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Specialty Care Referral Network
Pilot Implementation Plan

Prepared for the Mile High Health Alliance

FEBRUARY 2016

On the Cover

A nurse at Inner City Health Center consults with a patient in 2012.
Photo by Brian Clark of the Colorado Health Institute.

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Table of Contents

Executive Summary

The Mile High Health Alliance partnered with the Colorado Health Institute to develop an implementation plan for a specialty care referral network pilot project. The purpose of the network — called the "Hub" in this report — is to increase access to needed specialty care by underserved Denver residents.

The Colorado Health Institute, after gathering data by conducting focus groups, key informant interviews and research, recommends the Alliance establish the Hub as a third-party resource responsible for assisting primary care providers in securing specialty care for their patients.

Hub staff will develop and maintain an e-consult program and facilitate in-person visits with available specialty care services. They will help primary care providers who do not have referral specialists or care coordinators to access these supportive services for their patients being referred to the Hub. And they will help primary care providers to practice at the top of their license and minimize unnecessary referrals.

This plan details the steps necessary to establish and implement a pilot specialty care referral program.

Among other things, the Hub will:

- Monitor available appointments among participating specialty care providers.

- Connect primary care providers in need of a referral to specialty resources.

- Ensure that all participants are upholding expectations and guidelines.

- Communicate closely with participating primary care and specialty care providers.

- Provide care coordination services for patients from primary care providers as needed.

- Connect primary care providers to specialists for consultation by maintaining an electronic consultation system, building relationships and promoting the Extension for Community Health Outcomes (ECHO) Colorado program.

Key Components of the Implementation Plan

E-Consult: The Hub's e-consult system will give the primary care team greater oversight of treatment decisions and keep specialty care face-to-face visits available for patients with more acute needs.

Governance: The Hub Leadership Council will guide the Hub's strategic direction. The Council will include members of the Alliance Executive Committee and Board; chief executive officers (or assigned representatives) of participating health systems and specialty care groups; the Denver Medical Society; the Department of Health Care Policy and Financing; Colorado Access (or representatives of the Regional Accountable Entity); representatives from Denver's primary care safety net clinics; COPIC; and person(s) with legal background and expertise.

Financial Sustainability: The Council will implement a financial sustainability plan. Factors critical to sustainability include shared responsibility among health systems, provider recruitment and incentives, identification of champions and committed start-up funding.

Timeline and Decisions: The implementation plan calls for the Hub to launch by February 2017. Major decisions that the Alliance must make before then include:

- Will Hub services only be available to members of the Mile High Health Alliance?

- What guidelines should determine whether a patient is eligible to benefit from Hub services?

- Will patients be required to pay anything for a referral facilitated by the Hub?

- What system will the Hub use for e-consults and program management?

CHRIS SCHNEIDER
A provider reads X-rays at Denver Health.

- What is the role of behavioral health providers in the Hub?

The Hub's Administrator will also pursue legal agreements — such as those between the Hub and providers — as well as develop an appropriate evaluation plan. The pilot program will inform future phases of the specialty care referral network, including expansion to additional patients and specialties and scaling up within Denver and beyond.

Introduction

Gaining access to needed specialty care is a "persistent and pressing problem" for many low-income Denver residents. This challenge is pronounced for Medicaid enrollees in particular, despite Colorado's expansion of the program under the Affordable Care Act (ACA).[1]

Denver's safety net clinics are crucial providers of primary care. However, they often face challenges in securing referrals for their patients. This is often due to limited capacity among specialists serving uninsured patients and those enrolled in Medicaid.

In its 2014 Strategic Plan, the Mile High Health Alliance identified improved access to specialty care by underserved Denver residents as a top priority. The Alliance envisions establishing a specialty care referral network — the Hub — that would connect primary care providers serving uninsured and Medicaid patients in need of specialty care with providers of these services. The Caring for Colorado Foundation awarded the Alliance a grant in 2015 to develop an implementation plan for a pilot Hub.

The implementation plan, prepared by the Colorado Health Institute, is the first step in a theory of change model aimed at achieving the Alliance's goals of improving health and reducing unnecessary emergency room visits by Denver residents. Figure 1 displays the model.

Launching the Alliance's specialty care referral network involves five distinct phases:

- **Phase 1:** Lay the Groundwork (March – January 2017)

- **Phase 2:** Launch the Pilot with e-consult and face-to-face referrals (February 2017 – July 2017)

- **Phase 3:** Expand the Pilot to include Hub care coordination (August 2017 – January 2018)

- **Phase 4:** Scale up within Denver (2018-2019)

- **Phase 5:** Expand the network (2019-2020)

The Colorado Health Institute's recommendations are focused on the pilot stages of the initiative (Phases 1, 2 and 3). This report contains a short description, guiding principles and action steps for each component of the pilot implementation plan along with illustrative quotes from key informants. Action steps are to be completed no later than the end of the month in which they are listed. The timing and scope of activities is dependent upon receiving sufficient grant funding by summer 2016.

The report also contains sidebar material reflecting significant health policy developments underway and the unique characteristics of Denver's health care market. A comprehensive timeline for carrying out the tasks is included in Appendix 1.

Figure 1. Theory of Change Model for a Pilot Specialty Care Referral Network

Develop an Implementation Plan	**Implement** a Pilot Program; Evaluate, Scale and Expand it Beyond Denver	**Improve** Access to Needed Services	**Improve** Health, Reduce ER Use

Figure 2. Three Models of Specialty Care Referral
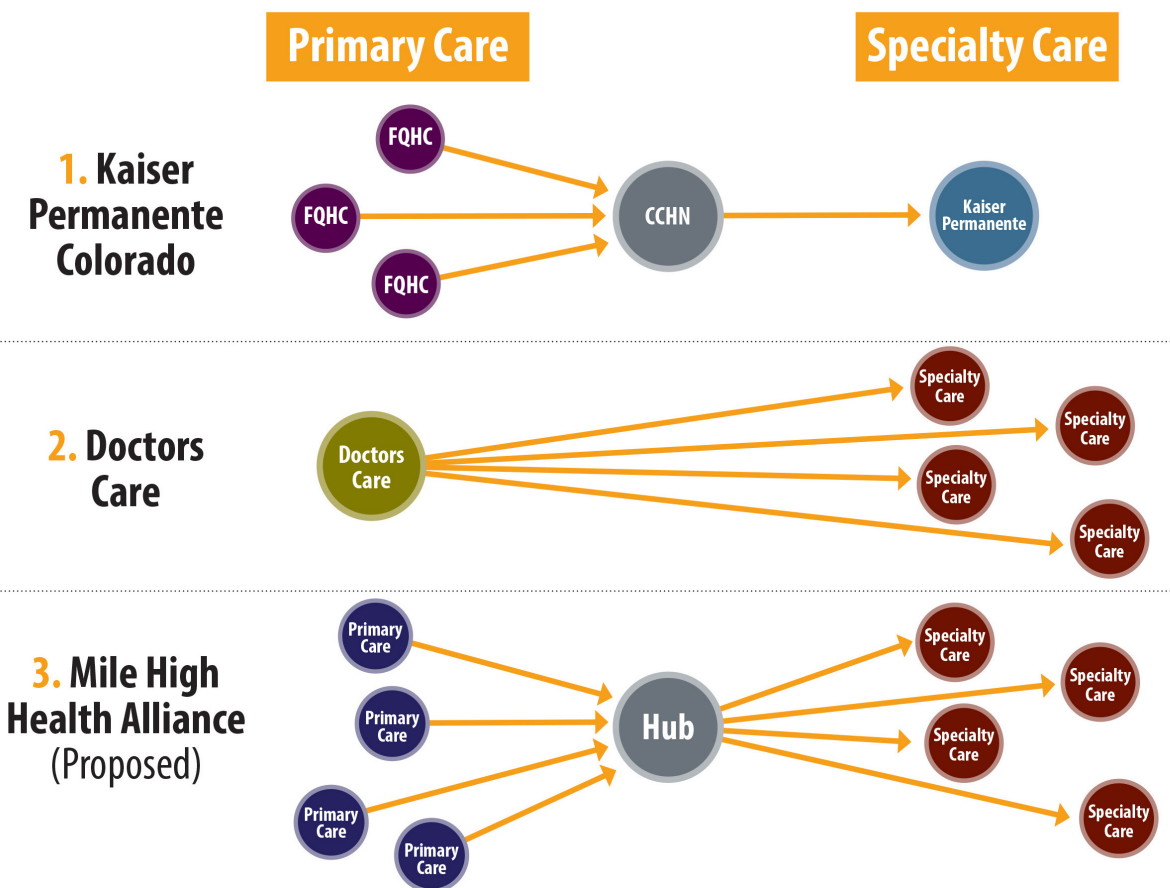
The proposed Hub is unique compared with two existing models in Colorado. The Hub stands apart because it will link multiple primary care providers with multiple specialty care providers.

Methodology

The Colorado Health Institute based this implementation plan on a wide range of research, beginning with a strong foundation: The Mile High Health Alliance's July 2014 Strategic Plan. We conducted 22 key informant interviews and convened two stakeholder focus groups between September 2015 and January 2016. We also explored five specialty care referral models from Colorado and other states, met monthly with the Alliance's Specialty Care Access Group and followed up with Alliance members and key informants as necessary. Additional information about the methodology is included in Appendix 2.

This plan will support the Alliance's strategic vision and enable the successful launch of a referral network pilot program that connects vulnerable residents to needed specialty care and increases access to health care in Denver.

The Implementation Plan

A. The Specialty Care Referral Hub

"Get it done and go bold. People have to commit to move on this longer-term."

Description: The pilot program involves three main actors: primary care providers and their staffs, specialty care providers and their staffs and the Specialty Care Referral Hub. The Hub is a third-party resource responsible for assisting primary care providers in securing specialty care for their patients (See Figure 2). It will provide an e-consult program and facilitate in-person visits with available specialty care services — particularly those with capacity and most in demand. Participating in the Hub will help primary care providers to practice at the top of their scope through peer-to-peer networking and educational opportunities.

The Hub will:

- Monitor available appointments among participating specialty care providers.

- Connect primary care providers in need of a referral to specialty resources.

- Develop, maintain and provide technical assistance for the e-consult system.

- Maintain a list of available transportation and translation resources.

- Provide care coordination services and translation support for Phase 3 providers who do not offer these services.

- Ensure that all entities are upholding expectations and guidelines.

- Communicate closely with participating primary care and specialty care providers.

- Convene a Leadership Council of participating stakeholders.

- Build capacity among primary care providers to appropriately manage complex health concerns.

Guiding Principles

- The Hub complements, but does not replace, existing referral relationships. Safety net clinics and other primary care providers currently have their own referral channels. Other programs — such as ECHO Colorado and the Department of Health Care Policy and Financing's (HCPF) e-consult program — aim to alleviate "logjams" for specialty care by minimizing unnecessary referrals.

- The Hub will act as an "air traffic controller." The primary function of the Hub is to connect primary care providers to available and appropriate specialty care resources using the most appropriate "runway." In some cases, the Hub itself will serve as the runway by connecting patients directly to available specialty care services.

- The Hub's e-consult program will allow primary care clinicians to consult electronically with specialists about a patient's treatment. E-consult can help keep patient medical care within the primary care office and limit referrals to a specialty care provider only when medically necessary. The Hub will facilitate relationships between primary care and specialty care providers through training and practice support services such as ECHO Colorado.

- To the extent possible, participating primary care providers will ensure that patients are prepared for their specialty care visit and have needed supportive services. Underserved patients may have complicated social and medical needs. Specialty care providers are more likely to

BRIAN CLARK/CHI

Staff at Inner City Health Center in Denver train to manage patient records. Primary care providers at clinics such as Inner City would be able to use the proposed Mile High Health Alliance Hub to streamline referrals to specialists.

participate in the Hub if they are assured that ancillary issues are addressed outside of their offices. These issues include: translation services, transportation to appointments, other non-medical needs such as housing and food resources, patient education (to reduce no-shows), behavioral health, and labs and tests.

- The Hub will support providers who do not have referral specialists or care coordinators to access these services for Medicaid patients through Colorado Access, Denver's Regional Care Collaborative Organization (RCCO). The Hub will provide care coordination services to patients when their primary care provider doesn't provide them. These services will include arranging and paying for translation services. The Hub will need to decide whether to secure other services for patients — such as

transportation to appointments — in Phase 3.

- The Hub will not make clinical decisions or triage patients.

Action Steps

By August 2016, the Executive Committee will develop a job description for the Hub Administrator position.

By September 2016, the Alliance will hire or appoint a full-time Hub Administrator.

By March 2016, the Executive Committee and Specialty Care Access Group will accomplish the following:

- Develop the Hub's mission and vision and clarify as needed throughout the pilot.

- Decide on a name for the Hub that reflects its purpose.

The Special Role of Behavioral Health

Outlining the role of behavioral health in the Hub is critical for two reasons. First, Colorado's behavioral health landscape is undergoing major changes. The Medicaid Behavioral Health Organizations (BHOs) will be reconfigured under a new Regional Accountability Entity within the state's Medicaid program. Also, the State Innovation Model (SIM) is focused on integrating physical and behavioral health.

Second, specialty care providers said they want referred patients who are in need of behavioral health services to get help prior to their specialty care appointments.

How the Hub intersects with behavioral health requires a longer-term focus. Discussing the following questions, which are gleaned from our qualitative research, will help shape the next steps:

- Which behavioral health services can be provided in a primary care setting?

- Which behavioral health services are considered specialty services? One key informant suggested considering psychiatric services as a specialty to be included in the Hub.

- Should services to treat substance use disorders be considered primary or specialty care?

- What is the role of Mental Health Center of Denver (MHCD) in the Hub? MHCD provides services to many Denver residents who are uninsured or enrolled in Medicaid. It is possible that MHCD may be both a participating primary care provider and a provider of specialty behavioral health care in the Hub.

We recommend that the Alliance's Specialty Care Access Group answer these questions prior to Phase 4 (Scaling Up). We also advise the Alliance to select primary care providers for the pilot that have access to or are directly providing behavioral health services.

- Define a core set of services that the Hub will provide.

- Apply for start-up grants and develop a framework for a long-term sustainability plan.

- Establish the Hub's governance structure as outlined in the Implementation Plan.

- Explore the possibility of finding a provider partner to sponsor the pilot, such as the Denver Medical Society, the Colorado Medical Society, or both.

By February 2017, the Hub Administrator will launch the pilot (Phase 2).

B. Hub Administrator Responsibilities

"Every practice has its own philosophy for practicing medicine. It will be up to [the Hub to document these differences] in the database, so they know what patient to send. For example, one orthopedist won't see anybody for lower back pain until they've been to a physical therapist first."

Description: The Hub Administrator will be responsible for overseeing the implementation of the pilot program; building relationships with funders, primary care providers and specialty care providers; and laying the groundwork for subsequent phases.

Guiding Principles: Hub Administrator

- Maintain close relationships with funders, participating primary care providers, specialty care providers, RCCO, health system leadership and the broader stakeholder community in Denver.

- Maintain close communication and relationships with the Hub Leadership Council, the Alliance Board and Specialty Care Access Group.

- Manage Hub operations and supervise the Hub Coordinator.

- Oversee the development and implementation of two electronic systems: the e-consult system that will enable consultation between primary care and specialty care providers and the program management system, which will track available appointments with participating specialty care providers.

- Oversee the development of guidelines for e-consults, referrals and participation in the pilot.

- Oversee the development of necessary legal agreements between the Hub and participating providers.

- Oversee the development of guidelines for securing care coordination services for uninsured and non-RCCO enrolled Medicaid patients referred to the Hub for specialty care. For Medicaid patients enrolled in the RCCO, the Hub will support the RCCO's provision of care coordination services.

- Have a working knowledge of and maintain relationships with other complementary initiatives and resources such as ECHO Colorado and HCPF's e-consult program.

Action Steps

By October 2016, the Hub Administrator will:

- Coordinate with the Alliance's Specialty Care Access Group to develop guidelines for referrals and participation in the pilot.

- Obtain training on the program management and e-consult systems.

By November 2016, the Hub Administrator, in partnership with the Alliance Specialty Care Access Group, will:

- Recruit providers for laboratory tests and radiology to join the pilot.

- Recruit primary care providers to participate in the pilot. Initial participants must be able to provide referral support and care coordination services.

- Recruit at least three specialties to participate in the pilot: one or two that are already indicating interest in participating and at least one from a specialty field that is difficult for primary care providers to secure for their patients.

- Become familiar with the ECHO Colorado and HCPF e-consult pilot and build relationships with staff.

By December 2016, the Hub Administrator will:

- Develop materials outlining the expectations for primary care providers to prepare their patients for a specialty care appointment.

- Develop a job description for the Hub Coordinator.

By January 2017, the Hub Administrator will:

- Develop and modify legal agreements as needed to support the work of the Hub in consultation with the Hub Leadership Council, Executive Committee and Board of the Alliance, participating providers and legal counsel.

- Orient primary care providers to the guidelines for participation in the e-consult program.

- Ensure that primary care providers and their staffs are aware of the Hub's requirements regarding patient responsibility, including upholding appointments or rescheduling, if necessary, and coming prepared for a specialty care visit with questions, prescriptions, paperwork, lab results and other information.

- Orient specialists to guidelines for participation in the e-consult program, cultural sensitivity issues and social determinants of health (as needed).

- Facilitate relationships and capacity building by convening at least one face-

Denver, Colorado: A Constantly Changing Health Policy Landscape

The Specialty Care Referral Network is being considered during a time of many health policy changes in Colorado. In addition, Denver's health care market is unique compared with those in *other Colorado cities. Here are some of the current or emerging developments that will likely influence the rollout of the Hub, based on findings from our qualitative research for this project.*

The Denver Medicaid and Hospital Markets

Why is It Important?

The Medicaid situation in Denver is unique due to the presence of Denver Health, a large, integrated safety net health system, and its Medicaid managed care plan.

What Does it Mean for the Hub?

- Medicaid enrollment is more complex in Denver than in other counties. In other counties, most Medicaid holders are managed by the RCCOs. In Denver, Medicaid holders fall into three distinct categories, with implications for how their care is paid for and whether and how they are able to access care coordination services. (1) Some Medicaid clients are automatically enrolled into Denver Health's own Medicaid managed care plan, called Medicaid Choice, although they may later opt into the RCCO. (2) Others, such as refugees and children in the foster care system, are automatically enrolled into the RCCO. They may select Denver Health or other providers as their primary care medical home, based on delegated care management contracts with the RCCO. (3) Still others may opt out of either program and be in traditional fee-for-service Medicaid.

- Denver's hospital market is highly competitive, which creates both challenges and opportunities for the Alliance. One challenge is the reluctance to commit to the Hub if competitors are not participating. Hospitals do not want to be unfairly singled out to carry the burden of taking on more underserved patients. However, the competitive market also means a greater slate of potentially beneficial partnerships and a "race to the top" effect — once one starts participating in the Hub, others may get on board.

State Innovation Model (SIM)

Why is It Important?

Colorado's effort to integrate primary care and behavioral health care is moving forward.

What Does it Mean for the Hub?

- Specialists may be more willing to serve uninsured and Medicaid patients if their behavioral health needs are being adequately handled elsewhere.

- Greater movement towards integration means that more behavioral health care is available in the primary care setting and that specialty behavioral health care needs would be increasingly limited to psychiatric services.

The ACA's Medicaid Expansion

Why is It Important?

Skyrocketing enrollment among Medicaid adults has reduced the uninsured rate but created additional demands for specialty care.

What Does it Mean for the Hub?

- Safety net clinics report fewer specialists accepting Medicaid.

- Many uninsured lack legal documentation — a hot button issue for some providers.

- Many new Medicaid enrollees have poor health and pent-up demands for specialty care services.

- Many referral models in Colorado and across the U.S. that traditionally served the uninsured are now grappling with whether or not they should take on referrals for Medicaid enrollees, and if they do, how to secure agreement among specialty care providers to take these patients.

The Medicaid Accountable Care Collaborative Phase II

Why is It Important?

Colorado's big effort to connect Medicaid enrollees to care coordination and medical homes will be entering Phase II in 2018.

What Does it Mean for the Hub?

- The roles of the Regional Care Collaborative Organizations (RCCOs) and Behavioral Health Organizations (BHOs) are being combined into new Regional Accountable Entities (RAEs).

- The RAE contracts will take effect in 2018 —

likely during the Hub pilot.

- Specialty care has been on the periphery of the work of the RCCOs, but ensuring access to specialty care may be a larger focus and area of responsibility for the new RAEs.

Potential Cuts to Primary Care Financing

Why is It Important?

Section 1202 of the ACA temporarily increased how much primary care providers are paid by Medicaid. The state is now deciding whether to continue the higher reimbursement.

What Does it Mean for the Hub?

- A number of interviewees reported that it is not only specialty care that is difficult to secure, but primary care as well, particularly in light of potential cuts in reimbursement.

- Many safety net clinics are redirecting their efforts from securing specialty care access

to ensuring they can still provide primary care.

- Lower revenue from Medicaid may mean that safety net clinics tighten their belts on non-medical services, such as care coordination.

Continued from Page 11

to-face meeting of the primary care and specialty care providers participating in the pilot.

By January 2017, the Hub Administrator will work closely with the Executive Committee to hire a part-time Hub Coordinator and provide orientation on all established guidelines and protocols.

By February 2017, the Hub Administrator will:

- Launch the pilot (Phase 2).

- Work with the Hub Leadership Council to develop guidelines and procedures for providing care coordination services to patients who need them.

- Facilitate capacity building among primary care providers by promoting ECHO Colorado and relationships with participating specialty care providers.

By March 2017 and beyond, the Hub Administrator will:

- Work with the Hub Coordinator to make recommendations to the Hub Leadership Council on mid-course corrections.

- Work with the RCCO to determine how best to support care coordination services for RCCO-enrolled Medicaid patients in anticipation of future referrals from a primary care practice that doesn't provide these services.

By April 2017, the Hub Administrator will:

- Convene primary care providers represented in the Alliance to assemble a list of supportive resources in addition to translation and transportation services that have been compiled by the Hub Coordinator.

- Identify options for how to subsidize or pay for these services for patients referred to the Hub.

- Work with the Specialty Care Access Group to develop eligibility guidelines for care coordination services provided by the Hub.

By May 2017, the Hub Administrator will:

- Recruit additional primary care practices for Phase 3.

- Present recommended care coordination guidelines for uninsured patients to the Hub Leadership Council for review and adoption.

By August 2017, the Hub Administrator will oversee the launch of care coordination services provided by the Hub Coordinator (Phase 3).

By September 2017, the Hub Administrator will use physician champions to recruit additional Denver specialty care providers for participation in Phase 4.

Between October 2017 and January 2018, the Hub Administrator and Hub Coordinator, working closely with the Hub Leadership Council, will:

- Maintain Hub pilot operations.

- Implement course corrections and technical modifications as needed.

- Build relationships with other coalitions and organizations working to expand specialty care access, such as in Boulder and Aurora.

- Promote the building of primary care capacity by working closely with ECHO Colorado.

- Work with an evaluator as needed.

- Recruit primary care providers and specialty care providers for Phase 4 (Scaling up in Denver).

- Leverage the expertise of the Hub Leadership Council when making strategic and significant decisions.

- Revise and strengthen the strategic plan for expanding the pilot to other specialties (Phase 4). This plan will build on the long-term financial sustainability framework established by the Executive Committee and Specialty Care Access Group. The Hub Administrator will present the strategic plan to the Hub Leadership Council to review, revise and adopt.

C. Hub Coordinator Responsibilities

"Care coordination means different things to different entities…In specialist offices, the care coordinators aren't social workers. [In this primary care office] they are, but elsewhere they're not."

Description: The Hub Coordinator is a part-time position and will report to the Hub Administrator. The Hub Coordinator's primary focus will be on addressing the demand for specialty care among underserved Denver residents. The Coordinator will do this in a number of ways, including connecting participating primary care providers to participating specialty care providers — the air traffic controller role cited above. In Phase 3, the Hub Coordinator will support primary care practices that do not provide care coordination services by providing these services directly to patients referred to the Hub. This includes securing and paying for interpretation or translation services for the patient's visit to the specialty care provider. The Coordinator does not require a clinical background, although experience in care navigation or case management is requisite.

Guiding Principles: Hub Coordinator

- Be available by phone or email to connect primary care providers to specialty care resources available in the pilot.

- Monitor the referral volume to participating specialty care providers.

- Maintain close communication with referral

specialists and care coordinators at primary care and specialty care clinics.

- Provide training and technical support to primary care and specialty care providers on the e-consult system.

- Maintain a list of translation, transportation, radiology and lab companies to provide to primary care providers, if requested. Secure these services for the patient's visit to the specialty care provider when necessary.

- Have a working knowledge of and maintain relationships with other complementary initiatives and resources such as ECHO Colorado and HCPF's e-consult program.

- Monitor the Hub's e-consult and program management systems to ensure appropriate use.

- Provide care coordination services directly to patients referred from participating primary care providers that do not provide those services.

- Be a resource for specialists needing to connect their patients with available primary care providers.

Action Steps

By January 2017, the Hub Coordinator will:

- Be trained on the e-consult and program management systems.

- Establish relationships and lines of communication with appropriate staff at participating primary care and specialty care offices.

- Compile a list of available translation and transportation services to which participating primary care providers may be referred.

By February 2017 (Hub launch), the Hub Coordinator will:

- Begin monitoring available appointments at participating specialty care providers to

assess whether there is insufficient or excess supply.

- Maintain close communication with participating providers to ensure that guidelines and procedures are being followed.

- Begin providing technical support on the e-consult and program management systems to primary care and specialty care providers.

- Conduct trainings for participating providers on how to contact the Hub and use the e-consult and program management systems.

By March 2017 (and ongoing), the Hub Coordinator will:

- Make recommendations to the Hub Administrator about how the established workflow and protocols should be adjusted.

- Orient providers to any mid-pilot changes that are approved.

By June 2017, the Hub Coordinator will develop/revise training materials for new primary care practices that intend to join the pilot.

By July 2017, the Hub Coordinator will:

- Establish relationships with primary care providers who plan to participate in the pilot but who don't provide care coordination services.

- Develop relationships with translation services and establish a process for accessing and paying for these services on behalf of patients referred in Phase 3.

- Conduct trainings on guidelines, eligibility and social determinants (as needed) for new providers participating in the pilot.

By August 2017, the Hub Coordinator will assist patients referred by primary care providers who don't provide care coordination with telephone-based appointment scheduling and support.

D. Primary Care Provider Responsibilities

"Every doctor's practice has its own Hub; you have to use that to your benefit."

Description: Primary care providers who participate in the pilot referral program are the principal sources for preventive and clinical care for their patients in their medical homes. They may be physicians, physician assistants or advanced practice nurses (APNs). These providers ensure that patients have access to needed supportive services and coordinated care.

Guiding Principles: Primary Care Providers

- Follow the guidelines for participation in the pilot program.

- Use the e-consult system as the first option if the clinician is unclear whether a referral is necessary. (See Section G, Technology, for additional information).

- Contact the Hub if unable to refer a Medicaid or uninsured patient through existing channels.

- Work with the Hub's program management system to schedule appointments with participating specialists connected to the Hub.

- Maintain close communication with the Hub. Inform the Hub if a specialty slot has become available because the patient decided not to schedule an appointment. Notify the Hub if a patient does not attend a scheduled appointment.

- Whenever possible, ensure that the patient is connected to any non-medical services such as translation help, transportation assistance and behavioral health services needed for a specialty care appointment.

- Obtain assistance from Hub Coordinator for referral support or care coordination services if needed.

Other Tools in the Toolbox

"[These programs] need to make sure they're cross-referencing."

Safety net clinics have established both formal and informal networks to refer patients to specialists. The two components of the Hub — e-consults and face-to-face referrals — will be two additional tools to add to their toolbox of resources.

The following organizations and health alliances in other parts of metro Denver and beyond have implemented or are exploring specialty care interventions. They will be vital mentors and partners in all phases of the Hub's development.

- Aurora Health Access (City of Aurora)
- Boulder County Health Improvement Collaborative (Boulder County)
- Community Heath Partnership, Coordinated Access to Community Health (CATCH) Program (Colorado Springs)
- Doctors Care (South Suburban Denver area)
- North Colorado Health Alliance (Weld and Larimer counties)

These programs in Colorado are using e-consults and peer-to-peer learning to address the demand for specialty care services:

- Colorado Department of Health Care Policy and Financing - E-Consult Pilot Program
- Kaiser Permanente Colorado's Safety Net Specialty Care Program
- ECHO Colorado

These are initiatives in other states with a similar mission. Note that most programs have a focus on serving the uninsured, with the exception of the program in Seattle.

- Project Access Northwest – Seattle, WA
- Operation Access – San Francisco, CA
- Access to Healthcare Network – Reno, NV
- Project Access NOW – Portland, OR
- Access Now – Richmond, VA

The Colorado Health Institute is happy to share the contact information for any of these organizations.

- Review in advance any questions and priorities the patient must discuss with the specialty care provider. Stress the importance of maintaining the appointment or calling to cancel. Make a list of medications or ask the patient to bring full bottles to their appointment. Examples of "patient prep" materials from other organizations are included in Appendix 3.

- Provide appointment reminders as appropriate.

- Fax or transmit relevant medical record information, test results, etc. to the specialist.

Action Steps

By November 2016, participating primary care providers that offer care coordination will review and complete memoranda of understanding or business associate agreements. (See Section I, Legal Issues, for additional information).

By January 2017, participating primary care providers that offer care coordination will:

- Designate a staff member to serve as point person for the Hub.

- Attend Hub orientation and training that addresses patient responsibility and preparedness, communications with the Hub and with specialists, the e-consult system and other issues.

- Participate, if appropriate, in the Hub Leadership Council.

By February 2017, primary care providers that offer care coordination will fully participate in the launched pilot. This includes accessing the e-consult system and program management system.

By June 2017, participating primary care providers that do not offer care coordination will:

- Work with the Hub Administrator to establish procedures and legal arrangements to refer patients to the Hub.

- Work with the Hub Coordinator to secure care coordination services for patients who need them.

By August 2017, participating primary care providers that do not offer care coordination will fully participate in the pilot. This includes accessing the e-consult and program management systems and contacting the Hub Coordinator if care coordination services are required.

E. Specialty Care Provider Responsibilities

"If the community as a whole is willing to take patients so that there's a rotation between providers, specialists will be more likely to take patients."

Description: Specialty care providers who participate in the pilot referral program will serve referred patients and respond to e-consult requests according to their agreements with the Hub.

Guiding Principles: Specialty Care Providers

- Follow the guidelines for participation in the pilot program.

- Provide e-consults with participating primary care providers. Respond to e-consults in a timely manner in accordance with established guidelines.

- Work with participating primary care providers and patients to schedule appointments.

- Maintain close communication with the Hub. Notify the Hub of any changes in capacity. Provide any necessary follow-up or recommendations about the patient's care to the referring primary care provider.

- Immediately contact the referring primary care provider and Hub of patient no-shows.

- Obtain medical record information, test results, etc., from the patient's primary care provider in advance of specialty care visit. Transmit back a report of the visit to the primary care provider through the means established in the referral system.

Action Steps

By November 2016, participating specialty care providers will:

- Review and complete memoranda of understanding or business associate agreements and designate the amount of specialty care that each will provide. (See Section I, Legal Issues, for additional information).

By January 2017, participating specialty care providers will:

- Designate a staff member to serve as point person for the Hub.

- Attend Hub orientation and training that addresses patient responsibility and preparedness, communications with the Hub and with primary care providers, the

e-consult system and other issues.

- Participate, if appropriate, in the Hub Leadership Council.

F. Patients to be Served

"Prior to Medicaid expansion, it used to be hard finding specialty care for uninsured patients. Now we struggle even more to obtain care for our Medicaid patients."

Description: In 2015, approximately 56,670 Denver County residents were uninsured and 206,029, or about one third of Denver residents, were enrolled in Medicaid.[2] Recent research found that safety net clinics in Denver universally report difficulty securing specialty care for Medicaid patients.[3] The Alliance's Specialty Care Access Group agreed in October 2015 that only adult Medicaid and uninsured patients should be eligible for their primary care provider to obtain an e-consult or referrals through the Hub in the pilot program. Uninsured patients may include residents without legal documentation. The focus on both types of patients distinguishes the Alliance from many other programs in Colorado and elsewhere that were established to serve only the uninsured. Future expansions of the project may include other patient populations.

Guiding Principles

- Patient eligibility criteria and guidelines for e-consults and referrals must be established and agreed upon by all parties before launching the pilot.

- Patients have a responsibility for their care.

- The Hub will be designed to support providers serving patients who differ greatly on the complexity of their medical, behavioral health and social needs.

Action Steps

By May 2016, the Specialty Care Access Group with the Alliance Executive Committee will name a Patient Eligibility subcommittee to research patient eligibility criteria and guidelines. The subcommittee's research will:

- Explore whether eligibility criteria should include procedures for determining Denver residency.

- Decide whether to limit eligibility to uninsured individuals with incomes below a certain percent of the federal poverty level (FPL). If so, two thresholds that could be considered are 250 percent of the FPL (the threshold for Colorado Indigent Care Program) or 400 percent of the FPL (the threshold for advanced premium tax credits for those who purchase private health insurance on the exchange).

By July 2016, the Patient Eligibility subcommittee — formed in May — will present its recommendations to the Specialty Care Access Group and Executive Committee. The group will review and decide to adopt these recommendations for final approval by the Hub Leadership Council.

By September 2016, the Hub Administrator will develop guidelines around patient responsibility. These may include:

- Attending scheduled appointments or rescheduling if necessary.

- Bringing to a scheduled appointment any required paperwork, prescriptions, Medicaid card, lab results and other information a specialist may need.

By November 2016, the Hub Leadership Council will adopt patient eligibility and responsibility guidelines.

G. Technology

"We must minimize sending the patients for referral who don't need to be seen."

Description: The Hub will have two technology components — an e-consult system and a program management system.

Its e-consult system will allow providers to share patient clinical information and treatment

CHRIS SCHNEIDER

A patient receives care at Denver Health Medical Center.

recommendations securely. Participating providers will adhere to guidelines that address information accompanying an e-consult and timely responses. Specialists may choose to participate in the Hub's e-consult system; however, all specialists who do so must also agree to accept face-to-face visits through the Hub. If a specialty care provider determines that a face-to-face visit is needed instead of an e-consult, the primary care provider can use the Hub, if desired, to facilitate the appointment with that specialist.

The program management system will track the volume and distribution of face-to-face referrals to specialists. Ideally, providers will use this system to request and accept referrals and transmit follow-up information or consultation notes. The Hub Administrator and Coordinator will monitor and adjust referral activity as

needed in order to adhere to specialty care provider agreements.

Guiding Principles

- Existing technology used in Colorado should be considered in order to minimize burden on providers to adopt another system.

- Primary care providers using e-consult for treatment decisions build their clinical expertise by communicating with specialists. E-consults give the primary care team greater oversight of treatment decisions and promote coordinated, patient-centered care.

- Many concerns that drive primary care providers to refer patients to specialty care can be handled in the primary care medical

home with guidance from a specialist. Using e-consult will help to keep specialty care face-to-face visits available for patients with more acute care needs.

- E-consult is a new way of practicing for many providers. It will require establishing new workflows for submitting referrals, retrieving information and implementing treatment plans. Making the program simple will be critical to its successful use.

- Secure exchange of clinical information is the bedrock of Hub technology.

- The Hub will ensure that all primary care providers and specialists have the adequate staff and infrastructure to support the technology. The Hub Coordinator will provide technical assistance to participating providers.

- Few providers currently use e-consults. Providers must understand liability issues and clinical obligations before agreeing to participate. These matters can take time to resolve, based on experiences of other programs.

- Using an existing e-consult program may be less costly than developing a new one. These existing platforms, however, would need to be modified to meet the Alliance's goals for the Hub.

Action Steps

By June 2016, the Specialty Care Access Group will define the preferred capabilities of the Hub program management system and e-consult system. The group and other Alliance staff as needed will:

- Research Patient Care 360 (CORHIO).

- Consult with Community Health Partnership/CATCH, Doctors Care and Kaiser Permanente Colorado to learn more about the applicability of their systems to the Hub's needs.

- Identify other program management

systems that the Hub can purchase or build to meet its needs.

By August 2016, the Specialty Care Access Group will recommend to the Alliance Executive Committee which program management system and e-consult system the Hub will use. Options include:

- Negotiating with Kaiser Permanente to expand its Safety Net Specialty Care Referral program (using Net Chemistry's e-consult online portal) to Denver-based safety net clinics. Kaiser Permanente's program has demonstrated success. However, the system is limited to Kaiser Permanente's specialty care providers and is only used for uninsured patients. The Hub would need to establish a method for monitoring referral activity so that the responsibility of serving patients referred through the Hub is shared equitably between Kaiser Permanente and the other specialty care providers participating in the Hub.

- Using CORHIO's Patient Care 360 system, currently being pilot-tested by HCPF. This platform can be used for patients of all insurance types as well as those without coverage. It also can accommodate referrals as well as e-consult requests. This program does not require participants to be a part of CORHIO. However, it is not in broad use and is still being tested among a small group of providers.

- Purchasing an e-consult platform. A new system would not take advantage of existing programs and resources but may allow the Alliance to create a system that can perform all of the functions and activities that it prefers for its e-consult program.

By September 2016, the Hub Administrator will finalize purchase of program management and e-consult systems. By November 2016, the Hub Administrator will:

- Initiate the necessary legal and technical

arrangements for implementing the selected e-consult and program management systems.

- Identify liability issues and clinical obligations associated with participating in the selected systems and develop a timeline for resolving them.

By December 2016, the Hub Administrator will:

- Determine how the Hub will monitor and adjust e-consult and face-to-face referral volume to align with specialty care providers' preferences.

- Create or revise training materials for participating providers on how to use the programs.

- Ensure that all participating providers have the technology to use the selected e-consult and program management platforms.

By February 2017, the Hub Coordinator will:

- Conduct trainings for participating providers.

By August 2017 (and ongoing), the Hub Coordinator will:

- Conduct trainings with new providers participating in the pilot.

H. Governance and Management

> *"If the people at the table really pool their resources, they can make a dent."*

Description: The Hub will be a program of the Mile High Health Alliance and will be overseen by the Hub Leadership Council. The Hub Leadership Council will include members of the Alliance Executive Committee and Board; chief executive officers (or assigned representatives) of participating health systems and specialty care groups; the Denver Medical Society; the Department of Health Care Policy and Financing; Colorado Access (or representatives of the Regional Accountable Entity); representatives

from Denver's primary care safety net clinics; COPIC and person(s) with legal background and expertise. The Alliance's Specialty Care Access Group will support the Hub Administrator in developing guidelines for patient and provider participation to be approved by the Hub Leadership Council. The process should inform the development of other guidelines, such as the scope of services and continuity of care that will be provided. For example, safety net clinics identified the challenge of an uninsured patient being unable to afford a particular procedure recommended by a specialist.[4] The Hub Administrator will be responsible for daily Hub operations.

Guiding Principles

- The Alliance's Board of Directors, Executive Committee and Specialty Care Access Group will provide initial leadership and guidance while the Hub Leadership Council members are identified.

- The Leadership Council will guide the Hub's strategic direction and path to financial sustainability. It will also support the Hub Administrator with recruiting participating specialists and primary care providers.

- Specialty care providers and health systems, not the Hub, will determine the amount of care they are willing to provide.

Action Steps

By April 2016, the Alliance Specialty Care Access Group, with the Alliance Executive Committee, will draft a proposed memorandum of understanding (MOU) and business associate agreement (BAA). These agreements will be established between the Hub and providers — both primary care and specialty care — participating in the pilot. (See Section I - Legal Issues for more information).

By May 2016, the Alliance Specialty Care Access Group, with the Alliance Executive Committee, will:

- Identify potential participants for the Hub Leadership Council.

- Assign responsibility to Executive Committee members to contact prospective Hub Leadership Council members and schedule a meeting to discuss participation.

- Meet with all prospective Hub Leadership Council members and invite them to participate in the Council.

By November 2016, the Hub Administrator will:

- Draft a Hub Leadership Council charter outlining its responsibilities.

- Convene the first Hub Leadership Council meeting, during which the group will review, modify and affirm its charter. The Hub Administrator will demonstrate the e-consult and program management systems and review the draft MOUs and BAAs. The Hub Administrator will also present patient responsibility, financial eligibility and clinical eligibility guidelines to the Hub Leadership Council for its review and adoption.

- Set a schedule of regular meetings for the Hub Leadership Council.

- Meet with participants in the pilot to complete the MOUs or BAAs and designate the amount of specialty care that each will provide.

By March 2017, the Hub Administrator will:

- Share all signed MOUs and BAAs with the Hub Leadership Council.

Between October 2017 and January 2018, the Hub Administrator will:

- Revise and strengthen the strategic plan for expanding the pilot to other specialties (Phase 4). This plan will build on the long-term financial sustainability framework established by the Executive Committee and Specialty Care Access Group. The Hub Administrator will present the strategic plan to the Hub Leadership Council to review, revise and adopt.

By January 2018, the Hub Leadership Council will:

- Hold all scheduled meetings and any additional subcommittee meetings required in order to complete the strategic plan.

- Ensure the Hub completes the activities in its strategic plan.

I. Provider Recruitment

"Everyone is impacted by uncompensated care. From a community spirit, responsibility must be shared."

Description: Recruiting a sufficient number and variety of primary care and specialty providers will be essential for the pilot referral network and its subsequent expansion. Specialty care providers expressed guarded interest in participating. However, they must be assured that the responsibility for serving patients referred through the Hub is being shared by other specialists and health systems. Given this environment, recruitment will require a mixed approach. This includes:

- *Leveraging competition and meaningful engagement of top-level leadership of health systems.* The following strategy is adapted from a successful approach used by an access to care program serving uninsured patients in another state: The program administrator met with the CEO of the largest health system in the community with a contract outlining participation in the program. The administrator explained the benefits of participating in the pilot, underscored the necessity of shared responsibility among the competing health systems and indicated that the leverage of the largest system was needed to get the others involved. The contract included a clause saying it would be null and void if the program failed to obtain signed contracts

from all other health systems within 60 days. Once the largest health system signed, the administrator met with all other health system CEOs and obtained signed contracts. The Hub Administrator may use a similar approach to engage primary and specialty care providers as well as lab and radiology services.

Adopting this strategy may require that the Alliance make some modifications. In cases where specialty care practices are owned by a large health system, the Hub Administrator may need to engage both the CEO of the health system and the practice administrator. Finally, participation in the referral network may also appeal to nonprofit hospitals that identified improving access to care as a priority area in their community health needs assessments now required under the ACA.

In addition, this approach requires continued engagement of the leadership. Committed, ongoing communication and "account management" between the Hub Administrator and health system leaders after contracts are signed is crucial. Participation in the Hub Leadership Council (see Section H – Governance and Management) allows the leaders to be meaningfully involved in strategic decisions that guide the pilot.

- *Finding organizational sponsors or supporters.* Many successful models in Colorado and other states have an organizational champion or sponsor such as a medical society. In some cases, the program becomes a project of the medical society. Partnering with a professional association like this will be particularly important in recruiting primary care physicians and specialists serving in stand-alone private practices.

- *Identifying champions.* Physicians are often the best people to engage other physicians. The Hub Administrator should identify primary care clinicians who are willing to

share data and talk with specialists about the demand for specialty care and the clinical consequences of going without it. The Hub also would benefit from the testimony of specialty care providers who have participated in the pilot and are willing to share their positive experiences. Clinicians should also identify champions among administrators and support staff.

- *Addressing the concerns of specialty care providers.* Many specialty care providers — particularly those in private practice — are concerned about the bottom line of their practices, patient no-show rates and the challenges posed by patients who require additional medical and non-medical services. The Hub Administrator must have a deep understanding of any financial incentives available, such as patient co-pays or Medicaid reimbursement. The Hub must also ensure that care coordination and non-medical services are addressed by the primary care provider or the Hub itself. (See Section B – Hub Administrator Responsibilities and Section L – Financial Sustainability Strategy).

- *Building capacity in primary care.* The Hub must build primary care capacity that allow clinicians to practice at the top of their license. This includes connecting providers to proven models such as ECHO Colorado; building relationships between participating specialists and primary care providers, encouraging primary care providers to adopt formal referral guidelines, and promoting the e-consult system as a "first line of defense" when faced with a patient whose need for a specialist referral is uncertain.

Guiding Principles
- Access to specialty care for Denver's uninsured and Medicaid enrollees is a shared responsibility. All specialty providers and health systems have a role in providing care.

A provider at Inner City Health Center manages patient records.

- Specialty care providers must be able to decide for themselves how many patients referred through the Hub they will serve. They must also be able to decide which services they will provide.

- Many specialists employed by large health systems do not have the authority to decide whether they will participate or not. Engaging executives of health systems is essential.

- Nearly one third of Denver residents are now covered by Medicaid. The pilot will inform short-term and long-term solutions that address the barriers to specialists serving enrollees.

- A number of large competing health systems operate in the Denver market.

The Hub may use this competition to its advantage.

- Engagement of C-suite leadership of the major health systems in strategic decision-making is essential.

- Mentorship from an administrator of a successful referral program inside or outside of Colorado will provide guidance for the Hub Administrator in recruiting providers.

- A variety of primary care providers should participate in the pilot to test how well the Hub is working. This variation would include size, number of years of existence (new vs. established) and the degree to which they offer care coordination services.

- The Hub will not only recruit providers to participate in the network, but will build

the capacity of primary care providers to practice at the top of their license. Over time, this will decrease the number of unnecessary referrals and increase access to patients who truly need them.

- The Hub Administrator must be a committed and passionate advocate for the Hub's vision.

Action Steps

By May 2016, the Alliance Specialty Care Access Group with the Alliance Executive Committee will begin identifying health system leaders to participate in the pilot and serve on the Hub Leadership Council.

By September 2016, the Hub Administrator will:

- Develop initial MOU for provider participation in the pilot.

- Develop guidelines addressing patient responsibilities and protocols for collecting patient co-pays, if needed. Incorporate them into the Hub's marketing strategy and the MOUs governing provider participation in the Hub. Request legal counsel review if necessary.

- Initiate relationships with "mentors" in other programs around Colorado and in other states to provide guidance and advice as the Hub is being developed.

By October 2016, the Hub Administrator and Alliance Specialty Care Access Group will:

- Develop messaging about the return on investment and other benefits of participation in the Hub, including better access to specialty care for underserved patients, better care coordination for patients, greater participation by specialists in meeting pressing health care needs, and opportunities for specialists to undertake voluntary and charitable services in their own communities.

- Identify primary care providers from

the Alliance who can speak to the need for specialty care among underserved populations in Denver.

- Convene a physician-led forum focused on the challenges in obtaining specialty care for Medicaid and uninsured patients.

- Identify specialty care champions from organizations in and outside the Alliance to work with the Hub Administrator on outreach to other providers.

By November 2016, the Hub Administrator and Alliance Specialty Care Access Group will:

- Recruit primary care providers to participate in the pilot. Initial participants must be able to provide referral support and care coordination services.

- Recruit at least three specialties to participate in the pilot: one or two that are already indicating interest in participating and at least one from a specialty field that is difficult for primary care providers to secure for their patients. According to research by Dr. Steven Krager, safety net clinics reported that the hardest specialties to secure were neurology and orthopedics. Urology and neurosurgery were next most frequently named. Oncology, nephrology, cardiology, dermatology and physical therapy were also identified as challenging to secure.[5]

By December 2016, the Alliance Specialty Care Access Group, in partnership with the Hub Administrator, will recruit providers for laboratory tests and radiology to join the pilot.

J. Legal Issues

"Get started on legal work soon. Interest will fail if you don't launch on time due to legal work."

Description: Hub operations will be governed by various agreements, including business associate agreements (BAAs) or memoranda of understanding (MOUs) with all participating providers and health systems. These agreements

will codify guidelines and expectations for referrals and e-consults, including: timeline for responding to e-consult requests, expectations for timely sharing of clinical information between participating primary and specialty care providers, and responsibility for providing patients with supportive services.

Guiding Principles

- All Hub activities and materials will be in compliance with HIPAA and other applicable laws governing confidentiality and information-sharing.

- The Hub will have necessary liability coverage.

- Participating providers must also retain their own legal counsel to determine what agreements, if any, must be established among them.

Action Steps

By April 2016, the Alliance Specialty Care Access Group with the Alliance Executive Committee will hire an attorney or other legal representative who will review and provide feedback on proposed MOUs and BAAs governing participation in the Hub.

By May 2016, the Alliance Specialty Care Access Group with the Alliance Executive Committee will work with legal counsel to identify liability issues — if any — with the Alliance's involvement the Hub.

By June 2016, the Alliance Executive Committee and Hub Administrator will incorporate feedback from legal counsel to draft memoranda of understanding (MOUs) or business associate agreements (BAAs) governing participation in the Hub.

By October 2016, the Hub Administrator will:

- Consult with COPIC to identify potential provider liability concerns.

- Develop an action plan to address these concerns prior to the launch of the pilot.

- Finalize language in the Hub's MOUs and BAAs with legal counsel.

- Engage legal counsel as needed to communicate with legal representatives of health systems and providers.

By January 2017, the Hub Administrator will inform the Hub Leadership Council regarding necessary liability coverage and obtain its approval to secure coverage.

By March 2017, the Hub Administrator will:

- Provide an update to the Hub Leadership Council on any legal issues that may have emerged during the initial months of the pilot.

- Engage legal counsel as needed.

K. Evaluation

"Don't pilot it to death."

Description: A modest but well-planned evaluation of the pilot will be crucial in scaling and expanding the program to additional providers and populations.

Guiding Principles

- The evaluation plan should maximize its usefulness for Hub staff, Alliance members, the Hub Leadership Council, funders, participating primary care and specialty care providers, patients, and others.

- Ideally, the pilot will be evaluated as it is launched and implemented. The evaluation strategy should identify and correct any issues that arise. However, the extent to which the pilot is evaluated will depend on available funding and resources.

- The evaluator should be authorized to lead this work in collaboration with the Hub Administrator, Specialty Care Access Group, Alliance Executive Committee and Board and Hub Leadership Council.

BRIAN CLARK/CHI

Providers at Inner City Health Center discuss care for a patient.

Action Steps

By November 2016, the Alliance Specialty Care Access Group, in partnership with the Hub Administrator, will decide to what extent the pilot can be evaluated, based on available resources.

The following action steps assume that the Alliance will proceed with an evaluation.

By January 2017, the Alliance Board will hire the evaluation contractor.

By February 2017, the evaluation contractor will develop an evaluation plan.

By August 2017, the evaluation contractor will present mid-term performance findings to the Hub Leadership Council and Alliance Specialty Care Access Group.

By September of 2017, the Hub Administrator will implement course corrections based on the evaluator's findings.

By January 2018, the evaluator will present a final report to the Alliance Board and Hub Leadership Council to inform the subsequent scaling of the project.

L. Financial Sustainability Strategy

"Long term, this can't be funded by charity. You need a financially sustainable model that isn't based on charity."

Description: This section discusses funding for Hub operations and financial incentives for providers. The Specialty Care Access Group is

already exploring potential grant funding to launch the Hub.

Guiding Principles: Hub Operations

- Start-up costs of the pilot and subsequent phases of the referral network require at least four years of committed funding.

- Initial funding to sustain Hub operations will rely on a combination of Alliance dues and grants. Having all large health systems represented in the Hub Leadership Council may result in financial support from these organizations.

- Partnership with the future Medicaid Regional Accountability Entity (RAE) in Denver may partially sustain the Hub by aligning care coordination efforts.

- Foundations may be interested in longer-term investment if the referral model can be applied beyond Denver.

Guiding Principles: Provider Financial Incentives

- The long-term return on investment of the Hub will be realized as patients are connected to specialty care, avoiding further health complications and costly visits to the emergency room.

- The Hub cannot rely only on charity care by specialty care providers. Potential reimbursement sources are:

  - *Enterprise Zone tax credits.* Volunteers who serve uninsured patients within a geographic area designated as an Enterprise Zone may be eligible for tax credits.

  - *Medicaid reimbursement for e-consults.* Currently, only specialists and primary care providers participating in Medicaid's e-consult pilot program are eligible for reimbursement. Specialists receive $20 for each consult and primary care providers receive $10.

  - *Patient co-pays.* The Alliance must

decide whether patients should pay anything out-of-pocket for a specialty appointment that is secured through the Hub. Arrangements for assigning and collecting co-pays will differ for Medicaid enrollees and uninsured patients. Planning must be done on how to proceed in the event that the patient is unable or unwilling to pay the co-pay.

- Specialty care providers are not likely to participate in the Hub based on these financial incentives alone. They are also likely to value the Hub's emphasis on care coordination and shared responsibility in caring for underserved patients and opportunities to give voluntary and charitable services in their communities.

Action Steps

By March 2016, the Alliance Board will form a Hub Membership subcommittee to develop recommendations to the Alliance Board on whether the pilot program will be open only to Alliance members or whether non-Alliance members may be allowed to participate.

By March 2016, the Specialty Care Access Group will:

- Draft at least three grant applications for the pilot Specialty Care Referral Network. These applications should seek funding for multiple years.

- Form a Patient Financial Responsibility subcommittee to develop recommendations on whether patients benefiting from Hub-connected specialty services should pay a portion of the cost of their visits. The options include:

  - The physician charging an uninsured person on a sliding-fee scale. If this is done, it must be determined whether the patient's eligibility and level of payment is determined by the Hub or the referring primary care clinic.

  - The physician collecting from Medicaid

holders the nominal $2 Medicaid copayment for the specialist visit.[6]

- Form a Provider Incentives subcommittee to research options for provider incentives and make recommendations on next steps. Questions include:

  - Can the Alliance be designated as an Enterprise Zone? What are the advantages, disadvantages and requirements?

  - What are the opportunities to partner with HCPF on the e-consult program in which providers will receive reimbursement?

  - To what degree does the Colorado Indigent Care Program provide specialty care providers with an incentive to participate?

By April 2016, the Patient Financial Responsibility and Provider Incentives subcommittees formed in March will present their recommendations to the Specialty Care Access Group. The Specialty Care Access Group will adopt or revise the recommendations and present them to the Alliance Executive Committee.

By April 2016, the Alliance Board will vote on whether the pilot program will be open only to Alliance members, informed by the Hub Membership subcommittee's recommendations.

By June 2016, the Alliance Executive Committee will approve or modify the Specialty Care Access Group's recommendations on patient financial responsibility and provider incentives.

By September 2016, the Hub Administrator will develop guidelines and protocols for collecting the patient co-pays, if needed, and incorporate them into MOUs, BAAs and the marketing strategy.

M. Budget

"The kick off of e-consult and the initial registration of providers was the most time consuming piece. The maintenance and the meetings with [our partner] took very little of [the coordinator's] time."

Description: Table 1 displays the estimated costs of launching and implementing the pilot. The actual expenses associated with implementing the Hub may vary considerably from these estimates based on decisions that will be made in the future and patient referral volume. Estimates have been provided as a reference for the Alliance.

The Hub's primary expenses include four areas:

Personnel

Hub personnel will include a full-time (1.0 FTE) Administrator, to be hired by September 2016 or when funds are available, and a part-time (.5 FTE) Coordinator to be hired by January 2017. The Coordinator FTE may need to be adjusted based on patient referral volume and provider capacity. We have provided a range of the total salary for 1.5 FTE based on our research. This budget assumes that fringe benefits and employment taxes will cost an additional 22 percent of budgeted salaries.

Technology

Technology costs will include staff computers, monitors, server, printer, phones and security software. The budget assumes a physical server, though cloud-based server options could be explored to reduce expense as long as a cloud-based option provides the same level of security.

It assumes the purchase of the Hub's own printer, though many companies enter a multi-year lease for a printer/copier, which can cost upwards of $500/month. Additional technology costs include the e-consult and program management systems. These costs will depend upon which products are selected and whether the Hub subsidizes any licensing or technology costs for participating providers. This budget

assumes separate e-consult and program management systems. It also assumes that the set-up ($15,000) and annual license ($10,000) will be similar for each system and comparable to those required to launch and license Kaiser Permanente's e-consult platform, NetChemistry. Identifying a single system that can handle both components may result in a significantly lower cost. For example, CORHIO's e-consult program would have an estimated start-up cost of $2,000 and annual fees of $300. The budget assumes $5,000 for additional customization of these programs, though this amount may be higher or lower depending on needs.

The Hub and Alliance will need to decide if the Hub will have its own website. We did not include a website line item as it was unclear whether the Hub would be able to build off a sponsoring entity's website in the future.

Consultant or Professional Services

These services include legal counsel, technology support, translation services and evaluation. Professional and consultant services will vary throughout the pilot's implementation. Legal fees for resolving concerns and finalizing language in the Hub's MOUs and BAAs will be the greatest in the months leading up to the pilot's launch. Interpretation/translation expenses will depend upon patient referral volume, needs and provider capacity. Consulting with Denver Health, Colorado Access and other Alliance members that serve a diverse patient population may provide useful estimates and referral resources for these services. IT support will be more significant upfront as the e-consult and program management programs are being implemented. This budget assumes hiring a third party contractor for IT support, though some vendors may provide technical assistance for their products. Evaluation expenses will depend on the extent to which the Alliance decides to evaluate the pilot. We have included five percent of the Hub's overall budget for evaluation.

The budget assumes that the Hub will secure two types of translation services in Phase 3 of the pilot: 1) Translation for care coordination provided by telephone to patients; and 2) in-person translation for face-to-face visits to participating specialty care providers. We have assumed 60 hours per year of telephonic translation or 60 annual face-to-face visits requiring translation. This volume will likely vary greatly throughout the phases of the project.

Other consulting fees may be necessary. For example, the budget does not include the costs of an annual audit of financial statements, as we assumed that this may be available through the Alliance's relationship with the Colorado Nonprofit Development Center. An audit may cost an additional $10,000 in accounting fees. We also assumed the Development Center will be available to assist the Alliance with any legal and human resources (HR) consulting needs to establish the Hub as its own stand-alone entity. We included a small annual budget for payroll, bookkeeping and HR services.

This budget assumes that primary care and specialty care providers participating in the Hub will assume all legal and IT costs associated with participation.

Administrative Expenses

Rent, utilities, mileage, printing, training/marketing materials, office supplies, payroll and commercial liability insurance will depend upon where the Hub is housed — with the Alliance, within another organization or independently. This budget assumes the Hub will be its own stand-alone entity. These figures also will depend on whether the Hub is responsible for all overhead expenses. Consulting with the Colorado Nonprofit Development Center and legal counsel may provide greater clarity on these issues. The budget assumes that all utilities except for telephone and internet costs are included in monthly rent. We have included a modest annual training and marketing budget of $1,000 for development and design of materials.

Table 1. Projected One-Time and Annual Budget for Specialty Care Referral Hub

Total Expenses	One-Time	Ongoing (Annual)	Notes
Personnel			
Personnel Costs		$82,000 - $123,000	1.5 FTE
Taxes and Fringe Benefits — Health Insurance, Workers Comp, Life Insurance, Retirement Contribution		$18,000 - $27,000	Roughly 22% of budgeted salaries
Subtotal		*$100,000 - $150,000*	
Technology			
Two Laptops and Monitors	$4,500		
Server	$5,000		Physical server
Printer and Ink	$500		Simple laser jet printer. No copy machine.
Two Office Phones	$1,600		
Security Software	$1,500		
Microsoft Office and Other Software	$600		
E-Consult Platform	$15,000	$10,000	
Program Management System	$15,000	$10,000	Assumes comparable cost to e-consult
Additional Customization	$5,000		
Subtotal	*$48,700*	*$20,000*	
Consultant or Professional Services			
Legal Fees	$18,000		60 hours at $300/hour
Translation Services		$21,600	$3/minute for 60 hours/year = $10,800/year for telephonic care coordination. $90/hr. for two hours of in-person translation for 60 visits = $10,800
IT Support	$9,200	$3,000	$115/hour for 80 hours initial setup + ongoing maintenance
Evaluation	$13,000		Approximately five percent of budget
Subtotal	*$40,200*	*$24,600*	
Administrative Costs			
Rent	$2,500	$15,000	Assumes a deposit or move-in fee of $2,500
Telephone and Internet	$1,000	$2,500	Assumes other utilities included in rent
Liability Insurance		$3,100	
Training/Marketing		$1,000	For development of materials
Printing by Vendor		$250	Reproduction
Auto/Mileage Reimbursement		$500	
Office Supplies and Furniture	$3,000	$500	Paper, pens, postage, etc.
Payroll, Bookkeeping and HR		$3,600	$75/hr. for 4 hrs./month
Subtotal	*$6,500*	*$26,450*	
Grand Total	**$95,400**	**$266,450- $316,450**	

Conclusion

"We have to link the policy with the patients."

The Mile High Health Alliance's work to expand access to specialty care has the potential to benefit hundreds — if not thousands — of Denver residents. While the initiative is exciting and groundbreaking, it is also formidable. Many key informants said that the barriers to care faced by uninsured people and Medicaid enrollees are rooted in larger issues in our health care system.

Launching the Hub represents an ample opportunity to tackle systemic issues:

- *Health literacy.* Care coordination provided by the Hub and primary care providers may increase health literacy among patients. This is particularly important for patients who may have been — or still remain — chronically uninsured and unfamiliar with how to navigate the system.

- *Social determinants of health.* Care coordination will also connect patients to non-medical services. These resources, such as food, housing, transportation, behavioral health, and translation services, may influence a person's health and well-being even more than medical care.

- *Myth busting.* The Alliance will observe firsthand whether some pervasive perceptions are true or not. For example, are patients more likely to follow through on an appointment when they have to contribute financially? Is it difficult to sign up and get reimbursed by Medicaid? Will patients with access to care coordination services be better prepared for their specialist visit? These will be important questions to monitor.

- *Delivery system reform.* The Alliance is leveraging technology through e-consults and ECHO Colorado to empower clinicians to practice at the top of their license. This relatively small step may signal increasing capacity for specialty care providers to treat patients who truly need it.

One additional way that the Hub will maximize its impact is when it will be expanded in Phases 4 and 5. Critical to this effort is to partner with others in metro Denver that are addressing access to care. Partnering will maximize resources and minimize duplication.

In addition, evaluating the effectiveness of the specialty care referral network will be particularly important as the Hub is scaled to include additional providers. Evaluation results may identify policy barriers or opportunities that could make lasting systemic change.

Health care leaders across the nation often perceive Colorado — and Denver specifically — at the forefront of innovation. Likewise, the proposed model for the Hub is unique and pioneering. Its success in securing access for the most vulnerable Denver residents will become a model for other cities across the country. Combined with the demonstrated passion, thoughtfulness and commitment of the Mile High Health Alliance members, this vision is most certain to become a reality.

End Notes

1 Krager, S. and McCann, L. (2016). *Denver Safety Net Clinics: Responding to a Changing Healthcare Landscape*. Denver, CO: Mile High Health Alliance.

2 2015 Colorado Health Access Survey and Colorado Department of Health Care Policy and Financing, *Medicaid Member Caseload by County* (December 2015). http://1.usa.gov/1UvQAqM

3 Krager, S. and McCann, L. (2016). *Denver Safety Net Clinics: Responding to a Changing Healthcare Landscape*. Denver, CO: Mile High Health Alliance.

4 Krager, S. and McCann, L. (2016). *Denver Safety Net Clinics: Responding to a Changing Healthcare Landscape*. Denver, CO: Mile High Health Alliance.

5 Krager, S. and McCann, L. (2016). *Denver Safety Net Clinics: Responding to a Changing Healthcare Landscape*. Denver, CO: Mile High Health Alliance.

6 A description of Medicaid co-payments is available here: https://www.colorado.gov/pacific/hcpf/colorado-medicaid-benefits-services-overview.

Appendix 1.
Specialty Care Referral Network Pilot Implementation Plan Action Steps Timeline

Note: Action steps are to be completed no later than the end of the month in which they are listed.

March 2016

The Executive Committee and Specialty Care Access Group will accomplish the following:

- Develop the Hub's mission and vision and clarify as needed throughout the pilot.

- Decide on a name for the Hub that reflects its purpose.

- Define a core set of services that the Hub will provide.

- Apply for start-up grants and develop a framework for a long-term sustainability plan.

- Establish the Hub's governance structure as outlined in the Implementation Plan.

- Explore the possibility of finding a provider partner to sponsor the pilot, such as the Denver Medical Society, the Colorado Medical Society, or both.

The Alliance Board will form a Hub Membership subcommittee to develop recommendations to the Alliance Board on whether the pilot program will be open only to Alliance members or whether non-Alliance members may be allowed to participate.

The Specialty Care Access Group will:

- Draft at least three grant applications for the pilot Specialty Care Referral Network. These applications should seek funding for multiple years.

- Form a Patient Financial Responsibility subcommittee to develop recommendations on whether patients benefiting from Hub-connected specialty services should pay a portion of the cost of their visits.

- Form a Provider Incentives subcommittee to research options for provider incentives and make recommendations on next steps.

April 2016

The Patient Financial Responsibility and Provider Incentives subcommittees formed in March will present their recommendations to the Specialty Care Access Group. The Specialty Care Access Group will adopt or revise the recommendations and present them to the Alliance Executive Committee.

The Alliance Board will vote on whether the pilot program will be open only to Alliance members, informed by the Hub Membership subcommittee's recommendations.

The Alliance Specialty Care Access Group, with the Alliance Executive Committee, will draft a proposed memorandum of understanding (MOU) and business associate agreement (BAA). These agreements will be established between the Hub and providers — both primary care and specialty care — participating in the pilot.

May 2016

The Alliance Specialty Care Access Group with the Alliance Executive Committee will:

- Identify potential participants for the Hub Leadership Council.

- Assign responsibility to Executive Committee members to contact prospective

Hub Leadership Council members and schedule a meeting to discuss participation.

- Meet with all prospective Hub Leadership Council members and invite them to participate in the Council.

- Hire an attorney or other legal representative who will review and provide feedback on proposed MOUs and BAAs governing participation in the Hub.

- Work with legal counsel to identify liability issues — if any — with the Alliance's involvement the Hub.

- Name a Patient Eligibility subcommittee to research patient eligibility criteria and guidelines. The subcommittee's research will:

  - Explore whether eligibility criteria should include procedures for determining Denver residency.

  - Decide whether to limit eligibility to uninsured individuals with incomes below a certain percent of the federal poverty level (FPL). If so, two thresholds that could be considered are 250 percent of the FPL (the threshold for Colorado Indigent Care Program) or 400 percent of the FPL (the threshold for advanced premium tax credits for those who purchase private health insurance on the exchange).

June 2016

The Alliance Executive Committee will approve or modify the Specialty Care Access Group's recommendations on patient financial responsibility and provider incentives.

The Alliance Executive Committee and Hub Administrator will incorporate feedback from counsel to draft memoranda of understanding (MOUs) or business associate agreements (BAAs) governing participation in the Hub.

The Specialty Care Access Group will define

the preferred capabilities of the Hub program management system and e-consult system. The group and other Alliance staff as needed will:

- Research Patient Care 360 (CORHIO).

- Consult with Community Health Partnership/CATCH, Doctors Care and Kaiser Permanente Colorado to learn more about the applicability of their systems to the Hub's needs.

- Identify other program management systems that the Hub can purchase or build to meet its needs.

July 2016

The Patient Eligibility subcommittee — formed in May — will present its recommendations to the Specialty Care Access Group and Executive Committee. The group will review and decide to adopt these recommendations for final approval by the Hub Leadership Council.

August 2016

The Executive Committee will develop a job description for the Hub Administrator position.

The Specialty Care Access Group will recommend to the Alliance Executive Committee which program management system and e-consult system the Hub will use.

September 2016

The Alliance will hire or appoint a full-time Hub Administrator.

The Hub Administrator will:

- Finalize purchase of program management and e-consult systems.

- Develop guidelines addressing patient responsibilities as well as guidelines and protocols for collecting patient co-pays, if needed. Incorporate them into the Hub's marketing strategy and the MOUs governing provider participation in the Hub. Request legal counsel review if necessary.

- Initiate relationships with "mentors" in other programs around Colorado and in other states to provide guidance and advice as the Hub is being developed.

October 2016

The Hub Administrator will:

- Consult with COPIC to identify potential provider liability concerns.

- Develop an action plan to address these concerns prior to the launch of the pilot.

- Finalize language in the Hub's MOUs and BAAs with legal counsel.

- Engage legal counsel as needed to communicate with legal representatives of health systems and providers.

- Obtain training on the program management and e-consult systems.

The Hub Administrator will coordinate with the Alliance's Specialty Care Access Group to:

- Develop guidelines for referrals and participation in the pilot.

- Develop messaging about the return on investment and other benefits of participation in the Hub, including better access to specialty care for underserved patients, better care coordination for patients, greater participation by specialists in meeting pressing health care needs, and opportunities for specialists to undertake voluntary and charitable services in their own communities.

- Identify primary care providers from the Alliance who can speak to the need for specialty care among underserved populations in Denver.

- Convene a physician-led forum focused on the challenges in obtaining specialty care for Medicaid and uninsured patients.

- Identify specialty care champions from organizations in and outside the Alliance

to work with the Hub Administrator on outreach to other providers.

November 2016

The Hub Administrator will:

- Draft a Hub Leadership Council charter outlining its responsibilities.

- Convene the first Hub Leadership Council meeting, during which the group will review, modify and affirm its charter. The Hub Administrator will demonstrate the e-consult and program management systems and review the draft MOUs and BAAs. The Hub Administrator will also present patient responsibility, financial eligibility and clinical eligibility guidelines to the Hub Leadership Council for its review and adoption.

- Set a schedule of regular meetings for the Hub Leadership Council.

- Initiate the necessary legal and technical arrangements for implementing the selected e-consult and program management systems.

- Identify liability issues and clinical obligations associated with participating in the selected systems and develop a timeline for resolving them.

- Become familiar with the ECHO Colorado and HCPF e-consult program and build relationships with staff.

The Alliance Specialty Care Access Group in partnership with the Hub Administrator will

- Decide to what extent the pilot can be evaluated, based on available resources.

- Recruit providers for laboratory tests and radiology to join the pilot.

- Recruit primary care providers to participate in the pilot. Initial participants must be able to provide referral support and care coordination services.

• Recruit at least three specialties to participate in the pilot: one or two that are already indicating interest in participating and at least one from a specialty field that is difficult for primary care providers to secure for their patients.

Participating primary care providers that offer care coordination will review and complete memoranda of understanding or business associate agreements.

Participating specialty care providers will review and complete memoranda of understanding or business associate agreements and designate the amount of specialty care that each will provide.

December 2016

The Hub Administrator will:

• Determine how the Hub will monitor and adjust e-consult and face-to-face referral volume to align with specialty care providers' preferences.

• Ensure that all participating providers have the technology to use the selected e-consult and program management platforms.

• Develop materials outlining the expectations for primary care providers to prepare their patients for a specialty care appointment.

• Create or revise training materials for participating providers on how to use the programs.

• Develop a job description for the Hub Coordinator.

January 2017

The Hub Administrator will:

• Work closely with the Executive Committee to hire a part-time Hub Coordinator and provide orientation on all established guidelines and protocols.

• Develop and modify legal agreements as needed to support the work of the Hub in consultation with the Hub Leadership Council, Executive Committee and Board of the Alliance, participating providers and legal counsel.

• Orient primary care providers to the guidelines for participation in the e-consult program.

• Ensure that primary care providers and their staffs are aware of the Hub's requirements regarding patient responsibility, including upholding appointments or rescheduling, if necessary, and coming prepared for a specialty care visit with questions, prescriptions, paperwork, lab results and other information.

• Orient specialists to guidelines for participation in the e-consult program, cultural sensitivity issues and social determinants of health (as needed).

• Inform the Hub Leadership Council regarding necessary liability coverage and obtain its approval to secure coverage.

• Facilitate relationships and capacity building by convening at least one face-to-face meeting of the primary care and specialty care providers participating in the pilot.

The Hub Coordinator will:

• Be trained on the e-consult and program management systems.

• Establish relationships and communication with appropriate staff at participating primary care and specialty care offices.

• Compile a list of transportation and translation services to which participating primary care providers may be referred.

Participating primary care providers that offer care coordination will:

• Designate a staff member to serve as point person for the Hub.

- Attend Hub orientation and training that addresses patient responsibility and preparedness, communications with the Hub and with specialists, the e-consult system and other issues.

- Participate, if appropriate, in the Hub Leadership Council.

Participating specialty care providers will:

- Designate a staff member to serve as point person for the Hub.

- Attend Hub orientation and training that addresses patient responsibility and preparedness, communications with the Hub and with primary care providers, the e-consult system and other issues.

- Participate, if appropriate, in the Hub Leadership Council.

The Alliance Board will:

- Based on the Alliance's decision in November 2016 on pursuing an evaluation, hire the evaluation contractor.

February 2017

The Hub Administrator will:

- Launch the pilot (Phase 2).

- Work with the Hub Leadership Council to develop guidelines and procedures for providing care coordination services to patients who need them.

- Facilitate capacity building among primary care providers by promoting ECHO Colorado and relationship with participating specialty care providers.

The Hub Coordinator will:

- Begin monitoring available appointments at participating specialty care providers to assess whether there is insufficient or excess supply.

- Maintain close communication with participating providers to ensure that guidelines and procedures are being followed.

- Begin providing technical support on the e-consult and program management systems to primary care and specialty care providers.

- Conduct trainings for participating providers on how to contact the Hub and use the e-consult and program management systems.

Participating primary care providers that offer care coordination will fully participate in the launched pilot. This includes accessing the e-consult system and program management system.

The evaluation contractor will develop an evaluation plan.

March 2017

The Hub Administrator will:

- Work with the Hub Coordinator to make recommendations to the Hub Leadership Council on mid-course corrections.

- Work with the RCCO to determine how best to support care coordination services for RCCO-enrolled Medicaid patients in anticipation of future referrals from a primary care practice that doesn't provide these services.

- Share all signed MOUs and BAAs with the Hub Leadership Council.

- Provide an update to the Hub Leadership Council on any legal issues that may have emerged during the initial months of the pilot.

- Engage legal counsel as needed.

The Hub Coordinator will:

- Make recommendations to the Hub Administrator about how the established workflow and protocols should be adjusted.

- Orient providers to any mid-pilot changes that are approved.

April 2017

The Hub Administrator will:

- Convene primary care providers represented in the Alliance to assemble a list of supportive resources in addition to translation and transportation services that have been compiled by the Hub Coordinator.

- Identify options for how to subsidize or pay for these services for patients referred to the Hub.

- Work with the Specialty Care Access Group to develop eligibility guidelines for care coordination services provided by the Hub.

May 2017

The Hub Administrator will:

- Recruit additional primary care practices for Phase 3.

- Present recommended care coordination guidelines for patients to the Hub Leadership Council for review and adoption.

June 2017

Participating primary care providers that do not offer care coordination will work with the Hub Administrator to establish procedures and legal arrangements to refer patients to the Hub.

- The Hub Coordinator will develop/revise training materials for new primary care practices that intend to join the pilot.

July 2017

The Hub Coordinator will:

- Establish relationships with primary care providers who plan to participate in the pilot but who don't provide care coordination services.

- Develop relationships with translation services and establish a process for accessing and paying for these services on behalf of patients referred in Phase 3.

- Conduct trainings on guidelines, eligibility and social determinants (as needed) for new providers participating in the pilot.

August 2017

- The Hub Administrator will oversee the launch of care coordination services provided by the Hub Coordinator (Phase 3).

- The Hub Coordinator will assist patients referred by primary care providers who don't provide care coordination with telephone-based appointment scheduling and support.

- Participating primary care providers that do not offer care coordination will fully participate in the pilot. This includes accessing the e-consult and program management systems and contacting the Hub Coordinator if care coordination services are required.

- The evaluation contractor will present mid-term performance findings to the Hub Leadership Council and Alliance Specialty Care Access Group.

September 2017

The Hub Administrator will:

- Use physician champions to recruit additional Denver specialty care providers for participation in Phase 4.

- Implement course corrections based on the evaluator's findings.

October 2017 through January 2018

The Hub Administrator and Hub Coordinator, working closely with the Hub Leadership Council, will:

- Maintain Hub pilot operations.

- Implement course corrections and technical modifications as needed.

- Build relationships with other coalitions and organizations working to expand specialty care access, such as in Boulder and Aurora.

- Promote the building of primary care capacity by working closely with ECHO Colorado.

- Work with the evaluator as needed.

- Recruit primary care providers and specialty care providers for Phase 4 (Scaling up in Denver).

- Leverage the expertise of the Hub Leadership Council when making strategic and significant decisions.

- Revise and strengthen the strategic plan for expanding the pilot to other specialties (Phase 4). This plan will build on the long-term financial sustainability framework established by the Executive Committee and Specialty Care Access Group. The Hub Administrator will present the strategic plan to the Hub Leadership Council to review, revise and adopt.

January 2018

The Hub Leadership Council will:

- Hold all scheduled meetings and any additional subcommittee meetings required in order to complete the strategic plan.

- Ensure the Hub completes the activities in its strategic plan.

The evaluator will present a final report to the Alliance Board and Hub Leadership Council to inform the subsequent scaling of the project.

Appendix 2: Methodology

The Colorado Health Institute used a qualitative design to gather data for this Implementation Plan. The research was segmented into three phases:

- **Phase 1:** Determining Capacity
- **Phase 2:** Identifying Roles and Responsibilities
- **Phase 3:** Operationalizing the Vision

In each phase, the Colorado Health Institute worked with the Alliance's Specialty Care Access Group to identify key informants, focus group participants and focus group themes.

Between September 2015 and January 2016, the Colorado Health Institute conducted 22 key informant interviews. Interviews contained a standard set of questions and customized questions pertinent to the interviewee. Experts from the following organizations where interviewed:

- Access to Healthcare Network (Reno, NV)
- Colorado Access
- Bridges to Care/MCPN
- Community Health Partnership/CATCH
- Centura Health Physician's Group
- ClinicNET
- Colorado Community Health Network
- Colorado Medical Society

- CORHIO
- Denver Health and Hospital Authority
- Denver Medical Society
- Department of Health Care Policy and Financing
- Doctors Care
- Duane Pearson, MD
- ECHO Colorado
- Kaiser Permanente Colorado
- Meredith Niess, MD
- North Colorado Health Alliance
- Project Access (Seattle, WA)
- Access Now (Richmond, VA)
- St. Joseph Hospital
- University of Colorado Hospital

Follow-up interviews were conducted as necessary.

The Colorado Health Institute also convened two focus groups:

- The Role of Care Coordinators and Navigators in the Hub: December 8, 2015
- Governance and Budget Issues: January 13, 2016

Appendix 3
Patient and Provider Orientation Materials
from Other Programs

Please see accompanying materials provided electronically to the Mile High Health Alliance.