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Connecting Colorado's Specialty Care Safety Net

The Final Evaluation Report for the

Access to Specialty Care Engagement Network (ASCENT)

2018-2021

APRIL 2021

Introduction

The Access to Specialty Care Engagement Network (ASCENT) was a three-year grant program funded by Kaiser Permanente Colorado (KPCO) to increase access to specialty care for adults insured by Health First Colorado or those who lack insurance.

KPCO's funding supported five organizations to participate in a cohort focused on expanding their specialty care programs. KPCO retained the Colorado Health Institute (CHI) to convene and facilitate the cohort, and to evaluate its impact.

Between 2018 and 2021, CHI worked with the cohort's five members to connect their specialty care programs into a network across specialty areas, patient populations, and service areas to improve access to specialty care. CHI also evaluated the cohort's services delivered, lessons learned, and policy implications.

A primary question guided the evaluation: If a group of Colorado's specialty care safety net programs connected their programs, could they increase access to care for uninsured Coloradans and Health First Colorado Members more than their individual programs could separately?

This executive summary captures key findings from CHI's evaluation of the ASCENT cohort, and it proposes next steps toward a comprehensive system of specialty care for all Coloradans.

Key Takeaways

- Between 2018-2021, the ASCENT cohort increased access to specialty care for uninsured Coloradans and Health First Colorado members by offering e-consults and patient referrals to face-to-face specialty care, by sharing best practices across programs, and by informing specialty care policy development.
- Though patients of cohort members benefited from increased access to specialty care — through an increase in the number of completed referrals and e-consults, a reduction in wait times for care, and growth in the number of specialty care providers participating — that improvement was mostly within individual programs and not due to referrals across cohort member programs.
- Significant policy barriers to creating a comprehensive specialty care safety net remain. These include a need for a reimbursed, statewide, workflow-integrated e-consult solution, additional supports for patients who need face-to-face specialty care services, and more specialty care providers accepting Health First Colorado as insurance.

Who is the ASCENT Cohort?

The ASCENT cohort was made up of five organizations, including health care providers and health alliances across the Front Range:

Boulder County Health Improvement Collaborative (BCHIC)

BCHIC is piloting a referral database with primary and specialty care providers to connect patients with available specialty care providers.

- **Organization Type:** Health alliance
- **Headquarters:** Boulder
- **Program Population Focus:** Health First Colorado members and uninsured patients in Boulder County

Hopelight Medical Clinic (HMC)

HMC engages with volunteer specialty care providers to serve the needs of its patients.

- **Organization Type:** Safety net clinic
- **Headquarters:** Longmont
- **Program Population Focus:** Health First Colorado members and uninsured patients in northern Colorado

Kaiser Permanente Colorado (KPCO)

KPCO's safety net specialty care program connects uninsured patients in Colorado safety net clinics with e-consults and face-to-face visits delivered by Kaiser specialists.

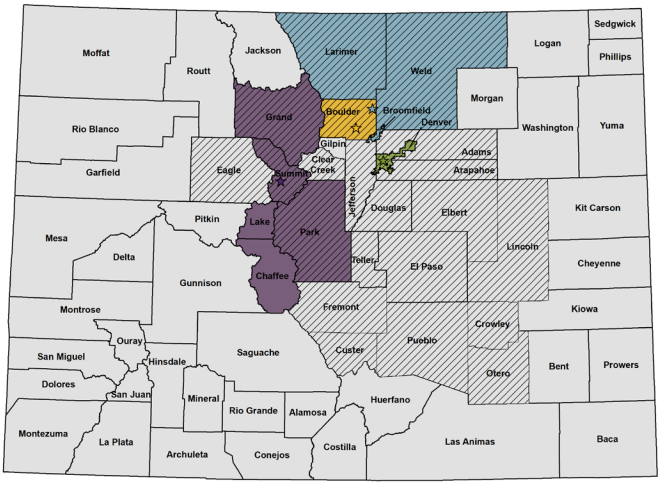
- **Organization Type:** Health system and payor
- **Headquarters:** Denver
- **Program Population Focus:** Uninsured Coloradans in metro Denver, along the I-25 corridor

Mile High Health Alliance (MHHA)

MHHA's Specialty Care Network engages with policymakers and connects Health First Colorado members with primary and specialty care providers to meet care needs.

- **Organization Type:** Health alliance
- **Headquarters:** Denver
- **Program Population Focus:** Health First Colorado members in metro Denver

Map 1. Specialty Care Grantee Service Areas, 2018



- Boulder County Health Improvement Collaborative (BCHIC)
- Hopelight Medical Clinic (HMC)
- Kaiser Permanente Colorado (KPCO)
- Mile High Health Alliance (MHHA)
- Summit Community Care Clinic (SCCC)
- ☆ Grantee Locations

Note: Boulder County is served by three cohort members: Boulder Community Health Improvement Collaborative, Hopelight Medical Clinic, and Kaiser Permanente Colorado.

Summit Community Care Clinic (SCCC)

SCCC addresses the specialty care needs of its patients by connecting them to local specialty care providers and engaging in other community efforts to reduce barriers and increase access to specialty care.

- **Organization Type:** Federally qualified health center
- **Headquarters:** Frisco
- **Program Population Focus:** Health First Colorado members and uninsured patients in a five-county region that includes Summit, Lake, Park, Chaffee, and Grand counties

The Unmet Demand for Specialty Care in Colorado

Despite significant gains in insurance coverage and primary care access that Coloradans have enjoyed over the past decade, specialty care remains unattainable for many.

According to the Colorado Health Access Survey, the median time that Coloradans wait for a general doctor appointment is four days, but that increases to more than 12 days for specialty care. Medicaid members are nearly three times more likely than commercially insured patients to report they didn't get specialty care because they couldn't find a provider who took their insurance.[1]

In 2019, CHI estimated that 634,000 needed specialty care visits go unmet annually in Colorado because of gaps in insurance coverage, lack of specialty care provider capacity, and other barriers such as reluctance of some providers to accept patients who use Health First Colorado as their primary insurance.[2]

The ASCENT Cohort Logic Model.

To address Colorado's urgent specialty care needs, the five cohort members took a multi-pronged approach:

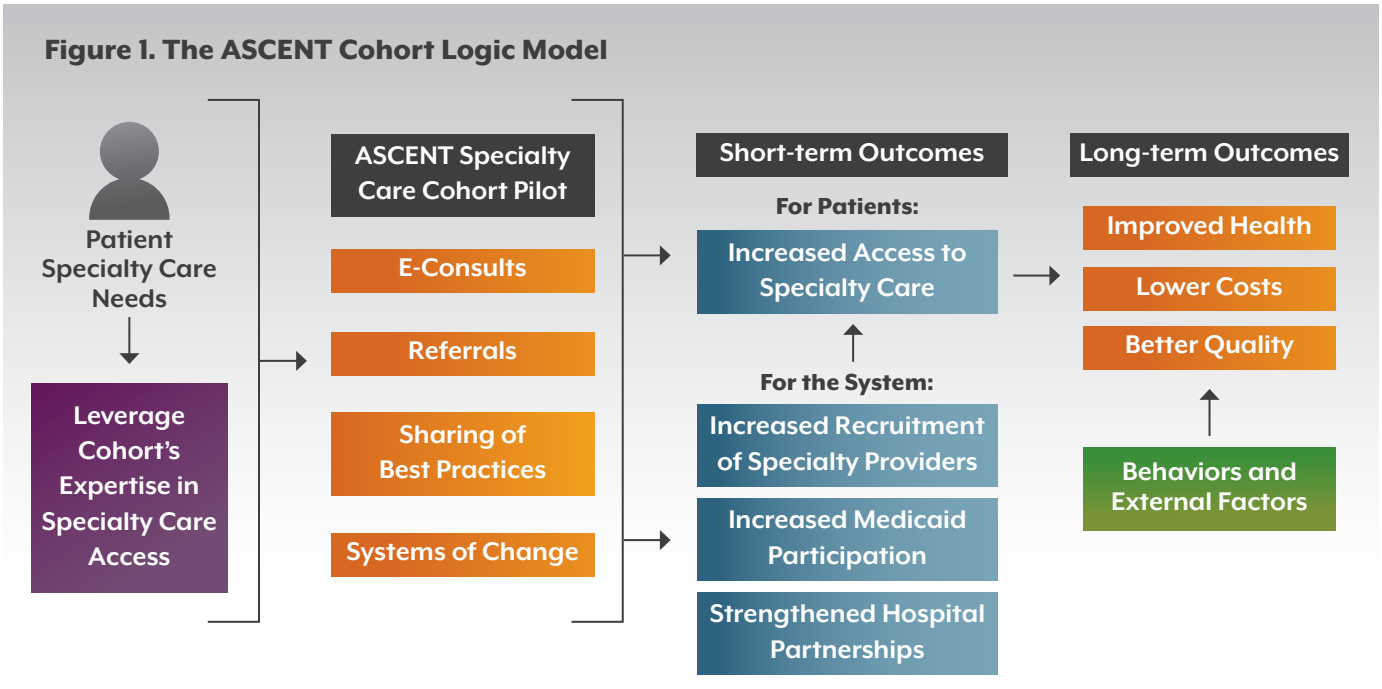
E-consults. E-consults allow primary care providers (PCPs) to consult with a specialty care provider about a patient's needs over a secure electronic platform. This upstream approach can reduce the demand for specialty care visits by addressing needs in a primary care setting and helping patients avoid subsequent (potentially costly and inconvenient) referrals to specialty care.

Referrals. Cohort members referred patients to specialty care providers both within their network and to different cohort member specialty care provider networks. Referrals for in-person appointments with specialty care providers are essential even after implementing upstream approaches such as e-consults.

Sharing best practices. Cohort members shared lessons learned both during and outside of cohort meetings. Cohort activities included touring member sites and sharing data, and presenting unique elements of each cohort member's program such as surveys, specialty care provider recruitment tools, and strategies to increase affordability.

Systems change. This outward-facing work reflects the cohort's commitment to reducing barriers to specialty care access by changing systems — from following federal and state policy developments to fostering hospital partnerships to advocating for changes in reimbursement policies.

Figure 1. The ASCENT Cohort Logic Model



Evaluating the Cohort

CHI evaluated the ASCENT cohort's experience and impact on specialty care access in Colorado. Cohort members reported information on the completion status of referrals and e-consults, types of specialty care provided, insurance type of patient served, and other data.

This evaluation covers the three years and includes referrals and e-consults made between February 1, 2018, and January 31, 2021 (see Table 1).

Status updates are reported as of the cohort members' last data extract in March 2021. For example, this report may include a referral that was started on January 1, 2021. The report reflects the status of that referral as of March 2021 when the data were reported. That referral, for instance, might remain in progress because no provider has been available to provide services. But this report also includes status updates for existing referrals, meaning it includes information about referrals started back in July 2020, for example, and whether that referral has been completed since the last time data were reported.

It also synthesizes qualitative information collected from the cohort members through written inputs, cohort member meetings, and key informant interviews.

Table 1. Specialty Care Referrals and E-Consults by Submission Period Dates

Submission Period	Referral and E-Consult Dates Covered	Submission Due Date
Baseline	February 1, 2018 – July 31, 2018	October 1, 2018
1	August 1, 2018 – January 31, 2019	April 1, 2019
2	February 1, 2019 – July 31, 2019	October 1, 2019
3	August 1, 2019 – January 31, 2020	May 1, 2020*
4	February 1, 2020 – July 31, 2020	October 1, 2020
5	August 1, 2020 – January 31, 2021	April 1, 2021

* Period 3 submission due date was delayed from April 1, 2020, to May 1, 2020, due to COVID-19.

TIMELINE: ASCENT in Context

The ASCENT cohort convened during a period of significant change in the health policy landscape. This included a change in Colorado's gubernatorial administration, new leadership at Health First Colorado, shifts in federal policies impacting access to care, advances in e-consults, and other changes.

This context is important to understanding the cohort's experience and impact.

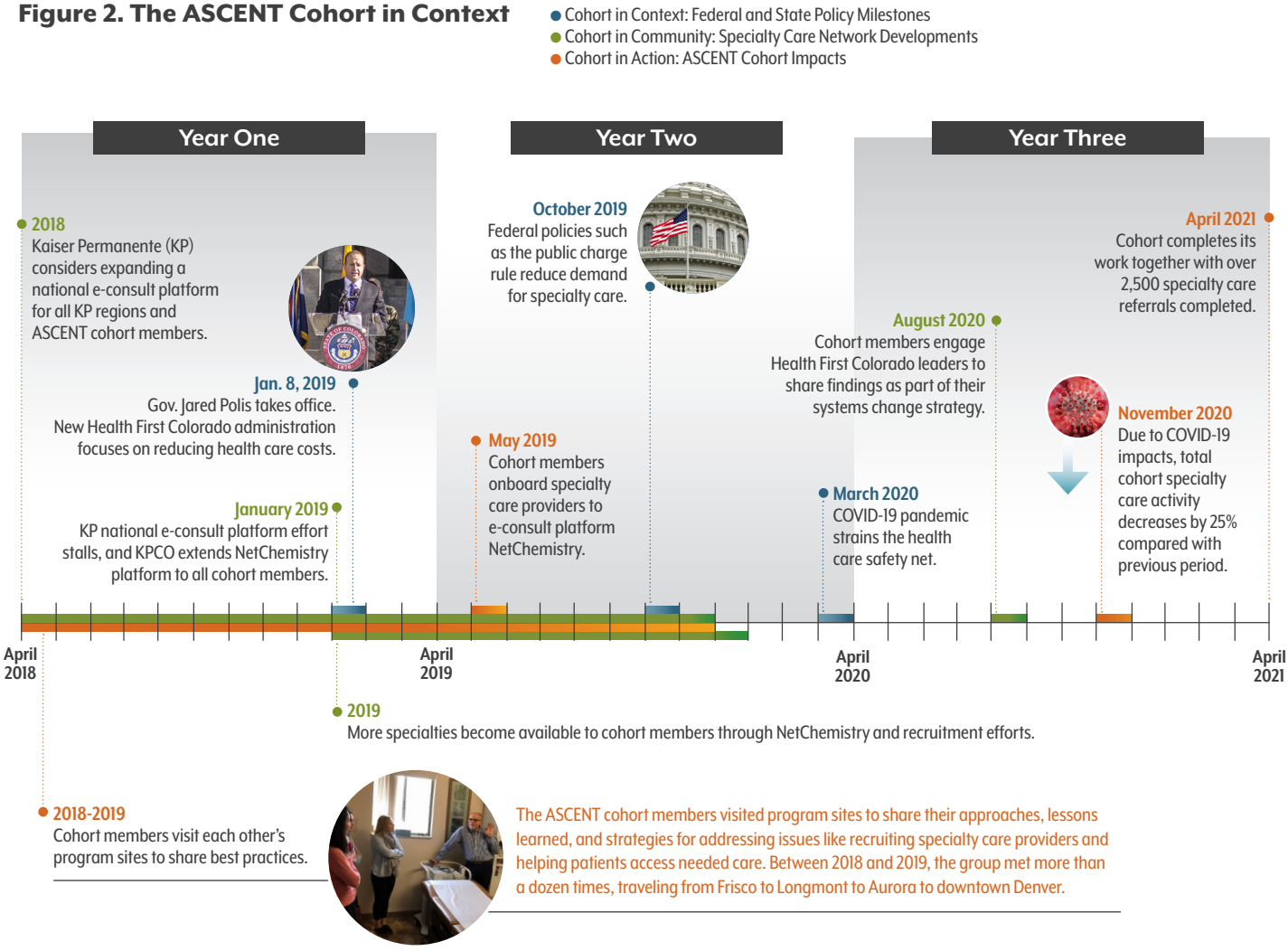
For example, federal policies, such as the public charge rule, may have reduced demand for specialty care by discouraging immigrants from seeking care or renewing their Health First Colorado enrollment out of fear that a family member's enrollment in public programs could count against potential citizenship applications.

Interest in e-consults grew at the state level during the cohort period. For example:

- One e-consult vendor, RubiconMD, completed a pilot project with two safety net providers in the Denver metro area;[3]
- UC Health implemented e-consults using its internal electronic medical record system, Epic, as part of an Association of Academic Medical Colleges initiative;[4] and
- The State Innovation Model (SIM) office issued a competitive request for proposals (RFP) to support e-consults. The SIM office chose two organizations — UC Health and Mind Springs Health — as recipients.

Figure 2 illustrates the ASCENT cohort's milestones and achievements in the context of these federal, state, and local policy developments.

Figure 2. The ASCENT Cohort in Context



ASCENT Milestones and Achievements 2018-2021

This section organizes the ASCENT cohort's milestones and achievements through the evaluation's four guiding questions:

1. How did the ASCENT cohort impact access to specialty care for its patients?

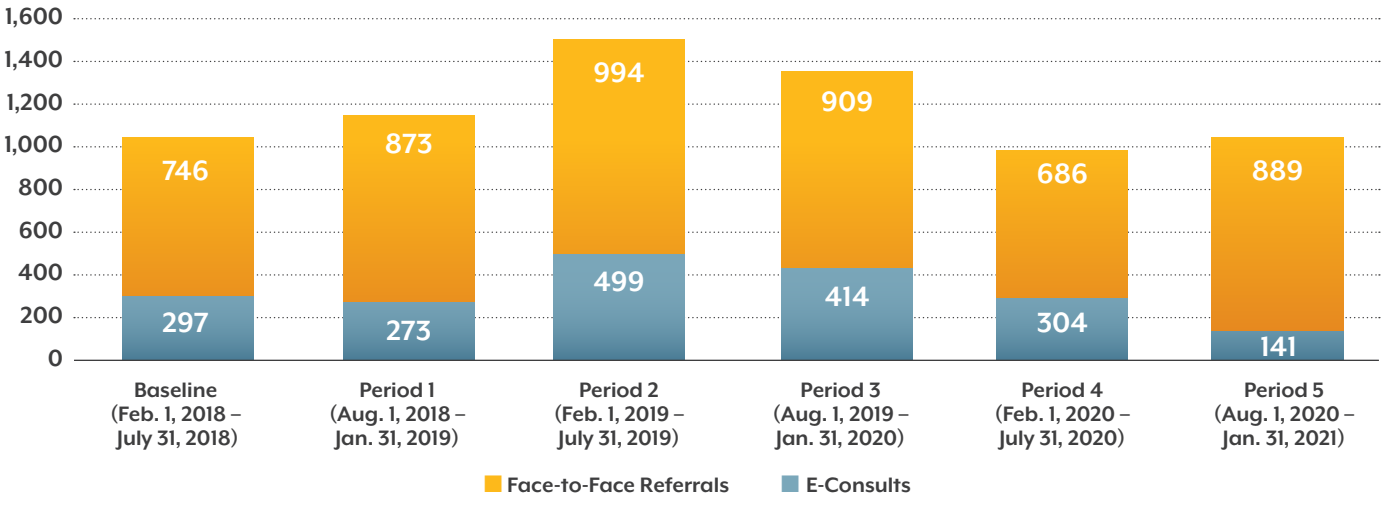
During their three years together, cohort members made over 5,000 total referrals to specialty care providers and e-consult requests. As a result, more than 4,000 uninsured Coloradans and Health First Colorado members benefited from increased access to specialty care.

Year over year, cohort members increased their referrals to face-to-face care, but e-consult requests did not increase. Compared to the 2018 baseline, total referral requests increased by 19.1% — from 746 requests during the first six-month reporting period to 889 requests for face-to-face care during the last six-month reporting period. But e-consult requests peaked in 2019 at 323 requests during reporting period 2 before declining in 2020 (see Figure 3).

Cohort members attributed the decline in e-consult utilization to the COVID-19 pandemic. For example, as more clinic staff worked remotely, they submitted and completed fewer e-consults. And KPCO's safety net partners submitted fewer e-consult requests (which are required for a face-to-face visit with KPCO specialty care providers) since they knew KPCO specialists had significantly reduced their capacity for face-to-face referrals during the pandemic.

Figure 3. In Total, ASCENT Cohort Made Over 5,000 Referrals and Almost 2,000 E-Consult Requests

Total Referrals and E-Consults Submitted, by Period



2. How did referral and e-consult completion and wait times change?

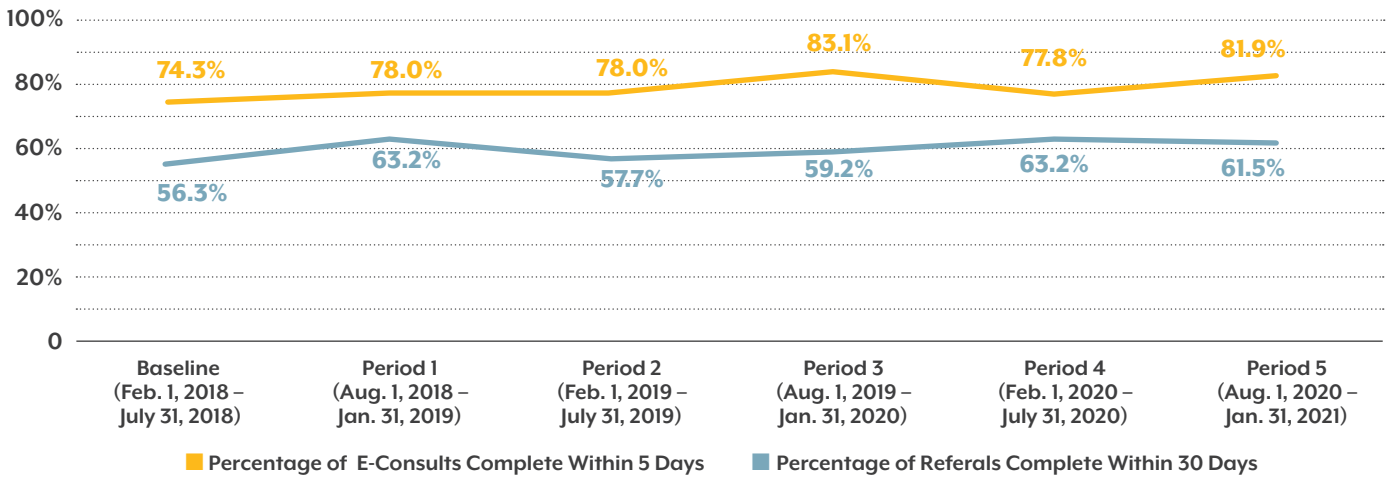
Compared to the 2018 baseline, cohort members completed more referrals and patients waited less time for care.

The total number of completed referrals increased by 19.6%, from 357 referrals completed during the baseline six-month reporting period to 427 referrals completed during the last six-month reporting period as of January 2021.

And wait times improved for completed specialty care requests. For example, compared to the baseline six-month reporting period when 74.3% of e-consults were completed within five days and 56.3% of face-to-face visits were completed within a month, as of January 2021, 81.9% of e-consults were completed within five days and 61.5% of face-to-face visits were completed within one month (see Figure 4).

Figure 4. For Completed Care, Wait Times Decreased During the Cohort's Engagement

Percent of Completed E-Consults and Referrals That Were Completed Within Target Timeframe



Though the total number of completed referrals increased from baseline, the completion rate did not change significantly during the cohort's engagement. Only about half (53.7%) of the cohort's requests for face-to-face specialty care were recorded as completed (see Figure 5).

The most common reason that patients did not receive the care for which they were referred was lack of availability from specialty care providers (65.2% of incomplete referrals). Almost a quarter of referrals were not completed due to other reasons (23.1% of incomplete referrals) such as the PCP's office being unable to reach the patient. In some incomplete referrals, the patient did not go to the specialty care appointment (7.0% of incomplete referrals).

3. What elements of the specialty care program contribute most to referral completion?

When it comes to whether a patient completes a referral for specialty care, the specialty service type is important. However, it is not as clear whether the patient's insurance type or the provision of support services such as child care and transportation have an impact on referral completion.

Whether or not a patient completed a referral depended on the specialty service type. For example, out of all referrals submitted to endocrinologists and other specialty care providers caring for metabolic disorders like diabetes, more than three quarters (77.5%) were completed. But less than half (40.2%) of referrals submitted to ophthalmology providers were completed. Additional analysis is required to explain why patients completed some types of specialty care at much higher rates than others. For example, patients with acute specialty care needs may be more likely to complete a referral than patients with less acute needs. Or some specialty care types might have fewer providers available, making it less likely that patients will be able to access care for which they are referred.

Insurance matters — maybe. Insurance type did not make a significant difference in determining whether a patient completed a specialty care referral. Compared to Health First Colorado members, uninsured patients were sometimes more likely to complete referrals (see Figure 6). That may be due to specialty care providers being less likely to accept Health First Colorado insurance because of challenges related to billing and provider perceptions that Health First Colorado members are more likely to miss appointments due to lack of transportation or child care or other social factors.

Figure 5. About Half of the Cohort's Referrals for Face-to-Face Care Were Completed Between 2018-2021

Referral Completion Rate, by Period

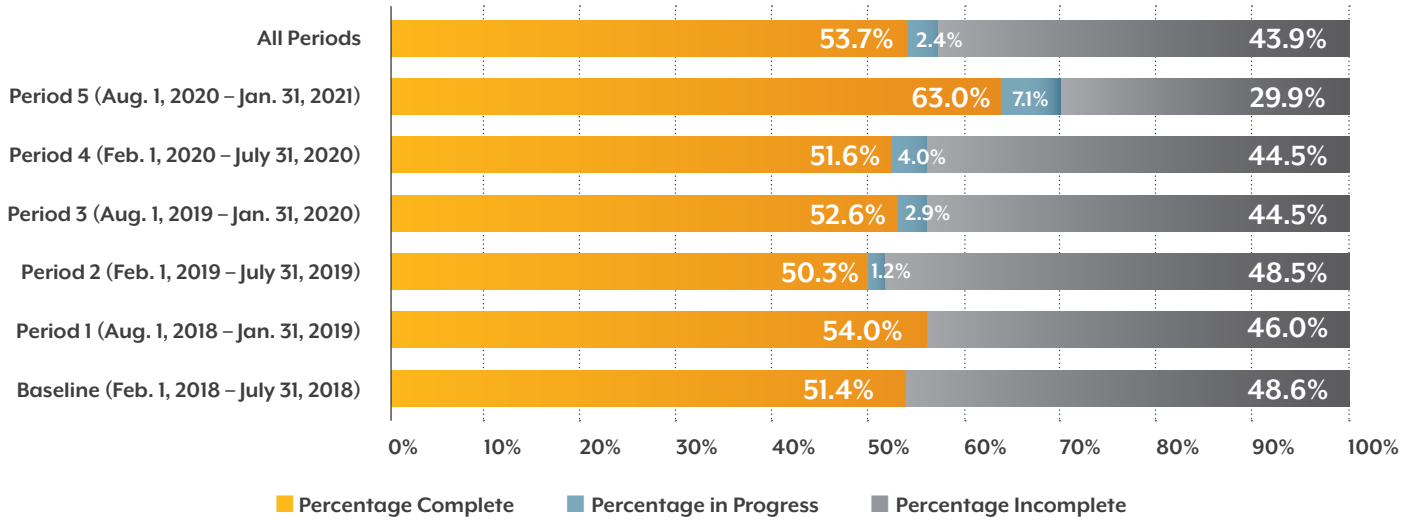
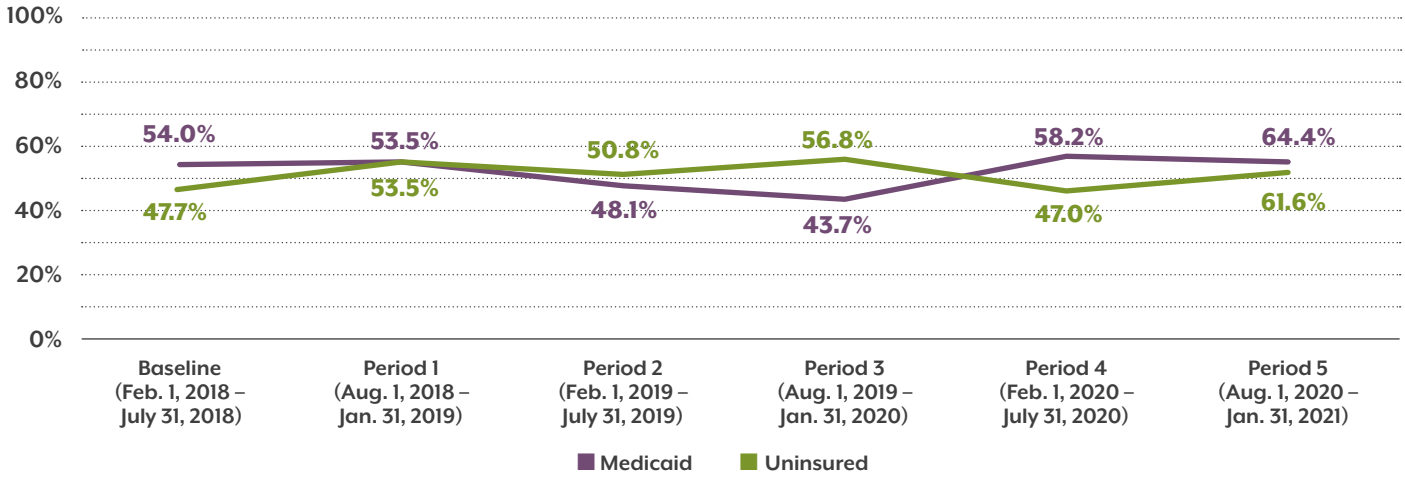


Figure 6. Insurance Type Did Not Impact Whether Patients Completed Specialty Care Referral

Percentage of Referrals Completed, by Insurance Type

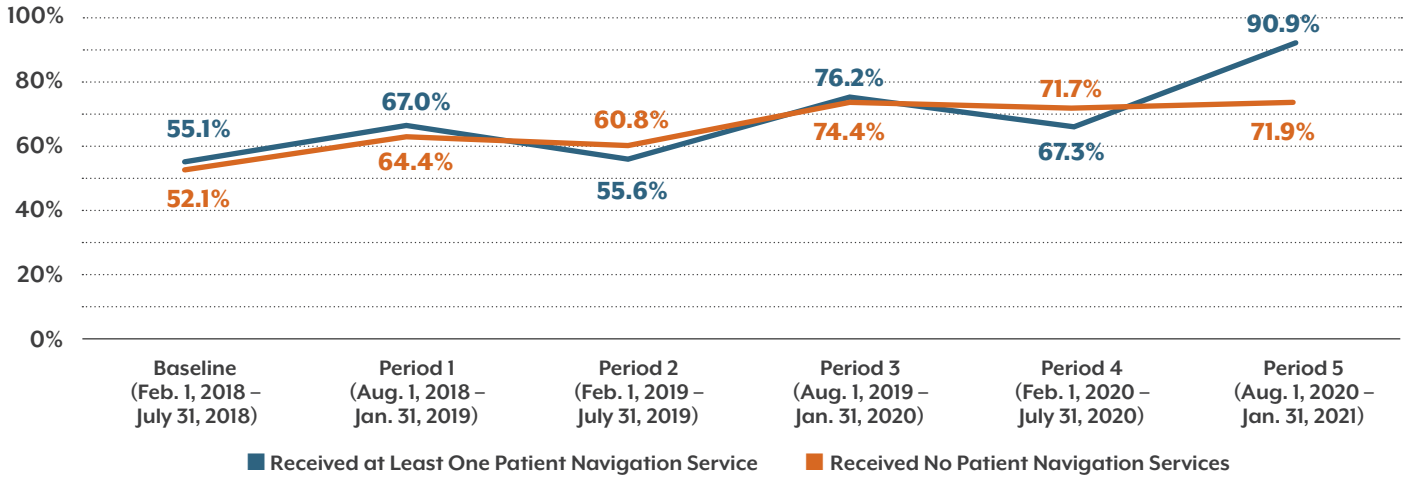


The impact of patient navigation services is unclear. Cohort members found that supports such as child care, translation, transportation, and other patient services only somewhat impacted a patient's likelihood of completing their referral for specialty care. For example, cohort members recorded 1,045 referrals where patients received any patient navigation services, such as translation services, child care, or transportation support. Out of these referrals, 659 (63.1%) were completed. But patients who received no patient navigation services completed referrals at almost the same rate (66.4%) (see Figure 7).

Still, cohort members emphasized that relationships and referral systems between clinics and community-based organizations are critical to getting patients in line for specialty care. Community partners that provide services such as translation, transportation, or other services are essential referral partners. Cohort member data only reflect whether the patients referred for specialty care received navigation services to access that care. But additional analysis is needed to understand how navigation services can increase the total number of patients accessing primary care homes that can then make referrals and e-consult requests on their behalf.

Figure 7. Patient Navigation Services Do Not Consistently Increase a Patient's Likelihood of Completing Referral

Completion Rates for Face-to-Face Referrals, by Patient Navigation Service Utilization



4. Are there more specialty care providers now participating in the ASCENT cohort?

During the ASCENT engagement, cohort members recruited additional specialty care providers to participate in the network. As of January 2021, 187 specialty care providers were participating, compared to 50 providers participating at baseline in February 2018.

Cohort members also broadened the types of specialty care available to their patients. For example, the NetChemistry platform offered participating cohort members access to e-consults from three additional specialty areas: cardiology, pain management, and hematology. SCCC recruited two local non-KPCO specialty care providers — a registered dietician and a nephrologist — to provide e-consults via the NetChemistry platform. And as a result of the cohort's work, SCCC and HMC now share a nurse practitioner psychiatrist to provide behavioral health prescribing support to both of their programs.

Even though the total number of specialty care providers participating in the cohort grew, cohort members generally only referred to the specialty care providers in their networks. Several barriers prevented cohort members from referring to specialty care providers recruited by other members. For example:

- **Provider local preferences.** Since participating providers were motivated to give back to their local community by offering services for free or at reduced reimbursement, they were reluctant to accept referrals from patients outside of their communities.
- **Data-sharing challenges.** Referring patients across specialty care programs requires sharing of patient data, and not all cohort members had data-sharing agreements in place.

How Did COVID-19 Impact the ASCENT Cohort?

- **Reduced patient volume and revenue.** Most cohort members reported that primary care practices have been shrinking due to reduced patient volume, and therefore decreased revenue.
- **Reduced specialty care capacity.** Some cohort members reported temporary and permanent closures of specialty care provider partners, leading to reduced capacity and increased wait times for conducting e-consults and face-to-face specialty care visits.
- **Increased adoption of telehealth.** Most cohort members reported increased telehealth adoption specifically via phone rather than video calls. SCCC, for example, adopted a new telehealth platform and opened two new telehealth service lines for behavioral health and dental care.
- **Increased value of e-consults.** Cohort members reported an increased need for and value of e-consults to address specialty care demands in primary care environments during the pandemic. This was especially true for clinics that serve a large population of people who otherwise would not pursue specialty care outside of their trusted PCP environment — for example, people living without documentation.
- **Missed connections.** Addressing the pandemic meant clinics had to turn their attention away from creating connections across cohort member programs. As a result, cohort members generally only referred to the specialty care providers in their own networks rather than across programs.

Policy Implications for Colorado's Specialty Care Safety Net

The ASCENT cohort's experience reveals opportunities for Colorado's health leaders — including program administrators, health systems, funders, and other stakeholders — to strengthen the specialty care system serving uninsured Coloradans and Health First Colorado members.

These policymakers must take multiple approaches, including upstream interventions in primary care, face-to-face specialty care, and system-level initiatives.

Focus efforts on upstream solutions.

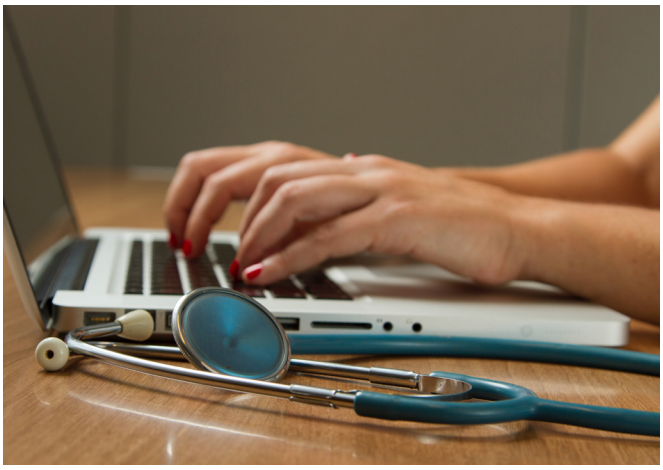
Policymakers should consider investing in e-consults to address specialty care needs in primary care settings whenever possible. The body of evidence that demonstrates how provider-to-provider communication via e-consult improves access to specialty care is growing.[5,6,7]

Colorado's e-consult trajectory has gained momentum. For example, the ASCENT cohort marks the first time in KPCO's seven-year history with NetChemistry that additional providers, geographic networks, and specialty care areas have joined to participate. And as of April 2021, Health First Colorado is exploring the potential of implementing a statewide e-consult platform.

The ASCENT cohort identified critical success factors at the system, network, and provider level to ensure streamlined implementation of an e-consult system:

Systems-Level Recommendations

- **Reimburse e-consult providers.** Payors, including Health First Colorado, should consider reimbursing e-consult system participants — including both specialty care providers and PCPs.
- **Invest in broadband.** Rural primary care clinics must have adequate access to broadband infrastructure to access specialty care expertise via e-consults and telehealth.



Network-Level Recommendations

- **Establish business agreements.** PCPs and specialty care providers need clear expectations for data sharing. Clinics may be reluctant to establish data-sharing policies, either due to concerns about workflow disruption or lack of legal guidance regarding these agreements. Anticipate and address those barriers.
- **Maintain face-to-face care options.** Some specialty care needs must be addressed via face-to-face patient care. E-consult users must have referral relationships in place with specialty care providers they can refer to when e-consult results reveal additional needs.
- **Build primary care capacity.** Leverage provider education tools such as Extension for Community Healthcare Outcomes (ECHO) Colorado to increase PCP capacity for managing complex health issues in a patient's health home.

Provider-Level Recommendations

- **Integrate into clinical workflow.** A successful e-consult platform must allow multiple users — including PCPs, specialty care providers, care coordinators, and others — to engage simultaneously.
- **Secure provider champions.** Clinics and health systems should identify e-consult champions on their PCP and specialty care provider teams. Leverage those relationships to onboard and train other providers using ongoing, high-touch support.

Streamline how patients connect to needed specialty care services.

In addition to upstream interventions, addressing unmet demands for specialty care requires face-to-face care options for patients. Policymakers must invest in referral network infrastructure and growing the specialty care provider workforce — especially those who serve uninsured Coloradans and Health First Colorado members.

The ASCENT cohort identified critical success factors to ensure patients get needed face-to-face care:

- **Invest in referral coordinators.** Cohort member experiences illustrate that referral coordinators located within primary care clinics or systems are critical to increasing access to specialty care. For example, KPCO's model uses an individual to coordinate all e-consult and face-to-face visit follow ups, and SCCC's team of coordinators does the same. Any scale-up of the cohort should use this coordinator model to submit and follow up on specialty care needs. The result of such efforts has been very low patient no-show rates and increased access to specialty care. Primary care employers should consider dedicating a full-time staff member to referral and e-consult coordination.
- **Build authentic relationships.** Even after a referral is made, getting patients connected to specialty care services requires investing in the "last mile." Clinics should invest in meaningful relationships with specialty care providers and patients to ensure specialty care completion. For example, cohort member patients were more likely to complete referrals to specialty care when they received in-person reminders or home follow up via letters and/or phone calls. And specialty care providers were more likely to serve patients of cohort members if the primary care office shared patient needs, images, laboratory results, and other preparatory data with the specialty care provider before a visit.
- **Strengthen Colorado's rural provider workforce.** Rural PCPs must have access to specialty care providers when patients require face-to-face care. Telehealth can help rural clinics access specialty care providers located in urban areas, but Colorado policymakers must also monitor and maintain the specialty care provider workforce located in rural and frontier communities for in-person care needs.
- **Leverage emerging initiatives.** Ongoing efforts to strengthen other parts of the state's health care infrastructure can help address specialty care needs. For example, Colorado's potential new Behavioral Health Administration should invest in the state's behavioral health care providers as key specialty care providers — especially those in rural areas. The Colorado Office of eHealth Innovation's efforts to update the Governor's Health Information Technology Roadmap should include e-consults and telehealth initiatives as essential components of a comprehensive state health information system.

Invest in the specialty care safety net.

Colorado needs more specialty care providers who serve the needs of Health First Colorado members and uninsured individuals. Policymakers must invest in the workforce and safety net services supporting Health First Colorado members.

The ASCENT cohort identified several needed systems-level changes:

- **Recruit specialty care providers to accept Health First Colorado insurance.** Cohort members reported significant challenges when connecting their Health First Colorado member patients with needed specialty care. That was partly due to a lack of providers serving this population. It may also be because specialty care providers were less likely to accept Health First Colorado insurance due to real and/or perceived challenges related to billing and patients missing appointments.
- **Identify resources for non-medical needs.** Coloradans who have historically faced barriers to accessing care — from food insecurity, to lack of stable housing, to gaps in child care — are also at risk of not getting needed specialty care. To better address unmet specialty care needs, policymakers must invest in safety net supports that help patients access specialty care services

for which they are referred. Examples include transportation, translation, child care, housing supports, and other interventions to address the social determinants of health. Efforts such as building a Social Health Information Exchange (S-HIE) — a referral and tracking system that connects health service and social service providers — are ongoing to improve access to these resources.

- **Leverage post-pandemic recovery efforts.** The federal American Rescue Plan Act and other state-led pandemic recovery efforts may reveal significant funding opportunities to expand needed safety net services across Colorado. For example, Colorado can expect hundreds of millions of dollars to strengthen the state's child care infrastructure, housing supports, rural hospitals and health care providers, and other services essential for Coloradans trying to access specialty care.

Conclusion

The five ASCENT cohort members revealed best practices and lessons learned for increasing access to specialty care for uninsured Coloradans and Health First Colorado members.

The cohort also identified opportunities to improve the system. Challenging work is ahead — including advancing e-consults, strengthening and expanding referral systems, and growing the network of specialty care providers who accept Health First Colorado insurance.

The cohort's experience offers insight into a future where the state's specialty care safety net serves the needs of all Coloradans.

Endnotes

[1] Colorado Health Institute. (2019). 2019 Colorado Health Access Survey. https://www.coloradohealthinstitute.org/research/CHAS.

[2] Colorado Health Institute. (2019). Colorado's Unmet Demand for Specialty Care. https://www.coloradohealthinstitute.org/research/colorados-unmet-demand-specialty-care#:~:text=The%20Colorado%20Health%20Institute%20(CHI,or%20who%20have%20no%20insurance.

[3] Olayiwola J.N., et al. (2019). "Access to Specialty Care in Aurora, Colorado: eConsults as an Important Piece of the Puzzle." Colorado Academy of Family Physicians Colorado Family Physician (Spring 2018), 26-28. http://cdn.coverstand.com/14466/485531/d2b30a9007074fce5864754e57dca429e18b82a5.1.pdf.

[4] Association of American Medical Colleges. (2021). "Project CORE: Coordinating Optimal Referral Experiences." https://www.aamc.org/what-we-do/mission-areas/health-care/project-core.

[5] Barnett, M.L., et al. (2017). "Los Angeles Safety-Net Program eConsult System Was Rapidly Adopted and Decreased Wait Times To See Specialists." Health Affairs 36(3): 492-499.

[6] Olayiwola, J.N., et al. (2016). "Electronic Consultations to Improve the Primary Care-Specialty Care Interface for Cardiology in the Medically Underserved: A Cluster-Randomized Controlled Trial." Annals of Family Medicine 13(2): 133-140.

[7] Fort, M.P., et al. (2016). "Implementation and Evaluation of the Safety Net Specialty Care Program in the Denver Metropolitan Area." The Permanente Journal 21:16-022.