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Colorado Health: Room for Improvement

The state of Colorado's health was recently analyzed in the 2007 Colorado Health Report Card issued by the Colorado Health Foundation. In collaboration with the Colorado Health Institute, 40 indicators were selected to provide a complete picture of the health of Coloradans at various life stages. Unlike the 2006 Report Card, which provided an overall state grade of C+, the 2007 Report analyzes the health of Coloradans at five life stages: Healthy Beginnings, Healthy Children, Healthy Adolescents, Healthy Adults and Healthy Aging. Grades for each life stage are composed of five or more health indicators which are measured and averaged to rank Colorado against the other 49 states. The grade and rank of each life stage is indicated in Table 1. The full list of indicators used and Colorado's standing on each indicator can be accessed at www.coloradohealthreportcard.org.

Table 2 (page 2) illustrates the indicators used to evaluate one life stage, Healthy Children. Colorado ranked below average on indicators related to infants and young children, ranking in the top ten states on only one indicator: the percent of overweight children, which was 9.9%. Adolescents and adults fared somewhat better, but only older adults in Colorado achieved a relatively satisfactory ranking of A-. On six of the seven indicators measured for older adults, Colorado ranked in the top ten states, achieving one of only two 1st place rankings, with 62.2% of older adults who have had a flu shot during the past twelve months and have had a pneumonia vaccination. On the seventh indicator, the percent of older adults who have one or more persons they think of as their personal doctor or healthcare pro-

vider, Colorado's 93.4% level only placed them 33rd among the 50 states.

Health Insurance Status Key

The report includes measurement of indicators for health insurance coverage for three of the life stages

Table 1

COLORADO 2007 HEALTH REPORT CARD RESULTS	
Life Stage	Grade & Avg. Rank*
Healthy Beginnings	C- 27.3
Healthy Children	C- 27.7
Healthy Adolescents	B- 17.1
Healthy Adults	B 13.8
Healthy Aging	A- 7

*Avg. Rank = the average of all indicators for that Life Stage compared to other states; 1 = Best, 50 = Worst

(Healthy Children, Healthy Adolescents and Healthy Adults). Data shows that access to healthcare is a strong determinate of overall health. Colorado's poor performance on these indicators – 44th for children, 41st for adolescents, and 32nd for adults – may be explained in part by tight eligibility requirements for government sponsored health programs as well as a large propor-

DMS Invites Young Physicians. . .Page 3

tion of employees working for small firms less likely to offer health insurance. Since most Coloradans over 65 have Medicare coverage, this indicator was not measured for the Healthy Aging stage.

Indicators selected for the Report Card come from nine data sources including the National Child Health Survey and the Youth Risk Behavior Survey, Medical Standard Analytical Files, and databases maintained by state health departments in cooperation with the CDC. The forty specific indicators selected were based on a review of those used in other national and state report card efforts, consultation with the Foundation's Colorado Health Report Card Advisory Committee, and input from technical experts at the Colorado Department of Public Health and Environment.

Colorado ranks high on some other reports, but that is because of high marks on a narrow group of indicators that examine obesity rates and health risks associated with obesity such as diabetes, heart disease and cardiovascular disease. On many other critical health indicators used to measure overall health, Colorado ranks only average or below average. Such findings are consistent with other recent national surveys including America's Health Rankings, issued by the United Health Foundation, and The Commonwealth Fund's report *Aiming Higher: Results from a State Scorecard on Health Systems Performance*.

For each indicator, additional information can be viewed on the website detailing the definition and sig-

nificance of the measurement as well as comparing Colorado's experience with Healthy People 2010 targets and with efforts underway both within Colorado and elsewhere that might impact the specific measurement.

Opportunities for Improvement

The Report identifies several initiatives underway in Colorado that could help move it into the ranks of the healthiest states. Among those identified are the Colorado Department of Public Health and Environment program Prenatal Plus which sponsors programs targeting women at risk for low birth weight babies and has contributed to a reduced incidence of low birth weights from 14 to 9%. The Colorado Children's Immunization Coalition has also achieved success in expanding access to immunizations and collaborating on efforts to achieve the first state funding in 2005 to expand the Colorado Immunization Information System. Colorado is also a national leader with 44 School-Based Health Centers serving students across the state, 60% of whom come from low-income families.

The annual reporting of Colorado's health status provides policymakers, advocacy groups, individuals and the medical community an additional resource to help identify ways to improve health and maximize the impact of limited resources.

Table 2

Healthy Children: Health Indicators and Rank among states

Health Indicator	Rank among states
14.1 % of children are not covered by private or public health insurance	44
14.4 % of children live in families with incomes below the federal poverty level	16
45.8 % of children have a primary care provider and consistently received all needed care, including one or more preventative care visits during the past 12 months	28
70.5 % of children received all the routine dental preventive care needed in the past 12 months	38
57.1 % of school-age children participated in vigorous physical activity for 4 or more days per week	37
9.9 % of children are overweight	3
Average Rank	27.7
Average Grade	C-

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DMS YOUNG PHYSICIANS DINNER

You and a guest are cordially invited to attend this special program.

The Denver Medical Society is pleased to present: Emily Wey, JD, Faegre & Benson who will address a frequently heard lament

“HELP ME NEGOTIATE THE MEDICAL MARKETPLACE!”
(What can I do? What can they do for/to me?)

WHERE: *Strings Restaurant*
1700 Humboldt Street, Denver

WHEN: Thursday, November 15, 2007
6:00 Wine, Beer and hors d’oeuvres
7:00 Dinner 7:30 Program

To make this program as meaningful for you as possible, please email us the top two questions you hope will be answered by Ms. Wey.

Please RSVP by November 6, 2007. Call 303-377-1850 or email dms@denvermedsociety.org.

DMS acknowledges the generous sponsorship of this program by The Doctors Company.



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COMBATting AVIAN FLU IN NORTH AMERICA: The North American Plan for Avian and Pandemic Influenza

“Canada, Mexico and the United States face a growing threat posed by the spread of avian influenza and the potential emergence of a human influenza pandemic. . . While the virus has not yet reached North America, the three countries must be prepared for the day when it—or some other highly contagious virus—does.” — North American Plan for Avian and Pandemic Influenza

The North American Plan for Avian and Pandemic Influenza was announced by the Presidents of the United States and Mexico and the Prime Minister of Canada on August 21, 2007, in Montebello, Canada, at the North American Leaders Summit. The Plan was developed as part of the Security and Prosperity Partnership of North America (SPP). The SPP is a trilateral effort launched in March 2005 to increase security and enhance prosperity in Canada, Mexico and the United States through greater cooperation and information sharing. The three nations are working together through the SPP to prepare for a threat that could disrupt our economies and cause widespread illness and death if it reaches our shores: highly pathogenic avian influenza—or bird flu—and the potential emergence of a human influenza pandemic.

Background

The highly pathogenic H5N1 avian influenza virus, which re-emerged in Asia in late 2003, has infected birds in more than 55 countries in Europe, the Middle East and Africa, and has resulted in the deaths, through illness and culling, of over 250 million birds across Asia. The virus is now endemic in parts of Southeast Asia, is present in long-range migratory birds, and is unlikely to be eradicated in the short term. Although it has not yet become easily transmissible among humans, the disease has sickened over 300 people and resulted in more than 190 deaths.

Although the timing cannot be predicted, history and science suggest the world will face at least one influenza pandemic this century. A worldwide outbreak of a new influenza virus could result in a high death toll, millions of hospitalizations, and hundreds of billions of dollars in direct and indirect costs to North American economies.

The North American Plan for Avian and Pandemic Influenza

The North American Plan for Avian and Pandemic Influenza outlines a collaborative North American approach that recognizes that mitigating the effects of a pandemic requires coordinated action by all three countries. It outlines how Canada, Mexico and the United States will work together to prepare for and manage outbreaks of highly pathogenic avian influenza and pandemic influenza.

At the March 2006 SPP summit in Cancun, Mexico, the leaders of the three countries committed to developing a comprehensive,



coordinated, science-based approach to prepare for and manage avian and pandemic influenza. The common approach would be based on the four pillars of emergency management: Prevention and mitigation, preparedness, response, and recovery. Canada, Mexico and the United States also established a senior-level Coordinating Body on Avian and Pandemic Influenza to facilitate effective planning and preparedness within North America for a possible outbreak.

Key Objectives of the North American Plan

The North American Plan provides a framework to accomplish the following:

- Detect, contain and control an avian influenza outbreak and prevent transmission to humans;
- Prevent or slow the entry of a new strain of human influenza into North America;
- Minimize illness and deaths; and
- Sustain infrastructure and mitigate the impact to the economy and the functioning of society.

The Plan establishes a framework for action on priority areas including: trilateral emergency coordination and communication; joint exercises and training; response to outbreaks in animals; surveillance among animals and in humans; laboratory practices; research; personnel exchange; screening for air, sea and land travel; and maintaining continuity for critical infrastructure and key services.

Central to the Plan is a North American approach that undertakes measures to maintain the flow of people, services, and cargo across the borders during a severe pandemic while striving to protect our citizens.

The Plan also complements existing national emergency management plans, and builds upon the core principles of the International Partnership on Avian and Pandemic Influenza, the standards and guidelines of the World Organization for Animal Health, the World Health Organization (including the revised International Health Regulations), and the rules and provisions of both the World Trade Organization and the North American Free Trade Agreement. It represents a significant contribution to the concerted efforts of national and multilateral partners worldwide to combat a growing challenge to animal and human health.

The North American Plan for Avian and Pandemic Influenza may be found at <http://www.state.gov/g/avianflu/91242.htm>

Arriving Soon in Your Mailbox

Be on the lookout for your **Pan Flu Physician Tool Kit CD!** DMS will be mailing it to all physician members during the month of November. The CD is intended as a resource for physicians as they contemplate preparations for themselves, their practices, and their families in the event of a pandemic influenza or other disaster. Geared for use by busy physicians, the Tool Kit offers an overview of information and resources available to assist physicians in developing disaster plans for themselves and their businesses as well as useful links to more in-depth information. Conveniently organized into three sections, the Tool Kit offers information on pandemic basics, preparing your practice for a potential disaster as well as considering your role as a volunteer responder, and ways to prepare your family and your patients. The interactive CD allows physicians to click directly on the topics of most interest to them and to find links to additional resources from such sources as the CDC, Colorado Department of Public Health and Environment, and the Department of Homeland Security. These links provide easy access to updated and detailed information for those physicians wishing to delve more deeply into specific subject areas.

Part of the ongoing DMS collaboration with the CMS and the Colorado Department of Public Health, this Tool Kit will help to increase awareness and preparedness in the medical community for potential disasters. Additional information can be found on the DMS website at www.denvermedsociety.org and at the CMS Pandemic Influenza Community website, www.cms.org/PanFlu.html.

OIG Crackdown

The HHS Office of Inspector General (OIG) released its 2008 Work Plan in early October that reveals an intent to scrutinize claims for "incident to" services administered to Medicare patients. Qualifications and appropriateness of the staff who perform "incident to" services will be examined. In addition, the OIG plans to examine E/M services performed during global surgery periods in an attempt to determine whether "the number of E/M services provided during the global surgery period have changed since the global surgery fee concept was developed in 1992." Citing concerns regarding increasing costs for imaging services and potential overuse of diagnostic imaging services, diagnostic imaging services performed in emergency departments will also be subject to scrutiny.

The entire OIG Work Plan can be accessed at http://oig.hhs.gov/publications/docs/workplan/2008/Work_Plan_FY_2008.pdf.

Compare Candidates' Healthcare Proposals

Physicians can access a side-by-side comparison of healthcare proposals offered by the Republican and Democratic presidential candidates prepared by the Henry J. Kaiser Family Foundation at <http://www.health08.org/sidebyside.cfm>. Prepared with the assistance of Health Policy Alternatives, Inc., the comparison is based on information from the candidates' websites and supplemented by information from speeches, debates and news reports. The comparisons highlight information related to access, cost containment, quality of care, and financing and will be updated as the campaigns unfold.

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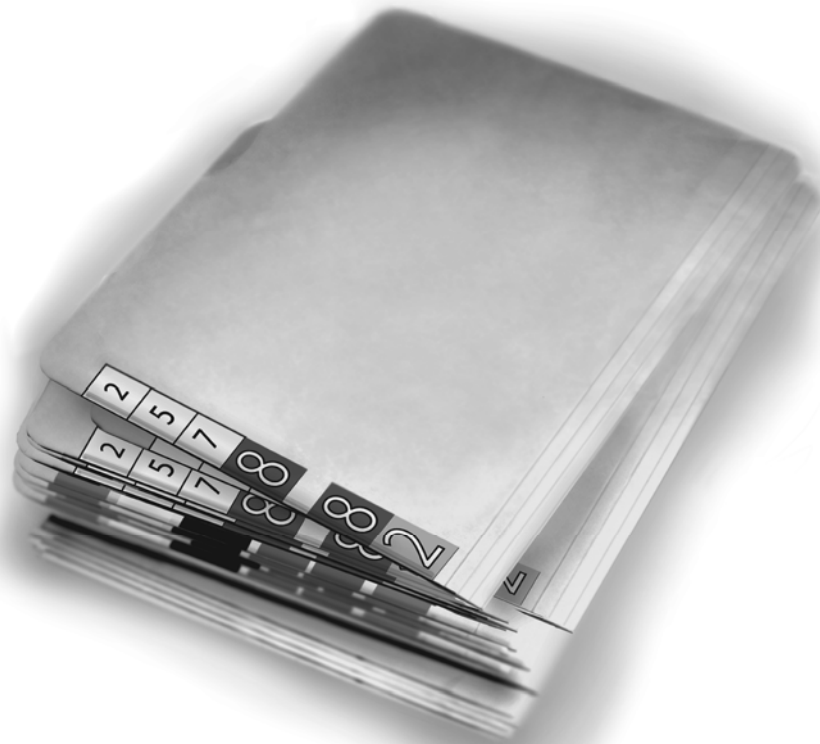
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