

# The Ripple Effect

*How Health Insurance  
Changes Affect Access to Care*



May 23, 2013

**Safety Net Advisory Committee  
(SNAC) Learning Lab: Access Track**



**colorado health  
INSTITUTE**

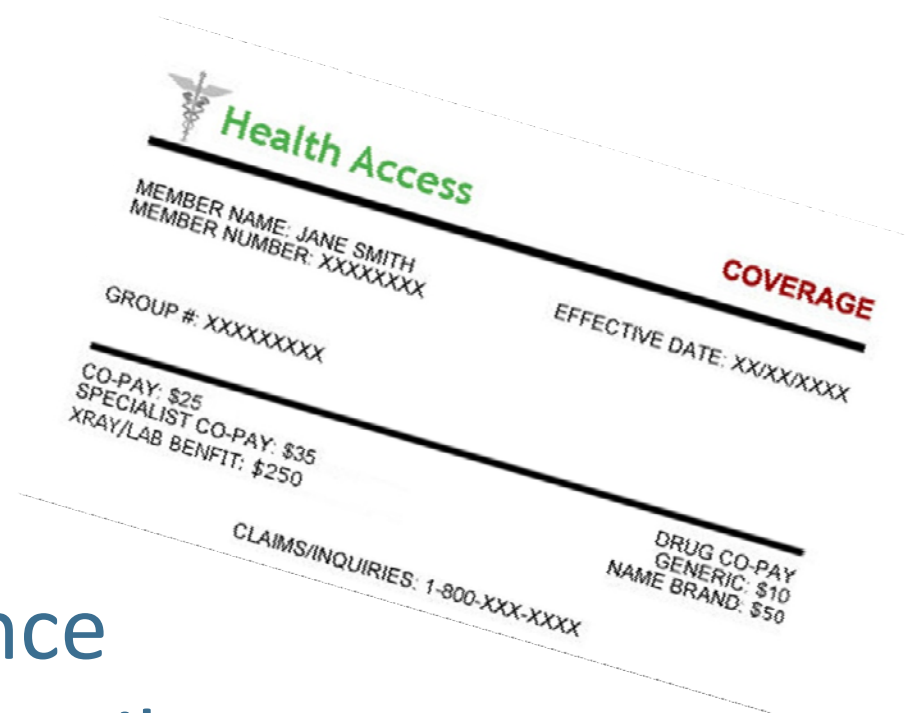
# What We'll Cover

- The Latest Data on Coverage Expansions
- New Health Insurance Options and Challenges
- How the Safety Net is Responding to Changes in the Health Insurance Market
- Upcoming Topics

*Facilitated Discussion Throughout*

# Remember

- An insurance card doesn't guarantee access to care.
- ***Lacking*** an insurance card doesn't necessarily mean lacking access to care.



## Three Takeaways From the Data

- Of the estimated 390,000 Coloradans who will remain uninsured after the ACA is implemented, most will be documented.
- Coloradans newly eligible for Medicaid tend to have poorer health status.
- Coloradans who've experienced a period of uninsurance tend to have low incomes.



*Five Graphs and Tables  
on Coverage Expansions*

# 1. Coverage Does Not Guarantee Access

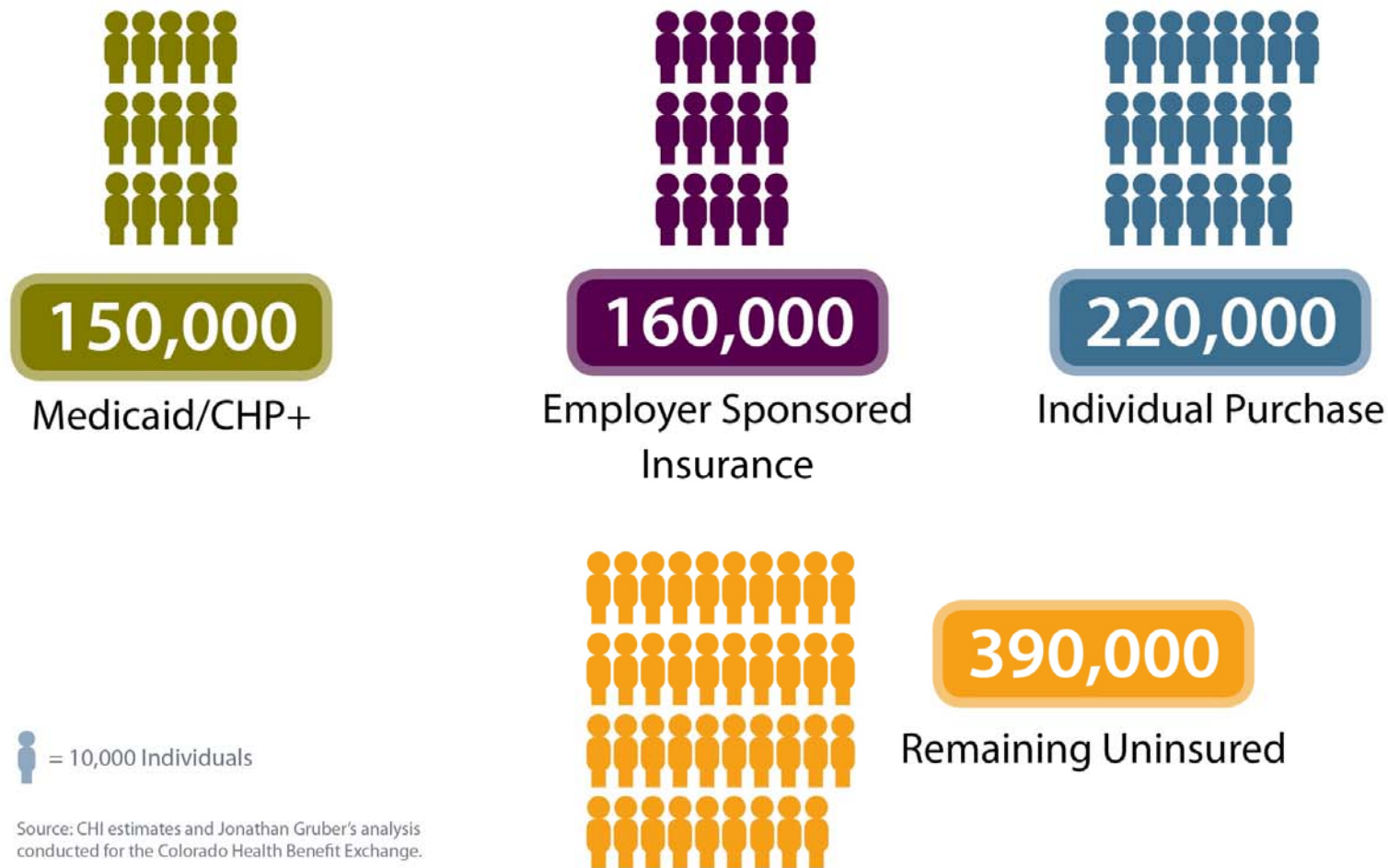
## Barriers to Accessing Care, Colorado, 2011

	Commercially Insured	Medicaid	Uninsured
Unable to get an appointment at the doctor's office or clinic as soon as you thought was needed	14.3%	24.6%	17.5%
Was told by a doctor's office or clinic that they weren't accepting patients with your type of health insurance	5.5%	23.3%	14.7%
Was told by a doctor's office or clinic that they weren't accepting new patients	6.0%	20.7%	13.7%

Source: 2011 Colorado Health Access Survey

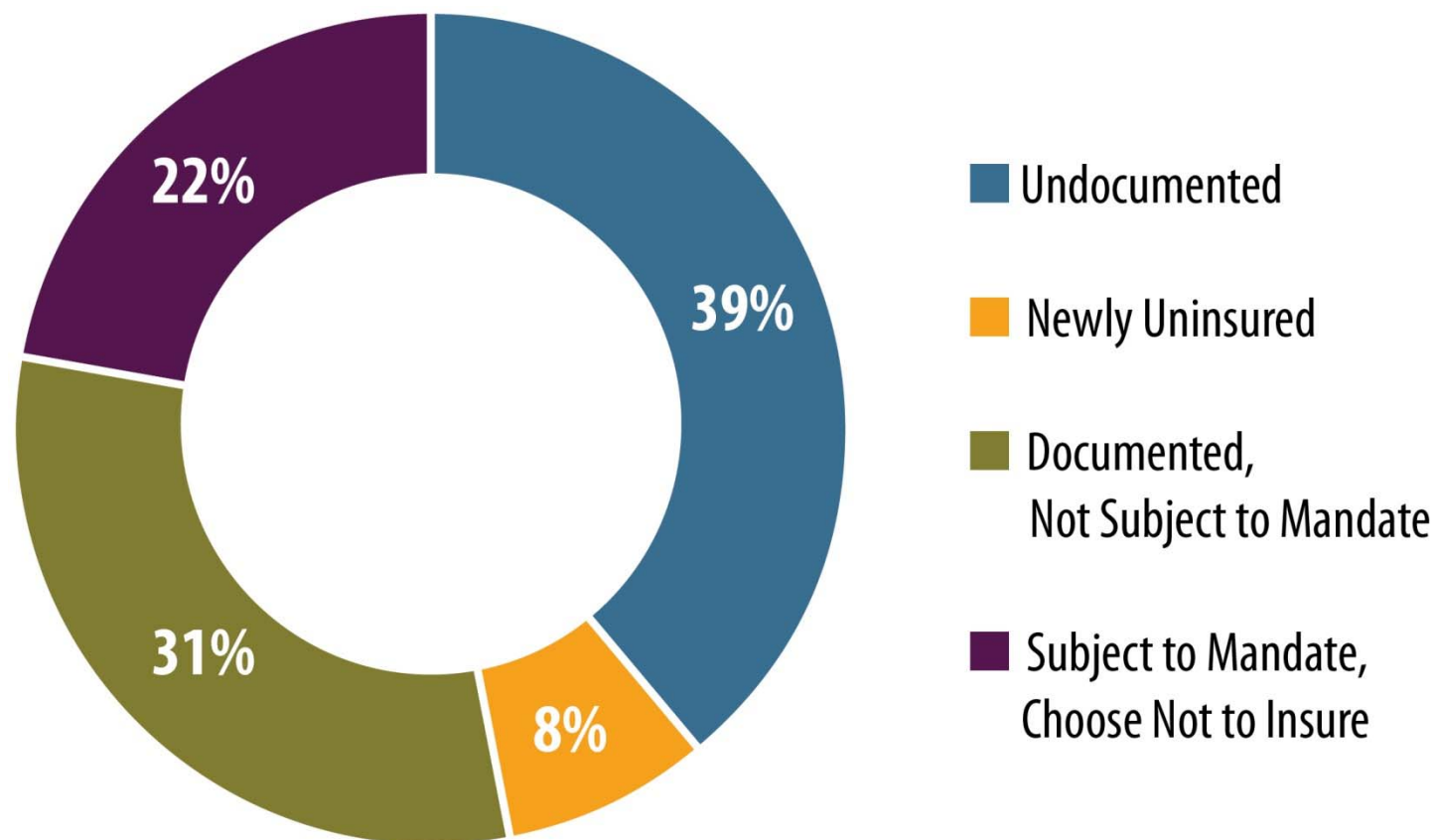


## 2. Expect Coverage Gains – and Gaps – by 2016



### 3. Most Uninsured Will Be Documented

#### Remaining Uninsured, Colorado, 2016



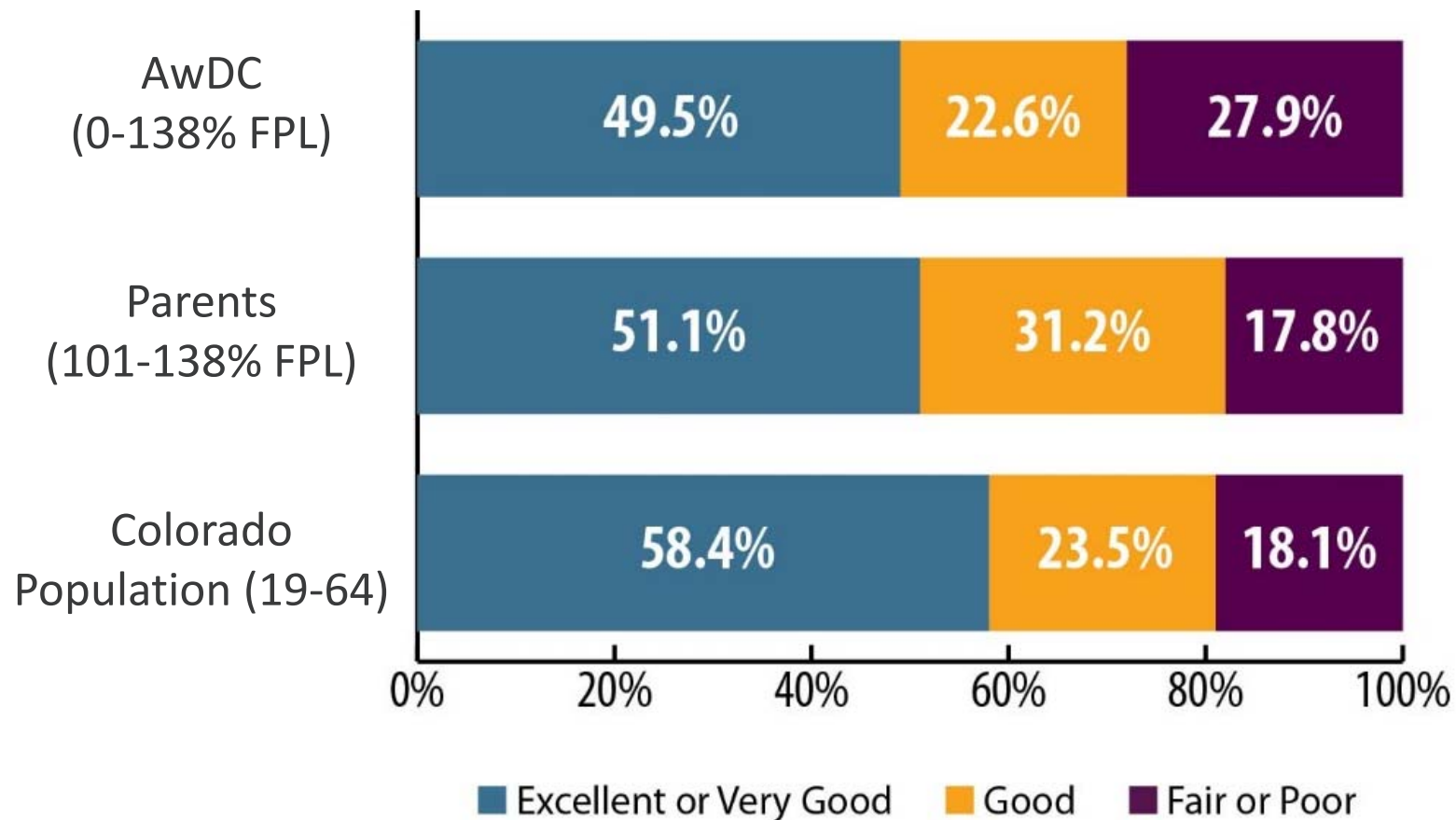
Population Estimate = 390,000

Source: Analysis by Dr. Jonathan Gruber for the Colorado Health Benefit Exchange.



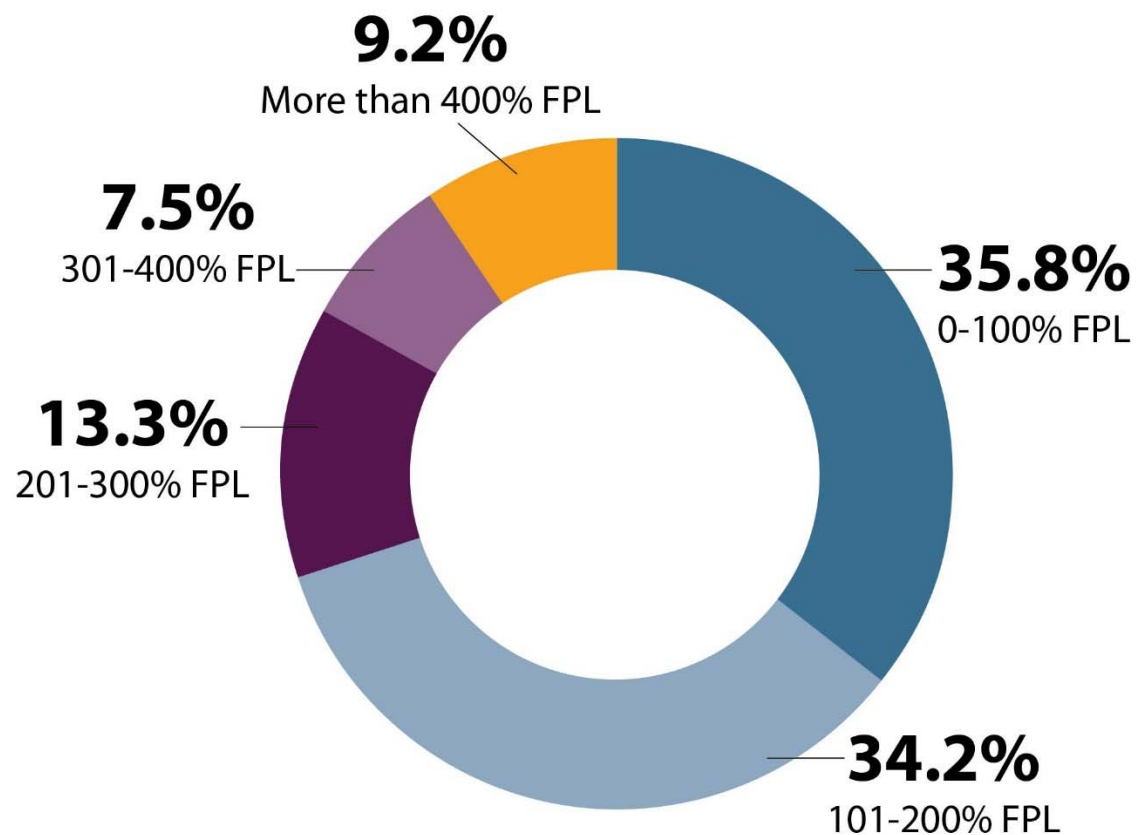
## 4. Most are Healthy, but Higher Rates of Poor Health Status

Individuals Newly Eligible for Medicaid by Health Status, Colorado, 2011



# 5. Coloradans with a Period of Uninsurance Tend to Have Low Incomes

Individuals Reporting a Period without Insurance Over 12 Months, by Percent of the Federal Poverty Level (FPL), Colorado, 2011



Excludes individuals who were uninsured for all 12 months.  
Source: 2011 Colorado Health Access Survey

# State and County 2016 Estimates by CHI

Available for download at: <http://bit.ly/17ZDnkX>

The screenshot shows the Colorado Health Institute website. The header includes the logo and tagline 'Informing Policy. Advancing Health.' with navigation links for 'DATA REPOSITORY' and 'MY FILE CABINET (0)'. A dark blue navigation bar contains 'Home', 'Key Issues', 'Insight & Analysis', and 'About CHI', along with a search bar. The main content area is titled 'Key Issues' and displays a search result for 'Health Coverage and the Uninsured' with 37 results. The featured result is 'Colorado Health Insurance, Statewide and County Level, 2016', dated April 4, 2013. A 'DOWNLOADS' section offers a 'PUBLIC USE FILE' in XLS format. A sidebar on the right lists categories under 'BY ISSUE' and 'BY CONTENT TYPE'.

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## Key Issues

Key Issues / Health Coverage and the Uninsured

37 Results Sorted by Issue

**Colorado Health Insurance, Statewide and County Level, 2016**  
April 4, 2013

A new analysis by the Colorado Health Institute provides statewide and county-level estimates of how Coloradans will be insured in 2016, after provisions of the Affordable Care Act (ACA) have been fully implemented.

Filed in: Health Coverage and the Uninsured

DOWNLOADS

PUBLIC USE FILE

**BY ISSUE**

- Safety Net
- Health Coverage and the Uninsured
- New Models of Health Care
- Health Care Workforce
- Community Health
- Legislation and Policy

**BY CONTENT TYPE**

- Fact Sheet / Chart Pack / Glossary / Power Point / Data / Maps



## Three Takeaways From the Data

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*New Health Insurance  
Options and Challenges*

# Major Changes in Colorado Health Insurance

## New insurance options:

- Medicaid Expansion
- Connect for Health Colorado
- Colorado Health Insurance Cooperative

Effective January 1, 2014

# The Challenge of Churn

- Definitions vary, but:
  - **Churn** = Change from insured to uninsured or vice versa
  - **Switching** = Change from one kind of insurance to another kind of insurance
- Largely due to fluctuating income and changing eligibility
- Challenge to continuity of care

# Minimizing and Managing Churn

- Three pillars of promoting seamlessness
  - Eligibility
  - Providers
  - Benefits
- Connect for Health Colorado and the Colorado Department of Health Care Policy and Financing organizing series of meetings. (Next is May 29, 1-3 p.m.)



# New Insurance Options Affect the Safety Net

- What approaches are you using to get people enrolled, particularly those who may currently use safety net services?
- How are you thinking about ways to manage churn or switching?
- What do safety net providers need to know about your work?





*Hearing from You:  
How the Safety Net is Responding to  
Changes in the Health Insurance Market*

# The Safety Net Perspective

- What changes is your organization making?
- Are you communicating these changes to consumers?
- What proportion of your patients will be affected?
- How do you expect the population you serve to change, if at all?



# Talking About the Implications

What does all this mean for:

- Safety net providers?
- Safety net consumers?
- Policymakers?
- Philanthropy?

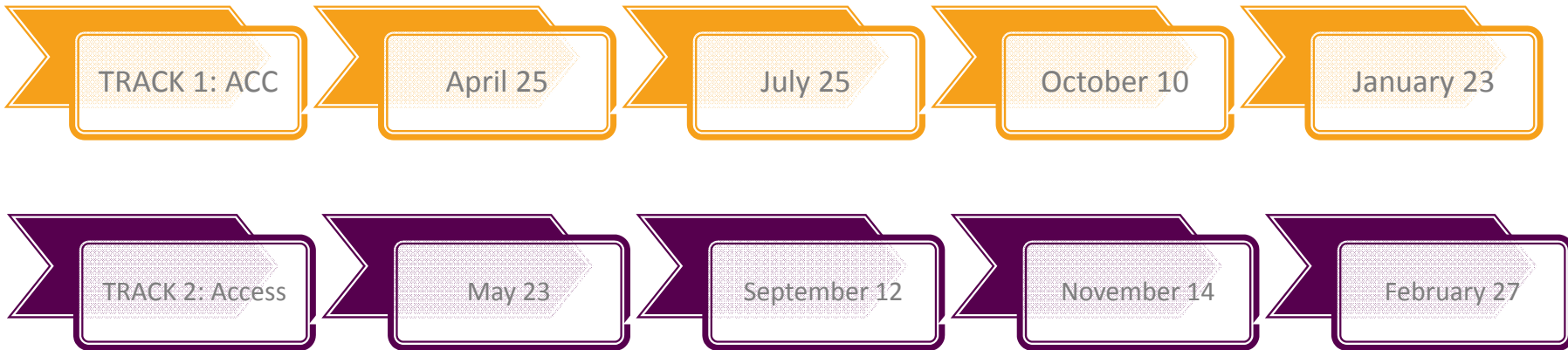
# Your Three Takeaways

What are the three major themes from this discussion?



*Upcoming Topics*

# Two-Track SNAC Labs



# Possible Topics for Access Track

- What are the ramifications for access to care?
  - Continuity of care
  - Who remains underserved
  - Network adequacy
  - Local innovations
  - Other topics?

**What topics would be most helpful to you?**



# New SNAC Lab Publication Series

- *Food for Thought: Updates from the Safety Net Advisory Committee (SNAC)*
  - Designed to share topic information and discussion themes with a broader audience.
  - These topics have implications for providers, patients, policy makers and philanthropy – we want to make current information easy to access.

# Food for Thought



## The Special Case of Specialists: Challenges and Opportunities in Colorado Medicaid's Accountable Care Collaborative

MAY 23, 2013

Leaders from a variety of groups that serve vulnerable Coloradans – including representatives from patient advocacy organizations, safety net clinics, the Regional Care Collaborative Organizations and the Colorado Department of Health Care Policy and Financing (HCPF) – participated in the SNAC Lab on April 25, 2013.

This report of the learning lab has two sections: Background information provided by the Colorado Health Institute and a summary of the discussion.

### Primary Themes

- **Accessing specialty care** is often difficult for Medicaid patients due, in part, to a shortage of specialists. Pain management care is a significant need across the state.
- **Payment reform**, including models that reward good outcomes, could help address Medicaid reimbursement rates that are widely considered to be too low.
- **New “non-visit based” approaches** to specialty care are promising ways to improve patient access and communication between primary care providers and specialists.

### Background: The Need for Specialty Care

Specialty care is a critical part of the health care

continuum. Most people do not need specialty care in any given year, but when they do it is often an urgent need for a serious condition. Adults tend to see specialists more often than children, according to the 2011 Colorado Health Access Survey (CHAS). As more adults enroll in Medicaid, it is important to look at how specialists fit into Colorado Medicaid's Accountable Care Collaborative (ACC), a program with the triple aim of improving health, enhancing the patient experience and controlling costs.

Vulnerable Coloradans, even those with Medicaid coverage, often lack access to specialty care. A 2010 survey conducted by the Colorado Health Institute for Kaiser Permanente asked safety net providers a number of questions, including their experiences trying to make referrals for their patients.

This table shows the most difficult and the least difficult referrals to successfully complete for Medicaid patients:

Five Most Difficult Specialties	Five Least Difficult Specialties
Pain Management	Radiology
Endocrinology	Oncology
Elective Surgery	Cardiology
Reproductive Endocrinology	Chemotherapy
Physiatry	Diagnostics

Source: 2010 Colorado Safety Net Specialty Care Assessment



The Colorado Health Institute and its Safety Net Advisory Committee (SNAC) are engaged in a series of information-sharing sessions called SNAC Labs. The goal is to identify the health care challenges facing vulnerable Coloradans, leverage the lessons learned on the front lines with policymakers, patient advocates, providers and philanthropic organizations, and explore innovative approaches and promising practices.

Available at [coloradohealthinstitute.org](http://coloradohealthinstitute.org)



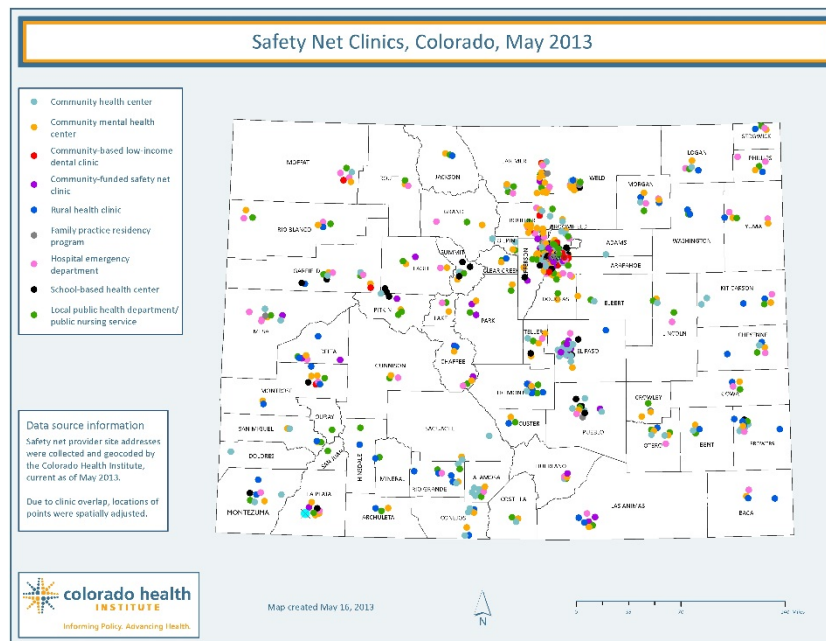
# Hearing From You

- Please complete this survey to let us know how helpful today's meeting was and how we can improve SNAC Labs.
- Announcements



# Updated Safety Net Clinic Database

- Most up-to-date map and downloadable database available online:  
<http://bit.ly/151pVvI>



# New Publication: 2013 Legislation in Review

- Hot off the press!
  - Overview of the health bills passed in the 2013 legislative session and the key themes.
  - Spotlights on the budget, behavioral health, and the Medicaid expansion
- Available at: [ColoradoHealthInstitute.org](http://ColoradoHealthInstitute.org)





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