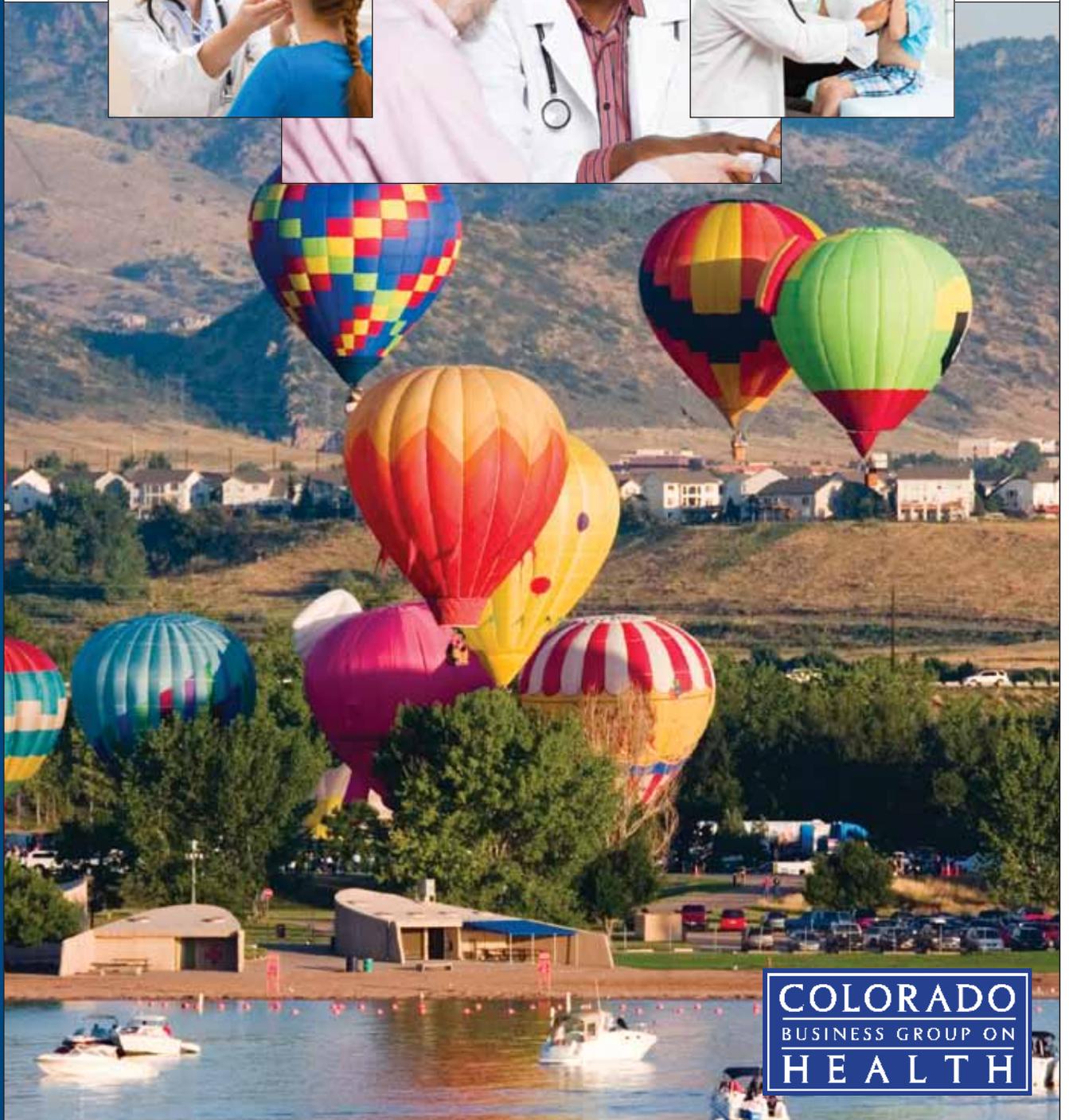


Quality Report: Physicians
Patient Centered Medical Home



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The information contained in this publication is meant to increase reader awareness of quality in health care. Its contents should not be construed as medical advice or instruction on individual health matters, which should be obtained directly from a health professional.

For more information, contact Colorado Business Group on Health at 303-922-0939 or www.coloradoHEALTHonline.org.



American health and health care: Accessing quality care



Welcome to our 15th annual edition of *Colorado Health Matters Quality Report: Physicians*.

Only in America does the promise of life-saving drugs, transplanted hearts, and leading cancer care coexist with the reality of nearly 50 million people without health insurance. In the United States, the overall per capita cost of health care is twice as high as the next most expensive country in the world, and in that country, everyone has health insurance.

Many of the 50 million Americans without health insurance, including approximately 800,000 Coloradans, will soon be able to purchase coverage when “health care reform” or “Obamacare” phases in the next step: Health Care Exchanges. Here in Colorado, our exchange is named Connect for Health Colorado (visit them online at www.ConnectForHealthco.org). Starting in October, consumers can begin to shop for health insurance on the exchange for coverage that begins in January. Those who sign up for coverage on the exchange will find about 150 different plan options offered by eleven health insurance companies. Many of these consumers will qualify for a reduced price for the cost of their insurance premium.

How will the Exchange work? Consumers can go on the internet, or call a “navigator” who is trained to provide information. Depending on the income of the consumer and the consumer’s family, a subsidy to reduce the cost will be applied to the health plan that the consumer chooses. For example, a 40-year-old person can choose from policies costing from \$253 to \$454 per month. If this person earns \$29,000 a year, then they would receive a subsidy of \$154 per month. This makes health insurance much more affordable.

Do consumers have to use the exchange? No. Consumers can always stay with the insurance that their employer provides. Or, they can still get insurance on their own, by calling the health plan or an agent, and buying directly. However, the only way to get the subsidy to reduce the cost of coverage is to apply through the exchange.

How important is health insurance to you? Studies confirm that medical benefits continue to be the most valued employee benefit of all. Another study reports as many as 91,000 Americans die prematurely each year because they do not receive routine care for common conditions, such as high blood pressure, diabetes and heart disease due to lack of insurance. Insurance paves the way to getting access to health care.

But, beware! Even for patients with insurance, there is no guarantee that you will receive the care you need.

Poor quality in healthcare is more common than we would think. We often see that patients do not get recommended care for their health conditions, and this leads to poor outcomes. In addition, health care is not always safe. At least 98,000 individuals die each year in American hospitals due to preventable errors.

What can you do about the problems in health care? Start with a realization and a promise to yourself: good health starts with you. You can prevent the poor health outcomes that accompany obesity, tobacco use, and sedentary lifestyle. You can immunize your children and get cancer screenings according to recommended schedules. You can be informed when you access health care for your health issues.

Helpful questions to ask yourself are: Do I understand my diagnosis? Do I know how to preserve my health in spite of illness? Do I know what medicines I take, and what is the dosage? Do I have a list of questions for my physician? Do I make routine visits to manage care if I have a chronic ailment? Good healthcare starts with your choices, too. You should use objective information about high quality healthcare providers.

- Does your physician help you manage your chronic condition? For example, is your weight, blood pressure, and blood sugar in normal range? When you and your physician are working as a team: then optimal health is your shared goal. How do you find a physician like this? Look for them in the *Colorado Health Matters Quality Report: Physicians*. This publication highlights those doctors who attain high marks in patient care.
- Does your hospital report its record on patient safety using a nationally tested and respected survey? You will find those top performing hospitals in the *Colorado Health Matters Quality Report: Hospitals*.
- Does choice of health plan also make a difference? Yes! Some health plans perform better than others in achieving good patient outcomes and good customer satisfaction. That information is published annually in the *Colorado Health Matters Quality Report: Health Plans*.

The Colorado Business Group is an advocate for high quality health care, and most hospitals and health plans voluntarily participate in our projects. Over 400 physicians have met standards for diabetes and cardiac recognition: up from only 4 in 2006. Use our publications to inform your decisions. Be an active participant in your health. It’s good for you, good for your family, and good for your pocketbook.

Donna Marshall

Yours in good health,
Donna Marshall, MBA



How can the PCMH model improve health care in the U.S.?



Marjie Harbrecht, MD
CEO HealthTeamWorks

The United States spends more on healthcare than any other industrialized nation, consuming almost 18 percent of our gross domestic product (GDP), yet ranking near the bottom in nine of 10 categories for quality care. This is not sustainable.

The patient centered medical home (PCMH) model of care has gained tremendous momentum as a viable solution to some of the many problems that plague the health care system in the U.S. The Institute for Healthcare Improvement (IHI) defined the Triple Aim goals that many organizations, including HealthTeamWorks, use as a framework to improve the healthcare system: improving health outcomes for individuals and populations, reducing per capita costs, and improving experience for patients and their healthcare teams.

Traditionally, we've emphasized relationships with patients, diagnosed and treated problems, and referred when needed. But with the volume-driven, increasingly complex environment, we often revert to "triaging" just to keep our doors open. As new models enhance value-driven care, we're learning ways to manage patients more proactively; empower and support them in managing their own health; and coordinate care with medical neighbors, ensuring clear communication to reduce conflicting messages and redundant testing. Through planning, actual or virtual integration of services, and emphasis on preventing problems before they occur, we will reduce unnecessary costs and improve health. For this to work effectively, someone will need to "quarterback" for patients. Primary care started here and is usually best suited for this job. Returning to these roots will take a shift in thinking, a redesign of our systems and processes, and a restructuring of payment to better align incentives. That's where PCMH comes in.

Many of the features of the PCMH model of care mirror components of the Integrated Health Institutes (IHI) Triple Aim. HealthTeamWorks has developed programs to establish this framework in the medical practices with which we work. Our coaching and technology assistance enable them to improve operations, incorporate quality approaches and increase patients' satisfaction with their healthcare.

The PCMH model of care features:

- Enhanced access, making it easier for patients to contact their personal healthcare team;
- Emphasis on prevention and proactive management of chronic conditions, improving clinical quality and safety;
- Teaching to engage patients in their care to attain optimum health; and,
- Technology, such as electronic health records, to facilitate information exchange, storage and retrieval.

The results we have seen from our initiatives show that this methodology, of training practices to work together and utilize employees to the highest level of the licensure, provides outstanding results. In the Colorado PCMH Pilot, for which HealthTeamWorks was the convener, Anthem-WellPoint reported up to a 4.5:1 return on investment. In Fresno, California, HealthTeamWorks provided practice coaching in an employer-sponsored PCMH program that resulted in a savings of \$2.2 million in six months.

Most importantly, in each of these settings, the cost savings have coincided with improvements patient satisfaction and engagement, better management of chronic conditions, and increased staff satisfaction and communication.

To learn more about PCMH and read patient success stories, visit HealthTeamWorks.org



Bridges to Excellence: A program to recognize physicians

The evidence is clear: a patient whose health is carefully managed is more likely to avoid or delay illness or complications of illness. This means that patients are able to lead a healthier, more vibrant life. When a person has a medical condition, such as diabetes or heart disease, it is even more important for the physician and the patient to work together to assure the best possible health, and best health care.

In 2006, a number of Colorado health plans and employers joined together in a national program called "Bridges to Excellence" (BTE). Under the leadership of the Colorado Business Group on Health, these groups agreed to recognize physicians who voluntarily applied to this national organization and who could demonstrate exceptional care for patients with diabetes and heart disease.

When the Colorado program started, only four physicians had sought recognition. This publication recognizes more than 700 Colorado physicians.

Is your doctor recognized? We thank those physicians who attain recognition and acknowledge their efforts. On the next several pages, the pictures and addresses of physicians recognized for diabetes and cardiac care are shown. Additionally, this year we are also including physicians nationally recognized for Patient Centered Medical Home. To achieve national recognition for Patient Centered Medical Home, physicians must adhere to evidence based guidelines, use appropriate health information technology, demonstrate the use of best practices, and show a commitment to quality improvement.

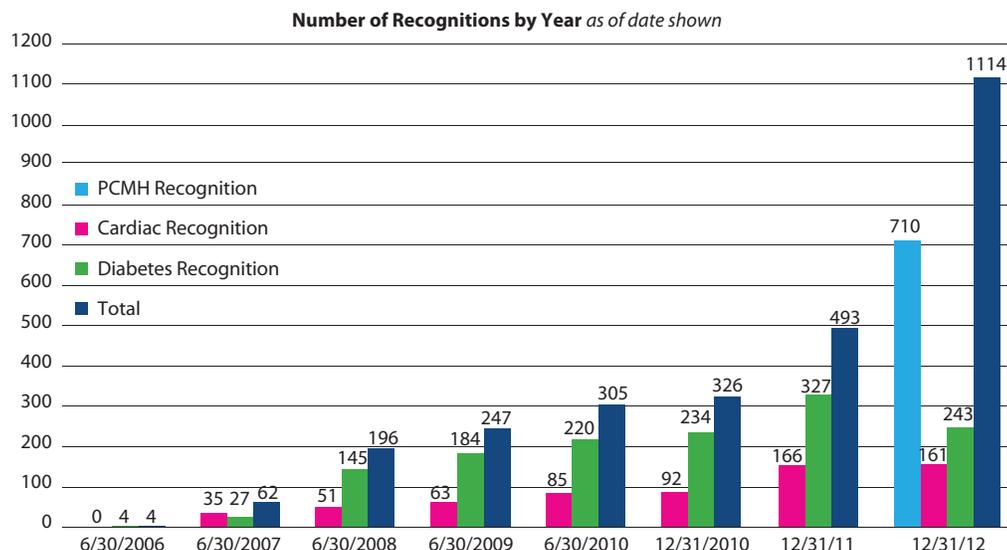
We would like to specifically acknowledge the more than 80 physicians in this publication who have received recognition for patient centered medical home, diabetes, and cardiac programs.

Why isn't my doctor listed?

Most of the physicians who are recognized are "family doctors" who specialize in family practice and internal medicine. Some physicians, such as surgeons, orthopedic doctors and many other specialists are not in this program.

For more information on how to participate in Bridges to Excellence in Colorado, visit coloradohealthonline.org or call 303-922-0939.

Note: Graph and map on next page show only number of recognitions, not number of physicians receiving BTE recognitions.



What is BTE?

Bridges to Excellence (BTE) is a not-for-profit organization developed by employers, physicians, health care services researchers, and other industry experts. BTE's mission is to create significant leaps in the quality of care that doctors provide to patients because research shows that very few medical conditions are currently being well managed. The BTE organization has developed programs that individual communities, health plans, or employers can adopt. These programs recognize and reward health care providers who demonstrate that they properly manage the care of their patients. To the patient, this means safe, timely, effective, efficient, equitable, and patient-centered care.

Participating Employers	Programs
Centura Health	Cardiac & Diabetes
City of Colorado Springs	Cardiac & Diabetes
Colorado Springs School District 11	Cardiac & Diabetes
Colorado Springs Utilities	Cardiac & Diabetes
Memorial Health System	Cardiac & Diabetes
Colorado Public Employees' Retirement Association (PERA)	Cardiac & Diabetes

There are many benefits to participating in Bridges to Excellence. Participating physicians receive reliable data on their performance and can earn incentives for meeting benchmarks. Health plans and employers benefit from improving quality of care for their members/employees, reducing potentially avoidable complications and reducing healthcare costs. Incentives for physicians are funded from the savings employers and health plans achieve through lower health care costs and increased employee productivity.

How to use the directory



This publication features physicians who have met certain specific standards in providing high quality care for their patients. In every case, the physicians featured have had to meet rigorous standards to achieve these recognitions. We are pleased to have these physicians practicing in our communities and hope that you'll consider them when looking for a physician.

The directory includes the physician's name, their address*, and a photo (if available) as well as icons to indicate program recognition/s.



Werner Baumgartner, MD
 165 S Union Blvd
 Suite 800
 Denver, CO 80228
 ♥ D ▲ ★★

What do the symbols mean?

♥ **Physicians who have attained cardiac recognition** through Bridges to Excellence. In order to attain this recognition, physicians have to meet standards on outcomes for patients with heart disease such as blood pressure, cholesterol, smoking cessation, aspirin use and more.

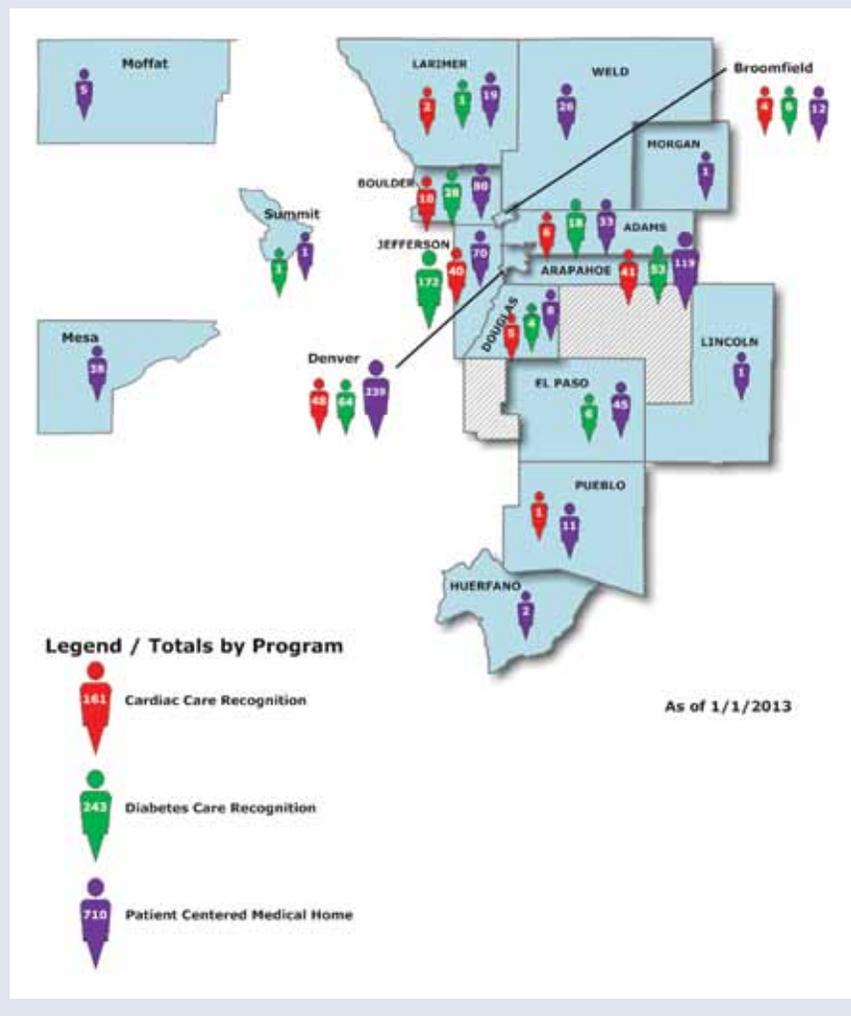
D **Physicians who have attained diabetes recognition** through Bridges to Excellence. In order to attain this recognition, physicians have to meet standards on outcomes for patients with diabetes such as blood sugar, blood pressure, cholesterol, foot exams, eye exams, kidney testing and more.

▲ **Physicians who have attained recognition for Patient Centered Medical Home** through the National Committee for Quality Assurance (NCQA). To attain this recognition, physicians must meet standards regarding patient access, coordination of care, collection of health data, patient support and more.

★★ **Physicians who have received a second or third recognition** in at least one program.

* **Please note:** While we make every attempt to provide accurate address information for the physicians listed, we recommend that you confirm the physician's address when making an appointment.

Colorado BTE Recognitions



Doctors nationally recognized for exceptional care

- ♥ Attained cardiac recognition
- D Attained diabetes recognition
- ▲ Recognized for Patient Centered Medical Home
- ★★ Received a second or third recognition in at least one program



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Liberty Amador, MD
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Aurora, CO 80012



Cara Christine Beatty, MD
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- ♥ Attained cardiac recognition
- D Attained diabetes recognition
- ▲ Recognized for Patient Centered Medical Home
- ★★ Received a second or third recognition in at least one program

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Doctors nationally recognized for exceptional care (continued)

- ♥ Attained cardiac recognition
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- ▲ Recognized for Patient Centered Medical Home
- ★★ Received a second or third recognition in at least one program

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Doctors nationally recognized for exceptional care (continued)

- ♥ Attained cardiac recognition
- D Attained diabetes recognition
- ▲ Recognized for Patient Centered Medical Home
- ★★ Received a second or third recognition in at least one program



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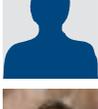
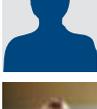
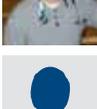
Doctors nationally recognized for exceptional care (continued)

- ♥ Attained cardiac recognition
- D Attained diabetes recognition
- ▲ Recognized for Patient Centered Medical Home
- ★★ Received a second or third recognition in at least one program

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 Mikyong Hand, MD 220 East Rogers Road Longmont, CO 80501 ▲	 Regina A. Healy, MD 5555 East Arapahoe Rd Littleton, CO 80122 ♥ D ▲ ★★	 Brian D. Hill, MD 614 Yale Place Canon City, CO 81212 ▲	 Isaac Moses Hotz, MD 2930 11th Ave Evans, CO 80550 ▲	 Julie E. Jeffers, DO 9331 S. Colorado Boulevard Suite 200 Highlands Ranch, CO 80126 ♥ D ▲
 Linda M. Haney, MD 14701 E. Exposition Ave Aurora, CO 80012 ▲ ★★	 John Hedberg, MD 165 S Union Blvd Suite 800 Denver, CO 80228 ♥ D ▲ ★★	 James R. Hill, MD 1420 W. Midway Blvd. Broomfield, CO 80020 ♥ ▲ ★★	 Shirley A. Huang, MD 1155 Alpine Avenue Suite 360 Boulder, CO 80304 ♥	 Thomas Jeffers, MD 7950 Kipling Suite 101 Arvada, CO 80005 ♥ D ▲ ★★
 Rebecca Lynn Hanratty, MD 777 Bannock Street Denver, CO 80204 ▲	 Jason E. Heine, MD 6075 Pkwy. Drive Suite 160 Commerce City, CO 80022 ▲	 John C. Hill, DO 4545 E. 9th Avenue Suite 010 Denver, CO 80222 ▲	 Denise Nicole Hunter, MD 1375 E. 20th Ave Denver, CO 80205 ▲ ★★	 Wayne S. Jeffers, MD 1600 - 23rd Avenue Greeley, CO 80634 ▲
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 Ronald R. Harris, MD 2955 S. Broadway Blvd Englewood, CO 80113 D ▲	 Felipe Hernandez, MD 2955 S. Broadway Blvd Englewood, CO 80113 ▲ ★★	 Tracy S. Hofeditz, MD 325 S. Teller Street Suite 250 Denver, CO 80226 ♥ D ▲ ★★	 Martha M. Ives, MD 5730 Ward Road Suite 102 Arvada, CO 80002 ♥ D ▲ ★★	 Lynn S. Joffe, MD 8200 East Belleview Avenue Suite 100E Englewood, CO 80111 ▲
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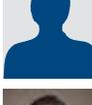
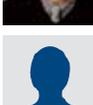
Doctors nationally recognized for exceptional care (continued)

- ♥ Attained cardiac recognition
- D Attained diabetes recognition
- ▲ Recognized for Patient Centered Medical Home
- ★★ Received a second or third recognition in at least one program

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Doctors nationally recognized for exceptional care (continued)

- ♥ Attained cardiac recognition
- D Attained diabetes recognition
- ▲ Recognized for Patient Centered Medical Home
- ★★ Received a second or third recognition in at least one program

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Doctors nationally recognized for exceptional care (continued)

- ♥ Attained cardiac recognition
- D Attained diabetes recognition
- ▲ Recognized for Patient Centered Medical Home
- ★★ Received a second or third recognition in at least one program



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Doctors nationally recognized for exceptional care (continued)

- ♥ Attained cardiac recognition
- D Attained diabetes recognition
- ▲ Recognized for Patient Centered Medical Home
- ★★ Received a second or third recognition in at least one program

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Doctors nationally recognized for exceptional care (continued)

- ♥ Attained cardiac recognition
- D Attained diabetes recognition
- ▲ Recognized for Patient Centered Medical Home
- ★★ Received a second or third recognition in at least one program

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Doctors nationally recognized for exceptional care (continued)

- ♥ Attained cardiac recognition
- D Attained diabetes recognition
- ▲ Recognized for Patient Centered Medical Home
- ★★ Received a second or third recognition in at least one program



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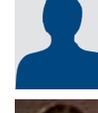
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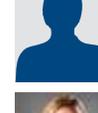
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Doctors nationally recognized for exceptional care (continued)

- ♥ Attained cardiac recognition
- D Attained diabetes recognition
- ▲ Recognized for Patient Centered Medical Home
- ★★ Received a second or third recognition in at least one program



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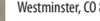
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Bridges to Excellence recognition linked to money savings and improved health

We acknowledged those physicians receiving BTE recognitions for diabetes and cardiac care programs. Now, we want to answer the question: Do BTE recognized physicians have better outcomes for their patients? First, what is a better outcome? *A better outcome for a patient means that the disease is managed so the patient avoids trips to the emergency room, avoids hospitalizations, and avoids life-threatening complications such as heart attack or stroke.*

How can we measure BTE physician performance? We compared the performance of BTE diabetes recognized physicians with physicians who were also primary care physicians, but who were not recognized. We looked at both utilization and cost metrics. A utilization measure is determined by traditional actuarial methods, for example how many patients per thousand went to the emergency department and how many days were spent in the hospital. For costs, we used more clinically-based measures defined by the proprietary PROMETHEUS Payment Model®. Most simply these are:

- **Relevant Costs.** Costs that relate specifically and exclusively to a patient's underlying condition and co-morbid condition.
- **Potentially Avoidable Costs (PAC).** Costs of care for services that reflect poor outcomes for patients, such as emergency department visits, admission to the hospital, heart attacks and other complications of the disease. For example, a patient whose diabetes is well-managed should hopefully be able to avoid or defer poor outcomes.

Using two years worth of medical claims for a national health care plan that covers Colorado, we looked at performance measures for six chronic conditions: Asthma, Coronary Artery Disease (CAD), Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Gastro-esophageal Reflux Disease (GERD), and Hypertension.

What We Observed. For diabetes, we found that BTE recognized physicians have:

- **Lower Costs.** Diabetes recognized physicians had lower average relevant costs than non-recognized physicians. They also showed a strong trend of lower average potentially avoidable costs as well.
- **Lower Utilization.** Recognized physicians fared better on a variety of utilization metrics including:
 - Significantly lower number of emergency room visits (Figure 1)
 - Less total days spent in a hospital (Figure 2)
 - Lower frequency of hospital admissions (Figure 3)

This means that the patients with diabetes who see these BTE diabetes recognized doctors are less likely than other similar patients to have to visit the emergency room, or be admitted to the hospital in general. We also see that patients of recognized physicians are more likely to get all the routine care they need.

Interestingly, for coronary artery disease, we saw that BTE diabetes recognized physicians demonstrated significantly lower average relevant costs as well.

Other Observations. It is important to note that other than on the cardiac and diabetes measures that are part of the BTE Recognition program, recognition as a whole did not translate into better care in terms of either costs and utilization for the other chronic diseases.

Conclusions. No one should be surprised that in medicine, as in other fields, providers perform better for conditions on which they are measured. We applaud the efforts those physicians have made to attain cardiac and diabetes recognition, and patients can appreciate top quality management of their disease.

Figure 1
Number of emergency room visits per 1,000 patients with diabetes

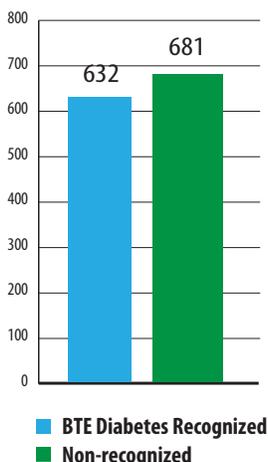


Figure 2
Number of days spent in a hospital per 1,000 patients with diabetes

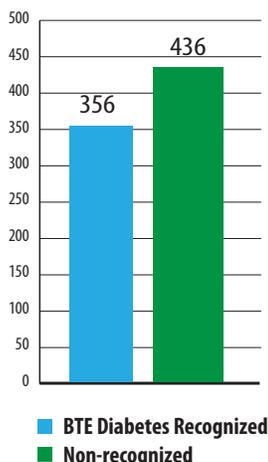
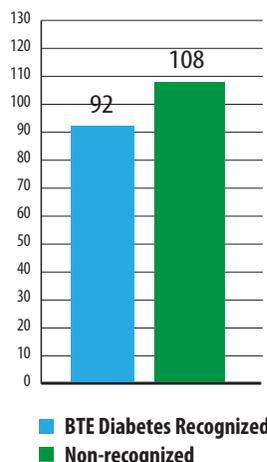


Figure 3
Number of hospital admissions per 1,000 patients with diabetes



Medical home matters: A physician's perspective



By Dr. David Ehrenberger

Is the patient centered medical home (PCMH) really that important? It wasn't long ago that the "medical home" was often confused with a new-fangled type of nursing home. Now everyone wants in, patients, healthcare systems—even insurance companies—and primary care providers are leading the charge. As a practicing family physician I wonder, "What's going on?" Why does the medical home *really matter*?

First, let's consider the evidence: what does PCMH actually do for our ailing "medical industrial complex," for its suffocating costs, inconsistent and opaque quality, and not so patient-friendly reputation? In a recent report that studied 34 medical home initiatives over the past several years, the PCMH model impacted healthcare costs by reducing emergency department visits by 10-50 percent, hospitalizations by 15-53 percent, overall healthcare costs by 11-20 percent overall and by \$17-89 PMPM (per member per month)¹. More importantly, these healthcare savings were accomplished while dramatically improving the care of medical home patients across the spectrum of primary care delivery: improvements included diabetes care (with a 49 percent reduction in Hemoglobin A1c), heart disease ("optimal care" improved by 48 percent), influenza vaccinations (increased by 112 percent), mammography (increased by 25 percent), colorectal cancer screening (increased by 39 percent), cholesterol levels (decreased by 27 percent) and patient engagement (self-management goals, increased by 56 percent^{1,2}). My twelve-provider family practice participated in the Colorado Multi-Payer Multi-Stakeholder Medical Home pilot; at the end of this 3 year initiative, analysis of these outcomes and cost savings performance data confirm the national experience above. The jury is in: better patient care at lower cost. The medical home works.

Next, let's examine an inconvenient truth: there is a cost to the medical home metamorphosis—the powerful benefits of "advanced primary care" are not free. So, what's the "return on investment" (ROI) for a medical practice? Interestingly, this

has been studied in two exemplary accountable care organizations: Group Health Cooperative showed total savings PMPM of \$10.3 and an ROI of 1.52; Geisinger Health System studied its PCMH cost savings from 2006 to 2010 to show an ROI of 1.71. Most importantly, the on-going added costs of PCMH transformation are dwarfed by downstream reduction in overall healthcare costs. . . by a factor of at least ten³. Although there is much work yet to be done on our healthcare payment system—one that should reward quality over volume of service—these data prove the business case for PCMH. **The medical home is here to stay because it only makes "cents."**

Finally, the fact that the PCMH matters is not limited to the clinical outcomes and cost savings that drive physician and others' interest. There is also the urgency for primary care to reinvent itself. For me, this reinvention is what makes the medical home construct most compelling: primary care must become data-driven learning organizations; practices should be accountable for superior care through evidence-based medicine (and recognized through national programs such as Bridges to Excellence); "meaningful use" of electronic health records must translate into the *meaningful use of data*; and we need effective systems of teamwork that create value for both our patients and the primary care teams themselves—meaningful, effective and rewarding work. This is the stuff of "Triple Aim" primary care, the defining calculus of market relevant value and what ultimately *makes the case for the patient centered medical home*.

The philosopher and sometimes musician, Jerry Garcia, put it well: "Somebody has got to do something and it's just incredibly pathetic that it has to be us." This is spot-on for primary care physicians—but it is *incredibly fortunate* that it has to be us, at the PCMH helm, who will be the heart and soul—the center—of the accountable care revolution.

David Richard Ehrenberger, MD



Dr. David Ehrenberger is Chief Medical Officer for Avista Adventist Hospital and for Integrated Physician Network, a 220 provider Accountable Care Organization north of Denver. He practices family medicine part-time in a 2011 Level III NCQA Recognized Medical Home and is also on the Physician Advisory Committee for Colorado's Multi-Payer Multi-Stakeholder PCMH Pilot. Other special interests include the use of a community-wide electronic health record and data analytics to promote value-based population healthcare, the advancement of health information exchanges, and leadership around sustainable, team-based systems of primary care. He is a Board member of the Colorado Foundation for Medical Care (the state's Quality Improvement Organization), Board Chair of HealthTeamWorks (formerly Colorado Clinical Guidelines Collaborative), Board Member of Colorado Health Neighborhoods and Chair of its Value Performance Committee and is a member of the NCQA PCMH/ACO Recognition Program Review Oversight Committee. He is a graduate of the University of California Berkeley, the Tufts University School of Medicine and the UCLA Family Medicine Residency in Santa Monica.

Cutting the fat

The obesity epidemic



During the past 20 years there has been a dramatic increase in the amount of Americans that are overweight or obese. Colorado is no exception. In the past two decades obesity among Colorado adults has more than doubled. *As of 2012, almost 21 percent of Colorado adults were obese and more than half were overweight.*

What's my healthy weight?

The most common way to determine if your weight is in a healthy range is to measure your Body Mass Index (BMI). To calculate your BMI, all you need to know is your height and weight. The resulting number is an indicator of body fat and risk for obesity related health problems.

To calculate your BMI, visit coloradohealthonline.org

Classification	BMI Range
Underweight	Below 18.5
Healthy Weight	18.5 – 24.9
Overweight	25-29.9
Obese	Above 30

Another way to assess your weight is to measure your waist size. Excessive abdominal fat also places you at greater risk for developing obesity-related conditions, such as type 2 diabetes and heart disease. Your waistline may be telling you that you have a higher risk of developing obesity-related conditions if you are:

- A man whose waist circumference is more than 40 inches
- A non-pregnant woman whose waist circumference is more than 35 inches

If your BMI falls outside of the Healthy Weight range, or your waist size is larger than the measurements listed above, you may want to talk to your health care provider about how you might achieve a healthier body weight.

The costs of obesity...

To your wallet

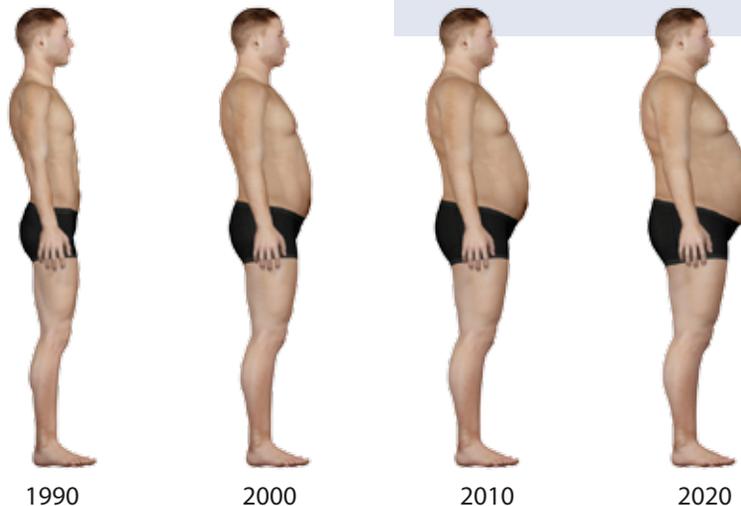
Almost 10 percent of all medical spending in the US is related to obesity. People who are obese spend almost \$1,500 more annually on their health care than the non-obese. Additionally, worker absenteeism due to obesity is estimated at \$4.3 billion annually and lower worker productivity costs employers approximately \$506 per obese employee per year.

To your health

Obesity is not just about the way you look or how your clothes fit, it also has serious health consequences. Obesity increases the risk for at least 20 health conditions, including diabetes, high blood pressure, high cholesterol, stroke, heart disease, and asthma. For example, research shows that as weight increases to reach the levels referred to as "overweight" and "obese," the risks of the following conditions also increase:

- Coronary heart disease
- Type 2 diabetes
- Cancers (endometrial, breast, and colon)
- Hypertension (high blood pressure)
- Dyslipidemia (for example, high total cholesterol or high levels of triglycerides)
- Stroke
- Liver and gallbladder disease
- Sleep apnea and respiratory problems
- Osteoarthritis (a degeneration of cartilage and its underlying bone within a joint)
- Gynecological problems (abnormal menses, infertility)

In 1990,
6.9% of Colorado adults were obese.



In 2012,
20.7% of Colorado adults were obese.

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Are you living with diabetes?

The diabetes epidemic

The number of people with diabetes in this country is continuing to rise. More than 25.8 million Americans are currently living with the disease. The burden of diabetes and the cost of treatment contribute to potentially preventable long-term complications such as heart disease, blindness, kidney disease, and stroke. In order to prevent these long-term complications, people with diabetes should measure and control their blood sugar, cholesterol, and blood pressure while receiving regular eye exams and urine tests. While the majority of the burden for getting these tests is on the individual, physicians should be directly engaging patients.

Know the ABCs of diabetes

HbA1c (diabetes only blood test)

- The A1c blood test measures your average blood glucose control for the past 2 to 3 months.
- Test results are expressed as a percentage, with 4 to 6 percent being normal in most cases. A reasonable goal for many adults is less than 7 percent.
- All patients with diabetes not meeting the goals set with their physician should test their HbA1c levels quarterly. Every patient with diabetes should have their levels checked at least twice a year.

Blood pressure

- Have your blood pressure checked at every routine office visit. If your blood pressure is high, have it checked again on a different day.
- To prevent or reduce high blood pressure, exercise often, avoid high sodium foods, drink alcoholic beverages in moderation, and find healthy ways to manage stress.

Cholesterol

- Everyone 20 years of age or older should have their cholesterol checked at least once every five years. Patients with diabetes should have their cholesterol checked every year.
- To maintain healthy cholesterol levels, eat foods low in saturated fats, trans fats and cholesterol.

Diet

- A healthy diet is rich in fruits and vegetables, whole grains, lean meats, and poultry.
- In maintaining a healthy diet, avoid foods with added sugars, eat fish 2-3 times a week and limit dairy intake to fat-free and low fat dairy products.
- Consider portion sizes. Even eating too much "healthy food" can cause weight gain.

Exercise

- To increase your everyday exercise, take these small steps:
- Adults should aim for 30 minutes of exercise on most days of the week.
 - Use the stairs, instead of the elevator or escalator
 - Park farther away from the office or store
 - Work in the garden, clean out the garage, or mow the lawn
 - Go for short evening walks
 - With your physician's permission, participate in activities like brisk walking, aerobics classes, swimming, running, yoga, dance classes, and/or strength training.
- To learn more, contact your doctor, health plan, the American Diabetes Association, or the American Heart Association.

What are the symptoms of diabetes?

Diabetes often goes unnoticed and undiagnosed. Early diagnosis may help prevent some of the complications of diabetes. If you have one or more of the symptoms below, see your doctor right away.

- Frequent urination
- Unusual thirst
- Extreme hunger
- Unusual weight loss
- Extreme fatigue and Irritability
- Frequent infections
- Blurred vision
- Cuts/bruises that are slow to heal
- Tingling/numbness in the hands/feet
- Recurring skin, gum, or bladder infections

Take note

- Diabetes is the seventh leading cause of death from disease in the United States.
- Adults with diabetes are two to four times more likely to have heart disease or a stroke than adults without diabetes.
- Those living with diabetes have an increased chance of suffering from serious health complications such as kidney failure, lower-limb amputations, & blindness.
- Preventive care practices have been shown to be effective in decreasing new cases of diabetes and the progression of diabetes-related complications.
- Medical expenses for people with diabetes are more than two times higher than for people without diabetes.



Pre-diabetes and the Diabetes Prevention Program

The obesity epidemic sweeping the nation is creating an alarming rise in pre-diabetes, a precursor to type 2 diabetes. The Centers for Disease Control and Prevention (CDC) predicts that if the trend continues, one in three Americans could develop type 2 diabetes by 2050.

Impact of pre-diabetes in Colorado

The CDC estimates over a third of Colorado adults and half of all adults aged 65 years and older have pre-diabetes. Without lifestyle changes to improve their health, between one-third and two-thirds of people with pre-diabetes are likely to develop type 2 diabetes within six years, compared to fewer than 5 percent of those with normal blood glucose.

The more than 200,000 Coloradans who already have diabetes know how serious it is. They deal with the constant monitoring of their condition, regular health emergencies and the risk of serious and costly health problems such as vision loss, lower limb amputations and kidney disease. The average medical costs for a person with diabetes are nearly twice those of a person without diabetes, and the costs are more than four-fold for a person with diabetes-related complications compared to a person without diabetes.



Colorado Department of Public Health and Environment

Colorado Diabetes Prevention Program Advisory Group and Action Plan

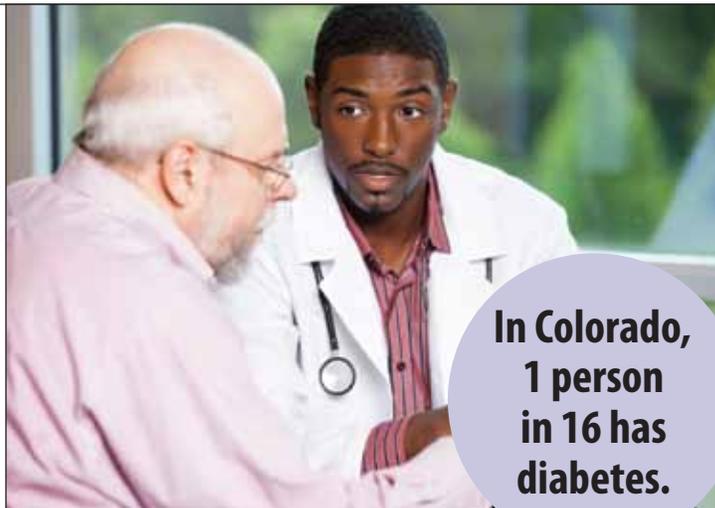
In 2012, the Colorado Department of Public Health and Environment (CDPHE) organized a group of stakeholders to address pre-diabetes-related policy issues. This advisory group includes the Colorado Department of Health Care Policy and Finance (Medicaid), health systems, the Governor's Office on Policy and Research, health plans, employers and community-based organizations. The advisory group's five-year implementation plan includes the following goals:

1. Achieve employer and health plan reimbursement for the Diabetes Prevention Program
2. Increase awareness and referrals to the Diabetes Prevention Program
3. Identify and train appropriate community-based organizations to provide the Diabetes Prevention Program

The Diabetes Prevention Program

The future described here doesn't have to happen. There are proven strategies that can reverse the obesity epidemic and prevent the risk of diabetes. Early detection and treatment through increased physical activity and weight control could prevent most cases, saving health care costs and improving quality of life for those afflicted.

The Diabetes Prevention Program (DPP) is a 16-week group based program taught by Lifestyle Coaches (para-professionals) at community-based



organizations, including but not limited to the YMCA of Metro Denver, the Center for African American Health, and the San Luis Valley Regional Medical Center. The DPP is based on clinical research trials led by the National Institutes for Health and the CDC. Participants in the study who lost 5 percent to 7 percent of their body weight and increased their physical activity to 150 minutes per week reduced their risk of developing type 2 diabetes by 58 percent. A 10-year follow up study showed reduced diabetes incidence of 34 percent in the program's lifestyle group.

For more information or to find a community organization offering the program in your area, call 1-800-DIABETES or visit: www.cdc.gov/diabetes/prevention

Are you 9?

Take Steps to Prevent Diabetes

Sign up now for the Diabetes Prevention Program!

You are eligible for this program if you are overweight (BMI >24) and you have a history of gestational diabetes, have been diagnosed with pre-diabetes, or **score 9 or higher on the following risk test:**

Had a baby weighing more than 9 pounds?	+1
Have a sister or brother with diabetes?	+1
Have a parent with diabetes?	+1
Are you overweight (BMI >24)?	+5
Are you younger than 65 and do little or no exercise in a typical day?	+5
Are you between 45 and 64?	+5
Are you older than 65?	+9

Your Score

Call **1.800.DIABETES** for class locations in your area

Heart health

Cardiovascular disease is the single largest killer of Americans and Coloradans alike. In fact, every 34 seconds, an American suffers a coronary event, and about every minute an American dies from one.

Cardiovascular disease includes, but is not limited to the following:

- Angina (chest pain)
- High blood pressure (140/90)
- Coronary artery disease
- Myocardial infarction (MI or heart attack)
- Heart Failure
- Stroke
- Congenital cardiovascular defects

Tips to reduce your risk of heart disease:

- Do not smoke
- Control your blood pressure
- Exercise regularly
- Eat a healthy diet
- Maintain a healthy weight

Why high blood pressure matters

High blood pressure is known as the silent killer because it has no symptoms but has serious consequences if not controlled. 76.4 million U.S. adults have been diagnosed with high blood pressure.

- 77 percent of Americans treated for a first stroke have blood pressure over 140/90.
- 69 percent of Americans who have a first heart attack have blood pressure over 140/90.
- 74 percent of Americans with congestive heart failure have blood pressure over 140/90.

Blood Pressure

	Systolic	Diastolic
Normal	Less than 120 mmHg	Less than 80mmHg
At risk (prehypertension)	120–139 mmHg	80–89 mmHg
High	140 mmHg or higher	90 mmHg or higher

Take note

Smokers have two to three times the risk of suffering coronary heart disease. In Colorado, someone dies every hour due to cardiovascular disease. Call 1-800-QUIT-NOW or visit coquitline.org.

This is a public service notice.


22%
 of all deaths in Colorado
 are caused by heart disease.
1 million+
 heart attacks occur in the
 United States
 annually.



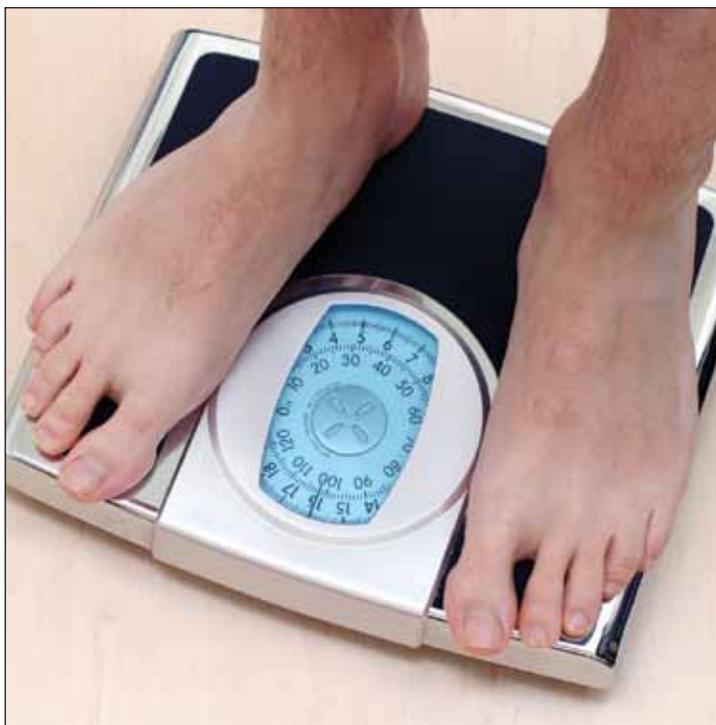
What you need to know about cholesterol

There are two types of cholesterol. It is very important for you to understand the difference. Too much of one or not enough of the other can put you at risk for coronary heart disease or stroke. LDL is commonly referred to as the “bad” cholesterol. LDL has been linked to the formation of blockages or plaques that narrow the arteries, raise blood pressure, and make the heart work harder. HDL, on the other hand, is referred to as “good” cholesterol because it prevents formation of plaques with the arteries. Low LDL levels coupled with high HDL levels indicate a reduced risk of heart attack or stroke.

COLORADO
QuitLine™
Be tobacco free

800.QUIT.NOW
COQuitLine.org

Disease management programs



Suggestions on disease management from a physician

1. Follow up on your tests, because not all physicians have reliable systems to notify patients of results in a timely way.
2. Know your numbers! What is the optimal level for your blood pressure, your cholesterol, and your blood sugar? What is your healthiest weight?
3. If you are told you have diabetes, heart disease, or any other chronic health problem, find out more! Find a health educator or a care manager, or see if you are eligible to join a disease management program through your health plan. You have questions; they have answers.
4. Follow through with your health provider's recommendations. Lose a few pounds, quit smoking, and get active. Take your medications exactly as prescribed. Go back to see your physician routinely, so you have the time to talk about managing your health, tracking your progress, getting preventive care as scheduled, and making changes in medications if necessary.
5. Be persistent. A patient without a physician's knowledge might make assumptions that could have proved deadly. You must be your own advocate.

Disease management programs

Many health plans offer programs to their members with asthma, cardiovascular disease, diabetes, obesity, and other chronic conditions.

Through these programs you can learn to manage continuing health conditions so you stay active and avoid complications. Many plans will provide you with a case manager, a nurse, or a call-in number so you can talk to a health professional. You may use these resources to answer day-to-day questions that you may have such as:

- What diseases may cause the symptoms I have?
- What tests might I need, or what do these test results mean?
- What are these medications and how can I take them most effectively?
- When do I need to see my physician again?
- How can I change my daily activities so that I can start feeling better?

Your nurse or case manager can work directly with you and your doctor to design a plan that is right for you. Effective disease management programs are based on the best evidence and practices available in the medical literature.

How can disease management help my family member or me?

Common benefits of disease management programs include: children missing fewer days of school, adults missing fewer days of work, and fewer complications from chronic conditions.

How can I get into a disease management program?

Contact your health plan or your physician to learn more about these programs. Many of these programs are available to plan members at no cost.

How can I organize my health care information?

Track your health and your health care services in an electronic personal health record. A personal health record can organize your medications, test results, and allergies into a private, personal, and accessible record.

For more information, call the Colorado Business Group on Health at 303-922-0939.



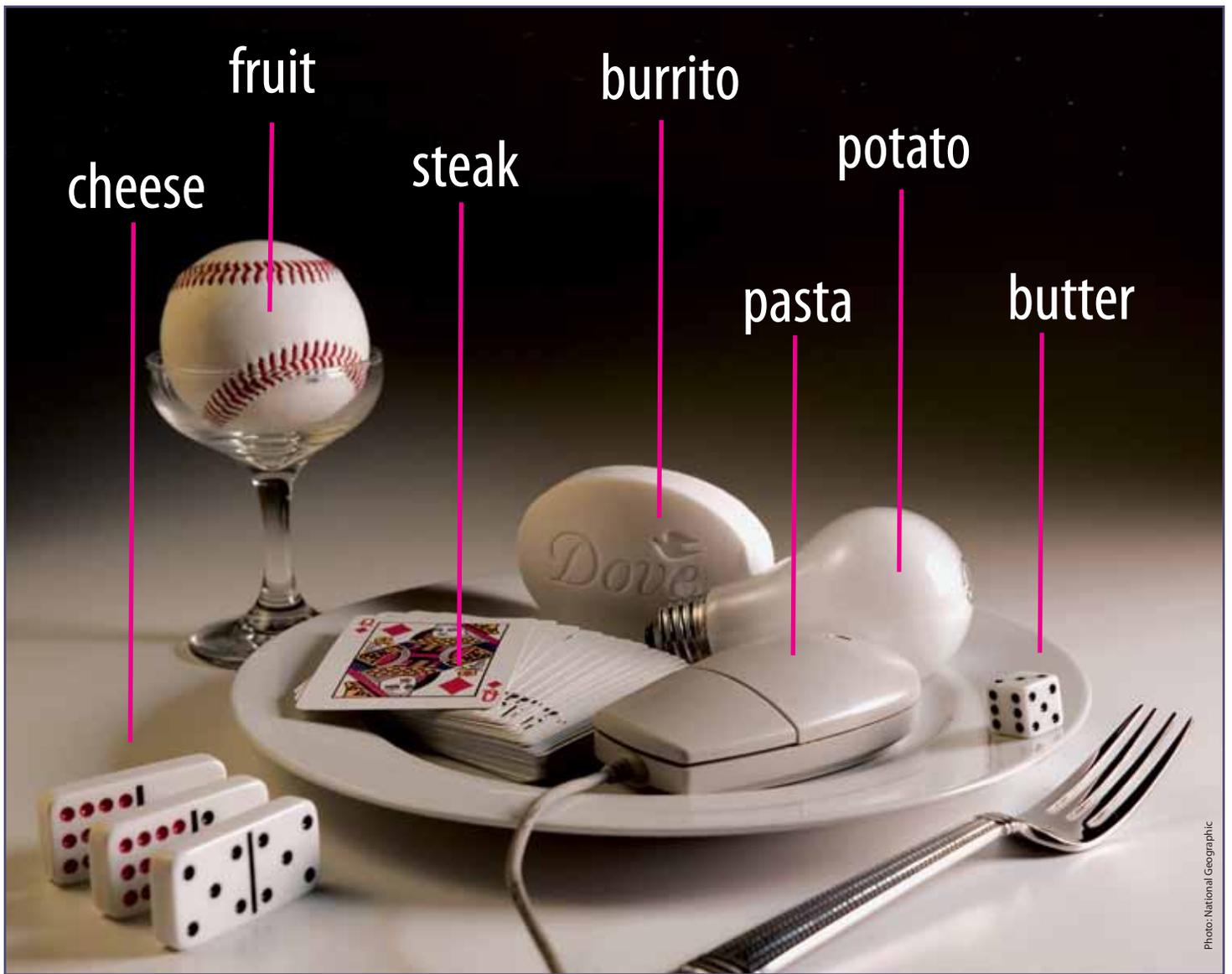


Photo: National Geographic

Thinking about...

HOW MUCH TO MUNCH?

Use these objects as a guide to portion size.

YES, I CAN! Small Steps, Great Rewards
ACTIVITY AND FOOD
Eat a little less! Walk and exercise more!
 100 extra calories per day could add 10 extra pounds per year.

Nutritionists suggest what a single serving should be.

Portion sizes based on recommendations from the American Dietetic Association and Weight Watchers International.

9Health Fair

A ready resource for physicians & patients



James H. Goddard
President/CEO 9Health Fair

What is 9Health Fair?

9Health Fair is Colorado's largest volunteer-driven, non-profit health fair and education program. The fair promotes health awareness and encourages individuals to assume responsibility for their own health through free and low-cost health screenings and education programs. In 2013, more than 140 communities hosted 9Health Fairs offering more than 20 free and 8 low-cost screenings to attendees. The fairs have been held since 1980 and have impacted more than 1.7 million lives.

Physician Perceptions of 9Health Fair

In early 2013, the Colorado Medical Society surveyed their member physicians in order to assess views of the 9Health Fair. With more than 580 providers responding to the survey, results showed that Physicians who had accurate information about 9Health Fair were quite supportive.

Nearly 89 percent of those surveyed said they would accept (or have accepted) lab results from 9Health Fair. The things they like best are:

- It is less expensive for patients (76.65 percent);
- It makes my patient visits more productive because we can discuss the results (50.97 percent);
- It provides more data than I would otherwise order (21.01 percent).

According to the survey, 31.91 percent (179) of physicians currently refer their patients to 9Health Fair. The main barriers given by those who do not refer are: that they don't know what screenings 9Health Fair provides; or they don't know enough about 9Health Fair. Over 220 would refer to 9Health Fair if they knew what screenings were offered, or the screenings were close enough in time to the patients' appointment.

Based on the results of the survey, 9Health Fair is working with a group of physicians, and COPIC, to assemble an educational tool for physicians and their patients.

What you should know about 9Health Fair:

- Participants receive screenings tailored to their needs (based on age, gender, family risk)
- 80 percent of fair participants have health insurance
- No imaging or diagnostic screenings are performed
- A large group of medical providers continually reviews all screenings offered
- Participants receive 2 copies of all their results (one for their health care provider)
- 78 percent of participants report following up with their provider immediately after receiving results that indicated a problem
- 9Health Fair receives no government funding
- This spring, for the first time, ALL 9Health Fair blood test results will be made available for physicians to access
- *More than 1 in 7 participants were pre-diabetic but didn't know it*

For more information about this survey, email jim.goddard@9HealthFair.org

For more information about 9Health Fair, or if you are interested in volunteering, please visit www.9HealthFair.org

Screenings available at 9Health Fairs

- Blood Chemistry (cholesterol, blood sugar, liver, kidney and thyroid)
- Prostate Specific Antigen
- Hemoglobin A1c
- Blood Count Screening
- Vitamin D
- Colon Cancer Screening Kit
- Blood Pressure
- Height/Weight/Body Mass Index (BMI)
- Bone Health
- Cardiac Risk Assessment
- Foot Screening
- Pap Smear
- Oral Health
- Lung Function
- Body Fat Skinfold Screening
- Breast Screening
- Hearing & Vision
- Prostate/Testicular Screening
- & more!

For specific screenings available at a 9Health Fair in your community, please visit www.9HealthFair.org



Resources

Medical Home Matters

1. Nielsen, M. et al. "Benefits of Implementing the PCMH: a Review of Cost and Quality Results." Patient-Centered Primary Care Collaborative September 2012.
2. Reid, R. J. et al. "The Group Health Medical Home at Year Two: Cost Savings, Higher Patient Satisfaction, and Less Burnout for Providers." Health Affairs 2010;29(5):835-43.
3. Ehrenberger, D. "Cost Modeling of the PCMH (preliminary)." University of Utah; HealthTeamWorks, Personal communication. April 2013.

Cutting the fat

America's Health Rankings. "Colorado Obesity 1990-2012." <http://www.americashealthrankings.org/CO/Obesity/1990-2012>

Centers for Disease Control and Prevention. "Healthy Weight – It's not a diet, it's a lifestyle!" <http://www.cdc.gov/healthyweight/index.html>

Centers for Disease Control and Prevention. "Overweight and Obesity – Causes & Consequences." <http://www.cdc.gov/obesity/data/index.html>

Centers for Disease Control and Prevention. "Overweight and Obesity – Data and Statistics." <http://www.cdc.gov/obesity/data/index.html>

Colorado Department of Public Health and Environment. "Overweight and Obesity." <http://www.colorado.gov/cs/Satellite/CDPHE-PSD/CBON/1251621434328>

Finkelstein, EA, Trogon, JG, Cohen, JW, and Dietz, W. "Annual medical spending attributable to obesity: Payer- and service-specific estimates." Health Affairs 2009; 28(5): w822-w831.

Gates, DM et al. "Obesity and Presenteeism: The Impact of Body Mass Index on Workplace Productivity." J Occup Environ Med. January 2008; 50(1): 39-45.

Are you living with diabetes?

American Diabetes Association. "Diabetes Basics." <http://www.diabetes.org/diabetes-basics/>

American Diabetes Association. "Food & Fitness." <http://www.diabetes.org/food-and-fitness/>

American Diabetes Association. "Standards of Medical Care in Diabetes – 2013." Accessed from: http://care.diabetesjournals.org/content/36/Supplement_1/S11.full

American Heart Association. "Why Diabetes Matters - Cardiovascular disease and diabetes." http://www.heart.org/HEARTORG/Conditions/Diabetes/WhyDiabetesMatters/Cardiovascular-Disease-Diabetes_UCM_313865_Article.jsp

Centers for Disease Control and Prevention. "National Diabetes Fact Sheet 2011" http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf

Centers for Disease Control and Prevention. "Cholesterol Fact Sheet 2012." http://www.cdc.gov/dhdsdp/data_statistics/fact_sheets/fs_cholesterol.htm

Colorado Department of Public Health and Environment. "Diabetes - Data/Publications." <http://www.colorado.gov/cs/Satellite/CDPHE-PSD/CBON/1251621450656>

Prediabetes & the Diabetes Prevention Program

Content provided by the Colorado Department of Public Health & Environment – Prevention Services Division

Heart Health

American Heart Association. "About Cholesterol." http://www.heart.org/HEARTORG/Conditions/Cholesterol/AboutCholesterol/About-Cholesterol_UCM_001220_Article.jsp

American Heart Association. "Heart Disease and Stroke Statistics – 2013 Update." <http://circ.ahajournals.org/content/127/1/e6>

Centers for Disease Control and Prevention. "Cholesterol Fact Sheet 2012." http://www.cdc.gov/dhdsdp/data_statistics/fact_sheets/fs_cholesterol.htm

Centers for Disease Control & Prevention. "Blood Pressure Fact Sheet 2013." http://www.cdc.gov/dhdsdp/data_statistics/fact_sheets/docs/fs_bloodpressure.pdf

Centers for Disease Control and Prevention. "Heart Disease Fact Sheet." http://www.cdc.gov/dhdsdp/data_statistics/fact_sheets/docs/fs_heart_disease.pdf

Colorado Department of Public Health and Environment. "Heart Disease and Stroke – Data/Publications." <http://www.colorado.gov/cs/Satellite/CDPHE-PSD/CBON/1251621451112>

Why employers need to collaborate to improve health care



Bob Jamieson, President,
Colorado Business Group on Health

Director of Benefits,
Boulder Valley School District

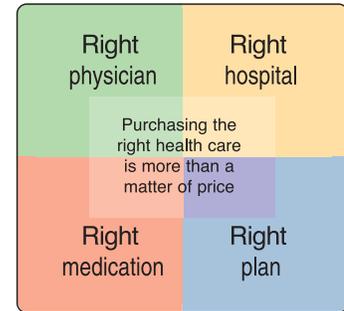
Colorado ranks high on many health indicators, yet health care costs are not lower in Colorado. Every dollar spent on “not helpful” health care detracts from our core business’ missions. Virtually every employer has a common need for community care to improve. However, no individual employer or health plan, regardless of size, can effectively create or incentivize sustainable improvements at the community level by themselves. **Employers, working together, are in the best position to engage providers to make these changes.**

The Colorado Business Group on Health (CBGH) has been working for 17 years to improve health care, improve health, and lower health costs in Colorado. CBGH is an employer led non-profit organization that is the state-wide leader in improving the value of health care for Colorado employers and their employees through education, practical purchasing tools and innovative programs. CBGH occupies a unique position in the health care conversation because it is directly involved with helping employers understand the issues and implement practical solutions.

My community of Boulder almost always ranks near the top of national and state health rankings, but clearly that is not enough to keep health costs under control. In my organization, Boulder Valley School District (BVSD), the success of our efforts to improve health care, improve health, and reduce health costs directly impacts our ability to provide a high quality education for all students. A ten percent increase in health care cost means thirty fewer teachers in BVSD.

Even though each employer has unique needs based on its unique employee population, and employers have to address individual needs in a way that works for their culture, our district’s involvement with CBGH has been critical to successfully managing our health care costs. We cannot simply cost shift our way out of this challenge.

The overarching objective is engaged employees with access to better, safer, well-coordinated, and less-expensive health care. Employees, providers, health plans, consultants, and employers all play a part in coordinating efforts for a better functioning healthcare system. Physicians and hospitals in



Boulder Valley have shown great leadership in collaborating with each other in diverse and independent practices to develop a more coordinated health care delivery system and have developed an organized structure, the Boulder Valley Care Network (BVCN) to help facilitate improvement. In order to be successful, these efforts require an extra level of commitment by our physicians and hospital leaders and direct involvement by local employers.

BVCN and integrated Physician Network (iPN) physician, Dr. David Ehrenberger, uses the phrase—“All and only the care that a patient should receive” to describe this new, patient-centered stewardship of healthcare services—in a value based context rather than the current system that simply rewards more care. Working together with other employers allows our community to start to develop common quality standards, sustainable improvement measures and new payment models.

We have a long way to go to connect some of these dots, but we have made significant progress, and we need your voice.



Creating a state of quality



Your partners in quality

The Colorado Business Group on Health is a non-profit coalition representing large purchasers of one of your most important benefits—health care services. By working together, we can assure that consumers have the best possible information on health care quality. CBGH and Colorado health plans have been working on the “big picture” of health care quality since 1996. Health care is a service that is delivered locally; therefore the only way to successfully incorporate value-driven principles is to act locally.

**To learn more: www.ColoradoHealthOnline.org • info@cbghealth.org
303-922-0939**

Members

- Boards of Education Self-funded Trust
- Boulder Valley School District
- City of Colorado Springs
- Colorado Public Employees' Retirement Association (PERA)
- Colorado Springs School District 11
- Colorado Springs Utilities
- Elward Systems Corporation
- Poudre School District
- St. Vrain Valley School District
- Thule Organizational Solutions
- TIAA-CREF
- University of Colorado

Association members

- Denver Metro Chamber of Commerce
- Mountain States Employers Council
- Rocky Mountain Healthcare Coalition
- South Metro Denver Chamber of Commerce

Affiliate members

- Aetna
- AspenPointe
- AstraZeneca
- Centura Health
- CNIC Health Solutions
- Colorado Foundation for Medical Care
- Colorado Permanente Medical Group
- Colorado Springs Health Partners
- Craig Hospital
- Ethicon Endo-Surgery (part of Johnson & Johnson)

- Foothills Health Solutions
- integrated Physician Network (iPN)
- Jefferson Center for Mental Health
- Memorial Health System
- Merck & Co., Inc.
- New West Physicians, P.C.
- Penrose—St. Francis Health Services
- Pfizer, Inc.
- Rocky Mountain Cancer Centers
- Sanofi US
- The Denver Hospice

What does CBGH do?

We engage the health care marketplace through leadership and active participation, driving positive change to address quality and realize savings.

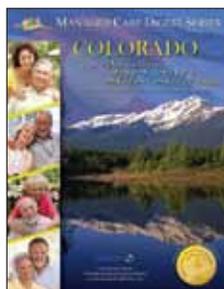
Here's how we are doing this:

- Restructuring and reforming health care delivery systems
- Creating uniform standards of care
- Improving accountability and data about providers and hospitals
- Improving accountability and data from insurance plans and carriers
- Providing data about high performing providers and hospitals so lower performing entities are inspired to improve
- Focusing on key strategies for managing cost such as wellness, demand management, and incentive design; developing incentives and benefits focused on rewarding quality
- Advancing use of technology to reduce redundancy, increase quality, improve patient outcomes, and engage employees in their own health
- Engaging consumers/employees in purchasing decisions based on quality and price
- Reducing redundancy and the risk of medical errors
- Improving the health of our employees.

Why should employers join CBGH?

- To step up and lead positive changes in the health care marketplace locally and regionally
- To stay up to date on developments in health care reform; be at the front of the curve
- To engage your employees and consumers about the importance of quality in the purchasing decision
- To unite together in joint purchasing projects with other employers in order to leverage purchasing opportunities and our influence on the health care market
- To collaborate, prioritize, and leverage those initiatives that have the greatest impact on health care cost management and quality
- To add quality to your arsenal, providing a fundamental strategy for cost management

CBGH publications are available at no cost at www.ColoradoHealthOnline.org



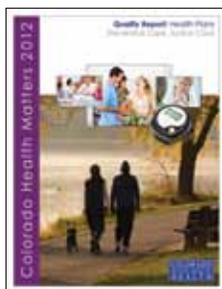
Colorado Type 2 Diabetes Report 2012–2013

An analysis featuring demographic, utilization, charges, and pharmacotherapy data. The report also provides state and national benchmarks.



Policy and Perspective on 'Never Events'

Thousands of patients die each year from preventable medical errors, but there are things employers can do.



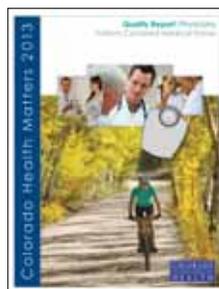
Colorado Health Matters Quality Reports

With all the health plan offerings in Colorado, it can be difficult to decide which plan would benefit you or your employees the most. *Health Matters Quality Report: Health Plans* aids in evaluating health plans by presenting key information for Colorado plans in a comparative, graphical, and numerical format.

Colorado Health Matters Quality Report: Physicians recognizes those Colorado physicians that work on improving the health of their patients and gives guidance on how consumers can proactively improve their health. *Colorado Health Matters Quality Reports* leaves a Coloradan with the know-how to make informed decisions regarding his or her health care.

Colorado Health Matters Quality Report: Hospitals displays ratings that focus on improving hospital quality, safety and efficiency. *Quality Report: Hospitals* provides savvy consumers with objective and credible help in selecting safe and high quality patient care.

Please view our library of Colorado Health Matters Quality Reports at www.ColoradoHealthOnline.org.



What is quality health care?



Quality health care is more than just having a health plan, a certain provider, or a particular treatment. It's more than a matter of cost. Quality means getting what benefits you most—balancing risk, cost, and quality of life.

It's effective—the right kind of care for your health condition based on up-to-date scientific knowledge about what works best.

It's efficient—using precious resources wisely, not wasting time and effort.

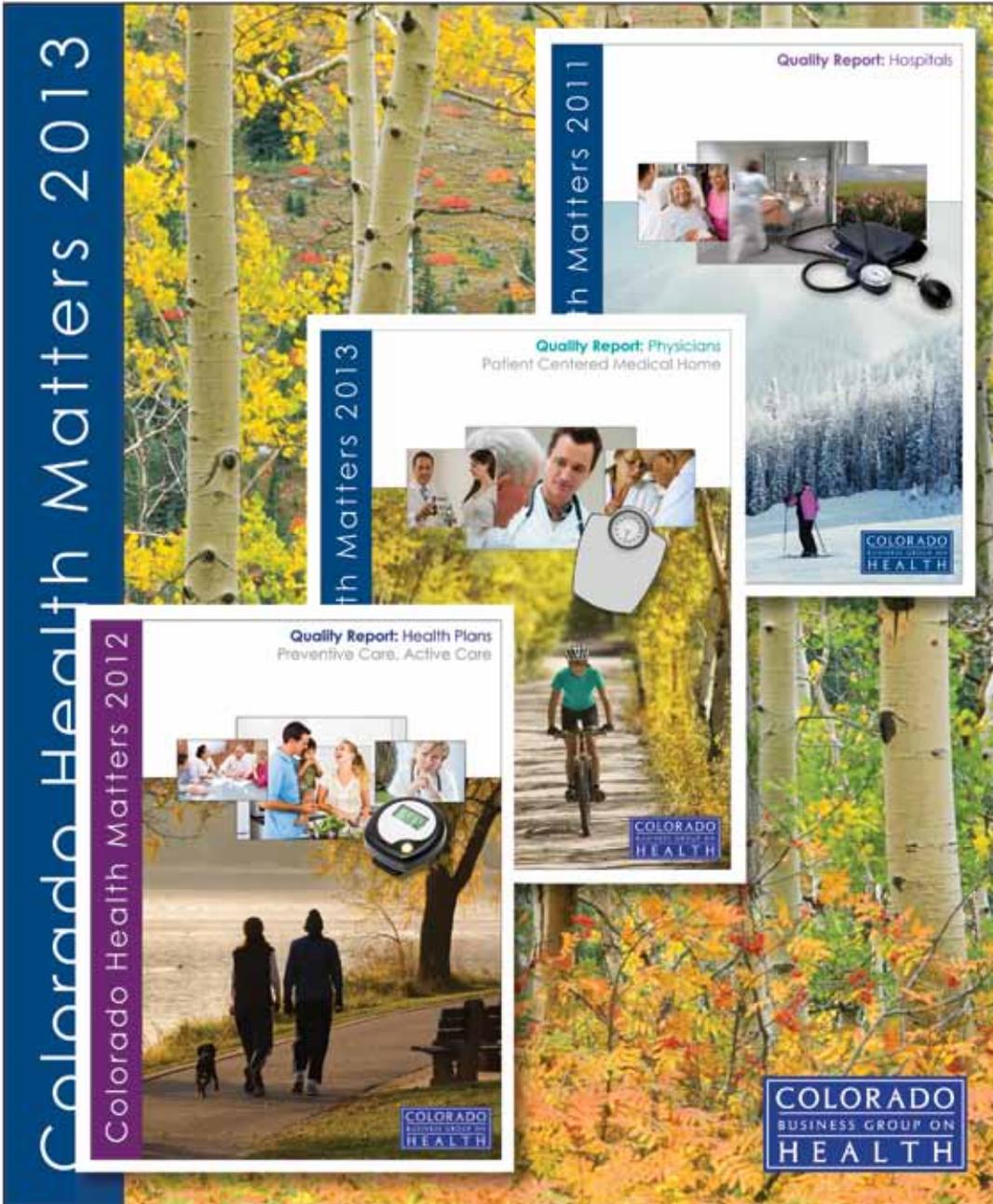
It's safe—delivered without error and avoiding harmful results.

It's timely—getting the most effective care without delays.

It's focused on the individual—provided in a manner respecting a person's individual characteristics, needs and concerns.

It's equitable—delivered without discrimination based on income, ethnicity, culture, or beliefs.

Important aspects of quality health care are measured in different ways. Health Matters provides you with the information necessary to make cost-effective decisions regarding your health care.



For the average person, finding quality health care can be a daunting task. Where can a person find information to help them select a high quality doctor, hospital or health plan?

The Colorado Business Group on Health created the *Colorado Health Matters Quality Reports* to deliver concise and objective information on what matters most to health care consumers.

Colorado Health Matters Quality Report: Health Plans aids in evaluating health plans by presenting key information for Colorado plans in a comparative, graphical, and numerical format.

Colorado Health Matters Quality Report: Physicians recognizes those Colorado physicians that work on improving the health of their patients and gives guidance on what a consumer can do to proactively improve his or her health.

Colorado Health Matters Quality Report: Hospitals ranks Colorado hospitals based on national hospital quality, safety, and efficiency standards.

When read together, *Colorado Health Matters Quality Reports* leaves a Coloradan with the know-how to make informed decisions regarding his or her health care. Please view our library of *Colorado Health Matters Quality Reports* at www.ColoradoHealthOnline.org.