



CEO News & Views

Bruce Schroffel



UNIVERSITY OF COLORADO HOSPITAL
ANSCHUTZ MEDICAL CAMPUS

Our Bright Spring

I'm starting my third spring at University of Colorado Hospital. The first one, coming as it did just a few months after I moved here, was in many ways something of a blur. The hospital itself was a nervous place. No one knows quite what to make of a new CEO, and UCH's citizens were no exception. Some new regimes, after all, launch bureaucratic reigns of terror. Some drag great institutions into half-crazy dives into the deep end. Others allow a slide into mediocrity. The best ones work with committed care teams to lead an ennobling fulfillment of a hospital's great possibilities. Which way would we be going?

During the second spring, we were amid extraordinarily challenging times.

The weather, for one thing, wasn't cooperating. We had just finished a seemingly endless series of winter storms that played havoc with our operations, our outpatient clinics, our construction schedules, our emergency communications, and, not least, our bottom line. Financially, we were organizing a much-needed yet inevitably uncomfortable recovery. We were, above all, trying to move the rest of the hospital from 9th Avenue to the Anschutz Medical Campus.

Spectacular recovery. Lurking, too, was a grave threat to the Medicaid reimbursements we get for caring for the growing numbers of un- and under-insured Coloradoans. Due to an obscure rule change, the Center of Medicare and Medicaid Services (CMS) was going to cut off those reimbursements, called Disproportionate Share or "DSH" funds. The hit to us would have been \$30 million; UPI and the School of Medicine would have lost another \$6 million. While it was seemingly small compensation for the \$155 million we provide in uncompensated care each year, it was a critical

part of our budget.

Now, I find the sun is shining much more brightly during my third spring at UCH.

We – everyone from nursing through housekeeping to managers to food service to physicians and beyond – are eight months into an incredible financial recovery. We've also pulled off a complex, flawless move of hundreds of patients, thousands of employees, tens of thousands of supplies and millions of dollars in equipment. We have solved many of the most difficult problems we experienced upon setting up shop in our new digs. Our mission-critical satellite clinics are beginning to hum. And, I must add, we fulfilled all those possibilities and overcame all those challenges together.

Challenges, as you know, remain. We need more inpatient beds, not least to relieve the intense pressure on the caregivers and long waits for patients in the Emergency Department. We urgently need to communicate and provide better, more empathetic experiences for all our patients. And though we aim to be the region's health care employer of choice, we are only now expanding opportunities for employees to become truly engaged with the important work done here.

And the threat from CMS, as you know, has returned.

The Threat To Our Mission

Last spring Congress put a moratorium on enforcing the ruinous rule change that would drain \$25 billion from the nation's safety net hospitals during the first five years. During just the first year, Colorado's safety net hospitals would lose \$140 million. The cost to our clinical enterprise – including the hospital, the School of Medicine and UPI – would be \$35 million. But that moratorium expires May 25.

Losing millions in DSH funds would, in effect, wreck this bright spring. It would force us into another round of change and difficult decisions. It would also force us to severely limit a cherished part of our mission, serving the medically underserved.

All hospitals have to treat "emergent" patients whose lives are in danger, whether or not those patients have insurance. But only a few of us also treat un- or under-insured people beyond the moments they may need life-saving treatment.

That will have to change if this moratorium is allowed to expire. We will daily have to turn people away. Daily, we will have to tell even those we've just stabilized that we cannot do more.

It's not why any of us got into health care.

I urge you to write your senators and representatives in Washington and at the state capitol, asking them to extend the moratorium on the CMS rule excluding all but "government hospitals" from getting DSH reimbursements.

Sincerely,

Bruce Schroffel
President and CEO

P.S. We are working on a state-level remedy to the DSH challenge that would clarify our status as a "government hospital" and allow us to keep serving the medically under-served. But this ultimately needs to be fixed in Washington. Legally, I must ask you to write both state and federal government officials on your own time and to use your own words. But if you need some guidance and some addresses, you'll find them on iAmaze.

If the CMS rule change happens, we will daily have to turn people away. Daily, we will have to tell even those we've just stabilized that they will have to leave. It's not why any of us got into health care.