



# CEO News & Views

Bruce Schroffel



UNIVERSITY OF COLORADO HOSPITAL  
— ANSCHUTZ MEDICAL CAMPUS —

*“Most importantly, it would force us to largely abandon a cherished part of our mission: helping those with no health insurance or not enough health insurance.”*

## Hoping To Keep Serving The Under-served

On Tuesday, we went public about a federal threat to UCH’s continuing to care for the growing ranks of medically underserved Coloradans.

As noted in this space last month, the federal Centers for Medicare and Medicaid Services (CMS) has changed its definition of which hospitals qualify for Disproportionate Share Funds (DSH). We use those funds to help defray some of the costs of caring for people covered by the Colorado Indigent Care Program.

CMS changed the definition last year but, in the face of massive protest, Congress placed a one-year moratorium on enforcing the rule change. That moratorium expires on May 25th.

If the rule goes into effect, it would cost our hospital almost \$30 million as well as approximately \$6.5 million for UPI/SOM in Medicaid reimbursements.

We wouldn’t be alone. All the state’s 23 “safety net” hospitals – those that care, mostly for free, for the lion’s share of the 794,000 “medically

indigent” Coloradans – stand to lose approximately \$142 million in Disproportionate Share Funds. Many of those Coloradans, I hasten to add, are gainfully employed, but do not have health insurance; 120,000 of them are

children.

In all, the change would strip close to \$800 million out of Colorado safety net hospitals’ thin operating budgets and \$50 billion at all U.S. safety net hospitals during the next five years.

Most importantly, it would force UCH – the state’s second-biggest safety net hospital – to largely abandon a cherished part of our mission: helping those with no insurance or not enough insurance.

We are working on many fronts to get the moratorium extended. On the federal level, which is where the whole ruinous idea should be fixed, Congress is weighing a measure to extend it, although President Bush has threatened to veto any extension. A lawsuit asking the courts to enjoin CMS from enforcing the rule is due soon. On the state level, several other fixes are being considered. We – Patty Gabow of Denver Health and I – testified at the Joint Budget Committee on Tuesday to try to get support.

At the moment, no one knows how this will turn out. During this UCH budget season, we are proceeding with caution. We’re preparing a budget that requires us to be quite conservative and thoughtful.

If this measure goes through, I’m afraid, it would force us to make some difficult choices, up to and including withdrawing from our historic participation in the Colorado Indigent Care Program. We are doing everything possible to avoid that.

## Busy!

Our numbers for January are in, and they tell the story of an increas-

ingly successful hospital. Most prominently, the number of patients we treat continues to rise. We are well above our forecasts in just about every category: inpatient surgeries, outpatient surgeries, and Emergency Department visits and admissions. We served 52,026 outpatients in January alone. Since the start of the fiscal year last July 1, we have had some 347,000 outpatient clinic visits, about 9% more than we’d even hoped for.

Those numbers are a gratifying reminder that the public appreciates your commitment to quality care. So do I.

We are, by the way, aggressively pursuing alternatives to add inpatient capacity. In the next couple of months, we hope to announce some concrete solutions that, if less dramatic than a second tower, will allow us to continue to add more beds incrementally. In the near future we are going to be engaging outside help to review long-term options that might include additional beds and a larger emergency room.

## Our Famous Helipad

We had a media frustration last week. 9News ran a story about our helipad, implying it was too far away from the Emergency Department to insure patient safety, and that we put it there just to save money. It was frustrating for many reasons, not least because it was untrue.

What worried me most about the story, coming at a time when our Emergency Department providers are daily pulling off heroic efforts to serve large numbers of patients, was that it would dishearten people. And what if

someone actually believed we behaved so irresponsibly?

So, at the risk of beating a dead horse, let me state clearly: we do not ever place financial concerns over the health and well-being of our patients, and we’ve had a hard time suppressing our anger at any suggestion that we did. Our helipad is safe, and our safety record with air transport patients is very good. We are, in short, confident that our patients are being served well. We obviously believe that UCH’s ground-level helipad – and probably the ground-level helipads in service at at least 15 other Colorado hospitals – not only fits well within best safety parameters for pilots, but best clinical practices for our patients.

## A Reminder About The Employee Survey

You’ll be getting your new employee opinion survey in the next couple of weeks. I want to remind you to complete it, for it promises to provide great insights into the things you like about working here and the things we can improve. UCH, as I said in the last CEO News & Views, is going to be our region’s “health care employer of choice.” The survey is a critically important next step in our progress.

Sincerely,

Bruce Schroffel  
President and CEO



Sample ad from a national campaign that addresses this nation-wide problem.