

# Face-to-Face Specialty Care Referrals

## Lessons Learned from the Access to Specialty Care Engagement Network (ASCENT) Cohort

### What is the Unmet Demand for Specialty Care In Colorado?

*Colorado's safety net providers continue to struggle to meet the demands for specialty care. In 2019, CHI estimated that 634,000 needed specialty care visits go unmet annually in Colorado because of gaps in insurance coverage, lack of specialty care provider capacity, and other barriers such as reluctance of some providers to accept patients who use Health First Colorado as their primary insurance.*

Furthermore, disparities in specialty care access persist among coverage types. According to the Colorado Health Access Survey, the median time that Coloradans wait for a general doctor appointment is four days, but that increases to more than 12 days for specialty care. Medicaid members are nearly three times more likely than commercially insured patients to report they didn't get specialty care because they couldn't find a provider who took their insurance. Between 2018 and 2021, the ASCENT cohort worked to improve the challenge of access to specialty care.

#### What factors impact the completion rate for referrals?

Making the referral is an important first step toward improving health outcomes, but ensuring the follow through is critical. For this reason, referral completion rate—or the portion of completed referrals out of all referrals made in the period—and the factors that impact it have remained a key performance indicator for the cohort.

The ASCENT cohort revealed several best practices and remaining questions that can inform future efforts to improve access to specialty care and increase referral completion.

#### Best Practices:

1. Authentic relationships were fundamental to the cohort's success. Regular convenings were critical to facilitating the sharing of information related to statewide policy efforts as well as the sharing of specialty care providers among members.
2. Cohort member experiences illustrate that referral coordinators are critical to increasing access to specialty care.
3. Fostering connections to community-based organizations is important as patients typically in need of specialty care and lacking access will utilize services provided by local groups.

#### Remaining Challenges:

Cohort members found that supports such as child care, language translation, transportation, and other patient services only somewhat impacted a patient's likelihood of completing their referral for specialty care. The best ways to leverage services to facilitate referral completion remain unclear, however.

#### Key Takeaways

- The ASCENT cohort increased access to face-to-face specialty care for uninsured Coloradans and Health First Colorado members by cultivating new relationships with specialty care providers.
- Although the total number of in-person referrals increased since 2018, the percentage of referrals being completed has not increased due to the persistent challenge of Medicaid acceptance and provider network availability.
- Making a significant impact on the challenge of unmet in-person specialty care will require active engagement from policymakers and more specialty care providers to accept Health First Colorado patients.

Uninsured patients were more likely to complete referrals made within the cohort, which may be due to specialty care providers being less likely to accept Health First Colorado insurance because of challenges related to billing, and provider perceptions that Health First Colorado members are more likely to miss appointments due to lack of transportation or child care, or other social factors.

### How did the ASCENT cohort increase access to specialty care for uninsured Coloradans and Health First Colorado members?

During the ASCENT engagement, cohort members increased the total number of referral requests and submitted 5,103 total referral requests since 2018. Wait times also improved for completed specialty care requests although overall requests were only completed about half of the time. This likely reflects the persistent challenges of provider availability, issues with patient follow up, and insurance-related barriers. Still, compared to the baseline when 56.3% of referrals were completed within a month, some 61.5% of referrals were completed during that timeframe as of January 2021.

**5,103**

**Total number of face-to-face referrals from 2018-2021. Of these referrals:**

**48.3%** were uninsured patients

**41.9%** were Health First Colorado Members

**21.0%** utilized patient navigation services such as child care or translation services

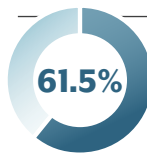
**51.1%** were adults between the ages of 39 and 64

### Specialties requested and provider network growth, 2018-2021

Top five specialties requested:

- Orthopedics
- Dermatology
- Physical Medicine/Rehab
- Gastroenterology,
- Cardiology

The number of specialty care providers participating in the ASCENT cohort grew from 50 to 187 between 2018 and 2021.



### Changes in wait times and patient impact

of face-to-face visits completed within a month, representing a 5.2 percentage point increase from the baseline.

### Of the 2,343 completed face-to-face visits:

**54.2%** were uninsured patients

**33.2%** were Health First Colorado Members

**28.2%** utilized patient navigation services such as child care and translation services

**60.4%** were adults between ages of 39-64

**25.7%** were adults between ages of 18-38

## Lessons Learned: How to grow the specialty care network in Colorado

*Growing the specialty care network in Colorado will require engagement from multiple actors.*

- 1. Policymakers should invest in the specialty care workforce and safety net services that support Health First Colorado members.*
- 2. Safety net clinics should invest in meaningful relationships with specialty care providers and patients to ensure specialty care completion.*
- 3. Funding structures should support clinics and providers who serve Health First Colorado members as well as leverage post-pandemic recovery efforts that may reveal other funding opportunities to expand safety net services across the state.*

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