



Group Struggles to Approach a Big Problem

MARCH 9, 2015

The cost of health care is a huge topic, and the Colorado Commission on Affordable Health Care is wrestling with how to address it.

"I think one of the challenges is that we have a very broad charge," said Commissioner Elisabeth Arenales at the March 9 meeting, where members attempted to narrow their scope of work and make it bit more manageable.

The first step, she said, is for the commission's research committee to look at the top cost drivers in Colorado — a task that will take some time.

But Ira Gorman, chair of the research committee, said the commission will need to consider quality of care and access to care, not just costs.

"Clearly, we're a health care cost commission, but we cannot look at costs in isolation," Gorman said. The research committee proposed visualizing a set of gears to show how the three issues interact (see Figure 1).

The commission has contracted with the Colorado Health Institute to provide research, and CHI is working with the research committee to find the best way to identify current health care spending in Colorado. (This publication is produced through CHI's core funding and is not part of the commission's contract with CHI.)

Commission Chairman Bill Lindsay opened the floor to suggestions from commissioners on what they should study. He got an earful.

Dorothy Ann Perry suggested identifying the top 10 cost drivers in Colorado health care. If the commission could make recommendations for improving just two of those, it would be a success, she said.

Commissioner Linda Gorman said the group should study the costs of federal, state and local regulations.

And Marcy Morrison said whatever the commission ultimately does, the work won't be worthwhile unless the public knows about it and understands it.

"I think the communication piece is absolutely critical," Morrison said.

Some commissioners suggested looking at what other states with cost commissions have done, in order to avoid reinventing the wheel.

But Commissioner Chris Tholen cautioned against that idea.

"We're not the first group to come together to try and tackle costs in health care. But at least in the U.S., I'm not familiar with a group that has been very successful," Tholen said. "At some point, we may need to invent the wheel!"

The monthly meetings have been drawing about two dozen members of the public. The theme of public comments at the March meeting was that the current medical system is rife with waste, fraud and abuse, and it needs a fundamental reform, not tinkering by stakeholders who have a vested interest the system.

A series of public hearings around the state is in the works for late summer and early fall. Initial plans are for meetings in the Denver metro area, Greeley, La Junta, Colorado Springs or Pueblo, the San Luis Valley, Summit County and Grand Junction. However, a schedule and locations have not yet been finalized.

Figure 1. Interactions

The research committee proposed this framework to show how costs, quality and access to care are linked. Turning one gear also moves the other two.

