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# First, You Measure:

## A New Model for Scoping Unmet Demand and Prioritizing Solutions

This analysis uses a new model to answer key questions related to specialty care access, including:

- 1. By specialty, how much care is needed among privately Insured, publicly insured, and uninsured populations?
- 2. How does this compare with current levels of care utilization by specialty?
- 3. How much of the unmet demand could be addressed using models such as in-person visits, e-consults, and telehealth?

#### **Population Studied**

Coloradans ages 19 to 64 who are uninsured or enrolled in commercial insurance or Medicaid.

#### Methods

#### 1. How much specialty care do Coloradans currently receive?

We first multiplied specialty care utilization rates by population size. Since MEPS is regional, we adjusted the rates to account for Coloradans' health status.

#### 2. How much specialty care should people receive?

- We assumed commercially insured Coloradans receive the "ideal" target amount of specialty care.
- We used local hospital system referral rates to adjust that "target" up or down by specialty type and by insurance group to account for differences in health needs.

#### 3. What's the unmet need?

For each insurance group, we compared the target amount of specialty care by specialty type with the actual annual amount of care received to find the unmet need. Using a review of the literature, we estimated the number of unmet visits by specialty that could be avoided using e-consults.

#### **Data Sources**

Our model used data from the:

- Colorado Health Access Survey
- Medical Expenditure Panel Survey
- Behavioral Risk Factor Surveillance System
- Denver Health, a local health system
- Medical Group Management Association (MGMA)

### **Funding Source**

This project was supported by the Telligen Community Initiative and Kaiser Permanente Colorado.



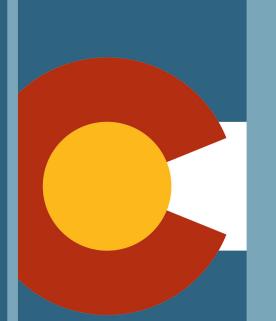


# In general, Colorado's Medicaid enrollees and people without insurance use specialty care at lower rates than Coloradans with commercial insurance.

in the past year when they needed specialty care and did not get it.

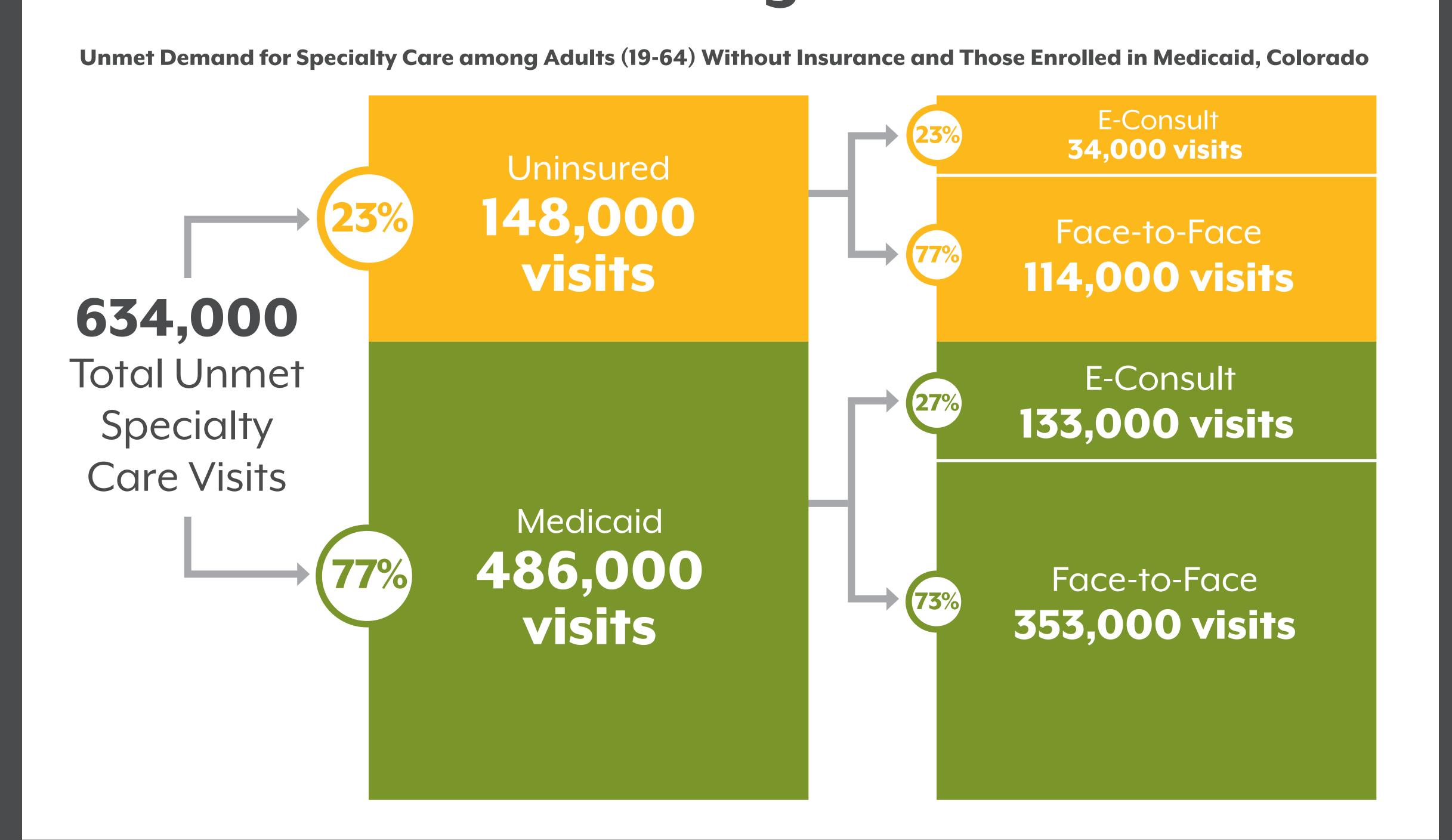
Medicaid members

Uninsured Coloradans



Do not have any specialists accepting Medicaid (map at right)

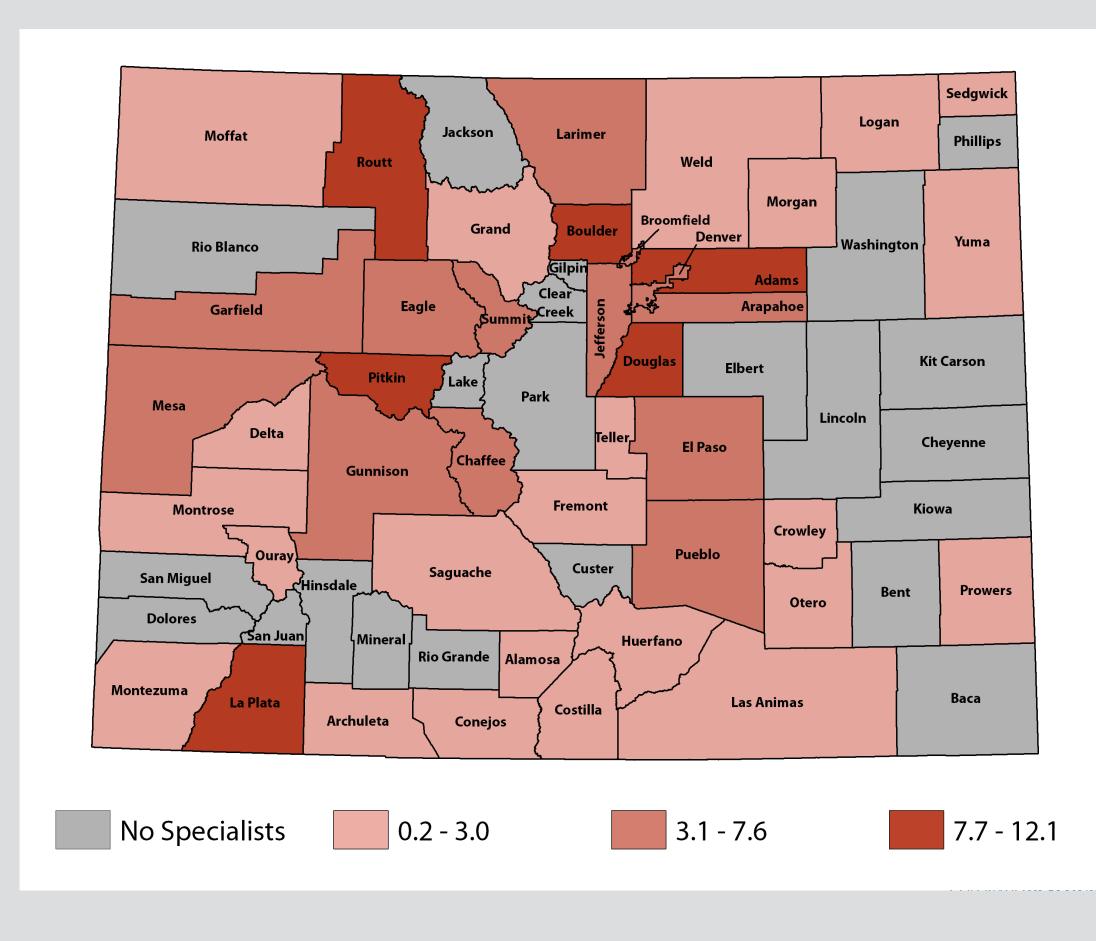
# Finding: One in four unmet specialty visits could be handled through e-consults.



# Key Takeaways

- This analysis found notable disparities in specialty care utilization among Colorado adults with different types of coverage.
- New care delivery approaches such as e-consults can be important parts of the solution.
- This model can be replicated in other states, and its findings enable health care leaders to prioritize and design policy options, including approaches to finance increased access.

#### Ratio of Members to Specialists Accepting Medicaid by County, 2018



# Top Five Specialties by Most Unmet Visits, Medicaid and Uninsured, 2017

pecialty	Unmet Visits	Percentage Met by E-consults
Ophthalmology	99,000	18%
. Dermatology	91,000	40%
. Other Dr Specialty Visits	62,000	28%
. Gynecology/Obstetrics Visits - Pregnancy-Related	54,000	33%
. General Surgery	29,000	18%

#### Uninsured

Specialty	Unmet Visits	Percentage Me by E-consults
1. Ophthalmology	57,000	18%
2. Psychiatry	43,000	18%
3. Geriatrics	18,000	30%
4. Endocrinology	12,000	41%
5. Oncology	9,000	48%

### Financing Options

#### **Short-Term:**

# **Create Social**

Impact Bonds
Funders provide initial capital and the state pays them back only when program outcomes are achieved.

Policy Questions: Who could provide start-up funding? How do we measure the investment's success?

#### Leverage Hospital Community Benefit Spending that promotes community health and charity

exemption requirements. Policy Questions: Are community benefit rules incentivizing a meaningful level of investment i critical issues such as specialty care access? How will these incentives change over time?

care counts toward federal tax

### Long-Term: **Change Medicaid**

### **Reimbursement Policy**

Colorado's Medicaid program would reimburse for e-consults — or specialty care consultations delivered via electronic

Policy Questions: How much would it cost to reimburse primary care providers for the time they spend on adopting e-consults into their workflow? How much would it cost to incentivize specialty care providers to offer

#### **Expand Loan**

Repayment Initiatives Increase funding to repay a portion of school loans of health care professionals who commitment to practice at a high-need site.

Policy Questions: Will this option sustainably increase the number of specialists — especially those who serve uninsured and publicly insured Coloradans?