

Colorado Hospital Value Report

Benchmarking Pricing & Quality Reliability for
Inpatient Care Across Acute Care Hospitals

SUMMER 2019



To an economist it is astonishing that Americans have been content for so long to allow an economic sector that has absorbed an increasing portion of their incomes to operate without any meaningful transparency. The question is how long this indifference can last. My answer is 'Not very long.'

– Uwe Reinhardt

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SECTION I: INTRODUCTION

WHY A “HOSPITAL VALUE REPORT”?

Michael Porter provides a straight-forward framework for all participants around patient value. And yet, healthcare in the United States and here in Colorado fails to consistently meet the litmus test of high value – both with regard to quality and cost.

Quality variation is wide and ubiquitous – across, as well as, within virtually any given hospital in Colorado. And prices – even after adjustments for patient acuity, the local cost of living, labor mix, amount of uncompensated care, and several other factors – vary wildly.

A new survey from [Colorado Consumer Health Initiative & Altarum Value Hub*](#), polled more than 970 Colorado adults in December of 2018 and found that 66% of adults in Colorado are worried about getting low quality healthcare. Yet, only 35% used quality information to decide on a doctor. The same study found that more than half of Colorado adults (61%) believe that higher quality healthcare usually comes at a higher cost, yet very few believe that price reliably signals the quality of care. In other words, they believe quality care is likely to be high price but not all high price care is quality care. Just 25% believe that a less expensive doctor is likely providing lower-quality care. These findings suggest that quality information is an important factor in healthcare decisions.

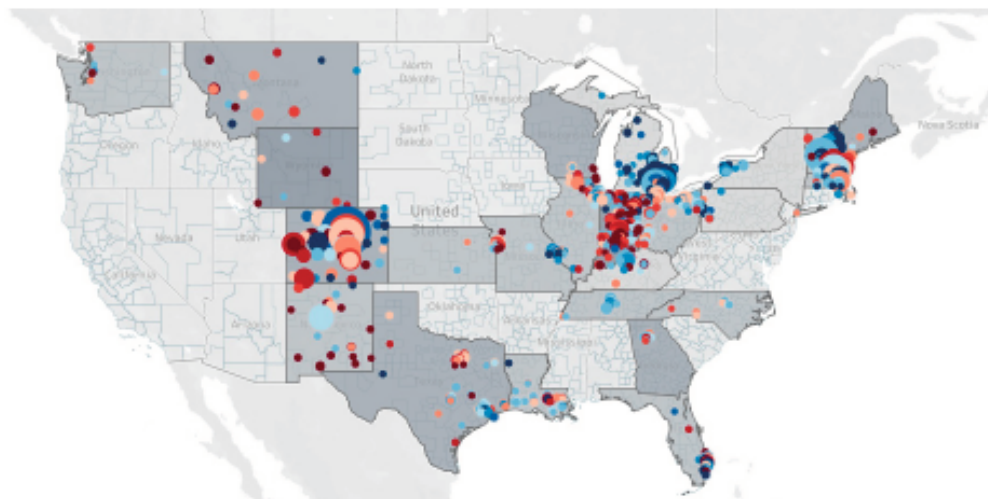
Further compounding the issue of significant variation in health care value is the fact that price disparity is rampant both nationwide and across Colorado. Colorado has the sixth highest hospital prices of 25

states studied, in a new [RAND Corporation research study*](#). The study found that prices paid to hospitals for services provided to privately insured patients compared to Medicare rates varied widely among states in 2017. The discrepancy was not limited to just overall price. Variation occurred at the procedure level, from state to state and market to market. Within Colorado markets specifically, the adjusted prices relative to Medicare for both inpatient and outpatient care varied across the state by nearly 400% (from a low 115% of Medicare to a high of 573% of Medicare).

Wide variations in hospital prices and quality, neither of which have been generally known to employers or consumers, cannot continue. As a physician in Wisconsin put it, “There’s more price and quality transparency regarding a refrigerator than there is about your open heart surgery.” This needs to change.

RAND PRICING TRANSPARENCY STUDY

The Rand Corporation has put together an interactive map that can be used to compare hospital prices across states and within Colorado based on data from the National Hospital Price Transparency Report (May 2019) – <https://employerptp.org/#visualize>.



Achieving high value for patients must become the overarching goal of healthcare delivery, with value defined as the health outcomes achieved per dollar spent. This goal is what matters for patients and unites the interests of all actors in the system. If value improves, patients, payers, providers, and suppliers can all benefit while the economic sustainability of the healthcare system increases.

Michael Porter, Author
Redefining Healthcare

SECTION I: INTRODUCTION

As mentioned, prices vary inexplicably not just across the state as a whole, but within individual markets. For instance, prices for routine procedures in the Denver market range overall by more than 800%. To put these numbers in a real-life context, if consumers accepted that kind of variance when getting gas, we'd be paying between \$2.20 and \$18.41 a gallon.

As the nation's, its employers', and our families' healthcare spending continues to grow faster than the general rate of inflation and as hospital prices grow faster than their costs, the need for transparent pricing and quality data - data that can be benchmarked and referenced - is essential if the health care market is to function like others. Currently it does not. A recent [Modern Healthcare article*](#) sites consolidation as a vital contributing factor to rising prices, price variation and overall uneven quality of care. And recent reports to Congress by the Medicare Payment Advisory Commission site excessive commercial payments as negating hospitals' need to control expenses.

The RAND study provides an unfiltered look under the hood at just how much hospitals are being paid in the commercial market, highlighting the variance between what the federal government and private sector pay and explaining why so much money is going into duplicated services at the expense of primary care and mental health in particular.

DENVER, COLORADO // PRICE DISPARITIES

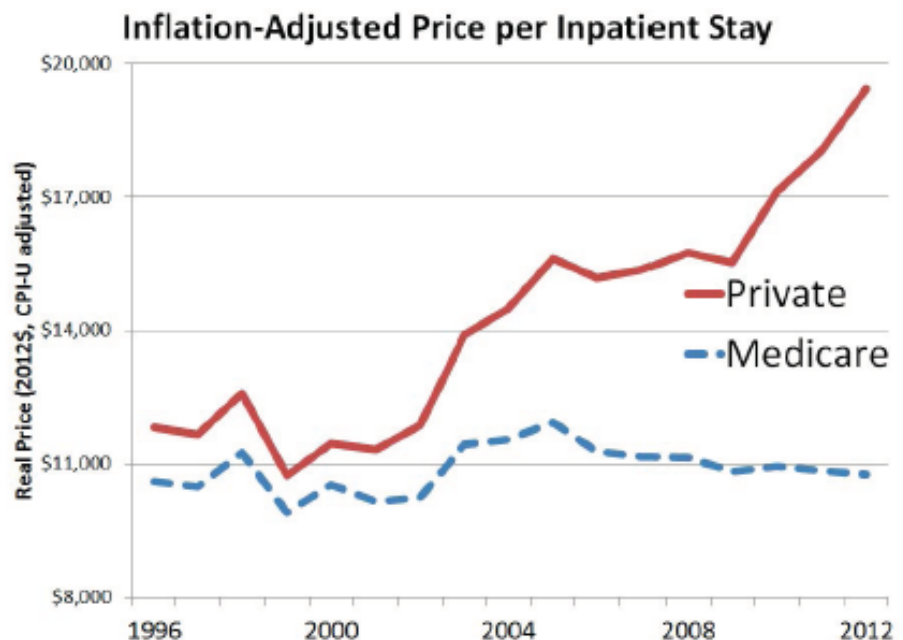
Procedure	Low Price	High Price	Variance
Abdominal Ultrasound	\$115	\$1,029	895%
Carpal Tunnel Surgery	\$1,634	\$5,806	355%
Chest CT (no contrast)	\$248	\$2,492	1005%
Cholecystectomy (laparoscopic)	\$6,368	\$19,530	307%
Colonoscopy (screening)	\$1,296	\$4,052	313%
Ear Tube Placement (Tympanostomy)	\$1,737	\$12,765	735%
Hysteroscopy (with biopsy)	\$3,705	\$9,316	251%
Knee Arthroscopy	\$2,796	\$23,462	839%
Shoulder MRI (no contrast)	\$450	\$4,999	1111%
Sleep Study	\$899	\$4,341	483%
Average Variance			837%

EQUIVALENT VARIANCE IN A GALLON OF GAS	\$2.20	\$18.41	837%
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What gas would cost per gallon with the same price variance

PRIVATE HEALTH PLAN PRICES HIGHER & GROWING FASTER THAN MEDICARE

Across the nation, hospitals treating patients with private health insurance were paid overall 2.4 times the Medicare rates in 2017, according to the RAND study. The disparity shows that the push for healthcare pricing and quality transparency has failed to materialize and the industry remains one of the nation's most opaque.



SOURCE

Source: Selden, T. M., Karaca, Z., Keenan, P., White, C., & Kronick, R. (2015). The Growing Difference Between Public And Private Payment Rates For Inpatient Hospital Care. *Health Affairs*, 34(12), 2147-2150. doi:10.1377/hlthaff.2015.0706.

ALL-STATE TRENDS IN HOSPITAL PRICES RELATIVE TO MEDICARE

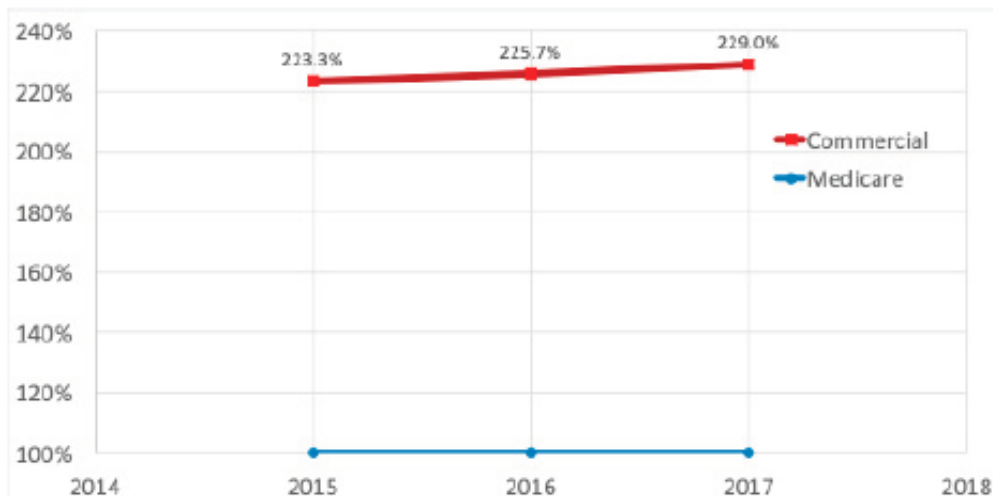
As noted in the graph on page 8, the RAND study found that Colorado ranked sixth among a group of 25 states for most expensive hospitals and that some hospital prices in Colorado are among the highest in the country.

Yet according to a state snapshot provided by the Agency for Healthcare Research and Quality, Colorado is an average state in ranking for quality of care measures. And, as reported in the Denver Post, “The centennial state ranked eighth-highest in the nation for percentage of reviewed hospitals that face potential fines for hospital-acquired conditions” by Medicare in 2018. These and other studies consistently prove that higher costs to consumers do not yield higher quality.

So, why do we need a “Hospital Value Report?” Because to be prudent purchasers and users of hospital services, employers and consumers must be empowered with data; must be enabled to determine the reasonableness of hospital pricing and the overall value-proposition of any given hospital in the state of Colorado. While we do not intend to suggest what any individual purchaser should pay – that, after all is up to the individual buyer – we do intend to inform purchasers of the wide variation in hospital quality and price with side-by-side comparisons for more informed decision making.

SOURCE

RAND Study – <https://employerptp.org/#visualize>



QUANTROS®

HOSPITAL SYSTEM OR, IF INDEPENDENT, IPPS/CAH	RAND RELATIVE PRICE FOR INPATIENT AND OUTPATIENT SERVICES		
	2015	2016	2017
All hospitals in the study	254%	261%	260%
Adventist Health System Sunbelt Health Care Corporation	282%	302%	310%
Banner Health	345%	322%	310%
Catholic Health Initiatives	287%	304%	320%
HCA Healthcare	295%	313%	314%
Independent (CAH)	168%	155%	150%
Independent (IPPS)	270%	263%	274%
LifePoint Health	--	553%	--
QHR	317%	308%	327%
SCL Health	177%	191%	196%
San Luis Valley Health	--	257%	246%
University of Colorado Health	317%	321%	311%

SECTION II: ASSESSING HOSPITAL PERFORMANCE

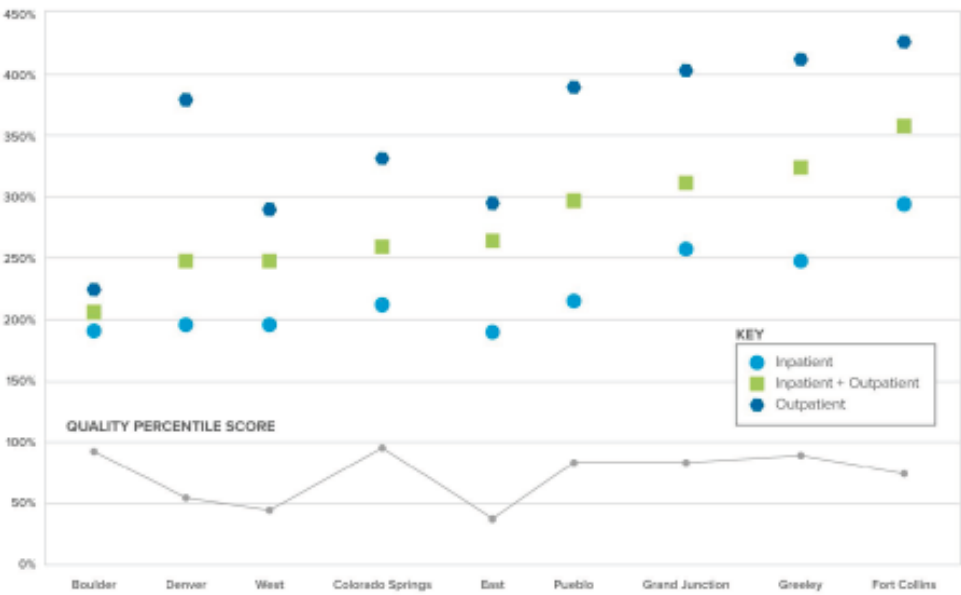
Wide variations in the efficiency and effectiveness of hospital care, as well as in physician practice patterns, have been reported since the 1970's. These variations can be readily seen in Colorado - by region and by hospital - today.

In order to examine the variation in quality of hospital care across Colorado, CCHI and CBGH used the CareChex® 2019 Hospital and Health System Quality Rankings and Ratings. These rankings benchmark the clinical quality, patient safety and performance of virtually all acute care hospitals and health systems throughout the U.S. at the individual clinical service line level. They are widely used and recognized as being the most accurate industry standard for showing care variation and are trusted by millions of value-seeking providers, purchasers and consumers of medical care nationwide.

(See Appendix A for a description of the CareChex methodology.)

HEALTHCARE QUALITY BY REGION IN COLORADO

The following graphic, using CareChex "Composite Measures" demonstrates how quality across the DOI (Department of Insurance) regions varies across Colorado.



SOURCE

Inpatient/Outpatient - RAND Study, Quality Percentile Score - Quantros

BY HOSPITAL AND WITHIN CLINICAL CATEGORIES IN THE HOSPITAL

The chart on the next page may seem to suggest that if you live in the Colorado Springs area, hospitals in your area provide high quality care. However, a deeper dive into the data shows wide variations in quality between hospitals and within a given hospital by clinical service category. For example, a hospital can have a Quality score in the 97th percentile for overall care but a rating in the 30th percentile for cardiac care.

COMPOSITE QUALITY SCORING BY HOSPITAL

The CareChex by Quantros Composite Quality Score incorporates five peer-reviewed methodologies addressing key components of inpatient care including; AHRQ patient safety indicators, AHRQ inpatient quality indicators, risk adjusted mortality, risk adjusted complications and risk adjusted unanticipated readmission rates. The Composite Quality Score (CQS) is a proprietary percentile-based value ranging from 0 to 100 which reflects the hospital's percentile of performance across all indicators included for a clinical category as compared to all hospitals nationally. The scoring includes patient level risk adjustment, calculation for statistical significance and standardization of observations.

QUANTROS CLINICAL QUALITY SCORES					
HOSPITAL NAME	CITY	HOSPITAL OVERALL CARE NATIONAL COMPOSITE QUALITY SCORE	JOINT REPLACEMENT	CARDIAC CARE	CANCER CARE
Kit Carson County Memorial Hospital	Burlington	5.1 ✓--	-	17.6	-
Sedgwick County Memorial Hospital	Julesburg	6.4 ✓--	-	22.0	-
Southwest Memorial Hospital	Cortez	9.2 ✓--	5.6	16.9	5.6
Parkview Medical Center Inc.	Pueblo	15.1 ✓-	43.3	15.3	2.5
Melissa Memorial Hospital	Holyoke	25.4 ✓-	-	9.8	-
Banner Fort Collins Medical Center	Fort Collins	65.8 ✓	60.8	-	-
McKee Medical Center	Loveland	67.1 ✓	45.3	93.1	44.6
Good Samaritan Medical Center	Lafayette	67.6 ✓	18.7	81.6	83.8
Aspen Valley Hospital	Aspen	72.1 ✓	66.6	-	-
Centura Health St. Thomas More Hospital	Canon City	73.5 ✓	40.3	94.2	74.8
St. Mary's Medical Center	Grand Junction	96.5 ✓++	85.0	97.3	53.4
Centura Health Penrose St. Francis Health Services	Colorado Springs	97.0 ✓++	96.2	96.4	35.1
UCHealth Memorial Hospital Central	Colorado Springs	98.0 ✓++	97.4	84.0	97.7
Medical Center of the Rockies	Loveland	99.0 ✓++	68.9	85.0	71.4
Poudre Valley Hospital	Fort Collins	99.7 ✓++	99.8	99.3	52.5

LEGEND: ✓-- ≤ 10th percentile ✓- 11th – 25th percentile ✓ 26th – 74th percentile
 ✓+ 75th – 89th percentile ✓++ ≥ 90th percentile -- No Data / Not Eligible
 (If a Clinical Category case count is less than eleven, no composite quality score will be calculated.)

DATA TIME PERIOD: Q4 2014 – Q3 2017 [Full chart available in Appendix F]

LEGAL NOTICE: Public reference to ratings contained herein, whether oral or written, is strictly prohibited without licensure of Quantros[®] Media CareKit[™].

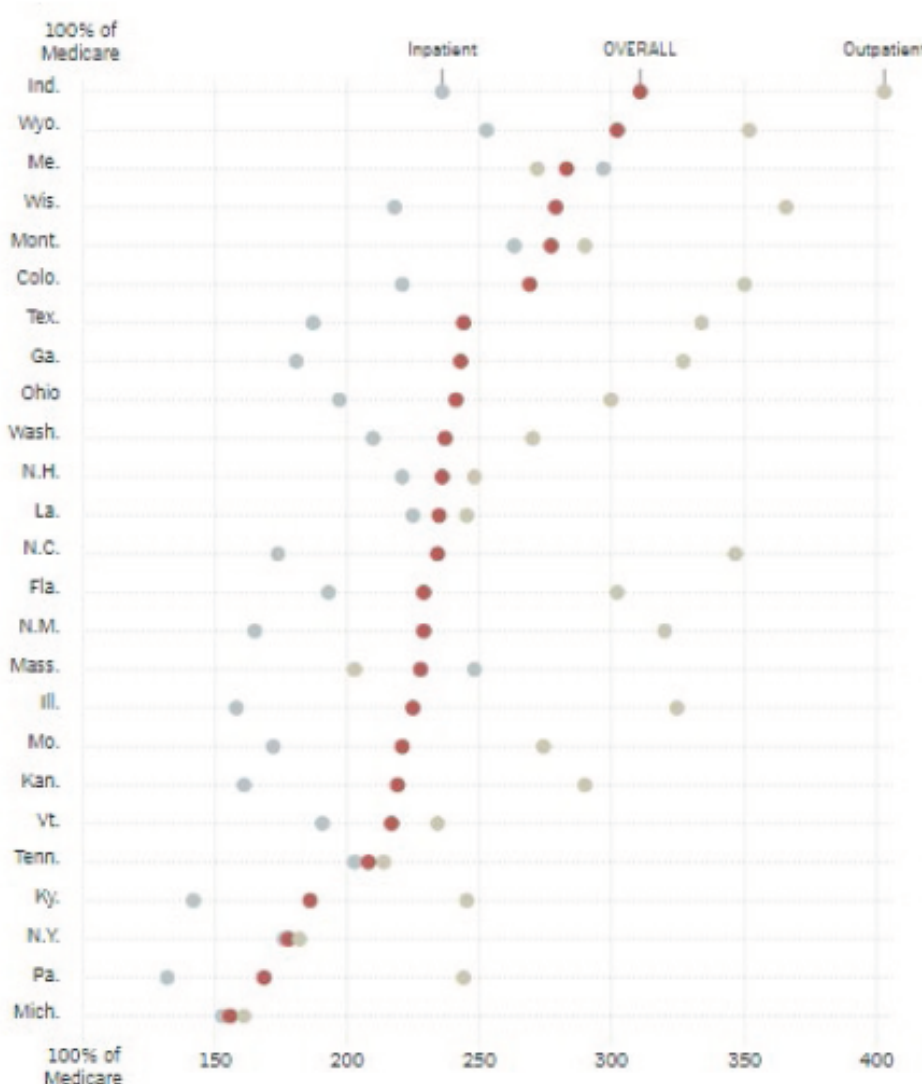
SECTION III: COMPARING HOSPITAL PRICES & VALUE

STATE BY STATE PRICE (& PRICE INCREASE) COMPARISONS

The recent RAND, “National Hospital Price Transparency Report” found that in 2017, the prices actually paid to (not charged by) hospitals nationally for privately insured patients averaged 241% of what Medicare would have paid, with wide variations in price among states as shown below. With overall prices at 276% of Medicare, Colorado ranked as the 6th most expensive of 25 states. Additionally, the RAND study noted that for the period 2015-2017, Colorado hospital prices were the second fastest increasing of the 25 states.

INPATIENT & OUTPATIENT PRICING BY HOSPITAL, CO

Few if any businesses that contract with health insurance companies receive any insight into what their insurers actually pay individual hospitals in their plan’s network. The significance of the aforementioned RAND report is that, for the first time, employers are provided with a meaningful, benchmarked frame of reference. And, what the data appear to reflect is that the trend toward consolidation, rather than resulting in economies of scale that get passed down to employers and purchasers, has spurred higher prices as hospitals merged into larger, more powerful systems that dominated their local market and demanded ever-higher prices. In fact, the chart on page five suggests that independently run hospitals average for payments relative to Medicare rates are generally lower when compared to health systems’ hospitals.

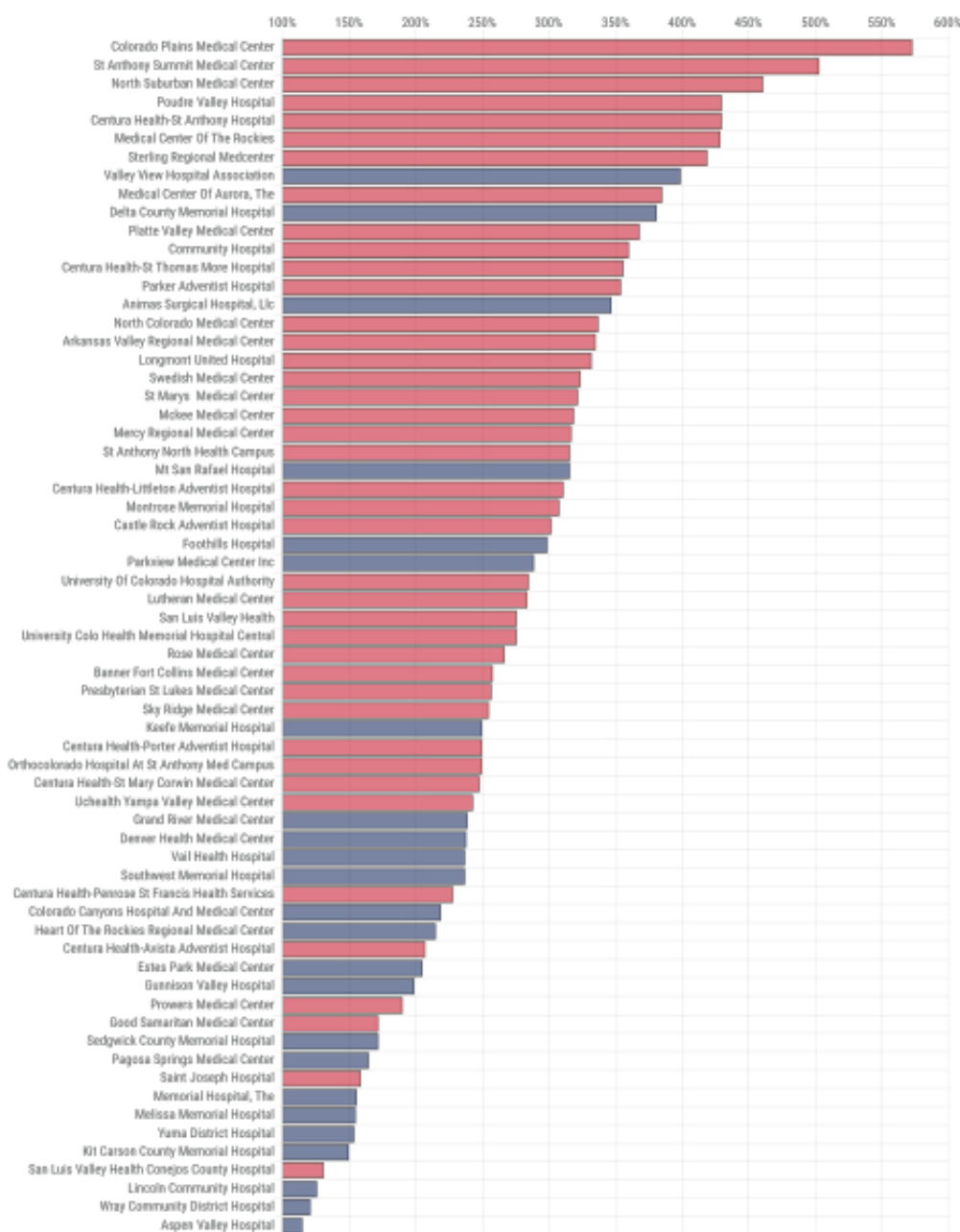


By The New York Times | Source: RAND Corporation

SOURCE

New York Times – <https://www.nytimes.com/2019/05/09/health/hospitals-prices-medicare.html>

HOSPITAL CHARGES RELATIVE TO MEDICARE RATES



Note: Some Colorado hospitals did not receive calculations from RAND.

■ = Hospital is part of a health system
 ■ = Hospital is independently run

SOURCE

The Colorado Sun
<https://coloradosun.com/2019/05/13/colorado-hospital-prices-rand-study/>

SECTION III: COMPARING HOSPITAL PRICES & VALUE



RAND CORPORATION HOSPITAL PRICING AS A PERCENT OF MEDICARE				QUANTROS CLINICAL QUALITY SCORES (CQS)					
HOSPITAL NAME	CITY	RELATIVE PRICE FOR OUTPATIENT SERVICES	RELATIVE PRICE FOR INPATIENT SERVICES	OVERALL HOSPITAL CARE NATIONAL COMPOSITE QUALITY SCORE	OVERALL HOSPITAL CARE MORTALITY	OVERALL HOSPITAL CARE COMPLICATIONS	OVERALL HOSPITAL CARE READMISSIONS	HIGHEST PERFORMING CLINICAL CATEGORY	LOWEST PERFORMING CLINICAL CATEGORY
San Luis Valley Health Conejos County Hospital	La Jara	141%	68%	79.3 ✓+	55.9	51.2	62.2	Pneumonia Care 71.1	Pulmonary Care 67.5
Keefe Memorial Hospital	Cheyenne Wells	333%	76%	31.7 ✓	27.8	47.3	41.6	Pulmonary Care 41.8	Pneumonia Care 30.4
Pagosa Springs Medical Center	Pagosa Springs	187%	93%	54.3 ✓	69.1	55.5	29.7	Cardiac Care 80.6	Chronic Obstructive Pulmonary Disease 9.3
Aspen Valley Hospital	Aspen	123%	96%	72.1 ✓	70.8	66.4	40.2	Overall Surgical Care 81.8	Hip Fracture Care 27.9
Prowers Medical Center	Lamar	217%	116%	26.3 ✓	37.8	13.8	14.0	Chronic Obstructive Pulmonary Disease 51.1	Pneumonia Care 19.1
Rose Medical Center	Denver	381%	212%	79.8 ✓+	74.9	68.5	70.4	Pulmonary Care 94.0	Cardiac Care 25.1
Centura Health St. Mary Corwin Medical Center	Pueblo	284%	216%	92.9 ✓++	83.1	88.9	94.2	General Surgery 95.815	Interventional Coronary Care 18.8
University of Colorado Hospital Authority	Aurora	425%	216%	26.0 ✓	99.5	31.4	3.8	Transplant of Kidney 99.9	Vascular Surgery 0.7
Parkview Medical Center Inc.	Pueblo	380%	220%	15.1 ✓-	58.6	13.8	97.4	Hip Fracture Care 96.2	Cancer Care 2.5
McKee Medical Center	Loveland	396%	221%	67.1 ✓	76.8	27.6	90.7	Cardiac Care 93.1	Gall Bladder Removal 10.8
Poudre Valley Hospital	Fort Collins	575%	331%	99.7 ✓++	98.2	98.5	95.0	Joint Replacement 99.8	Chronic Obstructive Pulmonary Disease 25.8
St. Anthony Summit Medical Center	Frisco	697%	336%	78.4 ✓+	68.3	74.8	60.3	Pulmonary Care 81.6	Orthopedic Care 50.0
Animas Surgical Hospital, LLC	Durango	346%	350%	76.3 ✓+	69.1	71.0	76.2	Overall Surgical Care 82.2	Spinal Surgery 36.5
Medical Center of the Rockies	Loveland	483%	389%	99.0 ✓++	95.0	98.7	96.2	Cardiac Care 97.8	Interventional Carotid Care 4.8
Centura Health St. Anthony Hospital	Lakewood	500%	394%	86.4 ✓+	96.8	65.0	98.2	Trauma Care 99.0	Heart Failure Treatment 2.5

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DATA TIME PERIOD: Q4 2014 – Q3 2017



“

To an economist it is astonishing that Americans have been content for so long to allow an economic sector that has absorbed an increasing portion of their incomes to operate without any meaningful transparency. The question is how long this indifference can last. My answer is ‘Not very long.’

Uwe Reinhardt
Princeton University

SECTION IV: ANALYSIS OF QUALITY-PRICE CONNECTION

Appendix E juxtaposes pricing data from the RAND report with hospital performance data from the CareChex Hospital and Health System Ratings for the same period (e.g. 2017) for all non-critical access hospitals in the state. In doing so, it allows for an analysis of quality and price, a consideration of overall value, and certain conclusions about what employers must do if they want higher quality, more affordable hospital care.

QUALITY

While different hospital rating systems use various measures and methods, three observations about quality at the service line level stand out in examining the CareChex data that are generally consistent with other national studies:

- You can get excellent care in Colorado. The majority of Colorado hospitals offer some care that ranks among the highest in the country. Of the 61 hospitals in Appendix E,
 - Five out of six (80%) offer at least one service in the top quartile nationally.
 - More than half (55%) offer at least one service in the top 10% of all hospitals nationally.
- You may very well receive below average to poor care in Colorado. The majority of Colorado hospitals offer at least one service that is among the lowest in the country. Of the 61 hospitals,
 - Five out of six (80%) offer at least one service in the bottom quartile nationally.

- Nearly half of Colorado hospitals (46%) offer at least one service in the very bottom decile of performance nationally.

- Quality varies nearly as much within hospitals as it does across hospitals. Of the 50 Colorado hospitals offering a service in the top 25% of hospitals in the country, 32 of these same hospital also offer a service in the bottom 25% of all hospitals in the country.

PRICE

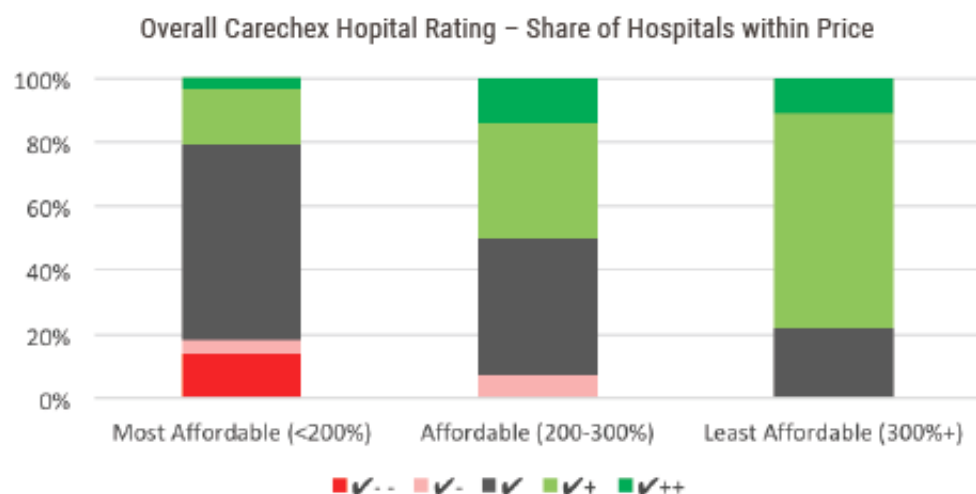
While, overall across 25 states, Colorado hospitals ranked as the sixth most expensive (276% of Medicare versus 241% nationally), some Colorado hospitals are among the most expensive in the country - even allowing for patient mix, labor mix, and regional costs of living - while others are among the most affordable.

- Adjusted inpatient prices range from 68% of Medicare to 394%
- Adjusted outpatient prices range from 123% to 782%

VALUE

High prices at specific Colorado hospitals may correlate with higher quality for some services, but price does not appear to predict or even necessarily reflect higher quality for all services - in significant contrast to the experience consumers have with other goods and services in the US economy. The encouraging news seems to be that there are some high performing, lower-priced hospitals in Colorado.





CONCLUSION

REQUISITES FOR A VALUE-BASED MARKETPLACE

The central socio-economic question for US employers, families, communities, and States may well be this: Can the “free market” sustainably deliver the substantive improvements in healthcare effectiveness, efficiency, and affordability that are so crucially needed or do we need government intervention? In the employer-funded commercial market this question will be answered - either positively by action or negatively through inaction - solely by employers.

If employers are to force the health care market to function as do other markets, they must do three things. They must...

1. Demand a shift from contracts based on a discount-from-charges contracts to contracts benchmarked against Medicare as an empirically-based frame of reference. If this is not possible, then it is essential to at least have an independent resource calculate their current pricing as a multiple of Medicare. No other method allows for an objective assessment of pricing reasonableness.
2. Assess the performance of a given hospital's service line(s) against the reasonableness of the price they are paying and negotiate pricing accordingly. It would fair to suggest that doing so is part of management's fiduciary responsibility.
3. Phase in value-based benefit designs that encourage employees to use high quality, affordable services on a hospital-by-hospital basis. This will ensure that employees actually receive the best possible care while, at the same time, encouraging hospitals to compete on value.

Even in the face of continuing consolidation of health systems, determined employers who are empowered with data can demand a more efficient and effective market - on their own behalf as well as that of their employees and communities.

SECTION V: USING THIS REPORT

Michael Porter's counsel that "the achievement of high value for patients" must become the overarching goal that "unites all the interests of all actors in the system" is a profound and aspirational statement. But until and unless we combine the means to measure and the incentives to manage the two components of value – price and quality – we will have no common definition of value. Whereas other industries have actually been built upon such means and incentives, in healthcare they have been largely either missing or unused. Thus, we believe the concept of "Hospital Value Report" is long overdue. For each of the "actors" in the system, such a report can have significant implications.

EMPLOYERS

As the largest combined cohort of purchasers in the US with both the greatest means and the greatest incentives to improve value, it seems self-evident employers must play the central role in uniting actors who may have otherwise conflicting incentives or may pursue short-term self-interest.

- **Proactively Purchase to Shape the Market.** Given empirically based measures and benchmarks, employers can and must purchase health care with the same due diligence that they use to purchase other goods and services. This will mean working with health plan administrators to use this data to select hospitals and physicians to partner and direct members to. For instance, the Northeast Business Group on Health has established formal ["User Groups"](#) with Aetna, Anthem, Cigna, and UnitedHealthcare. Such groups can provide a forum for constructive collaboration.
- **Group Purchasing.** Given the consolidation of the healthcare delivery systems proactive purchasing, exercising their power in the market place will require that employers actively participate in group purchasing. No better case for the necessity of this strategy can be found than David Blumenthal's article ["To Control Health Care Costs, Employers Should Form Purchasing Alliances,"](#) in the November 2, 2018 Harvard Business Review.
- **Provider Engagement.** Given the local nature of health care delivery, employers must find ways to directly engage providers – particularly physicians with whom their interests are most aligned – in a spirit of community benefit and well-being.
- **Value-Based Benefit Designs.** Given the variation in value due to quality and/or price, benefit designs that neglect or ignore these unwarranted variations will be bound to contribute to low value. Value-based benefit designs seem essential to market reformation.
- **Fiduciary Responsibility.** The ready availability of reliable quality and price data implies the need, if not imposes the requirement, for of a renewed commitment to acting in the best financial interests of employees whose salary increases are being cannibalized) as well as to shareholders/taxpayers.



For advocates of market-based solutions to containing health care costs, the lack of price data is a crippling barrier to success.

–Harvard Business Review

**David Blumenthal, MD,
Lovisa Gufstafson,
Shanoor Seervai**

CONSUMERS

Consumers seeking to make informed decisions about quality and price have now have two tools that can be of use:

- **This Hospital Value Report.** The quality indices contained in this report are a useful tool for judging hospital quality and making informed healthcare choices.
- **CIVHC's Shop for Care.** [The Shop for Care*](#) page on the Center for Improving Value in Health Care website allows consumers to compare both prices and patient experience at health care facilities across Colorado.

POLICY MAKERS / LEGISLATORS

While employers who pay for health care and the consumers who use it may have the best means and most immediate need to reform the health care market, doing so in the short term may require legislative refinements from time-to-time. Colorado legislators have shown a willingness to support a more effective market in recent legislative sessions.

Long term, further action may be needed if employer efforts prove ineffective or if thwarted by self-interest. In either event, policy makers and legislators need to be familiar with healthcare economics so as to be able to dismiss specious or self-serving arguments. It is our hope this report will provide a deeper understanding on how today's health care market fails to consistently provide high value to employers, Coloradans, and our local and State economies.

HOSPITALS

Hospitals committed to a market-based solution – e.g., one with the least amount of legislative or regulatory involvement (or interference) - may wish collaborate with purchasers around common, statewide measures and methods for improving value. Given the above, providers would be well served to strive for the most accurate indices to assess their performance. Use this data to understand areas to improve quality and be more competitive in cost. Use this data to market high quality/low cost services.

HEALTH PLANS

Health plans – being well-informed and however well-intended – often, in our observation, are not supported by employers in pursuing the highest value for members. Health plans might use this value report to further engage clients in both questions around provider contracting and employee benefits. As noted above, user groups could be one option. The promotion of value-based insurance designs could be another, stimulating changed behavior on the part of both provider and patient. Other, more innovative approaches – including methods for aligning financial incentives with employers - may be needed given the extent to which consolidation has concentrated the provider market.

PHYSICIANS

Use this data to understand performance relative to peers on cost/quality and identify areas for improvement.



SECTION VI: ACKNOWLEDGEMENTS

CCHI and CBGH wish to acknowledge the support and collaboration of several organizations whose efforts were essential for producing this report.

Center for Improving Value in Health Care

As the administrator of the Colorado All Payer Claims Data Base, we appreciate both the value that CIVHC brings to stakeholders interested in reducing cost and improving care and the effort that CIVHC takes to ensure the data and analytics from the CO APCD are as actionable, reliable and timely as possible. As a result of their collaboration and the foresight of state legislators to create and structure the CO APCD, the Colorado data in the Rand Report on Pricing Transparency is the most robust and comprehensive of any state, resulting in a trusted source of information for purchasers and other stakeholders.

Employers Forum of Indiana

As the first business coalition in the country to work with the Rand Corporation to evaluate hospital pricing utilizing Medicare as a framework, Employers Forum of Indiana continues to provide national leadership for coalitions and employers seeking greater transparency and opportunity to purchase care more responsibly.

Rand Corporation

Researched and authored by Chapin White and Christopher Whaeley, the Rand Corporation's report "Prices Paid to Hospitals by Private Health Plans Are High Relative to Medicare and Vary Widely: Findings from an Employer-Led Transparency Initiative" provides employers with a framework within which employers and health plans can, for the first time ever, determine the reasonableness of hospital pricing in a manner that respects the complexity of health care. The complete report, as well as an interactive map for searching hospital pricing, downloading presentation materials, and reviewing news releases from across the country can be found at https://employerptp.org/#visualize*.

Quantros

[Quantros*](#) prides itself on being the foundation for hundreds of organizations quality decisions – based on comprehensive episodic risk adjustment and proper quality scoring. Including CareChex by Quantros Composite Quality Ratings in this report is intended to enhance hospital, health systems, as well as purchasers of healthcare's visibility into quality data side-by-side with cost data, to assist in decision making.



SECTION VII: APPENDICES

A. ABOUT THE CARECHEX/METHODOLOGY

[CareChex by Quantros*](#) utilizes a peer-reviewed, patent-pending quality scoring system to compare inpatient quality performance across general, acute and non-federal U.S. hospitals. Relying on both public and proprietary measures of performance, CareChex compares the quality of hospital and physician care to national and state standards using a variety of clinical indicators to assign a proprietary Composite Quality Score and Rating¹. Unlike other rating systems, CareChex provides a multidimensional, integrated analysis of medical quality.

B. ABOUT THE COLORADO CONSUMER HEALTH INITIATIVE

The Colorado Consumer Health Initiative (CCHI) is a nonprofit, consumer-oriented, membership-based health advocacy organization that serves Coloradans whose access to health care and financial security are compromised by structural barriers, affordability, poor benefits, or unfair business practices of the health care industry.

MISSION: CCHI advances the consumer voice to improve access to health care for all Coloradans by working statewide for progress toward equity, access, affordability and quality.

VISION: All Coloradans have equitable access to affordable, high-quality health care.

C. ABOUT THE COLORADO BUSINESS GROUP ON HEALTH

The Colorado Consumer Health Initiative (CCHI) is a nonprofit, consumer-oriented, membership-based health advocacy organization that serves Coloradans whose access to health care and financial security are compromised by structural barriers, affordability, poor benefits, or unfair business practices of the health care industry.

SECTION VII: APPENDICES

D. FULL QUALITY RATING BY HOSPITAL COMPARED TO CLINICAL CATEGORIES

		QUANTROS CLINICAL QUALITY SCORES			
HOSPITAL NAME	CITY	HOSPITAL OVERALL CARE NATIONAL COMPOSITE QUALITY SCORE	JOINT REPLACEMENT	CARDIAC CARE	CANCER CARE
Kit Carson County Memorial Hospital	Burlington	5.1 ✓--	-	17.6	-
Sedgwick County Memorial Hospital	Julesburg	6.4 ✓--	-	22.0	-
Southwest Memorial Hospital	Cortez	9.2 ✓--	5.6	16.9	5.6
Parkview Medical Center Inc.	Pueblo	15.1 ✓-	43.3	15.3	2.5
Melissa Memorial Hospital	Holyoke	25.4 ✓-	-	9.8	-
University of Colorado Hospital Authority	Aurora	26.0 ✓	18.1	48.7	77.6
Prowers Medical Center	Lamar	26.3 ✓	-	38.0	-

QUANTROS CLINICAL QUALITY SCORES					
HOSPITAL NAME	CITY	HOSPITAL OVERALL CARE NATIONAL COMPOSITE QUALITY SCORE	JOINT REPLACEMENT	CARDIAC CARE	CANCER CARE
Denver Health Medical Center	Denver	30.2 ✓	24.8	58.0	15.5
Community Hospital	Grand Junction	31.1 ✓	32.9	58.3	42.5
Keefe Memorial Hospital	Cheyenne Wells	31.7 ✓	-	-	-
Arkansas Valley Regional Medical Center	La Junta	31.9 ✓	-	68.2	58.7
Yuma District Hospital	Yuma	35.2 ✓	-	32.1	-
Sterling Regional MedCenter	Sterling	35.9 ✓	60.4	72.2	59.5
Gunnison Valley Hospital	Gunnison	37.6 ✓	-	76.0	16.0
Centura Health Porter Adventist Hospital	Denver	40.3 ✓	97.4	29.4	41.8
Delta County Memorial Hospital	Delta	41.0 ✓	86.7	10.0	23.9
Mt. San Rafael Hospital	Trinidad	42.0 ✓	-	7.4	8.1
Colorado Canyons Hospital and Medical Center	Fruita	45.5 ✓	-	25.7	-
Colorado Plains Medical Center	Fort Morgan	46.7 ✓	30.2	39.1	59.5
Heart of the Rockies Regional Medical Center	Salida	48.9 ✓	83.1	71.5	49.1
UCHealth Yampa Valley Medical Center	Steamboat Springs	51.4 ✓	81.3	59.0	22.0
San Luis Valley Health	Alamosa	52.5 ✓	47.2	40.5	61.7
Saint Joseph Hospital	Denver	52.7 ✓	28.4	75.1	26.2
Centura Health Parker Adventist Hospital	Parker	53.2 ✓	58.5	47.0	37.4

SECTION VII: APPENDICES

		QUANTROS CLINICAL QUALITY SCORES			
HOSPITAL NAME	CITY	HOSPITAL OVERALL CARE NATIONAL COMPOSITE QUALITY SCORE	JOINT REPLACEMENT	CARDIAC CARE	CANCER CARE
Pagosa Springs Medical Center	Pagosa Springs	54.3 ✓	37.8	80.6	-
Presbyterian St. Lukes Medical Center	Denver	55.7 ✓	33.2	59.2	45.7
North Suburban Medical Center	Thornton	57.3 ✓	62.5	57.9	66.0
Centura Health Littleton Adventist Hospital	Littleton	59.0 ✓	73.5	35.5	13.2
Banner Fort Collins Medical Center	Fort Collins	65.8 ✓	60.8	-	-
McKee Medical Center	Loveland	67.1 ✓	45.3	93.1	44.6
Good Samaritan Medical Center	Lafayette	67.6 ✓	18.7	81.6	83.8
Aspen Valley Hospital	Aspen	72.1 ✓	66.6	-	-
Centura Health St. Thomas More Hospital	Canon City	73.5 ✓	40.3	94.2	74.8
Foothills Hospital	Boulder	73.7 ✓	91.0	31.9	15.0
Vail Health Hospital	Vail	76.1 ✓+	29.4	75.9	-
Animas Surgical Hospital, LLC	Durango	76.3 ✓+	75.4	-	-
Centura Health Avista Adventist Hospital	Louisville	77.3 ✓+	72.8	70.2	43.7
Centura Health Castle Rock Adventist Hospital	Castle Rock	78.1 ✓+	45.6	88.5	75.8
St. Anthony Summit Medical Center	Frisco	78.4 ✓+	59.2	68.7	-
The Medical Center of Aurora	Aurora	78.6 ✓+	17.1	9.0	73.0
Montrose Memorial Hospital	Montrose	78.9 ✓++	72.0	89.3	23.9

QUANTROS CLINICAL QUALITY SCORES					
HOSPITAL NAME	CITY	HOSPITAL OVERALL CARE NATIONAL COMPOSITE QUALITY SCORE	JOINT REPLACEMENT	CARDIAC CARE	CANCER CARE
San Luis Valley Health Conejos County Hospital	La Jara	79.3 ✓+	-	-	-
Rose Medical Center	Denver	79.8 ✓+	32.8	25.1	79.0
Lutheran Medical Center	Wheat Ridge	80.5 ✓+	70.3	87.6	24.8
Swedish Medical Center	Englewood	81.9 ✓+	89.7	22.0	85.0
Grand River Medical Center	Rifle	83.1 ✓+	41.3	83.9	63.5
Centura Health St. Anthony Hospital	Lakewood	86.4 ✓+	35.7	45.9	30.5
Longmont United Hospital	Longmont	89.2 ✓+	55.3	82.3	43.6
Valley View Hospital Association	Glenwood Springs	89.2 ✓+	80.7	95.2	39.8
Platte Valley Medical Center	Brighton	89.5 ✓+	62.1	85.6	81.0
OrthoColorado Hospital at St. Anthony Medical Campus	Lakewood	89.9 ✓+	-	-	-
Centura Health St. Anthony North Health Campus	Westminster	91.2 ✓++	32.6	73.5	53.5
North Colorado Medical Center	Greeley	92.4 ✓++	72.3	85.0	70.3
Centura Health St. Mary Corwin Medical Center	Pueblo	92.9 ✓++	79.9	52.1	51.9
Sky Ridge Medical Center	Lone Tree	93.9 ✓++	92.6	39.4	76.5
Mercy Regional Medical Center	Durango	95.1 ✓++	61.9	95.6	88.4
St. Mary's Medical Center	Grand Junction	96.5 ✓++	85.0	97.3	53.4
Centura Health Penrose St. Francis Health Services	Colorado Springs	97.0 ✓++	96.2	96.4	35.1

SECTION VII: APPENDICES

QUANTROS CLINICAL QUALITY SCORES					
HOSPITAL NAME	CITY	HOSPITAL OVERALL CARE NATIONAL COMPOSITE QUALITY SCORE	JOINT REPLACEMENT	CARDIAC CARE	CANCER CARE
UCHealth Memorial Hospital Central	Colorado Springs	98.0 ✓++	97.4	84.0	97.7
Medical Center of the Rockies	Loveland	99.0 ✓++	68.9	85.0	71.4

LEGEND: ✓-- ≤ 10th percentile ✓- 11th – 25th percentile ✓ 26th – 74th percentile
 ✓+ 75th – 89th percentile ✓++ ≥ 90th percentile -- No Data / Not Eligible
 (If a Clinical Category case count is less than eleven, no composite quality score will be calculated.)

DATA TIME PERIOD: Q4 2014 – Q3 2017

E. FULL PRICE AND QUALITY INFORMATION BY HOSPITAL SIDE-BY-SIDE

RAND CORPORATION HOSPITAL PRICING AS A PERCENT OF MEDICARE				QUANTROS CLINICAL QUALITY SCORES (CQS)					
HOSPITAL NAME	CITY	RELATIVE PRICE FOR OUTPATIENT SERVICES	RELATIVE PRICE FOR INPATIENT SERVICES	OVERALL HOSPITAL CARE NATIONAL COMPOSITE QUALITY SCORE	OVERALL HOSPITAL CARE MORTALITY	OVERALL HOSPITAL CARE COMPLICATIONS	OVERALL HOSPITAL CARE READMISSIONS	HIGHEST PERFORMING CLINICAL CATEGORY	LOWEST PERFORMING CLINICAL CATEGORY
San Luis Valley Health Conejos County Hospital	La Jara	141%	68%	79.3 ✓+	55.9	51.2	62.2	Pneumonia Care 71.1	Pulmonary Care 67.5
Keefe Memorial Hospital	Cheyenne Wells	333%	76%	31.7 ✓	27.8	47.3	41.6	Pulmonary Care 41.6	Pneumonia Care 30.4
Pagosa Springs Medical Center	Pagosa Springs	187%	93%	54.3 ✓	69.1	55.5	29.7	Cardiac Care 80.6	Chronic Obstructive Pulmonary Disease 9.3
Aspen Valley Hospital	Aspen	123%	96%	72.1 ✓	70.8	66.4	40.2	Overall Surgical Care 61.8	Hip Fracture Care 27.9
Prowers Medical Center	Lamar	217%	116%	26.3 ✓	37.8	13.8	14.0	Chronic Obstructive Pulmonary Disease 51.1	Pneumonia Care 19.1
Sedgwick County Memorial Hospital	Julesburg	216%	116%	6.4 ✓--	17.9	49.9	41.1	Chronic Obstructive Pulmonary Disease 43.5	Pneumonia Care 10.5
Yuma District Hospital	Yuma	158%	125%	35.2 ✓	22.9	65.0	35.5	Chronic Obstructive Pulmonary Disease 65.9	Pneumonia Care 30.1
Melissa Memorial Hospital	Holyoke	157%	134%	25.4 ✓-	14.9	62.0	59.2	Chronic Obstructive Pulmonary Disease 62.4	Cardiac Care 9.8

RAND CORPORATION HOSPITAL PRICING AS A PERCENT OF MEDICARE				QUANTROS CLINICAL QUALITY SCORES (CQS)					
HOSPITAL NAME	CITY	RELATIVE PRICE FOR OUTPATIENT SERVICES	RELATIVE PRICE FOR INPATIENT SERVICES	OVERALL HOSPITAL CARE NATIONAL COMPOSITE QUALITY SCORE	OVERALL HOSPITAL CARE MORTALITY	OVERALL HOSPITAL CARE COMPLICATIONS	OVERALL HOSPITAL CARE READMISSIONS	HIGHEST PERFORMING CLINICAL CATEGORY	LOWEST PERFORMING CLINICAL CATEGORY
Kit Carson County Memorial Hospital	Burlington	157%	137%	5.1 ✓--	25.9	19.6	25.8	Pulmonary Care 27.3	Heart Failure Treatment 11.7
Saint Joseph Hospital	Denver	234%	139%	52.7 ✓	91.5	5.6	86.9	Cardiac Surgery (Major) 89.6	Gall Bladder Removal 1.3
Southwest Memorial	Cortez	265%	152%	9.2 ✓--	1.5	77.7	74.0	Women's Health 68.6	Gastrointestinal Hemorrhage 4.3
Heart of the Rockies Regional Medical Center	Salida	245%	155%	48.9 ✓	19.3	28.0	69.6	Orthopedic Surgery (Major) 83.7	Hip Fracture Care 3.1
Mt. San Rafael Hospital	Trinidad	347%	159%	42.0 ✓	27.8	78.7	67.7	Gastrointestinal Care 82.5	Heart Failure Treatment 4.5
Gunnison Valley Hospital	Gunnison	211%	160%	37.6 ✓	50.3	51.2	39.7	Cardiac Care 76.0	Cancer Care 16.0
Grand River Medical Center	Rifle	250%	166%	83.1 ✓+	74.3	49.9	86.3	Gastrointestinal Care 89.3	Stroke Care 24.4
Vail Health Hospital	Vail	373%	173%	76.1 ✓+	66.7	36.5	84.7	General Surgery 94.5	Heart Failure Treatment 12.5
Good Samaritan Medical Center	Lafayette	163%	179%	67.6 ✓	92.9	12.5	86.8	Women's Health 93.2	Gall Bladder Removal 1.5
Banner Fort Collins Medical Center	Fort Collins	325%	183%	65.8 ✓	64.1	35.4	70.8	Spinal Fusion 70.7	Pulmonary Care 41.9
Denver Health Medical Center	Denver	395%	186%	30.2 ✓	93.0	14.5	27.4	Pulmonary Care 83.4	Heart Attack Treatment 3.7
UCHealth Yampa Valley Medical Center	Steamboat Springs	289%	190%	51.4 ✓	48.7	61.3	71.8	Orthopedic Surgery (Major) 83.7	Hip Fracture Care 16.1
Centura Health St. Anthony North Health Campus	Westminster	460%	193%	91.2 ✓++	94.5	49.9	92.5	Pulmonary Care 94.6	Hip Fracture Care 13.4
Centura Health Avista Adventist Hospital	Louisville	223%	194%	77.3 ✓+	86.7	34.0	89.2	Pulmonary Care 92.3	Spinal Surgery 12.9
San Luis Valley Health	Alamosa	330%	198%	52.5 ✓	34.5	34.5	86.3	Women's Health 80.3	Neurological Care 17.1

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RAND CORPORATION HOSPITAL PRICING AS A PERCENT OF MEDICARE				QUANTROS CLINICAL QUALITY SCORES (CQS)					
HOSPITAL NAME	CITY	RELATIVE PRICE FOR OUTPATIENT SERVICES	RELATIVE PRICE FOR INPATIENT SERVICES	OVERALL HOSPITAL CARE NATIONAL COMPOSITE QUALITY SCORE	OVERALL HOSPITAL CARE MORTALITY	OVERALL HOSPITAL CARE COMPLICATIONS	OVERALL HOSPITAL CARE READMISSIONS	HIGHEST PERFORMING CLINICAL CATEGORY	LOWEST PERFORMING CLINICAL CATEGORY
Colorado Canyons Hospital and Medical Center	Fruita	221%	204%	45.5 ✓	25.3	71.4	53.6	Spinal Surgery 87.3	General Surgery 22.8
Arkansas Valley Regional Medical Center	La Junta	405%	208%	31.9 ✓	35.8	5.4	86.1	Pulmonary Care 85.7	General Surgery 4.5
Centura Health St. Thomas More Hospital	Canon City	463%	208%	73.5 ✓	86.7	71.9	79.3	Heart Failure Treatment 95.9	Bariatric Surgery 11.6
Centura Health Castle Rock Adventist Hospital	Castle Rock	408%	211%	78.1 ✓+	88.2	70.4	86.6	Spinal Surgery 92.2	Pulmonary Care 11.9
Centura Health Penrose St. Francis Health Services	Colorado Springs	258%	212%	97.0 ✓++	94.3	19.0	99.5	Orthopedic Care 99.2	Interventional Coronary Care 5.6
Rose Medical Center	Denver	381%	212%	79.8 ✓+	74.9	68.5	70.4	General Surgery 95.8	Cardiac Care 25.1
Centura Health St. Mary Corwin Medical Center	Pueblo	284%	216%	92.9 ✓++	83.1	88.9	94.2	Pulmonary Care 94.0	Interventional Coronary Care 18.8
University of Colorado Hospital Authority	Aurora	425%	216%	26.0 ✓	99.5	31.4	3.8	Transplant of Kidney 99.9	Vascular Surgery 0.7
Parkview Medical Center Inc.	Pueblo	380%	220%	15.1 ✓-	58.6	13.8	97.4	Hip Fracture Care 96.2	Cancer Care 2.5
McKee Medical Center	Loveland	396%	221%	67.1 ✓	76.8	27.6	90.7	Cardiac Care 93.1	Gall Bladder Removal 10.8
UCHealth Memorial Hospital Central	Colorado Springs	348%	222%	98.0 ✓++	96.0	98.6	97.8	Spinal Fusion 99.9	Gall Bladder Removal 3.0
Mercy Regional Medical Center	Durango	435%	225%	95.1 ✓++	85.5	33.0	98.8	Cardiac Care 95.6	Chronic Obstructive Pulmonary Disease 0.7
Lutheran Medical Center	Wheat Ridge	366%	226%	80.5 ✓+	97.3	4.8	99.0	Pulmonary Care 99.8	Spinal Fusion 6.6
Sky Ridge Medical Center	Lone Tree	341%	228%	93.9 ✓++	93.2	86.5	76.2	General Surgery 97.0	Interventional Coronary Care 21.2
Presbyterian St. Lukes Medical Center	Denver	322%	236%	55.7 ✓	78.2	88.2	13.9	Neurological Care 96.7	Hip Fracture Care 9.0

RAND CORPORATION HOSPITAL PRICING AS A PERCENT OF MEDICARE				QUANTROS CLINICAL QUALITY SCORES (CQS)					
HOSPITAL NAME	CITY	RELATIVE PRICE FOR OUTPATIENT \$SERVICE\$	RELATIVE PRICE FOR INPATIENT \$SERVICE\$	OVERALL HOSPITAL CARE NATIONAL COMPOSITE QUALITY \$SCORE	OVERALL HOSPITAL CARE MORTALITY	OVERALL HOSPITAL CARE COMPLICATIONS	OVERALL HOSPITAL CARE READMISSIONS	HIGHEST PERFORMING CLINICAL CATEGORY	LOWEST PERFORMING CLINICAL CATEGORY
Centura Health Porter Adventist Hospital	Denver	273%	237%	40.3 ✓	91.3	16.5	86.8	Joint Replacement 97.4	Spinal Fusion 1.8
Sterling Regional Medocenter	Sterling	546%	245%	35.9 ✓	81.2	29.4	88.0	Chronic Obstructive Pulmonary Disease 72.9	Major Bowel Procedures 8.7
Montrose Memorial Hospital	Montrose	356%	247%	78.9 ✓+	38.8	55.5	92.6	Interventional Coronary Care 93.2	Hip Fracture Care 8.0
Platte Valley Medical Center	Brighton	467%	256%	89.5 ✓+	73.7	24.7	96.2	Gastrointestinal Care 91.7	Pulmonary Care 24.1
Longmont United Hospital	Longmont	418%	271%	89.2 ✓+	82.6	31.4	68.3	Stroke Care 98.2	Trauma Care 8.6
St. Mary's Medical Center	Grand Junction	446%	271%	96.5 ✓++	92.5	17.7	99.8	Neurological Care 98.6	Orthopedic Care 21.2
North Colorado Medical Center	Greeley	407%	277%	92.4 ✓++	90.0	8.8	97.6	Cardiac Care 95.4	Spinal Fusion 3.6
Centura Health Parker Adventist Hospital	Parker	448%	280%	53.2 ✓	93.6	20.9	89.0	Pulmonary Care 97.6	Spinal Surgery 12.9
Centura Health Littleton Adventist Hospital	Littleton	352%	280%	59.0 ✓	89.7	29.4	83.7	Orthopedic Care 97.2	Women's Health 1.9
Foothills Hospital	Boulder	321%	280%	73.7 ✓	90.0	18.6	80.4	Heart Failure Treatment 98.8	Cancer Care 15.0
Delta County Memorial Hospital	Delta	437%	283%	41.0 ✓	31.1	78.1	60.3	Gastrointestinal Care 94.2	Heart Attack Treatment 7.3
Medical Center of Aurora	Aurora	630%	283%	78.6 ✓+	73.7	32.6	88.0	General Surgery 99.0	Cardiac Care 9.0
North Suburban Medical Center	Thornton	698%	289%	57.3 ✓	69.9	87.5	84.0	Gall Bladder Removal 89.0	Hip Fracture Care 14.0
Swedish Medical Center	Englewood	399%	295%	81.9 ✓+	64.9	83.6	74.9	Neurological Surgery (Major) 97.9	Bariatric Surgery 5.5

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RAND CORPORATION HOSPITAL PRICING AS A PERCENT OF MEDICARE				QUANTROS CLINICAL QUALITY SCORES (CQS)					
HOSPITAL NAME	CITY	RELATIVE PRICE FOR OUTPATIENT SERVICES	RELATIVE PRICE FOR INPATIENT SERVICES	OVERALL HOSPITAL CARE NATIONAL COMPOSITE QUALITY SCORE	OVERALL HOSPITAL CARE MORTALITY	OVERALL HOSPITAL CARE COMPLICATIONS	OVERALL HOSPITAL CARE READMISSIONS	HIGHEST PERFORMING CLINICAL CATEGORY	LOWEST PERFORMING CLINICAL CATEGORY
Valley View Hospital Association	Glenwood Springs	478%	301%	89.2 ✓+	88.8	80.6	69.2	Cardiac Care 95.2	Orthopedic Care 9.9
Community Hospital	Grand Junction	409%	302%	31.1 ✓	32.6	12.1	93.2	Stroke Care 82.3	Gastrointestinal Care 3.8
OrthoColorado Hospital at St. Anthony Medical Campus	Lakewood	119%	313%	89.9 ✓+	77.2	26.1	89.2	Joint Replacement 95.7	Spinal Fusion 43.0
Colorado Plains Medical Center	Fort Morgan	782%	329%	46.7 ✓	78.7	65.0	23.1	General Surgery 73.7	Orthopedic Care 24.9
Poudre Valley Hospital	Fort Collins	575%	331%	99.7 ✓++	98.2	98.5	95.0	Joint Replacement 99.8	Chronic Obstructive Pulmonary Disease 25.8
St. Anthony Summit Medical Center	Frisco	697%	336%	78.4 ✓+	68.3	74.8	60.3	Pulmonary Care 81.6	Orthopedic Care 50.0
Animas Surgical Hospital, LLC	Durango	346%	350%	76.3 ✓+	69.1	71.0	76.2	Overall Surgical Care 82.2	Spinal Surgery 36.5
Medical Center of the Rockies	Loveland	483%	389%	99.0 ✓++	95.0	98.7	96.2	Cardiac Care 97.8	Interventional Carotid Care 4.8
Centura Health St. Anthony Hospital	Lakewood	500%	394%	86.4 ✓+	96.8	65.0	98.2	Trauma Care 99.0	Heart Failure Treatment 2.5

LEGEND: ✓-- ≤ 10th percentile ✓- 11th – 25th percentile ✓ 26th – 74th percentile
 ✓+ 75th – 89th percentile ✓++ ≥ 90th percentile -- No Data / Not Eligible
 (If a Clinical Category case count is less than eleven, no composite quality score will be calculated.)

DATA TIME PERIOD: Q4 2014 – Q3 2017

F. QUANTROS CLINICAL CATEGORIES

Overall Hospital Care	Gall Bladder Removal	Major Bowel Procedures	Spinal Surgery
Overall Medical Care	Gastrointestinal Care	Neurological Care	Stroke Care
Overall Surgical Care	Gastrointestinal Hemorrhage	Major Neuro-Surgery	Bone Marrow Transplant
Bariatric Surgery	General Surgery	Organ Transplants	Heart Transplant
Cancer Care	Heart Attack Treatment	Orthopedic Care	Kidney Transplant
Cardiac Care	Heart Failure Treatment	Major Orthopedic Surgery	Liver Transplant
Major Cardiac Surgery	Hip Fracture Care	Pneumonia Care	Lung Transplant
Chronic Obstructive	Interventional Carotid Care	Pulmonary Care	Trauma Care
Pulmonary Disease	Interventional Coronary Care	Sepsis	Vascular Surgery
Coronary Bypass Surgery	Joint Replacement	Spinal Fusion	Women's Health

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Colorado Hospital Value Report

Benchmarking Pricing & Quality Reliability for
Inpatient Care Across Acute Care Hospitals