

<p>Transparency</p>	<p>Background: The Commission explored whether price transparency would serve to reduce health care costs. The literature reflects that increased transparency of provider costs, when the information is made available in a publically accessible format, results in lower pricing by providers whose charges are significantly higher than the norm. Additionally, when data is made available to primary care providers at the point of care combined with a value-based payment, it has been shown to result in lower spending and higher quality. It was also clear from the literature that consumer behavior with respect to health care is not driven solely or even principally by cost, but by a number of considerations, including the recommendation of their providers, where they may receive in network care, and convenience. Without information about quality, and without clear, meaningful, and accessible information generally not currently available, price transparency has not had a significant effect to-date on patient behavior. The Commission acknowledged that for transparency to benefit consumers, information about health care costs must be presented in a place and form that is accessible and understandable - especially as consumers continue to assume more financial responsibility in the cost of their care.</p> <p>Potential Recommendations:</p> <ul style="list-style-type: none"> • Create more transparent and publicly available data with a focus primarily around facilities and providers’ prices using resources including but not limited to APCD. Data should be timely and regularly updated for the public. • Transparency should include quality, price, and a choice of options - a system that helps people and payers make choices based on clinical outcomes as well as price. • Ensure APCD has sufficient resources to accomplish goal of maximizing the availability of data • Provide data to providers and clinicians at point of service • Support a statewide total cost of care initiative (payments) to get an understanding of state costs relative to others <p>Parking Lots Items:</p> <ul style="list-style-type: none"> • Get on-the-ground sentiment related to this topic. This warrants more attention, including an advisory committee dedicated to the topic of transparency. The purpose is to make specific recommendations on the topic of transparency • Strengthen the state’s ability to provide Explanation of Benefits (EOB) to clients when they incur a charge to identify potential provider fraud • Align with value based payment efforts
<p>Workforce</p>	<p>Background: The Commission explored what role workforce played in the cost of care. The literature indicates that many health care professionals are not performing work reflecting the fullest extent of their education and training largely due to the various regulations and restrictions. The time that a physician spends performing a task that a nurse practitioner (NP), physician assistant (PA), physical therapist (PT), pharmacist, or other health professional is qualified to perform unnecessarily drives up health care costs. Data indicated that the lack of accessible primary care professionals or the lack of primary care professionals willing to accept publically insured patients may drive patients to seek specialists for the delivery of primary care services or drive patients to seek emergency health services for routine care. A 2012 study found that two in five American adults receive primary care services from specialists. Additionally, research suggests that the increased availability</p>

	<p>of specialists lead to higher costs. Studies have shown that health care spending is higher in regions with a larger proportion of physician specialists. A career in specialty medicine, such as orthopedics or dermatology, requires more education but leads to greater financial rewards over the long term. The promise of substantially higher income, which also increases doctors’ abilities to pay off their student loan debts, creates an incentive for medical students to pursue specialty care. In addition, Colorado developed a Health Workforce Development Strategy reflective of voices from more than 100 individuals representing more than 50 separate organizations from a myriad of disciplines and areas of expertise.</p> <p>Potential Recommendations:</p> <ul style="list-style-type: none"> • A workforce policy body that aligns efforts, compiles data sets, and assesses community needs • Workforce efforts need to align with value based payment efforts <ul style="list-style-type: none"> ○ Medicaid to look at the needs of primary care providers • Reform federal Graduate Medical Education (GME) programs <ul style="list-style-type: none"> ○ Seek additional slots ○ Seek flexibility on requirements • Increase funding for the Colorado Health Service Corps <ul style="list-style-type: none"> ○ Ability to fund 50% of applicants <p>Parking Lots Items:</p> <ul style="list-style-type: none"> • Continue the Medicaid primary care provider bump in reimbursement rates
<p>Payment and Delivery Reform</p>	<p>Recommendations:</p> <ul style="list-style-type: none"> • <p>Parking Lots Items:</p> <ul style="list-style-type: none"> •
<p>Market Competitiveness</p>	<p>Recommendations:</p> <ul style="list-style-type: none"> • <p>Parking Lots Items:</p> <ul style="list-style-type: none"> •
<p>Social Deteriments of Health, Environmental Justice</p>	<p>Recommendations:</p> <ul style="list-style-type: none"> • <p>Parking Lots Items:</p> <ul style="list-style-type: none"> •
<p>Regulatory Costs</p>	<p>Recommendations:</p> <ul style="list-style-type: none"> • <p>Parking Lots Items:</p> <ul style="list-style-type: none"> •
<p>Administrative Costs</p>	<p>Recommendations:</p> <ul style="list-style-type: none"> •

	Parking Lots Items: <ul style="list-style-type: none"> •
Technology	Recommendations:
	<ul style="list-style-type: none"> •
Incentive Mechanisms	Parking Lots Items:
	<ul style="list-style-type: none"> •
Other topics	Recommendations:
	<ul style="list-style-type: none"> •

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