

Mesa County, Colorado, Health Care

The Best Health Care in the United States

Elements for a Successful Health Care Delivery System Thirty-Seven Years of Outstanding Health Care 1972-2009

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National attention is focused on how to improve the American health care system. The goals of most reformers, from the president and Congress to many experts in health policy, are to reduce the cost of care, to allow everyone access to affordable and needed health care, and to improve the quality of care. International comparisons demonstrate that Americans are paying, on a per-person basis, almost twice as much for health care as do citizens of other democratic nations, with the quality of care often worse in the United States. Identifying what is wrong with American health care and how to fix it is a critical issue now before our legislators and the public.

Mesa County, Colo., stands out in the United States for providing high-quality health care at the lowest cost. Data from Dartmouth Atlas, which is a study of U.S. health care system, and other indicators of quality and cost of care have focused attention on the county's successful health system. Medicare costs in the area are strikingly less than in most areas of the country, without any evidence of sacrificing quality of care and in many measures providing better care than most areas. In some studies, costs in Mesa County have been one-third of those in other areas of the United States. Other data showing Mesa County health care saves money while delivering high quality of care include:

- The Colorado Department of Health Care Policy and Financing determined that Rocky Mountain Health Plans, which is an independent not-for-profit health benefits provider, and the county's physician-directed Medicaid program saved the state of Colorado \$2 million annually in the most recent years analyzed, 2003-2006.
- The Dartmouth Atlas comprehensive study of the treatment of 12 chronic diseases determined that the most cost-effective delivery of Medicare services in the country was in Mesa County.
 - Medicare spending over a two-year period in Mesa County was less than \$21,000 per person (versus \$60,000 in other areas).
 - The average number of hospital days in Mesa County over a six-month period was 6.5 days (versus 19.4 days in other areas).
- In 2006 the Chatfield Consulting Group found RMHP's Medicare program in Mesa County saved the federal government more than \$13.7 million from 2000 to 2002.

Located on the Western Slope of the Colorado Rockies and bordering Utah, Mesa County is two-thirds the size of the state of Connecticut with one-twenty-fifth of the population. It is isolated from other population centers by mountain passes, open ranges and vast distances. Most of the county's 140,000 residents live in Grand Junction, which is 250 miles from both Denver, Colo., and Salt Lake City, Utah, and the largest city between the two. Those who live in the county outside of Grand Junction are distributed among the very small and rural towns of Fruita, Palisade, Gateway, Collbran, Mesa, Mack, and DeBeque.

Mesa County serves as a commercial and medical center for citizens in Western Colorado and Eastern Utah and as a medical referral center for neighboring towns such as Moab, Utah, and Montrose, Delta, Rifle, Eagle, Aspen, Glenwood Springs, Craig, Meeker, Rangeley, Gunnison, Ouray, and Telluride, Colo.

This paper focuses on the features of health care in Mesa County, Colo., that have led it to become the best system of health care in the United States. Elements of the county's success should be part of national reform efforts.

Collaboration and Not-For-Profit Entities

Mesa County's doctors, hospitals and health departments, as well as others within the health care system, including Rocky Mountain Health Plans, work together for the best solutions for the citizens they serve. The organizations and hospitals working in this manner are all not-for-profit, with their mission statements focusing on serving the community of citizens they serve. (On the other hand, for-profit health insurance companies doing business in the area are completely absent when work is under way on community problems and health care needs. They focus instead on their mission of making money.) Working together has led to many successes in Mesa County in the form of institutions that have all benefited the people of the region. These include a unified non-profit hospice, an effective home health agency instead of several competing agencies, a combined physician recruiting effort, a high functioning regional health information network, a highly effective prenatal care program and a family medicine residency program.

In most areas of the United States, profits are the overriding goal of most hospitals, health insurance companies and other organizations in health care. Also in other areas, hospitals and doctors compete, focusing on maximizing their own services that will increase their profits rather than collaborating to efficiently meet community needs. Throughout the United States, health providers are in competition for the same profitable "lines of business," creating oversupply in some areas and grave deficiencies in others. Examples of vast oversupplies include radiological diagnostic equipment and centers, cardiac catheterization centers, hospital beds and endoscopy centers. Deficiencies are common in primary care in many of the same communities. Mesa County has avoided many of these imbalances through working together and maintaining the focus on serving community and regional health needs.

The key entities in Mesa County Health care systems are not-for-profit:

- Rocky Mountain Health Plans (RMHP)
- St. Mary's Hospital and Regional Medical Center
- Community Hospital
- Mesa County Physicians Independent Practice Association (MCPIPA)
- Hospice and Palliative Care of Western Colorado
- Home Care of the Grand Valley
- Hilltop Community Services (providing services to special populations)
- Marillac Clinic (providing a medical home for the uninsured)
- Quality Health Network (QHN, an electronic health information exchange)
- Colorado West Mental Health Center
- Western Colorado Area Health Education Center

A major hindrance to working collaboratively is posed by federal antitrust regulations. In 1996 the Federal Trade Commission started an investigation of the Mesa County Physicians Independent Practice Association alleging that the association was violating antitrust laws. In a vigorous and expensive defense, the physicians were able to demonstrate the community value of their work and projects. The matter was eventually settled by a consent order and the FTC allowed the organization to continue almost all of its operations. However, the specter of antitrust violations is detrimental to collaborative health planning for community-focused organizations. Solutions should be found to revise antitrust regulations in health reform, so cooperation and a community focus become common in planning health care systems for cities and regions.

Outstanding Communications Among Health Care Providers

Many factors, both planned and unplanned, have led to smooth communications in Mesa County. St. Mary's Hospital is a large, regional facility where more than 90 percent of the local physicians are privileged and practice. Over the years of success, most of the physicians shared in the hospital care of their patients and their referred patients, frequently interacting in face-to-face bedside encounters. Primary care physicians have continued to care for their hospitalized patients, thus assisting surgeons and subspecialists in clinical and ethical decision-making. Disagreements in how to care for patients (consultation sought too late or consultation giving inadequate information, for example) are handled and corrected on an informal basis between physicians. Community Hospital, only three-fourths of a mile from St. Mary's Hospital, has a medical staff that overlaps a great deal with St. Mary's Hospital and the locales and similar physician staff members facilitate good communication. Finally, almost all physician practices are very near the two hospitals, thus further enhancing communication and interaction.

More than 50 of the family physicians in Mesa County are graduates of the St. Mary's Family Medicine Residency, and thus have trained in the area and worked with many of the staff member physicians directly during their three years of residency. Having a single non-profit independent practice association and interacting together on RMHP, MCPIPA and hospital committees further enhance professional communication.

Primary care physicians can cite examples of surgeons and other specialists coming to their offices to see patients and make recommendations, something unheard of in most American cities and communities. Specialists can ask primary care physicians to admit a patient to the hospital or screen the patient preoperatively and thus be involved with their patient's care. All good health care requires a team of doctors, nurses and therapists working together for the benefit of their patients, and this cooperation has been outstanding in Mesa County.

Personal interactions, shared hospital care, fast response by consulting specialists and frequent communications among professionals have ongoing importance in a high-performance health care system. Similar qualities are found in other large, high-performing, cost-effective health systems, including Mayo Clinic, Geisinger Clinic and Kaiser systems. These are attributes in Mesa County, but within a private practice model.

Recently communications have further been improved via the Quality Health Network, a shared electronic database of patient records and messaging information. QHN was formed following financial contributions and planning by representatives of the physicians, RMHP, hospitals, pharmacists, radiology centers and laboratories all working within Mesa County. QHN works as a messaging center among doctors and other offices, and is a shared electronic storage of patients' laboratory, radiological and pharmaceutical notes, as well as their transcribed office and hospital notes.

Good communication results in better and more appropriate care for patients. Insights from primary care physicians help guide specialists' decision making. Specialists' close working relationship with primary care physicians has resulted in improved quality of care. Nurse midwives, nurse practitioners, physician assistants and many other health care professionals work together in Mesa County. Instead of silos of care, Mesa County has had outstanding communications and collaborative care success.

Systemic Support for a Strong Primary Care Base

Much attention is currently focused on the need for successful health systems to have a strong primary care base. "Medical Home" is the latest terminology to indicate an essential component of cost-effective, high-quality, highly performing health care systems. Rocky Mountain Health Plans began emphasizing medical homes in the 1970s and that effort has continued to the present time. Mesa County has had a very strong primary care physician base since 1972.

From the inception of RMHP in 1973 until 2000, all patients in the health plans were required to have an identified primary care physician and referrals to other doctors required a signed referral from the primary care physician. This method became the region's standard care practice and strengthened the concept and functioning of primary care in the county. Due to marketing pressures in more recent years, the need for signed referrals has been dropped, but a strong base of primary care practices remains.

A major problem of recruiting and maintaining an adequate supply of primary care physicians plagues the entire nation, and Mesa County in 2009 was no exception. An estimated shortage of 28 primary care physicians in Mesa County was identified in 2009, a situation that promises to drive up the costs and decrease the quality of care in the region in future years.

Since 1972, specialty and subspecialty physicians have supported primary care physicians. Being busy within their own areas of specialization, the specialty physicians encourage their patients to have primary care physicians and often refer patients to them. Specialists inform primary care physicians when they are not using specialty care in the most cost effective ways. This is unusual in American health care.

Numerous national studies indicate the value of family physicians in health care and Mesa County has had approximately twice as many family physicians per person as other areas of the United States. Studies from the Johns Hopkins by Barbara Starfield, M.D., M.P.H., demonstrate the regions with the greater numbers of family physicians provide higher quality, at lower cost, than other regions. Dartmouth Atlas studies also indicate the areas with high ratios of primary care physicians have decreased costs and higher quality measures of health care. Mesa County has benefited from having a strong base of family physicians, pediatricians and general internists since the 1970s.

As a general principle, health care workers, from subspecialty physicians to primary care physicians to nurses and therapists, should function to their highest level of competence if America is to achieve the high-quality, cost-effective health care systems desired. Economic and other artificial barriers to one's practice of medicine ultimately will drive up costs and decrease access to care. Mesa County hospitals and insurers have generally not denied privileges for primary care physicians or specialty physicians as long as they are practicing within the realm of their training and demonstrated competence, improving access and lowering costs of health care.

Primary care quality is difficult to measure, but high-quality primary care is essential to the creation of an effective health care system. In other regions of the nation, primary care physicians are relegated to primarily triaging patients to specialty physicians. Poor primary care could be identified by refusal to care for emergency and hospitalized patients, inability to care for patients with complex medical conditions, refusal to provide after-hours services, and not communicating effectively with specialty physicians. Mesa County has largely been spared this situation since 1972, with primary care physicians taking active roles with their patients whatever their specialized needs may be. Rocky Mountain Health Plans pays primary care physicians for visiting and seeing their hospitalized patients, even if the patients are under the care of specialty physicians and such services are "not needed." Studies have proven that quality of care increases, readmission rates are decreased, lengths of stay shortened, and follow-up and home health care services are improved if primary care physicians participate in the care of their hospitalized patients. This has been the expected practice in Mesa County.

Specialty physicians further support primary care physicians by insisting patients find a medical home with a primary care physician. Also specialty physicians in private practices have voluntarily supported the St. Mary's Family Medicine Residency program through teaching and shared patient care, which has resulted in a steady supply of well trained family physicians starting practices in Mesa County.

Finally, most primary care physicians in Mesa County have provided extensive services to their patients, including care of minor trauma and infectious diseases, obstetrical care, geriatric care and hospice care. Specialist physicians share their knowledge and recommendations with primary care physicians with informal hallway and telephone advice, both improving the quality and increasing the efficiency within the county's health care system. Maintaining such relationships, improving clinical competence and providing after-hours services pose another great challenge for the future.

In recent years, hospitalist programs have been started at both hospitals in Mesa County. Fewer primary care physicians are participating in hospital care and restricting their practices in other ways. Low reimbursement to primary care physicians for inpatient care, especially for "straight" Medicare and Medicaid patients (not part of RMHP), is a major reason for this decline. Obstetrical care, which was a part of many primary care practices in the past, is also on a rapid decline. These developments have major implications for the future costs and quality of care in Mesa County, with some predicting increases in health care costs.

Coordinated Hospital Care and Home Health Care

Decisions regarding hospitalization and discharges of RMHP patients are left to the doctors caring for the patients. But nurses at RMHP work with the physicians and their patients so that care coordination begins as soon as patients enter the hospital and continues after discharge. St. Mary's Hospital utilization review nurses also work closely with physicians caring for inpatients. These practices have resulted in low readmission rates and increased patient satisfaction. RMHP administrators and staff never tell physicians when to either admit or discharge a patient, instead allowing the professionals to make the needed medical decisions.

A successful home health care system was started by RMHP in the 1980s and continues to be strongly supported. Physicians know that caring for patients in their homes with excellent nursing assistance is far preferable to hospitalization for most patients and far less expensive. Patients frequently prefer home care to hospital care when supported by excellent home health care.

Focus on Health Care Quality

A strong focus on health care quality is essential to an improved American health care system. The nation's complex system wastes billions of dollars on ineffective, unneeded, or even harmful care, and often rewards the most wasteful practices with the highest reimbursements. Due to incomplete data, slow reporting, reliance on computer analyses

and the almost exclusive use of claims data, most attempts by insurers to judge and act on quality measures are worthless or inadequate. Hospital peer review committees and physician staff committees function with very incomplete data, and are under great conflicts of interest and in fear of antitrust lawsuits, greatly limiting their effectiveness. Mesa County, particularly the MCPIPA, has developed effective strategies for improving health care quality since 1972. This process has been costly, time-consuming and at times contentious, but it has resulted in the highest quality health care in the nation per the Dartmouth Atlas data. Regional health plans with intense physician involvement in quality oversight and the ability to review a large proportion of the patients receiving care in a region are keys to evaluating the quality of a health care system.

America's high-quality systems of care, including Mayo Clinic, Kaiser Clinics and Geisinger Clinics, have relatively complete data sets to judge the quality of care delivered, both by the system of care and by individual doctors. These features are also available within Mesa County, as the RMHP has had a predominance of patients under their care, so the data systems are much more complete than they are in most other areas of the country.

RMHP staff and nurses have worked with the physicians and the MCPIPA to provide chronic disease management programs for patients with diabetes, heart disease, asthma, cancer and other conditions. Patient care is followed from electronic data sources as well as direct chart reviews, so physicians can compare their care to that of their peers in Mesa County. Financial incentives have been established for physicians simply using patient registries for chronic disease management, and later incentives were created for those providing the highest quality of care from parameters established through the cooperation of the physicians at the MCPIPA and the representatives from RMHP.

Chart reviews are conducted by peer physicians and the physician administrators of RMHP. Ongoing efforts to address instances of poor quality of care have resulted in a steady improvement in quality of care in Mesa County. These efforts result in higher quality care for all patients, not just for those covered by RMHP.

Chart reviews and peer judgments of health care quality are difficult, expensive and uncomfortable at times. Several physicians who had repeated reviews, and still did not meet quality parameters, left the area rather than working to improve the quality of their practices. Physicians who did not meet quality parameters and did not improve care despite assistance from the MCPIPA were removed from the organization and as a result could not care for RMHP patients. Because of the high number of patients with RMHP coverage, remaining in the area in practices without caring for RMHP patients was difficult. Interestingly, some of these same physicians, some almost a decade later, had their medical licenses revoked by the Colorado Board of Medical Examiners due to substandard care. Poor quality of care is recognized early in Mesa County and actions are taken to either correct or eliminate poor care practices.

Timely, frequent and comprehensive reviews for health care quality are an important reason for the high quality of health care in Mesa County. Other for-profit commercial

insurance companies claim to be concerned about health care quality, but their computer generated reports are generally worthless and without consequences. These companies use claims data to generate lists – such as patients over age 50 who have not had a claim for a cancer screening test - which are inaccurate, not helpful and a waste of time (the lists are of patients never seen, or the test is not indicated, or the person moved away, etc.). It is now very typical for insurance companies to claim to judge practice quality with bogus claims data such as how many cholesterol tests were ordered or how many vaccinations were given, without supplying any data on the number or names of the patients in their plan under the doctor's care. In contrast, RMHP and the MCPIPA use two physicians, including a peer physician, to examine patient records and judge these findings against quality standards. These reports are seriously studied by the reviewed physicians, who often seek the assistance of the medical directors of RMHP for help in improving care.

Diagnostic and Therapeutic Care Consultations

Pathologists and radiologists are important partners in an effective health care system. Such is the case in Mesa County.

These specialty physicians are available to emergency physicians, primary care physicians and all others in assisting doctors in choosing the appropriate tests. For each clinical condition a patient may present with, it is up to the doctor to develop diagnostic possibilities and undertake evaluations to make the appropriate diagnosis. One of the most rapidly changing areas of medicine is diagnostic testing, including laboratory tests, ultrasounds, CT scans, MRI scans and PET scans. Physicians are generally unaware of the costs of such testing, and may order tests that are unnecessary or more costly than needed. Yet in most health care systems in the nation, such testing is carried out in hospital departments and diagnostic centers without a consultation with the specialist performing the testing.

Mesa County specialty physicians provide valuable advice on testing. A telephone call gets a pathologist or radiologist on the line, and the symptoms and suspected diagnoses are discussed. The pathologist or radiologist gives advice on what diagnostic tests would be most helpful and most cost-effective. Cardiologists, gastroenterologists, surgeons and many others provide similar assistance to the “front-line” primary care and emergency physicians, all resulting in more cost-effective care and higher quality care.

Specialty physicians in Mesa County provide these consultative services without remuneration. Yet such services provide very valuable information to primary care and other front-line physicians, and are estimated to greatly reduce health care costs. Another challenge to the health system in the future is providing specialists reimbursement for telephone advice and other informal consultative advice. Also primary care physicians' telephone and e-mail consultations need to be recognized for the services they provide and be part of payment reform.

Appropriate and Productive End-of-Life Care

Futile health care is continuing intensive care to avoid the deaths of patients who have no chance of recovery or future quality of life. Futile care should be avoided in any effective health care system. Patients with a chance of recovery to a meaningful life and existence should receive care appropriate to such a goal, and this is the care patients receive in Mesa County. But, as every physician knows, there comes a time in life when recovery is not possible, when the care provided will no longer result in life, but the intensive interventions simply prolong death. Persons can “live” for days, weeks and months on ventilators in intensive care units when they have no chance of recovery. Such care does not benefit patients or their families and is a very costly component of health care in the United States. But such care is often given in the United States, due perhaps to family demands, family misunderstandings, poor professional decision making and a lack of end-of-life instructions. Also it cannot escape notice that there is no money to be made by providing less care, a fact that seems to drive much medical care in America.

Mesa County has addressed these issues in several straightforward ways. Retired physicians voluntarily instruct community classes in the importance of advanced directives and urge their audiences to complete such documents. Primary care physicians also encourage the use of advance directives. Having a strong primary care base further helps doctors in providing the appropriate care, because having cared for patients and knowing their wishes and desires, primary care physicians can assist specialists in the care of patients when end-of-life issues are important.

The Hospice and Palliative Care of Western Colorado has been a very effective partner in caring for patients and families at the end of life. Counselors, doctors and nurses all working with the hospice are true partners in health care and have done outstanding work in this community.

Providing palliative care appropriately has actually been shown to lengthen quality life as well as reduce the costs of caring for persons at the end of life. This community effort has been essential to the success of the health care system in Mesa County.

Access to Care – Medicaid, Medicare and Private Paying Patients get Equal Access

Rocky Mountain Health Plans was created to accept Medicaid and Medicare patients, as well as privately insured patients. On one hand, payment for primary care services is enhanced by the RMHP physician fee schedule. On the other hand, specialists who traditionally have been reimbursed at rates much higher than those for primary care receive reimbursement at rates that are closer to those for primary care, compared to other systems. Fees for services are paid at the same rates for privately insured, Medicare and Medicaid patients. Specialty physicians accept such patients upon referral, regardless of their type of coverage. Certainly all providers are ultimately paid less due to poor reimbursement from a Medicaid or Medicare to RMHP, but in Mesa County all such patients have had full access to care services.

Cost Awareness

Physicians, although usually aware of their own fees for the services they provide, are largely uninformed about the other costs of health care services – hospital charges, diagnostic testing charges, therapy charges, durable medical equipment, drug costs, etc. Such a lack of knowledge results in costly decision making in clinical practices. When a test is marginally needed, or a therapeutic option is of marginal benefit, the factor of cost should certainly be part of the decision making. Yet throughout American health care systems such information is usually lacking. There are few or no disincentives to extra, unneeded medical services in most health care regions.

In Mesa County, on the other hand, contingency reserve payments and incentive payments by RMHP to the MCPIPA encourage doctors to practice in a cost-effective manner.

Rocky Mountain Health Plans and the MCPIPA have been providing useful financial information to physicians and other care givers for decades. Specialists and primary care physicians receive detailed bills from hospitals, emergency rooms and ambulatory care sites for patients they serve and services they order. Some hospitals typically do not want physicians to see such data, but it is very enlightening when physicians are made aware of costs and this information results in cost-effective changes in care. Also the MCPIPA, working with RMHP, prepares lists based on relative costs and hospital days which compare specialists doing the same procedures – repair of a fractured hip, removal of a gallbladder, knee replacement surgery, etc. Although such data makes some physicians uncomfortable and is not always well received, it makes physicians aware of cost data and results in changing behavior to more cost-effective practices. At various times the RMHP has provided doctors with:

- Copies of hospital bills, therapy bills
- Rankings of physician members on how cost-effective they are
- Length-of-stay data on various procedures, such as surgical cases
- Comparative laboratory costs from varying hospital and commercial labs
- Formularies to utilize the most cost-effective drugs
- Discounts to patients for utilizing generic drugs
- Monthly meetings on cost-effective treatments
- Monthly reviews of hospitalized patients with physicians caring for them
- Comparative cost data from various diagnostic modalities, such as the cost of an MRI vs. CT vs. ultrasound, when all three might be used in a clinical inquiry

Ignoring the true cost of health care is a formula for generating unnecessary expenses within the health care system.

Avoiding the Emergency Room

An unpublished study done in Mesa County compared the costs of treating patients with migraine headaches, lacerations and acute respiratory illnesses in different settings. It found that the cost of treating a condition in the emergency room was five times as expensive as treating the same condition in a primary care physician's office. To encourage primary care physicians to see their acute care patients, RMHP has subsidized after-hours clinics and urgent visits to primary care offices. Several offices started after-hours and weekend office clinics decades ago, making excellent health care available when needed. Such facilities and services also reduce overall health care costs and increase health care quality within Mesa County.

RMHP leaders assisted the development of after-hours care facilities by contributing money for their implementation. Primary care physician offices are under capitalized and do not have the operational revenue to open expanded facilities. RMHP gave start-up money to help such projects, thus encouraging expanded access to care and limiting the costs of care in Mesa County. The for-profit insurance companies in the region have also benefited from the after-hours clinics, but contributed nothing for their development.

Administrative Simplification

Having Rocky Mountain Health Plans as the predominant administrator of health plans in Mesa County has made the delivery of health care more efficient. Health care insurance companies and other payers, from Medicare to the for-profit health insurance companies, all do business very differently – putting a great administrative burden on physicians, hospitals and all providers of health care services. Each company has different rules, coverage, forms, drug formularies, physician panels, billing requirements, information requests, computer links, authorization forms for surgeries and other procedures, and varying providers of patient services such as home health and medical suppliers. Thus the “system” makes some of the seemingly simplest tasks, such as prescribing a pair of crutches or even prescribing a particular medication, difficult. These administrative burdens have gotten much more problematic since the late 1980s, creating a huge industry of doctors hiring staff members to submit billing claims and of insurance companies hiring staff to deny payments for professional and hospital services. Every physician's office is burdened with a very complex billing and accounting system to deal with the many different insurance companies and governmental payers.

A study published in June 2009 found the cost of the “health care system bureaucracy” to be \$72,000 annually for a primary care physician. These costs are buried in the overall system costs, but are a tremendous expense to American health systems. Anything that will reduce these expenses will result in less health care spending.

RMHP united Medicare, Medicaid and private-pay patients into the same system. RMHP has been the predominant insurer and health system in Mesa County since the 1970s (although RMHP's percentage has been steadily declining over the first decade of the 21st century, the insurer remained predominant). Some primary care practices might have up to 75 percent of their patients insured through RMHP. Having one predominant insurer makes the overall system more efficient. Arranging for home health care, obtaining

durable medical equipment such as crutches, getting home oxygen started, referring patients to specialists and even simply getting prescriptions written and refilled -- all are done more efficiently in Mesa County while working with RMHP. These greater efficiencies result in lower costs.

RMHP leaders also realize that working cooperatively with physicians to reduce overhead is an effective way to reduce overall health care costs. In the late 1980s, RMHP agreed to collect co-pays from member patients, thus taking an administrative burden away from physicians' offices. Such system simplification is the exact opposite of what other insurance companies and government programs do, as endless requests for forms, documentation, coding, etc. delay or even stop physicians and other providers from being paid for the services they have delivered, thus resulting in greater profits for the insurance industry.

Efficient Use of Resources

The "medical arms race" is a costly battle in America, as is vividly demonstrated by a comparison done in 2009 by Larry Anderson, MD. He compared health care delivery in his city of Wichita, Kan., with that in Grand Junction. Each community serves a similar size population when one considers the surround referral areas. But in 2009, while there were six MRI machines in Grand Junction, there were 38 in Wichita. Health care spending and overall costs were much higher in Wichita with no demonstrated improvement in quality of care.

Mesa County has avoided much of the escalation in the medical arms race with community planning, and community minded physicians who value the hospitals, often over their own personal financial gain. The "profitable lines of business," such as cardiology centers, diagnostic centers, colonoscopy centers and specialty orthopedic hospitals, all tend to be overbuilt in metropolitan areas of the United States. Such developments have largely, although not completely, been avoided in Mesa County.

When asked about the size of St. Mary's Hospital, its medical director described it as "just the right size." Overbuilding means expensive overstaffing, and overall health care costs increase. Once again with hospital leaders meeting with other community health leaders, and planning together for future needs, the community benefits.

Great Obstetrical Care

Prenatal and obstetrical delivery care that results in good outcomes is both good medicine and cost-effective medicine. Perhaps no health intervention is as cost-effective as providing good prenatal and delivery care.

Outstanding obstetricians have worked cooperatively with family physicians, nurse midwives, neonatologists and pediatricians for decades to lead Mesa County in excellent obstetrical services.

A B4 Babies & Beyond program was created around 1990 so pregnant women without insurance or Medicaid coverage could get prenatal care starting just after diagnosis. With B4 Babies & Beyond, every pregnant woman in Mesa County, regardless of income, including those without insurance, can receive prenatal care. Also, community education programs about maternal health and the importance of prenatal care have further facilitated the enrollment of women into the care of obstetricians and other providers. A low rate of prematurity and a low number of intensive care nursery days have resulted from this excellent prenatal care. St. Mary's Hospital also financially supported a neonatal intensive care unit to improve regional health care with better outcomes for patients and their families. Excellent obstetrical care is a great benefit to the community.

Caring for the Poor, the Uninsured and Medicaid patients

Mesa County has been blessed in having physicians who willingly care for the downtrodden members of society. This characteristic is especially true of the pediatricians and the specialty and subspecialty physicians. The non-profit, mission-driven hospitals are also essential partners in providing services to the poor.

Medicaid patients may voluntarily enroll in Rocky Mountain Health Plans at no cost and most do. Thus Medicaid patients have a full range of doctors willing to care for them, as well as home health care and other essential services. Medicaid patients in Mesa County receive the primary and preventive care that is necessary for high-quality, cost-effective care.

Uninsured patients in Mesa County can receive their care at the outpatient Marillac Clinic, a freestanding facility financed by St. Mary's Hospital, community donations, grant funds and payments from patients served. Unburdened by the arcane and unnecessary billing and documentation rules found at Federally Qualified Health Centers, Marillac Clinic has created an extremely efficient integrated primary care clinic including medical, dental, mental health, eye and pharmacy services all delivered in a cost-efficient manner. Specialist doctors also volunteer their services for Marillac Clinic patients. Marillac Clinic operations are very efficient, as they do not deal with the bureaucracies of the Medicare and Medicaid programs and thus do not need large staffs for coding, billing, accounting and other such functions that drive costs in American medicine.

Marillac Clinic's efforts result in better care of the community's uninsured and poor patients and hold down the overall costs of care. Throughout the United States, on the other hand, primary and preventive care is often unavailable so minor health problems become major health problems, with a consequent increase in health care spending.

Medical Liability Insurance

Medical liability insurance premiums for doctors, hospitals and other professionals are lower in Colorado than in most states. This lowers total health care costs throughout the state, including Mesa County.

The state of Colorado has a favorable medical liability climate due to the passage in 1987 of the Health Care Availability Act. This comprehensive tort reform bill set caps on non-economic damage awards, limited total damages to a soft cap of \$1 million and instituted many other reforms, such as a three-year statute of limitations and periodic payments of awards. Despite almost yearly attempts by Colorado trial attorneys to dismantle tort reforms in the legislature, most components of the bill remain. Colorado is one of the few states without extremely high liability insurance premiums.

Another important result of tort reform is making health care more available. This is particularly critical in rural areas like Mesa County. Having primary care physicians deliver services for which they were trained – repairing lacerations, treating fractures, rendering emergency treatment in their offices, providing prenatal and delivery care – improves overall health care and reduces costs. In many other states, such as Florida and Pennsylvania, primary care physicians frequently cannot offer such medical care because doing so would increase medical liability insurance costs substantially. The same favorable liability climate allows most doctors to practice within the scope of their specialty, without needing to arbitrarily limit their practices.

All physicians must pass on the costs of medical liability insurance premiums by increasing fees. So holding down liability insurance costs decreases overall health care spending. For example, liability insurance for an obstetrician/gynecologist in Mesa County is approximately \$38,000 a year, while in some other states the rate is more than \$200,000 a year.

The MCPIPA and RMHP have further reduced the cost of liability insurance. Data from Mesa County showed lower numbers of claims and losses than in other regions, and a discounted rate was negotiated with the Copic Insurance Company, a Colorado non-profit, physician-run liability insurance company. A \$25,000 deductible discounted insurance plan was obtained, with RMHP covering the losses to this amount. Due to higher quality measures in Mesa County, and lower medical error rates, liability premiums for doctors in hospitals have been much lower than the rest of the nation and in some other areas of Colorado.

Tort reforms have been successful in Colorado and in Mesa County to limit some of the excessive costs of the medical liability system. However, despite these reforms, the current system remains unfair to injured patients, ineffective in making health care safer and a huge windfall for attorneys. Trial and defense attorneys net 60 percent of the premium dollars paid for medical liability insurance, whereas injured persons receive less than half of that amount. A completely new system of patient safety and dispute resolution is needed in America, with an emphasis on decreasing the payments to attorneys and ending the need for doctors to practice defensive medicine. Major liability system changes are an essential component of reform of the health care system in the United States.

Physician Payment Reform

Specialty physicians who could have incomes that are two to four times greater than those of primary care physicians have given up a little income in Mesa County for the benefit of their patients, their community and the primary care physicians. Currently physicians in practices throughout the United States are paid too much for “procedures” – surgeries, radiology studies, chemotherapy, endoscopy, diagnostic tests – and far less for bedside and office care of patients. “Thinking” about patients pays nothing to physicians, but “doing” to patients pays well. For years, specialty physicians in Mesa County, aware of these discrepancies and willing to sacrifice some payments for the betterment of their health community, have allowed RMHP to modify its fee structure. Changing incentives via mild payment reform has been effective in making health care better in Mesa County.

Complete payment reform for physicians and other caregivers is essential to effective health care reform. Mesa County has made a few small improvements to a very flawed system, and it has benefited the region’s health care system.

Physician Leadership

Effective physician leadership, especially on the part of primary care physicians, has been essential to the success of Mesa County health care since the early 1970s. There are many contentious issues for fee committees, quality committees and many other groups. The MCPIPA began paying physicians to serve on various committees and boards decades ago, which has been effective in getting prepared, effective participation and physician leadership. Typically hospital committee members and other important operational leaders are not paid in American health systems, whereas in Mesa County such functions are deemed valuable and important and thus paying members is considered routine and important.

Conclusion

“The best health care system in America” is not due to one action, but to many actions taken since the early 1970s. Collaboration and a community focus have resulted in the Mesa County health care system having higher quality at a lower cost. Problems and solutions need to be addressed by the insurers, hospitals, doctors, nurses and all others providing services in the community and region served. Competitive markets do not work in medicine or health care – cooperation, planning and problem solving by those knowledgeable about health care systems have worked in Mesa County and can work throughout the nation. For-profit insurance companies need to be replaced by non-profit regional health plans, and the illusion that for-profit companies should be running the health care system needs to be discarded.

True American health reform must be broad and transformative. Giving ever more money to for-profit health insurance companies, as has happened in Massachusetts, will increase costs tremendously. To make real health care reform happen, policy makers should look to Mesa County, Colo., and see how effective a community focus can be in solving health care problems. Many additional actions are needed to decrease the costs of American health care – liability system reform, antitrust reform and payment reform, to name but a

few. American medical schools and residency programs need to educate many more primary care physicians to become at least half of the physician workforce, a change that should be implemented immediately. Specialty physicians and primary care physicians should be working with their hospital leaders, health plan leaders, health departments, social agencies and others to find the best solutions for their own regions. Only then will America be on the right track to a high-quality, cost-effective health care future.

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