

## **Provider Task Force –Final Report to the 208 Blue Ribbon Commission on Health Care Reform**

October 18, 2007

The Provider Task Force – who represent a diverse spectrum of providers –is pleased to present this final report to the Commission and is hopeful the information will be given careful consideration by the Commission as it contemplates modeling revisions to the 5<sup>th</sup> proposal and prepares its final report to the legislature and governor.

### **Introduction**

In addition to specifically reviewing and providing comment on the five reform proposals, the Provider Task Force studied statements submitted to the Commission and heard testimony from a broad constituency of stakeholders. Our task force asked representatives from several organizations / provider groups to inform it about key health care recommendations from providers that might benefit the development of the 5<sup>th</sup> proposal and aid the Commission in meeting its legislative charge. The task force studied documents and heard testimony from the following organizations / provider groups and used this input in addition to the rich perspectives brought by the 15 members of the Provider Task Force to inform the development of this report:

- Colorado Medical Society – *Ben Vernon, MD (CMS President-elect) and Mark Laitos, MD (Co-chair of the CMS Physicians' Congress on Health Care Reform)*
- Colorado medical student section of the Colorado Medical Society – *Mr. Trevor Neal, MS2 (Co-chair, CMS Student Section)*
- Colorado Safety Net and Community Health Centers – *Ms. Annette Kowal (CEO, Colorado Community Health Network)*
- Colorado Hospital Association – *Mr. Steven Summer (President and CEO, Colorado Hospital Association)*
- Colorado Public Health organizations – *Mark Johnson, MD, MPH (Executive Director, Jefferson County Department of Health and Environment)*
- Colorado Commission on Family Medicine and the Colorado Family Medicine Residencies – *Sue Hall, JD (Director of Governmental Affairs)*
- Oral Health Awareness Colorado! – *Deborah Colburn and Tracy Anselmo*
- Colorado Rural Health Resource Center – *Lou Ann Wilroy, Executive Director*
- Long-term Care Services – *Barry Rosenberg, President, Personal Assistance Services of Colorado*

## **Key Issues / Core Values from Providers' Perspective**

### **Service Delivery System / Infrastructure**

Resources must be committed to re-engineer an aligned, cohesive, and coordinated system that supports a primary care-based “healthcare home” as the cornerstone of care.

### **Stakeholder Responsibility & Accountability**

The difficult responsibility of limiting care must fall to a broad representation of society, and not to insurers or individual providers who, by their roles, are inherently conflicted. These difficult decisions must consider not only what we need to start doing but also what we need to stop doing in order to expand access and decrease costs.

### **Quality**

Quality must be defined and measured by a clinically qualified oversight group and publicly reported.

### **Payment / Funding**

Expanding access to care will require reimbursement reform. However, funding is not just about reimbursement, it is about making an investment of resources to ensure not only a thriving primary care infrastructure affording everyone a healthcare home but also strong specialty, inpatient, and auxiliary services.

### **Health Information Technology / Data**

Reform must plan for and allocate funding to support technology-enabled information management.

## Strategic Considerations That Emerge From These Issues / Core Values

- A primary care-based healthcare home model that allows providers to incorporate both patient-based and population-based services is an essential foundational element for healthcare reform.
- Every primary care practitioner must have the tools necessary to track, measure and coordinate care.
- An effective healthcare home model necessitates investments in Health Information Technology (to include clinical guidelines and point-of-care decision support) and workplace / workflow re-engineering.
- Reform must include strategies to increase our primary care workforce in Colorado. Licensure and scope-of-practice should balance assuring quality care with the need to maximize provider capacity.

## Final Recommendations to Blue Ribbon Commission

Using the issues, values and key considerations above as our starting point, the Provider Task Force has identified the following recommendations for the Blue Ribbon Commission.

**Note:** All of the following speak to the goal of creating greater “system-ness”.

### Quality Improvement

- Enable the provision, coordination and integration of patient-centered care, including “healthy hand-offs”.
- Encourage the development of a statewide system aggregating data from all payer plans, public and private.
  - This retrospective claims database is a first step toward a system that would measure the efficacy and efficiency of care and identify opportunities for improvement. It would grow into a system that will help providers make prospective and point-of-care decisions.
  - Build upon regional systems or efforts already taking place for sharing data among providers (e.g., North Colorado Health Alliance, Pikes Peak Region and Mesa County initiatives).
  - System should be funded and organized by government, insurers and providers and administered by the state - the only player large enough to convince all payers to participate.

### Administrative Simplification

- Standardize benefit packages, claims forms, payment processes, etc. across health plans to improve transparency and minimize administrative costs.

### Stakeholder Responsibility / System Integration

- Integrate public and private physical health systems to incent consumer adherence and enable care to be provided by the most appropriate health care provider. For example, a primary care provider “hands off” a patient to the public health smoking cessation program. Upon completion of the program, the patient receives the health insurance premium incentive.

### Payment Reform

- Get serious about changing reimbursements and incentives across all payers – public and private.
  - Statewide all-payer database must give information that can be used to structure incentive-based payment systems.
  - Ensure that payment systems are predictable as we implement change.

### Healthcare Workforce

- Develop and expand state-based loan repayment / forgiveness systems / tax credits and other mechanisms to recruit and retain healthcare workers who will serve the underserved and provide a primary care-based healthcare home for all.

## Final Note

We must acknowledge that currently we have no true healthcare system. Achieving “system-ness” will require adequate financing, political will and time. Our goal must be lofty, yet realistic about what will be required to achieve it. Incremental steps may indeed be necessary but we must clearly identify the final goal of reform and implement a roadmap to get there. An incremental implementation of reform can not be an excuse for compromising the Commission’s charge to cover all Coloradans while reducing health care costs. All stakeholders, including elected officials, must hold themselves and each other accountable for continuing along a path toward that ultimate goal of expanding coverage and reducing costs.