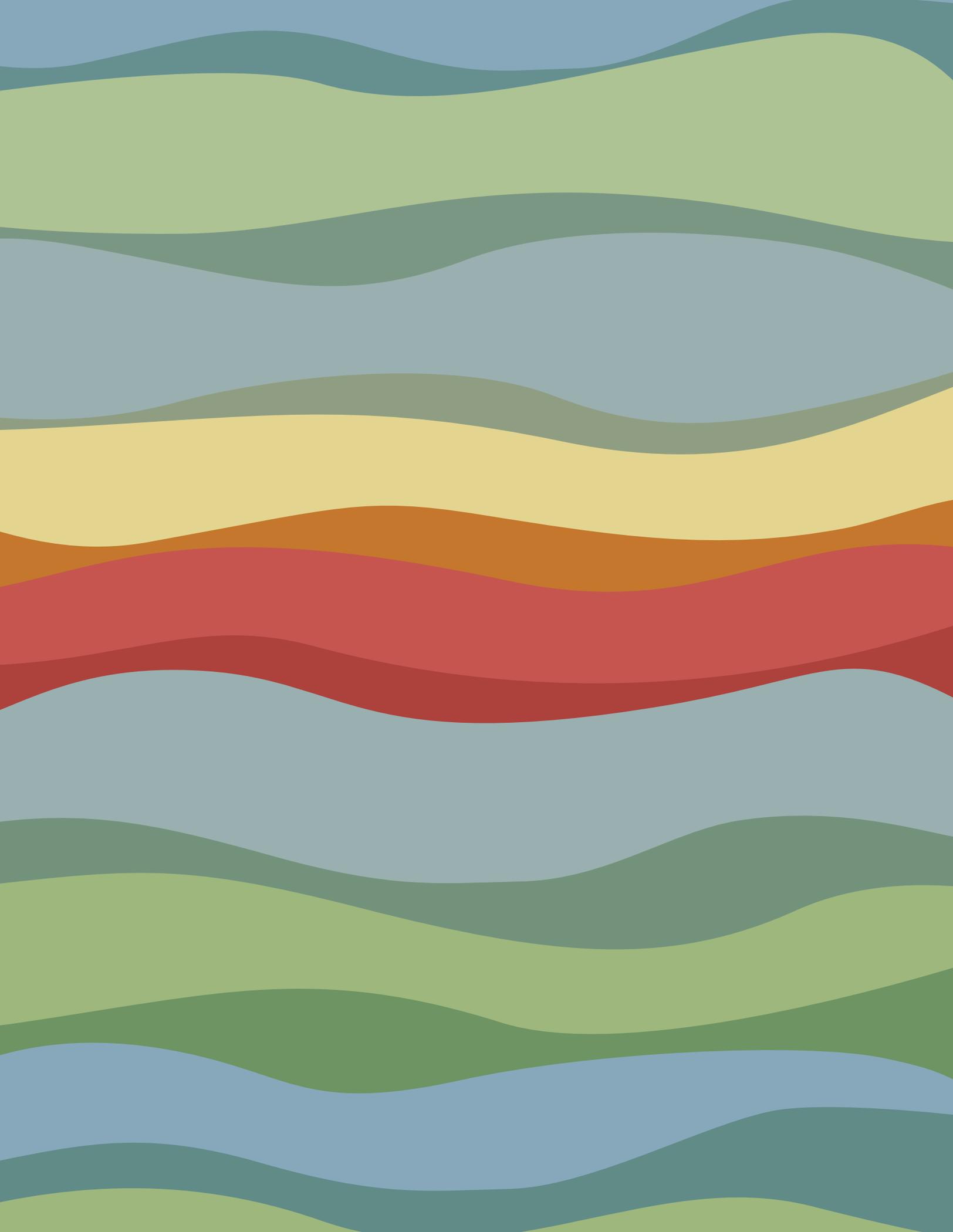




The State of Health

COLORADO'S
COMMITMENT
TO BECOME THE
HEALTHIEST STATE

Office of Governor
John Hickenlooper
April 2013



STATE OF COLORADO

OFFICE OF THE GOVERNOR

136 State Capitol
Denver, CO 80203 - 1792
Phone (303) 866-2471



John W. Hickenlooper
Governor

Dear Fellow Coloradan:

One of our top priorities is to make Colorado the healthiest state.

Achieving this goal is not an easy task, but it's one we should strive to achieve because healthy people, a strong economy, and a superb education system are all connected. Better health is not just good for individuals and families; it has positive outcomes for our workforce, reducing the costs of government, and improving the quality of life in our communities.

Becoming the healthiest state also means implementing policies that protect our environment. While it is beyond the scope of this particular report, we also want Colorado to be the state with the cleanest air and water. We are pursuing regulatory policies to achieve this goal.

These are shared values across our state. Last year, TBD Colorado engaged thousands of Coloradans to help identify efforts to make Colorado a better place to live, work, and play. TBD's health recommendations concluded that health — and health-care costs — are challenges that individuals, communities, government, healthcare providers, and businesses should solve together. TBD also noted that investments in the health of Colorado children are critical to Colorado's long-term success.

Colorado has unique strengths: our strong foundation of initiatives to improve health, our reputation for collaboration and innovation, our superior recreational opportunities, and our healthier lifestyle. We can build on these strengths and improve outcomes for every Coloradan, but it will take a challenging combination of individual responsibility, collaboration with private and public partners, and a commitment to measuring our collective progress.

We have been working to dig deeper on ways we can improve health and measure our progress. This report outlines our proposed blueprint for meeting the challenge. Our focus areas are:

1. Promoting prevention and wellness
2. Expanding coverage, access, and capacity
3. Improving health system integration and quality
4. Enhancing value and strengthening sustainability

The latter half of this report includes a profile of each focus area, including eighteen measurable targets that will allow us to track our progress over time. We encourage you to lend your ideas to our efforts. We hope you will join us because this is not a goal government can, or should, do alone. As Colorado's health leaders and stakeholders, we need your voice, your participation, and your commitment to make Colorado the healthiest state.

With best wishes for your health,

John W. Hickenlooper

P.S. Doing my part to make a healthier John Hickenlooper, I am trying hard to stay away from sweets. Eating better and keeping a weekly workout time has helped a lot!



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Kathy Nesbitt, Executive Director, Colorado Department of Personnel and Administration

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Jamie Van Leeuwen, PhD, Deputy Chief of Staff, Governor's Office

Roxane White, Chief of Staff, Governor's Office

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OUR CHALLENGE:

An Unsustainable Course for Coloradans

 OPPORTUNITIES to improve health extend far beyond Colorado's borders.

Health spending in the U.S. already consumes 18 percent of our Gross Domestic Product (GDP), and yet the overall quality of our care is roughly half that of other industrialized nations.^{1,2} Over 60 percent of all bankruptcies nationwide are the result of healthcare expenses, and by 2040, health spending is projected to grow to over one-third of our national economy.^{3,4} Because of the exponential growth in obesity and chronic conditions, we now live in a nation where — for the first time — children may live shorter lives than their parents.⁵ Too often, individuals are not receiving the right care at the right time in the right care setting, or experience problems that prolong their recovery from illness or injury.

Colorado-specific measures tell a similar story. Although Colorado ranks 10th among states in healthy living, it ranks 28th in prevention and treatment, and 40th in healthcare access.⁶ Health insurance premiums for Coloradans consumed nearly 25 percent of median household income in 2010, reaching over \$13,300 per year.⁷ And although growth in the cost of health insurance has slowed in

Colorado in recent years, inflation in health insurance routinely outpaces general inflation by a significant margin.⁸ In addition, 38 percent of Coloradans have chosen to forego or delay needed medical treatment because of cost.⁹

Colorado also faces changing demographics and challenging geography, both of which create health disparities and threaten access to care. By 2030, the proportion of Coloradans over age 65 will grow by 150 percent to 1.3 million individuals.¹⁰ This will undoubtedly challenge our existing health systems and strain public and private dollars needed to support elderly and disabled Coloradans because average health spending increases dramatically with age.¹¹

Colorado's racial and ethnic diversity is increasing, and minority populations in Colorado are disproportionately affected by poor health.^{12,13} This reality is due to many factors, and we are committed to address these disparities with targeted strategies that focus on these populations. More than 936,000 Coloradans live in an area that lacks a sufficient number of primary care providers, and 58 of 64 Colorado counties have formal designations as Primary Care Health Professional Shortage Areas.^{14,15}



Too often, individuals are not receiving **the right care at the right time in the right care setting**, or experience problems that prolong their recovery from illness or injury.

Although these statistics present challenges, they deepen our resolve to focus on innovative approaches that work for Colorado. If we fail to collectively address these alarming trends, Colorado may not be able to attract businesses or a next-generation workforce, which would impact the overall economic climate of the state. Without action, the burden of worsening health outcomes and continually rising healthcare costs will fall on all Coloradans, and our state budget will face increasing pressure. These unsustainable trends demand leadership and action. Fortunately, we have the opportunity to build on a strong foundation of more than a decade of innovative investments in Colorado's health.¹⁶

This report is a declaration of our commitment to making Colorado the healthiest state and outlines initiatives where we — as an administration — can have the greatest impact. This

vision and strategy will guide our executive actions, budget requests, and legislative priorities in future years.

Partnerships with our foundations, healthcare organizations, individuals, legislators, faith communities, and others have played an active role in shaping our strategy and overcoming barriers in our current systems. Together, we are thinking differently and collaborating with a broad range of partners at the local, regional, state, and national levels. We will continue to rely on the great participatory spirit of these partners to to make significant progress.

We hope this report will serve as a starting point for individuals and organizations to engage in making Colorado the healthiest state. Now more than ever, we rely on everyone to be bold, engaged, and deliberate in realizing this shared vision.



OUR VISION:

Gaining Momentum as the Healthiest State



OUR GOAL is for Colorado to become the healthiest state in the nation. Our

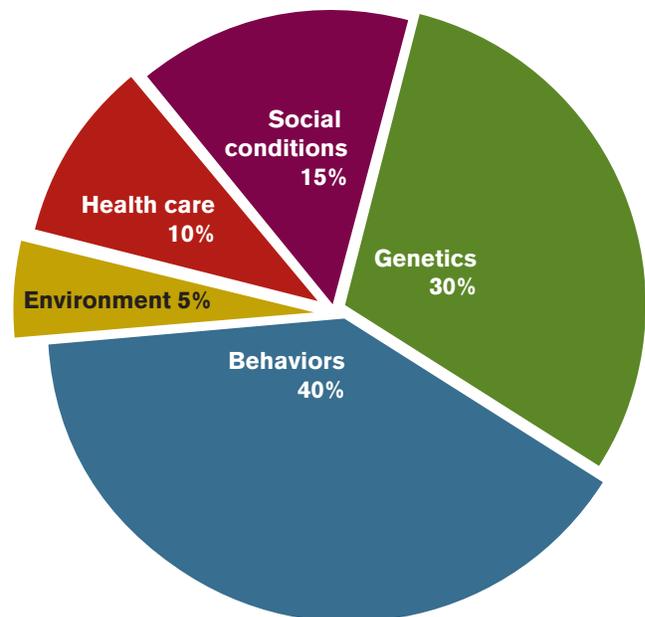
vision is a future where health and well-being are as much a part of Colorado's way of life as our mountains, clear skies, and pristine environment. Instead of only focusing on sickness, we will support Coloradans in their efforts to stay healthy or become healthier. Our health delivery networks will be comprehensive, person-centered, high-quality, and affordable. They will integrate physical, behavioral, oral, and environmental health with community-based long-term services and supports, and support individual health with health information technology.

Achieving this vision demands innovation that will reshape our current healthcare delivery and payment mechanisms to bend the healthcare cost curve, improve efficiency, achieve higher quality, and drive more value out of the healthcare dollars we spend.¹⁷

Our healthcare system must deliver a higher quality of person-centered care to more people while using resources more efficiently, resulting in better health outcomes at a lower cost.

Addressing social and environmental factors that influence our health is also essential to Colorado becoming the healthiest state. Research increasingly shows that healthcare is actually only a small component — about 10 percent — of what shapes the health of individuals, yet it is where we spend most of our health dollars.¹⁸ The majority of a person's health is determined by individuals' behaviors and lifestyles, genetics, socioeconomic status, education, and the environments in which people live, learn, work, and play.

Healthy people achieve higher educational status, greater employment, and less poverty across all ethnic groups. Similarly, reaching educational and employment benchmarks leads to better health.¹⁹

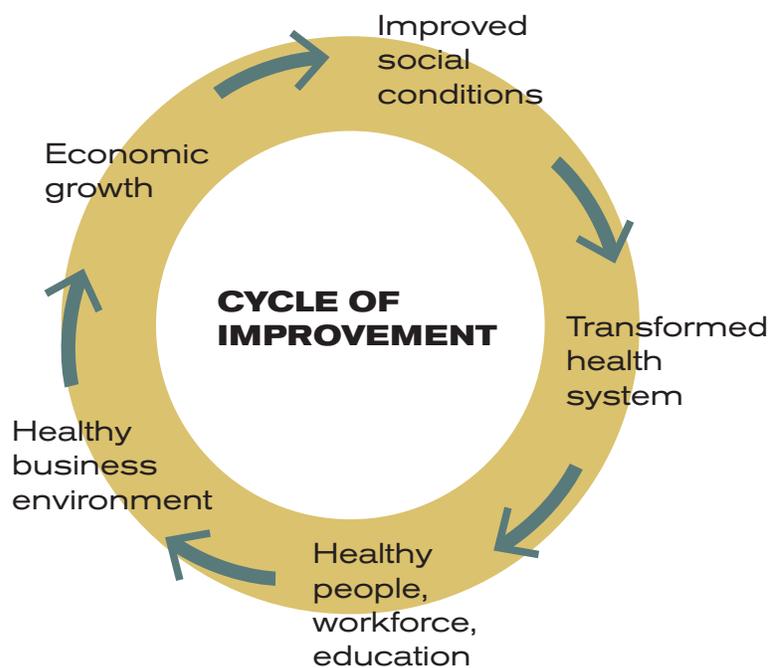


Source: Schroeder, S.A. "We Can Do Better — Improving the Health of the American People" *N Engl J Med* 2007; 357:1221-8 (2007).

Our objectives are interdependent, and we will have to confront numerous challenges simultaneously through a coordinated approach that complements our overarching vision. Healthier Coloradans mean a more productive workforce, which in turn, supports economic growth, attracting businesses and skilled labor to Colorado. An improved economic outlook means additional resources and improved social and environmental conditions. In short, we can create a cycle of improvement that touches lives in a meaningful way.

Our success also depends on informed healthcare consumers. We can all benefit from increased knowledge, tools, and

resources to prioritize prevention and make healthier choices. Although Colorado is already home to the most active and leanest adult population, Colorado can do more to foster a broader awareness of health and wellness that engages people in their own health and the health of their communities.²⁰ We will achieve our goal when empowered individuals are aligned with an integrated and “person-centered” health-care system that focuses on the needs of individuals and ensures all players in our health-care system put those needs at the center of care decisions.



Breathing Easy: Our Clean Air Commitment

Colorado's clean air, clear streams, and other natural resources are a critical part of our economy and our identity.

Colorado has seen dramatic improvements in its air quality in the past decade, largely due to cost effective emission controls for cars and trucks, commercial and industrial facilities, and oil and gas operations. Colorado now meets all health-based air quality standards, except for ozone in the Denver metro and north front-range area. While ozone levels have improved over the past decade, population and industrial growth combined with increasingly hot and dry summers present ongoing ozone challenges. Poor air quality leads to decreased lung function, increased asthma attacks, heart problems, susceptibility to infections, and premature death.

While we have challenges, we are committed to clean air. We are working diligently with individuals, environmental conservationists, the oil and gas industry, local governments, and the federal Environmental Protection Agency to create effective regulatory and management structures to protect the quality of our air. In addition, our academic institutions are helping us find new and creative ways to improve air quality.

To be the healthiest state, we must build a comprehensive statewide system that addresses a broad range of health needs, delivers the best care at the best value, and helps Coloradans achieve the best health possible. We have tied Colorado's existing strengths and efforts into a single framework that is Colorado's own version

of the **Triple Aim: Best Care, Best Health, Best Value.**²¹ Our initiatives are coordinated and aligned across four strategic focus areas:

- **Promoting prevention and wellness**
- **Expanding coverage, access, and capacity**
- **Improving health system integration and quality**
- **Enhancing value and strengthening sustainability**



OUR CONTEXT:

Colorado's Health and Core Strengths

IN MANY WAYS, Colorado has a “running start” toward being the healthiest state. By many measures, Coloradans are already healthier than others across the country: we have the lowest adult obesity rate, the most active people, and a relatively low rate of diabetes.²² Even in measures where Colorado is not leading the nation, we are starting in the middle, giving us less of a climb to make it to the top.²³ Colorado has a healthier workforce, lower-than-average rates of employee absenteeism, and fewer uninsured individuals.²⁴

Whether in our urban centers or our plains and mountain communities, Coloradans enjoy outstanding athletic and recreational opportunities for individuals and families to stay healthy and become healthier. These opportunities are supported by a remarkable infrastructure of trails, paths, and public parks throughout our state. Our challenge is to make sure all of these opportunities are available to more people, but our strengths give us a strong foundation on which to build improvements in our health.

Colorado also has strengths that are harder to measure, but are essential to our collective success. These include our strong health economy and infrastructure, our commitment to collaboration and our innovative spirit.

COLORADO'S HEALTH ECONOMY AND INFRASTRUCTURE

A vibrant and growing healthcare sector and wellness industry provide a workforce and key strategies that will help us reshape and improve health in our state. With more than 311,000 health and wellness workers in nearly 16,000 businesses across the state collectively earning a \$16.4 billion annual payroll, every corner of Colorado has local innovators and regional leaders in health and wellness.²⁵ As we plan for future vitality in this industry, we must collectively commit to strengthening our health and wellness workforce and support the growth of professions that can help meet projected demand. Business leaders looking to relocate company headquarters or campuses consider Colorado's healthy people, healthy culture, and sustainable practices major strengths. Colorado cities often rank near the top of healthiest

Engaged Decision-Making: TBD Colorado

In 2012, TBD Colorado engaged more than 1,200 Coloradans in person and over 25,000 online in an unprecedented effort to learn about, discuss, and provide input on some of the most important issues facing the state. Health was among the set of issues addressed by TBD Colorado. Their recommendations for health included expanding home- and community-based services; using more managed care in Medicaid; encouraging opportunities for youth physical activity; and expanding access to healthy foods. In spring 2013, TBD participants also overwhelmingly supported “multi-modal” transportation options, including adding bike and pedestrian elements into state construction projects. Participants cite commuting, recreation, and health as reasons to support bicycling infrastructure. We are actively implementing all of these recommendations.

places to live and conduct business. We want to continue to attract innovative people, businesses, and cutting-edge ideas through the integration of our health and economic development strategies, and we are committed to the continued growth and vibrancy of the health and wellness industries.

COLORADO COLLABORATION & INNOVATION

Colorado has a reputation for coming together to solve common problems, leverage resources, and strategically drive change. Many public and private sector initiatives bring community organizations, foundations, faith-based organizations, individuals, providers, corporations, and government together around shared goals. Coloradans are also innovators, particularly when it comes to healthcare. Colorado's history of working together to improve health is long-standing and gives us a strong footing to make positive, lasting impacts on the challenges we face.

We are leading the nation in blending state and national health reform strategies, identifying best practices and bright ideas, and creating solutions that work at the state and local levels. Colorado's health insurance exchange — **Connect for Health Colorado** — was the first in the nation to have bipartisan legislative

support and will be one of only eighteen state-based exchanges in 2014. Colorado was the fifteenth state to publicly announce it would pursue the Affordable Care Act's Medicaid expansion in 2014, a move that will bring 22,000 jobs and \$4.4 billion in economic activity over twelve years.²⁶ Of the twenty programs sponsored by the federal Centers for Medicare and Medicaid Services Innovation Center to-date, nine have recognized Colorado-based providers, organizations, and state agencies, resulting in at least \$25 million in grants statewide.²⁷

Several multi-year efforts have brought state agencies together in an unprecedented fashion. A comprehensive rebuild of the Colorado Benefits Management System (CBMS) — our state computer system to access and determine eligibility for Medicaid, Food Assistance, and other public assistance programs — is well underway. This rebuild is a joint effort of three state agencies in full partnership with Colorado counties. State agencies are also working together to retool and better integrate the state's behavioral health system, as well as the systems that facilitate long-term services and supports. Finally, state agencies are working together to improve coordination and shared data across state government, which enables us to use resources more efficiently and simultaneously improve data collection.

Strengths

Colorado has long had the **lowest obesity rate** in the nation and has the **second lowest rate of diabetes**.

Coloradans have **lower death rates** from **cardiovascular disease** and **cancer** than people living in almost every other state.

Since 2008, Colorado's rank among states for **active support of bicycling** jumped from twenty-two to four, due in significant part to state and local partnerships that support bicycling.³²

Low rates of tobacco use mean Colorado fares better than many other states.

Colorado is ranked **#6 or higher** for five of the six key areas surveyed: **life evaluation, emotional health, work environment, physical health & healthy behaviors**.

For overall well-being, Colorado is ranked #2, up from #6 last year and a "low" of #10 in 2009.³³

Colorado ranks **#1 in physical health**, and we are among an elite set of states that have showed sustained excellence over five years.³⁴

Colorado has **four urban areas that rank in the top quintile** nationwide — Boulder, Fort Collins/Loveland, Denver, and Greeley.

Challenges

Colorado ranks **23rd** among all states in the **proportion of children who are overweight or obese**.²⁸

Our childhood obesity growth rate is 2nd fastest in the nation.

Colorado's rate of **suicide among adolescents** (age 15-19), is **8th highest** in the nation.

Colorado has the **second highest rate** of non-medical use of **prescription pain relievers**, at 6% of people over age 12.

Nearly **18% of Colorado women** who are pregnant **do not access prenatal care** in the first trimester, increasing the likelihood of complications and cost.²⁹

Coloradans with **incomes below the state average** are more likely to be in **poor or fair health**, show greater rates of **smoking**, and **do not get regular physical activity**.³⁰

Hispanic and African American Coloradans are more likely to be **obese**, **lack regular physical activity**, and be in **poor or fair health**.³¹

OUR STRATEGY:

Defining Actions and Tracking Progress

Achieving our vision of being the healthiest state means no community in Colorado will be left behind and better health will be accessible to every Coloradan. The focus areas and initiatives discussed below are not our only efforts, but they are highlights of our work we are tracking through specific statewide metrics. (A summary of these metrics can be found in the Timeline and Overview at the end of this report.)

To gauge our long-term process and identify areas in which to expand our work, we will also look to other nationwide rating systems, such as **The Colorado Health Report Card, America's Health Rankings, County Health Rankings, The Commonwealth Fund State Scorecard, and the Gallup-Healthways Well-Being Index.**³⁵

To achieve our goal, we will build on Colorado's existing strengths and resources as a state, invest in significant improvements in our health system, engage individuals, and leverage public-private partnerships and federal funding where appropriate and sustainable. The initiatives we highlight here collectively cut across eight state agencies and several nongovernmental partners. They reflect our central priorities as an administration and the greatest opportunities for

state government to advance statewide progress. We are committed to continued collaboration and innovation, and we will publish updates to this plan at least annually to engage others in our ongoing efforts.

Our initiatives fall into four strategic focus areas that are the key to making Colorado the healthiest state.

1. PROMOTING PREVENTION AND WELLNESS:

helping individuals stay healthy or become healthier.

2. EXPANDING COVERAGE, ACCESS, AND CAPACITY:

ensuring individuals can access care at the right time and the right place.

3. IMPROVING HEALTH SYSTEM INTEGRATION AND QUALITY:

eliminating barriers to better care and improving our ability to work effectively within and across systems to ensure person-centered care.

4. ENHANCING VALUE AND STRENGTHENING SUSTAINABILITY:

redesigning financial incentives and infrastructure to focus on quality and value, not volume.

FOCUS AREA 1:



PROMOTING PREVENTION AND WELLNESS

Our first focus area will improve the health of Coloradans by increasing awareness, building individual engagement, and encouraging personal responsibility.

This strategic focus is anchored by Colorado's Winnable Battles, a coordinated interagency approach to improve the health of our state population. The Winnable Battles campaign summarizes the state's priorities regarding integration of public health, wellness, and prevention into our healthcare delivery system. In this report, we feature only three of the ten Winnable Battles because they represent our highest statewide priorities statewide: reducing obesity, promoting better mental health and preventing substance abuse, and improving oral health.

Two cornerstones of healthy living are promoting physical activity and healthy food choices, but prevention efforts should also extend into the healthcare setting, decreasing the need for intensive healthcare services and transforming our care systems to focus more on wellness rather than sickness. The role of individuals in helping Colorado become the healthiest state is of paramount importance, and although changing behavior is difficult, awareness about the importance of wellness is increasing. Ninety percent of Colorado adults report

making efforts to improve their health by exercising more, eating more fruits and vegetables, and trying to lose weight.^{36,37} State government is playing a supportive role by aligning desired health outcomes across agencies and organizations, effectively measuring progress at the local, regional, and statewide levels, and providing information to encourage individuals to make healthy choices.

Additionally, because environmental factors contribute substantially to overall health, we are improving the places where Coloradans live, work, learn, and play. Just one example of this is our dedication to increasing safe transportation options that improve walkability and bicycling in our urban and rural areas. Many Coloradans and visitors access our state and national parks and take advantage of our clean air, pristine headwaters, and high mountain peaks — including our 53 “fourteeners,” mountain peaks over 14,000 feet high.

10
**COLORADO'S
WINNABLE
BATTLES**


Colorado Department
of Public Health
and Environment


Colorado Department of Human Services
people who help people

**ELEVATING
HEALTH
AND
ENVIRONMENT**

INITIATIVE 1:



Tackle Obesity Among Youth and Adults

Obesity is one of the country's leading causes of preventable death. It increases the likelihood of many chronic diseases, including heart disease, Type 2 diabetes, high blood pressure, high cholesterol, respiratory problems, osteoarthritis, and some cancers. All of these conditions put pressure on Colorado's healthcare systems and budgets. In Colorado, one in five adults is obese, double the state's obesity rate in 1996, and one in six children are obese.³⁸ This includes over 800,000 adults and 145,000 children.

Unfortunately, these conditions disproportionately affect rural, low income, and minority populations, and they are even more prevalent in the state's Medicaid and Child Health Plan *Plus* programs.³⁹

Although Colorado's adult obesity rate is the lowest in the nation, it has steadily

increased over the past 20 years, jumping from just under 7 percent in 1990 to over 20 percent in 2011.⁴⁰ Well over half of Coloradans are either overweight or obese, including three in ten Colorado children.^{41,42} As with many health risks factors, obesity disproportionately impacts rural, low income, and minority communities. If our current obesity growth rate remains steady, nearly one in four Colorado adults — 1 million people — will be obese by 2016.



By 2016, slow the rate of growth in obesity by

maintaining our existing obesity rate, which will prevent 135,000 Colorado adults and 14,000 children from becoming obese.

To get ahead of this growing problem, the state is partnering with community leaders, nonprofits, and the private sector

Aligning Efforts Statewide: The Obesity Integration Project

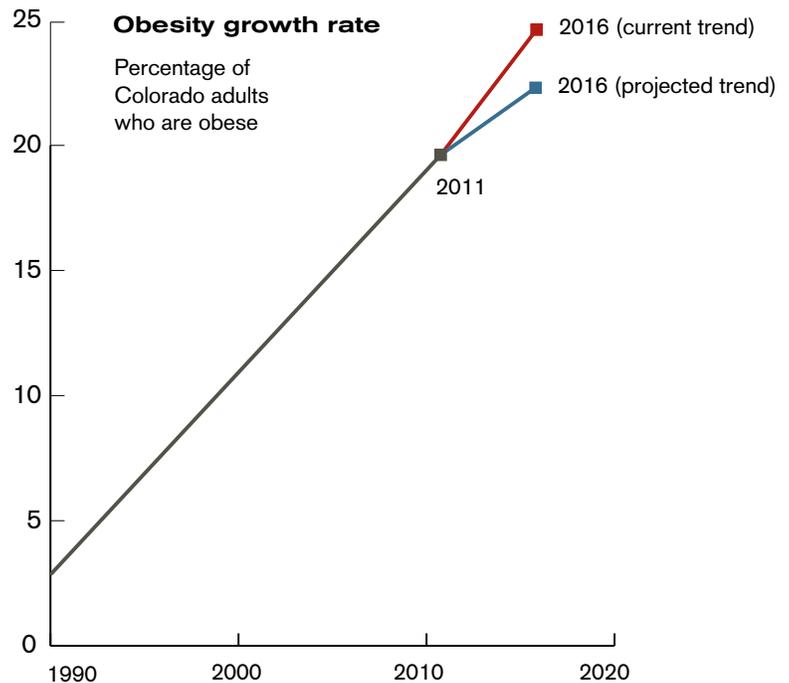
Reducing obesity is one of Colorado's Winnable Battles, and the state leads a variety of efforts to stem this growing epidemic. The purpose of the Obesity Integration Project is to identify, select, and prioritize evidence-based public health strategies that will be most effective for reducing obesity in Colorado and to effectively use limited state resources.

Working with community partners, twelve specific efforts were selected that best leverage our shared efforts and have the greatest potential to improve the health of Coloradans. For more information, visit their website.

to build strategic supports that will prevent and reduce obesity. To support this cultural shift, we will ensure that there are ample opportunities for healthy eating and active living, as well as education, awareness, and encouragement for individuals to take advantage of these opportunities.

For example, we are working with a broad coalition to support legislation in 2013 that will expand school breakfast to low-income schools and provide a nutritious breakfast to at least 40,000 children statewide through the Breakfast After the Bell Nutrition Program.⁴³ Nutritious school breakfasts help students prepare to learn, increasing their chances of academic success. It will also decrease the likelihood of obesity by teaching students good eating habits and by providing a healthy meal each morning. Children who lack a dependable source for regular meals are 1.4 times more likely to be obese than other children.⁴⁴

Colorado has long been a destination point for bicyclists and hikers. With over 600 miles of non-motorized trails in our state parks, bike-friendly shoulders on roughly 75 percent of our highways, and seventeen designated Bike Friendly Communities statewide, Coloradans' opportunities for recreational and commuter walking and biking are endless.^{45,46} Since 2008, Colorado's rank among states for active support of bicycling jumped from twenty-two to four, due in significant part to state and local partnerships that support bicycling.⁴⁷



LiveWell Colorado

LiveWell Colorado is a statewide, nonprofit organization committed to reducing obesity through the promotion of healthy eating and active living. In addition to educating and inspiring Coloradans to make sustainable, healthy choices, LiveWell Colorado focuses on systemic policy, environmental, and lifestyle changes that remove barriers and increase access to healthy behaviors. LiveWell Colorado is building a statewide movement in support of a culture that makes the healthy choice the easy choice. Actively engaged in 24 Colorado communities, LiveWell Colorado is setting conditions and creating environments that are conducive to healthy eating and active living with innovative and interactive educational materials, toolkits, and healthy projects for individuals, families, schools, and communities. Their policy and environmental changes have reached over 500,000 Coloradans, including over 119,000 school children.

A strong biking infrastructure also supports our tourism and economic development industries. Colorado derives more than \$1 billion of economic impact annually from bicycling.⁴⁸ In addition to the popular Tour of Colorado and Ride The Rockies held each summer, Colorado has recently hosted several high-profile cycling events, such as the U.S.A. Pro Cycling Challenge and Pedal The Plains. In 2012 — its inaugural year — Pedal The Plains had 900 riders, visited eight eastern Colorado communities, and created \$250,000 in economic activity. The Pro Cycling Challenge generated nearly \$100 million in economic activity in 2012 and attracted over one million spectators.⁴⁹

 **By 2015,** Colorado's rank among states for active support of bicycling will move from number four to number one.

 **By 2015,** Colorado's Pedal The Plains bicycling event will move from 900 to 2,000 riders and from \$120,000 to \$300,000 in revenues that can be reinvested in the community.

INITIATIVE 2:



Support Improved Mental Health

Mental health and substance use disorders are medical conditions that affect many Coloradans, and for some, these conditions can be debilitating. In particular, we can do a much better job combating depression and substance abuse. Seven percent of Coloradans report being depressed, and nearly fifteen percent of Coloradans report being in poor mental health, ranking Colorado 13th among other states in 2011.^{50,51} If Colorado achieved the number one rank, 92,600 fewer Coloradans would suffer from poor mental health, and Colorado employers and employees could save \$121.1 million in annual healthcare costs.⁵²

Incorporating behavioral health — encompassing mental health, substance use, and behavior change — into our systems that provide physical health services is an urgent need. Traditionally, mental health and substance use services have been systemically separated from physical health services, worsening a cultural stigma often attached to individuals in need of care. A recent national survey



determined individuals were reluctant to seek mental health services for many reasons, including privacy concerns, difficulty locating providers, financial barriers, lack of mental health coverage, and a general stigma surrounding mental health conditions.⁵³

As we initiate a comprehensive and integrated effort to address the problems posed by mental illness and substance abuse, we need to reduce the stigma around mental illness and encourage people to seek the help they need. In the short run, our efforts to reduce stigma and encourage self-help will likely increase the number of individuals who recognize they are in need of support. We recognize that to make progress, we must eliminate the stigma associated with mental health issues, improve self-recognition, and support increased access to care.

We have launched depression-specific educational campaigns targeting adolescents, youth, and adults. We are also investing in expansions of the behavioral health crisis response system, improving behavioral health community capacity, and increasing substance abuse benefits in both public and private insurance. These investments will enable Colorado to develop crisis services that can intervene when life becomes overwhelming. In addition, we will support new or expanded services like housing

vouchers, adult foster care, and transitional treatment programs to help those with serious and persistent behavioral health disorders live successfully and safely in throughout the state.

Programs and systems that prevent or treat behavioral health conditions protect the health, safety, and quality of life for all Coloradans, especially children. We will support healthy social and emotional development and parenting by working with the early childhood system, which helps ensure children are ready to attend school and provide early intervention for families who need it. Focusing our efforts among disproportionately affected populations will also be a priority. For example, Hispanics have a significantly higher rate of depression than whites, and the rate is worse among individuals who are unemployed.⁵⁴



By 2014, identify opportunities within existing data collec-

tion systems to better measure effectiveness of behavioral health services and individual behavioral health outcomes, implement necessary changes to data collection systems, and set statewide performance benchmarks.

We recognize that existing behavioral health data does not provide a complete picture of how our behavioral health system is performing or whether individuals are experiencing better behavioral health outcomes. We are working to improve the quality and type of information we collect about behavioral health services and how those services are impacting health outcomes for individuals. We will capitalize on partnerships with private payers, providers of behavioral health services, the All Payer Claims Database, patient advocates, and others to develop appropriate metrics to measure the effectiveness of behavioral health services across providers and payers and to assess whether these services are leading to better health. We expect these metrics to illustrate whether individuals are able to access behavioral healthcare services and that these services lead to reduced symptom frequency and severity, better functioning and greater independence, and an overall improved quality of life.



INITIATIVE 3:
**Support
Reductions in
Substance Abuse**

Substance abuse — including misuse and abuse of prescription drugs, alcohol, tobacco, marijuana, and other illicit substances — is an entirely preventable health issue, affecting about one in 14 Americans.⁵⁵ It affects not only the individuals using drugs or alcohol, but also their families and communities. Addressing the challenge of substance abuse requires a solution that is well integrated with the broader health systems treating behavioral health and physical health. This approach will facilitate better screening, identification, early intervention, and treatment for substance abuse.^{56,57,58}

Tobacco use remains the leading cause of preventable death in Colorado and the nation — 4,300 Coloradans die each year from tobacco-related illness.⁵⁹ Despite sharp declines in smoking over the last ten years, over 711,000 Coloradans still smoke, and more than 54,000 high school students smoke.^{60,61} Although many Coloradans still smoke, these fairly low rates of tobacco use place Colorado 10th and 17th, respectively, among other states. Colorado spends roughly \$2.3 billion each year on tobacco-related healthcare and lost productivity due to smoking.^{62,63}

Prescription drug misuse is the fastest growing drug problem in Colorado and the United States. More than 255,000 Coloradans over the age of twelve misuse prescription pain killers, giving Colorado the second-worst rate of prescription drug abuse in the country.⁶⁴ To combat this growing problem, we are working with health and criminal justice advisors, state health officials, the Attorney General's Office, physicians, pharmaceutical companies, and allied health professionals to develop a state strategy to reduce prescription drug misuse. The strategy will take into account primary reasons for misuse and sources of diverted medications, and will focus on significantly reducing the potential for diversion or misuse while ensuring compassionate, evidence-based care for Coloradans suffering from chronic pain.



By 2016, reduce the prevalence of nonmedical use of prescription pain medications in Colorado by 92,000 Coloradans, reducing our rate of misuse from 6 percent to 3.5 percent.

INITIATIVE 4: **Improve Oral Health of Coloradans**

Tooth decay is the leading chronic disease among Colorado's children and is five times more prevalent than asthma. In the 2006-2007 school year, 45 percent of kindergarten children in Colorado had tooth decay and 4.6 percent were in urgent need of dental care due to pain or infection.⁶⁵ Oral diseases impact speech, physical development, nutrition, and self-esteem. These factors contribute to the achievement gap, making it difficult for children to perform as well as their peers.



By 2016, ensure 7,500 more Colorado children visit a dentist before age one.

Although recommended by the American Dental Association and the American Academy of Pediatrics, only three percent of children were visiting the dentist before their first birthday in 2010.⁶⁶ Supporting efforts to increase early childhood dental visits is **Cavity Free at Three**, a statewide partnership of foundations, businesses, primary care and dental providers, and insurers to decrease cavities in children. Cavity Free at Three increases the number of dental providers enrolled in Medicaid, trains providers to treat young

children and pregnant women, and teaches medical providers to perform oral risk assessments and apply fluoride varnish to high-risk children. Since its inception in 2007, Cavity Free at Three has trained more than 2,000 dental, medical, and public health providers and reached 50,000 children and families.

We are also improving prevention of oral disease by increasing access to fluoridated water. Fluoridation is proven to reduce tooth decay over a person's lifetime, and is a cost-effective prevention strategy, saving \$38 for every \$1 invested and preventing up to 40 percent of tooth decay.^{67,68} Despite the advantages, fewer than half of Colorado's 881 community water systems provide fluoridated water.



By 2016, ensure at least 637 of Colorado's 881 community water systems have optimal fluoridation, either through naturally-occurring fluoride or by adjusting fluoride levels.

INITIATIVE 5: **Encourage Wellness Among State Employees**

With over 32,000 Colorado state employees, we have a unique opportunity to improve the health of state employees and lead the way as a wellness-focused employer. We are working with the state employees' union — Colorado Workers for Innovations and New Solutions (Colorado WINS) and the Association of Colorado State Patrol Professionals — as well as the state's health insurance companies — Kaiser Permanente and United Healthcare — to develop health strategies that incentivize wellness among state employees.

Wellness programs in large organizations can generate significant savings and improved health outcomes. Based on these programs, we can reasonably expect a fiscal return of at least \$2.50 for each dollar invested and improve health outcomes.^{69,70} Nebraska has moved 3 percent of their workforce from high or moderate risk to low health risk with an incentive-based wellness program.⁷¹ Private employers have been able to reduce obesity rates,^{72,73} improve hypertension rates,^{74,75} and reduce smoking rates.⁷⁶



By 2015, 50 percent of state employees will

participate in HIPAA-compliant health assessments or screenings that include measurements for height, weight, body mass index, blood pressure, cholesterol, substance use, and overall mental health.



By 2015, 20 percent of state employees

identified as eligible for a chronic disease prevention or management program through health assessments will participate in this type of programming.

With the help of nationally-recognized leaders in health promotion and employee wellness, we are developing a wellness program to encourage state employees to more actively engage in their health that will launch in mid-2013. Beginning with an individual health assessment, we will implement department-based initiatives, health education, and opportunities for state employees to develop personal wellness goals. We will coordinate best practices across departments by creating a wellness committee with collaboration

from each agency, recruiting wellness champions, and establishing incentives for the program. We will also strive to be a leader in making our work environments conducive to choosing healthy behaviors. Our objective is to help employees adopt and maintain healthy behaviors, lower health risks, and develop fewer chronic diseases.

CONTINUING COMMITMENTS AND FUTURE OPPORTUNITIES

We are committed to making progress on all of Colorado's Winnable Battles. Additionally, in partnership with legislators and the Amendment 64 Task Force, we will develop and implement a framework to efficiently and effectively regulate adult use of marijuana in Colorado, while protecting health and safety and preventing the use of marijuana among children and teens. Marijuana is the number one reason why adolescents in the United States seek substance use treatment, and nearly one in four Colorado adolescents uses marijuana.⁷⁷ Although marijuana use among high school youth has not increased since 2009, Colorado has the fifteenth-highest rates of youth marijuana use.⁷⁸ As a regulatory framework

develops, our prevention efforts will be proactive, we will focus on the safety of at-risk groups, and we will develop additional measures to determine how legalized adult use of marijuana impacts Coloradans' health.

RESOURCES

For more information about our efforts to promote prevention and wellness, please visit:

Amendment 64 Task Force

www.colorado.gov/revenue/amendment64

Cavity Free at Three

www.cavityfreeatthree.org/

Colorado's Winnable Battles

www.cdphe.state.co.us

LiveWell Colorado

www.livewellcolorado.org

Colorado Oral Health Plan

www.oralhealthcolorado.org/oralhealth-plan/

Colorado WINS

www.coloradowins.org/

Association of Colorado State Patrol Professionals

www.acspp.net/

Obesity Integration Project

www.coprevent.org/2012/08/obesity-integration-project-summary.html

Pedal The Plains

www.pedaltheplains.com/

U.S.A. Pro Cycling

www.usaprocyclingchallenge.com/

FOCUS AREA 2:



**EXPANDING COVERAGE,
ACCESS, AND CAPACITY**

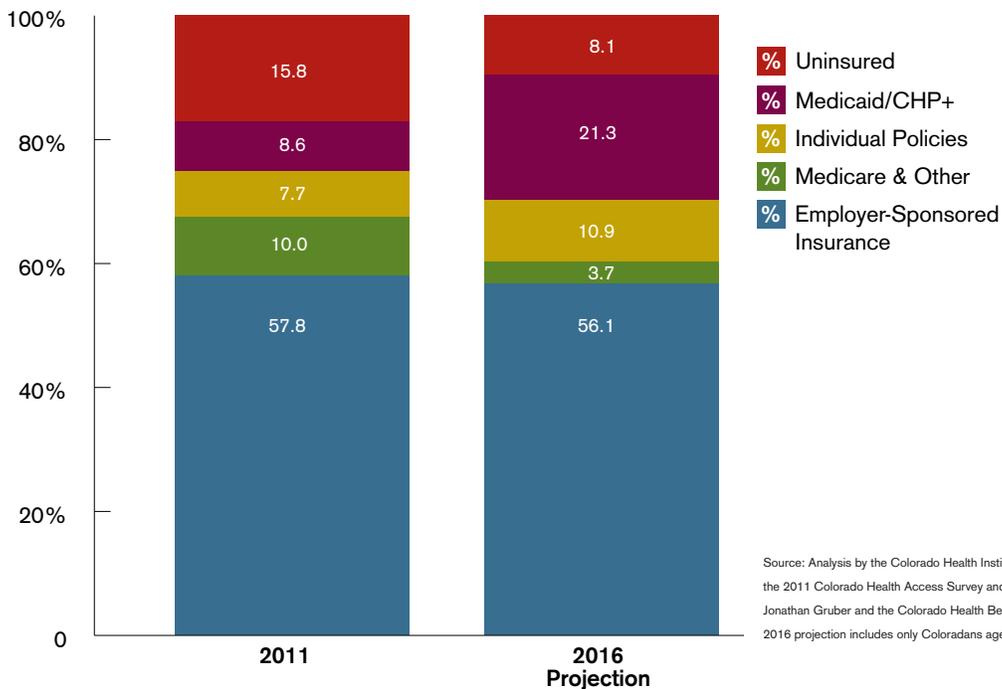
Our second focus area encompasses our efforts to improve access to health insurance and healthcare providers, particularly in Colorado's rural and underserved areas.



**INITIATIVE 1:
Expand Public
and Private Health
Insurance Coverage**

Nearly 760,000 Coloradans lacked health insurance in 2011, and access to insurance coverage disproportionately affects rural populations and racial and ethnic minorities.⁷⁹ For example, Colorado's Hispanic children are three times more likely to lack health insurance coverage than Caucasian children.⁸⁰

Colorado can expand coverage while bending the healthcare cost curve. We are partnering to strengthen private insurance coverage through Colorado's health insurance exchange — Connect for Health Colorado — and we will expand Medicaid to cover all Coloradans living on less than \$15,400 a year beginning in 2014. By leveraging federal funds and partnerships, Colorado will implement both of these approaches with no impact to the state's General Fund.



Colorado's vision for a health insurance exchange predates national healthcare reform and was a key recommendation of Colorado's Blue Ribbon Commission for Health Care Reform in 2008. In a collaborative partnership of legislators, businesses, consumers, advocates, healthcare providers, the Governor, and others, the Colorado Health Benefit Exchange — now called Connect for Health Colorado — was created in 2011 and passed with bipartisan support. This helped build a solid political foundation for the Exchange, an advantage

Colorado has over many other states as Colorado works to strengthen value expand health insurance coverage.

Starting in late 2013, Connect for Health Colorado will be a marketplace where individuals and small businesses can compare affordable health insurance options. Since passage of the legislation, community participation has been an active, substantive, and a vital part of the organization's operations, involving hundreds of stakeholders dedicating thousands of hours to its development. Connect for Health Colorado plans to serve roughly 250,000 Coloradans in its first few years.

Ensuring Comprehensive Coverage with Essential Health Benefits

Starting in 2014, the Affordable Care Act requires most insurance plans and Medicaid to include at least some coverage in each of the following ten categories:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

For more information about health insurance, please visit the Division of Insurance website.



By 2018,
significantly
reduce Colorado's

uninsured population by providing access to public and private insurance coverage to at least 520,000 more Coloradans.

In 2009, a broad coalition of stakeholders — including consumers, physicians, hospitals, and businesses — supported the Colorado Health Care Affordability Act (HB 09-1293) which created the Hospital Provider Fee. Colorado's Provider Fee is one of only a few matching programs of its kind nationwide that fully funds expanded Medicaid coverage and improvements in Medicaid provider payments. The

Colorado's implementation of new federal rules for health insurance will ensure Coloradans have adequate health insurance coverage while building more value into health insurance.

financing structure enabled by the Hospital Provider Fee is a key component of Colorado's ability to pursue the Medicaid expansion without impact to the General Fund.

With the support of the General Assembly, Colorado will expand Medicaid to 133 percent of the Federal Poverty Level starting in 2014, which — in conjunction with expansions previously authorized by the Colorado Health Care Affordability Act — will provide coverage to 270,000 additional Coloradans. Additional federal funding will cover 100 percent of the costs for the newly eligible Medicaid population through 2016. In 2017, the federal match rates begin to taper down until 2020, at which point Colorado will be responsible for 10 percent of the costs going forward.

We are committed to pursuing this expansion without putting our state budget at risk. Long-term funding for this population will come from cost savings in the Medicaid program and from Colorado's Provider Fee financing structure. As coverage expands, we are also committed to address provider shortages and other needs so that individuals can have the greatest continuity of coverage over time.

We are also leading efforts to align state and federal health insurance reforms, ensuring Coloradans are well-informed of their options and insurers comply with regulatory standards. Colorado's implementation of new federal rules for health insurance will ensure Coloradans have adequate health insurance coverage while building more value into health insurance. Ultimately, in order to control healthcare costs statewide, private insurers must be part of the solution, and we are actively working to identify opportunities to leverage public-private partnerships to reduce costs and improve value.

INITIATIVE 2: **Strengthen Colorado's Health Workforce**



Approximately one million Coloradans live in a community that lacks enough primary care physicians needed to optimally deliver care.⁶¹ Communities need healthcare providers in order to maintain and improve health where people live, work, learn, and play. In order to improve access in these communities, Colorado will expand the healthcare workforce and leverage the use of twenty-first century technology to support rural communities.

Coloradans receive healthcare via 100 hospitals and nursing facilities, from more than 11,000 physicians, through 54 rural health clinics, through 43 community-funded safety net clinics, and through 17 federally qualified health centers.

Although Colorado has 3,400 primary care physicians practicing in Colorado, these doctors are concentrated along the front range.⁸² Additionally, roughly 3,200 nurse practitioners and 1,000 physician assistants work in primary care settings.⁸³ However, significant gaps in access continue to disproportionately affect

uninsured, publicly insured, and geographically isolated Coloradans.

As health coverage increases, we anticipate greater demands on health services, which will require more providers, particularly in underserved communities. In conjunction with payment reform efforts, models of delivering healthcare are changing to focus on patient-centered, team-based care that supports care coordination and a better patient experience. Health IT is also enabling diversified care teams to provide more personalized treatment to patients. These changes require a broader range of health professionals to meet new

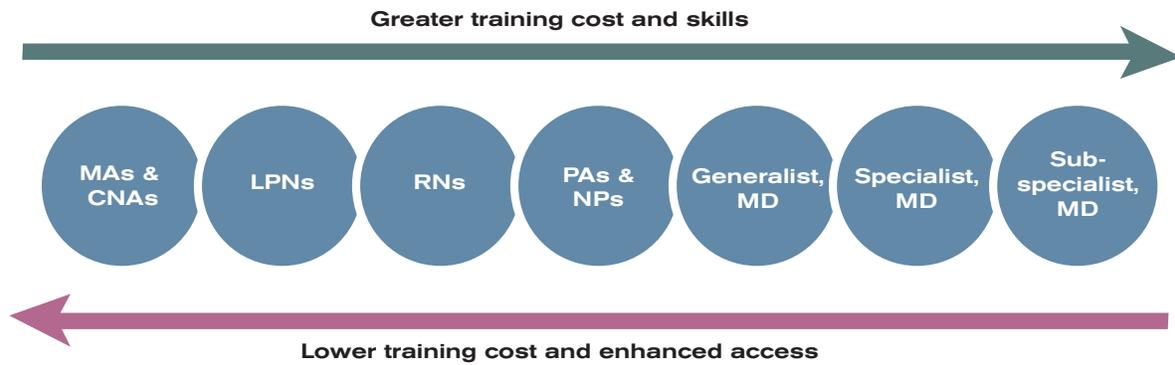
demands. As a result, Colorado is working to increase primary care providers and diversify our primary care workforce by expanding our focus beyond physicians.

Our aim is to create workforce priorities that shift our focus from merely focusing on “sick care” to affordable and accessible primary care services that also promote wellness and prevention. To achieve this and meet future demand, we will need to explore every option for expanding Colorado’s health workforce, including enhancing education, training, and employment pathways for mid-level non-physician providers, care coordinators, and patient navigators.

Promoting Better Health: Community Health Workers, Patient Navigators, and Promotores

In many Colorado communities, professionals and volunteers are working to help support others’ health needs. Community health workers, patient navigators, and promotores (“promoters” in Spanish) provide leadership, education, support, and resources to empower individuals to actively engage in their health. These models have been particularly effective in minority and underserved populations to lower health risks, help manage chronic conditions, improve health outcomes, and reduce costs. One study based in Colorado demonstrated a \$2.28 return for every \$1.00 invested.

The **Colorado Patient Navigator Training Program** is a partnership between the Colorado School of Public Health, The University of Colorado Cancer Center, Denver Health, Community College of Denver, and the Colorado Community College System that has trained nearly 500 community health workers and patient navigators since 2006, and provided online tutorials to over 2,000 individuals.



We are committed to developing a robust health workforce that can meet future healthcare demands. Building a strong, statewide health workforce requires a multi-faceted strategy, involving not only the state's colleges and universities, hospitals, large health-care providers, faculty practice plans, policy organizations, nonprofits, and foundations, but also our economic and workforce development teams at a state and local level.

In early 2013, nine of fourteen Colorado economic development regions identified Health and Wellness as a major opportunity, and shortages in the healthcare workforce were of particular concern to many rural areas. In response to these identified needs, we are working to integrate local, regional, and statewide economic development strategies for the health and wellness industry and ensure health workforce solutions are a top priority. Strategic partnerships with our academic institutions will help us prepare

a workforce that is forward-thinking and responsive to market changes. These partnerships will also measure what is working — and what is not working — to improve our health and help Colorado retain providers trained here in Colorado.

Advancing Health and Wellness Economic Development

In addition to our existing policy team and cabinet members, the Governor's Office has added an additional position dedicated exclusively to advancing Colorado's health and wellness economic development strategies. With the support of The Colorado Health Foundation, the **Director of Health and Wellness** will spearhead the development of Colorado's Health and Wellness Key Industry Network, which emerged from the Colorado Blueprint and will help define the future of Colorado's health economy. The Director will also help incorporate health and wellness messaging into Colorado's statewide value proposition and actively partner with the business and nonprofit communities to promote Colorado's healthy living goals. Finally, the Director will work with industries that complement health and wellness, including agriculture, tourism, and outdoor recreation.



INITIATIVE 3:

Close Gaps in Access to Primary Care and Other Health Services

The **Colorado Health Service Corps** is a partnership between state and federal governments, Colorado's foundation community, and healthcare providers that recruits health professionals to underserved areas. This program will recruit and retain 148 additional full-time primary care providers in 2013 and 2014, increasing overall primary care providers by at least two percent.⁸⁴ These providers will be in addition to the 160 existing Colorado providers supported through the National Health Service Corps. Achieving this goal will allow us to reduce health disparities in communities that need additional healthcare services and expand access through the addition of 200,000 primary care appointments annually. To enhance the tie between public health and primary care, every new CHSC provider will participate in a public health training program and facilitate a community health project focused on one of Colorado's Winnable Battles.



By 2015, recruit and retain 148 primary care and dental providers through the Colorado Health Service Corps.

In addition to our workforce demands, Colorado can expand access, particularly in geographically isolated communities, by providing more health services through telehealth — providing health services through digital technology. To support the use of telehealth, we are seeking approval from our federal partners to provide Medicaid reimbursement for these services. We are also committed to reviewing and modifying state rules that present barriers to telehealth.

Reliable and fast internet access is a core component of expanding telehealth and allows providers to share medical information over long distances. The **Colorado Telehealth Network (CTN)**, sponsored by the Colorado Hospital Association and the Colorado Behavioral Healthcare Council, is rapidly expanding its statewide network of broadband and wireless technology to health facilities statewide. CTN's network currently connects more than 200 health facilities in rural and urban Colorado, providing secure image sharing, archiving, and video-conferencing services to connect healthcare providers with each other and with patients. CTN is distinguished nationally as one of only a few statewide networks serving both physical and behavioral healthcare sites.



By 2015, provide network access to more than

400 hospitals, behavioral health providers, clinics, and other providers throughout rural and urban Colorado.

CONTINUING COMMITMENTS AND FUTURE OPPORTUNITIES

Colorado's health workforce is — and will continue to be — the backbone of how Coloradans become healthy and stay healthier. Colorado needs a strong health workforce that can be responsive to a rapidly changing healthcare environment. This includes employment environments in which providers can use the full extent of their license, educational opportunities that provide real-world experience, providers that support the diverse health needs of all Coloradans, and training pathways and pipelines that support a healthy long-term health workforce infrastructure.

We will continue to work with community partners, including local communities, foundations, educators, employers, providers, and others, to identify solutions to Colorado's short- and long-term workforce challenges and help key organizations align educational opportunities with workforce needs.

RESOURCES

For more information about our efforts to increase coverage, access, and capacity, please visit:

**Colorado Health Benefit Exchange/
Connect for Health Colorado**
www.cohbe.org/

Colorado Telehealth Network
www.cotelehealth.com/

Colorado Division of Insurance
www.dora.state.co.us/insurance

Colorado's Primary Care Office
www.colorado.gov/cs/Satellite/CDPHE-PSD/CBON/1251618793013

**Colorado Office of Economic
Development and International Trade**
www.advancecolorado.com/

**Medicaid Expansion Analysis:
Economic Impact
(The Colorado Health Foundation)**
www.coloradohealth.org/medicaid.aspx

**Costs and Benefits
(The Colorado Trust)**
[www.coloradotrust.org/
attachments/0001/9712/
Medicaid_4pg_primer_FINAL.pdf](http://www.coloradotrust.org/attachments/0001/9712/Medicaid_4pg_primer_FINAL.pdf)

FOCUS AREA 3:

IMPROVING QUALITY AND SYSTEM INTEGRATION

Our third focus area improves the systems that deliver care.

At the heart of many problems in Colorado's health system are inefficiency and fragmentation.

By enhancing coordination of care, facilitating sharing and use of information, and integrating a disparate patchwork of health services, we can improve health outcomes and individual experiences while decreasing costs.

We will improve the health of Coloradans by streamlining systems and ensuring care is delivered with a "whole person" and "whole community" approach. We will work to integrate physical health with behavioral health, oral health,

public and environmental health, and programs providing community-based long-term services and supports. We will collaborate with individuals, families, and caregivers to inform policies that support integration and patient-centered care.

INITIATIVE 1:



Expand Use of Patient-Centered Medical Homes

A patient-centered medical home refers to healthcare in which the lines of communication among patients, physicians, and facilities are open and efficient, generating better care, better health, and lower costs. Medical homes improve care by serving as a hub through which patients connect with different parts of the healthcare system, improving communication and increasing continuity of care.

Medical homes are supported by more than 72 percent of surveyed Colorado primary care physicians as a way to improve patient satisfaction and health outcomes.⁸⁵ A multi-payer medical home pilot that ended



in 2012 showed significantly reduced emergency room visits and hospital admissions, particularly for patients with multiple chronic conditions. One participating private payer reported a return on investment of at least 250 percent. With this support, Colorado will leverage prior pilot programs and expand its focus on medical homes through the Medicaid Accountable Care Collaborative (ACC) model, as well as through multi-payer initiatives.

Currently, over 2.3 million of Colorado's working-age adults report having a medical

home, whereas fewer than 700,000 children have a medical home.^{86,87} This ranks Colorado 29 and 30, respectively, among states for proportion of the population with a medical home.



By 2016, connect an additional 555,000

Coloradans with a patient-centered medical home through the Accountable Care Collaborative.

Providing Better Care and Controlling Costs: The Accountable Care Collaborative (ACC)

With 84 percent of Medicaid clients in an unmanaged, fee-for-service system as recently as April 2011, policymakers recognized the need for better coordination among providers, clinics, hospitals, individuals, and social service organizations serving Colorado's Medicaid population. Colorado's Medicaid and Child Health Plan *Plus* programs serve nearly 783,000 Coloradans and comprise nearly one-fifth of the state's General Fund spending, reaching over \$2 billion in FY 2013-14. Uncoordinated care can lead to duplicative services, creating unnecessary burdens on individuals and families and extra costs for Colorado taxpayers. These concerns were shared by TBD Colorado participants, as reflected in the recommendation to increase managed care in Medicaid, which aims to decrease cost and improve patient experience with the healthcare system.

Starting in 2008, Colorado engaged stakeholders to develop the ACC, a payment and delivery system reform initiative that builds on the strengths of local, regional, and statewide partners to build an integrated, outcome-focused, person- and family-centered system of care. The ACC began enrolling Medicaid clients in May 2011, and as of December 2012, the proportion of Medicaid clients in an unmanaged, fee-for-service system has decreased by over 20 percent. The program currently serves 200,000 individuals, and we plan to expand its reach to include at least 555,000 Coloradans by 2016. Initial analysis from the ACC's first year shows improved health outcomes and \$20 million in healthcare savings, which enabled us to invest in the program's infrastructure and save Colorado taxpayers \$3 million.

The ACC infrastructure, with its focus on person-centered care and regional solutions, is the foundation of the Medicaid program in Colorado and will be the vehicle for delivery and payment reforms in Colorado Medicaid. Through a number of programs, including the ACC, we will reduce the number of individuals in unmanaged, fee-for-service care to less than 30 percent by 2016.

The ACC draws on strengths of the patient-centered medical home, and uses measurable performance data at the local and regional level to continuously improve care. By using the ACC to achieve this metric, 70 percent of Medicaid clients will be connected to a medical home by 2016, which will support more effective care and better patient health outcomes. Sharing information related to both outcomes and process quality measures is a central objective of the ACC, as it equips the medical home with best practices and incentivizes evidence-based care. Colorado's private sector insurers are beginning to incentivize providers to adopt this care delivery model.⁸⁸



INITIATIVE 2: **Support Access to State Information and Services**

To provide better public access to state information and services, we are spearheading several efforts to strengthen the state's internal technology infrastructure. Currently, the state collects an abundance of data, but it is not always easily-accessible to the public or to other state agencies. The Colorado Information Marketplace simplifies access to routinely-collected public health information by providing consolidated data to the public, health providers, and technology entrepreneurs.⁸⁹ The Colorado Information Marketplace also enables data sharing to improve decision-making and reduce fraud, waste, and abuse.

We are coordinating technology efforts across departments and with stakeholders to develop and implement the State Health IT Strategy and to modernize eligibility, enrollment, and claims systems for state services. Together, these initiatives help the state provide better access to information, education, and support, while delivering effective, efficient, and elegant services to Coloradans.



By 2014, all agencies within the State of

Colorado Executive Branch and at least four health-related non-governmental partners will have data-sharing governance agreements in place.

Nongovernmental partners for this metric include the Center for Improving Value in Health Care (CIVHC), the Colorado Health Benefit Exchange (COHBE), the Colorado Regional Health Information Organization (CORHIO), and the Colorado Telehealth Network (CTN).



INITIATIVE 3:
Support Better Behavioral Health Through Integration

We all benefit from a comprehensive health system that addresses mental health and substance abuse issues alongside physical health concerns in a person-centered system. A health system in which physical health is separated from behavioral health — and in which only one condition is treated at a time — results in poor quality and high costs.⁹⁰

Almost half of primary care visits involve the effects of behavioral health conditions, especially depression or substance abuse.⁹¹ Medical costs of untreated depression among individuals with chronic medical conditions are 50 to 75 percent higher than individuals who do not have depression.⁹² Integrated care is a proven approach to reduce costs, support better outcomes, and improve the experience of care for individuals who have both physical and behavioral conditions, and Colorado is actively working towards better integration at the clinical, operational, and financial levels.⁹³

Integrating behavioral health and physical health is a key priority for Colorado.

Aside from reducing stigma associated with behavioral health, integration allows for more efficient and effective treatment at the right time and in the right place. Working with individuals, healthcare providers, and other stakeholders, Colorado is building stronger connections within physical health systems and behavioral health systems to help individuals have access to person-centered and integrated healthcare in the right place at the right time. Health IT is instrumental in overcoming barriers to access to physical and behavioral health services. Colorado is committed to being a place where we acknowledge the importance of behavioral health as inseparable from overall health to increase positive attitudes towards behavioral health.

In recognition of the challenge of integrating these disparate systems, integration is a priority and collaborative effort of multiple state agencies and nongovernmental partners in Colorado. Even more than other areas of healthcare, the behavioral health atmosphere is currently in a state of flux that is shifting how behavioral health is paid for and delivered. In 2008, Congress passed the Mental Health Parity and Addiction Equity Act, which — in conjunction with the Affordable Care Act — will require insurance companies to cover behavioral health in the same way they cover physical health starting in 2014. This presents immense opportuni-

ties for Coloradans in need of mental healthcare or substance abuse treatment services, but it may also place pressures on our behavioral health workforce.

Supported by federal legislation and financial support, Colorado will develop a pathway for payers and providers to incentivize integration of physical and behavioral health and will become a leader in integrating behavioral and physical care.

Our initiatives to integrate care are evolving rapidly in response to this changing environment. We are committed to ensuring integration efforts complement our work to strengthen mental health crisis services, inpatient treatment, and community-based behavioral health systems in the state.

INITIATIVE 4:



Improve Access to Community-Based Long-Term Services and Supports

We are fortunate to have many providers and advocates working hard to connect aging and disabled Coloradans to the right services at the right time. By 2030, the number of elderly adults in Colorado is expected to increase by 150 percent as Colorado's baby boomers enter their "golden years." These individuals will live longer and be more active than previous generations; however, many will have to

navigate our public and private systems of long-term services and supports that are complex and extremely costly. As Coloradans age, we will need new options that allow individuals to live in their own homes and communities. We will pursue expanded meal sites, housing supports, home-based healthcare, and other services to meet this growing demand.

Created by Executive Order in 2012, the **Community Living Advisory Group** is working to redesign Colorado's system of long-term services and supports to better serve aging Coloradans and individuals with developmental and intellectual disabilities. Too many Coloradans with disabilities lack the services they need to be safe and healthy. As we work to improve system redesign through the Community Living Advisory Group, we will pursue intermediate investments to dramatically reduce the number of individuals waiting for services.

The Community Living Advisory Group will help Colorado improve outcomes, reduce complexity, increase capacity and access, leverage existing resources, and promote self-direction and person-centered care. The Advisory Group's goal is to increase access to community-based long-term services and supports that enable individuals to participate in communities that value their contributions and live in a home of their choice with the supports they need. This effort reflects a recommendation from TBD Colorado (supported by 98 percent of participants) recognizing that for the elderly and individuals with disabilities, home- and

community-based services are effective in increasing patient satisfaction, creating value, and achieving cost savings.

Through the federally funded **Money Follows the Person Initiative**, Colorado will facilitate the transition of 500 Medicaid-eligible individuals from long-term care facilities into the community over a five-year period. Individuals in long-term care facilities are typically high-need, complex, and medically fragile, and the level of care they need costs nearly ten times the average per capita cost in Medicaid, often reaching more than \$60,000 per person per year. Transitioning individuals into community-based care will dramatically improve quality of life for the individuals and provide more cost-effective care.

The vision is to transform our system of long-term services and supports from institutionally-based and provider-driven care to person-centered, consumer-directed, and community-based care. Although 500 individuals is a small proportion of the nearly 14,000 Medicaid clients currently living in long-term care facilities, our objective is to ensure individuals who are interested in transitioning back into community-based settings are able to live safely with local services and supports.



Each year through 2017,

transition 100

individuals from long-term care institutions to community settings of their choice.

Each individual who expresses interest in transitioning to the community is assigned a transitions team that assesses whether adequate supports and services exist to meet the individual's needs. The initiative enables Medicaid to support the choices of clients that designate how, when, and where they receive long-term services and supports. It is also an opportunity to reduce per capita costs in Medicaid, improve quality of life for individuals, and honor the U.S. Supreme Court's 1999 *Olmstead* decision, which requires states to serve individuals in the most appropriate setting based on their particular needs.⁹⁴

We are also working to support seniors through Colorado's Long-Term Care Partnership, an alliance between state government and the private insurance industry to help Coloradans plan for future long-term care needs. The goal of the Partnership is to ensure individuals can access private long-term care insurance without depleting all of their assets to pay for care. It is designed to encourage and reward Coloradans for planning ahead and will relieve pressure on Medicaid, which pays for long-term

services and supports for very low income seniors. Through the State Health Insurance Assistance Program and the Senior Medicare Patrol, we are also helping to educate older Coloradans, encouraging them to make good choices about protecting their quality of life through insurance programs.

CONTINUING COMMITMENTS AND FUTURE OPPORTUNITIES

Rules and regulations that apply to healthcare organizations in Colorado often involve multiple agencies at the state level and have developed over time, failing to keep pace with major shifts in how organizations deliver health services. Unfortunately, some of these rules do not serve the best interests of Coloradans or private organizations. Additionally, they sometimes impose duplicative and unnecessary burdens, particularly on healthcare providers and Medicaid clients. We are committed to reviewing health regulations across state agencies to eliminate and streamline regulatory requirements. This effort will support our goal of creating a more effective, efficient, and person-focused health system, while providing appropriate regulatory oversight.

As we continue to plan for the aging of Colorado's population, we recognize that healthcare near the end of life may not improve quality of life and is both emotionally and financially costly to

families and individuals.⁹⁵ Advance life planning can improve how patients experience care toward the end of life, and we are committed to identifying ways to help providers, patients, and families discuss and respect end-of-life planning and decisions.

RESOURCES

For more information about our efforts to improve quality and system integration, please visit:

Accountable Care Collaborative
www.colorado.gov/cs/Satellite/HCPF/HCPF/1233759745246

Center for Improving Value in Health Care
www.civhc.org/

**Colorado Health Benefit Exchange/
Connect for Health**
www.cohbe.org/

Colorado Information Marketplace
<https://data.colorado.gov>

**Colorado Regional Health
Information Network**
www.corhio.org/

Colorado Telehealth Network
www.cotelehealth.com/

Community Living Advisory Group
www.colorado.gov/cs/Satellite/HCPF/HCPF/1251627784788

Long-Term Care Partnership
www.colorado.gov/cs/Satellite/HCPF-ColoradoLTCPartnership/CLTCP/1198227699631

Senior Medicare Patrol
www.colorado.gov/cs/Satellite?c=Page&childpagename=DORA-DI%2FDORALayout&cid=1251623075705&pagename=CBONW rapper

State Health Insurance Assistance Program
www.colorado.gov/hcpf

FOCUS AREA 4:



ENHANCING VALUE AND STRENGTHENING SUSTAINABILITY

Our final focus area is to drive value and efficiency in our state agencies and in the private sector, which will enable Colorado to deliver higher quality care at a lower cost.

Using data to drive improved care for our highest cost and highest need patients allows us to identify savings, prevent or lessen the impact of chronic disease, and more appropriately deliver the care individuals need at the right time and in the right setting.

These efforts must occur at the clinical, operational, and financial levels of organizations and, at the same time, align closely with our

population health and prevention initiatives to reverse current growth trends of costly chronic illnesses.

INITIATIVE 1:



Achieve Cost Containment in Medicaid

Roughly one-third of U.S. health spending in 2009 — \$750 billion — was wasted on unnecessary services, excessive administrative costs, and other problems.⁹⁶ In Colorado, over \$73 million related to fraud and waste has been recovered in each of the last two fiscal years.⁹⁷ Cost is a central problem across the healthcare spectrum. Within the healthcare system, costs have increased at a rate greater than the economy as a whole for 31 of the past 40 years. Colorado is reforming Medicaid to better engage and align with those we serve, improve how healthcare services are delivered, more effectively use limited state resources, and achieve better health outcomes and individual experiences.



We are fundamentally resetting the cost trajectory of Medicaid in a sustainable way that achieves spending reductions and improves the health of the individuals and families we serve. Colorado is leveraging the platform of the ACC to achieve \$280 million in cost savings across several key areas by 2023. Our chief cost containment efforts include:

- Enhancing the value of services by covering cost-effective and clinically appropriate benefits.
- Reforming payment systems to transition away from paying for volume to paying for value.
- Reforming care delivery systems to increase effectiveness of how care is delivered.
- Improving and expanding information technology infrastructure to improve overall efficiency and quality of care.
- Redesigning administrative infrastructure to provide more effective, efficient, and elegant services to individuals and enhance efforts to prevent fraud, waste, and abuse.



By 2023, reduce Medicaid costs by \$280 million, which represents a one percent annual reduction in projected Medicaid program expenditure.

Ultimately, our goal is to bend the cost curve in Medicaid while improving the availability, accessibility, and quality of care and strengthening health outcomes. We will achieve this target by strategically implementing initiatives that address core cost drivers, focusing on transforming how care is paid for and delivered.



INITIATIVE 2:

Advance Payment Reform in the Public and Private Sectors

Payment reform advances in Medicaid will pave a path for comprehensive reform statewide in both the private and public sectors. In mid-2013, we will launch a payment reform pilot program for innovative, incentive-based payment reform ideas that demonstrate new ways of paying for improved client outcomes while reducing costs. Initial proposals will come from existing Regional Care Collaborative Organizations (RCCOs) within the ACC, and we anticipate proposals will be collaborative partnerships involving multiple healthcare providers across the care continuum.

Our efforts to advance payment reform span across the public and private sectors. In August 2012, Colorado was selected as one of seven sites nationwide for the **Comprehensive Primary Care Initiative** (CPC Initiative), a federal pilot project leveraging care coordination payments to transform care delivery. The program uses per-member-per-month payments from Medicare and participating payers to expand care coordination activities with the aim of controlling system costs and improving the quality of patient care. Many partners in the CPC Initiative have worked together previously through pilot programs aimed at increasing use of medical homes.

Seven commercial insurers (Anthem, Cigna, Colorado Access, Colorado Choice HMO, Humana, Rocky Mountain Health Plans, and United Healthcare), the International Brotherhood of Teamsters, and Colorado Medicaid are participating in the CPC Initiative. More than 160 primary care practices across the state met the minimum qualifications to apply for the CPC Initiative, indicating the readiness of Colorado's primary care community to participate in care coordination. Of those 160 eligible, 74 were selected to participate. Colorado's CPC Initiative participants are actively collaborating with federal partners to develop metrics to assess effectiveness of care management and shared savings, as well as to measure each individual's experience of care.

The **Center for Improving Value in Health Care** (CIVHC) was created by Executive Order in 2008 to serve as an independent convener, facilitator, and connector for broad and comprehensive changes to Colorado's health system, with the Triple Aim goals at the center of their mission. Now a standalone nonprofit organization, CIVHC is leading private sector payment reform efforts through collaborative approaches. Many of their goals align directly with this report, including transitioning away from fee-for-service payments, increasing coordinated and patient-centered care, and integrating public health with primary care.



INITIATIVE 3:
Invest in Health Information Technology

Although most of the state's population lives in our urban centers, the volume of providers and large rural areas across more than 103,000 square miles present challenges in coordinating and sharing information necessary to patient care. Health IT can create efficiencies in healthcare delivery, ease shortages of healthcare professionals, improve quality and safety, and reduce costs.⁹⁸ In order to take advantage of these opportunities, we must capture, measure, and act upon data in an organized, systematic way.

Colorado is emerging as a leader in health IT on a national level, and our coordinated efforts, public-private partnerships, and stakeholder engagement have significantly improved Colorado's competitiveness for federal grant opportunities that assist all parts of the state. Colorado has championed electronic health records (EHR), promoted provider-to-provider exchange of clinical information to improve care, launched advanced health IT applications to improve health outcomes for whole populations, and developed broadband networks across the state to facilitate telemedicine and telehealth services. Collectively, these measures improve care quality, lead to better health outcomes, and reduce costs. In November 2012, CIVHC launched the **All Payer Claims Database**, a secure database that uses insurance claims data to improve transparency of health pricing and outcomes.

The two central components of Colorado's State Health IT Strategy are leveraging federal investments promoting use of EHRs and ensuring that electronic information can be safely and confidentially exchanged with other providers to improve patient care, a process called Health Information Exchange (HIE).

Future work developing the State Health IT Strategy will focus on inter-agency data exchange and will promote enhanced connectivity through HIE.

Colorado maintains a physician EHR adoption rate that is consistently higher than the national average and growing at an increasing pace. All 17 of Colorado's Federally Qualified Health Centers and all 17 Community Mental Health Centers have been using EHRs for many years. In addition, roughly 75 percent of Colorado's Rural Health Clinics have or are in the process of implementing EHR systems.⁹⁹ Each of these facilities is committed to achieving "meaningful use," which represents fully-functional use of an EHR to improve quality, safety, and efficiency. Since early 2012, the federal Medicare EHR Incentive Program and the Colorado Medicaid EHR Incentive Program have used federal funding to provide more than \$126.3 million in incentive payments to providers.



By 2015, at least 4 million Colorado residents will receive care

from providers who have achieved Meaningful Use in the Medicare and Medicaid Electronic Health Record Incentive Programs.

Colorado's state-designated entity, the **Colorado Regional Health Information Organization (CORHIO)**, is recognized by the Office of the National Coordinator as a top-performing state HIE, surpassing 1.8 million unique patients and 28 live, participating hospitals as of February 2013.¹⁰⁰ Also recognized as a leader and innovator in the utilization of Health IT, the Colorado Beacon Consortium includes Quality Health Network, an HIE that has been operational on Colorado's Western Slope since 2005 and now connects 13 hospitals and over 85 percent of the region's office-based providers. Quality Health Network (QHN) and CORHIO are currently working to integrate their respective regional HIE platforms to achieve statewide connectivity.



By 2015, at least 3.8 million Colorado residents will be

served by healthcare providers that are connected to an integrated health information exchange infrastructure that supports appropriate, bi-directional sharing of health information and includes exchange with public health and across state borders.

Each of these Health IT targets is based on Colorado-specific estimates of the number of patients served by providers — including physicians, advance practice nurses, physicians assistants, and dentists — who are eligible for EHR incentive payments.

CONTINUING COMMITMENTS AND FUTURE OPPORTUNITIES

As Colorado transitions away from volume-based payments to value-based payments for healthcare, we will need to adapt the ways in which state government interacts with private sector insurance companies. Quality measures must be aligned across payers, and our insurance regulatory structure should incentivize insurers to transition toward value-based payments and care delivery. These activities and others will help us bring health-care costs under control across-the-board, and not just in Medicaid.

RESOURCES

For more information about our efforts to control costs and strengthen sustainability, please visit:

Accountable Care Collaborative

www.colorado.gov/cs/Satellite/HCPF/HCPF/1233759745246

All Payer Claims Database

www.cohealthdata.org/

Center for Improving Value in Health Care

www.civhc.org/

Colorado Regional Health Information Exchange

www.corhio.org/

Comprehensive Primary Care Initiative

www.innovation.cms.gov/initiatives/comprehensive-primary-care-initiative/

Medicaid Cost Containment Quality Health Network

www.qualityhealthnetwork.org

CONCLUSION

 accomplishing the goals and targets outlined in this report requires dedication, collaboration, focus, and persistence.

We welcome your feedback, participation, and involvement as we work to achieve our shared goals. Undoubtedly, we will encounter barriers, new challenges, and unforeseen events, but together we will make a collective impact on the health of our state. Initiatives across our four focus areas will align to create the best health, the best care, and the best value for Coloradans.

Our people are our greatest asset. Making sure that Coloradans stay healthy or become healthier is a worthwhile goal. Equally important is ensuring that the changes we make to improve our health today are sustainable, cost-effective into the future, and promote a vibrant health and wellness economy in Colorado.

Focusing on prevention, access to care, system integration, and sustainability will allow Colorado to lead the nation in health. Together, we will make Colorado the healthiest state.

TIMELINE OF INITIATIVES AND TARGETS

Focus Area/Initiative	2014	2015	2016	2018
FOCUS AREA 1: Prevention & Wellness				
Obesity		Bicycling supported, Pedal The Plains growing	Fewer obese Coloradans	
Mental Health	Improved behavioral health data collection			
Substance Use			Decreased prescription drug abuse	
Oral Health			Increased dental visits and fluoridation	
State Employee Wellness		Healthier state employees		
FOCUS AREA 2: Coverage, Access & Capacity				
Insurance Coverage				Fewer uninsured
Health Workforce	ONGOING	→		
Access to Primary Care		Increased primary care providers		
FOCUS AREA 3: System Integration & Quality				
Patient-Centered Medical Homes	Inter-agency data-sharing agreements		Increased care coordination	
State Information & Services				
Behavioral Health Integration	ONGOING	→		
Long-Term Services & Supports				Increased home and community-based care
FOCUS AREA 4: Value & Sustainability				
Medicaid Cost Containment				Reduced Medicaid costs by 2023
Payment Reform	ONGOING	→		
Health IT		Increased connectivity		

OVERVIEW OF INITIATIVES AND TARGETS

PROMOTING PREVENTION & WELLNESS			
Initiative	Target	Achievement Date/ Data Source	Lead Agency
Tackle Obesity Among Youth & Adults	Slow the rate of growth in obesity by maintaining our existing obesity rate, which will prevent 135,000 Colorado adults & 14,000 children from becoming obese. Represents 3% reduction in number of adults and children we project will be obese by 2016.	2016 Data Source: Colorado Behavioral Risk Factor Surveillance System, CDPHE (adults), Colorado Child Health Survey, CDPHE (children)	CDPHE
	Colorado's rank among states for active support of bicycling will move from number four to number one.	2015 Data Source: American League of Bicyclists	CDPHE CDOT
	Colorado's Pedal The Plains bicycling event will move from 900 to 2,000 riders and from \$120,000 to \$300,000 in revenues that can be reinvested in the community.	2015 Data Source: Office of Economic Development and International Trade	OEDIT
Support Improved Mental Health	Identify opportunities within existing data collection systems to better measure effectiveness of behavioral health services and individual behavioral health outcomes, implement necessary changes to data collection systems, and set statewide performance benchmarks.	2014	CDHS
Support Reductions in Substance Abuse	Reduce the prevalence of nonmedical use of prescription pain medications in Colorado by 92,000. Represents decrease in prevalence rate from 6 percent to 3.5 percent.	2016 Data Source: National Drug Use Survey, Substance Abuse and Mental Health Services Administration	CDPHE CDHS
Improve Oral Health of Coloradans	Ensure 7,500 more Colorado children visit a dentist before age one. Represents 14% improvement in Colorado's rate of dental visits before age one.	2016 Data Source: Colorado Child Health Survey, CDPHE	CDPHE
	Ensure at least 637 of Colorado's 881 community water systems have optimal fluoridation, either through naturally-occurring fluoride or by adjusting fluoride levels. Represents 72 percent of Colorado community water systems.	2016 Data Source: Oral Health Program, CDPHE	CDPHE
Encourage Wellness Among State Employees	Fifty percent of state employees will participate in HIPAA-compliant health assessments or screenings that include measurements for height, weight, body mass index, blood pressure, cholesterol, substance use, and overall mental health.	2015 Data Source: State Employee Wellness Program, Department of Personnel and Administration	DPA
	Twenty percent of state employees identified as eligible for a chronic disease prevention or management program through health assessments will participate in this type of programming.	2015 Data Source: State Employee Wellness Program, Department of Personnel and Administration	DPA

EXPANDING COVERAGE, ACCESS & CAPACITY

Initiative	Target	Achievement Date / Data Source	Lead Agency
Expand Public and Private Health Insurance Coverage	Significantly reduce Colorado's uninsured population by providing access to public and private insurance coverage to at least 520,000 more Coloradans. Represents 250,000 additional Coloradans covered through the Exchange and 271,000 covered by Medicaid expansions enabled by the 2009 Colorado Health Care Affordability Act and the Affordable Care Act.	2018 Data Source: Medicaid Enrollment Data, HCPF; User Data, COHBE	HCPF COHBE
Close Gaps in Access to Primary Care and Other Health Services	Recruit and retain 148 primary care and dental providers through the Colorado Health Service Corps. Represents 74 primary care providers recruited annually (in 2014 and 2015) through the Colorado Health Service Corps.	2015 Data Source: Primary Care Office, CDPHE	CDPHE
	Provide network access to more than 400 hospitals, behavioral health providers, clinics, and other providers throughout urban and rural Colorado.	2015 Data Source: CTN	CTN OIT

IMPROVING HEALTH SYSTEM INTEGRATION & QUALITY

Initiative	Target	Achievement Date / Data Source	Lead Agency
Expand Use of Patient-Centered Medical Homes	Connect 555,000 more Coloradans to a patient-centered medical home through the Accountable Care Collaborative. Represents 70 percent of all Medicaid clients enrolled in the Accountable Care Collaborative.	2016 Data Source: Medicaid Enrollment Data, HCPF	HCPF
Support Access to State Information and Services	By 2014, all agencies within the State of Colorado Executive Branch and at least four health-related nongovernmental partners will have data-sharing governance agreements in place. Nongovernmental partners for this target include CORHIO, COHBE, CIVHC, and CTN.	2015 Data Source: OIT	OIT
Improve Access to Community-Based Long-Term Services and Supports	Each year through 2017, transition 100 individuals from long-term care institutions to community settings of their choice. Represents 500 individuals transitioned over a five-year period funded by a Money Follows the Person grant.	2013-2017 Data Source: HCPF	HCPF

ENHANCING VALUE & STRENGTHENING SUSTAINABILITY

Initiative	Target	Achievement Date / Data Source	Lead Agency
Achieve Cost Containment in Medicaid	Reduce Medicaid costs by \$280 million, which represents a one percent annual reduction in projected Medicaid program expenditure.	FY 2023 Source: HCPF	HCPF
Invest in Health Information Technology	At least 4 million Colorado residents will receive care from providers who have achieved Meaningful Use in the Medicare and Medicaid EHR Incentive Programs. Represents 85 percent of total Colorado residents receiving care from a provider in the Medicare and Medicaid EHR Incentive Programs who has achieved Meaningful Use. Estimate based on projection that 85 percent (9,700) of eligible providers will participate in EHR Incentive Program and estimates of the number of unique patients they serve.	2015 Source: EHR Incentive Program, HCPF	HCPF
	At least 3.8 million Colorado residents will be served by healthcare providers that are connected to an integrated health information exchange infrastructure that supports bi-directional sharing of health information and includes exchange with public health and across state borders. Represents 75 percent of total Colorado residents receiving care from a provider connected to HIE. Estimate based on projection that 85 percent of eligible hospitals (64) will be connected to HIE and estimates of the number of unique patients they serve.	2015 Source: CORHIO/QHN	CORHIO QHN

RESOURCES

Center for Improving Value in Health Care (CIVHC)

CIVHC is dedicated to supporting better health, better quality and lower costs for Coloradans. CIVHC's vision is to make Colorado a national leader in health and in high-quality and affordable healthcare. Their mission is to support, promote and spread strategic initiatives that will improve the health of Coloradans, contain costs and ensure better value for healthcare received. www.civhc.org/

Colorado Department of Education (CDE)

CDE provides leadership, resources, support and accountability to the state's school districts, schools, and educators to help them build capacity to meet the needs of the state's public school students. The mission of CDE is to shape, support, and safeguard a statewide education system that prepares students for success in a globally competitive world. www.cde.state.co.us/

Colorado Department of Health Care Policy and Financing (HCPF)

Improving healthcare access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. The Department administers the Medicaid and Child Health Plan *Plus* Programs as well as a variety of other programs for Colorado's low-income families, the elderly, and persons with disabilities. www.colorado.gov/hcpf

Colorado Department of Human Services (CDHS)

The Colorado Department of Human Services serves Colorado's most vulnerable populations: families who are struggling to meet basic needs, children at risk of abuse or neglect, Coloradans in need of treatment for mental illness or substance abuse, and families caring for elderly parents. CDHS oversees the state's county departments of social/human services in their administration of public assistance and child welfare programs, the state's public mental

health system, Colorado's system for people with developmental disabilities, the state's juvenile corrections system, and the operation of all state veterans nursing homes.

www.colorado.gov/CDHS

Department of Personnel and Administration (DPA)

DPA provides centralized human resources, information, tools, resources, and materials needed for Colorado state government to function. The Department provides the infrastructure by which the rest of state government operates. DPA serves state agencies, state employees, and the public. The Department believes success depends upon offering quality and value to customers and stakeholders by providing economically efficient and sound services, while adhering to the highest standards of integrity. The Department's goal is to develop an environment in which employees can be productive, creative and function at their highest level.

www.colorado.gov/dpa/

Colorado Department of Public Health and Environment (CDPHE)

The mission of the Colorado Department of Public Health and Environment is to protect and improve the health of Colorado's people and the quality of its environment. The Department will work to ensure this mission as well as the vision of making Colorado the healthiest state with the highest quality environment by working closely with local public health and environmental health partners. The Department serves as the recognized leader that sets the agenda for public health and environmental quality in the state.

www.cdphe.state.co.us/

Colorado Department of Transportation (CDOT)

CDOT's mission is to provide the best multi-modal transportation system for Colorado that most effectively and safely moves people, goods and information. Their vision is to enhance the quality of life and the

environment of the citizens of Colorado by creating an integrates transportation system that focuses on safely moving people and goods by offering convenient linkages among modal choices.

www.coloradodot.info/

**Colorado Health Benefit Exchange/
Connect for Health (COHBE)**

COHBE's mission is to increase access, affordability, and choice for individuals and small employers purchasing health insurance in Colorado. The exchange is intended to reflect the unique needs of the state, seek Colorado-specific solutions, and explore the maximum number of options available to the state of Colorado in meeting the goals of access, affordability, and choice.

www.cohbe.org/

**Colorado Regional Health Information
Organization (CORHIO)**

CORHIO works closely with and among communities in Colorado to develop secure systems and processes for implementation of health information exchange. CORHIO collaborates with health care stakeholders to fulfill their vision of shared health information for all individuals in every Colorado community, promoting the right care at the right time and place.

www.corhio.org/

**Department of Regulatory Affairs/Division
of Insurance (DORA/DOI)**

DORA is dedicated to preserving the integrity of the marketplace and is committed to promoting a fair and competitive business environment in Colorado. DORA's Division of Insurance regulates the insurance industry and assists consumers and other stakeholders with insurance issues.

www.dora.state.co.us/insurance

**Office of Economic Development and
International Trade (OEDIT)**

OEDIT works with statewide partners to create a positive business climate that encourages dynamic economic development and sustainable job growth. OEDIT strives to advance the state's economy through financial and technical assistance in support of local and regional economic development activities throughout Colorado.

www.advancecolorado.com/

Office of Information Technology (OIT)

The Governor's Office of Information Technology is responsible for the operation and delivery of information communications technology services and innovation across all Executive Branch agencies in the State of Colorado. Their mission is to increase the effectiveness of government through the use of shared information and technology.

www.colorado.gov/oit

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For more information, please contact:
Katherine Blair, Senior Policy Advisor for Health
Office of Gov. John Hickenlooper
136 State Capitol, Denver, CO 80203
katherine.blair@state.co.us
www.colorado.gov/stateofhealth