Interest High in Colorado for New Access to Care Index

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Introduction

The uninsured rate is one of the most studied numbers in health policy, and getting people covered was a primary goal of the Affordable Care Act (ACA). But insurance coverage does not automatically bring access to care, and there has been no single number to make it easy to grasp the scope of the access problem.

The Colorado Access to Care Index fills this void. The Index debuted at the March 19 Safety Net Advisory Committee (SNAC) Learning Lab before an audience of 40 people representing 21 organizations. The Index is a joint project of the Colorado Coalition for the Medically Underserved (CCMU) and the Colorado Health Institute (CHI).

In creating the Index, CCMU and CHI sought to develop a tool that communities can use to focus their access efforts and supplement their local knowledge. Much of the data in the Index is from 2013, providing a baseline for analysis. As new data become available, the Index will provide a way to measure the effects of the ACA and policy changes in Colorado.

Primary Themes

- Policy conversations are turning from coverage to access.

- The Colorado Access to Care Index compares access between communities and over time.

- Colorado scores fairly well, but there are disparities by region, income, race and ethnicity.

Statewide Score

The Colorado Access to Care Index assigns a score of zero to 10 in three categories: Potential Access, Barriers to Care and Realized Access.

Realized Access
Index Score 6.8

When people obtain preventive services, it's a good indication they have access to care. But hospitalizations or emergency room visits may indicate inadequate access.

Preventive Care

Well-child visits in the past year for those under 19 years

2009	2011	2013
74.2%	72.3%	72.4%

Received prenatal care as soon as wanted **82.9%**

Pap test in the past three years for women aged 18+ **78.8%**

Mammogram in the past two years for women aged 50+ **71.9%**

Visited a dentist or dental hygienist in past year, all ages

2009	2011	2013
66.4%	63.5%	65.2%

Colonoscopy or sigmoidoscopy at any time for people aged 50+ **66.8%**

Avoidable Care

Of those who went to the ER, went for a condition that could have been treated by a regular doctor

41.1%

Hospitalized for uncontrolled diabetes, adults aged 18+
RATE PER 100,000
3.6

Hospitalized for asthma, adults aged 18-39
RATE PER 100,000
28.1

Data source details available at ColoradoHealthInstitute.org/COAccessIndex

Background

CCMU and CHI began work on the Colorado Access to Care Index in 2014. CCMU had identified the need to measure access to care, but there was no coordinated statewide effort to do so. CCMU convened group discussions where participants said they needed a way to measure access at the community level using a clear set of data.

The Index is based on a framework developed by the Urban Institute and Mathematica to measure access to care in California's Medicaid program. CCMU and CHI built on this model and customized it for Colorado.

The Colorado Access to Care Index measures access in three broad categories: Potential Access, Barriers to Care and Realized Access. A numerical score is assigned for each category, in addition to an overall access score for the whole Index.

Potential Access metrics include insurance coverage and the health care workforce. Barriers to Care include several metrics, including appointment availability and the number of people who report they did not get care because of the cost. Realized Access metrics include the use of recommended preventive services as well as more intensive care that might have been avoided, such as visits to the emergency department for needs that could have been met in a primary care clinic.

Data are available by Health Statistics Region (HSR). The Index allows for comparisons among HSRs and with the overall state score.

Colorado's overall access to care score is 7.7 on a scale of 10. The score tells us that, by and large, most Coloradans — although not all — are able to get care when needed.

Front Range urban counties score best on the Index, in part because of the concentration of health care providers in these places.

Of the three categories, the Realized Access score is the lowest in every region. This is not surprising because realized access requires people to seek out care and to have a high degree of health literacy.

The Index reveals disparities by income, race and ethnicity. Low-income Coloradans have worse access to care than those who have a higher household income. Coloradans who are white score highest on almost every measure of access to care. Hispanic and black Coloradans score lower.

Data Sources for the Access to Care Index

CHI used the most recent data from these sources to build the Index:
• Colorado Health Access Survey
• MedicalQuest
• Colorado Pregnancy Risk Assessment Monitoring System
• Colorado Behavioral Risk Factor Surveillance System
• Hospital Admissions Data

More information on the way the Index works, details about how data is used, and all data collected for the Colorado Access to Care Index are available at coloradohealthinstitute.org/COAccessIndex.

The Colorado Access to Care Index provides important information but it is also a launching point for further work. Communities will identify areas where they want more information to better understand what is happening. They also will use local knowledge to interpret the data. And when updated numbers are available later this year, Index users will be able to compare the new data with pre-ACA scores to measure the effect of policy changes such as Medicaid expansion and Connect for Health Colorado.

We expect local communities to come up with more uses for the Index. Ideas we've heard so far include:

- Initiating local discussion about community needs.
- Community presentations.
- Comparing to state (or national) trends to catalyze action.
- Identifying where to dig deeper for more local data.
- Assisting in grant writing.

The SNAC Lab Discussion

SNAC Lab attendees were intrigued by what they saw and quickly wanted more.

In addition to looking at regional access to care scores, there was much interest in analysis by income as well

Reporting from the Field

Colorado Coalition for the Medically Underserved

In the months after implementation of the Affordable Care Act, community leaders in Montrose County began hearing stories that raised questions about whether the region had enough providers to serve all the newly insured people. Some residents reported struggling to find a provider who was accepting new patients or would accept their insurance. It was difficult to track the community's capacity to care for the newly insured and what exactly they needed, said Aubrey Hill, director of health systems change at the Colorado Coalition for the Medically Underserved (CCMU). Situations like this led to the creation of the Colorado Access to Care Index.

At the end of 2013 and through 2014, Hill and the CCMU team followed four communities, Colorado Springs, Montrose County, Summit County and Yuma County, and documented the impact of health care reform through conversations with community leaders as part of the Health is Local project. CCMU's relationships with these communities, as well as with organizations such as All Kids Covered and the Colorado Black Health Collaborative,

Olathe in Montrose County. Colorado Coalition for the Medically Underserved

were crucial throughout the development of the Colorado Access to Care Index. CCMU brought in the Colorado Health Institute to deliver accessible data. After almost a year of discussions with stakeholders and advisory groups, the Colorado Access to Care Index was born.

It is still too early to tell exactly how communities will use the Colorado Access to Care Index, but Hill can make a few predictions. A number of communities have placed an increased emphasis on access to care as the number of insured residents increases. And there has been a large focus on whether there is an adequate workforce. Montrose County is working to maximize non-physician providers, such as physician assistants, in order to increase access to care for the newly insured and uninsured populations. Hill thinks a place like Montrose, testing out a new program, could use the Index to track change over time and see if community projects are serving their intended purpose. Using the Index to evaluate projects may lead communities to continue their work or, if a project is shown to be ineffective, take a new approach.

as race and ethnicity of the statewide population. Index scores for these populations are available, and graphics will be coming soon. The data tables and scores are posted on the CHI website now. (See the Index Data Tables link on the Colorado Access to Care Index page.) Because some data points are not available for specific income, racial or ethnic groups, these scores can be compared with each other, but not with the Colorado Index score as a whole and not to regional scores.

Scoring by age also attracted a lot of interest. This is technically challenging because different access measures are used for different age groups, but conversations about how to do this are ongoing. The group also discussed looking at the variables by insurance status and source of insurance.

SNAC Lab attendees also wanted a way to consider

multiple variables at once, such as income and race. This cannot be done for all groups, because the sample size is often too small. But it might be possible in some cases. Anyone interested should contact CHI with specific questions.

There was also interest in delving deeper into some questions, such as why survey respondents said they could not get a needed appointment. Was it because they could only go to the doctor at a certain time of day, or because the doctor's office had no appointments available for several days? Questions like these can help spur community-level discussions.

The SNAC Lab included a small-group discussion that took a deeper look at two regions, Region 10 on the Western Slope, and Region 4, which is El Paso County. Attendees looked at Index measures for one of the two

regions and picked out key data points. Here is what they found:

Region 4: El Paso County

- Residents are hospitalized for uncontrolled diabetes at nearly twice the state rate.

- The psychiatrist workforce is inadequate, reflecting a statewide shortage of these professionals.

- Emergency department (ED) use for conditions that could have been treated by a regular doctor is above the state average and rising.

The data on ED use led to several questions. Attendees wanted to know how many people in El Paso County are using the ED as their usual source of care. Is after-hours care available outside of the ED? Do people know where to go for after-hours care? The discussion also raised a policy question: Should there be limitations on advertising of EDs?

Region 10: Western Slope/Montrose Area

- Hospitalization rates for asthma look concerning, but the number of patients is small. This points out a lesson: Raw numbers from the spreadsheet can provide important context to the rates displayed on the Index.

- Use of preventive services is low. SNAC Lab attendees suggested that the community could start doing outreach for services such as well-child examinations, mammograms and colonoscopies.

Value for Communities

The real value of the Colorado Access to Care Index will come from people in local communities who take this information and overlay it with local knowledge, one SNAC Lab attendee said.

In the El Paso County example, local knowledge could help answer why some of the scores are low. Possible reasons include:

- The lingering effects of the recession.

- The effect of congressional budget cuts on a military workforce dependent on the federal government.

- The loss of taxi services and the effects on transportation barriers to access.

The Colorado Access to Care Index will not answer every question. Rather, it serves as a launching point to solicit local knowledge and spur discussions. CCMU and its partners around the state will use the Index to help tap that local expertise.

Conclusion

Health care policy conversations are evolving from asking whether people have insurance coverage to asking whether they are able to access care when they need it. The Colorado Access to Care Index is a tool to help answer these questions. It is a way to compare different regions in the state and to help local experts share their knowledge and focus their efforts.

Organizations Represented at the March 19, 2015 SNAC Lab

- Bell Policy Center
- Caring for Colorado Foundation
- ClinicNET
- Colorado Association for School-Based Health Care
- Colorado Coalition for the Medically Underserved
- Colorado Community Health Alliance
- Colorado Community Health Network

- Colorado Consumer Health Initiative
- Colorado Department of Health Care Policy and Financing
- Colorado Department of Public Health and Environment
- The Colorado Health Foundation
- Colorado Hospital Association
- Colorado Rural Health Center
- Integrated Community Health Partners

- Kaiser Permanente Colorado
- Mile High Health Alliance
- North Colorado Health Alliance
- Rocky Mountain Youth Clinics
- Rose Community Foundation
- Telligen
- University of Denver