Cost Containment Meeting Summaries
Colorado Springs & Alamosa
May 17-18, 2016

Background
The Colorado Commission on Affordable Health Care's (Commission) mission is to ensure that Coloradans have access to affordable health care in Colorado. It is charged with making recommendations to the General Assembly focused on evidence-based cost control measures, access to care, and quality health care improvement initiatives, as well as the cost effective expenditure of limited state moneys to improve the health of Colorado's population.

Stakeholder engagement is critical to the work of the Commission. Buy-in from stakeholders will be essential for the Commission's long-term success and its ability to meet its legislatively mandated goals. To that end, all Commission meetings are open to the public and broadcast via ReadyTalk, and public comments are always welcome on the Commission's website. The Commission has also distributed a questionnaire to key health care stakeholders to gather statewide feedback on multiple topics.

In 2016, the Commission will hold nine statewide meetings to solicit additional stakeholder feedback on its work and recommendations so far. These meetings will not only provide vital input to the Commission's work and recommendations to date, but also build support for and community ownership of its eventual recommendations. This summary focuses on the Colorado Springs and Alamosa meetings held on May 17 and 18, respectively. Meetings in Arapahoe County, Greeley, La Junta, Grand Junction, Summit County, Denver, and Adams County will follow later this summer.

Commission Presentation
Both meetings began with a presentation of the Commission's work to date. Commissioners explained the origin of the Commission and its charge, the makeup of the Commission, and the goals for the stakeholder meetings, emphasizing the importance of public feedback and input throughout the life of the Commission. Attendees were given a chance to ask questions about the presentation before opening up to a broader dialogue organized around the following key questions:

- 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?

In both meetings, the Commissioners emphasized that they have learned that there is no one driver or entity causing all of the problems and driving up cost single-handedly; rather, multiple factors have contributed to the rise of health care costs in Colorado. The Commission encouraged attendees to consider challenges and recommendations across a range of topics.

Summary of Stakeholder Feedback
In Colorado Springs, 22 individuals attended the meeting; most but not all attendees worked in health care or a related field. In Alamosa, 10 individuals attended the meeting; all attendees either worked in health care or served as state representatives.

Immediately after the presentation in Colorado Springs, one attendee encouraged the Commission to better represent the impact of administrative costs on overall health care costs. Several initial questions focused on the Commission's work so far, specifically on what recommendations and conclusions the group had developed to date. Commissioners explained that they are continuing to work through and develop draft recommendations around nine key areas (transparency, payment and delivery reform, administrative costs, market competitiveness, technology, incentive mechanisms, workforce, regulatory costs, and social determinants) and pointed to the draft recommendations on the Commission website.

At both meetings, conversation focused on challenges and recommendations related to the following key themes:

- **Workforce and Workforce Pipeline:** In both cities, stakeholders expressed concerns related to the health care 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; providers are struggling from empathy fatigue; there are not enough professors teaching the necessary courses; hospitals have to hire international nurses to cut costs. As one attendee put it, universal health insurance is important, but if you do not have the providers available to take care of patients, health insurance is irrelevant. To address these challenges around a lack of workforce and infrastructure to train, attract, and retain a workforce (especially in rural areas), stakeholders suggested transferring some physician workload to nurses and nurse practitioners and taking advantage of telemedicine (looking to Australia as a model) and mobile health (one stakeholder pointed out a mobile emergency room with state of the art technology that is able to treat 90% of patients' needs). In Alamosa, stakeholders raved about the Grow Your Own program, which has been recruiting high school students from the San Luis Valley to health care work for 36 years – a great strategy for both attracting and retaining a workforce.
- **Education and Transparency:** Stakeholders frequently brought up the importance of educating consumers, and using transparency a tool for education. Some patients who are newly insured are not accustomed to taking advantage of their care options in the smartest way possible. Many patients do not understand that Medicare and Medicaid do not cover ER visits. Most frequently, attendees discussed educating consumers (and their providers) on their insurance options and coverage and what kind of facilities to seek out for certain health issues. Several individuals noted that care coordinator positions can be very useful for helping patients navigate health care systems. Others suggested consumer reports for health care so that people can shop around and find the best care (a strategy that may be less useful in rural areas with few care options, as one stakeholder noted). Stakeholders emphasized the importance of simple systems that are easy to navigate and understand.
- **Pharmaceutical Costs:** The cost of pharmaceuticals also came up in both meetings. Attendees and Commissioners agreed on the importance of transparency with respect to why costs can be so high for certain prescriptions, but Commissioners pointed out the challenge with spreading high drug costs across all consumers.
- **Electronic Medical Records:** Stakeholders at both meetings noted that while electronic medical records have the potential to be a useful tool, interoperability remains a challenge. Most agreed that providers missed the boat on the common platform and pointed out additional challenges for EMR with respect to HIPPA and behavioral health. One individual noted that EMRs should be able to provide a benefit to the consumer, but with the amount of upkeep and staff time it takes to maintain EMR systems, it is difficult to argue a benefit.
- **Preventative Care and Social Determinants:** Both groups of stakeholders talked about the importance of preventative 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. One individual suggested reemphasizing preventative care in hospitals so that providers do not simply jump to writing prescriptions. One stakeholder pointed out that providers could use data from the assessments that counties conduct every five years to track trends with ailments within that county to better apply preventative care. Several providers had success with hot-spotting to handle high risk case management. Capitation has allowed one provider in Alamosa to deliver high quality behavioral health care with 18% penetration, but under a fee-for-service model, they wouldn't be able to deliver that care, and collaborators would become competitors. To encourage more use of preventative care and consideration of social determinants, attendees suggested creative funding models like value-based payment and better alignment of quality metrics across all payers.

- **Facilities:** Even as stakeholders bemoaned the lack of hospitals in rural areas, they noted that facilities that may not be needed – especially free-standing emergency rooms – are still being built. In Colorado Springs, stakeholders suggested reinstating certificate of need requirements to open up the discernment process.
- **Reimbursement:** Stakeholders discussed reimbursement challenges throughout both meetings and encouraged the Commission to recommend accelerating payment reform. Stakeholders also noted that managing revenue is extremely time intensive and takes away from the time that providers have to devote to patients. They pointed out that payment reform could incentive continuity of care; which greatly improves care. They offered specific recommendations, such as:
    - Value-based or aggregate payments for behavioral and preventative care
    - Allowing physical therapists to bill under Medicaid (especially because physical therapy can be a great alternative to prescribing pain medications)
    - Allowing pharmacists, who often counsel patients, to bill directly
    - Increasing the very low reimbursements for Colorado's indigent care programs
- **Amendment 69:** In both cities, stakeholders asked about the Commission's stance on Amendment 69: ColoradoCare and encouraged the Commission to consider its value. The Commission emphasized that it has purposely not taken a position on Amendment 69; the Commission has a very specific mandate and is focused on the underlying drivers of costs, rather than financing.

Though less representative of discussion themes, stakeholders also discussed challenges and recommendations related to the following:

- **Child Health:** In Alamosa, one attendee emphasized the importance of focusing on child health – including child mental health – across the state, pointing out that the U.S. is not even in the top 20 nations in the world when it comes to child wellbeing. Focusing on health in childhood could save many health care dollars over the course of a lifetime. Properly addressing child health also means looking at social determinants.
- **Fraud, Waste, and Abuse:** In Colorado Springs, one stakeholder was particularly concerned about fraud, waste, and abuse and encouraged the Commission to examine facility fees at hospitals, referrals for testing at hospitals, compensation packages for physicians, profit margins for insurance companies, and the salaries of hospital CEOs. This individual noted that if the Attorney General prosecuted Medicare fraud in addition to Medicaid fraud, that could free up a lot of money.

- **Community Action:** One individual in Colorado Springs pointed out the importance of communities making their voices heard. A proposal from a Commission will only go so far; elected officials will only change if they understand how upset their constituents are.
- **International Models for Health Care:** One stakeholder in Alamosa suggested that the Commission explore the U.S. as a total system of delivery compared to other countries.
- **Challenges with Specific Populations:** In Alamosa, several individuals expressed frustration with treating prison populations. Individuals in jail are often billed under Medicaid rather than care being paid for by the jail. An individual in Colorado Springs was frustrated by taxpayers having to pay for the care of uninsured teenagers or drug addicts.
- **Public Health Budget Cuts**
- **Long Acting Reversible Contraception:** One stakeholder pointed to the success of widespread access to long-acting contraception made possible by private funding in southern Colorado, and expressed frustration that the legislature did not continue that funding.
- **Medicaid Eligibility:** Year-round eligibility for adults on Medicaid would decrease administrative burdens.
- **Case Managers:** One attendee noted the importance of case managers for facilitating care in smaller or more rural communities.