

The Special Case of Specialists

*Challenges and Opportunities
in Colorado Medicaid*



April 25, 2013

**Safety Net Advisory Committee
(SNAC) Learning Lab**



What We'll Cover

- The Role of Specialists in the Accountable Care Collaborative (ACC)
 - Presentation
 - Hearing from You
 - Facilitated Discussion
- SNAC Lab Strategic Planning: 2013-14



Three Takeaways

- Access to specialists varies across Colorado, but continues to be a challenge.
- Limited role in the ACC.
- Opportunities to engage specialists in ACC Payment Reform Initiative (HB12-1281).



*Access to Specialists:
Context and Data*

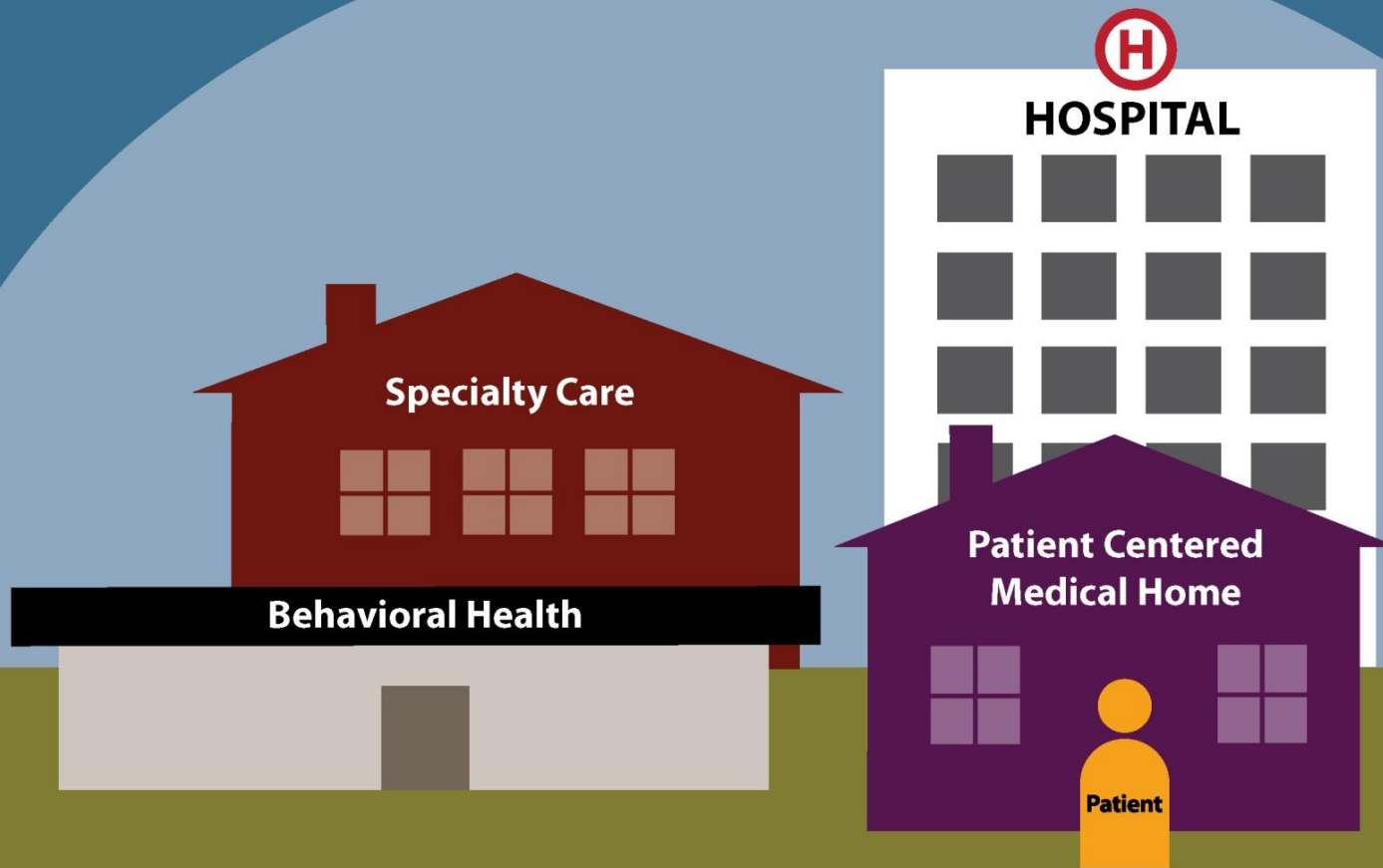
Defining Specialty Care

Definition: Medical care provided by a board-certified specialist with advanced training and focused clinical expertise.



How Accountable Care Works

Care Coordination



Data and Analytics

Test Your Knowledge

Which three specialties did Colorado safety net providers say were the most difficult referrals for Medicaid patients?

A. Oncology

B. Urology

2 → C. Endocrinology

D. Ophthalmology

1 → E. Pain Management

3 → F. Elective Surgery



Access to Specialists Among Medicaid Enrollees in Colorado's Safety Net, 2010

Most Difficult Referrals

- Pain Management
 - Endocrinology
 - Elective Surgery
- Reproductive Endocrinology
 - Physiatry

Least Difficult Referrals

- Radiology
- Oncology
- Cardiology
- Chemotherapy
- Diagnostics

Source: CHI analysis of data from the 2010 Colorado Safety Net Specialty Care Assessment



Insurance Type Makes a Difference

- 1 Uninsured
- 2 Medicaid
- 3 Medicare
- 4 Private Insurance

Source: CHI analysis of data from the 2010 Colorado Safety Net Specialty Care Assessment



Test Your Knowledge

- What proportion of Medicaid enrollees reported foregoing needed specialist care because of cost?

A. 66%

B. 3%

➔ C. 16%

D. 92%

Foregone Needed Specialist Care Due To Cost

Insurance Source	Percentage in 12 Months Prior to the Survey
Commercially insured	7.1%
Medicaid	16.0%
Uninsured	32.0%

Source: CHI analysis of the 2011 Colorado Health Access Survey

Specialists, the ACC and HB12-1281

- No referral needed
- No PMPM for specialists
- RCCOs leveraging relationships
- Care coordination holds benefits for specialists
- HB12-1281 holds promise to engage specialists in new ways
- Continued challenge of measuring quality



Hearing From You

Test Your Knowledge

What did Colorado safety net providers rate as the biggest barrier to obtaining specialty care for Medicaid patients?

- ➔ A. Long wait times to secure an appointment
- B. Travel distance to specialist
- C. No specialty providers in the community
- D. Medicaid does not cover type of specialty or limits referrals

Barriers to Securing Specialty Services for Medicaid Patients, Colorado, 2010

Top Five Barriers

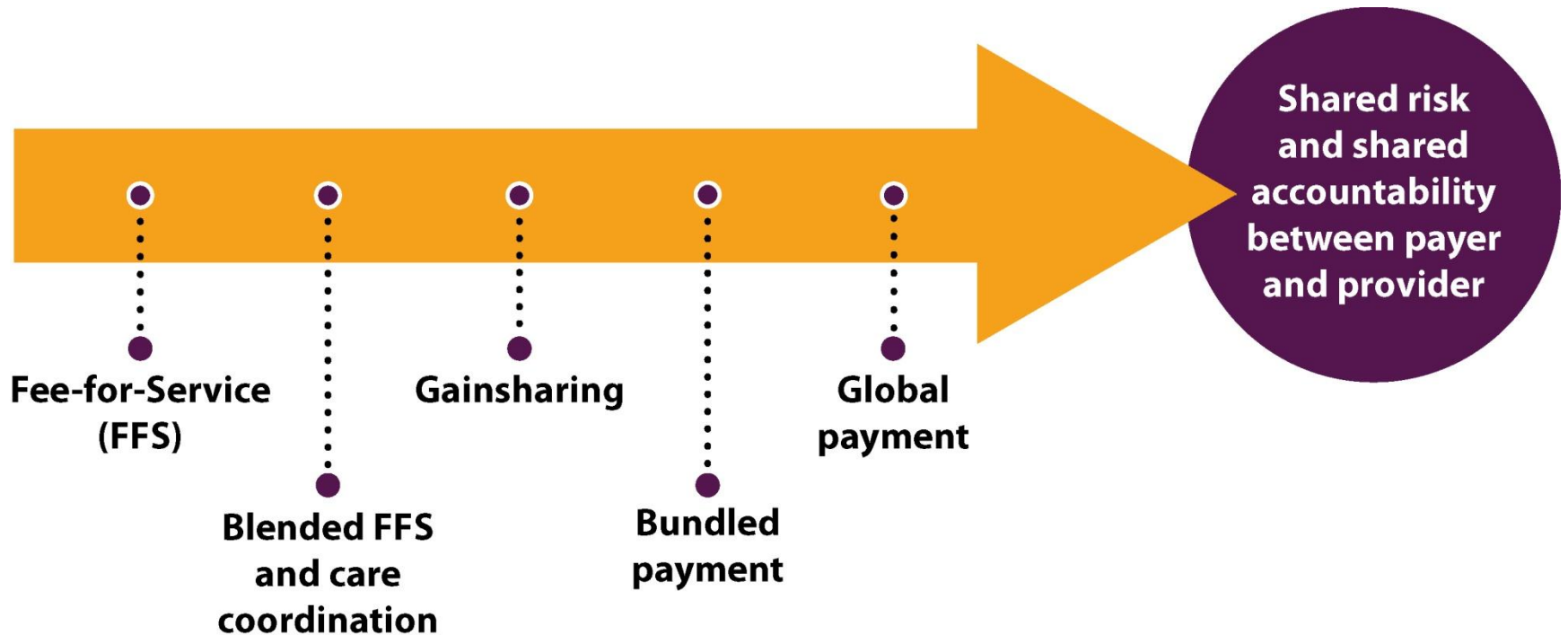
- Long wait times to secure an appointment with a specialist
- No specialty providers in the community willing to see Medicaid patients
- Lack of adequate referral network for speciality care providers
- Travel distance to specialists
- Patients lack transportation



Discussion: The Problem

- What do you see as primary barriers among Medicaid enrollees in obtaining specialty care?
- How big do you view the problem?
- Which specialties do you find hardest to access?

A Step in Payment Reform



Discussion: Opportunities

- What models, such as telemedicine, hold promise?
- Which specialists are engaged in the ACC?
- What opportunities does HB12-1281 provide for improving access to specialty care?

Discussion: Implications

- Provide patients necessary specialty care
- Connect and coordinate

Providers
RCCOs



- Getting healthier
- Positive patient experience

Consumers



Do we have this correct?

- Leadership
- Accountability

Legislature
HCPF



- Identify needs
- Support sustainable models
- Promote best practices

Philanthropy



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*SNAC Lab Strategic
Planning: 2013-14*

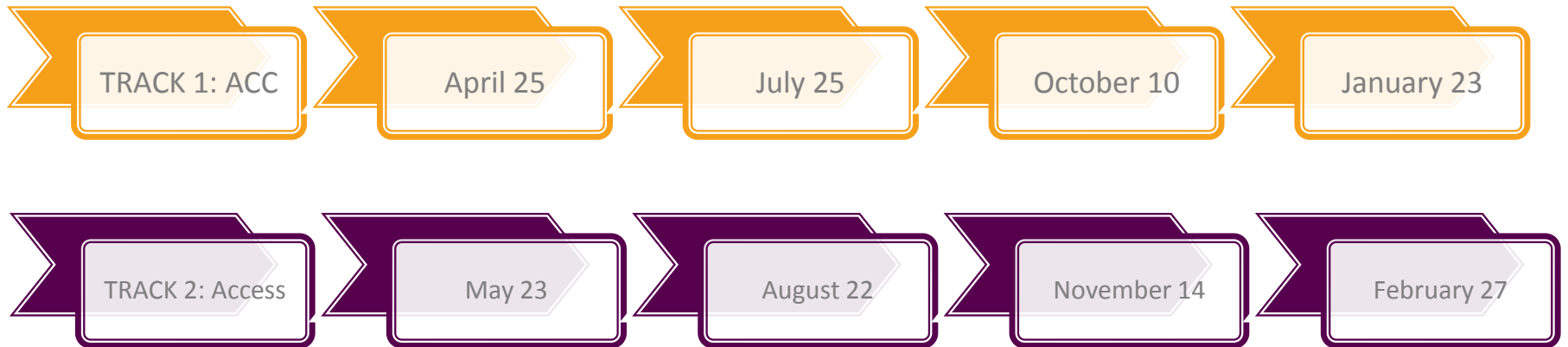
SNAC Lab Objectives: 1 and 2

- Leverage the collective focus on vulnerable Coloradans among a wide variety of stakeholders.
- Provide a forum to identify innovative approaches, promising practices, challenges and lessons learned.

SNAC Lab Objectives: 3 and 4

- Provide SNAC Labs participants, as well as the wider safety net community, with the latest strategies for using data to measure the effectiveness of various models.
- Synthesize input from the SNAC Labs and develop a shared body of knowledge for state health policy leaders, future initiatives, and other states about timely and important issues facing Colorado's health care safety net.

Two-Track SNAC Labs



Possible Topics

Track 1: ACC

- Medicare and Medicaid enrollees
- Understanding the payment reform proposals
- ACC implications of expanding Medicaid
- RCCO best practices
- Attribution
- ACC integrity
- RCCOs as the centerpiece of Medicaid?
- Patient experience of care

Track 2: Access

- Looking to the future: The newly insured and the remaining uninsured
- Network adequacy
- Patient experience of care
- Integrating behavioral and primary care
- Oral health
- The role of data in Colorado's safety net
- Local innovations (CMS Innovation Grants)



Questions

- What do you hope to gain from the SNAC Labs?
- What topics would be most useful?
- What milestones should we keep in mind?
- What deliverables are most helpful?



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