



Colorado Beacon Consortium wins *Healthcare Informatics* Innovator Award

Frequently Asked Questions

1. What is the *Healthcare Informatics* Innovator Award?

Each year, *Healthcare Informatics* magazine recognizes innovation pioneers through its *Healthcare Informatics* Innovator Awards program. More information about the award is available on the [Healthcare Informatics website](#). The article describing CBC's achievements is [here](#). This year, *Healthcare Informatics* honored six teams of health care informatics pioneers that have leveraged technology to improve health care delivery and operations--four winners and two honorable mentions. CBC tied for second place. Nominations were accepted in fall 2012 and were reviewed by the *Healthcare Informatics* editorial staff. The teams will be recognized at the *Healthcare Informatics* Innovator Awards Reception, to be held Monday, March 4, 2013, in New Orleans during the annual HIMSS Conference.

In a [written statement](#), Mark Hagland, editor-in-chief of *Healthcare Informatics*, praised all the winners: "The pioneering initiatives that these teams are engaged in exemplify the type of innovative work that will be required to transform healthcare delivery and improve today's healthcare system for patients and communities. There is no question that strategically leveraging leading-edge information technology will be needed to achieve this transformation; and the [winners] exemplify the best in that type of work."

2. What is the genesis of the Colorado Beacon Consortium?

The Beacon Community Cooperative Agreement Program is part of a larger national movement to modernize health care that demonstrates how health IT investments and Meaningful Use of electronic health records (EHRs) advance the vision of patient-centered care, while achieving the three-part aim of better health and better care, at lower cost. The HHS Office of the National Coordinator for Health IT funds selected communities throughout the United States that have already made inroads in the development of secure, private and accurate systems of EHR adoption and health information exchange.

The funding for the Beacon program came through a cooperative agreement with Rocky Mountain Health Plans (RHMP) and its community [partners](#), which became the Colorado Beacon Consortium. The Office of the National Coordinator for Health IT, part of the U.S. Department of Health and Human Services, provided \$11,878,279. The funds were part of more than \$250 million given over three years to 17 communities--including the Colorado Beacon Consortium--that had already made inroads in the development of secure, private and accurate EHR system and health information exchange (HIE) adoption.

Each Beacon community is challenged to

- build and implement health IT infrastructure and exchange capabilities that will eventually lead to a fully functional HIE;

- translate health IT investments in the short-term into measureable improvements in cost, quality and population health; and
 - develop new approaches to performance measurement, technology and care delivery.
3. **How does CBC's winning project differ from other health IT projects in the industry?**
- CBC's project is not dependent upon a single IT platform, hospital or EHR system.
 - Provider adoption has been voluntary with support from community organizations-- not pursuant to corporate mandates.
 - It uses multiple sources of clinical data for improved accuracy and superior predictive power
 - It resulted in the development of a community standard, setting a discrete range of clinical data elements, which has proven to be useful in the deployment of other high-value applications, measurements and evaluations.

4. **Did the Beacon grant spark health care transformation in Western Colorado?**

No. That began decades earlier, in 1971, by physicians who were frustrated with the lack of preventive services for patients without the ability to pay, and with their presentation in the late stages of disease when little could be done to help them. These physicians formed two organizations: a local non-profit HMO which became Rocky Mountain HMO and, in turn, Rocky Mountain Health Plans (officially founded in 1974) and a non-profit independent practice association, which became Mesa County Physicians Independent Practice Association,

- **Mesa County Physicians IPA's** mission is physicians cooperating to deliver high quality care to their community. The values of Mesa County IPA continue to surround providing high quality, lower cost health care through a highly integrated joint arrangement.¹
- **Rocky Mountain Health Plans** is an independent, not-for-profit health benefits provider that has served the health care needs of Coloradans for almost 40 years. RMHP also is serving as the lead Beacon grantee.

Fast forward to today. CBC is made up of executive-level representation from four mission-driven, not-for-profit, Western Colorado-based organizations, all of which have nationally acknowledged track records of coordination to achieve superior outcomes. A representative from each organization sits on the CBC Executive Committee, along with a consumer representative-at-large. RMHP and Mesa County IPA remain; they have been joined by

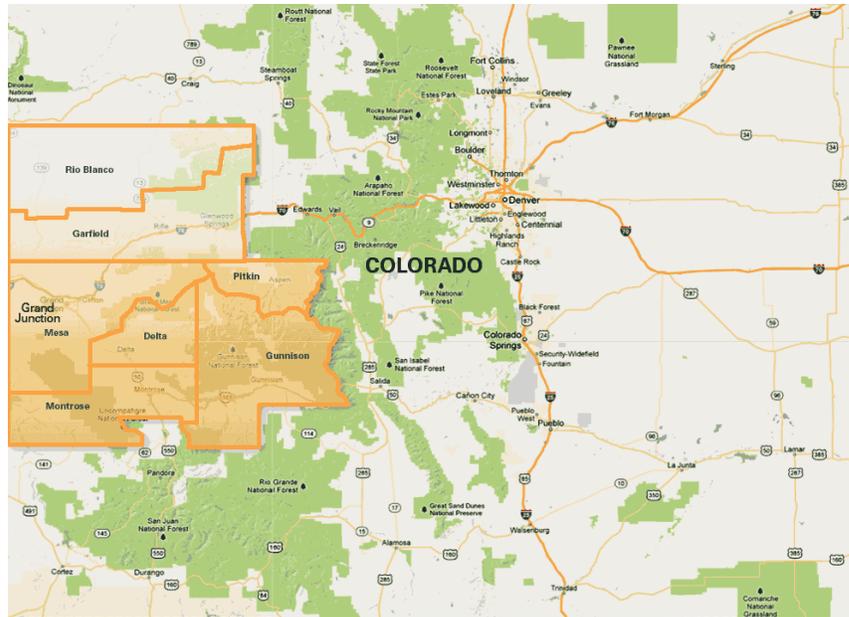
- **St. Mary's Hospital**, the largest medical center between Denver and Salt Lake City. It was founded in 1896 by the Sisters of Charity of Leavenworth, Kansas. The facility boasts more than 350 beds and employs about 2,000 staff and 300 active physicians who represent more than 40 specialties. Approximately 700 volunteers support the staff, donating more than 150,000 hours of service each year; and
- **Quality Health Network (QHN)**, a nationally recognized regional health information network founded (and initially funded) in 2004 by St. Mary's Regional Health Center, Hilltop Health Resources, Community Hospital, the Mesa County IPA and RMHP.²

¹ [Mesa County Physicians IPA History](http://www.mcpipa.org/public/history.html) <http://www.mcpipa.org/public/history.html>

² Historical background in this section comes from [Mesa County Physicians IPA History and Mission](#), which itself cited an article by Roger Shenkel, MD, *A Few Physicians Can Make a Difference*. Colorado Academy of Family Physicians News, pp. 26-27, Fall, 2010.

5. What is the geographic area that the CBC serves?

The geographic focus of the Consortium's activities is the Colorado counties of Mesa, Delta, Montrose, Garfield, Gunnison, Pitkin and Rio Blanco:



6. What does CBC do?

CBC focuses on building and strengthening local health IT/health information exchange infrastructure and testing the newest approaches to make measurable improvements in population health and health care for individuals, while lowering costs. CBC's collaborative network of community stakeholders also is working to better engage and educate consumers. The goals are to improve the community's health status while bringing a team-based quality improvement model to provider daily processes and to return the joy to the practice of medicine. CBC believes provider practice transformation, at the primary care level, is essential to develop team-based, patient-centered care.

CBC leadership understands the important connection between health IT and improving the way we pay for and deliver care, so the primary focus is to have a positive impact on the patient experience and support behavior change at the point of care. In addition to deploying HIE infrastructure that can position new tools for patients, CBC is working to develop new skills and ongoing support for comprehensive primary care within its community. CBC's efforts are reflected in numerous measures, including progress toward Meaningful Use by participating physician practices.

7. What are the results?

The improvement in health metrics reported by the participating practices is substantial, which indicates greater health care value for patients now and lower costs in the future. Colorado Beacon practices saw dramatic improvements across several measures, including

- Screening for depression in patients with ischemic vascular disease rose from 54 percent of patients at baseline to nearly 90 percent by the final three months of the intervention. That represents a nearly 70 percent increase.

- The rate of asking patients about tobacco use increased from 64 percent to 92 percent. That's a more than 43 percent increase.
- Screening for depression in patients with diabetes rose from 68 percent to 93 percent--an increase of more than 36 percent.

More detailed results are available in the [Quality Improvement section of the CBC 2012 annual report](#).

8. Why is the CBC's work important to patients? Payers? Health care providers?

CBC is optimizing innovations in health IT and health information exchange to enhance the efficiency, quality and performance of the health care system in the seven-county region, but with the intention that their work will be replicated in markets across the country. Nationally, practice transformation is improving care coordination and care transition to increase efficiencies within medical practices, thereby supporting good health for all patients in the community. The CBC takes practice transformation to the next level by working *with* medical practices to improve the quality of care, by helping them achieve maximum benefit from the tools and staff they already have, in the context of the practice's patient population and surrounding community. A medical community committed to quality and efficiency builds a healthier community as a whole, which will result in lower overall costs to patients, employers and taxpayers.

9. How can I find out more about the CBC?

Read the [2012 annual report](#), which includes details about the CBC's three-year journey, its 2012 highlights and its aspirations. For an overview of CBC's mission and progress, read the issue brief [Connected, collaborative and comprehensive: Western Colorado consortium offers blueprint for improving health and controlling costs](#) featuring CBC's Patrick Gordon and John Beeson, MD, MBA, FAAFP, of St. Mary's Hospital.

For a "by the numbers" look at CBC, see the table below:

Colorado Beacon Consortium By the Numbers	
Lead grantee	Rocky Mountain Health Plans
Total grant award	\$11,878,279 over three years
Geography	Seven Western Colorado counties: Rio Blanco, Pitkin, Garfield, Mesa, Delta, Gunnison, Montrose
Number of lives affected by Beacon interventions	200,000+
Number of providers involved in Beacon interventions	51 primary care sites; 240 team members; 153 physicians (197 providers, including PAs, NPs, etc.) All are engaged in reporting results.
Number of hospital participants	12
Hospital partner	St. Mary's Hospital and Regional Medical Center
Number of insurance participants	Two: Rocky Mountain Health Plans and Colorado Medicaid
Number of FQHCs and community health clinics	Two FQHCs One residency program
Other CBC leadership partners	Quality Health Network, a non-profit HIE; Mesa County Physicians IPA
Number of providers connected to exchange	765 (includes specialists); 158 were added in 2012
Number of providers and practices interfaced with EHRs	358 providers, 51 practices
Number of different types of health records	11
Sources of data	Hospitals, labs, EHRs, pathology and, for some applications, data from Medicaid and other payers. Four major data sources--three hospitals and one laboratory--were added in 2012
Number of hits on the virtual health record, Jan. –Nov. 2012	541,920
Admit-Discharge-Transfer (ADT) messages routed to practices when patients are admitted to the emergency department.	32,691 out of 126,414
Number of new providers added to HIE in 2012	158 (includes specialists)
Number of new major sources connected	Three hospitals and one laboratory
QHN server hits	More than 75,000 hits on servers each day
Hospitals	All 12 hospital expected to be connected by March 31, 2013; currently, 11 are connected