



DENVER HEALTH
— est. 1860 —
FOR LIFE'S JOURNEY

REPORT TO THE CITY 2019

DenverHealth.org





TABLE OF CONTENTS

Letter from the CEO	3
Accolades	7
Financial Statements	13
Contract Reconciliation	17
Uncompensated Care	21
Denver Health Performance	
2019 Denver Health Regulatory Surveys.....	23
APPENDIX A	25
A-1 Patient Care Services.....	25
A-2 Emergency Medical Services.....	39
A-3 Public Health Services.....	43
A-4 Denver Community Addictions Rehabilitation and Evaluation Services.....	53
A-5 Substance Treatment Services.....	55
A-6 Medical Services for Arrestees, Pretrial Detainees and Inmates	57
A-7 Denver Health Medical Plan and City Employee Health Care Opinion Survey.....	61
A-8 Rocky Mountain Poison and Drug Consultation Services (RMPDCS).....	67
A-9 Clinical and Laboratory Services for the City's Department of Public Health & Environment.....	71
APPENDIX B	75
B-1 Center for Occupational Safety and Health (COSH) and Worker's Compensation Triage Line (OUCH).....	75
B-2 NurseLine Services.....	79
B-3 Acute and Chronic Health Care at Denver County Jail and Downtown Detention Center	81
B-6 Marijuana Public Health Impact Monitoring and Epidemiology	83
B-7 Miscellaneous Services for DDPHE	87
B-8 Miscellaneous Services for the Department of Public Safety.....	89
B-9 Miscellaneous Services, Other.....	93

SECTION 01
Letter from the CEO



Honorable Mayor Michael B. Hancock
City and County of Denver
1437 N. Bannock Street, Room 350
Denver, CO 80202

April 29, 2020

Dear Mayor Hancock,

I am pleased to provide to you the 2019 Denver Health and Hospital Authority Compliance with Operating Agreement Performance Report. We embraced the year at full speed to fulfill the health care needs of our rapidly growing city. Last year's unprecedented expansion has allowed Denver Health to serve the community like never before. As part of our commitment to the City and County of Denver, in October we opened the Downtown Urgent Care to provide same-day, walk-in medical evaluation and treatment for the hundreds of thousands who live, work and attend school in the downtown area. The modern facility also provides a convenient urgent care option for the nearly one million visitors and business travelers that downtown Denver welcomes every year. In addition, we opened three new clinics throughout the metro area to provide essential care for underserved students, families and adults. In June, we opened the Rose Anom Health Center, providing primary and women's care to individuals and families combatting domestic violence. In July, we opened the Chanda Center for Health to provide primary care for adults with lifelong disabilities in a space tailored to their needs. In September, we opened our 18th school-based health center, offering medical, behavioral health, and dental care to more than 2,600 students at East High School. Last school year, we provided care to 11,740 school based health center students in 54,541 visits – all at no cost to students or their families. We served more than 175,000 patients in our nine Federally Qualified Health Centers, which included more than 600,000 visits – a three percent increase over 2018.

We're months away from opening the 293,000 square foot Outpatient Medical Center (OMC). The seven floor center on Bannock and 7th will bring dozens of specialty care services under one roof, increasing our capacity for patients and expanding our services. Construction of the OMC is 85-percent finished, thanks to the overwhelming support of voters who approved \$75 million in funding for the General Obligation Bond in 2017. We are extremely grateful the city put its trust in us to deliver a state-of-the-art facility for the people of Denver. Our reach will grow again in 2020, when we open Sloan's Lake Primary Care Center. In partnership with the Denver Housing Authority (DHA), Denver Health will provide care in a shared space with an assisted senior housing facility. DHA and Denver Health are working together on plans to convert an old administrative building near Speer and Broadway into transitional, senior housing. The units will house Denver Health patients who are experiencing homelessness and those who are too frail to go home from the hospital. We do our best work when we're focused on our community's needs and hopes. When our community succeeds, we succeed.

In 2019, we also raised the bar for inpatient care. A new, more collaborative approach between patients and members of their care teams enabled us to decrease the lengths of hospital stays in 2019 by 11-percent. The improvement allowed us to double our capacity for those who need care in the inpatient psychiatric unit. We created a 24/7 rapid response team of highly trained health care providers to respond to hospitalized patients showing early signs of clinical deterioration. Our commitment to safety is paramount – and the numbers prove it. We ended the year with a 13-percent decrease in adverse hospital events, such as falls and preventable infection. We reduced the number of central line associated blood stream infections by 55-percent. We brought down hospital-acquired clostridioides difficile infections by 40-percent. The overall decrease marks four consecutive years of reductions. We're also improving our patients' experience. In last year's national patient satisfaction surveys, Denver Health's inpatient experience scores jumped significantly in doctor courtesy and respect, nurse courtesy and respect, and doctor communication.

Last year, our dedicated staff successfully provided services to one-third of Denver's adults and children. As a mission-driven hospital that serves the uninsured and underinsured, we provided nearly \$300 million of uncompensated care to the people of Denver. We are proud to provide high quality,



cost effective care to all. At Denver Health, we strive every day to make a meaningful difference in our community through the medical care we provide, the support we offer families in crisis, and the outreach and education we deliver. In its first full year, our Center for Addiction Medicine became a leader in outreach against the opioid epidemic. In September, Denver Health hosted a march to raise awareness on drug overdose deaths. In our new Treatment on Demand program, therapists approach patients in the Emergency Department who misuse opioids and encourage them to begin next day, immediate treatment. At Denver Health, there is no wrong door to get help with substance abuse – a disorder that often goes untreated. We’re working to bridge the gap by developing a video telehealth substance abuse treatment program through a \$1.5 million federal grant.

As an academic medical center, with affiliations with the University Of Colorado School Of Medicine, Denver Health continued to advance its research and educational missions. We developed a five-year Education Strategic Plan to guide us in transforming education to advance health equity in our community, and we created an Emergency Psychiatry Fellowship designed to train physician leaders in the subspecialty of emergency psychiatry. Denver Health also continued to build its strength in research, with work on numerous studies, and with a commitment to building capability. We were recognized as a Learning Health System by the Agency for Healthcare Research and Quality; we supported junior investigators in a pilot study funding program, and developed research career paths for research staff. An \$11 million grant received in 2019 from the National Institutes of Health is funding cutting-edge research in trauma medicine that will help us to continue saving lives.

With staff and accomplishments like these, I feel immensely privileged to lead this exceptional safety net health care system and look forward to the new milestones ahead.

Sincerely,

Robin D. Wittenstein, Ed.D., FACHE

SECTION 02

Accolades



2019 MILESTONES



We opened the new Downtown Urgent Care at 1545 California Street, expanding our service and meeting the needs of a growing population.



We uncovered the five values that best exemplify Denver Health – Excellence, Compassion, Relentlessness, Stewardship and Learning – and presented awards to staff who live these values every day.



Hospital staff and construction workers joined VIPs to place the final steel beam on the new Outpatient Medical Center. The seven-story building is now three-quarters finished.



We began offering primary and women's care at the Rose Andom Center, a facility dedicated to combating domestic violence, and we opened a new school based health center at East High School.



In school year 2018-19, we provided medical care to 11,740 school based health center students in 27,856 medical visits, 19,553 mental health care visits, 5,491 health education visits and 1,641 dental care visits.



We partnered with the Denver Housing Authority and St. Anthony's Hospital to acquire space in an assisted senior housing facility to house the Sloan's Lake Primary Care Center, which will open next year.



In a collaboration with our Directors of Service and Chief Medical Officer, we solicited and have funded a series of pilot projects intended to help address barriers to provider well-being.



We increased Elevate Exchange health insurance membership by 20 percent, while increasing Medicare Advantage membership by five percent, opening up Adams and Jefferson counties for new members.



We opened a part-time clinic in Lakewood in a new building run by the Chanda Plan, a resource center for adults with spinal cord injuries.



We got national media attention for our plans to provide housing in the vacant building at 655 Broadway for patients who are homeless or too frail to go home.



Across ambulatory care, we are on track to serve more than 175,000 patients this year in our Federally Qualified Health Centers. That includes more than 600,000 visits, representing a three percent increase over 2018.



We signed a collaboration agreement with Children's Hospital Colorado as a way of strengthening our partnership and mutual commitment to the care of Denver's children.



We transported and treated two Denver police officers who were shot during an incident at 6th Avenue and Inca Street. Two of our paramedics later received awards for pulling the officers to safety.



We announced the new Treatment on Demand program for opioid addiction. Program therapists approach persons in the Emergency Department who misuse opioids and encourage them to begin next day immediate treatment.



Denver Public Health has been battling a major hepatitis A outbreak that appeared in the homeless population and city jail. In collaboration with other city agencies, we coordinated 6,667 free vaccinations to those in need, via an outreach program.



The Public Health team published a report on youth gun violence that gained national attention and helped develop the momentum for a city-wide plan to prevent youth violence.



Rocky Mountain Poison & Drug Safety published 67 scientific papers and presented more than 60 scientific abstract poster or oral presentations at national and international conferences.



We introduced our new branding and marketing campaign, which highlights the connection between Denver Health and the City of Denver.



Our Center for Addiction Medicine was in the spotlight as more than 100 staff, supporters and family members of those who have died of drug overdoses, marched through the city to mark Overdose Awareness Day.



The LOS Index (actual length of stay divided by expected length of stay) decreased from an average of 1.19 (January – June 2019) to 1.06 (July – November 2019), allowing us to double the number of patients able to be treated in the inpatient psychiatric unit.



We created a 24/7 rapid response team of highly trained health care providers to respond to hospitalized patients showing early signs of clinical deterioration.



During January to September, 334 Denver Health nurses were nominated for the DAISY Award for Extraordinary Nurses. Eight are selected annually as honorees.



We reduced Clostridium difficile infections by 61 percent, going from 57 infections last year to 22 so far this year.



As part of the HCAHPS survey, this year our score for doctor communication with patients increased to the 62nd percentile, up last year from the 45th percentile in comparison with other US hospitals (the 99th percentile would be the highest score possible).



We renewed our \$65 million operating agreement with the City and County of Denver.



This year, we expect to meet or exceed our financial operating target of \$10.8 million, allowing for reinvestment in the organization, with funds for capital projects and equipment.



Staff did an excellent job at this year's Joint Commission survey in Ambulatory Care Services, demonstrating professionalism and dedication to safety and quality.



We received \$2.3 million of "meaningful use revenue" from the federal government for successfully utilizing our electronic health record.



Net patient service revenue increased \$19 million in 2019, with growth from commercial payers, an 18 percent increase in self-pay collections and a 25 percent increase in point of service collections.



In research, we funded 13 junior investigators since the launch of the Pilot Study Funding Program and created the first research dashboard to track funding success, dollars received and proposals submitted.



Dr. Patricia Braun, Professor of Pediatrics, received a \$6.38 million Health Resources and Services Administration grant to prevent dental disease by integrating dental and medical care across Arizona, Colorado, Idaho and Wyoming over the next five years.



We awarded scholarships to three Denver Health employees pursuing undergraduate degrees in nursing, and we created an Emergency Psychiatry Fellowship designed to train physician leaders in the subspecialty of emergency psychiatry.



In 2019, we accomplished a 49 percent improvement in staff participation in Target Zero's e-learning modules, exceeding the goal of 20 percent over 2018.



The Denver Health Foundation held its annual NightShine Gala fundraiser where world-famous, Denver-based band Nathaniel Rateliff & The Night Sweats, entertained guests.



We began the rollout of Compass, a new online human resource, supply chain and finance system to make day-to-day administrative tasks easier and quicker.



We've completed a five-year strategic plan for education, laying out a vision and direction for the continued development of this important part of our mission.



Investing in our people, we have launched our new leadership development program, set up a new recruitment model and expanded our employee benefits program.



2019 RECOGNITION

Denver Health's Level 1 Trauma Center has one of the highest survival rates in the country. Denver Health and the CU School of Medicine received an \$11 million grant from the **National Institutes of Health** to study complications related to blood coagulation and inflammation in patients with severe traumatic injuries. The prestigious five-year grant recognizes Denver Health's leadership in the field of trauma medicine and funds cutting-edge research to continue saving lives.

In our 160 years, Denver Health has evolved from a small city hospital into a comprehensive health system serving more than 25 percent of Denver's population. Our culture of growing and learning drew national attention when the Agency for Healthcare Research and Quality recognized us for our commitment to being a **Learning Health System** (LHS). That means, many patient care decisions at Denver Health are made based on data. As a result, patients get higher quality, safer and more efficient care. Denver Health is also recognized as one of the better places for employees to work.

The experts at Denver Health's **Center for Addiction Medicine** are on the forefront of the fight against opioid abuse. **Jean Thomas**, a physician assistant, received national recognition for her work in opioid medication-assisted therapy. Thomas presented a model for universal access to the treatment at the Academy of Consultation-Liaison Psychiatry annual meeting. **Dr. Dayan Colon Sanchez**, director of Outpatient Addiction Services, co-authored the study.

The Health Resources and Services Administration awarded Denver Health with grants totaling more than \$1.5 million to develop a video telehealth substance abuse treatment program. Under the direction of **Dr. Chris Sheldon** and **Dr. Jennifer Peraza**, staff members and trainees are working to expand substance abuse treatment in correctional care, integrated primary care, neuropsychology and the Substance Abuse Treatment Education & Prevention (STEP) program for youth.

Pregnant women across Colorado have better access to dental care, thanks in large part to **Denver Health**. We helped convince lawmakers to pass a bill that allows expectant mothers to receive dental care under the state's low-cost health insurance program for children. The coverage provides exams and x-rays, cleanings, fillings, and root canals for the 18-percent of pregnant moms who can't afford dental care but don't qualify for Medicaid. Dental care for pregnant women reduces the likelihood of premature birth and childhood tooth decay. We also improved access to dental care for teenage mothers. Florence Crittenton High School students who are pregnant or who have children can now receive dental services at the onsite school-based health center. The dental care is in addition to the center's gynecological and pediatric services we provide for students and their children.

The **Westside Pediatrics** team is helping kids prevent obesity through a \$650,000 grant from the Patient Centered Outcomes Research Institute. The new childhood weight management program, Connect4Health, encourages healthy habits. Parents receive text messages with tips on exercise, food choices and health goals.

The **American Heart Association** acknowledged Denver Health with gold-level status in our care of patients with heart failure. The national recognition means we adhere to the association's evidence-based guidelines in improving outcomes for patients with cardiovascular disease.

Denver Health is a national leader in managing kidney, bladder, urethral and genital trauma. **Dr. Fernando Kim**, chief of urology, received the 2019 Presidential Citation from the **American Urological Association**. The honor recognized Dr. Kim for advancements in robotic surgery and building relationships with Brazilian and Portuguese urology professionals.

Denver Health received an 'A' grade from Leapfrog Group, the leading national hospital safety rating organization. The designation recognizes us in meeting the **highest safety standards** in the United States.



2019 AWARDS AND HONORS

Part of our mission is to provide care for everyone, without regard to race, gender, socioeconomic or citizenship status or ability to pay. **Dr. Lilia Cervantes**, a Denver Health researcher and hospitalist, received the 2019 CU Anschutz **Florence Rena Sabin Award** for her outstanding accomplishments in health care equity. Dr. Cervantes has dedicated her life to promoting social justice, equity and creation of a diverse healthcare workforce, as well as conducting research to improve patient-centered and clinical outcomes among documented and undocumented Latinos on dialysis.

The Colorado Department of Public Health and Environment recognized our Eastside and Westside family health centers as **Prenatal and Oral Health Champions**. The accolades highlight the women's care and dental team collaboration to improve oral health in pregnant women. Good oral health in expectant mothers helps to prevent cavities in their children and lowers chances of premature and low-weight birth due to gum disease. We're expanding our Dentistry Services with a \$300,000 grant from the Health Resources and Services Administration. The grant will contribute to a new pediatric dental residency program and renovations to the **Webb Dental Clinic**. The expansion will increase capacity, create a child-friendly space and provide pediatric equipment to help us care for more underserved children.

Denver Health received platinum status from the **Colorado Department of Public Health and Environment** for improving nutrition for patients, visitors and employees. We're one of only four hospitals statewide to achieve the highest Colorado Healthy Hospital Compact designation. Denver Health was also acknowledged as a Health Links Champion of Innovation for being one of the state's healthiest places to work.

Denver Health is one of only four hospitals statewide to achieve the highest **Colorado Healthy Hospital Compact** designation. Denver Health was also acknowledged as a Health Links Champion of Innovation for being one of the state's healthiest places to work.

We're internationally recognized for the support we provide to breastfeeding mothers. Denver Health's **Lactation Services** received this year's **International Board Certified Lactation Consultant Care Award**. Our certified lactation consultants and counselors offer guidance and classes to expectant moms, support breastfeeding after delivery and give ongoing education.

Fifty Denver Health physicians made the 2019 list of **Top Doctors** in Denver. 5280 magazine polled providers throughout the city, asking which doctors they would trust most in their own health care. **Dr. Mauricio Palau**, **Dr. Ana Flores** and **Dr. Carol Okada** were among the many Denver Health physicians pulling in top votes.

Eight Denver Health nurses were honored for the compassionate care they give to our patients every day. This year's international **DAISY Awards** recognized the extraordinary difference they make by demonstrating love, courage and honor in their work.

Dr. Sarah Anderson, a clinical pharmacy specialist at Denver Health, was recognized by industry publication Pharmacy Times as **2019 Health System Pharmacist**. The award salutes pharmacy leaders who embody the innovation, inspiration, and future vision of the profession. The **Colorado Health Service Corps** recognized ambulatory clinical pharmacy specialists **Josh Gannon** and **Adrian Boka** for their outstanding leadership, collaboration and service in health care.

Herminia Arambula, a Denver Health patient care navigator, received the **Outstanding Advocate Award** from the **Colorado Cancer Coalition**. A respected pioneer in cancer patient advocacy, Mrs. Arambula joined Denver Health in 2006 as one of the state's original patient navigators. She demonstrates her compassion every day in helping some of the most vulnerable men and women learn the importance of cancer screening.

SECTION 03
Financial Statements



DENVER HEALTH AND HOSPITAL AUTHORITY

Statements of Net Position
December 31, 2019 and 2018

Assets and Deferred Outflows of Resources

	2019	2018
Current Assets		
Cash and cash equivalents	\$ 63,293,839	\$ 25,865,307
Restricted cash and cash equivalents	\$ -	1,089
Short term investments	\$ 4,049,520	22,540,609
Patient accounts receivable, net of estimated uncollectibles of approximately \$35,900,000 and \$36,100,000 in 2019 and 2018, respectively	\$ 72,159,383	53,311,297
Due from other governmental entities	\$ 24,273,986	27,804,281
Due from City and County of Denver	\$ 14,253,548	7,938,431
Other receivables	\$ 16,832,316	19,393,509
Interest receivable	\$ 1,942,134	2,537,603
Due from and investment in discretely presented component units	\$ 13,907,053	7,435,234
Inventories	\$ 12,620,104	11,398,356
Prepaid expenses and other assets	\$ 15,176,070	13,741,109
Total current assets	\$ 238,507,953	191,966,825
Noncurrent Assets		
Notes receivable	\$ 15,432,000	15,432,000
Estimated third-party payor settlements receivable	\$ 2,780,383	4,060,881
Equity interest in joint venture	\$ 1,961,633	1,228,300
Restricted investments	\$ 50,887,939	53,186,009
Capital assets, net of accumulated depreciation	\$ 608,215,355	517,011,913
Long-term investments	\$ 280,266,904	313,657,174
Board designated investments	\$ 16,400,000	14,100,000
Other long-term assets	\$ 1,614,354	2,582,946
Total noncurrent assets	\$ 977,558,568	921,259,223
Total assets	\$ 1,216,066,521	1,113,226,048
Deferred Outflows of Resources		
Accumulated change in fair value of hedging derivatives	\$ -	10,001,023
Deferred outflows of resources related to pension benefits	\$ 22,816,240	19,921,541
Deferred outflows of resources related to Other Post Employment Benefits	\$ 1,598,213	1,499,180
Deferred outflow - Acquisitions	\$ 157,667	243,667
Loss on refunding of debt	\$ 18,325,048	3,811,775
Total deferred outflows of resources	\$ 42,897,168	35,477,186
Total assets and deferred outflows of resources	\$ 1,258,963,689	\$ 1,148,703,234

SOURCE: Denver Health and Hospital Authority Audit Report, March 27, 2020. In order to accurately interpret these statements, they should be read in conjunction with the notes that accompany the audited financial statements, available upon request



DENVER HEALTH AND HOSPITAL AUTHORITY

Statements of Net Position
December 31, 2019 and 2018

Liabilities, Deferred Inflows of Resources and Net Position

	\$	2,019	2018
Current Liabilities			
Current maturities of bonds payable	\$	14,036,927	10,797,845
Current maturities of capital leases	\$	174,564	428,003
Current maturities of notes payable	\$	3,665,609	4,581,197
Current maturities of Program support liability	\$	8,592,000	6,960,000
Medical malpractice liability	\$	6,591,279	5,036,063
Accounts payable and accrued expenses	\$	50,270,550	67,713,351
Accrued salaries, wages and employee benefits	\$	28,396,605	25,190,937
Accrued compensated absences	\$	29,461,535	27,974,852
Postemployment benefits	\$	17,599,733	-
Unearned revenue	\$	25,539,591	23,736,406
Derivative interest rate swap liability	\$	-	1,075,643
Accrued claims	\$	3,000	2,144,000
		<hr/>	<hr/>
Total current liabilities	\$	184,331,393	175,638,297
Long-term Liabilities			
Long-term portion of liability for estimated third-party settlements	\$	21,812,696	18,734,258
Long-term portion of compensated absences	\$	114,890	136,581
Bonds payable, less current maturities	\$	308,142,655	258,349,225
Capital lease obligations, less current maturities	\$	-	-
Notes payable	\$	46,605,068	96,465,696
Derivative interest rate swap liability	\$	-	8,925,380
Program support liability	\$	11,823,587	22,047,755
Net pension liability	\$	115,717,505	105,588,100
Postemployment benefits	\$	5,959,778	23,294,540
		<hr/>	<hr/>
Total long-term liabilities	\$	510,176,179	533,541,535
		<hr/>	<hr/>
Total liabilities	\$	694,507,572	709,179,832
Deferred Inflows of Resources			
Deferred inflows of resources related to pension benefits	\$	14,878,212	17,701,465
DEFERRED INFLOW RELATED TO OPEB	\$	1,371,114	781,380
		<hr/>	<hr/>
Total liabilities and deferred inflows of resources	\$	710,756,898	727,662,677
Net Position			
Net investment in capital assets	\$	253,282,408	171,472,396
Unrestricted	\$	294,924,383	249,568,161
		<hr/>	<hr/>
Total net position	\$	548,206,791	421,040,557
		<hr/>	<hr/>
Total liabilities, deferred inflows of resource and net position	\$	<u>1,258,963,689</u>	<u>\$ 1,148,703,234</u>

SOURCE: Denver Health and Hospital Authority Audit Report, March 27, 2020. In order to accurately interpret these statements, they should be read in conjunction with the notes that accompany the audited financial statements, available upon request



DENVER HEALTH AND HOSPITAL AUTHORITY
Statements of Revenues, Expenses, and Changes in Net Position
Years ended December 31, 2019 and 2018

	2019	2018
Operating Revenues		
Net patient service revenue	\$ 775,098,368	\$ 644,397,553
Capitation earned net of reinsurance expense	14,150,174	136,653,112
Medicaid disproportionate share and other safety net reimbursement	125,955,648	148,941,660
City and County of Denver payment for patient care services	30,777,300	30,777,300
Federal, state and other grants	68,170,544	64,114,406
City and County of Denver purchased services	29,985,490	25,188,290
Poison and drug center contracts	23,587,670	25,349,639
Other operating revenue	44,163,185	44,032,947
	<hr/>	<hr/>
Total operating revenues	1,111,888,379	1,119,454,907
Operating Expenses		
Salaries and benefits	681,038,029	647,029,411
Contracted services and nonmedical supplies	197,282,805	190,460,688
Medical supplies and pharmaceuticals	133,164,071	132,390,682
Managed care outside provider claims	(425,033)	38,830,457
Depreciation and amortization	47,045,062	54,487,664
	<hr/>	<hr/>
Total operating expenses	1,058,104,934	1,063,198,902
Operating income	53,783,445	56,256,005
Nonoperating Revenues (Expenses)		
Increase in equity in joint venture	20,000	2,800
Bond issuance costs	(1,372,732)	(588,564)
Gain on Early Extinguishment of Debt	-	-
Distribution from discretely presented component unit	-	-
Interest income	12,831,539	11,470,391
Interest expense	(15,829,395)	(15,200,176)
Gain (Loss) on Forgiveness of Note Payable/Receivable	-	-
Gain (Loss) on Dissolution of Pav M Inc	-	-
Net increase (decrease) in fair value of investments	18,688,943	(14,424,574)
Gain on disposition of capital assets	-	10,572
	<hr/>	<hr/>
Total nonoperating revenues (expenses)	14,338,355	(18,729,551)
Income before capital contributions	68,121,800	37,526,454
Contributions Restricted for Capital Assets	59,044,434	25,115,272
	<hr/>	<hr/>
Increase in net position	127,166,234	62,641,726
Total Net Position, Beginning of Year as Previously Reported	421,040,557	371,983,330
Adjustment for adoption of new accounting standard (Note 14)	-	(13,584,499)
Total Net Position, Beginning of Year	421,040,557	358,398,831
	<hr/>	<hr/>
Total Net Position, End of Year	\$ 548,206,791	\$ 421,040,557
	<hr/>	<hr/>

SOURCE: Denver Health and Hospital Authority Audit Report, March 27, 2020. In order to accurately interpret these statements, they should be read in conjunction with the notes that accompany the audited financial statements, available upon request

SECTION 04
Contract Reconciliation



March 17, 2020

To: Peg Burnette, Chief Financial Officer, DHHA
From: Meggan Parezo, Contracts & Grants Manager, Denver Public Health & Environment
Subject: 2019 Denver Health Operating Agreement Contract Fiscal Close

Regarding the services outlined in the 2019 Operating Agreement provided by Denver Health and Hospital Authority (DHHA) to the City and County of Denver, we agree that expenses for 2019 exceeded the initial forecasts outlined in the Operating Agreement. Any budget shortfall realized by a specific section of the Operating Agreement was absorbed within the larger City appropriation it was budgeted within. Therefore, 2019 is closed without the need for a contract budget amendment. Please see Exhibit A for a breakdown of the variance by appendix.

Per recent audit recommendations, DHHA and the City agree that this memo and the Exhibit A will be included in DHHA's 2019 annual report to the City.

This memo concludes the Operating Agreement fiscal year 2019 close out. The City deeply appreciates DHHA's partnership in serving Denver's most vulnerable populations, and your partnership in financial management and reporting.

Meggan Parezo
Contracts & Grants Manager
Denver Department of Public Health and Environment



Exhibit A: 2019 Operating Agreement Contract Budget Variance by Appendix

Appendix	Description	2019 Final Approved Payment	2019 Type of Payment	2019 Final	Surplus/(Deficit)
A-1	Medically Indigent	\$ 30,777,300	Flat	\$ 30,777,300	\$ -
A-2	EMS Training	\$ 631,003	Actual Cost	\$ 634,019	\$ (3,016)
	EMRS Oversight	\$ 82,438	Flat	\$ 82,438	\$ -
	Englewood EMS Services	\$ 1,114,582	Flat	\$ 1,114,582	\$ -
	EMS – Emergency Services Patrol	\$ 642,103	Flat	\$ 642,103	\$ -
	EMS at DIA	\$ 3,238,284	Actual Cost	\$ 2,977,683	\$ 260,601
	Medical Direction consolidated services (DPD/DFD)	\$ 121,392	Flat	\$ 121,392	\$ -
	Medical Direction and QA/QI Services for Call Takers	\$ 100,427	Flat	\$ 100,427	\$ -
A-3	Public Health	\$ 2,207,837	Actual Cost	\$ 2,253,585	\$ (45,748)
A-4	Denver CARES	\$ 2,484,849	Actual Cost	\$ 2,364,917	\$ 119,932
A-5	Substance Treatment Services	\$ 18,437	Flat	\$ 18,437	\$ -
A-6	Prisoner Care	\$ 4,375,000	Actual Cost	\$ 5,831,781	\$ (1,456,781)
A-8	Poison Center	\$ 96,900	Flat	\$ 96,900	\$ -
A-9	Lab Services for DDPHE	\$ 25,000	Actual Cost	\$ 19,065	\$ 5,935
B-1	COSH and OUCH Line	\$ 330,000	Actual Cost	\$ 507,130	\$ (177,130)
B-2	NurseLine Services	\$ 60,000	Actual Cost	\$ 60,000	\$ -
B-3	Jail Medical	\$ 14,469,957	Actual Cost	\$ 14,660,861	\$ (190,904)
B-6	Marijuana Research	\$ 150,914	Flat	\$ 103,741	\$ 47,173
B-7	South Westside Clinic	\$ 1,200,000	Flat	\$ 1,200,000	\$ -
B-7	OME Relocation	\$ 1,645,080	Flat	\$ 1,645,080	\$ -
B-7	Park Hill	\$ 160,359	Flat	\$ 32,546	\$ 127,813
B-8	SANE	\$ 188,000	Fee For Service	\$ 182,265	\$ 5,735
B-8	DUI Blood Draws	\$ 8,000	Fee For Service	\$ 12,702	\$ (4,702)
B-8	At-Risk Intervention & Mentoring (AIM)	\$ 163,993	Flat	\$ 163,993	\$ -
B-8	Pharmaceuticals and CPR Mannequins	\$ 34,030	Flat	\$ 34,030	\$ -
B-8	Heartsaver® Training	\$ -	Fee For Service	\$ -	\$ -
B-8	Tactical Casualty Care Training	\$ -	Fee For Service	\$ -	\$ -
B-8	Psychological Fit for Duty Examinations	\$ -		\$ -	\$ -
B-9	Competency Exams	\$ 150,000	Fee For Service	\$ 188,475	\$ (38,475)
B-9	Expert Witness	\$ 40,000	Fee For Service	\$ -	\$ 40,000
B-9	Non-Intra Familial Abuse Services	\$ 5,000	Actual Cost	\$ -	\$ 5,000



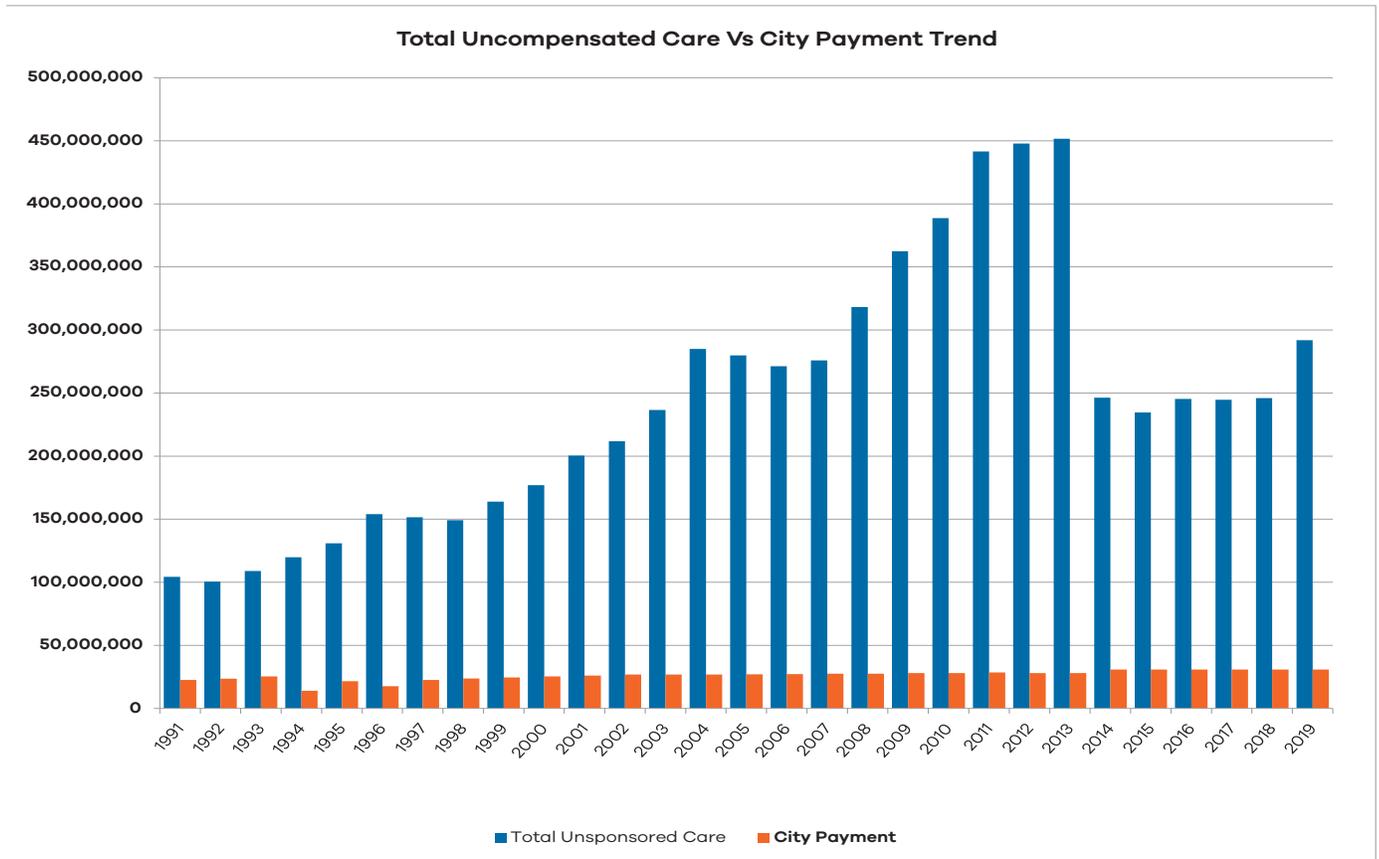
Appendix	Description	2019 Final Approved Payment	2019 Type of Payment	2019 Final	Surplus/(Deficit)
	OME Relocation	\$ 1,645,080	Flat	\$ 1,645,080	\$ -
			Contract Maximum	\$ 64,520,885	
			Total 2019 Expenditures	\$ 65,791,422	
			Difference	\$ (1,270,537)	

SECTION 05

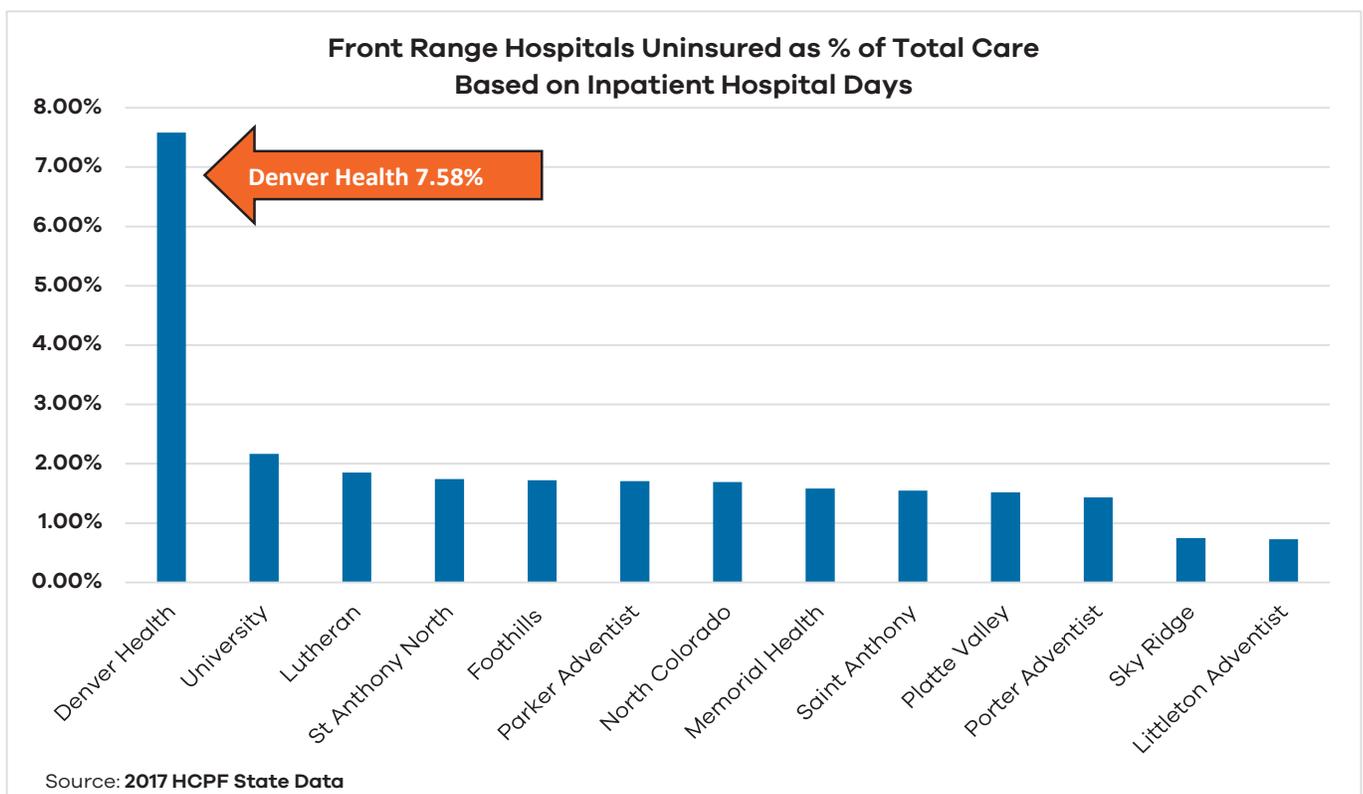
Uncompensated Care



Since becoming an Authority, Denver Health has been supported by an annual, fixed City Payment that offsets a portion of the variable Total Uncompensated Care delivered each year.



The most current data available from Colorado Department of Health Care Policy and Financing (HCPF) shows that Denver Health's % of Total Care for Uninsured is more than three times greater than other Front Range hospitals.



SECTION 06
Denver Health Performance



Article V

5.1 Annual Report of the Denver Health Hospital Authority to the City

The Authority shall deliver a written annual report to the City within six months of the end of its Fiscal Year, commencing with Fiscal Year 1998, which report shall include:

A. The latest financial statements of the Authority which have been audited by an independent auditing firm selected by the Authority.

Response:

Criteria met. The Authority has provided the City with the appropriate financial statements which have been audited by an independent auditing firm. The 2019 financial statements are presented in Section 03 of this report.

B. An executive summary of the results of all regulatory and accreditation surveys with respect to the Authority which have been completed during such last Fiscal Year.

Response:

Criteria met. A summary of the results of all regulatory and accreditation surveys with respect to the Authority is presented in Section 07 of this report.

C. A report of the disposition of all matters regarding the Authority that have been referred to the Liaison by the Mayor or any member of City Council during such Fiscal Year.

Response:

Criteria met. All matters have been promptly resolved by the Liaison, Jacqueline Zheleznyak.

SECTION 07
A-1 Patient Care Services



Appendix A-1 Patient Care Services.

1.5 Performance Criteria

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

Response:

The Authority respectfully submits the 2019 Denver Health and Hospital Authority compliance with Operating Agreement performance report dated April 27, 2020 for consideration.

G. Performance Criteria Table - Clinical (I-W numbering follows the Authority's annual report).

The format for 2019 reporting has changed to incorporate improvements in visualization of performance to goal for the year just ended as well as the two previous Fiscal years, where applicable. For performance criteria without goals or targets, a trend line is provided, where applicable.

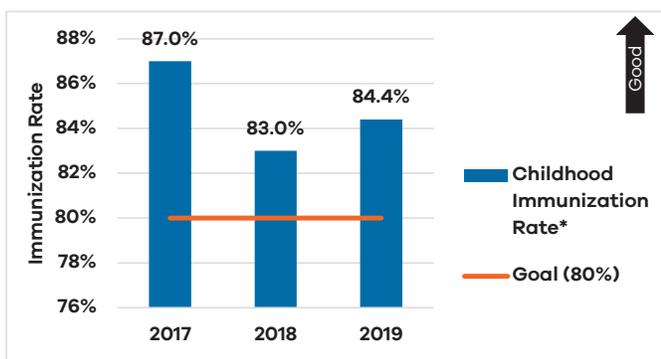
For all criteria, active patients are defined as empaneled patients who have had a Primary Care visit in the past 18 months.

1.5I Childhood Immunization Rate

Goal: At least 80% of patients who have their third birthday in the measurement year, initiated care prior to their second birthday, and are active patients will have received four DPT, three polio, on MMR, three Hib, three Hepatitis B, one Varicella, and four Pneumococcal immunizations (following guidelines of the CDC Advisory Committee on Immunization Practices).

Response:

Criteria met.

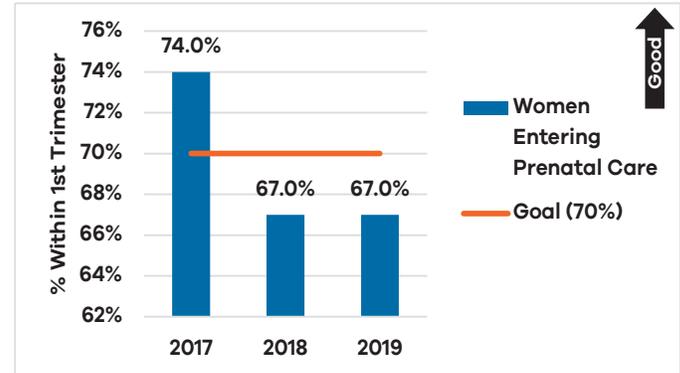


1.5J Percent Women Entering Prenatal Care

Goal: At least 70% of women will begin care within the 1st trimester.

Response:

Criteria not met.



Variance Explanation:

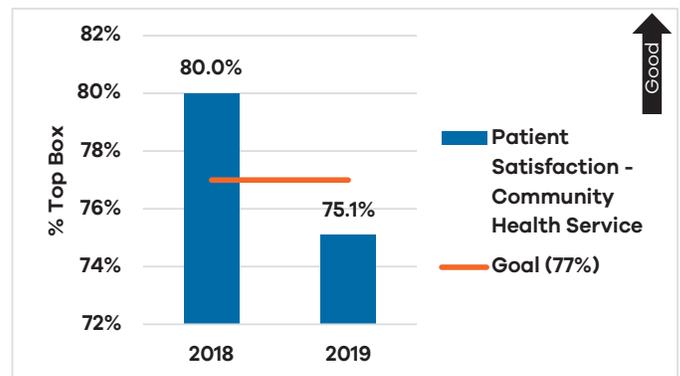
The lack of improvement continues to be a combination of appropriate documentation and availability of clinic appointments. There was a delay in developing and implementing the computerized visit templates for the providers. Additionally, there were insufficient prenatal intake visits available to patients. The current interventions are creating more prenatal intake visits and converting positive pregnancy test visits to Prenatal intake visits.

1.5L Patient Satisfaction

Goal - Community Health Service: 77% of patients seen in primary care clinics will respond with a 9 or a 10 ("top box") for "Overall provider rating."

Response:

Criteria not met.



Variance Explanation:

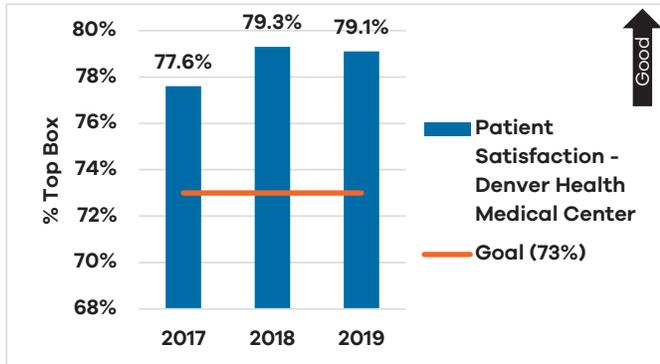
Plan being implemented for expanded communication training for clinic staff and providers and improved data dissemination and accountability for reaching goals.



Goal - Denver Health Medical Center: 73% of hospitalized patients will respond with a 9 or a 10 (“top box”) for overall patient satisfaction.

Response:

Criteria met.

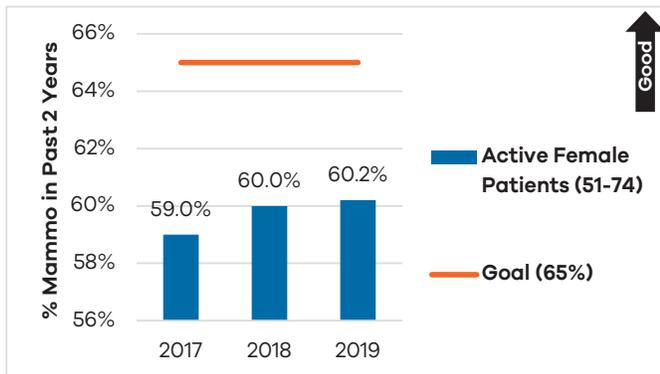


1.5M Breast Cancer Screening

Goal: 65% of active female patients age 51 to 74 years will have a mammogram in the past 2 years.

Response:

Criteria not met.



Variance Explanation:

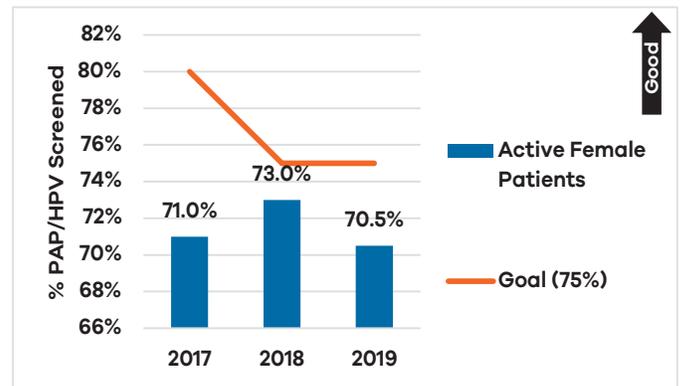
The main factor contributing to the performance in breast cancer screening was timely access to mammography. This was attributed to the mobile mammography unit being out of service due to frequent maintenance issues as well as lack of access to screening mammography on campus. In 2020, we are working to create more appointments slots for mammography and filling vacant positions. We also purchased a new mobile mammography unit; expected delivery in early 2020 has been delayed due to COVID-19 vendor factory shutdown.

1.5N Cervical Cancer Screening

Goal: 75% of active female patients age 24-64, will have had a PAP test in the past three years or a PAP+HPV in the past 5 years (age 30-64).

Response:

Criteria not met.



Variance Explanation:

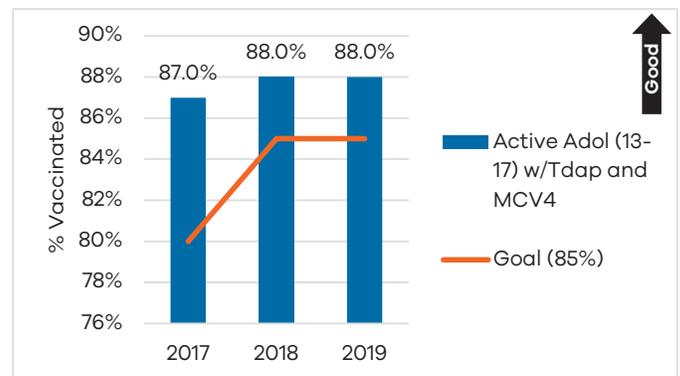
The rates declined in 2019 due to inconsistent adherence to the standard work in clinics regarding cervical cancer screening. The focus for 2020 will be making sure standard work will be followed in the clinics, including setting up the PAP test prior to the provider entering the room. The clinical team has also created a report which monitors if cervical cancer screening was performed during the visit when one was indicated.

1.5O Adolescent Vaccinations

Goal - TDAP and MCV4: 85% of active adolescent patients, age 13-17, will have both Tdap and MCV4 vaccinations.

Response:

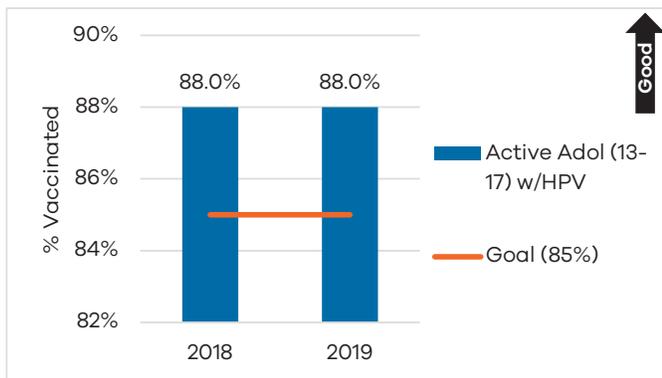
Criteria met. The Ambulatory Care measure is a combined metric that includes Tdap, MCV4 and HPV. For 2019, each individual metric goal performance was met, therefore the composite performance was reported.





Goal - HPV: 85% of active adolescent patients, age 13-17, will have received at least 1 HPV vaccine.

Response:
Criteria met.

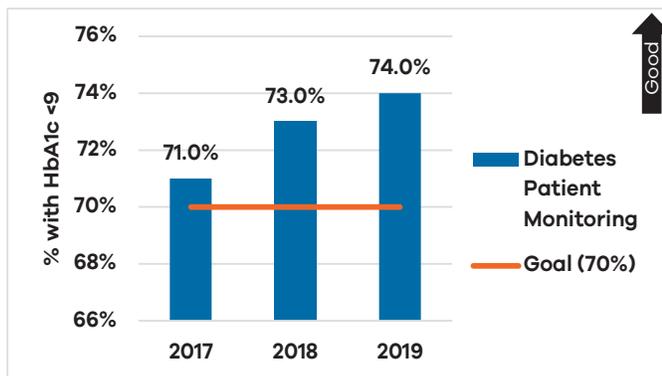


1.5P Diabetes Monitoring

A "diabetic patient" for the diabetes measures is defined as a patient who has had at least 2 visits to a primary care clinic in the last year and at least one diagnosis code for diabetes in the last 18 months.

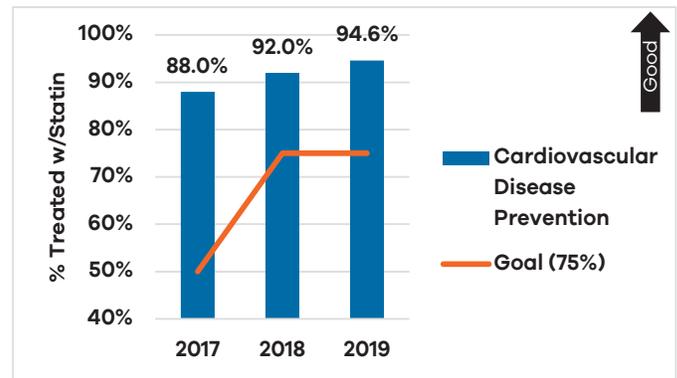
Goal - Diabetes: 70% of Diabetic patients will have an HbA1c < 9.

Response:
Criteria met.



Goal - Cardiovascular Disease Prevention: 75% of Diabetic patients will be treated with statin medication.

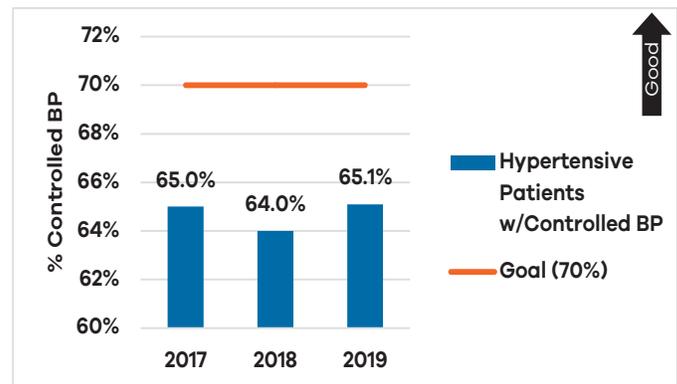
Response:
Criteria met.



1.5Q Hypertension Control

Goal: 70% of patients identified with hypertension will have their blood pressure under control as defined by current standards.

Response:
Criteria not met.



Variance Explanation:

The major issue for this metric is providers not assertively addressing blood pressure that is "slightly" above goal (140/90 mm Hg) as they deal with more pressing clinical issues and a lack of rapid follow up on patients with uncontrolled blood pressure during the visit. DH has launched outreach efforts using a newly-formed Population QI team for patients with uncontrolled blood pressures in the last visit who have not had a clinic appointment in the past 3 months. The intervention will be to schedule them with either their provider or the clinical pharmacist to help manage the blood pressure. Also under consideration for 2020 are automated Electronic Health System alerts to providers when a blood pressure is not at goal to prompt an action during that visit.

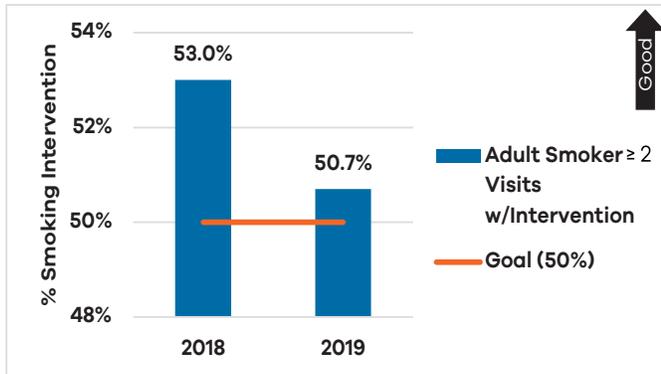


1.5R Cigarette Smoking Interventions

Goal: At least 50% of adult smokers with at least 2 visits to a Denver Health clinic, emergency department, or hospital stay will have received one of the following interventions in the prior 6 months: referral to the Quitline, referral to a cessation clinic, counseling on quitting, or a medication for tobacco cessation.

Response:

Criteria met.

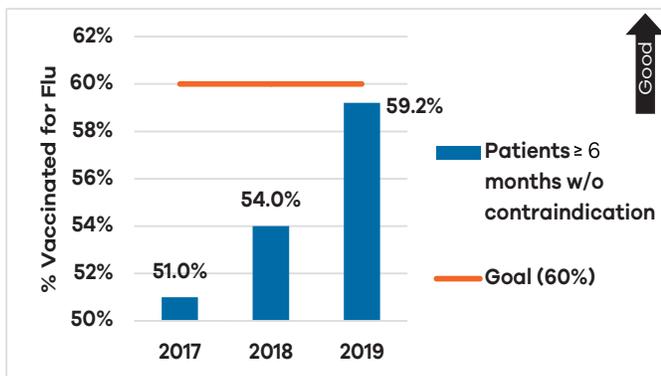


1.5S Flu Vaccinations

Goal: 60% of patients, 6 months of age or older who have had a visit to a primary care clinic during the influenza season and who do not have a contraindication to vaccination will receive the influenza vaccine.

Response:

Criteria not met.



Variance Explanation:

We have experienced marked improvement during the last 2 years and are very close to the goal. The focus in 2020 is adherence to the standard work of preparing orders for flu vaccinations during the check-in process for all visits and continuing high volume "flu clinics."

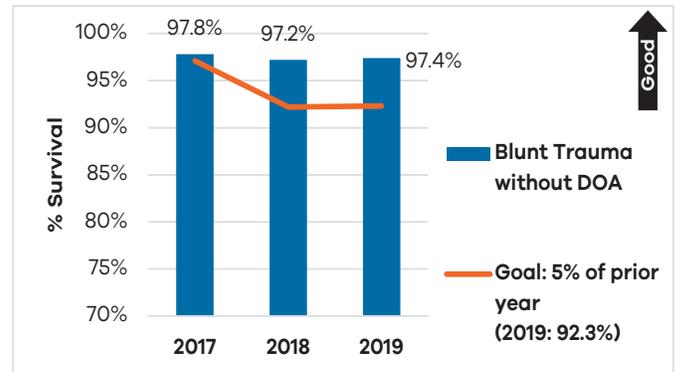
1.5T Survival with Trauma

Survival rate for blunt and penetrating trauma among patients who are not dead on arrival (DOA) will be maintained within 5% of prior year (2018) experience.

Goal - Blunt: Survival rate for blunt trauma will be maintained within 5% of 2018 experience, which was 97.2%.

Response:

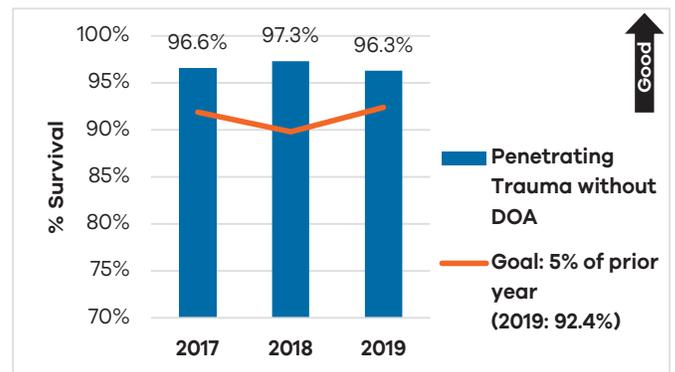
Criteria met.



Goal - Penetrating: Survival rate for penetrating trauma will be maintained within 5% of 2018 experience, which was 97.3%.

Response:

Criteria met.



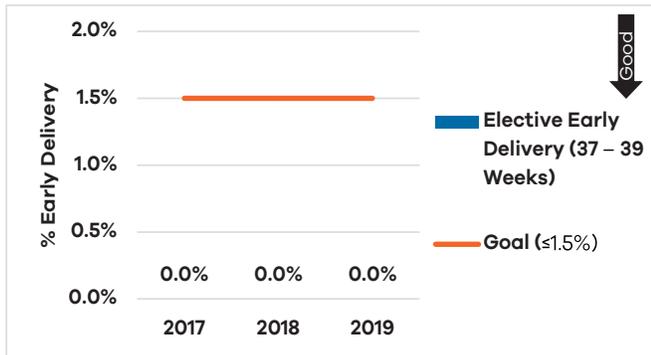


1.5U Joint Commission Quality Measures. Early Elective Delivery between 37-39 Weeks Gestation

Goal: The rate of elective delivery between 37-39 weeks as defined by the Joint Commission measure PC-01 will be maintained at 1.5% or lower.

Response:

Criteria met.



1.5V Hospital-Acquired Infection Rates. Adult Critical Care Central Line Associated Blood Stream Infection (CLABSI)

Goal - Medical Intensive Care Unit: Risk-adjusted rate that is the same or better than the national Medical ICU rate on the most recent Colorado Department of Public Health and Environment (CDPHE) report.

Goal - Trauma Intensive Care Unit: Risk-adjusted rate that is the same or better than the national Trauma ICU rate on the most recent CDPHE report.

Response:

Criteria met.

Contract Criterion	2017	2018	2019
Hospital-Acquired Infection Rates			
Adult Critical Care Central Line Associated Blood Stream Infection (CLABSI)			
Medical Intensive Care Unit	Same	Same	Same
Trauma intensive Care Unit	Same	Same	Same



H. Performance Criteria Table - Ambulatory Encounters (1.5 numbering follows the Authority's annual report)

Response: Criteria met. See following table.

Statistic	2017	2018	2019	Trend
DH Medicaid Choice Average Monthly Enrollment	84,984	77,446	85,417	
Inpatient Admissions	24,552	24,621	24,252	
Inpatient Days (Equivalent Census Days)	127,093	130,615	129,879	
Emergency Room Encounters	83,115	84,279	86,581	
Urgent Care Visits	37,382	38,230	38,443	
ER Cost/Visit	\$1,267	\$1,020	\$1,032	
Top 25 DRGs for MI population	See Final DRG Table			
NICU days	5,667	5,513	5,650	
CT Scans	51,780	56,333	60,093	
MRIs	11,205	11,567	12,412	
Outpatient Surgeries	7,820	9,520	8,629	
Ambulatory Care Encounters				
Ambulatory Care Center ¹	184,337	209,358	221,344	
Webb Center for Primary Care ²	68,267	70,148	75,026	
Gipson Eastside Family Health Center ³	44,521	48,957	47,922	
Sandos Westside Family Health Center ³	65,850	66,147	62,172	
Lowry Family Health Center	34,065	36,415	38,771	
Montbello Health Center	27,722	27,805	28,846	
Park Hill Family Health Center	18,927	19,118	20,134	
La Casa/Quigg Newton Family Health Center	18,640	18,691	19,738	
Westwood Family Health Center	16,446	17,148	19,275	
Other ⁴	97,866	95,175	98,253	
OP Behavioral Health Visits	224,574	227,403	215,613	
Federico Pena Family Health Center	33,806	40,042	43,847	
Total Ambulatory Care Encounters	835,021	876,407	890,941	
OP Pharmacy Cost/per patient	\$71	\$76	\$61	
¹ Includes Specialty Visits covering Medical Specialty, Oncology, Orthopedic, Surgery, and Womens Care; new Rose Anom and Chanda clinics; Adult, Pediatric and Pena Urgent Care Clinics; and Women's Mobile clinic ² Includes Webb Adult, Family and Internal medicine, Geriatrics, Intensive Outpatient, Pediatric and Pediatric Specialty clinics; Level One Physicians (LOP) and LOP Specialty clinics ³ Includes Adult, Pediatrics, and Womens Care; Eastside also includes Primary Care at MHCD ⁴ Includes Dental, School Based Clinics, and Family Crisis Center				

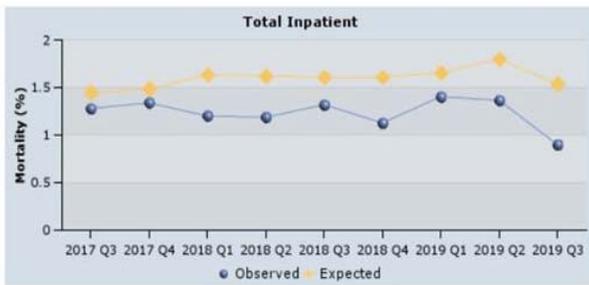


I. The Authority’s Medical Center's adjusted inpatient mortality will be in the top 20% of all academic health centers nationally as measured by Vizient, a collaboration of approximately 120 academic health centers.

Response: Criteria met. Denver Health’s inpatient mortality has been consistently in the best quartile of Vizient hospitals for over a decade. See graph below which represents the observed to expected mortality ratio across 170 academic health centers in the U.S.; Denver Health’s ratio improved throughout 2019 and was in the best 10% of hospitals according the most recent quarter. According to the most recent year of data, Denver Health’s adjusted inpatient mortality is in the top 20% of academic health centers.

	Relative Performance	Denom (Cases)	Obs/Exp Ratio	Median	Rank
Current Quarter	⊙⊙	5,801	0.58	0.88	11/168
Recent Year	⊙	22,643	0.72	0.91	28/171

	Current Quarter	Last Quarter	Recent Year
Cases (denom.)	5,801	5,279	22,643
Observed Deaths	52	72	270
Expected Deaths	89.22	94.93	372.68
Observed Mortality (%)	0.90	1.36	1.19
Expected Mortality (%)	1.54	1.80	1.65
Observed/Expected Ratio	0.58	0.75	0.72



J. The Authority will maintain appropriate accreditation for the major national accrediting organizations as a measure of quality care.

Response:

Criteria met. The Joint Commission Hospital Laboratory unannounced on-site visit occurred from June 4 through June 8, 2019. Denver Health hosted two surveyors for four days for a comprehensive review in accordance with the Clinical Laboratory Improvement Amendments of 1988. The final recommendations for improvements were limited and Denver Health demonstrated high levels of patient safety and quality of care. All recommendations were addressed within 60 days and Denver Health was granted Accreditation for all services surveyed under the Comprehensive Accreditation Manual for Laboratory and Point-of-Care Testing. The accreditation cycle is effective June 8, 2019 and is customarily valid for up to 24 months.

The Joint Commission Ambulatory – Community Health Services triannual on-site visit occurred from December 2 through December 6, 2019. Two surveyors arrived for five days to complete a comprehensive review of our ambulatory care services and Primary Care Medical Home. The survey was one of the best surveys at Denver Health in recent years, demonstrating the commitment to patient quality and satisfaction of care. The number of recommendations was minimal and all were resolved within 60 days and Accreditation was granted. The accreditation cycle is effective December 6th, 2019 and is customarily valid for 33 to 36 months. Denver Health Ambulatory Care Services provided over half a million visits to approximately 170,000 users in 2019. Services provided include dental, pediatric, Family Medicine, Internal medicine, Early Intervention Care, school based health care, as well as 54 Specialty Care clinics.

K. The Authority will maintain national Residency Review Committee accreditation for its training programs.

Response:

Criteria met. Denver Health enjoys Continued Accreditation from ACGME for its accredited medical residencies and Approval without Reporting Requirements from CODA for its dental residencies.



L. The Authority will include in the May 1 annual report, a schedule of the number of patients treated during the reporting year by county, gender and ethnicity. The Authority will develop a report of the same data by census tract or zip code for Denver users. A separate report will be prepared detailing the same information for the homeless.

Response:

See table below and on the following pages.

Top 25 DRG's for Medically Indigent Population 2019			
ID	DRG#	DRG NAME	Total
1	871	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	108
2	872	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT MCC	98
3	885	PSYCHOSES	96
4	897	ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITHOUT MCC	60
5	640	MISCELLANEOUS DISORDERS OF NUTRITION, METABOLISM , FLUIDS AND ELECTROLYTES WITH MCC	51
6	917	POISONING AND TOXIC EFFECTS OF DRUGS WITH MCC	49
7	807	VAGINAL DELIVERY WITHOUT STERILIZATION/D&C WITHOUT CC/MCC	32
8	794	NEONATE WITH OTHER SIGNIFICANT PROBLEMS	30
9	330	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH CC	27
10	246	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH DRUG-ELUTING STENT WITH MCC OR 4+ VESSELS OR STENTS	25
11	603	CELLULITIS WITHOUT MCC	22
11	419	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITHOUT CC/MCC	22
13	853	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURE WITH MCC	20
14	742	UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY WITH CC/MCC	19
14	392	ESOPHAGITIS, GASTROENTERITIS AND MISCELLANEOUS DIGESTIVE DISORDERS WITHOUT MCC	19
14	638	DIABETES WITH CC	19
17	743	UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY WITHOUT CC/MCC	18
17	896	ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITH MCC	18
17	661	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITHOUT CC/MCC	18
20	854	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURE WITH CC	17
20	377	G.I. HEMORRHAGE WITH MCC	17
22	247	WITHOUT MCC	16
22	805	VAGINAL DELIVERY WITHOUT STERILIZATION/D&C WITH MCC	16
22	83	TRAUMATIC STUPOR AND COMA, COMA >1 HOUR WITH CC	16
25	292	HEART FAILURE AND SHOCK WITH CC	15
25	291	HEART FAILURE AND SHOCK WITH MCC	15
25	331	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITHOUT CC/MCC	15
25	617	AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS WITH CC	15



L.

Unduplicated Users and Patient Visits by Colorado County				
	2017	2018	2019	Trend
Total Unduplicated Users	212,590	216,200	224,648	
Total Visits	928,415	928,014	955,723	

Unduplicated Users and Patient Visits by Colorado County								
County	2017		2018		2019		Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Adams	19,928	75,587	20,573	79,117	22,441	88,819		
Alamosa	26	116	22	89	27	94		
Arapahoe	19,119	72,315	20,277	76,616	22,572	84,749		
Archuleta	10	15	8	22	5	5		
Baca	5	5	1	1	2	2		
Bent	7	28	8	20	12	56		
Boulder	1,656	4,569	1,589	4,408	1,704	4,575		
Broomfield	121	329	132	447	156	497		
Chaffee	29	68	35	83	35	74		
Cheyenne	0	0	3	6	3	13		
Clear Creek	112	302	117	390	132	362		
Conejos	9	37	10	24	14	33		
Costilla	6	10	11	34	11	24		
Crowley	6	20	4	11	3	17		
Custer	4	17	4	17	5	29		
Delta	17	19	24	40	17	23		
Denver	148,699	690,705	149,110	678,498	151,728	682,826		
Dolores	3	14	1	1	0	0		
Douglas	2,024	6,643	2,197	7,503	2,428	7,736		
Eagle	171	360	153	358	176	406		
El Paso	950	2,310	1,077	2,491	1,176	2,745		
Elbert	75	285	80	255	93	242		
Fremont	47	145	38	82	42	144		
Garfield	69	122	69	157	97	160		
Gilpin	53	142	58	174	64	208		
Grand	779	2,125	820	2,214	768	2,104		
Gunnison	17	30	17	31	24	41		
Hinsdale	5	12	0	0	1	4		
Huerfano	7	37	12	32	11	23		
Jackson	7	21	6	14	5	14		
Jefferson	16,190	65,662	17,181	68,041	18,113	72,177		
Kiowa	0	0	4	6	1	1		
Kit Carson	17	32	15	59	23	72		
La Plata	36	95	31	42	27	46		
Lake	22	62	26	63	31	89		
Larimer	460	860	504	868	551	1,193		
Las Animas	34	75	27	99	22	94		
Lincoln	24	82	20	45	40	112		
Logan	43	146	38	162	47	141		



L.

Unduplicated Users and Patient Visits by Colorado County								
	2017		2018		2019		Trend	
Mesa	58	90	87	169	77	156		
Mineral	0	0	1	3	0	0		
Moffat	25	41	15	54	17	44		
Montezuma	8	11	10	25	11	22		
Montrose	21	47	23	51	27	58		
Morgan	79	265	68	274	84	282		
Otero	24	79	27	65	31	80		
Ouray	1	1	2	2	1	1		
Park	124	499	133	461	149	611		
Phillips	12	28	12	38	9	43		
Pitkin	19	38	22	45	24	42		
Prowers	14	39	16	58	28	93		
Pueblo	237	755	280	943	250	740		
Rio Blanco	1	1	4	4	2	2		
Rio Grande	18	70	16	65	20	50		
Routt	62	130	45	97	55	107		
Saguache	13	23	8	28	8	21		
San Juan	1	4	2	2	1	1		
San Miguel	4	6	4	5	10	19		
Sedgwick	9	26	5	27	5	8		
Summit	134	330	121	252	126	396		
Teller	39	88	30	79	45	109		
Washington	17	37	12	45	12	50		
Weld	864	2,355	947	2,690	1,042	2,816		
Yuma	19	50	8	12	7	22		
Total	212,590	928,415	216,200	928,014	224,648	955,723		



L.

Unduplicated Users and Patient Visits by Denver County Zip Code				
	2017	2018	2019	Trend
Total Unduplicated Users	148,699	149,110	151,728	
Total Visits	690,705	678,481	682,826	

Unduplicated Users and Patient Visits by Denver County Zip Code								
Zip Code	2017		2018		2019		3-Year Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80201	185	1,214	165	786	173	807		
80202	1,738	7,066	1,925	7,645	2,354	8,778		
80203	4,182	17,164	4,317	17,845	4,581	18,441		
80204	19,163	91,342	19,366	90,830	19,478	91,129		
80205	10,052	47,080	9,291	43,971	9,093	41,269		
80206	2,211	9,417	2,210	9,437	2,390	9,781		
80207	4,423	23,133	4,260	21,767	4,213	20,485		
80208	11	21	10	18	13	22		
80209	1,862	7,174	1,875	7,047	1,969	7,450		
80210	2,097	8,455	2,158	8,619	2,195	8,574		
80211	6,562	31,519	6,150	29,898	6,147	28,871		
80212	2,076	9,747	2,003	9,776	2,018	9,768		
80216	5,106	25,170	5,123	23,968	5,079	24,021		
80217	39	141	24	83	33	113		
80218	3,018	13,212	3,070	12,871	3,061	12,707		
80219	29,279	145,391	29,240	141,660	29,407	139,900		
80220	5,032	23,040	5,023	22,524	5,151	22,699		
80222	2,788	12,482	2,803	13,062	2,878	13,295		
80223	7,513	38,919	7,435	36,198	7,524	36,252		
80224	2,536	11,936	2,570	11,644	2,570	11,802		
80227	3,063	13,951	3,121	13,693	3,278	14,490		
80230	939	4,201	996	4,366	1,013	4,340		
80231	4,194	17,396	4,380	17,797	4,505	18,831		
80235	609	3,124	601	2,676	661	2,789		
80236	3,393	15,802	3,531	15,890	3,462	16,129		
80237	1,519	6,876	1,576	6,935	1,650	7,373		
80238	916	3,840	975	4,132	1,057	4,182		
80239	14,398	58,969	14,469	59,018	14,515	59,903		
80243	2	9	4	7	3	5		
80244	4	5	3	20	2	4		
80246	1,411	5,631	1,450	5,429	1,552	6,665		
80247	3,317	15,455	3,473	15,407	3,779	17,152		
80248	5	34	5	9	4	15		
80249	4,989	21,489	5,454	23,202	5,862	24,478		
80250	43	224	39	227	42	271		
80251	2	3	1	1	2	3		
80252	1	4	0	0	0	0		
80257	1	2	0	0	0	0		
80261	5	38	3	3	8	17		
80263	3	8	1	2	0	0		
80264	1	1	3	3	0	0		
80265	2	6	1	1	0	0		
80266	3	4	1	4	2	6		



L.

Unduplicated Users and Patient Visits by Denver County Zip Code								
	2017		2018		2019		3-Year Trend	
80271	1	2	0	0	0	0		
80281	1	1	0	0	1	2		
80290	3	6	2	5	1	4		
80294	1	1	3	5	2	3		
Total	148,699	690,705	149,110	678,481	151,728	682,826		

2019 Unduplicated Users and Visits by Gender and Race* (Colorado and Out-of-State Users)					
		2019		3-Year Trend	
Gender	Race	Users	Total Visits	Users	Total Visits
F	African-American	16,255	81,071		
F	Amer/Alaskan Native	621	3,787		
F	Asian	4,743	20,713		
F	Hispanic	58,420	295,931		
F	Native-Hawaiian	75	356		
F	Other	180	771		
F	Oth-Pacific-Islander	2,170	7,055		
F	Unknown	1,594	2,327		
F	White-Caucasian	33,149	142,523		
Female Total		117,207	554,534		
Gender	Race	Users	Total Visits	Users	Total Visits
M	African-American	15,175	58,696		
M	Amer/Alaskan Native	574	3,152		
M	Asian	3,445	12,785		
M	Hispanic	47,618	182,199		
M	Native-Hawaiian	46	130		
M	Other	115	321		
M	Oth-Pacific-Islander	2,081	5,363		
M	Unknown	2,502	3,960		
M	White-Caucasian	35,864	134,435		
Male Total		107,420	401,041		
Gender	Race	Users	Total Visits	Users	Total Visits
Unknown	African-America	1	3		
Unknown	Hispanic	9	39		
Unknown	Other	2	15		
Unknown	Unknown	5	10		
Unknown	White-Caucasian	33	168		
Unknown Total		50	235		

Grand Total		224,677	955,810		
--------------------	--	----------------	----------------	--	--

* Table uses Derived Race as identified by Epic
NOTE: Totals include 1,170 users and 1,257 visits for patients with NULL race



L.

2019 HOMELESS Unduplicated Users and Visits by Gender and Race*							
Gender	Race	2019			3-Year Trend		
		Users	Total Visits**	Charges	Users	Visits**	Charges
F	African-American	377	1,145	\$ 6,120,524			
F	Amer/Alaskan Native	45	224	\$ 761,809			
F	Asian	15	29	\$ 119,374			
F	Hispanic	506	1,500	\$ 6,110,941			
F	Native-Hawaiian	1	23	\$ 183,337			
F	Other	37	67	\$ 162,855			
F	Oth-Pacific-Islander	3	11	\$ 230,567			
F	Unknown	69	108	\$ 208,429			
F	White-Caucasian	1,243	3,821	\$ 24,214,992			
F	NULL	23	23	\$ 32,566			
Female Total		2,319	6,951	\$ 38,145,393			
M	African-American	1,304	5,299	\$ 25,141,294			
M	Amer/Alaskan Native	133	967	\$ 2,920,157			
M	Asian	35	209	\$ 616,872			
M	Hispanic	1,431	6,297	\$ 33,023,525			
M	Native-Hawaiian	4	26	\$ 41,682			
M	Other	125	314	\$ 1,724,708			
M	Oth-Pacific-Islander	4	5	\$ 28,664			
M	Unknown	205	343	\$ 689,786			
M	White-Caucasian	3,559	14,840	\$ 86,491,814			
M	NULL	42	42	\$ 26,334			
Male Total		6,842	28,342	\$ 150,704,835			
Unknown	Hispanic	1	1	\$ 32,050			
Unknown	White-Caucasian	1	1	\$ 738			
Unknown Total		2	2	\$ 32,788			

Grand Total		9,163	35,295	\$ 188,883,017			
--------------------	--	--------------	---------------	-----------------------	--	--	--

* Table uses Derived Race as identified by Epic
 **Visits represent current process in Epic for tracking homeless population

SECTION 08
A-2 Emergency Medical Services



Appendix A-2 Emergency Medical Services

1.5 Performance Criteria

A. Each component of the Emergency Medical Response System (EMRS), including the Authority and Department of Safety, and certain stakeholders, including the, Mayor’s Office, City Council, and the Auditor’s Office, will designate representation on the EMRS Advisory Committee, which will meet regularly to monitor system performance, identify and recommend strategies for innovation and improvement, and provide the necessary collaboration and accountability to ensure a continued high delivery of EMS responses and services. The performance metrics (including any data parameters or exclusions), advisory committee composition, and strategic framework will be documented in a mutually agreed-upon EMRS Advisory Committee Memorandum of Understanding. The parties have recommended improvements to the system, and are committed to continuing improvements to the system that have improved and will continue to improve overall system performance.

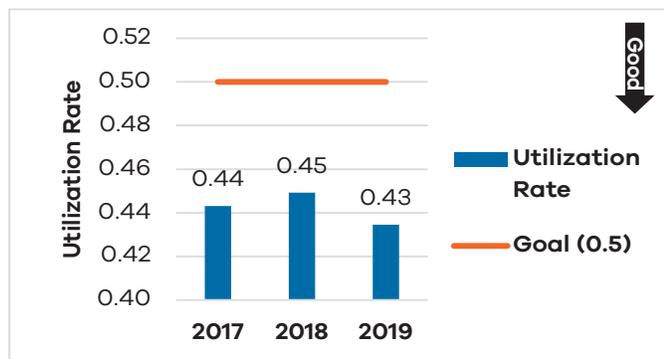
Response:

Criteria met.

B. The Utilization/Hour rate will be at or below 0.5 transports/hour (system wide).

Response:

Criteria met.



C. The City and the Authority will strive to meet the performance goals for each system component as described in the 2016 National Fire Protection Association(NFPA) Standards 1710 and 1221 and listed in Table 2, below. Each component of the EMRS, including Denver 911, the Denver Fire Department (DFD), and the Authority has its own independent time requirements under the NFPA standards. Each of these three components is independently responsible for its own role in the response function, as set forth in Table 1, below. All components of the system must work as a

team to meet the Total response time goal for emergency (lights and sirens) response times of 90% of the time from call answered to Basic Life Support (BLS) unit arrival of 6 minutes 30 seconds and 10 minutes 30 seconds from call answered to Advanced Life Support (ALS) unit arrival. Additional system performance metrics regarding the EMRS will be identified, monitored, and reported by the EMRS Advisory Committee, as described above. Additional system performance metrics regarding the EMRS will be identified, monitored, and reported by the EMRS Advisory Committee, as described above.

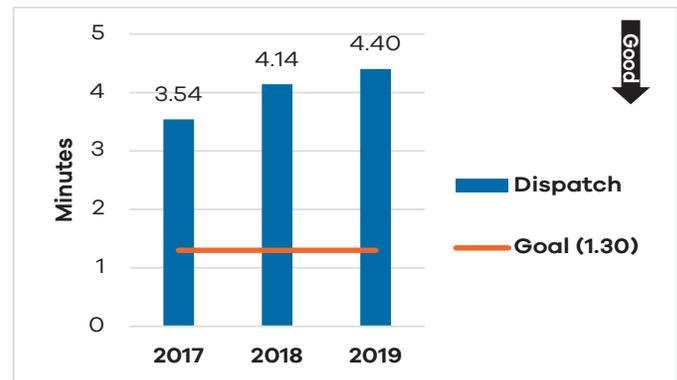
TABLE 2: NFPA Goals by System Component

	Dispatch - 95% (Call Answered to Unit Assigned)	Response - 90% (Unit Assigned to Unit Arrived)
Call Answering and Processing	1:30	N/A
BLS Denver Fire	N/A	5:00
ALS Denver Health	N/A	9:00

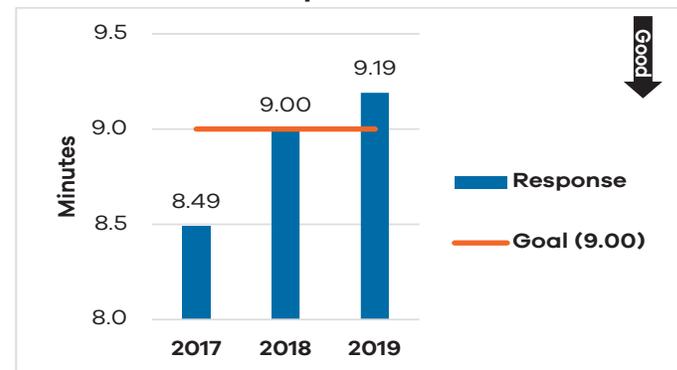
Response:

Criteria not met. Refer to graphs below.

Call Answering and Processing



ALS Denver Health Dispatch



Variance Explanation:

The Denver Health Paramedic Division (DHPD) understands the importance of gathering 911 call information, assigning the appropriate resources, and arriving on scene within specific parameters to provide assistance for those requesting help.



The metric which monitors "call answered to unit arrive" is a coordinated effort between the Denver 911 Communications Center and the DHPD. In 2019, these two agencies (911 Communications Center and DHPD) fell short of that metric. We will continue to work with our public safety partners and instill best practices to improve this metric and our overall response to those requesting help through our 911 system. Please see A2 1.5 C-1 above for detail.

In 2019, the DHPD experienced a high vacancy rate due to a competitive wage market for first responders, and demand on the roles driving staff to look for other roles that may provide more of a work-life balance. These vacancies impacted DHPD's ability to have the desired number of ambulances in the 911 system. The Paramedic Division has been working both internally with Human Resources to drill into turnover rates, understand the reasoning more clearly and address the issue through aggressive hiring practices to ensure community needs can be met.

D. The City and the Authority agree that the official timekeeper for determining response times is the City's computer aided dispatch (CAD) system. The City and the Authority agree that the City will measure response times for emergency (lights and sirens) calls in total from the time that the call is answered by Denver 911 until the first responders and the paramedics arrive at the address, respectively.

Response:
Criteria met.

E. Responsibility of the EMRS Data Analyst:

(v) Authority's Clinical Criteria. The following clinical performance measures for each call will be reported by the Authority in its quarterly performance report:

1. Median elapsed target of 5 minutes 45 seconds or fewer from paramedics' arrival time to initial recording of 12 lead ECG for suspected cardiac chest pain.

Response:
Criteria not met.

Time to 12-lead	2019
Actual	6:00
Goal	5:45

Variance Explanation:

The DHPD is committed to early identification of STEMI (cardiac alert) patients. This metric was chosen as a small part of overall time from 911 system activation to catheterization lab arrival for this subset of patients. DHPD is working collaboratively with the education department and EMRS partners to improve this response. Additionally, the DHPD quality assurance team has added a specific key for time to 12-lead to existing routine audits of suspected chest pain patients. This process provides structure for routine feedback to paramedics from peer reviewers and is reviewed monthly.

2. Median elapsed target of 5 minutes or fewer from qualifying 12 lead ECG to hospital notification for patients meeting STEMI (cardiac alert) criteria. (targets to be added).

Response:
Criteria met.

Time to Alert	2019
Actual	2:01
Goal	5:00

3. Median elapsed transport ambulance scene time of 9 minutes or fewer from time of arrival to departure for blunt trauma patient meeting emergency transport criteria. Exclusions to this are extrication delays, patient access/staging, multiple patient incidents.

Response:
Criteria met.

Blunt	2019
Actual	8:31
Goal	9:00

4. Median elapsed transport ambulance scene time of 6 minutes or fewer from time of arrival to departure for penetrating trauma patient meeting emergency transport criteria. Exclusions to this are extrication delays, patient access/staging, multiple patient incidents.

Response:
Criteria met.

Penetrating	2019
Actual	5:25
Goal	6:00



Out-of-hospital cardiac arrest survival rate reported under the Utstein Criteria definition for long-term performance purposes and with appropriate identification of comparison date ranges and lags in comparison reporting.

Response:

Criteria disposition pending data availability.

Utstein	2017	2018	2019	Trend
Actual	30.4%	42.3%	*	
*Data unavailable until after 4/30/2020				

5. The Authority shall be responsible for meeting its time and clinical performance criteria. The Authority can meet its response time performance criteria by meeting the 9 minute ALS Response time of 90% from unit assigned to unit arrived.

Response:

Criteria not met. See A-2 1.5 C section above for additional detail.

(vi) In support of the Denver Community Addictions Rehabilitation and Evaluation Services (CARES), the Emergency Services Patrol (ESP) will transport individuals experiencing substance misuse to the Denver CARES facility. If serious medical problems are evident, the client is taken by ambulance to Denver Health Medical Center. ESP van service will operate sixteen- hours/day seven days/week.

Response:

Criteria met.

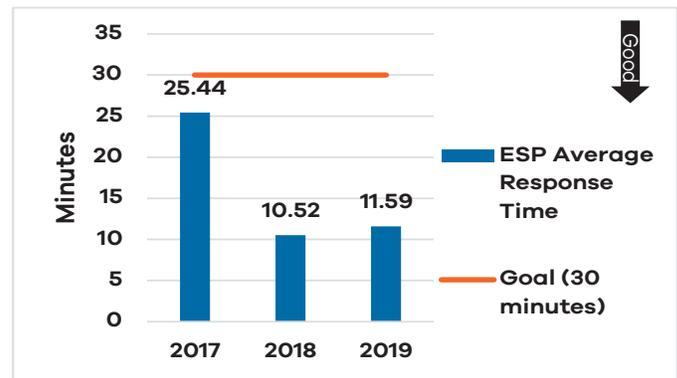
(vii) An ESP average response time of 30 minutes or fewer will be provided, with that time being calculated as the number of minutes from the dispatcher notifying the van to the time of arrival on the scene. A goal of 30 minutes will be set for contract year 2019 based on available resources.

Emergency Services Patrol:

- Average response time
- Total calls for service
- Number of clients picked up per shift
- Number of shifts worked per month

Response:

Criteria met.



ESP Van Scheduled Shift Statistics	2017	2018	2019	Trend
Total Hours	10,202	9,560	10,037	
# Clients Transported	13,578	11,704	9,356	
Avg # Clients Transported per Shift	13	12	9	

(viii) Reporting – Performance reports will be analyzed continuously by the EMRS Analyst who will report to the members of the EMRS Advisory Committee at least bi-monthly regarding system performance. A system performance report will be made at least annually by the EMRS Advisory Committee to the leadership of the City and the Authority. The parties recognize that the tiered emergency response system at times may not meet one or more goals of the NFPA Standards. The parties understand and agree that coordination and cooperation will be needed to share data and provide system performance reporting.

1. Compliance – The percentage of responses with response times less than or equal to the time criteria identified above for each category and service level; i.e. how many times out of 100 was the time criteria met.

2. Time Performance – Using the same data set as for compliance, the time (in minutes and seconds) at which 90% of responses fall at or below; e.g. 90% compliance for total response time was achieved at 11:00 as an overall EMRS metric.

3. Exclusions – The count of excluded calls, by type, will be reported, in each report.

Response:

Criteria met. The required reports have been submitted by the City’s Director of 911 Communications Center and the Authority has attended monthly meetings.

SECTION 09
A-3 Public Health Services



Appendix A-3 Public Health Services

1.4 Performance Criteria

A. The Authority will provide an annual report by May of the following year being reported on, which includes performance statistics for the year and the two previous fiscal years, for the following items:

Response:

Criteria met. Annual report provided for the metrics listed below.

Public Health Services	2017	2018	2019	Trend
Patient Encounters -Infections Disease Clinic	12,398	12,475	12,094	
Patient Encounters -Infections Disease Clinic Oral	979	912	612	
Birth and Death Certificates Registered	60,543	60,864	57,345	
New TB Cases	58	47	53	
Total TB Visits with Outreach	19,033	17,329	18,659	
Patient Encounters - STD Clinic	16,762	16,070	15,206	
Total Immunization Visits with Outreach	9,582	8,856	10,565	
Total Vaccinations Provided	18,536	17,344	17,888	

B. The Authority will provide the following performance statistics which includes the goals and metrics for public health functions of DPH. The frequency of reporting is provided in the table. Metrics reported monthly will accompany the invoice.

Response:

Criteria met. The following performance statistics were provided Monthly (N/A = statistics without goals):

Operating Agreement Monthly Measurements by Program 2019				
Program	Objective	Metric	YE Total	Result
Immunization and Travel Clinic Vaccine-preventable infections	Ready access for residents and visitors of Denver to vaccines in clinical and community settings	Number of vaccines provided in the Immunization Clinic	15,355	N/A
		Number of vaccines provided in community settings (schools, Shots for Tots, and other community venues)	3,126	N/A
	Provide travel-related evaluation and immunizations	Number of travel consults	3,291	N/A
STD and Family Planning Clinic Sexually-transmitted diseases (other than HIV and viral hepatitis)	Provide access to Denver residents and visitors to clinical sexual health services in clinical and community settings	Care for possible sexually-transmitted diseases in the STD Clinic (annual goal = 12,500 visits)	15,206	✓
		Reproductive health services in the STD Clinic (annual goal = 5,000 visits)	7,983	✓
		STD screening in community settings (annual goal = 3,000 visits)	5,825	✓
		Percent of patients with gonorrhea or chlamydia treated within 7 days of diagnosis (annual goal = 80%)	86.0%	✓
	Provide HIV testing in clinical and community settings	Testing in the STD Clinic (annual goal= 6,000)	8,125	✓
	Community testing in high-risk venues (annual goal = 1,200)	2,064	✓	



Operating Agreement Monthly Measurements by Program 2019				
Program	Objective	Metric	YE Total	Result
TB Clinic	Provide tuberculosis (TB) testing, prevention, and treatment in Denver	Number of TB Clinic visits (includes outreach)	18,659	N/A
Vital Records	Convenient access to birth and death certificates for Denver residents and visitors	Birth Certificates issued (includes certified copies)	34,639	N/A
		Death Certificates issued (includes certified copies)	22,706	N/A
Epidemiology and Disease Investigation, Preparedness and Response	Collect reportable condition reports from health care providers and laboratories. Perform timely and effective assessment and control of reportable conditions in Denver County residents and visitors Report to CDPHE within appropriate timeframes.	Percentage of FoodNet cases interviewed and data collected entered into CEDRS within 5 business days of each interview or chart review completion	100%	✓
		Number of animal bite reports requiring follow-up of victims, number requiring post-exposure rabies prophylaxis	422 bites, 91 PEP	N/A

Response:

Criteria partially met. The following performance statistics were provided Quarterly (N/A = statistics without goals):

Operating Agreement Quarterly Measurements by Program 2019							
Program	Objective	Metric	Q1	Q2	Q3	Q4	Result
ID Clinic-HIV	Provide treatment for persons with HIV disease in Denver	Average time to third next appointment for the six primary care providers in ID clinic (goal ≤ 14 days)	18	25.5	14.5	17	✗
		The ID Clinic continues to not meet this metric primary due to MD staffing issues. The ID Clinic has one full open schedule in clinic each day so that patients with urgent or semi-urgent issues are generally seen the same-day they call.					
		Percent of ID Clinic patients with a viral load < 200 copies (goal = 90%)	90%	90%	90%	90%	✓



Operating Agreement Quarterly Measurements by Program 2019							
Program	Objective	Metric	Q1	Q2	Q3	Q4	Result
ID Clinic-HIV	Access to pre-exposure prophylaxis for HIV	Number of persons started on Pre-Exposure	12	14	10	1	X
			The expansion of PrEP access into primary care clinics at Denver Health has greatly affected the flow of PrEP patients to the ID Clinic. The ID Clinic continues to see a large panel of patients on PrEP who have been seen in the clinic over the years. However, access to new referrals has declined as many patients are choosing to go to clinics that are more convenient to them. Overall, access to PrEP has expanded at Denver Health, but most patients are receiving this care outside of the ID Clinic.				
	Provide evaluation and treatment of Hepatitis C for persons in Denver	Number of persons who complete treatment for Hepatitis C in the ID Clinic (annual goal = 100)	157	145	141	133	✓
Immunization and Travel Clinic Vaccine-preventable infections	Provide technical assistance to child daycare centers on improving vaccine coverage	Number of site visits to child daycare centers	20	14	20	16	N/A
		Number of trainings	9	2	1	4	N/A
STD and Family Planning Clinic Sexually-transmitted diseases (other than HIV and viral hepatitis)	Access to post-exposure prophylaxis for HIV	Number of persons who receive nonoccupational post exposure prophylaxis (annual goal = 40)	32	50	44	35	✓
	Access to pre-exposure prophylaxis	Number of persons started on PrEP in STD clinic (annual goal = 300)	130	163	142	146	✓
	Provide testing for Hepatitis C among persons at increased risk in the STD Clinic	Number of persons tested for Hepatitis C (annual goal = 2,000 tests)	626	584	588	684	✓



Operating Agreement Quarterly Measurements by Program 2019								
Program	Objective	Metric	Q1	Q2	Q3	Q4	Result	
Epidemiology and Disease Investigation, Preparedness and Response	Respond to data or analytic requests from DDPHE	Percentage of DDPHE request resolved within 60 days	100%	100%	100%	100%	N/A	
	Collect reportable condition reports from health care providers and laboratories. Perform timely and effective assessment and control of reportable conditions in Denver County residents and visitors Report to CDPHE within appropriate timeframes.	Number and description of required case interviews and a general report on the outcome of investigation	232	285	430	413	N/A	<p>Q1 Investigation Outcomes: 232 Total cases. Of those; 93 were Food-Net diagnosis and 96 were animal bites. For all cases; the number of days from assigned case until RN work: 92.6 % within 3 days 94.1% within 4 days. What % of total cases were successfully contacted 77.2%. Of the contacted how many received hygiene education? 100%</p> <p>Q2 Investigation Outcomes: 285 Total cases. Of those; 119 Food-Net and 116 animal bites. For all cases; the number of days from assigned case until RN work: 89.1 % within 3 days 89.5% within 4 days. What % of total cases were successfully contacted 72.2%. Of the contacted how many received hygiene education? 100%</p> <p>Q3 Investigation Outcomes: 430 Cases, of those 183 Food Net diagnoses and 114 animal bites. For all cases; the number of days from assigned case until RN work: 97.1% within 3 days. 98% within 4 days. What % of total cases were successfully contacted 76.1%. Of the contacted how many received hygiene education? 100%</p> <p>Q4 Investigation Outcomes: 413 Cases, of those 123 were Food Net diagnoses and 100 animal bites. For all cases; the number of days from assigned case until RN work: 94.7% within 3 days. and 95.4% within 4 days. What % of total cases were successfully contacted: 73.7% Of the contacted how many received hygiene education? 100%</p>



Operating Agreement Quarterly Measurements by Program 2019							
Program	Objective	Metric	Q1	Q2	Q3	Q4	Result
Public Health Informatics	Provide Geographic Information Systems (GIS) expertise to produce maps and geospatial analysis at the request of the City.	Number of GIS maps for Public Health issues	17	25	32	22	N/A

Response:

Criteria partially met. The following performance statistics were provided Semi-Annually (N/A = statistics without goals):

Operating Agreement Semi-Annual Measurements by Program 2019					
Program	Objective	Metric	6/30/2019	12/31/2019	Result
ID Clinic-HIV	Work with stakeholders across the City and County on AIDS elimination	90% of those with HIV have been diagnosed	90.0%	90.0%	✓
		90% of those diagnosed are in HIV care	71.5%	80.8%	✗
		As reported by 5280 Fast Track Cities Task Force, metro Denver saw an increase in HIV diagnoses in 2019, due to a variety of possible causes, but continues to make progress towards meeting the goals of the Fast Track Cities Initiative. Efforts are limited by lack of dedicated funding for this work.			
		90% of those in care have an undetectable viral load	91.2%	91.2%	✓
Epidemiology and Disease Investigation, Preparedness and Response	Develop and provide high quality monitoring and outbreak data to stakeholders	Develop metrics and reporting schedules by 6/30/2019, 12/31/2019	Yes	Yes	✓

Response:

Criteria met. The following performance statistics were provided Annually (N/A = statistics without goals):

Operating Agreement Annual Measurements by Program 2019				
Program	Objective	Metric	2019	Result
Immunization and Travel Clinic Vaccine-preventable infections	Assess risks for vaccine preventable infections in Denver	Review of opportunities to decrease vaccine-preventable infections in Denver	Yes, the team has been doing this work in relation to measles, Hep A and HPV.	N/A
STD and Family Planning Clinic Sexually-transmitted diseases (other than HIV and viral hepatitis)	Monitor gonorrhea antimicrobial resistance	Perform culture and antimicrobial resistance testing on 360 gonorrhea isolates annually	Complete	N/A



Operating Agreement Annual Measurements by Program 2019				
Program	Objective	Metric	2019	Result
TB Clinic	Prevent TB in Denver	Number of new TB cases	53	N/A
		Completion of treatment within 12 months (goal ≥95%)	95%	✓
	Provide evaluation and treatment of persons with latent TB in Denver	Number of homeless persons tested for latent TB	940	N/A
		Completion of treatment of latent TB among close contacts to active cases of smear-positive pulmonary TB (goal ≥80%)	80%	✓
	Work with primary care settings in Denver caring for persons with increased risk for TB	Screen and treat latent TB among high risk persons (goal – 2 additional clinics)	2 (STRIDE and SW Pena)	✓
	Epidemiology and Disease Investigation, Preparedness and Response	Produce and contribute to health assessment reports annually (e.g., population or targeted health assessment, health impact assessments)	Number of assessment reports produced in calendar year	None. 2019 was spent developing the next 5 year population assessment which will be released in 2020
Epidemiology and Disease Investigation, Preparedness and Response	Develop and maintain efficient outbreak response data tools that integrate clinical data, disease reports, and outbreakrelated data collection	Percent of CEDRS outbreaks involving Denver residents that are linked to Event in Data Entry Tool (DET)	89.4%	N/A
	Curate monitored data to annually produce information that tracks progress on community health improvement plan.	Data for the CHIP annual report	Yes - Childhood obesity monitoring data was shared	N/A
	Provide staffing as public health technical specialists and ICS positions in the Joint Public Health and Environment Department Operations Center (DOC).	Number of exercises/trainings conducted per calendar year	4	N/A
		Number of actual DOC activations responded to per calendar year	2	N/A
	Ensure DPH participation in ICS training and exercises/drills	Percentage of DPH personnel with emergency preparedness functions with complete ICS training profile at end of calendar year.	97.54%	N/A
		Number of staff that actively participate in exercises/drills per calendar year	12	N/A
	Serve as the coordinator for development and distribution of Denver Health Alert Notifications (DHANs)	Number of DHANs distributed per calendar year	30	N/A
	Serve as the manager of special projects- Epidemiology Surveillance and Reporting Tool (ESRT), National	Number of trainings for NSSP database provided to DPH and other LPHA disease investigation staff and response partners per calendar year	2	N/A



Operating Agreement Annual Measurements by Program 2019				
Program	Objective	Metric	2019	Result
Public Health Infrastructure	Serve as Medical Officer for DDPHE	24/7 availability of the Medical Officer or designate (a physician with public health expertise)	Complete	✓
	Support maintenance of public health accreditation and pursuit of reaccreditation	Update/create documents for prioritized domains	Complete (Domain 2 and 7)	✓
		Implement improvements based on PHAB feedback from the annual report	Complete	✓
		Completion of the annual report (goal = March 31, 2019)	Complete	✓
	DDPHE Joint action planning	Completion of annual joint planning activities	Completed for NEO, HIV, CD/PHI	✓
		Development of a joint performance management system	Completed 2019 joint excel dashboard	✓
		Completion of a roadmap to conduct joint strategic planning	Completed 2019 plan and drafted 2020 plan	✓
		Conduct regular Operations Committee meetings	Complete	✓
Public Health Infrastructure	DDPHE Joint action planning	Identify two program priority areas to enhance coordination of efforts	Completed for NEO, HIV, CD/PHI (2019) and NEO, HIV, Tobacco, Behavioral Health (2020)	✓
		Draft action plans for the two program priority areas	Complete	✓
	Distribute joint communications that share health data and information about the City and County of Denver	Number of Vital Signs issues published	2 (Sugary Drinks/Dental Health, Teen Vaping)	N/A
		Number of joint reports published	1 (Denver Youth Gun Violence)	N/A
Public Health Informatics	Provide data extraction and reporting expertise to support periodic community health assessments for the City and County of Denver.	Number of data analytic products performed	2,368	N/A

C. DDPHE and DPH collaborate to produce the deliverables associated with the CHIP and CHA. Be Healthy Denver activities include completion and dissemination of the 2019-2023 CHIP and preparation for the 2020 Community Health Assessment. All work products shall be approved by the department directors. Final approval of all CHIP and CHA work product rests with DDPHE per section 1.1 (b), above.

Response:

Criteria met. DPH delivered on all requests for work related to the 2019-2023 CHIP. DPH played a strategic role in supporting DDPHE in its approach to conducting the CHIP effort. DPH participated in a CHIP community partner co-ownership meeting on February 13, 2019 and completed all expected actions related to that discussion.

Throughout 2019, DDPHE and DPH implemented the plan developed for the 2020 health assessment devised in 2018. A health issue priority survey was conducted with community residents to learn about the key issues of importance to include in the 2020 health assessment. The 700 responses were analyzed



by a team of DPH and DDPHE staff. Community partners and city agency representatives were then convened first to interpret survey findings and determine health assessment themes and then to select health metrics to use for understanding progress on those themes. Lastly, a company was selected and vetted through city processes to collaborate on the creation of an online platform to house and display the health assessment.

D. DPH will in collaboration with DDPHE create an environment that is responsive to information requests of the City’s residents, visitors, and City leaders. The informatics and epidemiology groups will respond to data requests submitted by DDPHE staff using the cross-agency data request protocol that support data-driven decision making.

Response:

Criteria met. DPH responded to all requests submitted by DDPHE staff within the expected 60 day timeframe. DPH staff provided technical assistance to DDPHE staff in utilizing data products in ArcGIS and PowerBI. Among the many requests honored:

- To support Public Works (now Department of Transportation & Infrastructure), DPH led an effort to understand scooter related injury burden in the city. To measure incidence of e-scooter injury in the Denver Health system, search terms related to e-scooters and injuries were tested and refined in order to pull more than 1000 electronic health records, which were then reviewed individually to identify e-scooter injury.
- To support DDPHE’s interest in better understanding drug misuse in Denver, DPH analyses ED and Hospital Discharge data (from the Colorado Hospital Association) to determine the frequency of which drug use (including alcohol, tobacco, and marijuana) is treated in acute care settings for Denver residents.

E. Public Health Emergency Preparedness Deliverables Include:

(i) The City and DPH agree that one emergency response plan is best for public safety, and agree to begin consolidating emergency response plans, annexes, and Department Operations Centers in 2018, with a goal of full consolidation by 6/30/2019. The combined DOC will be located at DDPHE.

(ii) DPH will continue to provide advice on

medical aspects of emergency management and preparedness, and retain the role of Public Health Medical Director. The City will make the final determination on all emergency response measures.

Response:

Criteria met. DPH and DDPHE consolidated emergency operations plans into the Denver Public Health and Environment All Hazards Emergency Operations Plan (PHE-AHEOP) in May 2019. A joint Public and Environmental Health Department Operations Center has been established at DDPHE. The most recent activation and joint response occurred in late 2019 through January 2020 to respond to the hepatitis A outbreak in the city of Denver.

DPH continued to provide 24/7 Medical Director service and also served as the Office of Emergency Management in Healthcare and Hospital Branch Director positions in the City Emergency Operations Center. Staff also upgraded the Preparedness and Disease Investigation website.

SECTION 10
**A-4 Denver Community Addiction
Rehabilitation and Evaluation Services**



Appendix A-4 Denver Community Addictions Rehabilitation and Evaluation Services (CARES)

1.4 Performance Criteria

A. One-hundred percent of the women of child-bearing age utilizing the services of Denver CARES will be offered a pregnancy test and, if the test is positive, will be provided referral and follow-up.

Response:

Criteria met. Denver CARES offers pregnancy testing at no cost to all female patients of child-bearing age. In 2019 there was one positive pregnancy test and the patient was referred to Denver Health's Women's Services.

B. The Authority will provide an annual report by May 1st of the year following the year being reported on, which includes performance statistics for the year just ended and the two previous fiscal years, for the following items:

Detoxification: Average Daily Census

- Number of clients admitted more than one time for the program year
- Number of admissions of clients experiencing homelessness
- Number of clients who did not pay any charges due for services rendered.
- Number of referrals not admitted.
- Number of clients admitted for the first time
- Number of clients referred with a DUI
- Number of client to staff and client to client assaults

Response:

Criteria met. Refer to table below:

Denver CARES Services	2017	2018	2019	Trend
Detoxification: Average Daily Census	94	105	96	
Number of clients admitted more than one time for the program year	2,096	3,608	2,878	
Number of admissions of homeless clients	17,478	23,870	22,825	
Number of clients who did not pay any charges due for services rendered	3,117	1,182	995	
Number of referrals not admitted	381	541	771	
Number of clients admitted for the first time	5,312	4,196	4,031	
Number of clients referred with a DUI	336	222	289	
Number of client to staff assaults	10	18	10	
Number of client to client assaults	43	47	16	

C. The Authority will provide a quarterly report to the City in an agreed format, which indicates the amount of year-to-date expenses and revenues for Denver CARES by the 15th day of the month following the end of the quarter after the end of the reporting period. Continue to work with the City to provide the agreed upon data from High Utilizer Case Coordinator metrics, EPIC (Electronic Medical Record System), DACODS, and other sources as agreed upon by both parties.

Response:

Criteria met. The Denver Health Finance Department provided regular quarterly reports to the City with year-to-date expenses and revenues. Denver CARES provided High Utilizer Case Coordinator metrics, EPIC, DACODS, and other sources as agreed upon by both parties on a quarterly basis.

SECTION 11
A-5 Substance Treatment Services



Appendix A-5 Substance Treatment Services

1.5 Performance Criteria

To promote the goals of recovery and connecting service delivery to other metric-based projects, Outpatient Behavioral Health Services (OBHS) will report the following performance and outcome metrics on a monthly or annual basis according to the agreed-upon templates:

A. OBHS patient census and 'recovery' measures

- (i) Total patient census in methadone treatment
- (ii) Total patient census in outpatient Suboxone
- (iii) Total patient census in traditional outpatient treatment. Data may be stratified by demographic information and incorporate patient assessment data.

- 1. Percent of reduction of use at discharge compared to C-STAT measure
- 2. Length of stay
- 3. Number of unique annual admissions
- 4. Number of duplicate annual admissions
- 5. Number of patients discharged less than 90-days after admission

Response:

Criteria met.

OBHS Patient Census and Recovery Measures	2019
Total Census in Methadone Treatment	687
Total Census in Outpatient Suboxone	129
Total Census in Traditional Outpatient	118
% of Reduction of Use at Discharge (compared to C-STAT goal of 80%)	89%
Length of Stay (Days)	213
# of Unique Annual Admissions	1,224
# of Duplicate Annual Admissions	101
# of Patients Discharged Less than 90-days after Admissions	601

B. OBHS agrees to collaborate with the City on behavioral and substance misuse initiatives by providing available data when possible and with sufficient notice.

Response:

During 2019, OBHS received no requests for additional information.

SECTION 12
**A-6 Medical Services for Arrestees,
Pretrial Detainees and Inmates**



Appendix A-6 Medical Services for Arrestees, Pretrial Detainees and Inmates at Denver Health and Hospital Authority

1.6 Performance Criteria and Reports

A. The Correctional Care Medical Facility (CCMF) is a Denver Health patient care facility and as such will comply with Joint Commission on Accreditation of Healthcare Organizations regulations and review.

Response:

Criteria met. The CCMF follows all Denver Health policies and procedures aligning with the regulations of Denver Health's accreditation by the Joint Commission on Accreditation of Healthcare Organizations. CCMF continues to be open for Denver prisoner admissions 24 hours a day, 7 days a week. The CCMF is a state-of-the-art facility, combining both security and medical care features. Patients are accepted from all adult-based correctional facilities and jurisdictions. 20 beds (including 1 dedicated psychiatric observation room), five holding cells, electronic surveillance and door control, vehicular sally port, and a dedicated 6 room outpatient area are some of the key features of this facility. It is expandable to more than 24 beds if the need arises.

CCMF Services	2017	2018	2019	Trend
Discharges				
Denver	294	273	608	
All Jurisdictions	725	856	789	
Total Hospital Days				
Denver	1,981	1,161	1,531	
All Jurisdictions	3,475	3,650	2,188	
Average Length of Stay				
Denver	6	4	4	
All Jurisdictions	6	4	4	
CCMF Outpatient Clinic Visits				
Denver	1,449	2,407	4,447	
All Jurisdictions	4,291	4,064	5,170	
Denver Jail Patients Seen in ED				
	2,797	3,168	3,487	

B. The Authority will continue to provide the City with mutually agreed upon standardized Utilization Management (UM) reports each month. In addition, the following information shall be provided to the Sheriff or his/her designee:

- (i) a daily census report for all inpatients at CCMF or at Denver Health Medical Center (DHMC);
- (ii) within sixty (60) days, monthly patient data including the patient name, medical

- record number, total length of stay, admit and discharge dates, the Authority charges, City Cost, patient DOB, split billing information.;
- (iii) within sixty (60) days, monthly reports including ambulance, facility and physician billing;
- (iv) within sixty (60) days, monthly third-party billing reports including patients name, admit and discharge dates, split billing information, sum of charges, sum of City cost, amount collected from third party, name of third party payor, credits/debits to City; and,
- (v) within sixty (60) days, a monthly A-6 report and B-3 report as agreed upon by the City and the Authority.

Response:

Criteria met. During 2019, all mutually agreed to standardized Utilization Management (UM) reports have been submitted to the City. Reports on special projects are also included in the UM reports such as specialty clinic utilization and daily census reports.

C. The Authority shall continue to develop and submit financial reports at least monthly to enable the City and the Authority to evaluate payment mechanisms and to improve understanding of costs. If the ongoing billing methodology work group (consisting of representatives from the Authority and the City) agrees, the City and the Authority may amend this agreement as to payment methodology.

Response:

Criteria met. During 2019, the Authority continued its monthly financial reporting to include summary and detailed information. These reports have enabled analyses of the many different services on various levels. The current reporting format and content has been approved by both the City and the Authority.

D. If any third-party payment is denied or reduced to less than full payment, the Authority shall provide detailed documentation of such (including the stated reason and any available appeal procedures) to the City within fifteen (15) days. The Authority shall timely take such action as is necessary and reasonable to challenge or appeal the denial or reduced payment, where warranted under the law and the rules of ethics as long as the City pays all necessary, reasonable and preauthorized (in writing) associated fees and expenses and the City's written preauthorization is received within three (3) days of the Sheriff's or



his/her designee's receipt of written notice from the Authority of the denial or reduction. However, the City shall not pay for the processing and re-submission of third party claims that can be accomplished by Authority staff.

Response:

Criteria met. The City is notified monthly of all denials related to third-party payments. Where there are concerns, these concerns are resolved in accordance to the language outlined above.

e. Upon completion of providing patient care services to the City and County of Denver arrestees, pretrial detainees and inmate population, it is agreed that the Authority will notify the Sheriff's Department of the final medical disposition at which time the Sheriff's Department shall arrange for transport of the detainee or inmate as quickly as reasonably possible. The Sheriff's Department will use best efforts and prioritize available resources to facilitate transportation of the detainee or inmate.

Response:

Criteria met. For 2019, the Authority complied with notification of final medical disposition. The median time from final disposition to departure to a correctional care facility was 41 minutes.

SECTION 13
**A-7 Denver Health Medical Plan and City
Employee Healthcare Opinion Survey**

Appendix A-7 Denver Health Medical Plan and City Employee Healthcare Opinion Survey

1.3 Performance Criteria

A. The Health Plan will meet all Performance Standards defined in the annual contract.

Response:

Criteria met.

- At the request of the City and County of Denver, for future reports, DHMP will provide a report to provide annual data on membership, medical utilization, pharmacy utilization, overall costs and trends.
- For 2019, the DHMP performance report will be presented in the same format as in previous years. This will be the final year the information will be presented using the HEDIS and CAHPS report data.
- The utilization and cost information will be reported beginning with the 2020 report.
- HEDIS and CAHPS reporting will be retired for 2020, in addition to the performance guarantees which had been retired for 2019.

B. Health Employer Data Information Set (HEDIS), National Center for Quality Assurance (NCQA) standards will be used to define the Performance Standards above.

Response:

Criteria partially met. The plan met 6 of the 9 HEDIS standards. *Note: There were originally 11 measures; 2 have been retired since Calendar Year 2016 (CY-16). The City and County of Denver has*

an opportunity to consider and select 2 additional measures.

HEDIS Quality Score and Member Satisfaction Performance Standards

HEDIS Quality Score (Effectiveness of Care):

For the Commercial (COM) population, which includes the City and County of Denver members, DHMP will maintain a score on the following 9 HEDIS categories that is greater than or equal to the national HMO published averages at the 50th percentile, or a 3 percentage point increase compared to the previous year:

- Breast Cancer Screenings
- Adult BMI Assessment
- Childhood Immunization Status – Combo 2
- Childhood Immunization Status – Combo 3
- Comprehensive Diabetes Care: HbA1c < 8
- Comprehensive Diabetes Care: Blood Pressure Control < 140/90 mm Hg
- Controlling High Blood Pressure
- Appropriate Treatment of Children with Upper Respiratory Infections (URIs)
- Appropriate Testing of Pharyngitis.

HEDIS 2019 Results Summary:

Out of the 9 measures City and County of Denver chose, DHMP met performance standards (50th percentile benchmark or a 3 percentage point improvement) on 6 of the measures for the 2019 reporting year; 3 measures did not meet the performance standard.

Response:

Refer to table below.

	Effectiveness of Care Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2019 HEDIS Percentile	≥ 50 th Percentile or 3% ↑ over the past year	Result
1	Breast Cancer Screening (BCS)	69.91%	72.06%	73.13%	33rd	≥ 50th percentile	✗
2	Adult BMI Assessment (ABA)	92.21%	92.21%	81.16%	75th	≥ 50th percentile	✓
3	Childhood Immunization Status – Combo 2 (CIS)	89.68%	91.86%	77.34%	95th	≥ 50th percentile	✓
4	Childhood Immunization Status – Combo 3 (CIS)	89.68%	91.28%	76.85%	95th	≥ 50th percentile	✓
5	Comprehensive Diabetes Care – HbA1c < 8 (CDC)	50.77%	48.18%	43.43%	10th	≥ 50th percentile	✗
6	Comprehensive Diabetes Care – BP < 140/90 (CDC)	69.97%	73.24%	62.37%	75th	≥ 50th percentile	✓
7	Controlling High Blood Pressure (CBP)	69.83%	58.88%	50.99%	10th	≥ 50th percentile	✗
8	Appropriate Treatment of Children with URI (URI)	89.32%	88.39%	95.89%	25th	>3% increase over the last year	✓
9	Appropriate Testing of Pharyngitis (CWP)	77.46%	92.54%	89.92%	75th	≥ 50th percentile	✓



Analysis and Rate Details:

The **Breast Cancer Screening (BCS)** measure increased from 72.06% to 73.13% in 2019, a rate increase of 1.07% percentage points, representing a continued increase of 1-2 percentage points annually. Currently, this measure is at the 33rd percentile and will require a 0.53% percentage point rate increase to reach the 50th percentile.

BCS COM Population HEDIS 2019 (H2019)			
	Denominator	Numerator	Compliant Rate
Total Population H2018 (Data Year 2017)	773	557	72.06%*
Total Population H2019 (Data Year 2018)	763	558	73.13%
CSA Population H2019 (Data Year 2018)	77	52	67.53%
*Contracted performance measure			

Variance Explanation:

The BCS measure rate increased from 72.06% to 73.13% in 2019. The (BCS) measure did have City and County of Denver members in the Commercial HEDIS population and of the 77 members in the CSA denominator, 52 members were compliant. 67.5% of the City and County of Denver members got the appropriate care for this measure.

Interventions:

In order to improve breast cancer screening rates, DHMP sends monthly mammogram mailers to members due for mammography. The mailer includes information on scheduling an appointment as well as a calendar for the women’s mobile clinic. ACS implemented new standard work in clinics to have MA’s schedule patients for mammogram appointments at time of visit in 2019. Additionally, through the DHHA Ambulatory Care Services Cancer Screening Workgroup, DHMP QI team members have also been collaborating with the Women’s Health team to develop more effective outreach strategies to engage Members in mammography screening. DHMP would also suggest using the Denver Health Mobile Women’s Health Mobile Clinic to perform mammography for City of Denver employees. DHMP would facilitate and help organize the effort with the City of Denver health and wellness team, and arrange the Mobile Clinic van at a couple of key locations of employee concentration during Breast Cancer Awareness Month, or anytime convenient to the City of Denver.

The **Comprehensive Diabetes Care – HbA1c < 8 (CDC)** measure dropped from 48.18% in 2018 to 43.43% in 2019, a rate decrease of 4.75 percentage points. Currently, the CDC measure is at the 5th percentile and will require a 17.11% rate increase to reach the 50th percentile.

HbA1c < 8 COM Population HEDIS 2019 (H2019)			
	Denominator	Numerator	Compliant Rate
Total Population H2018 (Data Year 2017)	411	198	48.18%*
Total Population H2019 (Data Year 2018)	396	172	43.43%
CSA Population H2019 (Data Year 2018)	66	29	43.94%
*Contracted performance measure			

Variance Explanation:

The CDC measure decreased from 48.18% in 2018 to 43.43% in 2019, representing a drop in the reported rate and not a drop in care that members received. The CDC measure did have City and County of Denver members in the Commercial HEDIS population, and of the 66 members, 29 had received care for a rate of 43.94%.

The CDC is a measure that relies heavily on review of the member’s medical record in order to determine the qualifying HbA1c result as this information can often be missing from a medical claim. DHMP attributes the decrease from H2018 to H2019 to technical issues in HEDIS data extraction in H2019 that prevented the DHMP QI team from conducting medical record review for the Commercial line of business. The data production issue was not known in advance, nor anticipated, and resulted in a delayed submission of the data, and subsequent Auditor approval, which that DHMP without adequate time to perform medical record review. As a result of the highly regulated process for (audited) HEDIS medical record review, there were no other alternate forms of medical record review/data collection that was auditor allowed. DHMP relied on ‘administrative’ only data which does not support reporting for HbA1c which relies on chart data.

In the years in which DHMP was able to conduct medical record review, rates have more accurately reflected the care received by members by accounting for care data not received from DHMP claims system, resulting in higher rates. In H2018 DHMP was able to conduct medical record review. In H2019, DHMP was unable to conduct this review due to the HEDIS data extraction issues.



Interventions:

The DHMP QI team collaborates with the DHHA Ambulatory Care Services Diabetes Workgroup to improve outcomes for diabetic members. Going forward, DHHA Ambulatory Care Services will be working to ensure that members who have a documented HbA1c >8 are seen at a DHHA clinic once every three months for monitoring and follow up. In addition, the QI team will conduct robust medical record review to ensure that HbA1c lab test claims that are submitted without including the numerical HbA1c value are appropriately captured for HEDIS reporting. In H2020, as a result of continued improvement in HEDIS data extraction processes, DHMP was able to conduct medical record review of its Commercial line of business and preliminary rates show increases of and 12.24% for HbA1c <8 over H2019.

The **Controlling High Blood Pressure (CBP)** measure dropped from 58.88% in 2018 to 50.99% in 2019, a rate decrease of 7.89 percentage points. Currently, this measure is at the 10th percentile and will require an 11.91 % percentage point rate increase to reach the 50th percentile.

CBP COM Population HEDIS 2019 (H2019)			
	Denominator	Numerator	Compliant Rate
Total Population H2018 (Data Year 2017)	411	242	58.88%*
Total Population H2019 (Data Year 2018)	757	386	50.99%
CSA Population H2019 (Data Year 2018)	102	55	53.92%
*Contracted performance measure			

Variance Explanation:

The CBP measure decreased from 58.88% in 2018 to 50.99% in 2019. There were 17 more non-compliant people in this measure than the previous year, resulting in this rate change. The CBP measure did have City and County of Denver members in the Commercial HEDIS population. Of the 102 members in the CSA denominator, 55 members were compliant. 53.92% of the City and County of Denver members got the appropriate care for this measure.

Similar to the HbA1C measure, the CBP measure was impacted by HEDIS data extraction issues which prevented the DHMP QI team from conducting medical record review for the Commercial line of business. See the HbA1C Variance Explanation for details.

Interventions:

Improved mapping for eligible encounter data, especially in the nurse-facilitated Drop-In Hypertension Clinic (where there is no associated claim) continues and DHMP will be performing additional medical record reviews for this measure in 2020, in order to account for the absence of qualifying codes in the encounter record. Going forward, DHMP will also collaborate with the DHHA Ambulatory Care Services Cardiovascular Disease Workgroup, on interventions aimed at improving provider prompts in the EMR (Epic) for medication review and intensification and reducing race related disparities in blood pressure control.

CAHPS Member Satisfaction Performance Standard

The 6.0 version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey has been in use since 2016. DHMP conducts the CAHPS Adult Commercial Survey 6.0H annually.

From the 9 CAHPS scores, 7 survey questions out of 9 performed above the NCQA Quality Compass Mean; 2 were below the NCQA Quality Compass Mean.

Response:

Refer to table on the following page.



CAHPS Questions	2017 CAHPS	2018 CAHPS	2019 CAHPS	2019 NCQA Quality Compass Mean	Compared to Mean	Result
Satisfaction with the Health Plan						
Overall Rating of Health Plan Report score of 8, 9, 10 category	66.40%	60.13%	66.20%	63.64%	2.56% above	✓
Flu shot (ages 18-64) Report yes responses	85.61%	77.40%	87.80%	50.49%	37.31% above	✓
Getting Needed Care						
Overall Rating of Health Care Report score of 8, 9, 10 category	74.91%	72.35%	81.53%	77.51%	4.02% above	✓
Easy to get appointment with specialist Report score of always/usually	71.97%	75.00%	70.70%	84.00%	13.30% below	✗
Easy to get care, tests, or treatment believed necessary Report score of always/usually	79.85%	79.62%	85.90%	88.54%	2.64% below	✗
How Well Doctors Communicate						
Explain things in a way you could understand Report score of always/usually	96.98%	97.30%	97.70%	95.99%	1.71% above	✓
Listen carefully to you Report score of always/usually	94.85%	95.95%	96.30%	94.85%	1.45% above	✓
Show respect for what you had to say Report score of always/usually	98.28%	95.50%	98.10%	96.18%	1.92 above	✓
Spend enough time with you Report score of always/usually	92.70%	91.89%	94.00%	93.04%	0.6% above	✓

Analysis and Rate Details:

DHMP has maintained high levels of satisfaction for Flu Shot, Explain Things in a Way You Could Understand, and Listen Carefully to You survey items and has had meaningful improvement in satisfaction with the Overall rating of Health Care and the Overall rating of the Health Plan.

In the “Getting Needed Care” section, DHMP has seen improvement in the Easy to Get Care, Tests, Treatment Believed Necessary question with an increase of 6.28% percentage points, while the question Easy to Get an Appointment with Specialist decreased 4.3% percentage points. Scores related to Getting Needed Care were below the national average, and issues around access are being investigated. Ongoing assessments of network adequacy, including standards for member and provider ratios by provider type, and

an analysis of geographic access, showed the network met standards in 2019.

Getting Needed Care		
	Denominator	Numerator
Easy to get appointment with specialist (n = 150)	411	198
Easy to get care, tests, or treatment believed necessary (n = 249)	396	172

CAHPS Interventions:

Health plan customer service continues to be a DHMP strategic priority for 2020. For access-related support, the DHMP Health Plan Services



Department is available to assist members with obtaining an appointment in an effort to improve successful access of available services. In addition, plans are established for the development of member and provider portals to enable improved self-service in 2020.

To facilitate ongoing improvements, results of CAHPS surveys are reviewed and discussed annually with the DHMP Quality Management Committee (QMC), DHMP operational leadership, ACS, DHHA Executive Staff and the DHMP Board of Directors. The QI Department facilitates follow-up on recommendations around improving access with both Health Plan Member Services and Provider Relations Departments through ongoing Network Management Committee (NMC) efforts. DHMP QI partnerships with ACS will continue to facilitate improved access and member experience.

In 2019, DH saw growth in primary care. In June 2019 DH partnered with the Rose Amond Center, a center offering resources for victims of domestic violence and opened a small 2 exam room clinic offering adult and pediatric primary care and women's care services 5 days a week. In August 2019, DH opened its 18th School-Based Health Center at East High School. DH also started planning the opening of its 10th Community Health Center, Sloan's Lake Primary Care, scheduled to open in 2020. It will be located in west Denver and will have 14 exam rooms.

This significant increase in primary care, especially for the un- and underinsured patients, is a critical component in improving overall health status in the community; however, this creates an increased demand for specialty services. Nationally, access to specialty services for the uninsured and Medicaid population is extremely difficult.

The creation of an Outpatient Medical Center (OMC) will allow DH to expand specialty care services in a similar way. The OMC is will be a 290,000+ square-foot, state of the art facility located just across from the main hospital that will consolidate 20 specialty clinics, procedural areas, day surgery and ancillary services into one convenient location, providing increased space and access in specialty care areas such as cardiology, orthopedics, outpatient behavioral health and dental services. Once the OMC is complete, it will also help to free up space on the main campus to continue growth in pediatric services and allow DH to increase the number of inpatient psychiatric beds. Additionally, DH will be relocating one of our Primary Care Clinics and Adult Dental clinics into

the OMC, allowing for expansion in those spaces of services for Pediatric Primary, Specialty and Dental Care nearly doubling outpatient capacity, allowing DH to better meet the needs of our patients.

Changes to the scheduling templates in clinics, designed to increase available visits for primary and specialty care and in combination with a reorganization in the Appointment Center in 2019, are intended to provide a larger number of appointments and a more streamlined and focused access for those appointments.

1.4 The Authority - City Employee Healthcare Opinion Survey.

a. The Authority and the City agree that the Authority's Marketing and Public Relations Department will coordinate with the City's Executive Director of the Office of Human Resources to conduct a Denver City Employee Healthcare Opinion Survey ("Survey").

b. The Survey may be conducted periodically but no more than every two years with the next survey scheduled for 2018. Denver Health will provide a copy of the Survey to the City's Executive Director of the Office of Human Resources. The Executive Director has the right to review and approve the timing of publication and content design of the Survey prior to publication for coordination with other employee surveys.

c. Once the Survey is pre-approved by the Executive Director of the Office of Human Resources, the Authority will provide a link to the Survey for publication in the City's Employee Bulletin or, if the Bulletin is no longer available, within the City's regular electronic employee communication. The survey link will be made available to employees for up to two consecutive weeks.

d. The Survey content shall be designed and prepared by Denver Health at Denver Health's sole cost and expense. The survey will be conducted and programmed by a market research organization selected and paid for by the Authority. The Survey results shall be considered proprietary and confidential to the Authority. The Authority will share an executive summary of the Survey results with the City upon request.

Response:

The next Denver City Employee Healthcare Opinion Survey will be conducted in 2020.

SECTION 14
**A-8 Rocky Mountain Poison and Drug
Consultation Services**



Appendix A-8 Rocky Mountain Poison and Drug Consultation Services

1.4 Performance Criteria

A. Telephone lines will be answered within six rings. The Poison Center will answer phones 24 hours a day, 365 days a year.

Response:

Criteria met. Telephone lines were answered within four rings. The Rocky Mountain Poison and Drug Safety (RMPDS) provides information to health care professionals and the public 24 hours a day, 365 days a year.

B. Physicians will respond to complicated, difficult or unusual cases within 10 minutes of page.

Response:

Criteria met. Physicians responded to complicated, difficult or unusual cases within 10 minutes of being paged in 99.9% of cases.

C. The Center will maintain certification by the American Association of Poison Control Centers.

Response:

Criteria met. RMPDS was re-certified in 2017 by the American Association of Poison Control Centers. The current certification is effective through 2022.

D. The Center will provide public education in the Denver Metro Area.

Response:

Criteria met. In 2019, RMPDS distributed 3,543 pieces of public education materials on poison prevention for human and animals, in both Spanish and English, in the Denver Metro area. RMPDS maintains the Colorado Poison Center website (www.copoisoncenter.org), launched in 2018, that offers one-click contacting for individuals who may prefer non-telephonic routes of correspondence (i.e. chatting, email, texting). The website offers commonly requested poison prevention materials in English and Spanish and a form to easily request materials. RMPDS also has a Marijuana Health & Safety Line and [web page](#) to provide Denver area residents/visitors with resources concerning safe use of products and a means to ask health & safety questions.

E. The Rocky Mountain Drug Safety Services Center will answer telephone calls within six rings during working hours 8:00 a.m. to 4:30 p.m., Mountain Time.

Response:

Criteria met. RMPDS answers telephone calls within six rings and is staffed 24 hours per day, 365 days per year.

F. The Authority will provide an annual report by May 1 of the year following the year being reported on, which includes the following information for the year just ended and the previous Fiscal Year:

Number of calls from Denver County and total State calls for:

- Poison Center
- Drug Consultation Center

Response:

Criteria met. Refer to table below.

Call Volume	2017	2018	2019	Trend
Poison Center ¹				
Denver	9,412	4,247	4,772	
State	69,559	32,416	35,065	
Drug Consultation Center ^{2,3}				
Denver	131	221	226	
State	87,153	75,915	68,507	
¹ Includes poison center calls and public health emergency service calls (COHELP) ² State totals combine Denver County, Colorado and out-of-state calls and electronic inquires ³ Client base changes annually				

Call Volume Trends Analysis:

In 2019, the total Denver & Colorado calls for the Poison Center averaged a combined overall increase in call volume by 10.3%. As with prior years, our total exposure calls remain constant or increasing, with cases involving increasing complexity, often requiring health care facility referral and evaluation. To capture contacts who prefer alternative routes of communication besides calling, the Colorado Poison Center website (www.copoisoncenter.org) allows contact through webchat, text, and email to improve ease of getting information (580 contacts resulted in 2019). RMPDS expects to increase information calls with the expanded communication features on the new website amongst younger adults who are more accustomed to non-phone interactions. The new website also includes information and a means to connect to the Marijuana Health & Safety Line. Drug Consultation Center total volumes for Denver have plateaued over the last year;



due to promoting the service to both NurseLine and Poison Center for inquiries related to safe use of pharmaceuticals. Additional volumes can be realized by promoting the phone line to city agencies that frequently get such requests for information and we would like to further that during 2020 in conjunction with DDPHE.

G. The Authority will provide a quarterly report to the City in the format attached to this Appendix, which indicates the amount of year-to-date expenses and revenues for RMPDS by the forty-fifth (45th) day after the end of the reporting period.

Response:

Criteria met. Refer to table below.

H. Requests for consultation services to City and County of Denver regulatory agencies will be responded to within 48 business hours.

Response:

Criteria met. RMPDS physicians and toxicologists are available 24/7/365 for consultations and other support services to City and County of Denver staff. RMPDS has had several inquiries from DDPHE over 2019 involving kratom, marijuana, pesticides used in marijuana production, issues surrounding the topic of contamination of marijuana, and other events throughout the year with public health significance.

2019 Monthly Denver Health Rocky Mountain Poison and Drug Consultation Services (A-8) Providing Drug Consultation Services for the City and County of Denver					
Drug Consultation Center Program (A-8 Program)	1Q2019	2Q2019	3Q2019	4Q2019	2019 Total
Denver Drug Consultation Line Case Volume	71	54	57	44	226
All Other Drug Center Client Case Volume	19,445	19,341	16,326	13,395	68,507
Total Drug Center Cases	19,516	19,395	16,383	13,439	68,733
Other RMPDC Services Benefitting Denver Residents					
Poison Center* Cases from Denver county (answering calls 24/7/365 within 6 rings**)	1,106	1,143	1,277	1,246	4,772
All other Medical Triage Cases (DH Patients who live in the City)	0	0	0	0	0
Poison Center* Cases from All Others (only Colorado calls)	8,058	8,460	9,461	9,086	35,065
Poison Center* Public Education Pieces (English or Spanish) Distributed to Denver County	933	800	970	840	3,543
*Poison Center is certified by American Association of Poison Control Centers thru 2022					
**Poison Center physician escalations occur within 10 minutes					
A-8 Program Contact Center Full-Time Equivalents					
Hours of Operation - Answering Calls 24/7/365	2160	2184	2208	2208	
FTE Equivalents (assumes 1,828 work hours per FTE per year; 25% FTE coverage)	0.30	0.30	0.30	0.30	
A-8 Program Expenses					
Actual Average Drug Center FTE Staff Salary Cost Plus Benefits	\$ 113,235	\$ 113,235	\$ 113,235	\$ 113,235	
Staff Cost Based on Hours of Operation & Staffing Coverage	\$ 33,450	\$ 33,822	\$ 34,194	\$ 34,194	
Telephone Line Cost (for 303-389-1112)	\$ 195	\$ 195	\$ 195	\$ 195	
DrugDex Software License	\$ 800	\$ 800	\$ 800	\$ 800	
Total Drug Consultation Program Cost	\$ 34,445	\$ 34,817	\$ 35,189	\$ 35,189	
Collected Revenue Per the City Operating Agreement	\$ 24,225	\$ 24,225	\$ 24,225	\$ 24,225	
Variance (Discounted Amount)	\$ (10,220)	\$ (10,592)	\$ (10,964)	\$ (10,964)	
% Variance (Discount)	30%	30%	31%	31%	

SECTION 15
**A-9 Clinical and Laboratory Services for
the City's Department of
Public Health & Environment**



Appendix A-9 Clinical and Laboratory Services for the City’s Department of Public Health & Environment.

1.4 Specific Time Frame for Performance; Performance Criteria and Laboratory Report Delivery.

Clinical and Laboratory Services for the City are a Core Service as defined in the Operating Agreement.

A. The Authority’s Department of Pathology and Laboratory Services (DPLS) shall provide service twenty-four hours per day, seven days per week. DPLS agrees to render Laboratory Services for the patients of the City in accordance with orders given by the physicians treating the patient.

Response:

Criteria met. DPLS provided all laboratory services 24 hours per day, seven days per week, and in accordance with orders given by the physicians treating the patient.

B. DPLS shall use reasonable efforts to complete tests within stated expected turnaround times (TAT) following receipt of the specimen and the requisition. In general, TAT should be no more than four (4) days following receipt of the specimen and the requisition, unless the test is esoteric, anatomic pathology, molecular diagnostic testing, or a microbiology test which requires longer turnaround. DPLS pricing and TAT are described and incorporated by reference into the Agreement.

Response:

Criteria met. Approximately 92% of all test results were resulted (reported) within 60 minutes of receipt in the laboratory. All turnaround times were met within 24-72 hours except for specialized tests performed at DPLS or tests that were sent to reference laboratories (as noted above).

C. Routine Histology slides shall be available within five (5) business days following specimen receipt by DPLS.

Response:

Criteria met. Turnaround times were met for all routine histology slides being available within 5 days or less.

D. DPLS agrees to deliver a copy of the laboratory report in a timely manner and per the hospital laboratory TAT’s. The laboratory test report will include at a minimum: patient's name, date of test, test name, test result, normal values,

laboratory name and address. DPLS agrees to make all records on the City patients to whom DPLS has rendered services available for the City upon request.

Response:

Criteria met. Copies of laboratory reports were provided upon request according to the specifications noted and in a timely manner.

E. The City shall notify DPLS of any time-sensitive testing requirements. On request for time-sensitive laboratory testing, the Authority shall meet the time requirements of the City whenever possible.

Response:

Criteria met. There were no incidents in which DPLS was notified of time-sensitive testing requirements by the Office of the Medical Examiner or another affected City agency.

F. If the laboratory is unable to run a requested test within the TAT specified, it shall immediately notify the Office of Medical Examiner or other affected City agency.

Response:

Criteria met. There were no incidents in which DPLS needed to notify the Office of the Medical Examiner or another affected City agency of any situations where TATs could not be met.

G. All concerns or complaints regarding laboratory services shall be directed to the Director of Pathology and Laboratory Services.

Response:

Criteria met. The Director of DPLS was not notified by the office of the Medical Examiner or another affected City agency of any concerns or complaints during 2019.

H. The laboratory code of ethical behavior ensures that all testing performed by the laboratory are billed only for services provided. All marketing and billing is performed in accordance with community standards; all billing is for usual and customary services. All business, financial, professional, and teaching aspects of the laboratory are governed by standards and professional ethics.

Response:

Criteria met. There were no incidents of concerns or complaints with billing where the Director of DPLS was notified during 2019. All of the marketing



and billing by DPLS was performed in accordance with community standards and for usual and customary services.

SECTION 16
B-1 Center for Occupational Safety and Health (COSH) and Worker's Compensation Triage Line (OUCH Line)



Appendix B-1 Center for Occupational Safety and Health (COSH) and Worker's Compensation Triage Line (OUCH Line)

1.6 Reporting

A. Annual Report. The Authority will provide an annual report by May 1 of the year following the year being reported on, which includes performance statistics for the year just ended and the two previous fiscal years relating to the services provided to the City under this Appendix B-1. The report shall include, but not be limited, the following items for City employees:

Workers' Compensation Encounters:

- Initial visits
- Follow-up visits
- Emergency room visits
- Number of referrals

Response:

Criteria met. Refer to table below.

Center for Occupational Safety & Health (City Only)	2017	2018	2019	Trend
Workers' Compensation Encounters	3,583	2,056	2,564	
Initial Visits (new workers' comp cases)	616	441	609	
Follow-up Visits (workers' comp)	2,967	1,615	1,955	
Emergency Room Visits (CSA only)	182	173	218	
Referrals	961	892	794*	

* an approximation - the system CCD used for referrals (OscarLink) was suspended July 2019

- Average time from initial treatment to maximum medical improvement (MMI)

Response:

Criteria met. Refer to table below.

Body Part		2017	2018	2019	Trend
		(Reported in Days)			
Abdomen	Average	11	10	24	
	Median	11	5	7	
Ankle	Average	69	125	50	
	Median	35	34	26	
Arm	Average	90	74	26	
	Median	45	4	6	
Back	Average	62	68	60	
	Median	43	26	43	
Chest	Average	29	4	20	
	Median	29	3	4	
Ear	Average	198	9	6	
	Median	198	9	6	
Elbow	Average	98	26	75	
	Median	85	4	63	
Eye	Average	26	19	12	
	Median	10	4	10	
Face	Average	14	14	5	
	Median	7	3	5	
Finger	Average	71	52	43	
	Median	29	10	7	
Foot	Average	52	58	67	
	Median	27	30	55	

Body Part		2017	2018	2019	Trend
		(Reported in Days)			
Forehead	Average	5	N/A	11	
	Median	5	N/A	11	
Genitals	Average	26	N/A	N/A	
	Median	26	N/A	N/A	
Groin	Average	34	466	62	
	Median	32	466	62	
Hand	Average	41	29	24	
	Median	24	9	13	
Head	Average	28	14	19	
	Median	15	5	7	
Hip	Average	24	382	21	
	Median	7	382	21	
Jaw	Average	48	N/A	N/A	
	Median	48	N/A	N/A	
Knee	Average	79	124	72	
	Median	56	65	45	
Leg	Average	51	63	38	
	Median	30	41	26	
Lip	Average	7	1	N/A	
	Median	7	1	N/A	
Lung	Average	N/A	36	N/A	
	Median	N/A	36	N/A	
Mouth	Average	N/A	63	N/A	
	Median	N/A	1	N/A	
Multiple	Average	72	52	76	
	Median	37	21	39	
Neck	Average	63	71	53	
	Median	22	71	52	
Nose	Average	66	13	10	
	Median	56	13	10	
Rib	Average	7	N/A	N/A	
	Median	7	N/A	N/A	
Shoulder	Average	108	114	130	
	Median	92	65	91	
Stomach	Average	123	N/A	N/A	
	Median	123	N/A	N/A	
Thigh	Average	13	4	33	
	Median	13	4	33	
Thumb	Average	N/A	36	68	
	Median	N/A	22	42	
Toe	Average	61	10	6	
	Median	22	10	6	
Wrist	Average	71	86	120	
	Median	47	19	62	
Total MMI averaged days		66	72	44	
Total MMI median days		34	12	24	



- Non-Workers’ Compensation Encounters by Agency or Department as identified below.

Response:

Criteria met. Refer to table below.

Agency	2017	2018	2019	Trend
Animal Control	1	1	4	
Art Museum	20	30	29	
Arts and Venues	32	28	28	
Civil Service Commission	226	196	549	
Community Planning	0	1	11	
Department of Finance	1	1	0	
Department of Safety	191	65	36	
Denver International Airport	1	6	97	
Environmental Health	15	38	13	
Excise & License	2	1	1	
Fire Department	99	292	154	
General Services	20	18	21	
Human Services	3	3	2	
Marshal Division	0	4	1	
Parks and Recreation	537	242	416	
Police Department	116	115	159	
Public Library	65	70	206	
Public Works	544	494	581	
Sheriff's Department	288	248	169	
Social Services	3	2	2	
Tech Services	0	2	2	
TOTAL	2,164	1,857	2,481	

- Other services as requested in the prior contract year.

Response:

Other services were not requested in 2019.

B. Performance Criteria Review: As part of the medical management process identified in section 1.4 of this Appendix, the COSH, on an ongoing basis, shall conduct a performance criteria review of the services provided by a consultant specialist as indicated in his/her file for each City employee for whom the physician has an open file based on an COSH referral. The COSH shall provide the completed reviews, including all raw data, to the Risk Management office quarterly at the end of the quarter in which the review was performed. In addition, the Authority and City will jointly identify and expand the performance statistics measured and provided by the clinic for work related injuries to identify areas of improvement.

Response:

Criteria met. The COSH Medical Director and City Case Manager discuss this regularly as part of their monthly meeting.

C. Other Requested Reports: COSH shall provide mutually agreed upon reports as requested by Risk Management office to quantify services and workloads, performance metrics, and identify achievement of best practices.

Response:

No other reports requested.

SECTION 17
B-2 NurseLine Services



Appendix B-2 NurseLine Services

1.3 Performance Criteria

A. The NurseLine will respond to callers 24 hours a day, 365 days a year.

Response:

Criteria met.

B. Health Information Aides will intake calls, gather chief complaint or medical question, and will collect demographics on calls where medical information is provided.

Response:

Criteria met.

C. Registered Nurses will provide medical triage utilizing Schmitt-Thompson Clinical Content to arrive at a final disposition of 911, ED, Urgent Care, Appointment, or Home Care.

Response:

Criteria met.

D. ED Physicians will provide second level triage and staffing as determined necessary by the Authority.

Response:

Criteria met.

E. Language Translation will be provided for callers through Denver Health medical interpretation services or CyraCom Language Line Services.

Response:

Criteria met.

F. The NurseLine will strive to adhere to call center standards set by the Utilization Review Accreditation Commission (URAC) Healthcare call Center Guidelines, National Committee for Quality Assurance Guidelines (NCQA), and the Health Insurance Portability and Accountability Act (HIPAA).

Response:

Criteria met.

G. The Authority will provide a monthly report to the City through the Executive Director of the Department of Public Health and Environment. The report shall provide numbers for the total and for the target populations served that month and the amount of year-to-date expenses and revenues for the Denver Health NurseLine. The monthly report shall be submitted to the City by the 20th day after the end of each month.

Response:

Criteria met.

H. In addition to monthly reports described below, the Authority will provide an annual report by May 1 of the year following the year being reported on to the City through the Executive Director of the Department of Public Health and Environment. The report shall include the following information for the year just ended and the previous fiscal year: NurseLine medical triage cases in total; medical triage cases for uninsured, medically indigent patients from the City and County of Denver; physician medical triage cases; behavior health cases; all other cases; and medical interpretation cases.

Response:

Criteria met. Refer to table below.

City Program Case Volumes	2017	2018	2019	Trend
Uninsured Citizen Medical Triage Cases (non-DH patients)	1,589	1,756	1,912	
Uninsured Citizen Behavioral Health Cases (non-DH patients)	21	41	33	
Citizen Medical Triage Cases (non-DH patients, insured)	10,099	8,034	11,280	
Behavioral Health Cases (non-DH patients, insured)	176	194	258	
Referral Cases (offer resources in the City, non-DH patients)	1,008	801	1,020	
Totals	12,893	10,826	14,503	
Percent of all calls from Uninsured Denver Citizens	12%	17%	13%	
Other Calls				
City Physician Medical Triage Cases (non-DH patients)	2,134	1,996	2,335	
All other Medical Triage Cases (DH patients who live in the City)	24,093	35,179	36,316	
Medical Interpretation (minutes; non-DH patients)	7,852	5,644	6,554	
Estimated Total Cost of Program	\$ 336,791	\$ 359,366	\$ 468,448	
Total Cost to the City for Uninsured*	\$ 60,000	\$ 60,000	\$ 60,000	

*This is a flat fee service contract for \$60,000 each year as per the agreement

SECTION 18
**B-3 Acute and Chronic Health Care at
Denver County Jail and
Downtown Detention Center**



Appendix B-3 Acute and Chronic Health Care at Denver County Jail and Downtown Detention Center

1.6 Reporting Requirements:

The Authority shall continue to provide the following reports unless modified by written agreement of the parties in the Utilization Management process:

A. Reports and meetings as required by the National Commission on Correctional Health Care (NCCHC), the American Correctional Association (ACA), and to meet Prison Rape Elimination Act (PREA) standards;

Response:

Criteria met. In accordance with the Jails' NCCHC and ACA accreditation, Denver Health works collaboratively with the Denver Sheriff's office through the following recurring meetings and reports:

1. Continuous Quality Improvement – Quarterly Meeting
2. Utilization Management Meeting (includes CCMF)
3. Administrative meetings - Bi-weekly Summary Reports
4. Monthly Statistical report
5. Monthly Staff meetings
6. Suicide Prevention
7. Monthly scorecard

B. Sheriff's Department Monthly Statistical Report on Health Services Activities;

Response:

Criteria met.

C. Any meetings as deemed necessary by the Jail Administrator or the Health and Hospital Authority.

Response:

Criteria met.

D. Schedule of health care personnel and specific jail assignments of specific days upon request by the Jail Administrator.

Response:

Not requested but available upon request.

SECTION 19
B-6 Marijuana Public Health Impact
Monitoring and Epidemiology



Appendix B-6 Marijuana Public Health Impact Monitoring and Epidemiology

D. Performance Criteria and General Provisions

(i) The parties agree that work requested and conducted under this portion of the Operating Agreement should be conducted in a collaborative and coordinated manner and expect the City and the Authority to work together to serve the best interest of the citizens of the City in an efficient and cost-effective manner.

Response:

Criteria met. The Authority's Department of Public Health (DPH) and the City's Department of Public Health & Environment (DDPHE) worked collaboratively and cohesively on an assessment to understand the contaminants in marijuana at point-of-sale in dispensaries in Denver. The teams developed the protocol for the random assessment, performed the assessment, and wrote a final report on the results of the assessment. Additionally, the epidemiologist assisted in contacting individuals that responded to marijuana recalls to perform investigations into their illnesses. The collaboration between DDPHE and DPH in responding to marijuana recalls has led to the initial stages of developing an online complaint system to surveil for adverse events related to marijuana.

(ii) Any publications, educational materials, web content, etc. developed by the marijuana epidemiologist or relating to work covered under this portion of the Operating Agreement shall be shared with DDPHE prior to with the public or intended audience; DDPHE reserves the right of final approval and branding where appropriate.

Response:

Criteria met. The protocol written for the marijuana assessment was written in conjunction with DPH and DDPHE, with each entity contributing to the pieces of their expertise. The final report for the marijuana assessment was written by the DPH epidemiologists but reviewed and edited with DDPHE.

(iii) DPH will provide a single point of contact for requests, concerns and the negotiation or revision of work plans under this agreement.

Response:

Criteria met. Allison Seidel, MPH was the primary contact for all marijuana surveillance and related marijuana data requests in 2019.

(iv) Specific Time Frame for Performance.

1. Information, reporting, and analysis by the marijuana epidemiologist to DDPHE shall be provided within mutually agreed upon timeframes based on a negotiated workplan. The plan may be changed by mutual consent if priorities change or obstacles impede a planned project, without necessitating re-opening of this agreement;

Response:

Criteria met. All work products and requests of the marijuana epidemiologists by DDPHE or initiated by the DPH epidemiologist have been clearly defined in terms of scope of work and deadlines. All timelines and deadlines have been mutually agreed upon by both parties and met. The DPH epidemiologist and the team at DDPHE have routine, ongoing and transparent communication.

2. By March 1, 2019, the Authority and the City will negotiate a 2019 work plan of activities to fulfill this agreement;

Response:

Criteria met. The DPH epidemiologist created a full work plan for 2019 in collaboration with DDPHE staff by the set deadline.

(v) The DPH point of contact shall seek guidance and prioritization from DDPHE when the requested work is beyond the capacity of one FTE epidemiologist and other budgeted services.

Response:

Criteria met. The DPH epidemiologist has consistently discussed workload with DDPHE partners, which to this point has not exceeded the current budget allocation.

(vi) If the Authority has an opportunity to sell tools, products or information relating to or resulting from the marijuana-related work conducted under the Operating Agreement, DPH will notify the City and discuss financial terms.

Response:

Criteria met. DPH agrees to this, and has not had an application of this parameter to date.

(vii) DDPHE shall be informed of any formal recognition awarded to DPH as a result of activities covered under this portion of the Operating Agreement.

Response:

Criteria met. In 2019, recognition was based on



presentation of data on marijuana contaminants at a national conference (Council of State and Territorial Epidemiologists/CSTE) and the Marijuana Management Symposium. These were all products that were developed and presented collaboratively and co-branded with DDPHE approval.

(viii) DDPHE shall be contacted to participate in interviews and provide input to the hiring process for new epidemiologists funded under this portion of the Operating Agreement.

Response:

Criteria met. DDPHE staff were included in interviews and selection of the marijuana epidemiologist in Feb/Mar 2019.

SECTION 20
B-7 Miscellaneous Services for DDPHE



Appendix B-7 Miscellaneous Services for DDPHE

1.1 Agreement to provide additional miscellaneous services

A. Occasionally during the year, the City requires and the Authority agrees to provide additional services, including materials, not specified in this Agreement. The Authority will provide reasonable medical services to the City upon request.

Response:

Criteria met. In 2019 the Authority provided additional services when requested by the City.

1.2 Park Hill

The Authority has operated a family health center in the Park Hill neighborhood for many years. In order to assist the Authority in carrying out its mission, the City has committed to partially fund land acquisition, construction and equipping of the Park Hill clinic.

a. Pursuant to an Agreement (the Funding Agreement), the City has agreed to partially fund land acquisition and construction of the Park Hill Clinic. The City’s maximum payment obligation for the land acquisition and construction of the Park Hill Clinic over the term of the Funding Agreement will not exceed \$4.788 million. The City’s annual contribution is subject to appropriation by City Council and is calculated in accordance with the formula contained in the Funding Agreement. For Fiscal Year 2019, the City’s annual payment for its land acquisition and construction contribution to the Park Hill Clinic shall be \$160,359.

Response:

Criteria met. Denver Health validates this number annually with the City and the invoicing process is updated accordingly.

1.3 South Westside Clinic (“Federico Peña Family Center”)

The Authority built a new Southwest Family Health Center (formerly referred to as South Westside Clinic and South West Clinic) to serve the west Denver population. In order to assist the Authority in carrying out its mission, the City has committed to partially fund the construction improvements through proceeds of the Better Denver Bonds program (the “South Westside Clinic Proceeds”) and the Capital Improvement Fund (CIF), pursuant to the terms of the Southwest Family Health Center Funding Agreement.

a. From 2017 and continuing through 2028, the City will pay an amount not to exceed \$1,200,000 each year. The City’s total funding for the clinic from all sources for all time shall not exceed \$22,150,000.

b. The City’s obligation to make this payment is pursuant to the terms of the South Westside Clinic Funding Agreement and shall be contingent upon: such funds being appropriated and paid into the City Treasury and encumbered for the purposes of this Agreement on an annual basis by the City; compliance with this Agreement; the completion of the funding agreement referred to above; and compliance with the same funding agreement.

Response:

Criteria met. No performance data. Annual final reconciliation due on 3/31/2020, was provided.

1.4 Office of the Medical Examiner (OME) Services

Denver Health will provide instrument sharpening for no charge utilizing the full-time onsite vendor. OME will need to either deliver the instruments to the main campus or arrange for transport via the Denver Health Courier. Biomedical waste, pathological waste, and sharps will be disposed of utilizing the vendor contracted to provide services to Denver Health. The DH Safety Department will arrange for the vendor to pick this waste up directly from the OME in coordination with the OME. The cost will be \$.19 per pound for biohazardous waste and sharps and \$.85 per pound for pathological waste or any other items requiring incineration. DH will receive and process the invoices for these services and bill the charges to the OME.

Response:

Criteria met. Refer to table below.

Office of Medical Examiner - Waste Removal	2018	2019	Trend
Biomedical and Sharps	6,423	6,945	
Pathological and Chemo (incineration required)	790	603	
Total	9,231	7,548	

SECTION 21
**B-8 Miscellaneous Services for the
Department of Public Safety**



Appendix B-8 Miscellaneous Services for the Department of Public Safety

1.1 Agreement to provide additional miscellaneous services

A. Occasionally during the year, the City requires and the Authority agrees to provide additional services, including materials, not specified in this Agreement. The Authority will provide reasonable medical services to the City upon request.

Response:

Criteria met. In 2019, the Authority provided additional services when requested by the City.

1.2 Sexual Assault Nurse Examiner (SANE).

A. In accordance with State statute C.R.S. 18-3-407.5 which requires that the law enforcement agency referring a victim of sexual assault or requesting an examination of a victim of sexual assault pay for any direct cost associated with the collection of forensic evidence from such victims, the City hereby agrees to reimburse the Authority for the costs associated with the collection of forensic evidence of sexual assault victims, including photography services for cases of domestic violence, non-accidental trauma or other physical assaults, as requested or referred by a City law enforcement agency at the following per exam rates: \$680.00 for victims and \$235.00 for suspects, which is the Authority’s actual cost. Forensic photography for cases of domestic violence, non-accidental trauma, or other physical assaults may also be provided by the SANE per law enforcement request and pending the availability of the examiner for a fee of \$175.00. This payment is characterized as a fee for service.

B. The City will purchase, prepare, and provide the evidence kits to the Authority. The completed forensic evidence kit will be transported, using proper chain of custody procedures, to the Police Headquarters building.

C. The City will reimburse the Authority a maximum of \$6,000 annually for the cost of registration and travel expenses for the training of new SANE program nurses. Requests for training must be submitted for approval at least four weeks in advance for any out-of-state travel and a minimum of two weeks in advance for in-state travel. An identified benefit to the Denver Police Department SANE Program must be included in the training request. Reimbursement for travel-related expenses will be subject to Denver Police Department and/or General Services Administration rates for reimbursement.

D. Medical forensic examinations that do not require evidence collection will have a rate of \$400.00 for victims. This would include sexual assault examinations when a patient declines the evidence collection portion, domestic violence, and strangulation evaluations.

E. The Authority’s SANE program nurses will collect and preserve forensic evidence and document the findings of victims of sexual assault. The SANE Program nurses will also conduct evidentiary exams of suspects in sexual assault cases in accordance with established protocol.

F. The Authority will bill the Denver Police Department on a monthly basis for exams. The invoice must contain all of the following information: date of exam, delineation of victim/suspect, last name and first name initial, medical record number, encounter number, city/county designation, CAD #, General Offense (GO) # and cost. The Authority agrees to provide this service without charge to the victim.

G. The Authority will be responsible for all training and travel costs above the \$6,000 annual cost for new SANE program nurses reimbursed by the City.

H. The Authority will present an annual accounting of costs of the program by the end of January of the following year. Requests for rate increases must be submitted to the City at least sixty (60) days prior to anticipated date of the rate increase and must be accompanied by supporting documentation.

Response:

Criteria met. Four quarterly reports were drafted and submitted within 45 days of the end of each reporting period. Each quarterly report provided a comprehensive summary of activities occurring that quarter and expected activities in the subsequent quarter.

Total Forensic Exams	2017	2018	2019	Trend
Victim Exams	361	390	432	
Suspect Exams	15	16	3	
Total	376	406	435	

1.3 Blood Alcohol Draws.

The Authority will perform legal blood alcohol draws for individuals brought to the Authority Emergency Department by Denver law enforcement. The Authority will follow chain of custody procedures as set forth in Denver

Health Policies and Procedures P-2.040. The law enforcement officer will take immediate possession of the specimen in accordance with the policy. The City will pay the Authority \$29.00 per specimen based on the monthly invoice. This payment is characterized as a fee for service.

Response:

Criteria met. Refer to table below.

Blood Alcohol Draws	2017	2018	2019	Trend
Draws	277	509	594	

1.4 At-risk Intervention and Mentoring (AIM Program)

C. The Authority’s AIM program will provide services to over three hundred (300) people in 2019, and conduct an estimated 250 bedside interventions with youth, and approximately twenty (20) critical crisis interventions within the Authority.

Response:

Criteria met. The Authority’s AIM program provided services in accordance with the above program definition and terms stated in the Operating Agreement.

2019 AIM Data for Invoices	2017	2018	2019	Trend
Number of bedside interventions	200	234	256	
Individual served (unduplicated)	241	306	384	
Critical crisis interventions	41	37	27	

D. AIM will provide up to ten (10) trauma-informed care trainings around at-risk youth to various departments and staff members, including frontline emergency department staff, community and school-based clinic providers, and in-patient staff that care for injured patients. Trainings will be 1-3 hour blocks of interactive sessions with outreach workers, molded to fit the needs of specific departments and clinics; these activities will be eligible for continuing education credits.

Response:

Criteria met. The Authority’s AIM program provided 40 trauma informed care trainings in accordance with the above program definition.

2019 AIM Data for Invoices	2017	2018	2019	Trend
Trauma-informed care trainings	57	28	40	

1.5 Heartsaver First Aid CPR AED Training

The Authority agrees to provide Heartsaver® First Aid CPR AED – Adult, Child and Infant training by a certified American Heart Association instructor(s) for up to 100 of the students attending the Denver Fire Department’s Young Adult Career Exploration Camp. The course will prepare students to provide first aid, CPR, and use an automated external defibrillator (AED) in a safe, timely, and effective manner. Each student who completes the course successfully will be awarded a certificate or card which displays their newly acquired First Aid certification. The City will pay the Authority \$45.00 per student enrolled in the course. This payment is characterized as a fee for service. Invoices shall include the date of training and name of trainees.

Response:

Criteria met. Denver Health provides American Heart Association CPR training through Denver Fire Department’s Young Adult Career Exploration Camp which occurs on an annual basis.

CRP AED Training	2018	2019	Trend
Participants	73	77	

1.6 Tactical Casualty Care (TCC) for Law Enforcement Training

The Authority agrees to provide Tactical Casualty Care (TCC) for Law Enforcement training for all Denver Police Department Recruits by instructors who are minimally state certified EMTs, or preferably, paramedics. The Authority will adhere to all POST mandates for the training, including the instructor ratio guidelines. The City will pay the Authority \$95.00 per student enrolled in the course. This payment is characterized as a fee for service. Invoices shall include the date of training and name of trainees.

Response:

Criteria met. Denver Health provides TCC for Law Enforcement for all Denver Police Recruits annually as needed through DPD’s rotating academy schedule.

TCC for Law Enforcement	2018	2019	Trend
Classes	3	8	
Participants	39	122	

1.7 Department of Safety Fit for Duty Psychiatric Evaluations

K. Performance Criteria. The Authority will provide the City with medical services in accordance with the terms and the standard of care stated in the Operating Agreement.



Response:

Criteria met. The Authority provided psychiatric evaluations in accordance with the terms stated in the Operating Agreement. In 2019, Denver Health provided eight Fit for Duty Psychiatric Evaluations. Refer to table below for performance details.

Performance Criteria	2018	2019	Trend
# Psychological Fitness for Duty Exam	3	8	↗
# Duty Exam appointments within 5 business days	3	8	↗
# Full report transmissions with physician signature	3	8	↗
# Psychological Testing Related to Fitness for Duty Exam	2	0	↘
Total Invoiced Amount	\$2,200	\$4,800	↗

1.8 Pharmaceuticals and CPR Mannequins for Basic Life Support (BLS) Services

A. Pharmaceuticals. The Authority agrees to provide pharmaceuticals to the Denver Fire Department (DFD) at the Authority’s scheduled price for use in the delivery of Basic Life Support (BLS) services. For 2019, the City shall pay a one-time flat fee amount not to exceed \$27,030.00 for the initial stock of pharmaceuticals. The Authority shall invoice the Denver Fire Department for replenishment pharmaceutical costs that are not eligible to be recouped through patient or third-party billing or one-for-one replenishment. The volume, cost and type of pharmaceutical supplies shall be renegotiated and mutually agreed-upon annually based on the prior year’s utilization of pharmaceuticals and anticipated future need.

Response:

Criteria met. The Authority received a one-time payment of \$27,030 from the City.

B. CPR Mannequins. The Authority agrees to provide upgraded CPR mannequins pursuant to the American Heart Association guidelines to the Denver Fire Department for use in the delivery of BLS services. For 2019, the City shall pay a one-time estimated fee amount not to exceed \$7,000.00 for the upgraded CPR mannequins.

Response:

Criteria met. The Authority provided upgraded mannequins at a final cost of \$6,653.60, which was below the allowable amount of \$7,000.

SECTION 22
B-9 Miscellaneous Services, Other



Appendix B-9 Miscellaneous Services, Other

1.1 Agreement to provide additional miscellaneous services

A. Occasionally during the year, the City requires, and the Authority agrees to provide additional services, including materials, not specified in this Agreement. The Authority will provide reasonable medical services to the City upon request.

Response:

Criteria met.

1.2 Expert Witness

The Authority agrees to provide expert witnesses to the City upon request for purposes of testifying in court and or other formal hearings involving the City. The City will reimburse the Authority up to the hourly maximum of \$150.00/hour for this service. The Denver District Attorney’s Office will reimburse the Authority up to an hourly maximum of \$150.00/hour (\$80/hour for experts without advanced educational degrees consistent with the Supreme Court Directive) for prep time and expert witness testimony when the expert is a prosecution witness testifying in state court matters prosecuted by the Denver District Attorney’s Office. The witness must be qualified as an expert by the Judge in open Court prior to providing testimony. Each invoice shall include the following supporting documentation: the dates of services, information identifying the case, information identifying the activity billed for, any off-setting revenue from the City or other sources. This payment is characterized as a fee for service.

Response:

Criteria met. Denver Health provides Expert Witness support to the city when requested. In 2019, there were 0 hours of Expert Witness support provided/invoiced.

1.3 Non-Intra-Familial Abuse Services

a. Scope of work. The Authority agrees to provide patient care services for victims of non-intra-familial abuse. The Department of Human Services, and the Police Department are the lead agencies for this section. The Authority will provide a medical team to include at least one licensed physician and other staff to perform the following duties:

(i) Medical examinations requested through the Order-In process.

1. Provide healthcare services including

medical evaluations for children ages 0-21 years being evaluated by DDHS through the Order-In process due to concerns of abuse and/or neglect. Services to be provided will include, but are not limited to, professional medical and nursing services, technical assistance, medical consultation and hospital backup. Services will be provided by a consistent team of medical practitioners with expertise in child maltreatment. After Hours services will be provided via the Denver Emergency Center for Children (DECC).

2. The Authority and DDHS agree that they will work collaboratively with other agencies and organizations involved with the care of children seen at the clinic including but not limited to the Denver Police Department, the District’s Attorney’s Office and the Denver Children’s Advocacy Center. The Authority and DDHS will share information with these agencies and organizations as needed for the timely completion of investigative and protective actions following established policies and procedures concerning release of patient medical information;

(ii) Medical Examinations outside of the Order-In process.

1. Provide medical evaluations for children ages 0-21 years being evaluated by DDHS for concerns of abuse and neglect. Services to be provided will include, but are not limited to, professional medical and nursing services, technical assistance, medical consultation and hospital backup. Services will be provided by a consistent team of medical practitioners with expertise in child maltreatment. After Hours services will be provided via the Denver Emergency Center for Children (DECC).

Response:

Criteria met. The Denver Department of Human Services (DDHS) and the Denver Police Department (DPD) refer children to the Denver Health team at the Family Crisis Center (FCC) for medical evaluation to help assess concerns for abuse and neglect.

Non-Intra-Familial Abuse Services	2019
FCC Evaluations for Concerns of Abuse and Neglect	706
FCC Examinations for Out of Home Placement	168



Medical personnel collaborate with a multidisciplinary team comprised of DDHS, DPD, Denver Children’s Advocacy Center, and the Denver District Attorney’s Office to determine which children would benefit from a medical evaluation. The DH medical providers and staff at the Family Crisis Center serve only pediatric patients and are specially trained to care for children who may have experienced trauma.

Non-Intra-Familial Abuse medical evaluations include gathering history from the child’s caregiver, gathering a history from the child, a head-to-toe physical exam, laboratory testing and x-rays if needed, providing routine safety and health advice, and partnering with the child and caregiver to develop a treatment plan. Initial health and safety exams are also performed for children entering out-of-home placement (foster or kinship care) through the Denver Department of Human Services.

The medical providers at the Family Crisis Center respond to DDHS and DPD urgent medical evaluations, and provide on-call and in-person resources for medical staff in the Denver Health Emergency Department, on the inpatient pediatric services and in the outpatient clinics. The Denver Health FCC providers partner with the Child Abuse team providers at Children’s Colorado to provide other medical providers and community partners with continuous access to a child abuse expert, 24 hours a day, 365 days per year.

1.4 Competency Examination

The Authority agrees to provide competency evaluations or other investigative reports to determine competency as requested by the County Court. The Authority and the City’s County Court have agreed to a new process, which includes scheduling a two (2) hour time block of time for a total of four (4) available examinations every week. These examinations shall be performed for a per report fee of \$600.00. The City will pay the Authority a \$225.00 preparation fee for each individual who fails to appear to the set examination. This payment is characterized as a fee for service.

Response:

Criteria met. In 2019, Denver Health provided competency evaluations as requested by the County Court and invoiced the City for a total of \$175,725.00 for court competency evaluations.

Total Competency Exams	2017	2018	2019	Trend
# Completed	152	262	249	
# Failures to Appear	37	97	117	



DENVER HEALTH™

est. 1860

FOR LIFE'S JOURNEY

DenverHealth.org

