

STRATEGIC PLAN



VISION

the future we aim to create

All Coloradans have the opportunity to live a healthy life.

MISSION

our primary goal

We create opportunities and eliminate barriers to health equity for Coloradans.

STRATEGIES for CHANGE

*the approaches we use to
achieve our mission*

OVERALL APPROACH

We bring people together to ensure factors like race, income, and ZIP code don't determine a person's access to care or opportunity to live a healthy life. We combine the expertise and motivation of changemakers with the empowered voices of our fellow Coloradans.

OPERATING STRATEGIES

We provide thought leadership and lead the public dialogue.

We influence and lead state systems change and public policy advocacy.

We support local efforts and community-driven system change.

We empower Coloradans to advocate for themselves.

FOUNDATIONAL COMMITMENT

We secure the expertise and resources we need to be an effective and sustainable organization.

LONG-TERM AMBITIONS

*the outcomes we need to
achieve our vision*

All Coloradans will have health coverage and access to health services that meet their needs.

The health system will meet the needs of patients, families, and communities, delivering quality and affordable health services.

Differences in health driven by social factors will be eliminated and health equity achieved.

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COVERAGE	#	Year
Uninsured kids (ACS)	8%	2013
Uninsured adults (ACS)	19%	2013
ACCESS	#	Year
Kids receiving medical preventive care (NSCH)	85%	2012
Kids receiving dental preventive care (NSCH)	78%	2012
Adults with a primary provider (BRFSS)	76%	2011
Adults receiving recommended screenings (BRFSS)	??	2011

AFFORDABILITY	#	Year
Kids foregoing care due to cost (CO-CHS)	3%	2013
Adults foregoing care due to cost (BRFSS)	17%	2011
QUALITY	#	Year
Hospital readmissions of children for asthma, per 100,000 (HCUP)	128.5	2010
Hospital readmissions of adults for diabetes complications, per	66.8	2010
Potentially preventable Medicaid readmissions, per 1,000 (APCD)	3.2	2013
Potentially preventable private insurance readmissions, per	0.9	2013
Coloradans reporting the health care system meets their family's	69%	2013

HEALTH EQUITY	#	Year		
Kids in excellent or very good health (CO-CHS)	White	92%	2012	
	Black	85%	2012	
	Hispanic	78%	2012	
	Other Race/Ethnicity	88%	2012	
	Below 100% FPL	76%	2012	
	100-200% FPL	79%	2012	
	200-400% FPL	91%	2012	
	400% FPL	95%	2012	
	Adults in fair or poor health (BRFSS)	White	11%	2011
		Black	18%	2011
Hispanic		25%	2011	
Earning <\$15,000/year		33%	2011	
Earning \$15-25,000/year		25%	2011	
Earning \$25-35,000/year		17%	2011	
Earning \$35-50,000/year	13%	2011		
Earning >\$50,000/year	6%	2011		

THEORY OF CHANGE



LONG-TERM OUTCOME

Our primary goal and purpose

At least 90% of Coloradans have access to timely, quality, and affordable¹ health care services that meets their needs².

PRIMARY PRECONDITIONS

Conditions that must exist in order for us to meet our long-term outcome

95% of Coloradans are covered by affordable³, quality⁴ health insurance

All Colorado communities⁴ have appropriate quality and availability of health care resources⁵

Personal and structural barriers⁶ to receiving quality health care services are diminished

LEVERS FOR CHANGE

Conditions that must exist in order to achieve our primary preconditions

New coverage and care options are available for immigrants

Increased enrollment of those who are eligible but not enrolled in coverage

Increase in affordable, high-quality health plans

Existence of a more consumer-oriented, transparent, and responsive enrollment system

Increase in access and understanding of health insurance benefits by patients

Adequate health care workforce

Providers are practicing at the top of their training

Appropriate health care infrastructure (beds, clinics, durable goods)

Health care payment system drives value and performance⁷

Patients experience seamless care, at the right time in the right place

Availability of affordable, quality transportation for underserved patients to health care services

Increased use of video and in-person translation services

Culturally-responsive health care workforce

Health care workforce is demographically reflective of the population it serves

Health care entities utilize screening and navigation interventions to identify and address barriers

THEORY OF CHANGE



DEFINITIONS

1. Health care services are affordable if a patient does not skip necessary services due to cost.
2. Health care services that meet consumer needs include services that are appropriate for the patient, including preventive, primary and specialty care services that address a patient's wellness, as well as acute and chronic disease needs. They also include seamless integration of mental, oral, and physical health services.
3. Affordable health insurance allows families to spend less than 10% of annual income (for those earning at least double FPL) and less than 5% of annual income (for those earning less than double FPL) on out-of-pocket health care expenses.
4. Quality health insurance includes benefits that cover a patient's essential needs, including mental health, prevention, and other high-value health care interventions, as well as network adequacy and ease of navigation.
5. Adequate health care resources would exist if wait times were appropriate, referrals were successful, all patients had a usual source of care, and health systems were making investments in the right types of medical goods.
6. Personal and structural barriers might include money, geography, language, transportation, discrimination, or access to technology, among others.
7. Value-Based Payment (VBP) is a strategy used by purchasers to promote quality and value of health care services. The goal of any VBP program is to shift from pure volume-based payment, as exemplified by fee-for-service payments, to payments that are more closely related to outcomes. Examples of such payments include pay-for-performance programs that reward improvements in quality metrics, bundled payments that reduce avoidable complications, and global trend rate targets that tie upside and downside payments to specific quality scorecards and actual-to-target cost trend rate.

ASSUMPTIONS

- A. The needs and resources of each community in Colorado are unique and require catered solutions.

THEORY OF CHANGE



INFLUENTIAL INDICATORS

The levers for change that exert the most influence over the others

