



**COLORADO**

**Health Care Cost Analysis Task Force Minutes 04/02/2021**

Location: 303 E 17th St, 11th Floor, Conference Room 11A, Denver

Convened at 2:30 pm; adjourned at 4:30 pm.

*Secretary: Mitzi Moran*

<b>Task Force Member</b>		<b>Present / Absent</b>
Representative Jennifer Bacon	Colorado General Assembly	P
Representative – seat to be filled	Colorado General Assembly	A
Senator Jim Smallwood	Colorado General Assembly	A
Senator Joann Ginal, <i>Vice-Chair</i>	Colorado General Assembly	A
Carrie Cortiglio, <i>Secretary</i>	Colorado Department of Public Health & Environment	A
Karla Gonzales	Colorado Organization for Latina Opportunity and Reproductive Rights	A
Kate Harris	Colorado Division of Insurance	P
Mitzi Moran, <i>Chair</i>	Sunrise Community Health	P
Monica VanBuskirk, <i>Treasurer</i>	Connect for Health Colorado	P
Dr. Renee Marquardt	Colorado Department of Human Services	P
Thomas (TR) Reid	Author	P
Michelle Miller	Department of Health Care Policy & Financing	P
TBD	Consumer representative	A
January Montano– Coordinator	Department of Health Care Policy & Financing	P
Guests: Colorado School of Public Health – Gregory Tung Foundation for Universal Health Care – Bill Semple		

<b>Topic</b>	<b>Discussion</b>	<b>Action / Next Steps</b>
<b>Call to Order</b>	230p	None.



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<b>Introductions</b>	None.	None.
<b>Conflicts of Interest</b>	Task Force members given the opportunity to declare conflicts of interest.	None declared.
<b>Agenda</b>	Mitzi presented agenda for approval.	Motion: Monica Second: Michelle Vote: <a href="#">Approve</a> <b>Next Steps:</b> None.
	Minutes from the 3/5/21 meeting not presented.	<b>Next Steps:</b> Mitzi to ask Carrie for minutes.
<b>Public Comment</b>		
	No comments.	<b>Next Steps:</b> None.
<b>Task Force</b>		
New Members	Still waiting on Minority Leader to suggest new member.  January has received applications for the consumer opening.	Next Steps: January to send applicants to Task Force to review and send forward to Governor.
<b>Projects</b>		
Cost Analysis	Greg shared the following: <ul style="list-style-type: none"> <li>• 2-3 weeks out from preliminary findings. Note: the admin cost savings will be estimates from literature review, can't conduct direct analysis due to limited funding and time.</li> <li>• Underlying factors in cost will be varied in the analysis.</li> <li>• The final product will be a modular design with 3 components: 1) an Executive Summary; 2) a 2-3 page extended summary; and 3) a document noting references and methodologies.</li> </ul>	<b>Next Steps:</b> None.
Survey to Stakeholder groups	Kate from Corona Insights joined the discussion at Monica's invite. She offered the following:	<b>Next Steps:</b> None.



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- At least 400 responses from a random sampling are needed to make statements such as, “Coloradans feel....”
- Length and jargon are the two most common pitfalls of surveying.
- Put most important questions first.
- People struggle with “give me what you want” but do better with “please prioritize this list.” Range choices help.
- Don’t force answers – it can turn people off.

After much discussion, the committee members concluded:

- Due to time and funding limitations, a survey that is statistically representative of the population is not being conducted. We are gathering public input and will offer descriptive stats in our summary.
- The query will be helpful to the CSPH if it provides insights into 1) reimbursement, 2) benefit design, and 3) subsidies.
- The query will be helpful to the Committee – and hopefully the legislature – if it provides insights into what people think about the three health care systems we are analyzing.
- The audiences for the query should be industry professionals and patients/consumers. All questions should be answered by both groups.
- As everyone is a health care consumer, questions focused toward consumers will be placed at the front of the query and those focused toward industry professionals will be toward the end of the survey.



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	<ul style="list-style-type: none"> <li>• The query link will be distributed to key industry stakeholders and posted on the 1176 website. Committee members will help get the word out about the query.</li> <li>• The CSPH and the Task Force could reference the CHI CHAS survey for more insights if helpful.</li> </ul> <p>Mitzi suggested that if the questions are not finalized by Fri, 4/9/21, we should let this piece of work go. Time is ticking – any longer and we won’t have time to gather public input and include it in the final report from CSPH (due 5/15/21).</p>	
<p>Stakeholder Meetings</p>	<p>The Spanish Stakeholder meeting on 3/7 offered similar – and very different – feedback. Participants...</p> <ul style="list-style-type: none"> <li>• Rejected the tradeoffs presented in the questions.</li> <li>• Indicated getting to a clinician at any time would be better than what they have now – many couldn’t even imagine the choices being presented.</li> <li>• Indicated trust was a key component to care: will this clinician actually help me? Or will racism and other factors impact my care?</li> <li>•</li> </ul> <p>Karla facilitated the meeting in both English and Spanish and COLOR live streamed it on Facebook which increased participation. Monica asked if the Task Force would support COLOR taking the same questions from the Stakeholder Meetings to a COLOR focus group? The group agreed that would be helpful.</p>	<p><b>Next Steps:</b> COLOR to ask Stakeholder Meeting questions at their Focus Group.</p>
<p><b>Adjourn</b></p>	<p>4p</p>	<p><b>Next Meeting:</b> May 7, 2020 2:30pm, Zoom</p>