



Food for Thought

Updates from the Safety Net Advisory Committee (SNAC)

Innovations in Access

Tackling Unsolved Problems in Post-ACA Colorado

OCTOBER 2014

Scheduling a check-up. A ride to the doctor's office. An appointment with a specialist. Thousands of Coloradans still face serious problems in getting access to health care, even though the Affordable Care Act (ACA) has reduced the number of uninsured people.

At the October 2014 meeting of the Colorado Health Institute's Safety Net Advisory Committee (SNAC), participants discussed innovative approaches to access-to-care challenges. This conversation included more than 40 participants representing 25 organizations, including safety net providers, consumer advocates, philanthropic foundations, university researchers and state government.

Primary themes

- Having insurance is a good first step to getting needed care, but significant questions remain: Do people know how to use insurance? Is the care network sufficient to meet needs? Does the quality of care measure up?
- Telehealth is one way to improve access to high-quality care, but payment issues, regulatory hurdles and cost concerns are limiting adoption of this approach.
- There is broad interest in improving access to care by looking beyond what's provided at a clinic. For example, access could be improved by increased use of community health workers, linking medical and non-medical services and finding ways to overcome transportation barriers.

Background: Identifying Promising Approaches and Ongoing Need

The conversation began with the release of a new Colorado Health Institute report: [Health Care for a High-Tech World: The Potential for Telehealth in Colorado](#).



The safety net community is looking at telehealth as a way to increase access to care. A recent CHI report examines the state of telehealth in Colorado.

Telehealth is a promising and growing approach to health care in Colorado, both in the private market and in Medicaid. Research suggests that it can improve access to high-quality care, but findings are mixed on its cost-saving potential. On one hand, telehealth can reduce the need for pricey services such as hospitalization or a visit to the emergency department. But it can also lead to increased spending by making it easier to access services, such as consulting with a specialist. And there are ongoing issues concerning payment for services, licensure of providers and the availability of technology.

The second half of the SNAC Lab meeting focused on identifying access-to-care priorities. This discussion helped inform the grant-making strategy for the Colorado Health Access Fund, which in early 2015 will begin funding initiatives that increase access and improve outcomes for Coloradans with high health care needs. The SNAC Lab discussion of access-to-care priorities also

will inform 2015 SNAC Lab meeting agendas.

The SNAC Lab Discussion

SNAC Lab participants identified several access-to-care challenges as well as promising practices to address them.

Increasing use of telehealth

The group discussed a range of potential uses for telehealth, including how technology can support behavioral health services in a primary care setting. The Colorado Department of Health Care Policy and Financing (HCPF) is exploring barriers to telemedicine and ways to make it easier for providers to use technology. HCPF is developing a telemedicine program to connect primary care providers with specialists. It is also developing an e-consult program that would pay both providers, the one requesting the consultation and the one providing it, for the consultation time.

Using community health workers to meet health care challenges

Safety net experts express great interest in using community health workers to help people navigate the health care system. These workers can increase patient engagement and health literacy, which can promote access to care and self-management of chronic conditions.

Access to specialty care is a concern

Access to specialty care, particularly for people covered by Medicaid, is seen as a major problem. One proposed solution is to create a program for specialists that requires them to see Medicaid patients. In return, they would receive a monthly payment for each Medicaid patient under their care, in addition to the fee-for-service payment each time a patient has an appointment.

As coverage increases, so do worries about network adequacy

Even people with private insurance often have trouble getting an appointment with a provider who is “in network.” A proposed solution was to define network adequacy for private insurance sold through Connect for Health Colorado to ensure the number of “in network” providers is sufficiently large to serve the people enrolled in an insurance plan.

Transportation: an ongoing challenge

Transportation is widely recognized as a barrier to accessing health care in both rural and urban areas. The SNAC Lab group agreed that making non-emergency medical transportation more available is a priority, but there was no clear consensus on how to do this. One suggestion was to change state regulations to allow Regional Care Coordination Organizations (RCCOs) to provide transportation to Medicaid enrollees, instead of requiring RCCOs to use the statewide contractor.

Expanding the definition of “health” is a priority

Linking non-medical and medical services is a holistic approach that increases access to coverage and care and helps people get what they need to achieve and maintain good health – be that medical care, transportation, food, housing or other services. If organizations providing one kind of care connect people to other needed services, health and access can be improved.

Conclusion

A wide range of barriers can make it difficult for Coloradans to get the health care they need, even if they have insurance. Several promising approaches to make care more accessible are underway across the state. There is increasing focus on understanding what works and how to scale it up.

Organizations Represented at the October 16, 2014, 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 Network
- Colorado Community Health Alliance
- Colorado Consumer Health Initiative
- Colorado Department of Health Care Policy and Financing
- Colorado Health Foundation
- Colorado HealthOp
- Colorado Hospital Association
- Colorado Medical Society
- GroundFloor Media
- Integrated Community Health Partners
- Jefferson Center for Mental Health
- Kaiser Permanente Colorado
- Mental Health Center of Denver
- North Colorado Health Alliance
- Oral Health Colorado
- Rocky Mountain Youth Clinics
- SET Clinic
- Steadman Group
- Telligen
- University of Denver

Frequently Asked Questions

The Colorado Health Access Fund at The Denver Foundation

The October 2014 SNAC Lab was one of a series of community discussions that helped inform the grant-making strategy for the Colorado Health Access Fund at The Denver Foundation.

What is the Colorado Health Access Fund at The Denver Foundation? The Colorado Health Access Fund is a Field of Interest Fund at The Denver Foundation. This means that it has specific criteria designed for the use of the funds based upon the original intent of the fund's creators. In this case, the Colorado Health Access Fund is committed to supporting programs and activities that generally promote access to health care and strive to improve health outcomes for populations in Colorado with high health care needs. The fund will help ensure health care services are equitably available to all Coloradans with high health needs by distributing the funds to organizations throughout the state.

What criteria will be used in grant-making?

- Grants will be awarded primarily to nonprofit organizations. Grants may be awarded to government agencies only when a nonprofit organization would not be able to have the same impact upon access to health care for those with high health care needs.
- Grants given for the purpose of combining funds

with other foundations toward a common access or outcome issue will be encouraged.

- Grantees will encourage the use of health care practices that are based upon scientific evidence and will be able to demonstrate effective health outcomes or new practices that have the strong potential for effective health outcomes.
- Grantees will ensure that funded projects do not discriminate on the basis of race, creed, color, national origin, sex, age, sexual orientation, physical or mental status.

When will grant-making begin? A Request for Proposals to receive grant dollars will be released in early 2015.

How much money is in the fund and for how long will grant making occur? The amount has yet to be determined. This fund will be in existence at The Denver Foundation through December 31, 2022.

How can I keep informed of the activities of the Colorado Health Access Fund? If you would like to receive information about this fund, please sign up for The Denver Foundation's mailing list at www.denverfoundation.org/grants/page/grants-information-email-list-sign-up.

If you have specific questions about this fund, please send them to cha@denverfoundation.org.



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