



Colorado Health Policy Coalition

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August 5, 2022

The Colorado Health Policy Coalition (CHPC) is a cross sector coalition of organizations engaged in health policy and united to advance health equity in our state. We are writing today to request a close partnership with the Department of Health Care Policy and Financing (Department) and the Polis Administration in the development of the third iteration of the Accountable Care Collaborative (ACC), Colorado's Medicaid delivery system. In the coming months, the Department will make hundreds of complex and consequential policy decisions directly impacting the health and well-being of over 1.6 million Coloradans enrolled in Medicaid.

Coloradans and their communities must be at the center of these decisions, and population and community health should be the driving force behind the design of ACC 3.0. The CHPC offers our partnership in engaging communities and our expertise in finding innovative and evidence-based solutions to challenging policy problems. Below we outline three guiding principles that will support the Department in developing an ACC 3.0 that reduces pervasive health disparities among the Medicaid population and serves to advance health equity statewide.

We appreciate the Department's recent announcement that the ACC 3.0 concept paper will be delayed until 2023 and we urge the Department to implement these guiding principles as soon as possible to support the development of the concept paper.

I. Engage members and community as true partners

Nearly half of Colorado children and one of four adults depend on Medicaid to meet their health needs.¹ Health disparities are pervasive among the Coloradans Medicaid is supposed to serve equitably. Life expectancy is shorter, and rates of diabetes, asthma and other chronic conditions

¹<https://www.census.gov/quickfacts/CO>; <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>

are higher in Colorado's low-income communities.² Many of these Coloradans do not receive preventive health care and are not aware of the health coverage benefits available to them through the Medicaid program.

One factor contributing to this current inequity is that traditional health systems such as the ACC historically did not center communities as true partners in design, implementation, evaluation, and redesign. When solutions to improve outcomes are not driven by community interests, concerns, assets, and needs, they remain disconnected from the very people they are intended to serve. These solutions are ultimately limited in influence and effectiveness. To improve health and combat persistent and pervasive health disparities among Coloradans with low-income, the Department needs to design a health system in partnership with the people the system is meant to serve.

The Department's Member Experience Advisory Council is appreciated and important, but insufficient. The Department needs to engage with people unfamiliar with Medicaid and the ACC to understand what members at all levels of health care need and want from the program. As Cover all Coloradans is implemented and Medicaid expands to newly eligible groups who previously did not qualify because of their legal status, these community relationships and partnerships are going to be even more critical to ensuring trust is built and that the services are accessible and culturally responsive.

The CHPC can support the Department in engaging a broader group of Coloradans and their communities in the design of ACC 3.0, including different communities to engage and the questions to ask. We can also help reach target communities. Furthermore, there are efforts underway in Colorado and nationally that can provide best practices, including, but not limited to:

- [National Academy of Medicine, Achieving Health Equity and Systems Transformation Through Community Engagement](#)
- [Community Catalyst, Center for Consumer Engagement in Health Innovation](#)
- [Community, Research, Education + Awareness \(CREA\) Results, Denver](#)
- [Gary Community Ventures, Denver](#)
- [Clayton Early Learning, Parent & Community Ambassador Program](#)
- [Parent to Parent of Colorado](#)
- [Young Invincibles, Colorado](#)
- [Metro Area Health Alliance](#) and other health alliances throughout the state

II. Prioritize population and community health

While we understand the Administration's focus on health care affordability, prioritizing cost reduction in the development of ACC 3.0 is short-sighted and likely to increase health disparities in our state. Chronic underinvestment in population and community health has led to poor health

² https://www.cohealthmaps.dphe.state.co.us/cdphe_community_health_equity_map/

outcomes³ among those enrolled in our Medicaid program and is a primary driver of health inequity in our state. Colorado spends less than the national median on its Medicaid enrollees: 18% less on kids, 26% less on non-expansion adults, and 16% less on expansion adults.⁴

The focus for ACC 3.0 must be on engaging each and every person eligible for Medicaid to become enrolled, access services, and receive high quality, culturally responsive, person-centered health care. We request that the Department adopt an Equity Accountability Framework to ensure health equity drives all policy decisions. The questions below must be considered for each ACC 3.0 policy decision.

1. How does the effort improve access to high-quality health care and improve health outcomes for all Coloradans, especially those disadvantaged by health inequities?
2. How does the effort meet the intent of the Quadruple Aim without compromising the integrity of any of its four aims?
3. Does the effort have the potential for negative impacts on communities harmed by health inequities been evaluated and avoided?
4. Does the effort affect providers serving populations impacted by health inequities, are those providers properly resourced?
5. How will the impact of the effort on health inequities be measured and evaluated over time?
6. How are the communities and individuals served by the health system, including those harmed by health inequities, engaged in the design of the effort?
7. Does this effort maintain and expand continuous access to critical services, such as primary, behavioral, specialty, and in-patient care?

III. Build sustainable infrastructure for shared decision-making with ACC stakeholders

The Department faces many challenges and opportunities for improving the ACC. Below we've listed some outstanding policy issues for prioritization. Innovation cannot succeed without collaboration. We urge the Department to establish a sustainable infrastructure to facilitate close partnership with our organizations throughout the development and implementation of ACC 3.0. We commit to sharing our expertise and evidence-based solutions to tackle these challenging policy issues.

- Integrate the physical and behavioral health payment systems to ensure all members can access comprehensive and holistic care.

³ While reporting on health disparities among the Colorado Medicaid population is sparse, [a 2019 report](#) found higher rates of preterm birth and unfavorable birth outcomes among Medicaid enrollees.

⁴<https://www.medicaid.gov/state-overviews/scorecard/how-much-states-spend-per-medicaid-enrollee/index.html>

- Prioritize culturally competent engagement of *all* members, not just those with chronic conditions, through the adoption of engagement standards that meet the member where they are in the community. Require that every member be meaningfully and continually engaged in comprehensive primary care.
- Provide resources and technical assistance to all providers so that they can continuously adapt and improve the care provided to achieve holistic, integrated care in a medical home.
- Integrate services to address unmet health-related social needs in partnership with community-based organizations and through the development of a communication infrastructure that supports provider coordination and follow-up.
- Align ACC care coordination with other organizations providing care coordination services, including human services, long-term services and supports, and the Behavioral Health Authority.
- Expand and maximize the behavioral health workforce through financial investments and administrative reform that support a holistic care experience in behavioral health and primary care settings.
- Address the specialty care shortage beyond the anticipated eConsult effort so that specialty care is provided within a reasonable timeframe to avoid more acute conditions.
- Implement pay-for-performance programs that center member needs by using:
 - Metrics that are proven to improve adult and child member health and that primary care practices can implement for at least three years
 - An attribution model that improves accuracy without adding administrative burden to members
- Ensuring adequate state staff to oversee, assess, and enforce federal and contract requirements.

We look forward to your response to our request. Thank you for your time and for your public service.

Sincerely,

Your Health Policy Coalition

American Academy of Pediatrics, Colorado Chapter
Clinica Colorado
Colorado Association for School-Based Health Care

Colorado Children's Campaign
Colorado Coalition for the Homeless
Colorado Consumer Health Initiative
Colorado Hospital Association
Colorado Center on Law and Policy
Delta Dental of Colorado Foundation
Healthier Colorado
Tri-County Health Department
Tri-County Health Network
Children's Hospital Colorado
Colorado Academy of Family Physicians
Colorado Safety Net Collaborative
Cobalt
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Michelle Barnes
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Through the Colorado Health Policy Coalition, more than 80+ of our state's health care organizations stand united to advance health equity in Colorado, which exists when everyone can achieve optimal health. Structural discrimination and economic hardship impact health outcomes unjustly, compromising our communities' strength. Understanding – through measurement and community engagement – how health reform efforts impact health equity is necessary to ensure that overall health improvements serve to reverse health inequities. The Colorado Health Policy Coalition offers our hand in partnership to our state's leaders in engaging in health system transformation efforts that achieve health equity.