



Hot On The Trail

Tracking Reform Action in Colorado

Tracking Health Reform in Colorado

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Many provisions of the Affordable Care Act (ACA) will take effect on Jan. 1, 2014. Colorado’s health care stakeholders – hospitals, consumer advocates, researchers, government agencies, health care providers, foundations and insurers, among many others – are gearing up to monitor the intended and unintended impacts of the federal health reform law. The Colorado Health Institute interviewed research leaders and convened two groups to share their monitoring efforts, discuss potential data sources and identify opportunities for collaboration.

This report summarizes the proceedings of the first two Tracking Health Reform in Colorado (TRAC) Lab meetings on Aug. 20 and Sept. 10, 2013.

Primary Themes

Staff at CHI interviewed researchers from private

insurance plans, health care providers, philanthropic organizations and academic observers, to identify tracking efforts that are planned or underway. Three themes emerged (See Figure 1):

- **Insurance Coverage** is the most urgent issue to evaluate in light of Medicaid expansion and the state’s new health insurance marketplace, Connect for Health Colorado (also referred to as the exchange).
- **Access to Health Care** is the primary goal of expanding health insurance coverage. It is just as important to measure access to health care as it is to measure access to insurance.
- **Improving Health Outcomes** is the reason to increase access to health care. Researchers hope to better understand the association between health insurance and health status.

Figure 1: Themes from the Colorado Health Institute’s Interviews



The Colorado Health Institute has convened a new learning laboratory called Tracking Reform Action in Colorado (TRAC). CHI launched this effort to provide the most up-to-date inventory of efforts underway to track, monitor and evaluate health reform implementation. At the table are researchers, policymakers, advocates and philanthropists who have a stake in how the Affordable Care Act affects coverage, access, affordability, cost and quality.

The Discussion

The first TRAC Lab on Aug. 20 included 17 experts and health services researchers. The three main takeaways were:

- **Audience Matters.** TRAC lab participants identified a number of audiences as they described their ongoing research efforts and interests. These audiences include policymakers, the public, academic researchers and decision-makers in their organizations. Some participants felt that policy discussions and deliberations guided by internal or organizational goals were distinct, while others said these areas often overlap. Participants expressed a desire to share findings as well as to collaborate on addressing methodological challenges.
- **Perspectives Diverge on Measuring Quality.** Participants noted that measuring the quality of health services provided to patients is often overlooked, perhaps because it can be so challenging to measure. Not only is quality more subjective than other measures, a patient's view of quality may

be quite different from the way providers see it. Furthermore, it can be difficult to choose among the many methods of measuring quality. Participants and staff agreed it would be useful to have more quality experts participate in the TRAC lab.

- **Monitoring Requires a Baseline.** Establishing a baseline before Coloradans gain insurance coverage on January 1 through the expanded Medicaid program or Connect for Health Colorado is a high priority. Researchers discussed collecting and analyzing qualitative data and acknowledged the value of both individual-level data and population-level data. Participants described a number of survey tools under development, some of which might have overlapping features and would provide comparable data if their use is coordinated early on.

Reporting from the Field

The Colorado Health Institute invited representatives from Denver Public Health and the Kaiser Permanente Institute for Health Research to describe their efforts to monitor health reform. In addition, Jeff Bontrager and Shana Montrose from the Colorado Health Institute shared ideas about important data sources to obtain a baseline understanding of coverage and access.



Davidson

Dr. Arthur Davidson, Director of Informatics, Epidemiology and Preparedness at Denver Public Health, presented a draft research model to assess the impact of the ACA developed with researchers from the Kaiser Permanente Institute for Health Research, University of Colorado Denver and Denver Health. The model is focused on the patient perspective. It suggests an approach to examining whether insuring individuals increases access to health care, improves continuity of care, lowers cost and improves health outcomes. The approach would measure changes around unmet needs,



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increased prevention services, improved outcomes for people with chronic conditions, more aligned incentives and better coordinated care.

Dr. Elizabeth Bayliss, Director of Scientific Development at Kaiser Permanente Colorado, is also concerned with getting the right care to the right people at the right time. Dr. Bayliss described a patient intake survey she is developing to efficiently guide new patients to the care they need upon enrollment. She shared a 10-question survey that includes basic clinical information as well as previous insurance information. She also presented data from previous analyses that identify comparison groups for evaluating the service needs of newly insured individuals in order to better understand potential pent-up demand.

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Ten Areas for Tracking Health Reform

CHI staff presented the TRAC Lab with a list of questions that evolved from individual interviews. Participants of both TRAC Lab meetings expanded on this list of topics and research questions. Questions in italics below were added during a round robin brainstorming session on August 20.

1 Insurance Coverage and Access to Care

- Does the ACA increase coverage, access and affordability?
- Who's left out? Why are people eligible but not enrolled? Do people lose their insurance or doctor when their employment or income changes?
- *What sources of information do enrollees use to pick a plan? How do people choose their policy?*

2 Utilization

- *Does utilization shift by setting (in-patient to out-patient) as a result of the ACA?*
- *Is the total cost of care different for newly enrolled vs. previously enrolled?*

3 Cost

- Does the ACA reduce financial risk to individuals?
- Does the ACA save money in the health care system?

4 Payment and Delivery Systems

- How will the ACA affect the safety net business model?
- Will there be strains on certain delivery systems? Or not enough business?

5 HIE/HIT Effectiveness

- Is Colorado on track with HIT/HIE implementation?
- What is the governance and regulatory structure for HIE?

6 Public Health

- Does the ACA do enough to promote prevention? Does the ACA reduce disparities?
- *What is the effect of cost-sharing on treatment of chronic conditions?*

7 Workforce

- Is Colorado training a workforce to meet new needs resulting from the ACA? What level of training and regulation is best to coordinate care across settings?
- *Will the ACA result in changes in physician willingness to see Medicaid patients?*

8 Patient Experience

- Do patients feel comfortable accessing the health care system?
- *What measures should be used to track improvements in the patient experience?*

9 Public Opinion

- As the ACA rolls out and more people experience it, will perceptions change?
- Will doctors retire early rather than adapt? Will individuals pay the penalty rather than insure?
- *How will researchers and policymakers know if the ACA has not met its objectives?*

10 Industry Response

- *Will insurers respond to new requirements by offering the minimum required benefits or by increasing out-of-pocket costs?*
- *To what extent do ACA-related incentives for the industry to consolidate affect the cost and availability of services?*

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Dr. Bayliss' colleagues from the Kaiser Permanente Institute for Health Research, Portfolio Manager **Jennifer Barrow** and Senior Investigator **David Magid**, presented a new project that involves administering a patient survey (yet to be developed) and analyzing insurance claims data in order to compare individuals who enroll through the exchange with individuals who enroll through employer-sponsored plans. Questions would target health status, access to care, quality of care, and utilization patterns.



Barrow



Magid

Jeff Bontrager, Director of Research on Coverage and Access, Colorado Health Institute, explained the Colorado Health Access Survey (CHAS), which will play a significant role in establishing baseline data for research on the ACA in Colorado. The CHAS, funded by The Colorado Trust, is a telephone survey of 10,000 Colorado households that measures



Bontrager



Montrose

health insurance coverage, use of health services, barriers to access, underinsurance, affordability of health insurance, self-reported health and mental health status and income demographics. He announced that The Colorado Trust and the Colorado Health Institute will release the 2013 CHAS data and analysis in November.

Shana Montrose, Senior Analyst, Colorado Health Institute, shared a list of additional data sources that can be used to establish baseline measurements. She presented work done for the state of California

by the State Health Access Data Assistance Center (SHADAC), a national organization, and a list adapted to describe data available in Colorado.

Please see the [Colorado Health Institute website](http://coloradohealthinstitute.org/key-issues/detail/health-coverage-and-the-uninsured/trac-labs) for copies of presentations and handouts: coloradohealthinstitute.org/key-issues/detail/health-coverage-and-the-uninsured/trac-labs

Final Thoughts

At the conclusion of the second TRAC Lab, participants had largely agreed on the following:

- 1. Big Picture.** The ACA is a comprehensive law that aims to change a complex system. Successful evaluations will not lose sight of the big picture. Participants suggested an integrated approach to tracking and evaluating health reform implementation in Colorado.
- 2. Process vs. Outcome Measures.** The group agreed that in the short term, processes such as the number of people who enroll in the exchange. The focus of long-term measures should be on outcomes such as whether having health insurance make people healthier.

- 3. Disparities.** The group coalesced around measurements of disparities in access to health care and inequities in health status based on a number of factors, including geography, environment and race/ethnicity. Participants felt it was important to track metrics that answered specific policy questions about closing the gap in access to health care.

The group also agreed on the need for collaboration among organizations and noted the lack of resources to understand "big picture" issues. The Colorado Health Institute will develop a concept paper that proposes models for a collaborative research effort moving forward.

