Colorado Consumer Health Initiative

COLORADO STATEWIDE LISTENING TOUR REPORT

2024

WHO WE ARE

The Colorado Consumer Health Initiative (CCHI) is a non-profit, consumer oriented, membership-based health advocacy organization that serves Coloradans whose access to health care and financial security are compromised by structural barriers, poor benefits, or unfair business practices of the health care industry. We work statewide for progress towards achieving equitable, affordable, accessible, and quality health care for all Coloradans.

HOW WE WORK

Public Service
The Consumer Assistance Program (CAP) helps individual consumers navigate billing issues with insurers and health care providers. In doing so, they identify places where policy fixes may be necessary to better protect Coloradans, where the implementation of passed laws is falling short, and where interested consumers can plug in to advocate for change around the issues they experienced.

Strategic Engagement
Strategic Engagement connects with Consumer Assistance Program clients and organizes consumers across the state through story collection and calls-to-action to ensure that Coloradans are front and center in our advocacy efforts. They partner with community organizations, navigators, and leaders to spread information about health care consumers' rights in Colorado, striving to make protections work for people.

Public Policy
Each year, at the legislature and within state agencies, we advocate for bills and policies that improve the dependability, accessibility, and affordability of health care for Coloradans. We leverage our Consumer Assistance Program insights and Strategic Engagement connections to center the most pressing issues facing Coloradans today.

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EXECUTIVE SUMMARY

In 2024, the Colorado Consumer Health Initiative took time away from advocating for legislative policies in order to better understand the opinions, struggles, and needs of Coloradans related to accessing health care. To gauge how well the accountability measures CCHI advocated for were doing, we created a listening tour series, partnering with local organizations in Denver, Larimer County, Sterling, Durango, Telluride, and Pueblo. During listening sessions, consumers elevated key issues including: the absence of affordable and accessible healthcare, difficulty understanding insurance plans, healthcare facilities' lack of transparency regarding the cost of care, and the need for culturally fluent healthcare providers.

KEY FINDINGS:

- **Consumers are struggling to find providers at a cost they can afford**
  - Few providers take Medicaid, resulting in long wait times to be seen, if at all.
  - Rural areas are struggling to recruit and retain providers, exacerbating provider access issues in rural areas
- **Poor network adequacy exacerbates out-of-pocket costs through travel expenses**
  - A lack of local, in-network providers means that consumers are frequently traveling far distances to receive care.
  - Consumers then encounter additional costs including time off work, transportation costs, childcare, and even hotels.
- **Consumers fear surprise billing and high hospital costs**
  - Many consumers feel health care bills lack transparency, are often beyond their control, and are nearly impossible to effectively budget for.
  - Some people will refuse or delay care due to fear of cost.
- **More work is needed to increase culturally fluent care**
  - Consumers reported feeling that their providers make judgements about them, and do not listen to them as patients.
  - Some patients still struggle to access language services and rely on their peers to interpret for them.
- **Frustration around the lack of holistic care**
  - Consumers are frustrated about the unique barriers to optical, mental health and especially dental care.

Through this listening tour, it is clear there is still a long way to go to make healthcare accessible for all consumers. Top priorities should include adequate Medicaid provider reimbursement, increased consumer billing protections, and network adequacy improvements. This said, with current federal attacks on health care coverage, it is imperative that we defend our existing protections. Coloradans cannot afford to lose coverage or pay additional costs for care. As we continue this vital work, CCHI remains committed to centering the voices and experience of Coloradans.

LISTENING TOUR SERIES

CCHI staff identified these locations based on a combination of population density and the degree to which the community's voice is often under- or un-represented in our community engagement work. We sought to strengthen partnerships with trusted community organizations and hear from folks we don't tend to hear from in order to better inform our statewide advocacy efforts.

In 2024, CCHI took a pause running its own state-level policies, focusing instead on supporting our advocacy partners and conducting research to better understand the opinions, struggles, and needs of Coloradans related to accessing health care. As one step in that process and CCHI's ongoing commitment to centering consumer voices in our work, CCHI spent last year hosting listening sessions across the state. During these sessions, we heard directly from Coloradans, many of whom face structural barriers to accessing and affording care, about their experiences navigating the health care system in their region.

From August to December, CCHI facilitated six listening events – stretching from Durango in the southwest corner, up into the mountain resort town of Telluride, to Fort Collins at the top of the Front Range, out into Sterling on the Eastern Plains, down I-25 to greater Denver, and all the way into Pueblo. All of these focus groups were held in person, ranging from 6 to 25 people participating in each region. We partnered with community organizations to help with recruitment, and all participants received gift cards as compensation for their time.

The questions we set out to understand were:

- How do you understand the role of your local hospital in your health care landscape and your community?
- Have you or someone you know been impacted by consolidation in our health care system?
- What are the biggest barriers to health coverage and accessing care that you face?
- Are there health care services you wish you had better access to?
- Have you or people in your community struggled to pay for prescription drugs or had to make choices between paying for drugs and paying for other essentials?

While all of the sessions were facilitated similarly, these conversations were participant-led. As a result, no two sessions looked the same. A participant-led discussion, in which community members react to each others' experiences, enables folks to express similarities and differences with their own realities. As such, the conversation naturally coalesces around core, salient themes in each listening session. Often, this included discussions of issues that lay beyond the scope of CCHI's immediate policy work, such as the social factors like built environment, financial security, and housing. We do, however, remain committed to advocacy that encompasses the full range of issues impacting health.

The reflections summarized in this report are not meant to generalize the experience of any one community, nor do they tell the whole story of any one individual. Instead, we hope this sampling of anecdotes and themes will continue to ground our work in the lived experiences of Coloradans who face the biggest barriers to care.

A note: The Denver, Pueblo, and Telluride events were conducted in both English and Spanish with the help of interpreters.

A huge thank you to our partners at Metro Caring, the Health District of Northern Larimer County, the Sterling Family Resource Center, the La Plata Health Improvement Coalition, the Tri County Health Network, and the variety of folks in Pueblo who helped with outreach. A special shout out to Brizai Gomez and Naomi Lin, Alyson Williams and Danielle Bell, Yvonne Draxler and Miranda Peterson, Jan Phillips, and Leslie Sparks and Amy Rowan. Your efforts were crucial to the realization of these events!

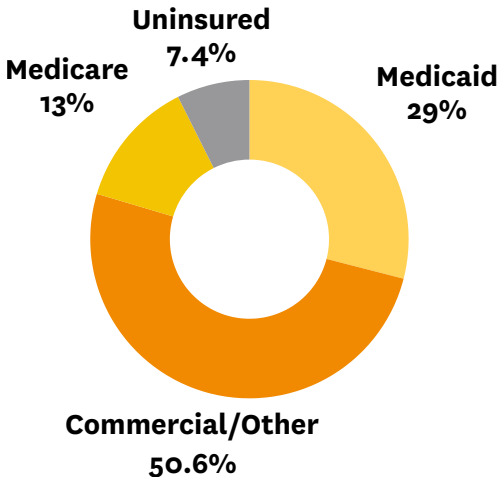
METRO DENVER

We began our Listening Tour series right down the street from our office building in Metro Denver. The county (and city) of Denver boasts a population of over 710,000 people. Top industries in greater Metro Denver Region include Health & Wellness, Transportation & Logistics, and Outdoor Recreation. Top employees include BP Energy, Charles Schwab, and Panasonic. As a major metro hub, Denver also has a strong higher education sector and a unique concentration of health facilities.

Denver County has the greatest number of general hospitals of any county in the state. It's six hospitals include two HealthONE facilities, one AdventHealth facility, one Intermountain Health facility, National Jewish Hospital and Denver Health - the city's safety net facility. Notably, there are also 33 total general hospitals within the greater region. These include those in Adams, Arapahoe, Boulder, Broomfield, Douglas, El Paso, and Jefferson counties.

Nearly 1 in 3 people in Denver County are enrolled in Medicaid (aka Health First Colorado). This group includes over 82,000 ACA expansion adults and nearly 8,000 children on Child Health Plan+.

Health Coverage Breakdown

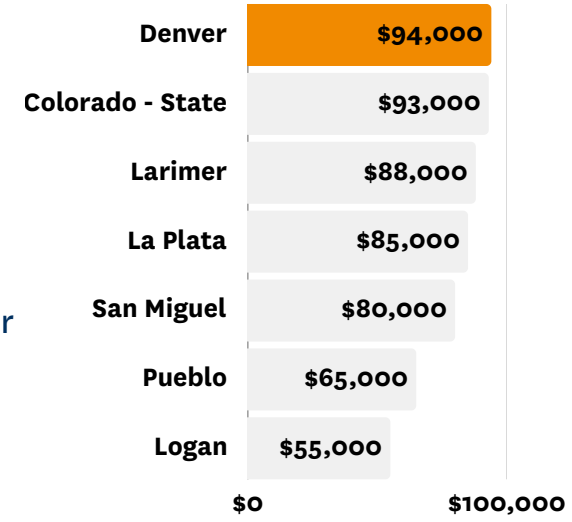


Denver county also has an uniquely high percentage of Medicare enrollees on Medicare Advantage plans (61% of Medicare enrollees).

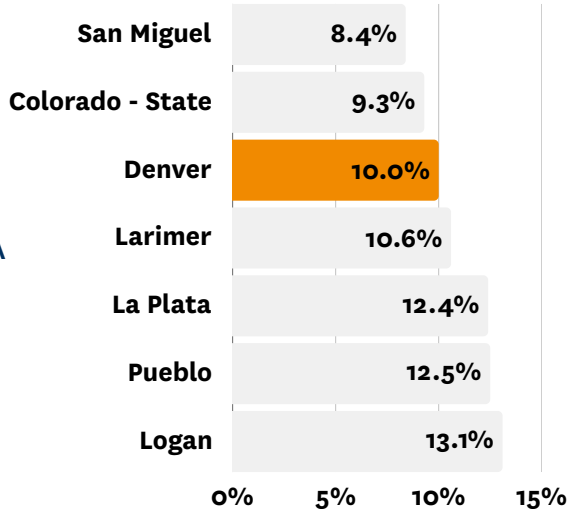
Over 1 in 12 people

in Denver county have limited English ability. This often means they prefer to communicate in a different language. Another 15% of Denverites are bilingual in English and another language - primarily Spanish or another language unspecified by the census survey.

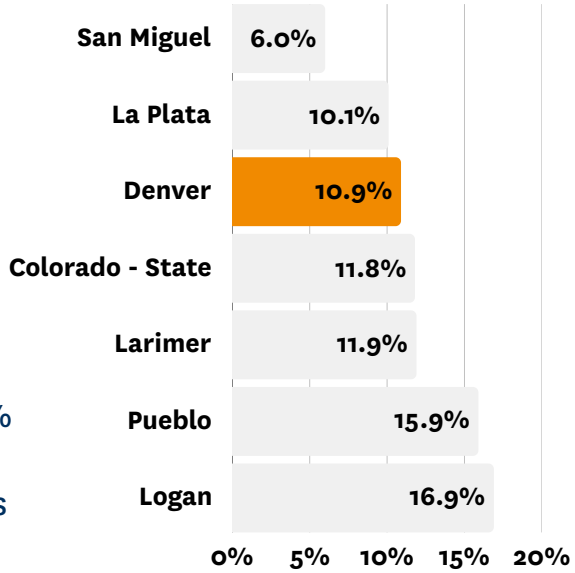
Median Household Income



% Living in Poverty



% Living with a Disabilty



METRO DENVER

Core Themes

- Struggles navigating Medicaid and other health care programs, from understanding what options are out there through enrollment and accessing care once covered
  - Medicaid providers taking new patients are few and far between
  - Necessary services, most acutely dietitians, are not covered by Medicaid
  - Many folks reported being pushed off Medicaid during the public health emergency unwind without notification
- Continual fear of receiving extremely high and unexpected medical bills
  - This leads folks to put off necessary health care; even for those with private insurance the cost is simply too high
- Self-advocacy and advocating for family members is necessary to be taken seriously by providers and to receive treatment
  - Family and friends are interpreting for their community because hospitals and providers are not meeting language needs or are unclear about whether they will be able to meet needs.
- Feel like a number being churned in and out of hospitals and providers instead of a person
  - This is compounded by feeling like providers just want to prescribe a drug instead of listening to what is causing their ailments and seeking to help with the root

Local Issue:

Stigma when seeking medical care and a lack of culturally fluent care

Most participants in our Denver session had at least one–if not many–negative experiences accessing necessary health care, often related to providers or other staff making them feel discriminated against, doubted, rushed, and hesitant to seek care again. Hospitals and providers are not providing interpretation and other language access services necessary for patients to effectively communicate their health concerns and understand recommended treatments. Individuals reported being repeatedly pressured to lose weight and feeling that providers insinuated that their culture was to blame for health concerns. Other participants reported less subtle stigmatization – like one expectant mother being told her skin concern must be from bed bugs and no other cause, despite repeatedly assuring the provider that she knows what bed bugs are and surely does not have them. Cultural competence in health care is the ability of providers to deliver services that meet the social, cultural, and linguistic needs of patients. While some participants spoke about positive experiences they've had accessing care that was culturally responsive and providers who listened to all of their symptoms and worries, seeing them as whole people not discreet issues to be treated, they were the exception rather than the norm.

QUOTES AND ANECDOTES

They are not looking for cures anymore. They are looking for profit and how to keep us coming back.

One participant explained that they are a health care worker themselves, and that they will always wear their scrubs to any appointments for them or their children so that the staff and doctors take them seriously and listen to what they report about their or their children's health

One participant reported that her husband was not able to go into a medical appointment with her even though he was translating for her since the hospital did not provide required translation

It was really scary to go in without understanding what they were doing to me

It's hard to make progress in our health even when going to the doctor regularly because every time you go you get treated by different doctors and they always ask the same questions and it never progresses to better health care. Sometimes it's easier to get solutions online than help from different practitioners each time that don't actually know us and our bodies.

With two working adults in a household, it still is not enough to protect you from a surprise health care bill

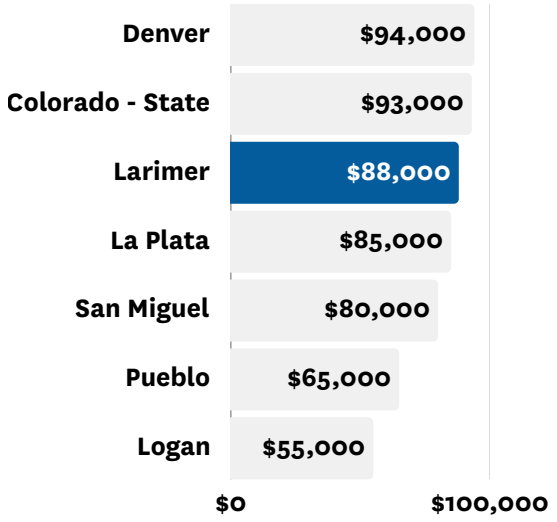
NORTHERN

LARIMER COUNTY

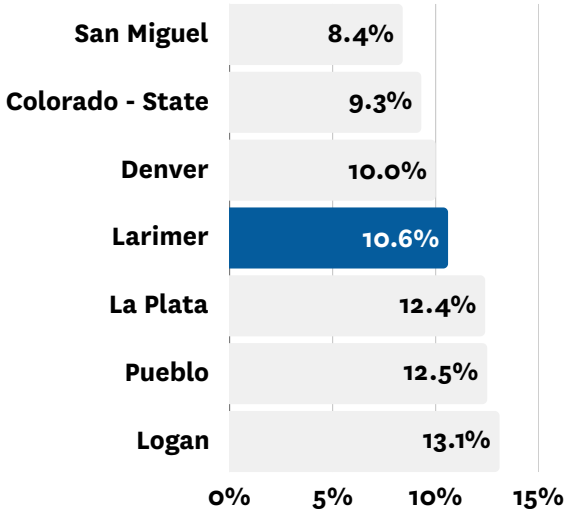
Our second listening tour stop brought us up north to Larimer County. Home to over 370,000 Coloradans, Larimer's top industries include Advance Manufacturing, Health & Wellness, and Energy & Natural Resources. It's top employers include Vestas Wind Energy Systems, Woodward, Leprino, and (notably) Banner Health and UC Health. Like Denver County, it also boasts a range of higher education institutions.

There are five total general hospitals in Larimer County. Two owned by Banner Health, two by UC Health, and Estes Park Medical Center, which recently entered into a partnership with UC Health. Nearby Weld County similarity has one UC Banner Health and one UC Health general hospital continuing the dominant tread of these health systems in Northern Colorado.

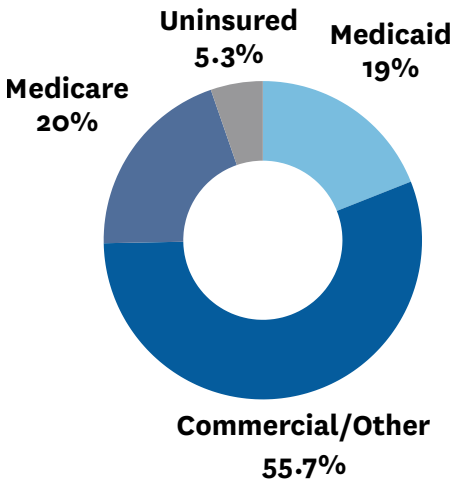
Median Household Income



% Living in Poverty



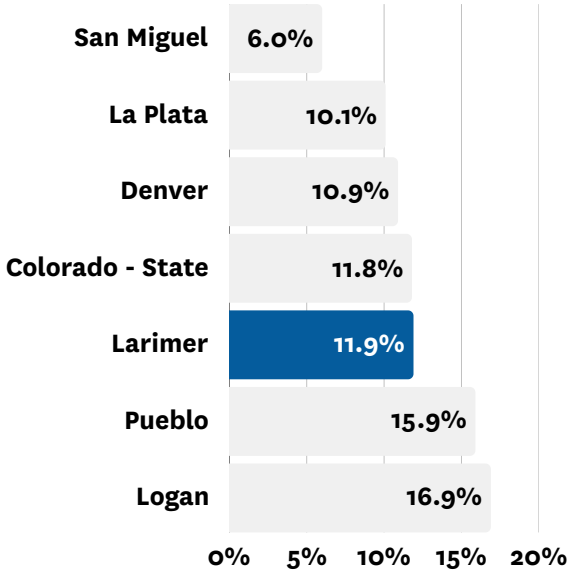
Health Coverage Breakdown



Nearly 1 in 5 Larimer residents are enrolled in Medicaid. Including over 28,000 ACA expansion adults and nearly 3,500 kids on Child's Health Plan+.

Medicare Advantage is popular in Larimer, with nearly half of Medicare enrollees selecting MA Plans.

% Living with a Disabilty



One in 50 people

in Larimer County have limited English ability. This often means they prefer to communicate in a different language. Another 6% of Larimer County residents are bilingual in English and another language - primarily Spanish, other Indo-European languages, or Chinese.

NORTHERN LARIMER COUNTY

Local Issue:

Stigma when seeking medical care and a lack of culturally fluent care

While we often hear about the administrative burden facing providers and healthcare systems, our Larimer County focus group painted a picture of the severe administrative burden facing health care consumers. Even after figuring out how to pay or apply for the right insurance coverage, it's incredibly stressful and time-consuming to access the healthcare one needs, at an in-network price they can afford, at a location in their community. Participants reported having to chase down their own in-network specialist referrals because providers don't seem to know or care about ensuring their first recommendation is in their insurance coverage, leaving patients to go back to their doctor and ask for new referrals to be sent. So much of our discussion was dedicated to how "health literacy" barely begins to describe the level of knowledge needed to successfully maneuver through the various hoops, phone trees, and billing pitfalls laid for consumers. Participants noted that many of them worked in health insurance or have high levels of education compared to the average person and still struggle to advocate for themselves in the system and access the health care they need.

Core Themes

- The healthcare landscape feels monopolized in the region, with one big conglomerate and one smaller conglomerate fighting to keep patients within their ecosystem
  - Consumers can feel that providers are tasked with too much and with seeing too many patients in a day, so even if they do want to care about each patient, they don't have the time to
  - Patients feel like a number and like their providers are not seeing them as whole people
  - It feels impossible to get a second opinion on any care because the healthcare systems discourage it and talk within the system
- Lack of culturally fluent providers
  - Participants reported facing discrimination from providers for their sexual and gender identities, mental health struggles, and the invisible nature of their health struggles
  - Patients are made to feel guilty for having multiple health issues and blamed for being unable to afford preventative wellness
- The health coverage cliff effect
  - Participants reported not accepting jobs with pay increases to avoid becoming over-income for Medicaid and that families feel like they are living more frugally when they make enough money to longer qualify for Medicaid
- Despite living in the Front Range, consumers are driving hours to see in-network providers–primary care and specialists–or are unable to find them at all
  - Even when participants successfully receive a referral to see a specialist, they then can't find a specialist who is in-network and who has an open appointment without having to drive incredible distances
  - Participants reported traveling repeatedly to Greeley and Aurora simply to access care they can afford covered by their insurance plan

QUOTES AND ANECDOTES

I've easily spent twenty hours on the phone with insurance this year. If I had been working a typical 9-to-5 job when I was dealing with this billing problem, I either would have had to quit my job or give up on figuring out my health care. It's a full time job dealing with the system

A few years ago, my mother was diagnosed with cancer – she was notified via a voicemail and later received a bill for the time it took the doctor to call and leave that voicemail

An income increase pushed our family just over the line for Medicaid eligibility. We had to cut our spending back so much to afford our premiums and care costs, it was almost like we were living more paycheck to paycheck than we were when on Medicaid

There's "health literacy," and then there's the level of knowledge you need to navigate the system

It's disheartening how it feels like someone up the chain wants to make a dollar more but it means someone else's life down the chain is incredibly miserable

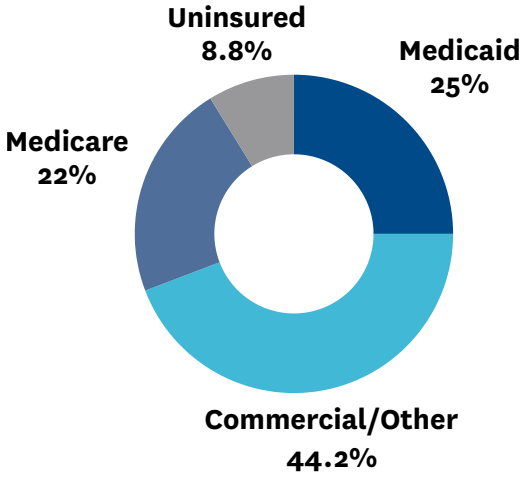
EASTERN PLAINS
STERLING

Next, we traveled out to Sterling in Logan County on Colorado's Eastern Plains. Logan has over 21,000 residents. Primary industries in the region include Food & Agriculture, Advanced Manufacturing, and Health & Wellness. Top regional employers include two local community colleges and Barry Walter Sr. Company.

Sterling Regional Medical Center, run by Banner Health, is the sole general hospital in Logan County. The Eastern Plains broadly has 11 hospitals in total. Only 3 of these 11 are associated with a large health system and the remaining 7 are primarily government-run. Notably, two nearby counties (Elbert and Washington) do not have any general hospitals. Logan County has 1 Federally Qualified Health Center, 1 Behavioral Health Entity, and 2 Rural Health Clinics (Banner Family Care Clinic - Sterling, and Sterling Regional Medcenter).

The entire eastern portion of the state also received very little hospital community benefit funding, specifically for Behavioral Health ($2,165), compared to Denver at $32,841,706 or even Pueblo county at $42,097.

Health Coverage Breakdown



1 in 4 Logan residents are enrolled in Medicaid. Including nearly 2,000 ACA expansion adults and over 300 kids on Child's Health Plan+.

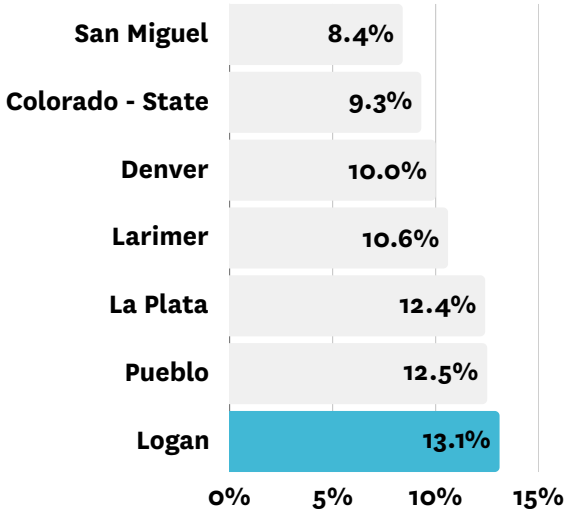
Medicare Advantage is also present in Logan, with nearly 40% Medicare enrollees selecting MA Plans.

Nearly 1 in every 50

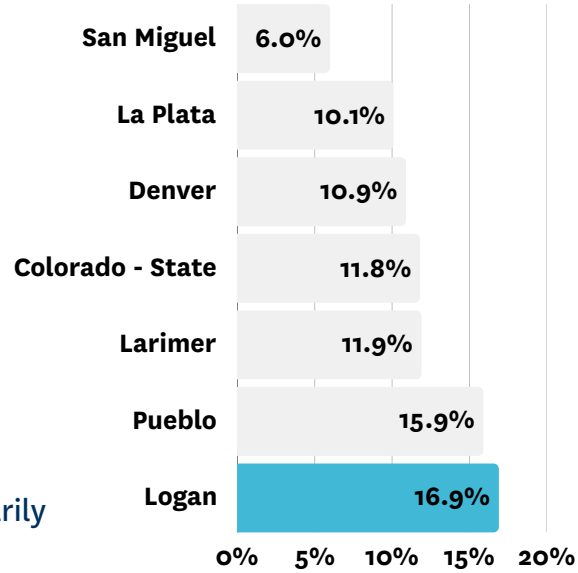
Logan County residents have limited English ability. This often means they prefer to communicate in a different language. Another 7% of county residents are bilingual in English and another language - primarily Spanish, other Asian and Pacific Islander languages, or Arabic.

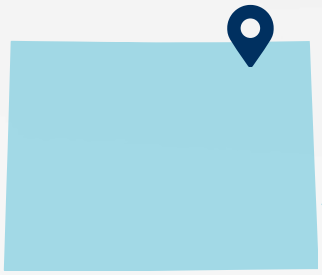
Median Household Income

% Living in Poverty



% Living with a Disabilty





Eastern Plains
STERLING

Core Themes

- Unstable hospital administration and ownership
  - The constant shifting of ownership and leadership creates an environment of unreliable care coordination and relationships with health care providers
  - One participant reported knowing three providers–nurses and doctors–who left the local Banner hospital to work at the Sidney Regional Medical Center
- Stigma around mental health struggles and months-long waits for providers
- The lack of transportation options
  - Given that residents must travel forty-five minutes or more for routine care, the lack of transportation options is a burden on the community, especially the older population
  - Sometimes, even just getting across town to the hospital on the south side is a struggle
  - People must constantly rely on their friends and family to get them to appointments
- Consumers are traveling long distances to get routine care
  - Fort Morgan, Denver, Greeley, and Loveland are common places that residents of Sterling must travel to for primary care and specialists
  - Some folks have even begun going to the Sidney Regional Medical Center just over the border in Nebraska because it is easier to see a provider there
  - Many don't understand how their Colorado-based health coverage may or may not cover services so they must be careful about bills, but many prefer the care there and so continue to go
- Lack of critical services in the area
  - Without an urgent care facility, anything that requires a quicker turnaround than a regular doctor's office visit becomes an emergency room bill
  - There are no pediatricians in the immediate area; the closest is 45 minutes away in Fort Morgan
  - There is no Veterans Affairs outpost in Sterling, despite the community having a large demographic need

Local Issue:

Struggling to recruit and retain providers to the Eastern region of the state

Participants in the Sterling focus group repeatedly came back to the struggles the town, and broader Eastern region of the state, faces in recruiting providers of all types and providing the incentives they need to stay long term. The rural area feels it cannot compete with the urban hubs in Denver and Fort Collins, meaning that a provider will be in Sterling for a bit–perhaps a few years or for a rural residency program–but then will depart for the city. Many longtime residents of Sterling pointed to how this is a shift from how the community used to feel. Dwindling funding for schools and housing costs that, despite being lower than I-25 corridor communities, are perceived as high, means it feels hard to sell building a life in Sterling to providers likely saddled with debt from school. Patients are then left to find new providers and establish new relationships, leaving their care in a state of constant piecemeal efforts.

QUOTES AND ANECDOTES

A local dentist retired but no one wanted to pick up his practice and few other providers taking all insurance types are in the area, so all his patients were left without referrals

It just doesn't feel like it used to when you knew your doctor for ten, twenty, forty years. People don't want to live in Sterling anymore

One participant could not get an appointment with a doctor for nearly two weeks and experienced a diabetic emergency, forcing them to go to the emergency room to get insulin

Collections on medical bills happen quite frequently; some folks are just ignoring bills and hoping they get resolved

There is a slowly growing population here, but it is largely older and retirees. The lack of transportation is hard for everyone but especially them, and couple that with difficulty accessing technology and you have some big issues

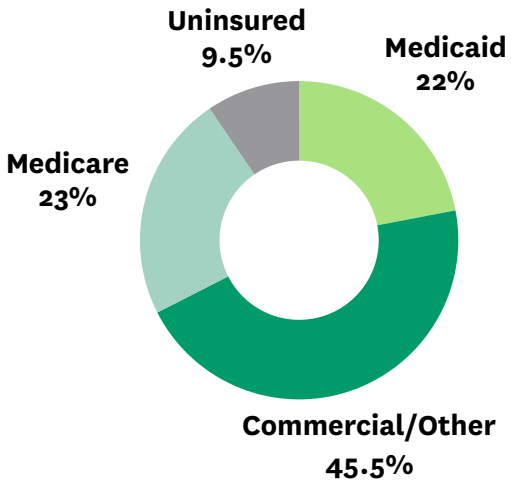
I don't dislike Sterling or the providers here, I just prefer Sidney (Regional Medical Center, in Nebraska)

SOUTHWEST DURANGO

From the northeast corner, we traveled all the way down to the southwest part of our state and visited Durango in La Plata County. Situated on the border of New Mexico, La Plata County has over 56,000 residents. Primary industries in this southwest region include Health & Wellness, Outdoor Recreation, and Energy & Natural Resources. Top regional employers include Purgatory, Rocky Mountain Chocolate Factory, and Stoneage. Durango also boasts one of the few colleges in the region, Fort Lewis College.

La Plata County has two hospitals, both located in Durango. The first, Mercy Hospital, is run by CommonSpirit Health, and the second smaller Animas Surgical Hospital has a private equity ownership model. Western Colorado broadly has 24 general hospitals. Nine of these 28 counties do not have a hospital.

Health Coverage Breakdown



1 in 5 La Plata residents are enrolled in Medicaid. Including nearly 5,000 ACA expansion adults and nearly 700 kids on Child's Health Plan+.

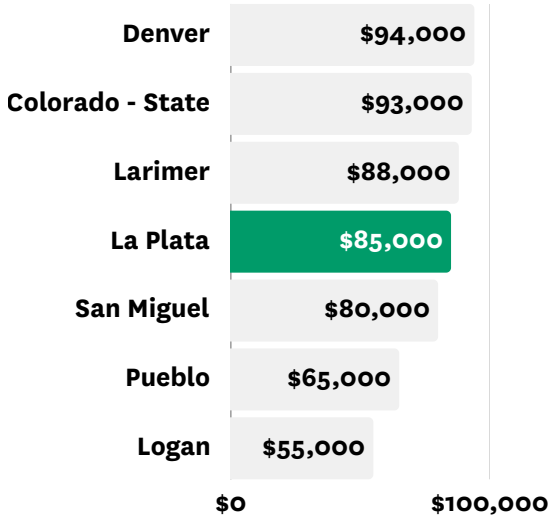
Medicare Advantage is also present in Logan, with over 1 in 3 Medicare enrollees selecting MA Plans.

Nearly 1 in every 50

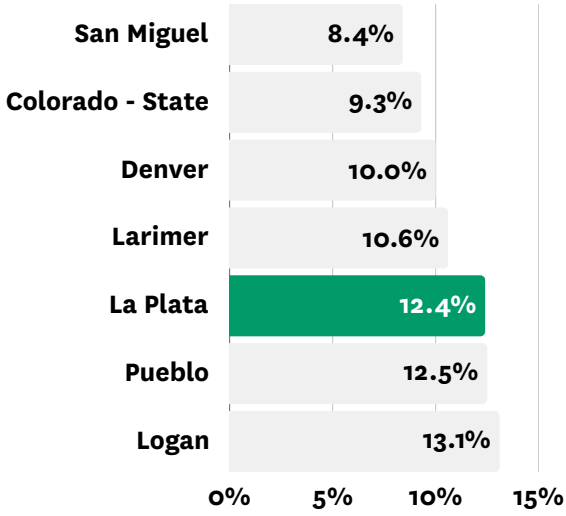
La Plata County residents have limited English ability. This often means they prefer to communicate in a different language. Another 7% of county residents are bilingual in English and another language - primarily Spanish, another language unspecified by the census survey, or German/other West Germanic languages

DEMOGRAPHICS BY COUNTY

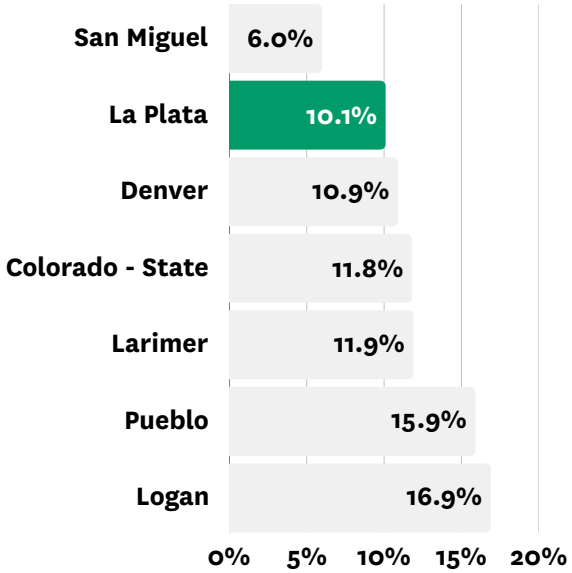
Median Household Income



% Living in Poverty



% Living with a Disabilty



SOUTHWEST DURANGO

Core Themes

- Struggles with the local hospital
  - After an ownership shift, the local hospital–the "only gig in town"–is lacking the full range of services, especially women's health and reproductive health care
  - Participants report that the hospital used to feel "local" and rooted in the community, but now decision-makers are far away and prioritizing their image over the needs of Durango
- There is no transparency in the cost of care, estimates, billing practices, and out-of-network services
  - It feels impossible to get a fair cost estimate even if you know the CPT codes, and many participants who reported feeling they understood the health care system well still felt they "were given the runaround" with phone trees and bills from multiple places
  - With acquisition by a larger health system, billing and human resources are not local, so when residents call they're talking to people unfamiliar with the area or hospital
- Lack of knowledge about programs and services leads people to skip care out of fear of cost, which is compounded for undocumented individuals and those living on the reservation
  - One participant who lives on the reservation saw their family member pass due to a lack of coverage and knowledge about the health system
  - For undocumented folks, Axis Health is really the only option, but providers there are burnt out, not adequately compensated for their workload and the cost of living, leading to high turnover
- Medicaid enrollment is understaffed, leaving the administrative burden and constant self-advocacy on the shoulders of consumers
  - One participant waited six months after submitting their Medicaid application to hear about their coverage determination
- CommonSpirit and Anthem negotiations
  - Participants reported feeling like legislators and the Division of Insurance try to figure things out for the hospital and carrier, but the consumers are an afterthought
  - The experience was incredibly stressful for patients and they fear it happening again

Local Issue:

Lack of a stable supply of specialists, leading to extreme travel and no care coordination

During the Durango focus group, we heard story after story of residents facing months to years-long waits for appointments with specialists, leading them to take multiple trips to Grand Junction or Denver, a process that completely upends their lives for multiple days and creates huge out-of-pocket costs. Cardiologists, neurologists, gastroenterologists, and ophthalmologists were mentioned multiple times as being deeply needed and completely inaccessible. Participants cited the high cost of living and housing shortage in the area as a primary driver of the shortage. Anecdotally, folks have heard about neighbors considering leaving the community because their care needs cannot be met, and of real estate agents losing buyers when they find out how difficult it is to find primary care and specialists.

QUOTES AND ANECDOTES

I heard about a 70-year-old man who called to make an appointment with a cardiologist but the nearest appointment was two years out

Thirty years ago we had more specialists, we had family doctors. We all knew each other and it felt like a true community of professionals and patients. Mercy had a good reputation and now they don't

One participant's husband faced an urgent health problem that required a quick ultrasound. He called around and could not find an appointment locally less than a month out, so when he went on a work trip to Denver, he extended his stay near the Denver Airport and went into the city to get the necessary imaging.

Shouldn't there be a standard of care if something is urgent? You need to triage it or refer it or find another way

One participant's wife was diagnosed with breast cancer and needed surgery. The night before the procedure, they received an email asking them to check in early and stating that they must prepay a certain amount or it could delay treatment, so she paid it. Later, when they looked at their health coverage policy, they noticed that their deductible for outpatient procedures was less than what they had paid, commencing a long fight with the billing department to get their money back.

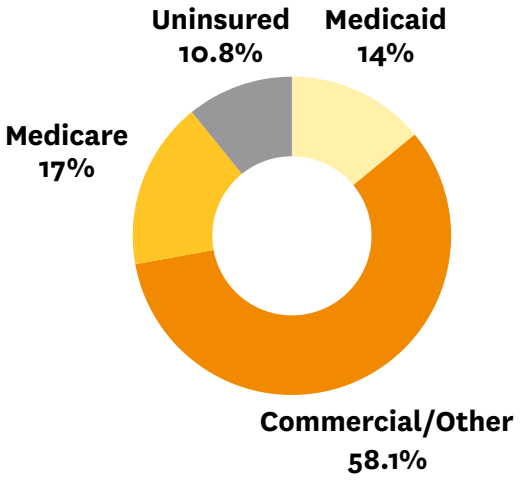
Medications aren't too expensive, but it's because of the angels at City Market who figure out how to switch it up and get through the programs to find the best price. How is it that one drug could go from $400 to $32?

WESTERN SLOPE
TELLURIDE

While out West, we visited Telluride in San Miguel County. A renowned ski destination, Telluride experiences significant seasonal fluctuation and tourism. Tellirude Ski & Golf Resort is indeed one of the largest employers in the area, alongside Mayfly Outdoors, and Lindt Russell Stover Candies. Health & Wellness joins Outdoor Recreation as a top industry in the region.

There are currently no general hospitals in San Miguel County. In fact, only Montrose of the four adjacent counties has a general hospital. This makes Montrose Regional Health a hub for the region despite the significant distance.

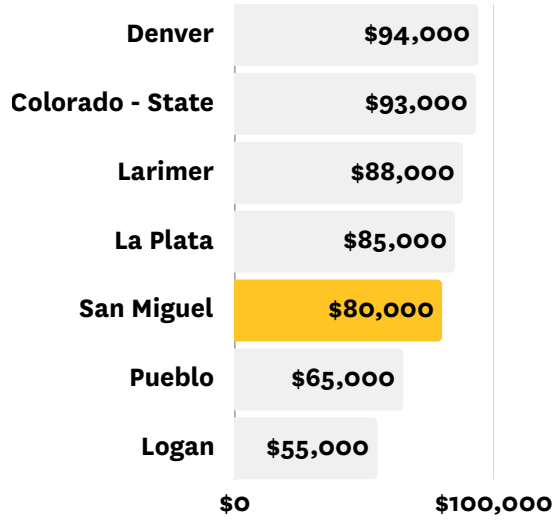
Health Coverage Breakdown



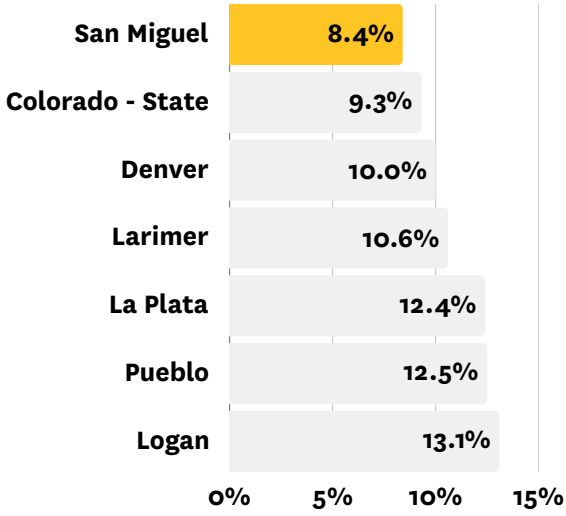
14% of San Miguel residents are enrolled in Medicaid. Including over 500 ACA expansion adults and nearly 100 kids on Child's Health Plan+.

Notably, San Miguel county has the highest uninsured rate of all the counties we visited on our tour.

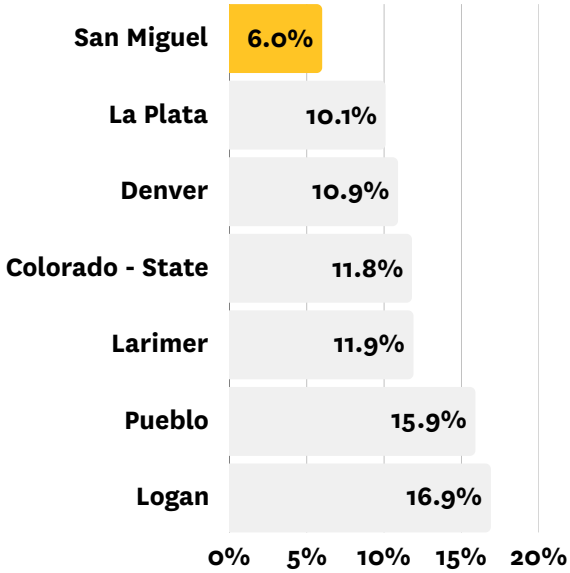
Median Household Income



% Living in Poverty



% Living with a Disabilty



1 in every 20

San Miguel County residents have limited English ability. This often means they prefer to communicate in a different language. Another nearly 1 in 10 county residents are bilingual in English and another language - primarily Spanish, French, Haitian, Cajun, or another language unspecified by the census survey.

WESTERN SLOPE
TELLURIDE

Core Themes

- Long commutes are standard for the region, both to work and medical care
  - People must consider weather, taking time off work, and securing child care, among other things, when planning trips to seek care – costs and considerations not always captured in conversations about healthcare access
- Lack of transportation options in the region
  - Especially impacts older people living in the west end of the city of Telluride and the broader region
  - For emergency care, most are traveling to Montrose, which is an hour and forty-five minute drive in good weather and closer to two and a half hours in the winter
  - There aren't ground ambulance services, meaning flight-for-life is the emergency default and devastatingly expensive option
- Telluride lacks an urgent care, meaning the options are to wait or go to the emergency room, where care is exponentially more expensive.
- Participants expressed the wish that their town could have a bigger medical center with more specialists and more of the services necessary for the community in one place
- Keeping providers in rural places is difficult, and it's especially difficult to keep providers who wish to and can afford to serve all patients in places like Telluride, where the population is seasonal and living is expensive.
- Lack of mental health providers, and especially mental health providers who speak Spanish. There is really only one in the area and they are located in Delta.

Local Issue: Barriers to oral health

In Telluride, the most talked-about issue was the complete lack of dental providers accessible to all patients, and particularly those on Medicaid. Participants reported that not a single dental provider in Telluride accepts Medicaid, so residents must travel at a minimum to Montrose to receive care. Even in Montrose, dental clinics are often not accepting new patients at all or are not accepting new Medicaid patients. For those who can manage to get an appointment, the wait is three to four months at a minimum. One participant recounted their recent experience calling around to as many clinics as they could to try to find an appointment. Nearly every place they called told them they either were not taking new clients, were not taking new Medicaid clients, or seemed to make scheduling an appointment harder once they found out she was on Medicaid. The issues persist for parents trying to access dental care for their children. Even with coverage, there simply are not enough providers to meet the needs of the community in that region.

QUOTES AND ANECDOTES

To travel to Denver or Grand Junction you have to lose hours at work, pay to get over there and then pay to stay. For procedures where you need multiple appointments, it's unsustainable.

One participant enrolled in a Colorado Option plan and was able to complete all the necessary appointments for a needed hand surgery and related physical therapy for recovery. She would not have been able to access that care without the insurance coverage, and is worried about losing access to it as funding is called into question and slots grow more limited.

One of the local facilities in Telluride recently went through a financial scare, which was scary for the community because losing another point of service would mean even more commuting to medical care.

Participants reported that the weather–particularly a huge snowstorm–has the potential to completely derail medical appointment plans that may have been weeks if not months in the making.

Participants who were on Medicaid, or who had family members on Medicaid, reported immense difficultly finding providers for speciality care - including dermatology, mental health, and dental. One reported the closest dermatologist who takes Medicaid is in Grand Junction.

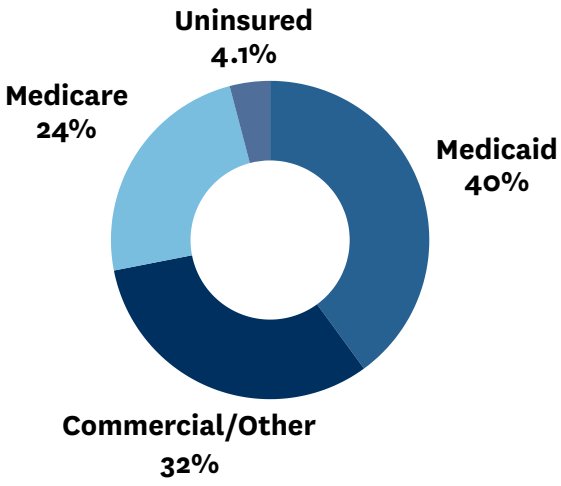
Some focus group participants saw success applying for and accessing payment plans for hospital bills, but the amounts were still difficult to budget for when making low or no income.

SOUTHERN PUEBLO

We wrapped up our tour in Pueblo, Colorado. Situated along the I-25 corridor, Pueblo County is home to nearly 170,000 Coloradans. Top industries in the region include Health & Wellness, Advanced Manufacturing, and Infrastructure Engineering. Parkview Regional Medical Center is among the top employers, alongside Vestas Towers America.

There are two hospitals in Pueblo County. Parkview Regional Medical Center (acquired by UCHealth in 2023) and CommonSpirit's St. Mary-Corwin Hospital. At large, Southern Colorado has 11 general hospitals, with 5 of the 16 counties not having a hospital at all. Notably, the Division of Insurance has found that ground ambulance transport in Pueblo is particularly costly, ranging up to $2,000. This poses an additional barrier to accessing dispersed care.

Health Coverage Breakdown



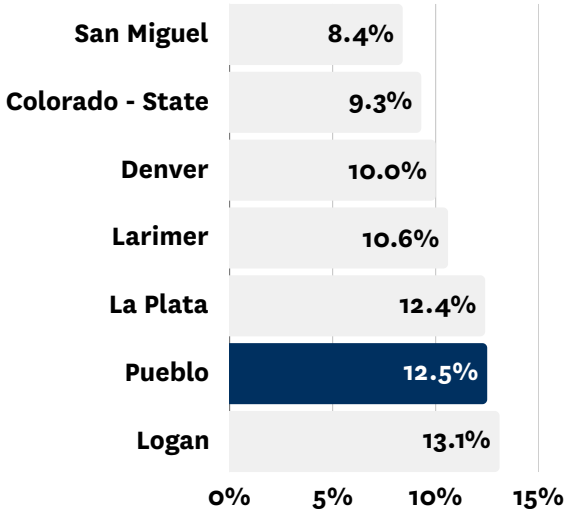
Pueblo County has the highest rate of Medicaid enrollment of all counties we visited on this tour. Two in every 5 county residents are enrolled in Medicaid. Including over 23,000 ACA expansion adults and over 2,000 kids on Child's Health Plan+.

Medicare Advantage is also popular in Pueblo, with 60% Medicare enrollees selecting MA Plans. Notably, Pueblo county has the lowest proportion of unisured residents in this report at only 4.1%.

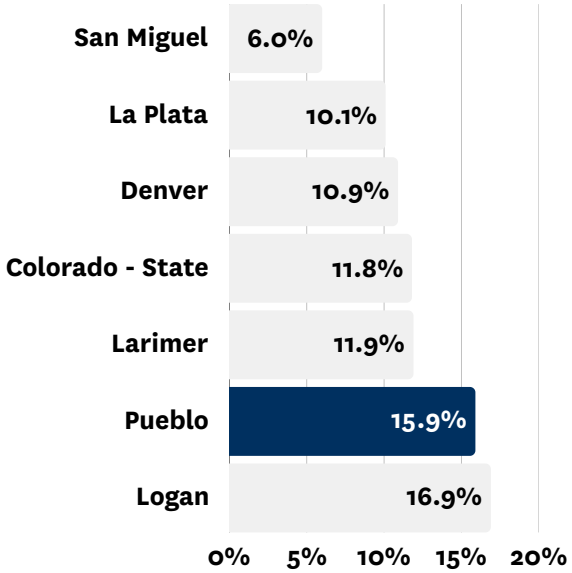
Over 1 in 30 Pueblo County residents have limited English ability. This often means they prefer to communicate in a different language. Another 8% county residents are bilingual in English and another language - primarily Spanish, German, other West Germanic languages, or another language unspecified by the census survey.

Median Household Income

% Living in Poverty



% Living with a Disabilty



SOUTHERN PUEBLO

Core Themes

- Many are covered by Medicaid, but so few Medicaid providers are taking new patients
  - Patients are putting off necessary care, conditions are worsening, and the emergency room is being used as a central place of care
- There is a lack of trust in the local hospitals
  - Participants reported that Parkview feels inaccessible to the Spanish-speaking community, and after the acquisition by UCHealth, the facility feels unresponsive to the Pueblo community's needs and input
  - Due to the lack of trust and because St. Mary's feels like barebones care, some will opt to drive to Colorado Springs or Denver for any necessary medical care
- Long wait times for appointments lead patients to delay necessary care and worsen conditions if they seek care in Pueblo
  - Participants reported a 3 to 4 month wait at minimum to see a neurologist or cardiologist unless dealing with an emergent condition
- Providers, especially specialists, have few open appointments in Pueblo, leaving folks to drive to Colorado Springs, Castle Rock, and Denver
  - This requires time off work, travel costs, transportation, and childcare concerns, and contending with potential weather conditions
  - Substance Use Disorder providers and treatment are especially lacking in the area
- Opting out of care for fear of cost and unexpected fees and bills
- Patients feel their providers are not really listening to them
  - Residents have been dismissed, especially by providers commenting on their mental health struggles
- Struggle to access diabetes medication

Local Issue: Pueblo is serving much of southeastern Colorado despite not having enough providers and resources to serve its own population

Throughout our focus group in Pueblo, that the city serves as a hub for the larger southeastern Colorado region, despite not having enough providers and resources to serve its own population, came up again and again. Participants recounted this without resentment towards their neighbors, but rather to point out all of the ways in which the city's safety net is stretched thin, trying to meet so much need. Finding ways to support the region's aging population was particularly salient as the city of Pueblo lacks robust public transportation to appointments, and the issue is heightened for those coming from further away. Navigators feel they do not know enough to fully support their clients because they would need to know the intricacies of every public benefit system, all health care coverage options, and more to be able to meet the needs of their clients, which are numerous and overlapping. Combined with the sentiment that Pueblo is forgotten by the northern cities, folks reported feeling that Pueblo must do more with less to help its community.

QUOTES AND ANECDOTES

One participant reported that she is diabetic and a lesion was found on her liver from the prescriptions she was taking. In waiting months to see a specialist, her condition developed further and she worsened substantially.

> It feels like things happen in Denver and then slowly trickle down to Pueblo, leaving little money or technology or whatever left for us

Glimpse of the Southeast

Mario Aguilera kindly connected CCHI with Doreen Gonzales of the Southeastern Colorado Area Health Education Center (SECAHEC) so that we could learn more about the health care landscape of southeastern Colorado outside of Pueblo. These are summarized notes of the topline takeaways:

- The concept of "choice" in health care does not extend to these rural communities where towns are lucky if there is one provider at any given time. Traveling at minimum 35 miles to seek care is routine, despite being quite difficult for the farming and ranching community and older folks.
- There is no succession plan for rural providers – when a doctor retires or gives up their practice, often there is no one to take it on, and the town loses its local practice.
    - For example, during the worst of the COVID pandemic, the one physician in Kiowa fell ill and called SECAHEC looking for any doctor who could run their facility in the interim, as there was no backup or secondary to fill in.
- Within communities, like Prowers, that have a hospital for critical care access, folks are still traveling as far as Colorado Springs or CU Anschutz in Aurora to see specialists.
- Recruiting health care providers to the southeastern region is difficult, as it seems that students and residents will do their rural rotations but are unlikely to stay, instead opting to return to Pueblo, Colorado Springs, Denver, or the mountain towns on the western slope.
- Rural life, especially that of farmers and ranchers, is very different from even smaller towns across the state. Going to the doctor only happens when absolutely necessary or emergent, first because of the cost of care and travel to care, and second because the work they do does not leave room for taking time away from their land.

SYNTHESIS

While the contexts of each listening session varied greatly across demographics, physical landscape, and health care landscape, a few themes arose in most, if not every, group with whom we spoke.

First, while the barriers look slightly different in each place, consumers across the state are struggling to find the health care providers they need at a cost they can afford.
Rural or urban, there is a dearth of Medicaid providers, and especially those accepting new patients. Those with private insurance, whether acquired on the individual market or through employers, still cannot find in-network care within a reasonable driving distance. For those in mountainous towns like Durango and Telluride and on the plains in Sterling, this seems to have a lot to do with the small number of providers in those regions. It is hard to recruit and retain providers in rural places – in Sterling, convincing providers to move to the area has shown to be difficult; in Durango and Telluride, much has to do with the high cost of living. In places like Fort Collins, which has a much higher number of providers, much of it is to do with inadequate and constantly shifting networks.

The lack of in-network, affordable care in communities is forcing folks to undertake long trips to access care, disrupting lives across the state from the rural plains to the mountains to the Front Range.
Time off work, gas and other transportation costs, childcare, and even hotels for those traveling extremely far distances are often not part of the conversation about out-of-pocket costs that burden patients. They are, however, costs that we repeatedly heard focus group participants mention in discussing their frustrations with the current health care system.

Those undertaking extreme travel to access care and those who do not access care at all have in common a fear of surprise bills and high hospital costs.
People we talked to who are accessing care expressed that doing so often feels like a leap of faith: you do your best to ask about network status, added fees, and total cost, you take the time off work to drive two hours away, and in the end you hope that everything you were told was correct and you will not be on the hook for more money than you budgeted for.

SYNTHESIS

Other people expressed complete exasperation with the potential cost of health care and cited it as a major reason they do not seek the services that they need. From folks who admit they do not really understand their health coverage to those who have worked in the health insurance industry, this issue persists.

A topic of interest for health care policy advocates is culturally fluent or culturally competent care, often defined as providers' and facilities' ability to deliver services that meet the social, cultural, and linguistic needs of patients. ***While the state has made strides with laws such as those directing Colorado Option plans to incorporate culturally fluent care metrics, focus group participants highlighted the need for further work.*** Some participants spoke about their hope for more culturally fluent care explicitly, others may not have been familiar with the term but reported feeling that their providers assume things about them because of their race, background, and mental health struggles, and that, because of that, they did not receive the health care they needed. Nearly every participant expressed the wish that their practitioners had more time to talk to them and really understand their lives and the care they need, to be seen as whole humans as opposed to a set of symptoms to be solved, and to be treated with respect.

Finally, in nearly every location we traveled to, the conversation would turn from frustration with the health care system as it is, to frustration that the way we have structured coverage in this country separates "health" from patients' teeth and eyes. Dental care was a particularly salient topic – people know they and their children need dental care, yet it is one of the most unaffordable services. Those in rural areas like Telluride report that they would have to travel to Grand Junction or Denver for in-network care. Even people in the Metro area avoid seeking dental services because of the lack of Medicaid providers and the extreme out-of-pocket costs they incur. Participants were frustrated because they knew they needed to access dental care and they wanted to, but they simply cannot because of these barriers.

LOOKING FORWARD

While there are many more communities across the state with differing health care needs and experiences, we can still learn several lessons from this listening tour.

1. We still have a long way to go before Coloradans will be able to access the care they need at a cost they can afford.

Simply having health coverage is not enough; the barriers to accessing high-quality, affordable health care remain high. Adequately reimbursing Medicaid providers and incentivizing more practitioners to accept Medicaid is needed. Continuing to protect consumers from undisclosed, out-of-pocket fees is essential to lowering the costs for consumers and beginning to restore patients' faith that the health care system can be trusted. Policies to make staying in our varied rural regions must be undertaken to lessen the need to travel extreme distances.

2. We must defend the protections and access we have now.

Passing policies is the first step in changing people's lived realities. Our listening tour highlighted the places where checking that laws are being heeded and enforced is crucial. Ensuring that network adequacy requirements, as currently written, are being met is one such space. Informing patients of their rights to appeal incorrectly coded insurance claims is another. Similarly, before we can begin rebuilding our rural health care workforce, we must work to protect the little remaining competition we have. Laws that bring more transparency and government oversight to mergers and acquisitions in the health care industry are key for protecting consumers' access to and ability to shop for care.

3. We must continue to center lived experience in our work.

We must center lived experience in our work. The healthcare industry must be held accountable by the people it purports to serve. As advocates, we are committed to working–in community–toward health equity by combating systems of oppression to ensure all Coloradans are getting the health care they need and deserve.

APPENDIX

Demographic Data

County-level demographic data, including population, median household income, percent of people living in poverty, and percent of people living with a disability, were pulled from the American Community Survey 2023 5-year estimates (2023 1-year estimates were used when 2023 5-year was not available).

Health Coverage Data

Uninsured Rate

County-level data on the uninsured rate was pulled from the American Community Survey 2023 5-year estimates (2023 1-year estimates were used when 2023 5-year was not available).

Medicaid (Health First Colorado) Enrollment

County-level data on Medicaid enrollment - including the number of Affordable Care Act Expansion Adults and Child Health Plan Plus enrollees - came from the Colorado Department of Health Care Policy and Financing, County-Level Fact Sheets: https://hcpf.colorado.gov/county-fact-sheets

Medicare Enrollment

County-level data on Medicare enrollment came from the Centers for Medicare and Medicaid Services' Medicare Enrollment Dashboard. This dashboard also included a breakdown of enrollment by Medicare Fee For Services (Traditional Medicare) and Medicare Advantage. https://data.cms.gov/tools/medicare-enrollment-dashboard

Commercial / Other

This proportion was deduced as the remained market share after uninsured county residents, Medicaid enrollees, and Medicare enrollees were accounted for.

Language

County-level language data - including percent of residents with limited language ability, percent of residents bilingual in English and another language, and what those languages most frequently were - came from the American Community Survey 2023 5-year estimates.
https://www.arcgis.com/apps/mapviewer/index.html?layers=4135b987a8c84627bb88c731f1154f06

Note on the use of census data

Census data - the American Community Survey - was used in this report; however, in all likelihood, it does not capture all those living in Colorado. It has been well documented that the census has a hard time capturing non-English speakers, racial and ethnic minorities, low-income populations, unhoused folks, those without documentation or American citizenship, and people who do not live in traditional housing. This data should therefore be taken as a guideline, but not a holistic picture.
https://www.census.gov/newsroom/blogs/random-samplings/2023/10/understanding-undercounted-populations.html

Hospitals & Additional Health Facilities

County-level counts of general hospitals and other health facilities came from the Colorado Department of Public Health & Environment's Facilities Tracker.

Industry & Employers

Information on regional industries and employers came from the Colorado Office of Economic Development & International Trade.

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