



SPARK POLICY INSTITUTE  
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## Consumer Advocacy Funding Initiative – Brief 3: Results of the January 2016 Convening

Prepared by Spark Policy Institute on behalf of  
The Colorado Health Foundation  
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### INTRODUCTION

In 2014, The Colorado Health Foundation (TCHF) kicked off the Consumer Advocacy Funding Initiative, a new funding strategy designed to ensure public policy adequately addresses consumers' needs for a health insurance system that is stable, affordable, and adequate.

As part of this strategy, TCHF is meeting with advocates twice a year for an Advocacy and Strategy Learning Convening with the goal of understanding the health policy environment, the viability of specific policy targets, and supports advocates will need to be effective in the coming year. Each convening is followed by a brief that shares the learning.

### Background on the Initiative

The initiative was designed using scenario mapping, where potential future health policy environments were mapped in partnership with advocates throughout Colorado. This planning process led to the identification of the two most significant drivers of the future health policy environment:

- The political environment, specifically the political make-up of the Colorado House, Senate, and Governor's Office; and
- The progress of health reform implementation, including if and how reforms have been implemented and whether they are moving the needle on the triple aim (increased patient satisfaction, improved population health, and decreased costs).

The planning process also led to the identification of *five health policy targets* the initiative will seek to advance with advocates over the next four years:

1. Convergence across payer sources and provider networks around models for effective payment

*This brief includes information specific to Colorado about:*

- *The status of progress on five identified policy targets*
- *Policy solutions likely to be effective in reaching the policy targets*
- *Advocacy strategies that are or should be implemented to reach goals; and*
- *Supports that may help advocates be successful in 2016.*

and delivery reform to reduce costs and improve outcomes.

2. Policies that support decreasing healthcare costs without decreasing the quality of care, including policies that support increasing transparency around costs.
3. Policies that drive the integration of different health care delivery modalities including primary care, specialty care, oral health, and behavioral health.
4. Policies that support building the public's healthcare literacy, including the public's understanding of how to use their insurance to access preventive care and improve their health outcomes.
5. Protection of policy successes from the past few years including, but not limited to, the Medicaid expansion, the Essential Health Benefits requirement, and Connect for Health Colorado.

In the context of this initiative, TCHF defines *consumer advocates as those who represent the interests of consumers, including engaging consumers in the policymaking process* (from problem identification to developing solutions to advocating for their adoption).

## Source of Information for the Report

The assessment of the health policy environment and its implications in this report comes primarily from three sources:

- *Bellwethers:* Interviews completed in October 2015 with 14 individuals who are deeply embedded in and knowledgeable about health policy and politics. Bellwethers represented various sectors and interests on both sides of the aisle, including government, business, payers, providers, and grassroots organizers. They were asked what the top policy priorities for the coming year would be, how viable the five policy targets would be in the current political environment, and what it would take to get to policy wins in each target area.
- *Mapping:* In July 2015, 53 Colorado consumer health advocacy organizations were surveyed to map which policy targets they are focused on and what advocacy strategies they are using to address those targets. The need for mapping emerged from the May 2015 Consumer Advocacy convening, where advocates expressed the desire to facilitate greater collaboration among advocacy organizations.
- *January 2016 Consumer Advocacy Convening:* Forty consumer advocates met to process the information gleaned from the bellwether interviews, discuss next steps on specific upcoming policy opportunities as it relates to the five policy targets, and identify the supports needed to take those next steps.

The report will address each policy target in turn, giving a general contextual overview and then outlining the policy solutions bellwethers and advocates explored, critical advocacy strategies they identified, and the current capacity of the advocacy field to act on the issue. A discussion of information and supports needed across all five targets will follow.

## POLITICAL AND POLICY ENVIRONMENT

In the bellwether interviews, budget was almost unanimously considered the top general policy issue. Any bellwether who did not explicitly name the budget as an issue discussed the ramifications of the Tax Payer Bill of Rights (TABOR) or the hospital provider fee. Healthcare policy was named as a primary issue by half of the bellwethers, and included things such as affordability and cost containment, and the closing of the health cooperative. The next two most frequently named policy areas were funding for transportation and education, including K-12 funding, education reform, and early childhood education practices.

Regarding policy priorities specifically related to health, the bellwethers again converged on issues related to costs. This included affordability, both from the point of view of the consumer in terms of rising premiums, and by the state in terms of federal support. Cost concerns also included the role of the hospital provider fee and TABOR.

Medicaid-specific issues came up frequently. Bellwethers pointed out that the expense of Medicaid and how to fund it when federal support decreases is likely to be a policy priority this year, as well as the likely attempts to rollback Medicaid expansion, and how a reimbursement decrease could impact providers.

Bellwethers also pointed out that access to providers and adequate networks will be important issues along with the general functioning of the exchange. Finally, the failure of the Colorado HealthOP (Co-Op) and the repercussions of that failure were identified as another major policy issue.

Turning to political environment, more than half of the bellwethers thought the political environment was favorable or at least as favorable as last year for advancing health policy issues. For the most part, they suggested that the current reforms are unlikely to be rolled back and that Colorado in particular is ahead of the curve in many respects. However, the negativity of partisanship, anti-Obamacare sentiment at the national level, and frustration with

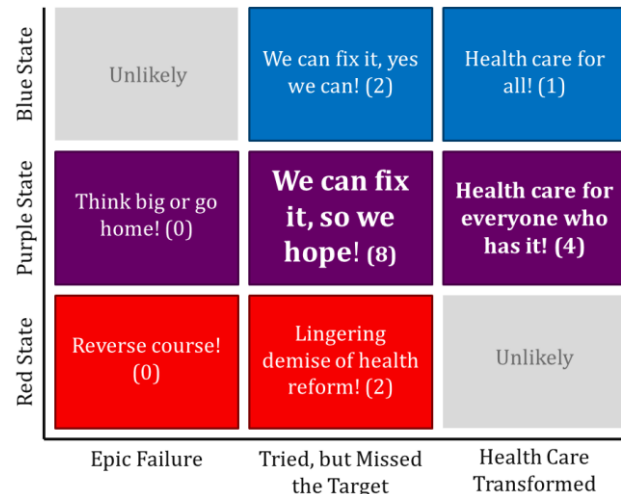
the marketplace contribute to a less favorable environment. It was pointed out that partisanship will have more of an impact on legislation than it is likely to have on regulation, suggesting that the environment for influencing regulation and implementation is much more favorable. The budget and ability to contain costs will continue to drive the political environment in the coming year.

At the convening, advocates had an opportunity to identify the state of the current political environment by voting on the current “scenario” in Colorado (for more information about the formation of the scenarios, see [The Future of Health Policy in Colorado](#)).

As indicated in Figure 1, most advocates identified the “We can fix it so we hope” scenario. This scenario indicates that challenges to implementation continue to limit the impact of health reform, and tweaks to current health reform law face an uphill battle. Cost containment, however, is bipartisan and actively discussed.

The next most commonly identified scenario was “Health Care for everyone who has it,” in which health care reforms have been fully implemented and improvements in health outcomes, cost containment, and consumer satisfaction are seen. In this scenario, there is political and public will to

**Figure 1.** Advocates who attended to January convening voted on which scenario we are currently experiencing: “We can fix it so we hope,” which is the same scenario from last year.

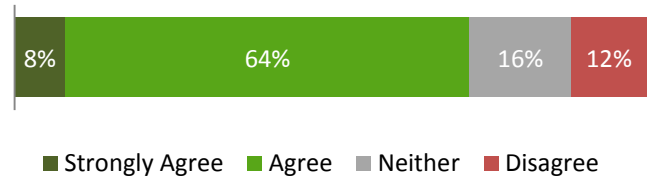


continue to tweak the system towards consumer-driven reforms, but reforms are not likely to cover undocumented Coloradans.

Generally, advocates felt that recent successes were relatively safe, though there are lingering doubts about the Exchange and Medicaid expansion. Concerns over the impact of costs were raised and the potential for “death by a thousand cuts” if political and public will cannot be revived.

Advocates were also surveyed on the field’s current capacity to influence health policy (figure 2) and the potential to impact each of the five policy targets this year (figure 3 on page 4, discussed in more detail in the following sections).

**Figure 2.** Advocates were asked to indicate the extent to which they agreed with the following statement: “Colorado has an effective field of consumer advocates and consumers proactively influencing public policy decisions regarding health coverage and cost of care”



Advocates’ primary concerns about the field’s capacity as a whole revolved around the need for increased collaboration among organizations and increased role for grassroots organizing and direct consumer engagement.

## POLICY TARGET: PROTECTION OF RECENT HEALTH REFORM WINS

### Policy Priorities

The list of priority policy wins for this target include protecting the Exchange, Medicaid expansion, essential health benefits, and the managed care systems (i.e., Accountable Care Collaborative and Regional Care Collaborative Organizations). Additional priority policy wins include addressing TABOR and the hospital provider fee. While several

of the bellwethers emphasized the importance of addressing the hospital provider fee, advocates felt the efforts to allow the fee to become an enterprise fund were unlikely to succeed at this point. Instead, advocates saw a greater likelihood of success by directing their efforts to “de-Brucing” (i.e., legislation that would allow legislators to reinvest tax monies).

### Getting to Wins

Advocates and bellwethers agreed that having champions on both sides of the aisle and leaders from the business and health sectors would be of utmost importance in protecting successes. Similarly, bringing diverse interests to the table together to advance compromises will be important.

Advocates will have to combat the failure of the Co-Op by leveraging data to demonstrate the health care system is improving, or at least, highlight benefits of reforms.

They also will have to navigate the bipartisan environment, further spurred on by the upcoming national election, by emphasizing the economic benefits of current health reforms and demonstrating there are constituencies who support current and continued reforms. This strategy may be particularly impactful in rural areas that depend on health care industries to support their economies. As such, the opportunity is ripe to converge with grassroots organizers to ensure that constituencies

are motivated and have a platform to make their priorities known to their representatives. Advocates stressed the importance of these strategies specifically when it comes to defending Medicaid and reimbursement rates, and “de-Brucing.”

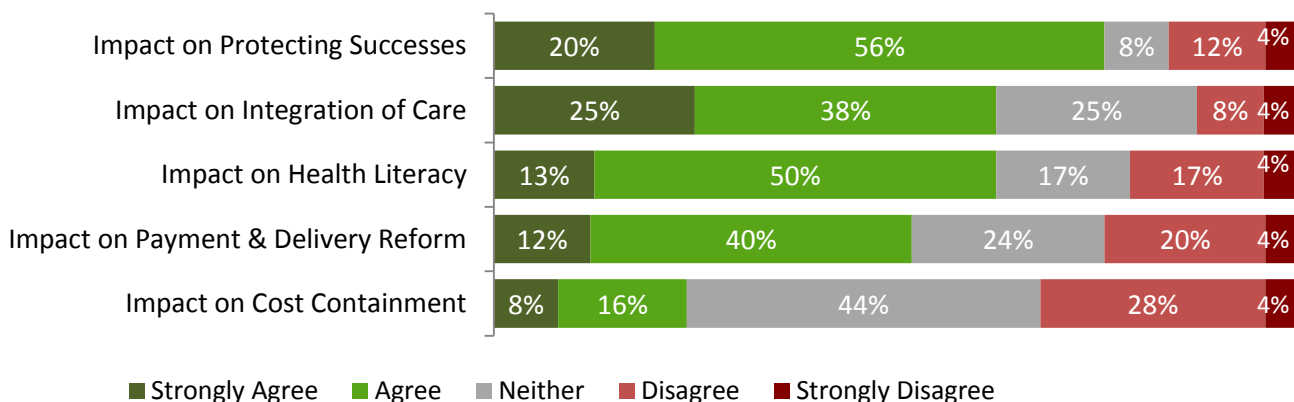
Advocates also highlighted the importance of advancing a coalition with a common messaging framework and discussed the possibility of resurrecting the “Insuring Our Future” coalition as a starting place. Messaging coming out of the revamped coalition should be highly tailored to specific audiences, including “insider” champions.

Advocates and bellwethers alike pointed out that advocacy on this target will be more focused on implementation and regulation than legislation, particularly given the bipartisan environment. As such, advocates must engage the Governor’s office, legislative leadership, the Division of Insurance (DOI), and the Department of Health Care Policy and Financing (HCPF). Payers, providers, and hospitals continue to be important influencers on this target, with the added Chambers of Commerce to represent business and economic interests.

### Capacity and Supports Needed

Based on the mapping from July 2015, this policy target has the most advocacy organizations (29 organizations) who are actively working to advance wins. During the convening, advocates rated the

**Figure 3.** Results of January convening survey assessing advocates’ perception of the field’s current capacity. Advocates were asked to indicate the extent to which they agreed with the following statement for each policy target: *“In 2016, Consumer advocates are likely to have a significant impact on....”*



likelihood that the field could have a significant impact on each target (figure 3). Seventy-six percent of the 25 advocates who responded to the survey thought the field was likely to have a significant impact on protecting successes in 2016, the highest proportion of all the policy targets.

Advocates explained that the split legislature creates a “climate that favors defense” and, particularly as it relates to Medicaid, it will be difficult for legislators to take advances away from consumers. Advocates can also leverage the foundation they have built with champions who still reside in the legislature to bolster and potentially expand successes.

One primary support needed revolves around clean and usable data that highlight the benefits of current reforms. Advocates explained that current information is either too unclear or unwieldy to be useful. Communications support to craft common messaging and test those messages is also needed. Important resources specific to Medicaid reimbursement issues are budget and policy analysis, and the use of rapid response grants for convening advocates or targeting rural communities.

## **POLICY TARGET: COST CONTAINMENT**

### **Policy Priorities**

Considering the state of this year’s budget, issues related to cost containment will be at the forefront in 2016. Cost containment wins include wins related to payment and delivery reform, integration of care and health care literacy, further highlighting the overarching importance of this target.

Other specific wins identified by advocates and bellwethers relate to coverage and access to care, transparency, managing pharmaceutical costs, and healthcare models that integrate preventive care, public health, and health equity.

### **Getting to Wins**

Advocates and bellwethers agreed it was extremely important for advocacy organizations and policymakers to understand the drivers of health

care costs, particularly to address Medicaid reimbursement issues, though bellwethers were skeptical (or in one case, dismissive) it would be *possible* for policymakers to align around cost definitions. Advocates found it to be similarly important for *consumers* to also have firm grasp of drivers of costs, especially related to TABOR, while bellwethers found consumer understanding to be less important. While bellwethers did not consider consumer engagement non-important, they stressed the balancing act of engaging consumers in the “right” way, which does not necessarily include wonky policy or budgetary issues.

Further agreement existed for the need for new demonstration programs and data about cost impacts of new and existing programs. A couple bellwethers suggested the All Payers Claim Database needs to be analyzed to understand drivers and effects of costs. Bellwethers also highlighted the importance of both a coalition of advocates comprised of diverse interests aligning around common messages, and the engagement of champions and influencers. Advocates again pointed out the importance of engaging rural communities on issues of cost containment and tying those issues back to the health of local economies. They also stressed it would be important to reach out to smaller community or advocacy organizations and provide messaging they can own related to costs. Particularly regarding “de-Brucing” efforts and Medicaid expansion and reimbursement, advocates agreed that mobilization of voters will be crucial this year.

Advocates are still waiting on results from the Cost Containment Commission. In the meantime, other important influencers include Senator Irene Aguilar, Marguerite Salazar, the Joint Budget Committee, the Chamber of Commerce, HCPF, and other state agencies. Advocates will also need to engage payers, providers and their respective associations, hospitals, and businesses.

### **Capacity and Supports Needed**

Following the protection of successes target, cost containment saw the second greatest number of



advocacy organizations actively working on issues (26 organizations).

Despite this relatively large capacity, only 32% of convening attendees thought advocates were likely to have a significant impact on cost containment wins this year and nearly half of attendees were neutral on this question (refer to figure 3 on page 4). A few advocates explained the issue is so long-term, too complicated and too politically divisive to make much progress in the coming year and wins are unlikely if the focus is not narrowed. Others cited the external environment and the many pulls on budget and cost decisions as having a negative influence. On the flip side, some advocates thought bipartisan middle ground might be possible related to costs, especially given its impacts on and importance to consumers.

Rapid response grants and communications technical assistance were identified by advocates as important supports in this area. Crafting and testing of messages to ensure that consumer organizations are connecting with their constituencies and their values will be important. Given the broad nature of this policy target, advocates expressed the need to continue to understand who is working on what so they efforts can be better aligned and untapped influencers can be engaged. Clear data on the potential negative effects of budget decisions, such as the Medicaid Reimbursement issue, will be useful in targeting policymakers on cost containment issues.

## **POLICY TARGET: CONVERGENCE ON PAYMENT AND DELIVERY REFORM**

### **Policy Priorities**

The most pressing priority related to payment and delivery reform is the upcoming rebid of the Accountable Care Collaborative (ACC). Other priorities will be to continue to focus on the implementation and outcomes of innovation programs such as Sustaining Healthcare Across Primary Care Efforts (SHAPE) and the State Innovation Model (SIM). Bellwethers also mentioned

policies that influence health equity strategies, value-based benefit packages, scope of practice expansions, and Medicaid reimbursement issues such as out-of-network providers. Finally, the upcoming single-payer ballot initiative presents an opportunity to engage and educate voters on issues related to payment and delivery reform.

### **Getting to Wins**

In line with the policy priorities listed in the previous section, bellwethers pointed out many opportunities for consumer advocates to be at the table to influence payment and delivery reform pilots and other efforts. It will be important to gather and leverage data about the impact of the pilot programs to keep the efforts moving forward.

Bellwethers highlighted the importance of engaging champions, including industry leaders, though some bellwethers doubted the utility of emphasizing common messages. A common vocabulary might be more useful, while the diversity of payment and delivery reform issues on the table may make common messaging difficult or ineffective.

Bellwethers were split on the issue of consumer understanding; a few thought the issues were likely to be too technical and therefore require too much education for the average consumer, while others argued that consumers needed to balance out the voices of payers and providers. One bellwether explained consumers should be involved in “small a” advocacy directing community conversations, while community advocacy organizations conduct “big A” advocacy at the policy and under the dome level.

During the January convening, advocates spent less time discussing delivery and payment system reforms, though they did make clear connections with the upcoming ACC rebid and single payer ballot initiative opportunities. For the ACC rebid, consumer engagement and coalitions of diverse advocates aligning around common messaging will be critical. As mentioned, the single payer ballot initiative is seen as an opportunity to engage and educate consumers on a difficult-to-understand policy issue.

## Capacity and Supports Needed

Based on the mapping, 21 organizations are actively focused on payment and delivery reform issues. However, some organizations discussed payment and delivery reform under cost containment, which may have resulted in an underestimate of the field.

Just over half of the advocates at the January convening thought the field was likely to have a significant impact on payment and delivery reform this year (refer to figure 3 on page 4).

In line with bellwether comments, several advocates thought the issues related to payment and delivery reform are too technical for the average consumer and that the issue was likely to be driven by providers. Given this concern, there is a clear need for communications and messaging support to better engage consumers. Some of this work is already beginning or underway through Colorado Coalition for the Medically Underserved (CCMU), Colorado Consumer Health Initiative (CCHI), and Together Colorado. Advocates also discussed the need for messaging targeted at policymakers that includes personal consumer stories. Both types of messaging would contribute to the coalescence of a solid coalition around this policy target.

Finally, advocates specified data showing the importance of consumer engagement on issues like payment and delivery reform would be useful.

## POLICY TARGET: INTEGRATION OF HEALTH CARE MODALITIES

### Policy Priorities

Regarding policy opportunities related to integration of delivery care modalities, bellwethers again emphasized the importance of implementation and regulatory advocacy over legislative approaches. Bellwethers also pointed out that many aspects of care integration may be led by the private sector, further reducing the need to focus legislatively at this time. Specifically, advocates should be actively influencing SIM implementation and the ACC rebid (advocates discussed this opportunity in more detail

at the convening). Other possible policy wins include overall health supports beyond co-location of services, such as improvements to health information systems, payment reform, telemedicine policies, scope of practice, and complex discharge patients. Bellwether emphasized mental health, including parity and increased access, while advocates were quick to include oral health and specialty care.

### Getting to Wins

Bellwethers tended to emphasize important outcomes related to influencers and policymakers, such as the need for decision-makers to understand “whole person health,” to cultivate champions willing to take action on integrated care policies, and to gain support from payers and providers on integration of care policies. Specifically, advocates should target HCPF, SIM, universities, and provider associations.

On the other end of the spectrum, advocates emphasized the role of consumers and the importance of consumers understanding “whole person health” and how it relates to care coordination. Advocates added the need to engage rural communities on this issues, Medicaid patients, and regional health connectors. Better integration of grassroots and grassroots organizing will also be important in advancing this policy target.

## Capacity and Supports Needed

Twenty-three advocacy organizations reported they are actively working on integration of care, which is higher than some policy targets, but lower than others. Integration of care also sits in the middle on the field’s likelihood to have a significant impact on policy wins at 63%, as rated by advocates (refer to figure 3 on page 4). Advocates thought that there is some momentum behind this policy target given that providers are coming on board, but it is still too early and too technical for consumers to be authentically engaged.

Advocates reported that they need support in forming a coalition that includes community

organizing groups (potentially in the form of rapid response grants). Similar to payment and delivery reform, data around the impact of consumer engagement could be important for this target. Finally, communications support to coordinate messaging that combines data and storytelling would be useful to advocates.

## **POLICY TARGET: EXPANDING HEALTH LITERACY**

### **Policy Priorities**

The evolving view of health literacy as it relates to public policy is that educated consumers underscore and are a result of every other policy target. For every other policy target, advocates discussed the need for educated consumers to be at the table to push policymakers to implement current reforms with fidelity and push the envelope with new reforms. Successes in the other policy targets—for example, increasing transparency under cost containment or simplification of the health care system under payment and delivery reform—will lead to increased health literacy, but are also dependent on health literacy, as consumers need to know how to use their coverage and care.

*“I’d like to flip this one on its head– [do we] want to spend time helping people navigate a confusing system or make it easier to navigate? More care coordinators? No, we need a system people can navigate without care coordinators.” –Bellwether interviewee*

Specific policy opportunities include requiring payers to provide education on how to use benefits, increased roles and funding for Certified Application Assistance Sites, the Connect for Health Colorado Assistance Network, community health navigators or promotoras, and a common, vetted curriculum to guide public education.

Advocates also discussed the unique opportunity that the single-payer ballot initiative presents to educate voters on the health care system, regardless of what stance advocacy organizations take on the initiative, if they take a stance at all.

### **Getting to Wins**

An important early win stressed by both bellwethers and advocates would be advocates, policymakers, and public- and private-sector decision-makers using a common definition for health literacy. It will also be important to implement pilot programs that include a common curriculum for health literacy. Similarly, bellwethers and advocates also explained the need for health literacy advancements to be driven by consumer demand for a better healthcare experience. Advocates saw their role as one that empowers consumers to become their own advocates.

Advocates also noted the lack of and need for a coalition to spearhead efforts around improving consumer health literacy. They suggested a focus on local relationships and local governments to get the ball rolling. It will be important to tie health literacy to other issues such as immigrant and undocumented resident issues, mental health, and public health. Finally, as mentioned, the single-payer ballot initiative is an important opportunity to educate and engage voters on the health system as a whole and set the stage for continued reform to meet consumers’ needs.

Though health literacy as an issue focuses on consumer engagement, it will also be important to engage HCPF, Connect for Health Colorado, and public agencies that may be able to influence regulatory or implementation-based solutions. It will also be important to get payers on board with health literacy via increased transparency and simplification of plan information.

### **Capacity and Supports Needed**

Sixteen organizations indicated they were actively working on this issue during the July mapping. This number is fewer than for the other targets, but in line with this target being a relatively new focus for advocates and that health literacy work may be tied in to other more directly policy-focused work. Somewhat conversely, 63% of advocates at the January convening thought the field could make a significant impact on health literacy wins in 2016



(refer to figure 3 on page 4), though bellwethers seemed less optimistic that health literacy was the right arena for consumer advocacy organizations at this time. Though several advocates admitted consumers were not yet engaged on this issue, others felt current pilot programs, such as the curriculum being used in the Bridge project, and other efforts were promising starting points.

In terms of supports needed, advocates identified the need to convene groups to continue to understand the most viable opportunities to advance health literacy. More narrowly, organizations also need to coordinate over support of the Single Payer Ballot Initiative and need more information to make their decision, including: data about the implications of a single payer system, information about whether provider support the initiative, and polling data about the likelihood the initiative will pass.

Advocates again requested messaging support to build a story bank and to test messages around health literacy. Advocates explained that they may also benefit from support in developing a more coordinated strategy to educate public about the “new culture of coverage.”

## CROSS-TARGET SUMMARY

Across the five policy targets, bellwethers and advocates converged on policy priorities related to regulation and implementation, rather than legislation in 2016, given the bi-partisan environment that is likely to grow increasingly divisive with the upcoming presidential election.

The cross-target policies priorities discussed were:

- Issues related to the state budget including TABOR and the hospital provider fee;
- Issues related to current pilot or demonstration programs, particularly Medicaid reimbursement, the rebid of the ACCs, and SIM; and
- Healthcare literacy underscoring the other policy targets.

To advance these priorities, advocates and bellwethers discussed the need to leverage data from current pilot or demonstration programs and

to ensure diverse interests are engaged and understand how health care policy issues related to other priorities (e.g., the economy).

Advocates also emphasized the importance of integrating grassroots organizing into these efforts, especially in service of engaging rural communities. While advocates and bellwethers agreed on the importance of cultivating champions, they were split on the exact nature of the role of the consumer. Advocates called for increased direct engagement of consumers on policy opportunities, while bellwethers stressed the importance of consumer demand for a better healthcare system without the need for the public to understand details of dense policy discussions.

In service of these outcomes, advocates identified three major areas of support needed:

- Communications and messaging assistance;
- Continued coalition building support; and
- Access to and understanding of data related to positive impacts of recent reforms on health and the economy, and on the importance of consumer engagement in advancing reform.

## RESOURCES

- For more information about the scenarios referenced in this report, please visit The Future of Health Policy in Colorado, prepared by Spark Policy Institute, at: [http://www.coloradohealth.org/uploadedFiles/What We Do/What We Support/Adequate and Affordable Coverage/Spark TCHF Scenarios Report.pdf](http://www.coloradohealth.org/uploadedFiles/What_We_Do/What_We_Support/Adequate_and_Affordable_Coverage/Spark_TCHF_Scenarios_Report.pdf)
- For more information about the Health Coverage Funding Opportunity for Consumer Advocacy, please visit: <http://www.coloradohealth.org/yellow.aspx?id=6674>
  - To learn about the convenings associated with this Funding Opportunity, please contact Erica Snow, Health Care and Coverage Interim Portfolio Director, at: [esnow@coloradohealth.org](mailto:esnow@coloradohealth.org)
- For more information about the learning in this report, please contact Spark Policy Institute at: [leigh@sparkpolicy.com](mailto:leigh@sparkpolicy.com)