



COLORADO COMMISSION ON AFFORDABLE HEALTH CARE

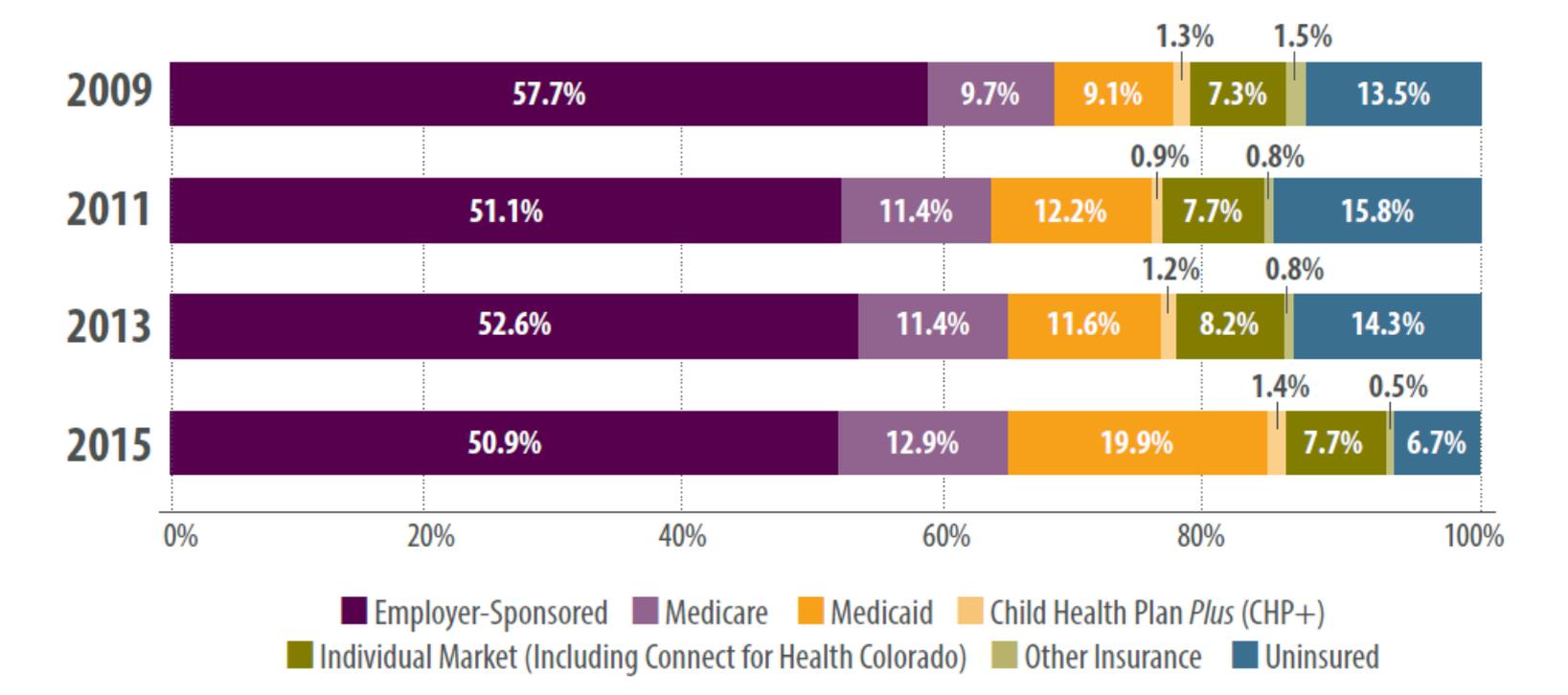
Colorado Health Insurance Exchange Oversight Committee
August 2, 2016

AREAS OF ANALYSIS

The Commission identified key topic areas for investigation and discussion:

- Transparency
- Workforce
- Social Determinants
- Incentive Mechanisms
- Regulatory Costs
- Administrative Costs
- Payment & Delivery Reform
- Market Competitiveness
- Technology
- Pharmacy
- Hospital Costs

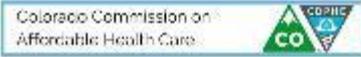
TRENDS IN COLORADO COVERAGE



Source: 2015 Colorado Health Access Survey, CHI

STATEWIDE MEETINGS: MAY - JULY

- What do you think are the fundamental cost drivers in your region and why?
- What are the barriers to reducing cost?
- What would you change to make things better related to cost?
- Do you have any thoughts on the recommendations and topics that the Commission is addressing?



Are You Happy with the Cost of Health Care?

The Colorado Commission on Affordable Health Care is working to study the problem of rising health care costs — for families, businesses, and policymakers alike — and propose collaborative solutions to address this challenge. Your perspectives and ideas are essential to helping the Commission develop collaborative strategies to contain health costs.

Join us as we visit your community to hear about your experiences and perspectives on this monumental challenge.

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Colorado Commission on Affordable Health Care

A community forum to gather Coloradans' input and ideas on the issue of rising health care costs

Tuesday, May 17, Colorado Springs
5 p.m. to 7 p.m., El Paso County Citizens Service Center

Wednesday, May 18, Alamosa
8:30 a.m. to 10 a.m., Adams State University

Thursday, June 16, Grand Junction
4 p.m. to 6 p.m., Colorado Mesa University, Meyer Ballroom

Friday, June 17, Frisco
12 p.m. to 2 p.m., Summit County Community and Senior Center

Monday, June 20, Brighton
5 p.m. to 7 p.m., Adams County Government Center

Wednesday, July 20, Sterling
12 p.m. to 2 p.m., Sterling Public Library

Wednesday, July 20, Greeley
5 p.m. to 7 p.m., Centennial Park Library

For specific meeting information and to register, visit colorado.gov/pacific/cocostcommission/statewide-meetings

Can't attend? We'd love to hear from you. Share your thoughts at colorado.gov/pacific/cocostcommission/statewide-meetings

WHAT WE HEARD IN RURAL COLORADO

Cost/ Premiums: Resort region has the highest rates in the country. Citizens are making decisions about what to pay – mortgage, car, food or health insurance and this is driving higher uninsured rates. This is not sustainable. Need more flexibility related to high deductible plans. Cost of pharmaceuticals is an issue.

Appropriate reimbursement rates for Medicare and Medicaid – the cost shifting has to stop. If you look nationwide where hospitals opening and closing, areas where largest payer is Medicare and Medicaid are where hospitals are having the most trouble. Realization that public programs impact commercial rates.

Competition: Concern over proposed insurance mergers. Competition really important. *Economies of scale* is an issue. Different unit costs in rural vs. metro.

- “Neither the competition nor the volume here to drive down costs. This is a tough question, especially with Denver as an option. If I look at my geography, we're looking at 56,000 lives,” Sterling CO

Technology: Technology needs to work together - is creating more of a challenge/problem in some cases. Electronic medical records –cost of implementation is challenging, especially for smaller and older providers.

WHAT WE HEARD IN RURAL CO

Workforce and workforce pipeline: It is challenging to bring good physicians to rural Colorado; primary care does not pay enough to attract enough doctors; patients struggle to find specialists in the cities in which they live. As one attendee put it, all the coverage in the world doesn't matter then you can't find a provider to see you. Loan repayment or forgiveness is an important tool. Access to mental health services especially challenging in rural areas.

Hospitals: Attendee presented research on profitability of hospitals on the western slope and asked for more scrutiny of nonprofits. Concern about free standing ERs. In Sterling, no urgent care facilities - after a certain hour, it's ER only.

Regulation/ Waste: Related to referrals in Medicaid/ Medicare.

Education and Transparency: Stakeholders frequently brought up the importance of educating consumers, and health literacy.

Preventive Care and Social Determinants: Stakeholders talked about the importance of preventive care and considering the social determinants driving health care needs, but they struggled with what to focus on and how to pay for and staff this kind of care. Several providers had success with hot-spotting to handle high risk case management.

NEXT STEPS AND QUESTIONS

Next Steps

Report in November with a final report in June

- In this next report:
 - Recommendations
 - Feedback from stakeholders around additional topics
 - Rural costs

Questions?

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