



CARING FOR COLORADO
FOUNDATION



The Colorado Health Foundation™



KIDS' HEALTH CARE ACCESS: DIAGNOSIS AND PRESCRIPTION FOR IMPROVEMENT



“...together we can provide access to quality health care for all children in Colorado.”

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To view the full report, please visit www.coloradotrust.org. To request permission to excerpt from this Executive Summary or the full report, please contact any one of the above four foundations.

TO OUR READERS:

It is with great optimism for Colorado’s children that we share this report.

Our four foundations – Caring for Colorado Foundation, The Colorado Health Foundation, The Colorado Trust, and Rose Community Foundation – joined forces to commission this study and the resulting report, *Kids’ Health Care Access: Diagnosis and Prescription for Improvement*. While it is our hope that this study clarifies many of the problems children face in accessing health care services, our greater desire is that it will advance solutions. That, after all, is our collective goal: to improve access to quality health care services for all Colorado children.

For additional information about this study, we invite you to read the full report, which is available online at each of our websites, or contact us.

Each of our foundations is committed to using this study to guide our grantmaking. We hope that you will also find this report useful in your work and that together we can improve access to quality health care for all children in Colorado.

Sincerely,



Chris J. Wiant, President & CEO
Caring for Colorado Foundation



Irene M. Ibarra, President & CEO
The Colorado Trust



Anne Warhover, President & CEO
The Colorado Health Foundation



Sheila Bugdanowitz, President & CEO
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INTRODUCTION

In 2006, Caring for Colorado Foundation, The Colorado Health Foundation, The Colorado Trust, and Rose Community Foundation joined together to fund a study of children’s access to health care in Metro Denver. Although we chose to focus on Metro Denver because it is home to more than half of the state’s uninsured children, the findings and their policy implications are often applicable statewide.

The four foundations commissioned Health Policy Solutions to conduct the study. The study examined the current state of health care access, coverage, provider capacity, and quality of care for all children in the Metro Denver area in order to help us better understand the underlying issues and opportunities for improvement.

Kids’ Health Care Access: Diagnosis and Prescription for Improvement provides an assessment of children’s access to and coverage for quality health care in the Metro Denver area and, based on this “diagnosis,” offers recommendations that consider the state and local context. This Executive Summary highlights key findings, recommendations, and action steps, and the full report details implementation strategies and issues for further consideration. The full report can be found on the websites of the four foundations.

PROBLEM DIAGNOSIS

CHILD HEALTH STATUS – A CALL TO ACTION

Colorado Children are not as healthy as they could be, especially uninsured and some publicly insured children. Compared to the U.S. average, children in Denver and across Colorado are more likely to suffer from certain serious but preventable outcomes such as low birth weight, vaccine-preventable disease, and suicide. Inadequate access to care is partially to blame for these poor outcomes and this problem is likely to worsen in Metro Denver. This is because of the growth in populations that historically have faced barriers in access to care – such as low-income, uninsured, and Latino children.

While access to health care services appears to be good for privately insured children, it is far more variable for publicly insured children. Many publicly insured children have low levels of preventive care and high rates of avoidable hospitalizations. As a result of state budget constraints and other factors, a majority of the 240,000 Medicaid children statewide are “unassigned” to a health plan or to a primary care provider. Because Medicaid does not ensure a regular source of care for unassigned enrollees, many low-income children are not being immunized. Furthermore, Medicaid children with chronic conditions such as asthma and diabetes are not receiving adequate care and are increasingly seen in the hospital or emergency department for avoidable exacerbations. By comparison, publicly insured children who are in managed

care plans (i.e., have an assigned primary health care provider) receive more recommended preventive services in appropriate settings than do children who are enrolled in the state’s unassigned option, suggesting that better outcomes are possible.

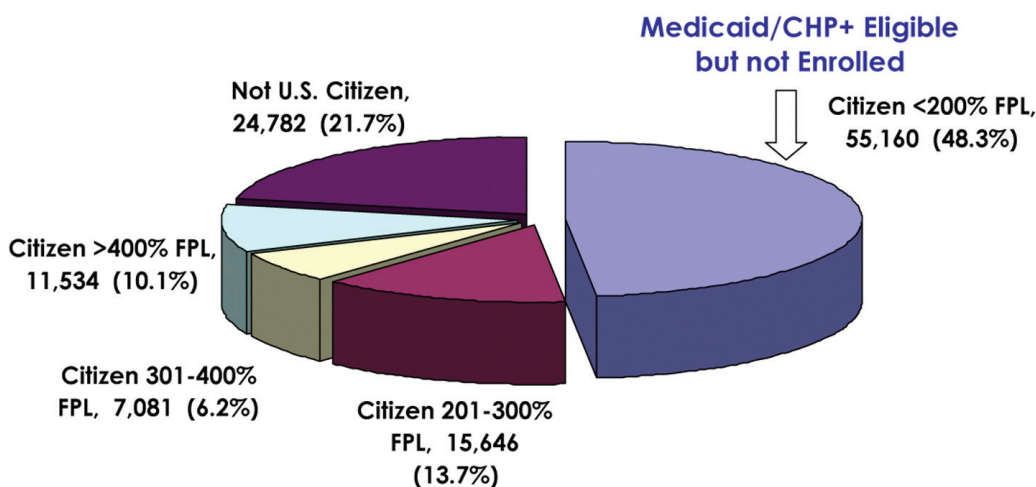
The major factors contributing to avoidable poor health care access for children include financial barriers (e.g., lack of insurance coverage), lack of community focus on quality improvement, too few providers willing to see publicly insured or uninsured children (e.g., inadequate provider capacity for low-income children), and lack of parental knowledge as to when and how best to use the health care system. This suggests that to ensure unimpeded access to care for all children in Metro Denver, the following areas need to be tackled: coverage, quality, provider capacity, and education and outreach. Our diagnosis of the problem also suggests that, in many instances, these issues need to be addressed at the state level.

KEY FINDINGS AND RECOMMENDATIONS

The following recommendations respond to the access, coverage, quality, provider capacity, and parent education deficits identified in this study. In many cases, the recommendations build on state and local opportunities detailed in the full report.

Major Finding: Of the children living in Metro Denver, 114,000 (16%) are uninsured. Of these, nearly half (55,160) are eligible for, but not enrolled in Medicaid or Child Health Plan Plus (CHP+). (See Figure 1.)

Figure 1: Uninsured Children in Metro Denver by Federal Poverty Level and Citizenship



Data Sources: Current Population Survey (2004-2006)

PRESCRIPTION FOR IMPROVEMENT

#1: COVERAGE

Other Key Findings:

- The typical uninsured child living in Metro Denver is a U.S. citizen, Latino, and eligible for publicly-sponsored health insurance.
- Both Metro Denver and Colorado have higher rates of uninsured children than the national average —16% and 14% respectively versus 12% nationally. Low eligibility ceilings, enrollment barriers, and gaps in eligibility for public programs all contribute to Colorado’s higher-than-average child uninsured rates.
- Most of the 114,000 Metro Denver children without insurance come from families who are unable to afford the full cost of coverage.
- A program or policy that resulted in coverage for all children with family incomes under 300% of the federal poverty level (\$51,510 per year for a family of three) would reduce Metro Denver child uninsured rates from nearly 16% to under 3%.
- While half of uninsured children are citizens and income-eligible for public programs, approximately half of their parents are not citizens, representing a significant barrier to enrolling all children.
- Barriers faced by non-citizen parents to enrolling their eligible children include language difficulties, lack of familiarity with public programs, confusing enrollment processes and, for undocumented parents, fear of detection.

Recommendations:

The following recommendations seek to enroll all currently eligible children into existing programs and eliminate all gaps in coverage for children under 300% of the federal poverty level. Other states have successfully addressed both objectives simultaneously. Research shows that any coverage expansion – including coverage expansions to other populations, such as parents – results in increased enrollment in existing programs, as well as the new program.

Enroll all currently eligible children into existing programs. The state and counties should simplify the policies and processes to enroll all eligible children in Medicaid/CHP+.

Action Steps:

- Adopt proven eligibility and renewal processes that maximize continuity of coverage such as self-declaration of income, continuous enrollment, and passive re-enrollment.
- Simplify the state application processes for public insurance programs.
- Expand the number of community-based enrollment sites.
- Train and collaborate with community-based organizations on design and implementation of new application and enrollment strategies, including two-way communication and problem-solving capacity.

- Collect data and evaluate eligibility and enrollment processes to identify successful strategies, hurdles, and gaps.
- Use social marketing techniques to promote Medicaid and CHP+ to parents.

Eliminate all gaps in coverage for children under 300% of the federal poverty level. The state should collaborate with stakeholders to create a new coverage program for uninsured children whose families cannot afford private insurance (e.g., under 300% of the federal poverty level) and who are ineligible for Medicaid and CHP+ due to income or citizenship.

Action Steps:

- Determine whether the coverage program should focus on children or families.
- Build community consensus on program design (e.g., eligibility, benefits, provider rates, subsidies for individual private, employer-based, or public coverage).
- Identify financing strategies (e.g., local, state, federal, individual, employer, foundation).
- Conduct an updated analysis of health insurance affordability to determine the upper limit on eligibility for the coverage program; national research suggests that this level is around 300% of the federal poverty level.
- Implement program.

Major Finding: Access to quality health care services varies unacceptably for uninsured and publicly-insured children in Colorado.

Other Key Findings:

- Several Colorado health plans have demonstrated their ability to provide high quality, accessible care to publicly insured children.
- Community support exists for creating incentives for successful, Colorado-based, nonprofit plans to enroll more Medicaid children.
- Medicaid programs in other states have reversed negative health trends by implementing continuous quality improvement programs and collaborating with providers and other community partners.
- Colorado’s Medicaid program is well-poised to jump-start a collaborative effort to improve child health outcomes. The agency has already provided leadership by formally committing to continuous quality improvement principles and by collecting and publicly reporting multiple measures of child access and quality.

#2: QUALITY

Recommendations:

Increase the use of high-performing managed care delivery systems. State programs that provide health care coverage for children should use managed care delivery systems that have demonstrated good performance on health indicators for low-income children.

Action Steps:

- Implement best practices in managed care program development and contracting.
- Use managed care delivery systems that have demonstrated good performance on access and quality indicators for low-income children.
- Make managed care enrollment optional for children with special health care needs (i.e., those who qualify for Medicaid via Supplemental Security Income, foster care, or Home and Community Based Services waivers) and ensure viable alternatives for these vulnerable populations.
- Pay actuarially sound rates to ensure participation of plans and providers and incorporate pay-for-performance incentives.
- Ensure adequate financing for safety net providers.
- Implement efficient (e.g., automated) means for enrolling children into managed care that consider parental preferences and any existing relationships with providers.
- Consult with plans and providers to establish care performance standards at the system and provider levels.
- Require robust health plan performance measures, including measures for special populations such as child developmental screening rates, asthma care for children, and specialist access for children with special health care needs.

Implement a continuous quality improvement program at the Colorado Department of Health Care Policy and Financing (HCPF). The state should encourage collaboration among state agencies, providers, and consumers to fully implement a continuous quality improvement program for publicly insured children.

Action Steps:

- Reorganize the existing HCPF programs consistent with continuous quality improvement principles.
- Engage state agencies, providers, and consumers in a collaborative process to identify key measures and to develop social and clinical intervention strategies.
- Identify strategies for collecting data on small populations, such as children with special health care needs.
- Collect and monitor data on enrollment, access, provider capacity, and quality trends.

- Develop programs and policies that respond to negative trends and evaluate results.
- Seek additional staffing and resources, as necessary.
- Contract with external evaluators to enhance analytical capacity and ensure community credibility.

Create a regional stakeholder group focused on child quality issues. Health care purchasers (e.g., employers, state government) and providers should collect data, share best practices, and engage in community planning to improve identified access and quality deficits for children.

Action Steps:

- Establish a stakeholder group focused on quality issues specific to health care for children.
- Identify shared interests or community priorities (e.g., developmental screening, case management, asthma) and develop coordinated responses.
- Collect purchaser and provider data on all children, including commercially insured children, to better understand local trends regarding access and quality.
- Share best practice information on local primary care redesign efforts and encourage replication.
- Implement Electronic Health Records in primary care practice settings to improve clinical care and to enhance the data available for community planning.
- Collaborate with HCPF to identify measures and data collection strategies to assist with local planning and the identification of policy barriers to improving health outcomes for children.
- Collaborate with the Colorado Business Group on Health to increase the number of pediatric quality measures available for privately insured children.
- Institute data practices to encourage collaboration, such as allowing providers to share information anonymously.

Major Finding: Public program coverage expansions threaten to worsen access and quality unless steps are taken to improve provider willingness to participate in public programs.

Other Key Findings:

- Private physician participation in public programs is a chronic problem that worsened during the recession due to rate freezes and cuts, and a state policy of reducing reliance on managed care.
- Safety net providers can and do augment the provider capacity of public programs; however, Colorado’s high uninsured rates for adults and children,

#3: PROVIDER CAPACITY

coupled with the growing Medicaid unassigned population, have taxed the Colorado safety net.

Recommendation:

Require the state to monitor and improve providers' ability to serve publicly insured and uninsured children. State-level intervention is required to address the financing and reimbursement issues that impede improvements in provider capacity.

Action Steps:

- Obtain input from public and private providers on issues that impede improvements in provider capacity for uninsured and publicly insured children.
- Develop and implement a multi-year strategic plan for building provider capacity based on the size, geographic distribution, and needs of low-income populations.
- Develop a means to collect and analyze routine data to quantify capacity issues.
- Resolve financing barriers between public and private providers.
- Ensure adequate financing to safety net providers to care for the uninsured.

**#4: EDUCATION AND
OUTREACH**

Major Finding: Many parents are not aware of preventive care recommendations and lack “health literacy” skills necessary to optimize health services.

Recommendation:

Design and implement an integrated strategy of client education, care coordination, and cultural competency training. Providers and community-based organizations should implement evidence-based and culturally appropriate programs that aim to improve parent knowledge and navigation skills.

Action Steps:

- Implement parent education campaigns that emphasize the importance of prevention.
- Implement targeted parent education programs to reach high-need populations, including recent immigrants and parents of children with chronic conditions.
- Implement cultural competency and linguistic training programs for providers and staff.
- Create a single point of entry or otherwise coordinate existing case management and care coordination programs to help parents navigate the health delivery system.

Improving access to quality care will require a four-pronged investment approach that expands coverage to uninsured children, improves the quality of care delivered through public programs, increases provider capacity to serve low-income children, and provides health education and outreach to parents. Making this a public priority will yield many dividends, including better child health and greater value for Colorado taxpayers.

CONCLUSION

