that performs several important functions:

- *Assesses, evaluates, and treats all youth residing at the Family Crisis Center*
 - Upon admission to the Family Crisis Center facility (with consent of guardian) all youth receive a complete physical examination (usually done within 72 hours of placement) which may include:
 - Immunizations
 - Vision screening
 - Pregnancy testing
 - Testing for sexually transmitted diseases
 - Depression screening
 - Screening for Tuberculosis
 - Screening for diabetes, high cholesterol, and obesity
 - During their stay at the FCC, the medical team provides ongoing medical follow up and other care for the youth (including care for illness and injuries). May include:
 - Pap and pelvic examinations
 - Evaluation and treatment for common medical conditions such as asthma, strep throat, urinary infections, sinusitis, common cold, etc
 - Referrals to specialists as medically indicated (parent or guardian is notified)
 - Referrals for vision examinations
 - Routine dental care is provided next door at Westside Dental Clinic following screening at the FCC (weekly)
 - Disease and illness education including monthly breast examinations, testicular cancer, diabetes, obesity, Human Papilloma Virus, when to start routine pap and pelvic examinations, cervical cancer, safe sex, abstinence, pregnancy prevention

- Additional treatments for identified conditions that *are not* considered to be routine will only be done with guardian consent (ex. Latent tuberculosis)
 - The medical team administers medication for youth in residence during regular business hours and assists the Crisis Center staff with their medication administration program for after hours
 - The medical team then develops a plan for the youth's future medical care following discharge from the facility.
- *Performs medical evaluations of children for child abuse and neglect investigations*
 - Examinations of children for physical abuse, sexual abuse and neglect are done at the request of Denver Department of Human Services, Denver Police Department, District Attorney's Office, Denver Health and other Denver medical providers – often as part of the Order-In process
 - In-patient consultations for abuse and neglect at Denver Health and Children's Hospital Colorado as requested
 - Performs medical examinations of children living in the household in cases of child abuse fatalities or cases likely to be founded for severe or moderate abuse or neglect
 - Consultation (with medical examination if indicated) of children living in the household of cases of alleged sexual abuse
 - Consult with the coroner's office and the DA's Office on cases as requested
 - Attend autopsies of children felt to be the victims of child abuse or neglect as requested
- *Performs intake medical examinations for all Denver County children placed in out of home (foster or kinship) care for child abuse and neglect concerns – goal is within 72 hours of placement.*
 - Examinations to identify and document any evidence of abuse or neglect
 - Examinations to identify any urgent medical, dental or mental health issues
 - Issues communicated to investigating agencies as well as medical providers that are identified to provide future care of the child – often this will be the Connections for Kids foster care clinic at Eastside Health Center (for children placed in the Metro area)
- *Gather medical histories on all Denver County children and youth placed into out of home placement.*
 - We have a dedicated clinic clerk/Certified Nursing Assistant who works along with some clerical support from DDHS – this is called our Medical Passport Team.

- We contact parents and guardians to gather information on children/youths' medical histories so that we can make sure this all children/youth receive best possible care while in placement.
 - Information is entered into the Health Passport in the TRAILS system
 - Any medical concerns may be reviewed by the medical providers on the team which will then provide case management for children with extensive medical issues.
 - Medical Passport Team gathers and reviews medical records on children as indicated to better inform ongoing medical care of the child.
- *Other related activities:*
 - 24 hour on-call coverage with the Children's Hospital Child Protection Team – physician takes call with the team
 - Meetings with the Denver District Attorney's Office and the County Attorney's Office as needed regarding cases
 - Court testimony as needed
 - Meetings (i.e. Denver County Child Fatality Review Team, Colorado Child Fatality Review Team, Colorado State Meth Task Force, Denver Health bi-weekly CPT, Colorado Children's Trust Fund Board, Denver County Sexual Abuse Case Review, Denver Drug Endangered Children, Colorado Children and Youth Information Sharing Committee, Denver Collaborative Partnership)
 - Trainings for DPD, DDHS, DA's Office, medical providers as needed

The Family Crisis Center Clinic is staffed by Denver Health employees who have been contracted by Denver Department of Human Services to provide medical care for youth in out of home placement. The team consists of:

- Pediatrician with board certification in Child Abuse and Neglect (Kathryn Wells, MD)
- Nurse practitioner with expertise in adolescents (Peggy Baikie, DNP)
- Physician assistant (part time) (Laura Hix, Physician Assistant)
- Medication administration nurse (Veronica Matias, LPN)
- Medical assistant (Doreen Rodriguez)
- Clinic clerk (Martha Silvas)
- Clinic clerk/CNA (Medical Passport services only) (Cherly Lorquet)
- Child Life Specialist (grant funded position through Denver Health) (Sheri Brasher)

- Psychiatrist (part time) (Kristie Ladegard, MD)

III. B-4

Question: Is the Center tied to Denver CARES? Does the cost increase have anything to do with breathalyzers?

DH Answer: The program is not related to detox for adults which is what Denver CARES does. The Family Crisis Center (FCC) is for children who are abused in crisis and we provide the medical services for them on behalf of Denver Human Services.

Denver CARES: (Breathalyzers)

Denver CARES uses both stationary and handheld breathalyzers to determine blood alcohol levels (BAL) when a person is brought into the intake area of the facility at 1155 Cherokee. (Admission criteria to a social detox defined by the State Division of Behavioral Health requires a BAL of .04 or greater). The machines are maintained and checked monthly by Denver Health's Bio-med Department.

The only clients who do not receive a BAL when they arrive at Denver CARES are the DUI's that are brought to us as they have already been given a BAL or blood test related to their DUI.

III. B-11

Question: Concerning the City's 2012 contribution of \$1,400,000 for the Westside clinic, what is the status of the construction and the timeline for completion?

DH Answer: This is still in the early planning stage. We have not secured the land for the new Westside Clinic yet. We can discuss.

IV.

Question: Please provide a copy of appendices 'Services to be supplied by the City to the Authority.

DH Answer: On hold per Shaun Sullivan, Assistant City Attorney's Office, until they are reviewed by City Attorney's Office.

IV. C-IV

Question: Please define Central Services Division

DH Answer: Definition below taken from the City 2012 proposed budget online. We use this service for printing/signage:

Central Services in an Internal Service Fund for the City of Denver that provides citywide administrative support service either directly or through contracting for printing, copy machine acquisition and mail services.

IV. C-VI DDHS

Question: Please explain this discontinued service.

DH Answer: See information below that is taken from the 2010 operating agreement when this service was still in place. DH now does this service in house.

VI. Human Services Medicaid Expeditors.

- A. The Authority and Denver Department of Human Services (DHS) work collaboratively to ensure Medicaid coverage to eligible customers. The Authority is responsible for screening, initiation of Medicaid applications, and eligibility determinations. The Authority provides funding to Human Services for an appropriate number of Case Management Coordinators (CMC) and one Supervisor who are co-located with Denver Health employees. These Human Service employees, in conjunction with the Authority, work to secure and maintain Medicaid eligibility for adults and children by performing ongoing case management. With the mutual agreement of both agencies, the Authority may assume supervision of the CMCs. The duties of the qualified CMCs assigned by the Department shall include the appeals and recoveries resulting from determinations made by the Authority.

IV. CVIII

Question: Please provide more specific detail regarding the services.

DH Answer: Technology Services (Denver Electronics and Engineering Bureau- EEB), provides radio support and mobile data terminal support for all the communications systems within the Denver 911 system. These radios work within a trunked system which allows the separate agencies (police, fire, and EMS) to communicate among one another, as well as their associated dispatch centers, and other metro area agencies. The estimated payment of \$34,500 to Technology Services is for maintenance, repair, and programming of the 180 portable radios, 31 ambulance radios, 12 command vehicle radios and 6 mobile data terminals.

IV. C-X

Question: Please provide a detailed breakdown of expenditures.

DH Answer: See attached for all bills received from the Denver Sheriff's department and paid by DH in 2011 (January through August 2011).

IV. C-XI

Question: Does the City's public works maintenance cover this cost? If so, why? Is this quantified and included in the \$1,513,164 figure referenced in V. Key Contract Terms?

DH Answer: The City does not pay for Denver Health's fuel. Denver Health pays for its own fuel, but uses the City's pricing.

IV. C-XIII

Please provide a detailed breakdown

See below budget detail from the City budget office that goes through a breakdown of each section of Appendix C.

Denver Health's 2012 Estimated DHHA Payments to the City

2011 Rates			2012 Rates Calculated/Recommended by BMO		
App.	Service	2011 Estimate Payment	2012 Calculated Rate(s)	2012 BMO Payment Estimates	City Denver Comments/ Explain
C-1	Career Service Authority	\$ 132,100	\$ 40.15	123,300	Based upon an average of 256 DHHA-CSA employees/month in 2012 and number of City employees providing HR services to DHHA-CSA employees.
C-2	Controller's Office	\$ 26,300	\$ 10.24	\$ 32,700	Monthly rate has increased from \$7.44 to \$10.24 due to the receipt of merit in 2011. In addition, benefits for Controller Office positions have previously not been accounted for in annual calculations.
C-3	City Attorney - Employment Law	\$ 150,000	\$152.63/hour (attorney); \$90.72/hour (paralegal)	\$ 150,000	2012 rates are \$171.71/hr for attorneys and \$75.95 for paralegal work
C-4	Central Services Division	\$ 10,000	N/A	\$ 10,000	Leave flat; based on services requested/rendered
C-5	Office of Employee Assistance	\$ 137,100	\$ 2.13	\$ 133,700	Rate is based on total DHHA FTEs projected in '12 (256 FTE) and cost per FTE (City & DHHA) for services at OEA; Per capita rate is \$25.57 = \$2.13/month.
C-6	DDHS - Medicaid Expeditors	\$ -			Medicaid Expediter's removed in 2011; DHHA absorbed function.
C-7	Workers' Compensation	\$ -	N/A	N/A	NA
C-8	Tech Services	\$ 34,500	\$75.00/hr; \$50.00/radio	\$ 34,500	Kept flat for 2012.
C-9	Denver Police Department	\$ 4,000	\$ 10.00	\$ 4,000	Based on DPD's cost of \$10.00/report and invoices in 2010 and YTD 2011, budget does not need to be more than \$4,000.
C-10	Denver Sheriff Department	\$ 315,300	\$209/billing day + \$41,100/yr flat	\$ 293,800	\$209/billing day plus \$41k/yr - based on 2010 annualized billing
C-11	Fleet Maintenance - Vehicle Fueling	\$ 409,400		\$ 529,743	Vehicle fueling prices provided by Public Works.
C-12	Miscellaneous Services	\$ -	N/A	N/A	
C-TBD	Universal Call Take for EMS	\$ 180,800	2012 ECO cost of \$241,284 less QA/QI of \$39,863	\$ 201,421	Implementation of universal call taker for EMS
Total Appendix C (2011)		\$ 1,399,500	Appendix C (2012)	\$ 1,513,164	

V.g.

Question: Please provide a copy of separate appendices

DH Answer: The Denver City Attorney's office will provide the appendices for this section.

V.j.

Questions: Please provide a list of existing vendors

DH Answer: We have over 70,000 vendors. If there are specific vendors that you wish to have information on we will discuss with you further.