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Open Letter to [Colorado Health Institute](#) by George Swan, MPH lplus007@gmail.com 303-406-8009

Cc: [Colorado Commission on Affordable Health Care](#) (CCAHC)
[Center for Improvement in Value of Health Care](#) (CIVHC)
[Connect for Health](#) (C4H)
[Dept of Regulatory Agencies](#) (DORA)

As noted by the Associated Press in their “Lessons to Learn from Game of Thrones”, we are all in it together, whether we know it or not. Unless the owners of the many silos of healthcare data begin to collaborate from a fundamentally transformed perspective, we will continue to run in a vicious circle. It was Einstein who said, “A problem created from one level of consciousness can only be resolved from a higher level.”

The excerpt below, from CHI’s [recent article on health insurance costs](#), is derived from DORA’s [annual health cost report](#) to Colorado legislators. Colorado consumers and healthcare stakeholders are being fed with a teaspoon taken from warehouses filled with potentially valuable insight that would go far to make some serious inroads on transforming healthcare as promulgated by the [Triple Aim](#) (improved population health, improved patient care and more affordable health care). See “[Healthy Colorado](#)”

CHI’s article would be far more helpful if it pointed out the serious shortcomings of DORA’s health cost report. DORA should make their raw data set available publicly. Visibility of numerators and denominators help to “square the circle” and validate data integrity. DORA could easily create a pivot table in Excel for allow serious stakeholders ability to truly understand the data provided. If DORA participated in a collaboration to produce a “Colorado Health Expenditures” data set, consumers and stakeholders would much better understand the overall growth factors of our healthcare system, and cost-shifting that occurs.

DORA only collects data from the individual and small group insurance carriers, not including other major payers, such as Employer-sponsored plans, Medicaid, Medicare, Military eg TriCare, and Workers Comp. Nevertheless, DORA should collect and report on details by plan and carrier, such as enrollment, premiums, co-payments, deductibles, maximum out-of-pocket expenses, medical loss ratios and out of pocket expenses. Medical expenses should be reported according to Health Expenditure Accounts.

Some relevant examples of data sets, in Excel as pivot tables, are available at [CCAHC website](#), as public input, such as the [National Health Expenditures](#) (NHE) report and the [Statewide Healthcare Expenditures](#) (SHE) report, both by CMS. Although not a pivot table, the [Canadian Institute for Healthcare Information](#) provides the basic tables for sharing Health Expenditure Accounts data.

The NHE projection of prescription costs does not match the CHI assertion that Rx costs account for the surge in premium expenses. Rx costs are consistently 11-12% of total personal healthcare, and projected growth rate is looking to be on par with other categories eg 5%. Premiums are a function of medical expenses paid by a carrier, as well as their admin costs and profit margin. DORA needs to report this data. But so do the other healthcare payers, in accessible and comprehensive detailed data sets! Preferably as an Excel pivot table. ☹

At the same time, as CHI points out, there are 534 different plans currently on offer in Colorado for the small group market and 275 plans on offer for individuals. Connect for Health has a data base that could easily produce concurrent details of enrollment and cost. Their data set should be available to consumers and stakeholders, preferably in a pivot table format. DORA can do the same.

