



State of health

Colorado tackles health-care access, other issues

► By Mike Dano

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FROM THE AFFORD-able Care Act to the Apple Watch, national health-care trends continue to play out in Colorado, changing the mechanics of patients' relationships with their doctors, their insurance

providers and their bodies. Regionally, Colorado endeavors to stay at the forefront of health-care opportunities, ranging from high-tech telemedicine to mobile dentistry.

"Our goal is for Colorado to become the healthiest state in the nation," stated a report ordered by Gov. John Hickenlooper two years ago. The state's goal remains intact today, but 2015 stands as a year of major transitions and new innovations in the health-care space across Denver and the rest of Colorado.

To be clear, there remain plenty of challenges in the health-care space in Colorado and nationwide. In his report, Hickenlooper noted that health spending in the U.S. already consumes 18 percent of the country's gross domestic product; yet the overall quality of Americans' care is roughly half that of other

industrialized nations. In Colorado specifically, the governor said the state ranks 10th among U.S. states in "healthy living," but that ranking falls to 28th in terms of illness prevention and treatment – and to 40th in health-care access.

But those figures may be changing, based on the efforts of a wide range of health professionals, philanthropists and entrepreneurs across the state. Below are three trends emerging this year in Colorado's health-care industry – trends that could eventually have significant ramifications for our state and the nation.

HEALTH CARE, UNTETHERED

"The growth we experienced is pretty exceptional," says Tatyana Akhmetova, head of Denver's 24/7 Home Health Care Ltd. The 2-year-old company provides in-home nursing, therapy, medical and social worker services, among other offerings. As Akhmetova explains, the company provides everything from bathing services for patients to monitoring medications.

When she launched her company, Akhmetova says she worried

how 24/7 Home Health Care might find patients. But those fears proved groundless: The company added 100 patients in its first year of operation, and around 200 patients last year. Rather than finding patients, Akhmetova says her real challenge is finding enough nurses to meet demand – the company now counts around 60 employees.

"A lot of people want to go home" rather than stay in a hospital, Akhmetova explains. Moreover, "it's very expensive" to stay in a hospital. "The shorter the stay in the hospital, the better, money-wise."

Of course, 24/7 Home Health Care isn't the only company working to decouple patients from hospitals in order to save both parties' money. Dispatch Health, a startup closing in on a \$3 million round of seed funding, is pushing the idea of "right-sized mobile and virtual care," according to Kevin Riddleberger, the company's co-founder and chief strategy officer.

"Our mobile solution arrives to the home with diagnostic and treatment capabilities beyond that of an urgent care center and traditional 'black bag' medicine," Rid-



dleberger explains. "Our providers are also empowered with critical data from the statewide health information exchange (HIE), ensuring right-sized care. The solution has been integrated with the 911 triage system since 2013, removing low-acuity consumers from the 911 system. Over the past year we have removed over 350 patients from the 911 system without any adverse outcomes."

Riddleberger says the firm's approach saves around \$2,500 per patient. "We are now contracted with all major payers in Colorado to deliver these services," he says, adding that the company hopes to put a

second vehicle on the road in Denver in the third quarter of this year, with the goal of expanding by up to five other Colorado markets in 2016.

But the notion of untethered health care isn't limited to traveling medical professionals. Ed Bostick is working to create a network of doctors, service providers and others that stretches to every patient in every corner of the state with broadband Internet access. Bostick, executive director of the Colorado Telehealth Network, says this network moved notably closer to reality earlier this year, with the state passage of legislation that requires insurers to

reimburse health-care providers for telehealth services in counties of all sizes. "That then makes telehealth eligible for the same reimbursement and payments as face-to-face encounters, in most situations," Bostick says.

Bostick outlined a wide array of benefits possible through telehealth, including more frequent and comprehensive monitoring and reduced costs. But perhaps the clearest and simplest benefit has to do with Colorado's "geography, topography and climate," he notes. Mountains, elevation, snow and

[Paramedic Chad Piala of South Metro Fire Rescue and nurse practitioner Meg Quill of True North Health Navigation and Dispatch Health.](#)



rain: "All of that conspires to keep patients away from their providers," he says.

TECH INNOVATIONS

Colorado's burgeoning reputation as a tech hub clearly extends to the health-care sector. Indeed, according to research from StartUp Health, health startups raised nearly \$1 billion in the top 10 U.S. cities nationwide during the first quarter of 2015. The firm ranked Denver at No. 6.

To nurture that growth, late last

year Denver Mayor Michael Hancock announced Stride, a "national health technology ecosystem" geared toward adding hundreds of jobs, amenities and housing in downtown Denver. Stride is the latest offshoot of the South Economic Development Partnership's 2012 initiative dubbed Prime Health. Today, Prime includes more than 1,000 health-care executives, clinicians, technologists, academics, entrepreneurs and investors "focused on making the

Colorado digital health cluster No. 1 in the nation."

One of the group's participants is iTriage, a Denver startup that works to connect patients with providers and health plans through technology. Founded in 2008, iTriage now counts around 100 employees supporting its popular smartphone app and service. "Our in-app services guide people to the right care setting for their medical situation, check in to an ER and make appointments, increase patient



satisfaction and in-network usage, reduce costs, and ultimately help lead to better outcomes,” explains Patrick Leonard, CTO of iTriage and Aetna Innovation & Digital Products.

Another Colorado health-care startup, Boulder’s Stryd, launched a wearable power meter for runners earlier this year that is designed to track exercise intensity; it’s the latest device that highlights the growing trend around wearable computing technology that could have noteworthy implications for health. This trend crystalized around the Apple Watch, introduced this year, which includes a built-in heart-rate monitor and corresponding HealthKit service designed for use by doctors and other interested parties.

“Wearables have huge potential for opening up new streams of health data,” iTriage’s Leonard explains. “Health-care providers – including any offering telemedicine – would now have a dynamic view into their patients’ day-to-day metrics, which were previously only attained through patient anecdotes.”

Much like Gov. Hinkenlooper’s goal for Colorado to become the healthiest state in the nation, Prime Health’s goal is to make Colorado “the top digital health state in the nation” by 2020.

CONTINUED EXPERIMENTATION

Colorado continues to be an incubator for a wide range of health-care experiments. Perhaps one of the latest and most noteworthy examples is the state’s recent research around free, long-term birth control provided to teenagers and poor women. As the *New York Times* recently reported, citing data from the Colorado Department of Public Health and Environment, the birth-rate among teenagers across Colo-

rado fell by 40 percent from 2009 to 2013. The rate of abortions during that period fell by 42 percent. Although birth rates among teenagers have been falling nationwide, experts expressed amazement at the precipitous drop in Colorado.

Colorado’s program was funded by a private grant from the Susan Thompson Buffett Foundation, named for billionaire investor Warren Buffett’s late wife. However, since the grant is now almost depleted, supporters of the program are now turning to the Affordable Care Act to ensure such offerings continue to be available to teenagers and underprivileged women.

Of course, Colorado’s implementation of the Affordable Care Act – recently bolstered by a Supreme Court ruling that kept the program intact – stands as another major health experiment, albeit a trial that is playing out in all supporting states across the country.

“We are the newest thing in health care in Colorado,” proclaimed Luke Clarke, a spokesperson for Connect for Health Colorado, the marketplace that opened in October 2013 to help individuals, families and small employers across Colorado purchase health insurance and apply for new federal financial assistance to reduce costs, as part of ACA.

Clarke explains that Colorado’s first open ACA enrollment period in 2013 netted a total of 150,000 participants, a number that dipped only slightly – to 140,000 – during its second open enrollment period. Clarke says that the program is currently holding its third open enrollment period and has so far netted 148,000 new participants.

“It looks like we’re going to hit our low- to mid-target for the calendar year,” Clarke says.

And while Colorado’s implementation of ACA, also dubbed Obamacare, represents perhaps the state’s greatest research, it is by no means the only one gaining attention.

For example, one relatively new program pushed in part by grant-making foundation Caring for Colorado is aimed at improving mental health treatment in the state. The idea – backed by a \$65 million federal grant through the Colorado State Innovation Model (SIM) – is to mingle mental health checks with physical ones. Already, six Colorado health insurers and the state’s Medicaid program have agreed to adopt reforms “that set the stage for broader integration of behavioral and physical health care in Colorado,” according to Caring for Colorado.

The issue of mental health is one of great importance: According to the state’s 2013 report on health, 92,600 fewer Coloradans would suffer from poor mental health if the state ranked No. 1 in the country in that category. The report also noted that employers and employees could save \$121.1 million in annual health-care costs if that goal was achieved.

Another program funded in part by Caring for Colorado focuses on a much more practical, mundane topic: cleaner teeth. The group’s SMILES Dental Home Project is a five-year, \$3.5 million initiative to create a “Virtual Dental Home.” This means dentists would bring their equipment to rural communities in order to improve the oral health of low-income, isolated Coloradans. Caring for Colorado hopes to offer SMILES Dental Home in up to six pilot communities by fall of next year. **CB**

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