

| | Transparency | Workforce | Payment & Delivery Reform | Market competitiveness | Social Determinants of Health, Environmental Justice | Regulatory Costs | Administrative Costs | Technology | Incentive Mechanisms | Other | Unique things they are doing to address cost (question #3) |
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| ClinicNet | | | <ul style="list-style-type: none"> • Not enough time or resources to focus health literacy with patients. | | | <ul style="list-style-type: none"> • State requirements that don't enable optimal care. | <ul style="list-style-type: none"> • For Medicaid insured patients, the inefficiency in processing prior authorizations • There are a lot of resources required to assist even one complex patient and providers are rarely paid for related and necessary care coordination, patient navigation, assisting patients/families with social needs and related follow-up. | <ul style="list-style-type: none"> • Ongoing costs related to implementing, maintaining and optimizing the use of electronic health records and enabling health information exchange. • Health information technology that is not current of fully optimized. | | | <ul style="list-style-type: none"> • CSNCs have implemented many unique approaches to manage costs including staffing models that relay on volunteers for clinical and administrative roles, tapping into the charitable capacity of health care systems, and as standard operating procedure, giving patients copies of x-rays and labs to take with them to specialty visit in hopes of reducing duplication. |
| Colorado Academy of Family Physicians | <ul style="list-style-type: none"> • Transparency in health insurance pricing, and consumer cost sharing would go a | <ul style="list-style-type: none"> • CO should increase the # of family physicians, in the right places. | <ul style="list-style-type: none"> • Fee-for-service (FFS) payment system. • Accelerate the transition away from | | | | | | | <ul style="list-style-type: none"> • Consumer confusion drives up the cost of health care because health plans are not easy | <ul style="list-style-type: none"> • Emerging payment delivery model is Direct Primary Care (DPC). |

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| | long way to make insurance more accessible, and hopefully more affordable | | FFS and toward a payment system that fully compensates providers to work in a PCMH and do those activities we know make patients healthier. | | | | | | | for patients to understand | |
| Colorado Association of Health Plans and AHIP | <ul style="list-style-type: none"> • Costs to transparency can be a barrier • In certain situations, transparency can lead to reduced competition and harm to consumers | | <ul style="list-style-type: none"> • Unnecessary services due to FFS model that generates incentives for high volume • Failure of care coordination | <ul style="list-style-type: none"> • Provider Consolidation • Out of network provider fees | | <ul style="list-style-type: none"> • Restriction on health benefit plan design • Disincentives for young and healthy to purchase coverage • Pharmaceutical pricing power/ limits on cost sharing for specialty drugs (recommendations included) | | | | <ul style="list-style-type: none"> • Higher unit prices • High priced prescription drugs • Prevalence of chronic disease and the management of risk factors • Non-contracted business models – free standing emergency rooms • Move from thousands of data measures to 15 core measures | <ul style="list-style-type: none"> • Transitioning to a value based payment model • Managing chronic care • Increasing price transparency |
| Colorado Business Group on Health | <ul style="list-style-type: none"> • Lack of info on quality and price that consumers can readily use has | | <ul style="list-style-type: none"> • Episodic Care: <ul style="list-style-type: none"> ○ Unwarranted pricing variations ○ Inappropriate | | <ul style="list-style-type: none"> • Risk reduction/ employee engagement – long term enterprise | | | | <ul style="list-style-type: none"> • Physicians are not rewarded for superior outcomes | <ul style="list-style-type: none"> • Lack of cost avoidance strategies • Chronic care: potentially avoidable complication | <ul style="list-style-type: none"> • Episodes of Care for Improving Chronic Care • Bridges to Excellence |

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| | <p>prevented consumers from making informed decisions.</p> <ul style="list-style-type: none"> • Insurer and provider reluctance to share negotiated prices • Fee for service payment • Global fees/payments | | <p>delivery of services</p> <ul style="list-style-type: none"> • Fee for service encourages volume over value • Benefit designs cover all services as if they were of equal value. Value-based benefit design seeks to stratify & reduce cost sharing for high value services. • Recommend employers change how they purchase & provide health care services by employing value-based purchasing and value-based benefit design. | | <p>with the most significant hurdle to reducing cost</p> <ul style="list-style-type: none"> • Health care literacy | | | | <p>in chronic care</p> <ul style="list-style-type: none"> • A lack of incentives for enrollees – particularly those with or at risk of having a chronic condition – to select and seek care from PCPs represents the main barrier to improving outcomes and reducing avoidable costs. | <p>s; underutilization of needed services; patient non-compliance; inadequate patient engagement</p> <ul style="list-style-type: none"> • Pharmaceuticals: escalation of costs; lack of adherence by patients; physicians don't know the cost of drugs they prescribe; drugs may be overprescribed; medications may not be prescribed in accordance with guidelines | <ul style="list-style-type: none"> • Transparency programs: <ul style="list-style-type: none"> ○ Leapfrog ○ Healthcare Bluebook ○ eValue8 • Supporting an employer initiative for a negotiated price for hip & knee replacement • Better Care. Better Costs. Better Colorado (B3) |
| <p>Colorado Coalition for the Medically Underserved</p> | <ul style="list-style-type: none"> • Consumers have limited info on services to make cost-efficient choices • APCD is step in right direction but is limiting | <ul style="list-style-type: none"> • Inefficient use of high-salaried workforce • Physicians are highest trained & paid providers – should use their skills | <ul style="list-style-type: none"> • Fee for service is costly and incentivizes volume over value • Cost-sharing in insurance doesn't influence the highest value | | <ul style="list-style-type: none"> • Inequalities in care among different racial and ethnic groups yield high costs – specifically among | <ul style="list-style-type: none"> • Biggest barrier is the lack of central responsibility held by a single entity to address costs | <ul style="list-style-type: none"> • Most of health care costs are generated by administrative inefficiencies. Simplify by encouraging electronic exchange of information. | <ul style="list-style-type: none"> • Inefficient use of high-cost technology | <ul style="list-style-type: none"> • Should reduce defensive medicine by enacting safe harbor laws | | |

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| | based on customer experience. Not all services rendered can be searched & compared. | better for patients with complex issues and expand the scope of practice for non-physician providers | choices among consumers <ul style="list-style-type: none"> • Lack of coordination with medical services causing over utilization. | | African Americans and Hispanics with high blood pressure, diabetes, and stroke. | | | | | | |
| Colorado Community Health Network | | | <ul style="list-style-type: none"> • Low reimbursement from Medicaid reduces available providers and restricts access to care. • Payment systems are tied to face-to-face, one-on-one visits with providers, which in some cases is a more expensive and less effective form of care. • Payments of higher rates for primary care services provided in the emergency department wastes funds that would go for in an outpatient, | | | | | <ul style="list-style-type: none"> • Primary care providers' inability to access timely actionable patient data prohibits them from doing proactive follow-up, and having a complete understanding of their patient's experience. • IT structures and communication data between providers is restricted by both structural issues and regulations. | | | <p>The success of the CHC model is based on three components:</p> <ul style="list-style-type: none"> • Providing comprehensive and integrated primary care that includes behavioral and oral health • Providing care to individuals and families regardless of insurance coverage • Focusing on preventive care and providing additional services, such as care coordination, physical and occupational therapy, pharmacy, |

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| | | | primary care setting and discourages providers from working with outpatient primary care clinics to provide those services. | | | | | | | | group visits, and nutrition classes, in order to reduce the need for most costly interventions long term. |
| Colorado Foundation for Universal Health Care | <ul style="list-style-type: none"> Multi-payer system in which each provider's costs and expenses are proprietary is a barrier to transparency | | <ul style="list-style-type: none"> Reduction in fraud due to a unified billing system Multi-payer system is the essential cause of administrative costs | <ul style="list-style-type: none"> Bulk purchasing market power to contain excessive costs of pharmaceutical and durable medical equipment Local market dominance results in excessive and unreasonable prices | | | <ul style="list-style-type: none"> Majority of waste in system is from administrative costs (see question 1 response for more info) Multi-payer system is the essential cause of administrative costs | <ul style="list-style-type: none"> Decrease duplication and increase efficiency through a records system that allows one provider's medical record system to communicate with all others | | | <ul style="list-style-type: none"> Economic analyses on universal health care proposals to inform the public ColoradoCare ballot initiative |
| Colorado Hospital Association | <ul style="list-style-type: none"> Price transparency must offer clear information that is readily accessible to patients and enables them to make meaningful comparisons among providers Efforts to increase transparency include the estimated price of the | <ul style="list-style-type: none"> Structure and supply of the workforce | <ul style="list-style-type: none"> Payment system that incentivize volume | | | | <ul style="list-style-type: none"> Costs of billing due to complex system | <ul style="list-style-type: none"> Research and development costs of technology | | <ul style="list-style-type: none"> Underlying health of the population Research and development costs of pharmaceuticals | <ul style="list-style-type: none"> Project RED (re-engineered discharge) Quality improvement project Antimicrobial stewardship |

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| | service, the patient's estimated out-of-pocket responsibility , information about clinical outcomes and patient satisfaction, and network information | | | | | | | | | | |
| Colorado Medical Society | | <ul style="list-style-type: none"> • Development of a strong primary care based system | <ul style="list-style-type: none"> • Development of payment and incentive systems that encourage value • Fragmented care delivery so need for care coordination and integration • Lack of multi-payer payment and delivery reform efforts | <ul style="list-style-type: none"> • Uncompetitive marketplaces | | | <ul style="list-style-type: none"> • Focus on compliance rather than care • Complex billing systems and required authorizations | <ul style="list-style-type: none"> • Lack of interoperable information systems • EHRs have not increased provider efficiency/ made them less productive | | <ul style="list-style-type: none"> • Defensive medicine • Resistance to change and adoption of best practice by all including physicians • Need for patient engagement • Lack of agreement on measure identification and use – leads to thousands of measure requirements for providers | <ul style="list-style-type: none"> • Choosing Wisely campaign to reduce low value care • Educating physicians on payment reform and needed capabilities • Task force to review and develop evidenced based proposals to reduce costs • Supporting a strong foundation of primary care |
| Colorado Nursing Association | | <ul style="list-style-type: none"> • Continue to advance optimal utilization of Advanced Practice Register Nurses (APRN) throughout the state. | <ul style="list-style-type: none"> • Change how provider costs, in particular labor costs (which are the majority of expenditures in healthcare) are allocated | | | | | <ul style="list-style-type: none"> • Effective development and improvement of EHR systems needs to attend to nurse involvement in research and development. | | | |

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| | | | <p>to each patient/client .</p> <ul style="list-style-type: none"> • Compiling patient level costs across multiple settings will allow improve financial reporting and benchmarking of costs and resources expended for patient care. | | | | | | | |
| Colorado Telehealth Network | | <ul style="list-style-type: none"> • Cross State Licensure could have tremendous impact on telehealth if Colorado were to join. | <ul style="list-style-type: none"> • Telehealth has shown to significantly reduce costs when utilized as an alternative to in-person visits when medically appropriate. • Patients in rural areas drive long distances to receive health care, many of which could be offered through telehealth. • The biggest change to improve telehealth is | <ul style="list-style-type: none"> • Health care is becoming more retail centered and patients are leaving the traditional delivery style & seeking more cost efficient options (CVS, Walmart, etc.) | | | <ul style="list-style-type: none"> • By not utilizing telehealth, providers are increasing spending, unnecessary staff, equipment, space, etc. | <ul style="list-style-type: none"> • Millennials are tech driven & access more health care services through mobile devices • Barriers to telehealth include access to reliable bandwidth and cost of workflow redesign • Lack of confidence from older populations to navigate software platforms & are reticent to use it | | <ul style="list-style-type: none"> • Subsidies for broadband contracts to bring health care services to underserved regions of the state via information and communications tech • Colorado Telehealth Working Group • Pilot in 3 hospitals to assess efficacy of telehealth platform for patients after discharge |

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| | | | coding & payment approval by CMS | | | | | | | | |
| COPIC | | | | | | <ul style="list-style-type: none"> Health care is heavily regulated. The cost to comply with federal and state laws as well as the cost to educate and train physicians will continue to be barriers. | | | | <ul style="list-style-type: none"> The current liability system regularly impedes this and is often inefficient with significant money spent on attorney's fees rather than compensating patients who suffered from negligent care. These fees also represent money that could otherwise be invested in patient safety initiatives with long-term benefits. | <ul style="list-style-type: none"> Long standing, multi-pronged approach to ensure that cost remains stable and affordable, while also providing value for insureds and patients through, <ul style="list-style-type: none"> Patient Safety Education and Practice Quality Review Early Resolution Program Maintaining the Health Care Availability Act of Colorado. |
| Health Care for All Colorado Foundation | <ul style="list-style-type: none"> Hospital costs – public has right to know in advance what charges are for each hospital; all chargemasters should be | | <ul style="list-style-type: none"> What many consider waste & abuse are considered income & profit in the medical industrial complex | <ul style="list-style-type: none"> Prescription drug costs 40-50% higher than those paid by the Canadian health care system Inability of Medicare to | <ul style="list-style-type: none"> Failure to educate the general public | <ul style="list-style-type: none"> Special interest dollars and lobbyists have great influence over legislation and regulation | <ul style="list-style-type: none"> Private health insurers' administrative overhead limited by 20%, compared to 3% for Medicare. | | | <ul style="list-style-type: none"> Almost no one is jailed for health care fraud. Fines are considered the cost of doing business. | <ul style="list-style-type: none"> Education on costs and shortcomings of our health care system Advocating for transparency in costs |

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| | public and changes should be justified by the hospital. | | | negotiate prescription drug prices | | <ul style="list-style-type: none"> • No “certificate of need” in Colo. To limit wasteful spending on hospital construction and capital expenditures | <ul style="list-style-type: none"> • Hospital and Insurance CEOs and administrative salaries and stock payouts | | | <ul style="list-style-type: none"> • Political demagoguery • For Profits with primary responsibility to shareholders rather than patients • “Arms race” between hospitals in Colo. Resulting in costly and unnecessary hospital construction | <ul style="list-style-type: none"> • Advocating publically financed single payer universal health care |
| LiveWell | | | | | <ul style="list-style-type: none"> • Reducing the extensive costs of obesity-related illnesses requires multifaceted, innovative approaches. Strategies must address the environmental and systemic obstacles. • Structures and systems (build environment), | | | | | | <ul style="list-style-type: none"> • Community partnerships: 23 locally-led coalitions throughout the state advancing community-based healthy eating and active living initiatives and programs. |

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| | | | | | communities, institutions and organizations must all strive to remove barriers for healthy eating and active living. | | | | | | |
| PhRMA | | | | | | | | | | <ul style="list-style-type: none"> • Hospital spending – 3x the amount of prescription drug cost • Suboptimal use of prescriptions because of required out of pocket costs/ high cost sharing • Waste, fraud and abuse • Cost sharing • Lack of management of chronic disease | <ul style="list-style-type: none"> • Curing, treating and managing some of the most serious disease (preventing, hospitalization, disease and adverse events) • Development of generics • Prescription assistance programs |