2022 Denver Health Operating Agreement

Monday, Nov. 22, 2021 City Council



Structure of Agreement

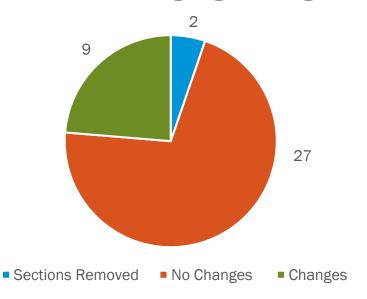
- Services are divided into Core Services and Non-Core Services.
 - **Core services** include the Patient Care (formerly referred to as MI) Payment, Emergency Medical Services, Public Health, Denver CARES, prisoner medical services at DHHA (Correctional Care Medical Facility), etc.
 - **Non-Core services** Nurseline, jail medical services, Center for Occupational Health (COSH) & OUCH Line, etc.
- City also provides services to DHHA including payroll and legal services related to Career Service Authority (CSA) employees at DHHA (total of 58 CSA employees), radio support, fuel, 911 call taker, etc.



2022 Contract Changes

- 36 services in the Operating Agreement
- Relatively few language changes for 2022 Operating Agreement; budgets and rates were updated in most sections.
- Two sections removed in 2022 as they are covered under a separate agreement (Non-Intra Familial Abuse Services) and a completed capital project (Correctional Care Facility)

Overview of Language Changes





2022 Operating Agreement

Highlights of Key Changes to Core and Appendix A

- Patient Care Services (A-1)
 - Updated metrics to align with impacts of COVID-19
- Public Health Services (A-3)
 - See slides 8 & 9 for more information
- Rocky Mountain Poison & Drug Safety (A-8)
 - Updated call answering protocol



Highlights of Key Changes to Core and Appendix A Continued:

- Public Health Services (A-3)
 - The following public health services and associated work were **shifted from the Public Health Institute (PHI) at Denver Health to DDPHE**:
 - Epidemiology and Disease Investigation, Preparedness, and Response
 - Informatics (data management, visualization, dashboards, etc.)
 - Chief Medical Officer
 - Vital Records (birth & death certificates)
 - Will provide future cost savings, efficiencies, seamless public health services and support to the community, and reduce risk and redundancy in our work.
 - Resulting in 23.17 new FTE in DDPHE (13.17 in Strategic Planning & Admin, 1 in Community & Behavioral Health, 9 in Public Health Investigations)



Highlights of Key Changes to Core and Appendix A Continued:

- Public Health Services (A-3) Continued
 - Administration of the following public health clinics remains in A-3 under the PHI at Denver Health (a funding level was agreed upon between the two parties to keep these 4 public health clinics open and operational in 2022):
 - Infectious Diseases Clinic
 - Immunization and Travel Clinic
 - Sexual Health Clinic
 - Tuberculosis Clinic
 - Language added clarifying communications and data use
 - Language added further defining invoices and financial reporting requirements



Highlights of Key Changes to Appendix B:

- COSH & OUCH Line (B-1)
 - Updated allowable time to respond to records requests
 - Updated protocols to address when a COSH provider exhibits a pattern of performance inconsistent with existing standards of medical care
- Health Care at Denver County Jail and Downtown Detention Center (B-3)
 - Added section committing to an Electronic Medical Records in the jail



Highlights of Key Changes to Appendix C:

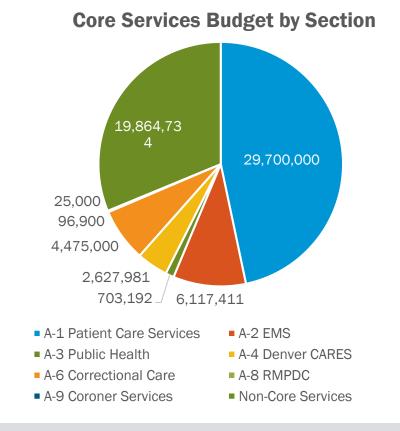
- 911-Emergency Medical Services Universal Call Taker (C-9)
 - Increased # of Emergency Communication Operator positions from 4 to 6 to accommodate the increase in volume over the past several years
- The Authority's Minority and Women Business Enterprises (MWBE) Program (C-10)
 - Updated references to the Division of Small Business Opportunity (DSBO) Small Business Certification and Contract Management System (B2G)
 - Updated list of required DSBO documents for compliance monitoring services



2022 Contract Budget

The total proposed 2022 contract amount is \$63,610,200: \$29,700,000 for Patient Care services and \$33,910,200 for other core and non-core services.

Budget includes an approximate revenue amount \$3,505,400 for city services provided to DHHA.





Budget Increases

Proposal Name	City Department	Duration	Net Financial Impact
Patient Cares (MI) Reduction Restoration (A-1)	Denver Public Health & Environment	Permanent	\$2,000,000
EMS Wage Inflation (A-2)	Denver Department of Safety, Denver Fire Dept.	Permanent	68,742
EMS DEN Paramedic Service Reduction Restoration (A-2)	Denver International Airport	Permanent	555,155
EMS Englewood (A-2)	Denver Fire Department	Permanent	35,473
EMS Denver CARES Transport Van Staffing (A-2)	Denver Department of Safety	Permanent	98,984
Public Health Clinics Direct Expenses (A-3)	Denver Public Health & Environment	Permanent	703,192
Denver CARES (A-4)/Treatment on Demand (B-7) Wage Inflation	Denver Public Health & Environment	Permanent	61,319
Nurse Line (B-2)	Denver Public Health & Environment	Permanent	42,797
Jail Medical Wage Inflation (B-3)	Denver Sheriff Department	Permanent	1,253,349
Parkhill Financing (B-7)	Denver Public Health & Environment	Permanent	22,632
At-Risk Intervention & Monitoring (AIM) Program Wage Inflation (B-8)	Denver Department of Safety	Permanent	7,380
		TOTAL	\$4,849,023



Questions

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Extra slides as needed



Agenda

- Introductions
- Overview of the Operating Agreement
- Changes for 2022 contract
- Budget for 2022 contract
- Questions and close



Background

- The Denver Health and Hospital Authority (DHHA) was formed as a state authority under state statute in 1997 to operate the former Denver General Hospital.
- City and County of Denver adopted a Charter amendment in 1996 to replace the Department of Health and Hospitals with the Department of Environmental Health (now Denver Department of Public Health & Environment (DDPHE)), which retained the authority and regulatory powers of the local public health agency.
- Annual Operating Agreement outlines services Authority provides to the City and City provides to Authority.



Negotiation Schedule

Phase I: Off-cycle negotiations (Jan.-Apr.)

Phase II: Kick-off (May)

Phase III: General negotiations (May-Aug.)

Phase IV: Budget meetings and legal drafting (Jul.-Oct.)

Phase V: City Council ordinance process (Oct.-Nov.)

• Held briefings with most Safety Committee members prior to Committee meeting



Breakdown of Cost for Medically Indigent Patient Population

