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s there anything more personal and important than health care? The Patient Protection and Affordable Care Act - also known as Obamacare - is now reality. But what does it mean to you, your family and your company? Those are the kind of questions that inspired the Fort Collins Area Chamber of Commerce to host the "Health Care in Your Future" Summit on March 29, 2016 and are at the heart of a special publication being produced by BizWest.

We live in a time of change and uncertainty relative to access and cost to healthcare services and insurance. It's more important than ever to seek out information you can use to make important decisions for you, your business and your family.

Sincerely,

David L. May President & CEO Fort Collins Area Chamber of Commerce





Produced by:

BizWest Media LLC P.O. Box 270810 Fort Collins, CO 80527

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BizWest

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CHAMBER OF COMMERCE

We welcome your family to join ours.

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7:00 a.m. at the Embassy Suites 4705 Clydesdale Parkway Loveland, Colorado AGENDA

7:00 a.m.	Resource Hall, Registration - Breakfast Available				
7:30 a.m.	Welcome to the Summit				
7:45 a.m.	Keynote: Jared Landis -The Advisory Board Company				
9:00 a.m.	Health Care in Northern Colorado - Impact on Small Business featuring comments by: Anthem Blue Cross Blue Shield; Banner Health Services; Clear View Behavioral Health; Columbine Health Systems; Kaiser Permanente; Northern Colorado Long Term Acute Hospital & Northern Colorado Rehabilitation Hospital; SummitStone; UCHealth				
9:50 a.m.	Break				
10:00 a.m.	Laughaceuticals (importance of laughter for well being)				
10:30 a.m.	Improving Lives				
11:00 a.m.	Break				
11:00 a.m.	Amendment 69 - Universal Health Care on the Ballot in 2016				
11:55 a.m.	Closing Comments				
12:00 p.m.	Adjourn - Resource Hall Open Health Care Job Fair Begins				
Cost to atte	nd				

Cost to attend

\$50 per person. Register online at NoCoHealthcareSummit.com.

For more information, contact Ann Hutchison at ahutchison@fcchamber.org or (970) 482-3746.

To download resources from the event, go to: NoCoHealthcareSummit.com





The Health Care in Your Future Summit will provide members of the business community with the opportunity to discuss developments in health care, the outlook for the health care industry in the Fort Collins region and actions that could strengthen the health care sector.

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CLEAR VIEW BEHAVIORAL HEALTH TO OPEN CHEMICAL **DEPENDENCY PROGRAM**



Melanie Taussig M.A., L.C.S.W, Clear View Behavioral Health

abuse. Colorado is in a unique spot. With the recent legalization of marijuana, substance use in Colorado is on the rise and fewer individuals are getting the treatment they need to battle the problem of addiction. Marijuana has long been referred to as a "gateway drug", meaning that it is often thought of as a drug that may lead to the use of other addictive and potentially more serious drugs. Since sales of recreational marijuana became legal in Colorado, use is on the rise and adult marijuana use is higher in Colorado than in most other states (National Survey on Drug Use and Health (NSDUH), 2013).

When it comes to substance use and

According to a national survey of Substance Abuse Treatment Services conducted by The Substance Abuse and Mental Health Services Administration (SAMHSA), individuals in Colorado receiving treatment for substance abuse in calendar year 2009 was 39, 179. By 2013 that number rose to 42. 256. An increase in the number of individuals receiving treatment suggests there was likely also an increase in the number of individuals using. Given some of the potentially dangerous and sometimes even fatal consequences of substance abuse, it is imperative to educate Coloradans about the effects of drug and alcohol use.

Here at Clear View Behavioral Health. we would like to do just that. That is why we are introducing a chemical



Clark McCoy, M.D

CLEAR VIEW

BEHAVIORAL HEALTH

dependency track to help struggling individuals combat their addictions. We are very excited to launch this program designed to address the specific and unique needs of individuals dealing with addiction, however we realize we are just one part of the puzzle to helping people start their journey to recovery. That is why we are seeking partnerships at every level to provide education about this disease and work collaboratively with our community partners to help people get the treatment that they need.

Our chemical dependency program, set to open in March 2016 will be headed by Dr. Clark McCoy. Dr. McCoy is Board Certified in Addiction Medicine, Family Medicine, and Obesity Medicine. He earned his Bachelor's degree at the University of Wisconsin-Milwaukee and graduated from Medical school

at Medical College of Wisconsin. He completed his **Residency in Family Medicine** at University of Florida. Dr. McCoy is originally from North Dakota and is married with four daughters.

In addition to treating. substance abuse, Clear View is dedicated to treating individuals with Mental Illnesses. So often individuals struggling with addiction also are battling a mental health disorder. 1 in 5 adults in the U.S. experience a mental illness and 10.2 million adults in this country have a co-occurring mental health and addiction disorder (National Alliance on Mental Illness, NAMI). The consequences are staggering and can lead to people losing their jobs, homelessness, domestic violence, suicide, and homicide.

At Clear View, we want to help educate our community

about mental health and substance abuse. We also want to reduce the stigma that is attached to these disorders. We recognize that it takes an enormous amount of courage to seek help and we commend each and every individual for their resiliency and spirit. Our beautiful, state-of-the-art treatment facility is centrally located in Loveland/Johnstown and is a short drive from Denver. Boulder, Greeley and Ft. Collins. Both behavioral health and substance abuse challenges can affect safety. independence, relationships, and overall well-being. If vou or someone vou know may benefit from or need help, contact us today for more information or a free confidential assessment 970-461-5061

Our hospital is open seven days a week, 24 hours per day to serve your needs.





970-461-5061 4770 Larimer Pkwy Johnstown, CO 80534



SBC ACUTE ADULT CORE SCORES

Previous (July 1 - Dec. 31, 2014) **Current** (Jan. 1 - June 30, 2015) 40 Acuity Level 35 30 25 Moderate Severe 22.7 20 Noderate 15 10 5 Healthy Pre Post 1 Month 6 month Current N=509 N=522 N=75 N=27 Previous N=686 N=577 N=62 N=23 Clear View Behavioral Health is an affiliate of Strategic Behavioral Center (SBC)

THE TRANSITION FROM **FEE-FOR-SERVICE** TO A VALUE-BASED **PAYMENT SYSTEM**



encompass MEDICAL PARTNERS



Dr. Emily Richardson Chief Quality Officer. Encompass Medical Partners www.EncompassMedical.com

Fee-for-service has traditionally been the predominant physician payment method in the United States. This payment model rewards the volume of care delivered over the quality of that care. Medicare physician payments have historically been based on this fee-for-service payment model. Recent years have seen Medicare shift away from this payment model toward rewarding fiscal accountability and quality of care.

The passage of the 2006 Tax Relief and Healthcare Act, which established the Physician Quality Reporting System (PQRS), signaled an ideological change by creating a financial incentive to deliver quality care. PQRS metrics are physician-chosen, evidence-based measures designed to help providers assess their care.¹ By reporting PQRS measures to the Centers for Medicare and Medicaid Services (CMS), providers can quantify how often they are meeting a particular quality metric.

Initially, the PQRS offered financial incentives for participation in the program. However, in 2015, the program transitioned exclusively to payment adjustments which imposed financial penalties on eligible professionals (EPs) who failed to adequately report. Aligned with the evolution of the PQRS was the passage of Section 3007 of the Affordable Care Act. This mandated that starting in 2015, CMS would begin to apply a Value Modifier under the Medicare Physician Fee Schedule (PFS).

The Value Modifier provides for both bonus payments and penalties under the PFS to physician groups and other EPs based on the quality and cost of care that they furnish to enrolled beneficiaries in the traditional Medicare Fee-for-Service program.² The Value Modifier Program and PQRS are aligned in their measurement components to emphasize the importance of providing high-quality care at low cost.



John Bradley, MD, MBA Senior Quality Specialist Christina Leone, **MPA Quality Specialist**

The End of 'Doc Fix'

In 1997, Congress passed the Balanced Budget Act that created the Sustainable Growth Rate (SGR) formula. This legislation was designed to contain the growth rate of medical spending by tying provider payments to the inflation rate. Once passed, physicians lived with yearly threats of payment cuts from CMS. This cycle of threatened spending cuts ended permanently with the passage of the Medicare Access and CHIP Reauthorization Act (MACRA) in April of 2015. MACRA replaced the SGR with a modest yearly increase of 0.5% in the Medicare Physician Fee Schedule (MPFS) from 2016 to 2019.³ Through reforming the methods of payment to physicians, MACRA has great potential to encourage quality improvement in healthcare while decreasing waste and inefficiency, leading to increased value to patients. It provides a new framework for rewarding better care, not just more care.⁴

While CMS had already indicated that there would be a shift away from the traditional fee-for-service model to a valuebased payment system, the repeal of the SGR dramatically accelerates this trend. Under MACRA, the

PORS, Value-Based Payment Modifiers (VBM), and Meaningful Use (MU) programs will be rolled into one program called the Merit-Based Incentive Payment System (MIPS).

The defining feature of MACRA is the reduction of healthcare spending.⁵ CMS projects that over time MACRA will decrease healthcare spending more than had the SGR program continued.6 Additionally, the program is structured to be budget neutral. Payment bonuses for eligible professionals will be paid for by the penalties collected from others. Practices that are already working to measure, report, and improve their quality of care are in the best position to weather these changes.

Physician Compare

In the current era of Yelp and Google Reviews, the public's demand for transparency is evident. CMS created the Physician Compare website to help

Data collected through PQRS is uploaded to the Physician Compare website. If a healthcare professional or group practice participates in one or more of the CMS Quality Programs, such as PQRS, the Physician Compare website will include a green check mark on the profile page. While only certain PQRS measures are currently available on Physician Compare, CMS indicates that this list will continue to grow, including the development of a star rating system to allow for consumers to easily compare

providers.7

Private Insurers Join the Trend

Private health insurers are embracing the trend toward accountable, quality-driven care. On February 16, 2016, CMS, along with major

References

³ H.R.2: Medicare Access and CHIP Reauthorization Act of 2015. Congress.gov. https://www.congress.gov/bill/114thcongress/house-bill/2. Accessed on February 18, 2016.

⁴ The Merit-Based Incentive Payment System (MIPS) & Alternative Payment Models (APM). CMS.gov: Centers for Medicare & Medicaid Services: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html Accessed February 18, 2016.

⁵ "An Update on the Division of Professional Affairs MACRA Strategy: Quality Reporting and Contribution to Savings" by Stanley W. Stead, MD, MBA: http://www.asahq.org/sitecore/content/ASAHQ/resources/publications/newsletter articles/2015/july-2015/administrative-update?ArticleID=%7bDE166E82-8FEE-49A9-AEC9-0FCE4294A165%7d ⁶ Spitalnic P. Estimated financial effects of the Medicare Access and CHIP Reauthorization Act of 2015 (H.R. 2) [letter]. CMS: Centers for Medicare & Medicaid Services website. http://www.cms.gov/Research-Statistics-Data-and-Systems/ Research/ActuarialStudies/Downloads/2015HR2a.pdf.Published April 9, 2015. Accessed May 13, 2015. Physician Compare: Physician Quality Reporting System (PQRS). Medicare.gov: Physician Compare. https://www. medicare.gov/physiciancompare/staticpages/data/pqrs.html Accessed on February 18, 2016. ⁸ "Federal Health Officials, Insurers Agree on How to Rate Doctors' Quality." Washington Post. Amy Goldstein https://www.washingtonpost.com/national/health-science/federal-health-officials-insurers-agree-on-how-to-rate-doctorsguality/2016/02/16/e87934b0-d4d4-11e5-9823-02b905009f99 story.html Accessed on February 18, 2016.



Building healthy practices.

consumers make informed choices by comparing the quality of care delivered by both individual providers and group practices enrolled in Medicare.

Collaborative. This collaborative supports multi-payer alignment on core measures primarily for physician groups. The new measures look at seven different areas, from primary care to treatment of patients with cancer or AIDS. Reducing the complexity of measure requirements across entities allows for providers to focus on quality improvement across payers. Federal officials and insurance executives have indicated that they will continue to collaborate and develop ways of gauging doctors' quality.8

commercial health

plans, announced

the first set of core

measures from the

Core Ouality Measures

The transition from the fee-for-service reimbursement system is one of the greatest challenges health systems currently face. As healthcare continues its transition toward valuebased payment methodologies and population health, the ability to illustrate quality of services to providers, hospitals, health systems and patients is paramount to future success.

¹ Physician Quality Reporting System. CMS.gov: Centers for Medicare & Medicaid Services. https://www.cms.gov/ Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html Accessed February 18, 2016. ² Value-Based Payment Modifier. CMS.gov: Centers for Medicare & Medicaid Services. https://www.cms.gov/medicare/ medicare-fee-for-service-payment/physicianfeedbackprogram/valuebasedpaymentmodifier.html#What is the Value-Based Payment Modifier (Value Modifier) Accessed February 18, 2016.

WHAT'S IN **A NAME?**



Carlo

Jason Tacha Executive Director of Operations Northern Colorado, Kaiser Permanente

Offering primary care, pharmacy, medical imaging, laboratory

services, and behavioral health under one roof

KAISER PERMANENTE

Where:

high-quality, affordable health care services and to improve the health of our members and the communities we serve. At first Kaiser Permanente's mission statement may seem simple. But when you really start looking at what the words mean, the implications are profound.

Kaiser Permanente exists to provide

We exist to provide high-quality, affordable health care services and to improve the health of our members...

We are comprised of the Kaiser Foundation Health Plan of Colorado and the Colorado Permanente Medical Group-one of the state's largest medical groups with more than 1,100 physicians. We provide comprehensive care for our 623,000 Kaiser Permanente Colorado members through 30 medical offices across the state-from Pueblo to Greeley and now in the mountains in Summit and Eagle counties.

At Kaiser Permanente we are committed to meeting our members where they are. This means understanding who our members are, and offering service that best meets their needs.

Within our Loveland, Fort Collins, and Greelev medical offices members have access to primary care providers, laboratory services, radiology services, and pharmacy services - saving our members the time and expense of driving to multiple locations around town for tests and filling prescriptions after meeting with their physician.

In addition to the physicians practicing at our Northern Colorado medical offices, Kaiser Permanente builds care teams for this community through a network of more than 400 primary and specialty care providers. This includes Banner Health and affiliated physicians in Larimer and Weld counties. Hospital care is coordinated at McKee Medical Center in Loveland, North Colorado Medical Center in Greeley, Banner Fort Collins Medical Center, and Estes Park Medical Center. Kaiser Permanente and Banner Health have linked their electronic health records together, which gives providers access to potentially life-saving patient information and improves overall care coordination.





How:

Kaiser Permanente regularly assesses how technology, evidence-based research and collaborative care teams can be leveraged to provide streamlined, coordinated patient care. Through My Health Manager, our health plan's free personal health record, members are able to connect with their physician using secure email, refill prescriptions (and have them mailed directly to their home, if they want), and make or change appointments online.

To truly be innovative, health care providers must incorporate technology to deliver coordinated patient care. An excellent example of Kaiser Permanente's work in this area is our success in improving member hypertension (high blood pressure)

control rates. Since 2008, we have increased their control rates from 61 to 82.6 percent by leveraging our robust system of electronic medical records to develop collaborative and actionable treatment plans. This success translates into real benefits for our members:

- they are less likely to suffer a heart attack or stroke
- coordinated care results in lower insurance rates for our members by making the process more efficient, reducing redundant and unnecessary tests, focusing on prevention

Kaiser Permanente also uses technology to meet our members where they are by offering translation services in hundreds of languages, telemedicine, and virtual visits

Offering primary care, pharmacy, medical imaging - including mammography, sleep apnea, dermatology, rheumatology



in order to make care delivery as comfortable and convenient as possible.

And the communities we serve...

Kaiser Permanente Colorado is the state's largest nonprofit health plan, working to improve the lives and health of all Coloradans for more than 45 years. We are also committed to our social mission and in 2015, proudly directed more than \$124 million to community benefit programs to improve the health of all Coloradans.

The future of health care requires innovation, efficiency and collaboration to be successful. Kaiser Permanente is proud to serve as an industry leader as we make Colorado a healthier place to live, work and play.

endocrinology, pain management, behavioral health, and laboratory services under one roof.

In Northern Colorado, Kaiser Permanente has directed over \$2,500,000 to local charities and organizations that work to improve our communities, a few of which include:

American Cancer Society

American Red Cross Boys & Girls Clubs of Larimer and Weld Counties Catholic Charities CASA Cities of Fort Collins, Greelev and Loveland Farmer's Markets Community Foundation of Northern Colorado (Flood Relief) Community Foundation of Weld County (Flood Relief) Food Bank of Larimer County Fort Collins Symphony – B Sharp Program Gardens on Spring Creek Global Refugee Center Greeley Transitional House Habitat for Humanity (Greeley, Fort Collins, Loveland) Health District of Larimer County Larimer County Dept. of Public Health Loveland Meals on Wheels Loveland Rotary Loveland Sculpture Show Lutheran Family Services McKee Medical Center Foundation Museum of Art - Fort Collins NCMC Foundation Northern Colorado Health Alliance Public Health Improvement Plan North Range Behavioral Health Pathways Hospice Partners Mentoring Youth Project Self Sufficiency Success Foundation Thompson Education Fund Thriving Schools (Greeley District 6, Thompson School district, and Poudre R-1) Thriving Schools Mini Grants (Kruse Elementary)

Touchstone Health Partners

Sunrise Community Health

Success Foundation

United Way of Larimer County United Way of Weld County

Walk & Wheel Grants (City of Fort Collins, Weld County, City of Greeley, CSU, Town of Milliken) Weld Food Bank



NO MASK, NO HOSE, NO NOISE. JUST SLEEP.

Kati Blocker UCHealth

UCHealth first in area to offer alternative treatment for sleep apnea

UCHealth is the first health system in Colorado and neighboring states to offer an alternative treatment option to people struggling to sleep.

Sleep apnea — a condition in which a person involuntary pauses or stops breathing when asleep ---affects about 18 million Americans, according to the National Sleep Foundation.

"When you don't sleep well and you're not rested, the effect on your awake time is pretty profound," said Dr. Mark Petrun, whose specialties include sleep medicine. "It affects your concentration, alertness, and ability to get things done."

Besides wreaking havoc on a person's daily life, sleep apnea has serious and life-shortening consequences, such as high blood pressure, heart disease and stroke, he added.

The most common treatment for sleep apnea — and until recently, the only option with a fairly high success rate — is the use of continuous positive airway pressure, or CPAP, while a person sleeps.

The CPAP machine supplies constant and steady air pressure through a hose and mask. Although the device is effective in treating sleep apnea more than 90 percent of the time, the number of people actually wearing

Inspire therapy helps open the airway by stimulating a nerve in the tongue using an implanted device that is turned on at night.

the device longer than four hours per night drops to about 60 percent. said Cindy Crosby, manager of UCHealth's Poudre Valley Hospital Sleep Disorder Center.

"Patients with apnea have to wear CPAP every night for the rest of their lives and they're asking us, 'What else can I do?' Oral appliances are effective in treating mild to moderate apnea but this [Inspire therapy] is the first alternative to CPAP that treats moderate to severe apnea and makes sense to people long term," she said.

Inspire therapy, recently approved by the FDA, provides a person relief without a mask or oral appliance, said Dr. Matthew Robertson, an otolaryngologist with Alpine Ear, Nose & Throat. In a 90-minute outpatient procedure, a small battery is implanted in the chest of the patient. From that device, a wire that senses the patient's natural breathing patterns is directed to a nerve in the tongue and another to the rib cage area. During inspiration, an electrical stimulus is delivered to the tongue which gives it tone and prevents it from falling backwards and obstructing the airway. The device is controlled by a small hand-held sleep remote that can turn on the device at night and off in the morning when the person is awake.

"This is an exciting cuttingedge treatment option for CPAP-intolerant, sleep apnea patients," Robertson said. "If [the patient] meets criteria, it will be a life-changing experience."

Potential patients go through a welldeveloped screening process, which includes a sleep study and druginduced sleep endoscopy, or DISE, before it's determined if Inspire is right for them.

Potential Inspire therapy patients also must have these qualifications:





Suffer from moderate to severe obstructive sleep apnea

(apnea-hypopnea index of 20-65)

Obstructive sleep apnea (OSA) is the most common type of sleep apnea and occurs because throat muscles intermittently relax and block the airway during sleep. The most common symptoms include snoring, gasping, or choking during sleep, frequent nighttime awakenings morning headaches, daytime sleepiness, irritability, and difficulty with focus or concentration.

In OSA patients, oxygen levels in the blood decrease because of this blockage. The brain senses this problem and arouses the body from sleep just long enough to open the airway. This cycle of obstructing and waking disrupts sleep. People with moderate OSA have 15-30 of these

Stimulation Lead Delivers mild stimulation to maintain multilevel airway patency during sleep

> Generator Monitors breathing patterns

Breathing Sensor Lead Senses breathing patterns

apnea events per hour throughout the night. (The apnea-hypopnea index is the number of recorded apneas or hypopneas per hour of sleep.) Inspire therapy studies report clients having a 68 percent reduction in such episodes.

"Inspire keeps the tissue from blocking the airway by delivering a mild stimulation to those muscles," Petrun said. "This gently moves the tongue and other soft tissues out of the way."

Unable to use or get consistent benefit from CPAP

Some patients can't tolerate CPAP for various reasons, such as claustrophobia or skin irritation from the mask, and though none of these problems cause serious harm to the patient, they often result in noncompliance with treatment.

"In order for them to benefit from

Model 3032 in spire in spire

Generator implant and external remote control

Obstruction at the tongue base

Here you can see what happens when a person suffers from Obstructive sleep apnea, the most common type of sleep apnea. OSA may be caused from the tongue relaxing and blocking air flow (shown) or the soft palate col-

lapsing and blocking air flow — or sometimes, both

CPAP, they have to wear it," Crosby said. "And even patients who do comply have reported that they don't necessarily feel more rested."

Not significantly overweight

Potential candidates must have a total body mass index of less than 32. The technology forces the tongue upward to allow for a clear airway. However, additional fatty tissue in the neck can affect results, Crosby said, adding that as technology advances that requirement could change.

Over the age of 22

Inspire therapy has only been tested on people older than 22, with the exception of children with Down syndrome. The company hopes to make it available in the future to a younger population, including those with Down syndrome who suffer from sleep apnea.

A doctor also will evaluate the

overall health of a potential candidate, as well as perform a physical examination of the airway to determine if Inspire therapy is the best alternative. Patients undergoing DISE receive a mild dose of anesthesia to induce sleep to the point at which obstruction-causing apnea can be evaluated.

"It's critical to ensure that the throat is closing in a way that will respond to the therapy. DISE gives us a visual map of the back of the throat," Crosby said.

UCHealth will preauthorize all qualification procedures up to this point with a patient's insurance company. If the patient is still a potential candidate for Inspire - 90 percent continue to be after DISE - Inspire then steps in to help the patient get preauthorization for the Inspire therapy treatment.

For more information visit uchealth. org/inspire or call 970.408.0581.

Health Care IN YOUR FUTURE Job Fair

The event is being co-sponsored by the Larimer County Workforce Center, Employment Services of Weld County and the Fort Collins Area Chamber of Comerce in conjuction with the Northern Colorado Health Sector Partnership.

> Tuesday, March 29, 2016 12:00 p.m. - 2:00 p.m Embassy Suites Conference Center • 4705 Clydesdale Parkway • Loveland, CO



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Hospitals - Northern Colorado

Rank	Hospital	No. of licensed beds	No. of employees	No. of inpatient discharges 2014
1	North Colorado Medical Center 1801 16th St. Greeley, CO 80631	378	1,600	11,963
2	Poudre Valley Hospital 1024 S. Lemay Ave. Fort Collins, CO 80524	231	3,756	13,404
3	Medical Center of the Rockies 2500 Rocky Mountain Ave. Loveland, CO 80538	166	N/A	9,681
4	McKee Medical Center 2000 N. Boise Ave. Loveland, CO 80538	115	505	4,353
5	Platte Valley Medical Center 1606 Prairie Center Parkway Brighton, CO 80601	98	627	3,085
6	Northern Colorado Rehabilitation Hospital 4401 Union St. Johnstown, CO 80534	40	150	929
7	Estes Park Medical Center 555 Prospect Ave. Estes Park, CO 80517	25	300	487
8	Banner Fort Collins Medical Center 4700 Lady Moon Dr. Fort Collins, CO 80528	22	136	N/A
9	Northern Colorado Long-Term Acute Hospital 4401A Union St. Johnstown, CO 80534	20	200	211

AS SEEN IN 2016 BIZWEST BOOK OF LISTS

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No. of outpatient visits 2014	Avg. length of stay (days) 2014	/ Phone Website	Person in charge Title Year founded
105,726	4	970-810-6002 www.bannerhealth.com/ncmc	Rick Sutton CEO, Banner Health Northern Colorado 1904
189,762	N/A	970-495-7000 www.uchealth.org	Kevin Unger President and CEO 1925
28,526	N/A	970-624-2500 www.uchealth.org	Kevin Unger CEO 2007
63,473	3	970-820-4640 www.bannerhealth.com	Rick Sutton CEO, Banner Health Northern Colorado 1976
70,631	3	303-498-1600 www.pvmc.org	John Hicks CEO/president 1960
5,361	14	970-619-3400 www.ncrh.ernesthealth.com	Mike Phillips Area Director 2005
N/A	3	970-586-2317 www.epmedcenter.com	Mark Gregson; Brian Herwig interim CEO; CEO 1975
N/A	N/A	970-229-4000 www.BannerHealth.com/FortCollins	Rick Sutton CEO, Banner Health Northern Colorado
N/A	25	970-619-3663 NCLTAH.ernesthealth.com	Mike Phillips Area Director of Operations 2007
			Researched by Chad Collins



AS SEEN IN BIZWEST VOLUME 34 | ISSUE 27 **DECEMBER 25, 2015**

EXPERTS MULL HOW TO SLOW SPIRALING HEALTH **CARE COSTS**

he Affordable Care Act was intend-ed to stem the tide of rising health-insurance costs, but premiums have continued to increase at alarming rates, posing challenges for businesses and consumers. BizWest spoke with Adela Flores-Brennan, executive director of the Colorado Consumer Health Initiative, and Clair Volk, owner of Longmont-based VolkBell, about what's causing the spikes.



Why do healthinsurance premiums continue to rise?

Adela Flores-Brennan: While we have made significant progress in getting people in Colorado covered through either Medicaid or private health insurance, health insurance premiums do, in fact, continue to increase. After Year One of health reform, the increase was very small, on average. This past year, depending on the health-insurance company and the area of the state, some increases were sizable. This past year was the first year post health reform that the insurance companies had the benefit of data based on their customers' insurance claims. For some carriers, those claims were very significant because they had a lot of sick customers or because their customer base represented a lot of pent-up demand (people who had previously been uninsured and putting off care). These factors

insurance increases in the very recent past, and while we can expect those factors to moderate in

the coming

explain

years, they will not necessarily completely prevent insurance rate increases. There are still many things about the health-care system that we need to address that ultimately impact consumer pocketbooks. For example, the way we pay for health care is on a fee-for-service basis that incentivizes the delivery of more care or services. There is a great deal of consolidation happening in the delivery system that increases negotiating power and can keep rates higher. The costs of prescription drugs are increasing. At the end of the day, there are still protections in place to help mitigate



VOLK

FLORES-BRENNAN

increases for customers: The Division of Insurance scrutinizes all proposed rate increases before they

the impact

of rate

are able to go into effect. The division can and does reduce proposed insurance rate increases. This process has saved Colorado consumers tens of millions of dollars.

The so-called 80/20 rules requires 80 cents of every health-care dollar to be spent on health care, thus reducing the amount of money that can be spent on administration. This rule has resulted in rebates to Coloradans.

Clair Volk: Health insurance premiums continue to rise because the Affordable Care Act has not addressed the biggest problem in the health-care industry: the cost of care. The Affordable Care Act

addressed the accessibility gap in the health-insurance industry, but until employers start focusing on the cost of the care its employees are receiving, premiums (and claims) will continue to rise.

Is the single-payer health-insurance system that **Coloradans will vote** on in 2016 fair to individuals when everyone will be taxed 10 percent of their wages to pay for it?

Adela Flores-Brennan: Our understanding is that the singlepayer health insurance proposal will be available to just about everyone in Colorado, and that is the reason for the tax. Some individuals will pay less than 10 percent because it will be administered as a payroll tax and the burden will be

divided between the employer and employee.

Clair Volk: First of all, this tax increase will be enormous, initially estimated at \$25 billion. As we have learned from other government programs this tax increase very likely will not be sufficient and will go up significantly to support the program. The biggest concern with the tax increase will be the impact to the employer community, which is the engine to the Colorado economy. How many will go out of business, reduce their number of employees or leave the state for a more friendly tax environment?

The state of Vermont proposed a single-payer model back in 2010. In addition to an 11.5 percent payroll tax, they also needed to increase income taxes. Even with all that, they could not project operating out of the red; thus, they scrapped the idea. As Gov. Peter Shumlin, who promised to implement this model if elected, noted from Vermont, "The potential economic disruption and risk would be too great for small business, working families and the state's economy."

Currently we have a choice of carriers (although not many, but better than just one) and we can choose a plan design that meets our individual needs. Neither of these are available with a single-payer model. We only have to go to Canada or the United Kingdom to get a glimpse of a singlepayer model. They are great if you are healthy, but not so good if you actually need care.

What are the two first steps that need to be taken to lower healthinsurance premiums?

Adela Flores-Brennan: There is no silver bullet on lowering healthinsurance premiums. One first step is increasing price transparency across the system so that we know what we are dealing with. The other is finding a way to pay for value (rather than fee for service) across all payers.

Clair Volk: I will give you three steps. Employers can curb, and even lower, the cost of health insurance premiums by implementing

programs to keep the healthy population well, ensuring those that do need care are receiving the appropriate treatments and proper diagnosis, and giving plan members access to the highest quality care at the best possible price.

Will building new hospitals in areas where existing hospitals don't run at full capacity increase or decrease cost of services for patients?

Adela Flores-Brennan: Creating more supply without a demand seems counterintuitive and expensive and might incentivize higher charges to pay for the construction or unoccupied beds.

Clair Volk: I see no scenario where another hospital in Boulder County will do anything but increase the cost. The cost to build a new facility will have to be paid by someone, those of us that pay insurance premiums

and/or those of us that pay taxes to fund Medicare and Medicaid. Our problem with health care today is we use more than we need, and when you get to the hospital the costs are hard to control. Most hospital systems are trying to figure out ways to engage with their community to improve the health of the population with the goal of reducing unnecessary hospitalizations. I'm not sure how adding new beds in a community helps achieve that goal.

Do you agree or disagree that there is unnecessary care being forced on unwitting patients, and tell us why?

Adela Flores-Brennan: I think there is an imbalance in information and knowledge between patients and providers, and the current system does not support full engagement of patients in a way that helps them understand all of their options or risks and which treatments have the highest degree of success or are the most cost effective.

Clair Volk: In many cases, there is too much unnecessary care being delivered. One reason is the way doctors and hospitals are paid. Currently most are paid a fee for service, which means the more procedures you do, or the more days in the hospital, the more they get paid. The United States provides more CT Scans, MRIs, bypass surgeries, etc., than any other country, yet we find ourselves in the middle of the pack when it comes to life expectancy. Some of the new payment models from the government and insurance carriers are changing this to incentivize the providers to reduce this unnecessary care.

Another reason for this is that for too long. those of us with regular insurance had little if any incentive to question the cost or need for the procedure being recommended. As long as someone else is paving the bill, why would I care what the total cost was? This is changing, however, with the advent of higher-deductible plans, which has given the consumer the incentive to now shop for best price and outcomes. It has also forced providers to now be more transparent with their costs and quality.

Doug Storum compiled this BizWest report.

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