Colorado

C+

Colorado ranked 1st in the nation with regard to the *Medical Liability Environment*, and placed 13th for its overall emergency care environment, but some serious concerns remain including high percentages of uninsured residents.

Strengths. Colorado leads the nation with regard to the *Medical Liability Environment* because it has implemented numerous reforms, including case certification by expert witnesses, requiring expert witnesses to be of the same specialty as the defendant, and ensuring that expert witnesses are licensed in the state. Colorado has also implemented and maintained a $300,000 cap on non-economic damages.

Regarding public health indicators, Colorado is among the best-performing states with regard to vaccination rates for adults aged 65 years and older and has the lowest percentage of obese adults of any state (18.2 percent). In addition, Colorado has a relatively low rate of smokers (17.9 percent of adults).

Colorado also has some noteworthy successes in *Disaster Preparedness*. It is one of only two states to offer civil and criminal liability protections to health care workers during a disaster. Colorado also ranks fifth among the states reporting bed surge capacity, with 1,337 beds per 1 million people.

Colorado is lacking with regard to the quality and patient safety environment.

Challenges. *Access to Emergency Care* is a critical issue in Colorado. The state has a high percentage of uninsured residents, ranking 9th worst in the nation for the percentage of children who are uninsured (14.6 percent) and 16th worst for its rate of uninsured adults (18.1 percent).

Emergency physicians in the state are also reporting increasing problems with crowding and boarding, a serious issue that is potentially exacerbated by low rates of staffed inpatient beds (237.3 per 100,000 people) and psychiatric care beds (11.8 per 100,000), for which the state ranks 47th and 50th, respectively.

Colorado is lacking with regard to the *Quality and Patient Safety Environment*. The state does not provide funding for quality improvement of the Emergency Medical Services system or have a uniform system for providing pre-arrival instructions. In addition, the state does not have a stroke system of care or a PCI network or STEMI system of care. The state also fares poorly with regard to the use of information technology in hospitals: 25.7 percent of hospitals have electronic medical records, while only 15.8 percent have computerized practitioner order entry, both of which are intended to reduce medication and treatment errors when used properly.

Recommendations. Colorado should take immediate steps to improve access to care by increasing the number of children and adults who have adequate health insurance coverage. To further enhance access and help alleviate hospital crowding and emergency department patient boarding, Colorado should work to establish an adequate supply of hospital inpatient beds and psychiatric care beds. *Disaster Preparedness* efforts could also be strengthened by increasing the state's below-average number of burn beds and ICU beds (5.6 and 271.1 per 1 million people, respectively).

Colorado could improve *Public Health and Injury Prevention* in a number of ways, including instituting a universal motorcycle helmet requirement and a primary seat belt law. The state would also benefit from addressing the relatively high rate of binge drinkers (16.4 percent of adults).

	RANK	GRADE
ACCESS TO EMERGENCY CARE	31	D-
QUALITY & PATIENT SAFETY ENVIRONMENT	25	C
MEDICAL LIABILITY ENVIRONMENT	1	A
PUBLIC HEALTH & INJURY PREVENTION	15	B-
DISASTER PREPAREDNESS	14	B+
OVERALL	13	C+

While Colorado enjoys the best *Medical Liability Environment* in the United States, the state should act to maintain the current reforms and not increase the medical liability cap as has been proposed in the past. In addition, the state may consider additional liability protections for EMTALA-mandated emergency care as another means of improving the *Medical Liability Environment* and drawing physicians and specialists to the state.

ACCESS TO EMERGENCY CARE	D-
Board-certified emergency physicians per 100,000 pop.	13.5
Emergency physicians per 100,000 pop.	14.6
Neurosurgeons per 100,000 pop.	1.7
Orthopedists and hand surgeon specialists per 100,000 pop.	10.2
Plastic surgeons per 100,000 pop.	2.2
ENT specialists per 100,000 pop.	3.5
Registered nurses per 100,000 pop.	773.1
Additional primary care FTEs needed	127.7
Additional mental health FTEs needed	14.0
Level I or II trauma centers per 1M pop.	2.7
% of population within 60 minutes of Level I or II trauma center	87.5
Accredited chest pain centers per 1M pop.	0.8
% of population with an unmet need for substance abuse treatment	9.7
Pediatric specialty centers per 1M pop.	4.4
Physicians accepting Medicare per 100 beneficiaries	3.8
Medicaid fee levels for office visits as a % of the national average	120.1
% change in Medicaid fees for office visits (2004-05 to 2007)	21.3
% of adults with no health insurance	18.1
% of children with no health insurance	14.6
% of adults with Medicaid	6.4
Emergency departments per 1M pop.	11.7
Hospital closures in 2006	0
Staffed inpatient beds per 100,000 pop.	237.3
Hospital occupancy rate per 100 staffed beds	65.3
Psychiatric care beds per 100,000 pop.	11.8
State collects data on diversion	Yes

MEDICAL LIABILITY ENVIRONMENT	A
Lawyers per 10,000 pop.	20.8
Lawyers per physician	0.8
Lawyers per emergency physician	13.9
ATRA judicial hellholes (range 0 to -7)	0
Malpractice award payments/100,000 pop.	1.3
Average malpractice award payments	$275,787
Databank reports per 1,000 physicians	21.8
Patient compensation fund	● No
Health court pilot project grant	Yes
Number of insurers writing medical liability policies per 1,000 physicians	4.6
Average medical liability insurance premium for primary care physicians	$12,541
Average medical liability insurance premiums for specialists	$52,281
Pretrial screening panels	● No
Are pretrial screening panels' findings admissible as evidence?	N/A
Periodic payments	Required by state
Medical liability cap on non-economic damages	● $250,001-350,000
Additional liability protection for EMTALA-mandated emergency care	● No
Joint and several liability abolished	● Yes
State provides for case certification	Yes
Expert witness required to be of the same specialty as the defendant	Yes
Expert witness must be licensed to practice medicine in the state	Yes

QUALITY & PATIENT SAFETY ENVIRONMENT	C
Funding for quality improvement within the EMS system	No
Funded state EMS medical director	Yes
Emergency medicine residents per 1M pop.	11.7
Adverse event reporting required	Yes
Hospital-based infections reporting required	Yes
Mandatory quality reporting requirement	Yes
% of counties with E-911 capability	100.0
Uniform system for providing pre-arrival instructions	No
State has or is working on a stroke system of care	No
State has or is working on a PCI network or a STEMI system of care	No
Statewide trauma registry	Yes
% of hospitals with computerized practitioner order entry	15.8
% of hospitals with electronic medical records	25.7
% of patients with acute myocardial infarction given PCI within 90 minutes of arrival	67
Number of Joint Commission reviewed sentinel events per 1M pop. (1995–2006)	18

PUBLIC HEALTH & INJURY PREVENTION	B-
Traffic fatalities per 100,000 pop.	11.3
% of traffic fatalities alcohol related	42.0
Front occupant restraint use (%)	81.1
Helmet use required for all motorcycle riders	● No
Child safety seat/seat belt legislation (10 points possible)	2
% of children immunized, aged 19–35 months	80.0
% of adults aged 65+ who received flu vaccine in the last 12 months	75.9
% of adults aged 65+ who ever received pneumococcal vaccine	72.9
Fatal occupational injuries per 1M workers	54.8
Homicides and suicides (non-motor vehicle) per 100,000 pop.	21.1
Unintentional fall-related fatal injuries per 100,000 pop.	8.4
Unintentional fire/burn-related fatal injuries per 100,000 pop.	0.4
Unintentional firearm-related fatal injuries per 100,000 pop.	0.2
Gun-purchasing legislation (8 points possible)	1
% of tobacco settlement funds spent on health-related services and programs	48.1
Total injury prevention funds per 1,000 pop.	$732.43
Unintentional injury prevention funds per 1,000 pop.	$135.00
Intentional injury prevention funds per 1,000 pop.	$597.43
Fall injury prevention funds per 1,000 pop.	$0.00
Infant mortality rate per 1,000 live births	6.4
% of adults with BMI > 30	18.2
Current smokers, % of adults	17.9
Binge alcohol drinkers, % of adults	16.4

DISASTER PREPAREDNESS	B+
Per capita federal disaster preparedness funds	$8.61
Disaster preparedness funds used specifically for health care-related preparedness are tracked	Yes
All-hazards medical response plan or ESF-8 plan?	Yes
Plan shared with all EMS and essential hospital personnel?	Yes
Public health and emergency physician input into the state planning process	Yes, Yes
Public health and emergency physician input into the daily operations of the SEOC	Yes, Yes
Written plan for the coordination of the SEOC or local EMAs to provide security to hospitals in case of emergency events	Yes
Number of drills and exercises conducted involving hospital personnel, equipment, or facilities	NR
Accredited by the Emergency Management Accreditation Program	No
Written plan specifically for special needs patients	NR
Written plan to supply medications for chronic conditions	NR
Written plan to supply dialysis for patients	NR
Real-time notification system in place to notify identified health care providers of an event	Yes
"Just-in-time" training systems in place	Statewide
Statewide medical communication system with one layer of redundancy	Yes
Statewide patient tracking system	Yes
Statewide victim tracking system	No
Statewide real-time or near real-time syndromic surveillance system	Yes
Real-time surveillance system in place for common ED presentations	Yes
Bed surge capacity per 1M pop.	1,337.0
Burn unit beds per 1M pop.	5.6
ICU beds per 1M pop.	271.1
Verified burn centers per 1M pop.	0.2
State able to verify credentials and assign volunteer health professionals to four ESAR-VHP levels	Yes
Nurses registered in ESAR-VHP per 1M pop.	93.2
Physicians registered in ESAR-VHP per 1M pop.	15.4
Training required in disaster management and response to bio- and chem terrorism for essential hospital personnel, EMS personnel	Yes, Yes
State or regional strike teams or medical assistance teams	Yes
Additional liability protections for health care workers during a disaster	Civil and criminal
% of RNs that received any emergency training	34.7
State requires EMS and essential ED personnel to be NIMS compliant	Yes

Improved since 2006
Worsened since 2006
● No change since 2006
NR Not reported
N/A Not applicable
See *Summary Statistics for State Comparisons*

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

Suite 325
2121 K Street, NW
Washington, DC 20037

NEWS RELEASE

Embargoed For Release at 10am (ET)
December 9, 2008

Media Contacts:
Barb Burgess, CO ACEP 303-255-2715 bburgess@estreet.com
Laura Gore, 202-728-0610, ext. 3008
Live Webcast: 10 a.m. (ET) free pre-registration required:
www.visualwebcaster.com/EmergencyMedicineReportCard
Report Card Web site: www.acep.org/reportcard

COLORADO RECEIVES A C+, RANKS 13TH IN THE NATION, FOR ITS SUPPORT OF EMERGENCY PATIENTS IN REPORT CARD ON THE STATE OF EMERGENCY MEDICINE

STATE'S MEDICAL LIABILITY ENVIRONMENT FOUND BEST IN THE NATION, BUT ACCESS TO EMERGENCY CARE IS A CRITICAL PROBLEM

Denver, CO — Access to emergency care is a critical problem in Colorado, with the state ranking 9th in the nation for its high percentage of uninsured residents, according to a new Report Card released today by the American College of Emergency Physicians (ACEP). Emergency physicians in the state are reporting increased problems with crowding, likely exacerbated by the lack of inpatient and psychiatric beds, for which the state ranks 47th and 50th, respectively.

The Report Card comes at the time when the national picture looks bleak: job and insurance losses, a rapidly growing senior population and a recent survey forecasting critical shortages of primary care doctors all point to escalating emergency patient populations.

The state received an overall grade of a C+, only slightly better than the C- grade given to the nation as a whole. The grades are from the *National Report Card on the State of Emergency Medicine*, a comprehensive analysis of the support that states provide through its laws and policies for emergency patients. The new Report Card contains more than twice the measures of ACEP's first Report Card in 2006, as well as a new category for disaster preparedness, which makes it more comprehensive, though not directly comparable to the previous Report Card.

The five Report Card categories (and weightings) are: Access to Emergency Care (30 percent), Quality and Patient Safety Environment (20 percent), Medical Liability Environment (20 percent), Public Health and Injury Prevention (15 percent), and Disaster Preparedness (15 percent). In these categories, Colorado ranked 31st (D-), 25th (C), 1st (A), 15th (B-) and 14th (B+), respectively.

The nation's failure to support emergency patients resulted in an overall grade of C- for the nation as a whole. Massachusetts earned the highest overall grade of a B, and Arkansas ranked last (51st) in the nation with a D-. The national grade was calculated using the same methodology used for the overall state grades and is a weighted average of the nation's category grades.

Colorado leads the nation with regard to its Medical Liability Environment, having instituted a number of reforms, including case certification of expert witnesses and the requirement that expert witnesses be of the same specialty as the defendant. Colorado has also instituted a $300,000 cap on non-economic damages.

"This positively affects patients, because without these liability reforms in place, Colorado could not attract and retain the best emergency care physicians," said Dr. Eric Bryant, president of the Colorado Chapter of ACEP. "States with poor medical liability environments often have shortages of physicians."

Disaster Preparedness is another area where Colorado has had success. It is one of only two states to offer civil and criminal liability protections to health care workers during a disaster. What's more, Colorado ranks fifth among the states reporting bed surge capacity, with 1,337 beds per 1 million people..

Dr. Bryant said there were serious concerns about access to emergency care in Colorado.

"Colorado has nearly the lowest rate of staffed inpatient beds in the country," said Dr. Bryant. "Clearly that's a recipe for disaster. We also have far too many adults and children without health insurance, and the number is growing because of the nation's financial crisis."

However, he said public health indicators are better in Colorado than in most of the nation.

"At a time when the country is experiencing an obesity epidemic, Colorado has the lowest percentage of obese adults in the nation," said Dr. Mallon. "Our state also has a relatively low rate of smokers and we hope to lower that rate even further."

The Colorado Report Card made several recommendations for improvement:

- Improve access to care by increasing the number of children and adults with adequate health insurance coverage.
- Alleviate hospital crowding and emergency patient boarding by establishing an adequate supply of hospital inpatient beds, psychiatric care beds, burn beds and ICU beds.
- Provide funding for quality improvements of the Emergency Medical Services system, and institute a uniform system for providing pre-arrival instructions.
- Provide funding for a stroke system of care, a PCI network and a STEMI system of care.
- Enact a universal motorcycle helmet requirement and a primary seat belt law.
- Target programs to reduce binge drinking.

"The weakened economy combined with a failing health care system mean that growing numbers of people need emergency care," said Dr. Nick Jouriles, president of ACEP. "In fact, the role of emergency care has never been more critical to this nation, which is why emergency patients must become a top priority for health care reform. We are urging President-elect Obama and the new Congress to strengthen emergency departments, because they are a health care safety net for us all."

The National Report Card on the State of Emergency Medicine was made possible, in part, by funding from the Emergency Medicine Foundation, which gratefully acknowledges the support of the Anthem Blue Cross and Blue Shield Foundation and the Robert Wood Johnson Foundation.

The Colorado Chapter of ACEP is a state chapter of the American College of Emergency Physicians, a national medical specialty society representing emergency medicine with more than 27,000 members. ACEP is committed to advancing emergency care through continuing education, research and public education. Headquartered in Dallas, Texas, ACEP has 53 chapters representing each state, as well as Puerto Rico and the District of Columbia. A Government Services Chapter represents emergency physicians employed by military branches and other government agencies.

# # #