

# La Plata County Community Needs Assessment

## Access to Health Care for Small Businesses



# SAN JUAN BASIN

# public health

**With Support From:**



# ROCKY MOUNTAIN HEALTH FOUNDATION

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## Acknowledgements

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Many thanks to the leadership of The Durango Network, in particular Joe Theine, who had the vision and understanding of the importance of this Community Needs Assessment and the path that we could take to address health care issues locally. We would also like to thank San Juan Basin Public Health for acting as our fiscal sponsor for the grant and being an important day-to-day partner on this project.

Resources, understanding, and knowledge of health care alliances were provided by Doug McCarthy, Claire Brockbank, the Peak Health Alliance, Chet Seward, and Chris Romer of the Vail Valley Partnership. The Durango Chamber of Commerce was instrumental in helping us bring together a diverse array of stakeholders at our May 2019 Health Care Forum. Finally, many thanks to all of the focus group participants and business leaders who took time out of their busy day to engage in this assessment. We hope that this report is an accurate reflection of your thoughts and ideas and allows us to move forward together as a community.

We would also like to thank the Local First and Durango Network Board of Directors for investing their time and money into this partnership:

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## Introduction

The mission of Local First is to provide locally-owned, independent businesses and organizations opportunities to thrive as we work together to build an economy that values people, the planet and prosperity for everyone. We envision a thriving, self-reliant, and resilient community investing in locally-owned, independent businesses and organizations that join together to enhance everyone's quality of life.

A majority of our 274 members are small businesses with less than 50 employees. And many of those businesses are entrepreneurial in nature and just getting their business underway. This means that revenues are often limited when it comes to providing employee benefits such as health insurance, health and wellness incentives, and retirement plans. In order to compete for high quality employees, providing some kind of health package is standard practice these days.

In 2018, Local First heard from an overwhelming number of its members that the rising cost of health care was becoming a major obstacle to running their business. The rising cost of health care has many potential consequences for local businesses including increased difficulty attracting and retaining employees, decreased investments in other areas, and business relocation to areas with lower health care costs.

Right around the time our members were approaching us, Local First was introduced to the Durango Network. The Durango Network represents approximately 200 local health care providers in the La Plata County region. The mission of The Durango Network is, "to provide education, support and resources for independent healthcare practitioners in the four corners community." These health care providers are also local, independent businesses in addition to wearing their health provider hat. Local First and The Durango Network realized that a partnership between the two organizations would be a strong foundation to address barriers to health care in La Plata County.

Thanks to a \$25,000 grant from Rocky Mountain Health Foundation in September 2018, The Durango Network and Local First have been developing a meaningful working relationship to address the health care issues in our community. The grant has provided much needed capacity to develop a Community Needs Assessment to address affordable and effective health care for local, independent businesses in La Plata County and the community at-large.

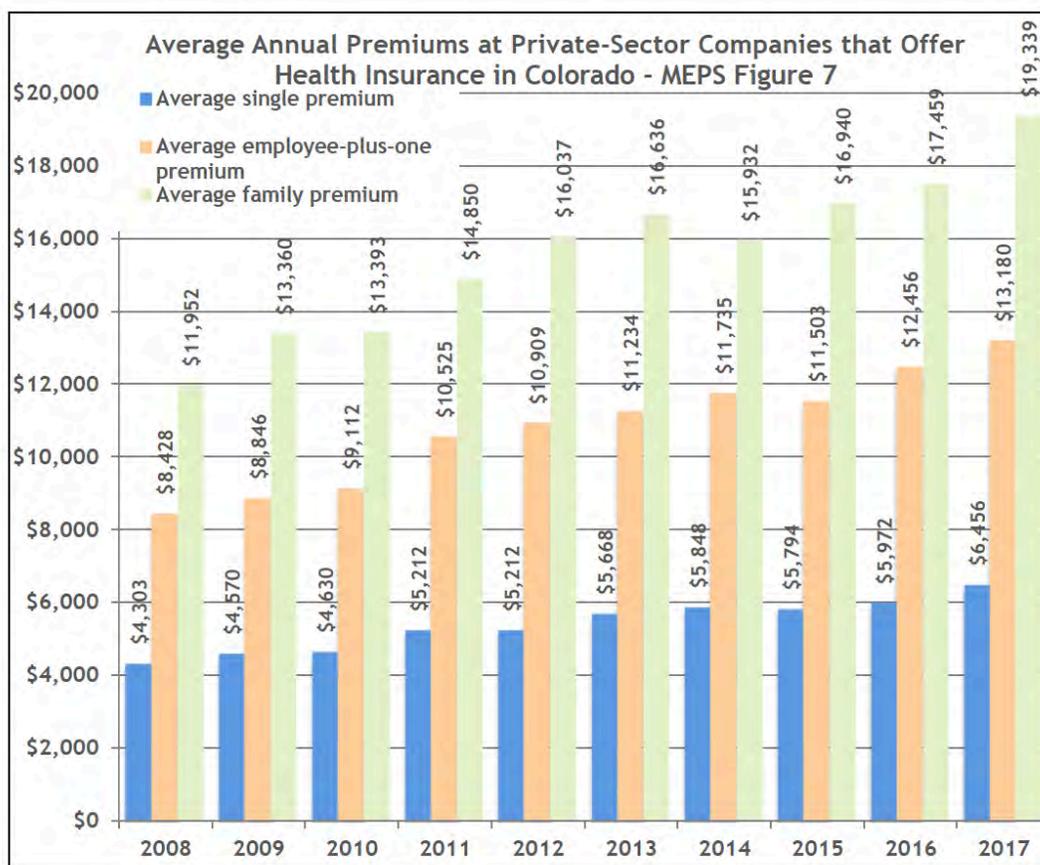
The first, most important step of the assessment was to conduct detailed focus groups in order to discover barriers to entry for small businesses in providing affordable health care to their employees. We explored how businesses were defining the word "health care," what small businesses could invest in their employees' health, and how they would prioritize outcome(s) they would like to achieve with their investment. This was the first phase of our work. In a future phase, we will test alternative health care delivery models in order to provide effective and actionable health care options to the local community and are currently exploring local health care alliance models from Vail and Summit County, Colorado.

The overall goal of the assessment is to provide innovative health care models that change behavior, increase the quality and access to care, increases affordability, and ultimately improve the health and well-being of La Plata County residents.

### Rising Cost of Health Care and Consolidation

One of the most compelling drivers behind the interest in addressing health care issues is the rising cost of health care and the disparity in health insurance premium costs on the Western Slope of Colorado in comparison to the Front Range.

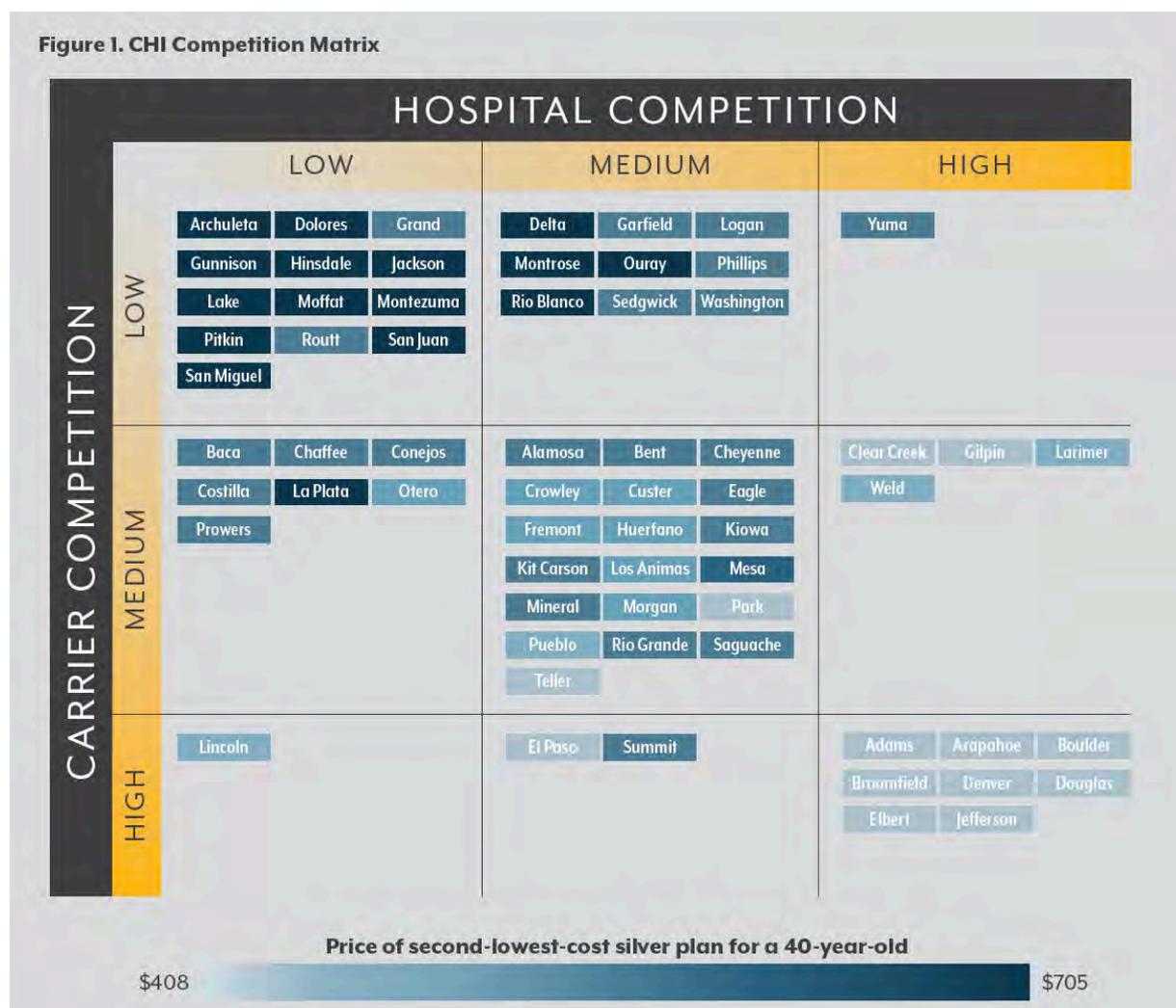
In the 10-year stretch between 2008 and 2017, the Colorado Division of Insurance reported that health insurance premiums rose 50 percent for people who had coverage through an employer only for themselves (see Figure 7 below)<sup>1</sup>. For families with employer-sponsored insurance, premiums rose more than 60 percent to an average of nearly \$20,000 per year. The report details the health insurance market in Colorado, including premiums, financial status of health insurers, and the trends in the individual and group markets.



<sup>1</sup> The Colorado Division of Insurance. Michael Conway Commissioner of Insurance (Interim). 2017 Health Insurance Cost Report. December 10, 2018.

At the same time, spending for outpatient services on the Western Slope’s insurance region is about 87 percent higher than the state average, according to analyses by the state’s Division of Insurance and the Colorado Commission on Affordable Health Care<sup>2</sup>. Data for the study was compiled by using the Colorado All Payer Claims Database as well as commercial market data.

Colorado counties with the least competition among both hospitals and insurance carriers have the state’s highest insurance premiums, according to a new Colorado Health Institute analysis<sup>3</sup>. Hospitals have considerable bargaining power in many places because of health system consolidations and their purchases of many physician practices. The low-competition, high-premium counties are in rural and mountain areas, like La Plata County (see Figure 1 below), where market conditions make it difficult to increase competition.



<sup>2</sup> Lewis & Ellis Inc. Colorado Commission on Affordable Health Care Study. Analysis of Selected Topics. May 8, 2017.

<sup>3</sup> Colorado Health Institute. The Competition Conundrum. May 2019.

## Stakeholder Engagement

An important part of the Community Needs Assessment was meaningful stakeholder participation. We opted to start the dialogue by first listening to the concerns and experiences of the small business community rather than jump into action based on assumptions. Our assessment had three points of stakeholder engagement: 1) A meet-up in June of 2018 where the topic of a health care assessment was discussed, 2) In-depth focus groups in January of 2019 with the small business community, and 3) a final discussion of findings and next steps at a May 2019 health care forum that involved a broad representation from the entire local business community.

### June 2018 Meet Up

According to data collected on June 13, 2018 from 38 individuals representing approximately 30 businesses: 1) 57% of the individuals were dissatisfied with the current state of health care in La Plata County, 2) 82% saw an increase in healthcare costs in the last year, 3) 56% avoided health care because of cost, 4) 54% made a monthly investment of \$500 or less on health care benefits per employee with 27% making no investment, and 5) 83% said they were interested in learning more about how our state/national healthcare system works. Local First and The Durango Network hosted this meet-up to engage with local, independent businesses and gather feedback to prepare for this grant application in order to define an appropriate scope of work with direct feedback from stakeholders.

Health care models of interest to the businesses in attendance included direct primary care, self-funded plans, universal care cradle to grave, multi-business pool, telemedicine, employer owned/shared clinic, complementary medicine, health sharing programs, gym memberships, wellness programs and stipend, affordable catastrophic plans, preventative alternative medicine, mental health, and a voucher program.

When asked what the most valuable outcome would be of our work together, the responses included: affordable local healthcare options, innovation, information sharing, meaningful options, sustaining local healthcare providers and local businesses, correct information to our community, interdisciplinary medical team, local self-insurance, improving the value of healthcare benefits, better metrics for healthcare, and a turn-key solution.

We used audience response software called Mentimeter to conduct this survey (see full results in Appendix C). This audience response software can be accessed right from your cell phone and was a great tool to engage our stakeholders and encourage everyone to respond as well as see what their colleague's responses were.

### January 2019 Focus Groups

In January 2019, Local First and The Durango Network conducted in-depth focus groups with the assistance of a third-party facilitator and moderator. The conversation focused on specific questions in a safe and confidential environment. Over two days and three group meetings, 25

individuals representing a variety of local businesses discussed barriers to health care, ideas for improving their employee's health, and the type of investments employers are able to make to improve the health of their employees. Six key themes emerged during the conversations:

- 1. Cost is a major barrier to providing access to health care and health insurance.** Participants expressed that cost is a large obstacle to providing health care and insurance. The premiums for health insurance, in particular, are financially out of reach for many local employers. Those that are not able to afford the premiums noted that they believe they are less competitive in trying to attract the best employees.
- 2. Local businesses expressed that employee health was important, they are currently making investments in employee health, and are willing to continue to invest in programs or services designed to improve health.** Local businesses clearly identified that employee health is an important topic and an area they would like to address. Participants expressed a belief that investing in employee health is a good move for businesses.
- 3. Local businesses expressed interest in health insurance, health care, wellness programs, health education programs, and incentives for healthy behaviors.** In addition to health care and health insurance, local employers are thinking more broadly about how to improve employee health. Participants were interested in employee wellness programs (such as Pilates, yoga, acupuncture), health education programs, and incentives for healthy behaviors such as using active transportation for commuting to work.
- 4. Among participating businesses, most are willing and able to invest \$100-\$400 per employee per month to improve employee health.** While the specific amount each employer can contribute to employee health varied, about 75% of participating employers stated that they are willing and able to invest \$1,200 to \$4,800 per employee each year to improve health.
- 5. Local businesses expressed a desire to learn more about collaborations that could expand employee health care/insurance options.** As a solution to decrease individual business costs, local businesses voiced an interest in exploring pooling resources to provide health care and health insurance options to their employees.
- 6. Participants cited a need for increased health literacy among their employees.** Health literacy is the degree to which individuals can understand basic health information and health services needed. Business representatives expressed a desire for additional education, for both employers and employees, regarding the complex landscape of health care and health insurance.

Please see Appendices A and B for a full report of the focus group results including additional data and graphs.

## May 2019 Health Care Forum

On May 20, 2019, 75 individuals joined us for an educational and interactive forum on health care to explore local solutions and discuss potential interest a health care cooperative similar to what Vail and Summit County have embarked upon in the last year. We asked the same Mentimeter questions as we did in June of 2018 (see Appendix C for results). Full notes and presentations can be found online at <https://local-first.org/health-care>.

The group was a diverse representation of major employers in La Plata County, concerned citizens, health care providers, and small business. The day consisted of both educational presentations on the state of health care and the reason behind rising health care costs, a legislative update, participation from the west slope models described below, and a facilitated session to determine what the next steps should be for our community. Those key next steps, as identified by the stakeholders in the room, include:

- **Active Community Engagement:** A sign-in sheet was sent around for individuals to actively participate in a steering committee, commit in-kind resources, and/or financial support.
  - **Form a Steering Committee:** Local First, The Durango Network, and the Durango Chamber of Commerce committed to working on this issue and asked other steering committee members to join them.
- **Determine Geography:** In order to understand the scope of our work and any corresponding data we will collect, there was an acknowledgement that the group needs to determine if this is a City of Durango scope, La Plata County scope, or broader to include Montezuma County and perhaps even Farmington, New Mexico.
- **Data Collection:** Apply for July 1st CIVHC data scholarship that will allow for greatly reduced-cost data from the All Payers Claims Database (APCD).
- **Fundraising:** Data collection and working with a facilitator will be a significant cost. Local First committed to exploring foundation grants, corporate sponsorships, and support from the community members and businesses interested in seeing the initiative move forward.

## West Slope Models

Local solutions are developing to address rising health care costs on the West Slope of Colorado. These solutions have merit until a state or federal solution becomes apparent and to inform those solutions. Two health care models in particular seem to have value for the southwest region and were introduced at the May 2019 Health Care Forum.

### Vail Valley Partnership

Vail Valley Partnership's One Valley Healthcare Program, in partnership with the Small Association Leadership Alliance (SALA), is a comprehensive and cost-effective alternative to transitional plans.

This new program offers affordable, accessible, and effective healthcare options for Vail Valley Partnership members – both businesses and individuals alike. The One Valley Healthcare Program offers a choice of two ACA-compliant preventative care plans, each coupled with a medical cost sharing program to cover unexpected or catastrophic events.

Health sharing is not health insurance, but an alternative to traditional health insurance. Before replacing health insurance with a health sharing plan, it is important to understand the requirements and restrictions for members. More information can be found at [OneValleyHealthcareProgram.com](http://OneValleyHealthcareProgram.com).

### **Peak Health Alliance**

A team of Summit County leaders, with support from the Colorado Division of Insurance, the Colorado Business Group on Health, Segue Consulting, and others, recently launched the Peak Health Alliance (Peak). Peak is developing more cost-effective, sustainable health coverage options for individuals, insured employers, and self-insured employers in Summit County. Every dollar saved on health insurance premiums can be used to support the local economy and meet other community needs such as housing and childcare.

Peak Health Alliance is a Summit-based nonprofit health purchasing collaborative, enabled by CRS Section 10-16-1000. It is not an insurance carrier, but is implementing and maintaining health benefit solutions specific to the needs of Summit County. By changing the way that individuals and employers negotiate, purchase and manage health insurance, Peak is creating sustainable relief to the high cost of health care in Summit County.

Peak is representing individuals and businesses in Summit County in direct negotiations with health care providers. By directly negotiating the prices that it pays, Peak is eliminating the insurance company middleman to essentially buy “wholesale” from the providers. This is an important source of savings. After Peak has its own more equitable price list, it will negotiate with insurance vendors to build the products Peak will offer in Summit.

- $\text{Peak Price List} \times \text{Peak Benefit Designs} + \text{Health Plan Charges} = \text{Final Premium}$

While it will have an open bidding process, Peak is contracting with a limited number of established insurers/third party administrators (TPA). This will streamline providers’ administrative costs by reducing the number and complexity of billing systems and administrative interfaces that providers must manage.

Beginning in 2020, Peak will offer products with common benefit designs across all buyer segments and products will be administered and marketed collectively. Brokers and consultants will continue in their current role helping businesses and individuals navigate the process of buying coverage. All coverage will include pre-existing conditions, be comprehensive, and ACA-compliant for individuals and small groups. Self-insured group benefits will be similar to what is currently offered in Summit County. Peak will partner with insurers/TPAs to administer these

products in the most efficient way while maintaining flexibility for Peak to continue improving its ability to provide good cost-effective coverage in Summit.

Both Price and Utilization drivers will be addressed to ensure long-term sustainable effectiveness.

**Price:** Summit County-specific claims analysis indicates that prices paid for hospital services are one driver of insurance rates that are among the highest in Colorado, resulting in twice as many uninsured people in Summit than the state average. Peak will work with the provider community to negotiate an equitable pricing strategy tied to objective measures such as Medicare-based reference pricing.

**Utilization:** Peak will work with providers, employers, and individuals to ensure the right care is provided at the right time and in the right place. Peak is developing strategies to:

- Identify, create, and incent desired provider behavior.
- Use benefit design and payment to guide provider and member actions.
- Support and incent individual's health literacy to bolster compliance, self-care, and engagement.

## Policies and Statute

Existing state statute, as well as recent legislation, provides a path for health care cooperatives such as the Peak Health Alliance as a local solution to health care costs and access to services. This legislative session over a dozen health related bills were considered by our state decision makers. A description of those that passed is below.

### Enabling Legislation

Existing Colorado Revised Statute enables cooperatives to form to address health care issues at the local level. CRS 10.16.1001-1015, "Health Care Coverage Cooperatives" recognizes that:

- (b) Continued escalation of **health care costs threatens the economic vitality** of the state;
- (c) Health care is a critical part of the economy of this state,
- (03) The general assembly determines that:
  - (a) Comprehensive health care benefits should be readily available **to citizens of this state**;
  - (b) The current high quality of health care in this state should be maintained;
  - (c) Employers and their employees should be afforded a **choice of providers**
  - (d) **Competition** should ensure efficiency and reasonable pricing
  - (e) All individuals should pay their fair share of the costs of health care coverage; and
  - (f) Colorado's health care system should build on employment-based coverage arrangements
- (4) The general assembly declares the purposes of part 10 are to:
  - (a) Promote control of the cost of health care by **pooling purchasing power** among consumers and organizing providers so that health care services are delivered in the most efficient manner;
  - (b) Allow flexibility in the determination of plans and coverages
  - (c) Promote individual choice among health plans and health care providers;

- (d) Ensure high quality health care; and
- (e) Encourage individual responsibility by building on existing employment-based arrangements
- (5) Enacted to encourage collaborative arrangements and ***to promote market-based competition*** among health care providers.

## **2019 Legislative Session**

Affordable health care solutions were a topic of interest in the 2019 legislative session and health care is one of the top four priorities of the Colorado Governor's office. While some progress was made this legislative session, much more work will need to be done before a state solution emerges. This makes our work at the local level even more critical as a stop-gap in advance of state and federal progress on health care reform. Legislation that passed to help us move the needle on health care issues include:

**Senate Bill 19-004** modernizes laws authorizing health care cooperatives in the state to incorporate consumer protections such as coverage for preexisting conditions and to encourage consumers to help control health care costs by negotiating rates on a collective basis directly with providers.

**HB19-1176** creates a task force to analyze health care financing systems in the state. The task force will assess three models and evaluate how well each approach meets the needs of Coloradoans. It will evaluate the current health care system; a publicly and privately funded multi-payer universal health care system; and a publicly financed, privately delivered universal health care system that directly pays providers. Legislators can make decisions about what will work best according to the collected data.

**HB19-001** requires hospitals to report their annual spending under a transparency law. The results should show why those insured by private carriers are paying more at a time when public funds to help cover uncompensated hospital care have grown.

**HB19-1168** creates a reinsurance program in Colorado, which will help to lower insurance premiums substantially on the Western Slope where we pay some of the highest premiums in the nation. It puts people who use their insurance frequently into a separate category so that their high costs do not raise the average of lower-need patients. The reinsurance program could go into effect as soon as 2020, but requires the state of Colorado to apply for a waiver under the Affordable Care Act. The program will not go into effect until this waiver is approved by the federal government.

Below is a snapshot of bill passage (green) and failure for the 2019 legislative session<sup>4</sup>.

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<sup>4</sup> 2019 Legislative Session Wrap Up by Chet Seward. May 20, 2019 Health Care Forum.



## The Practice of Medicine

- Professional Review (SB19-234)
- Medical Practice Act (SB19-193)
- Candor Act (SB19-201)
- Title 12 Recodification/Reorg. (HB19-1172)
- CUSOM Scholarships - Rural Physicians (HB19-1241)

## Scope of Practice

- Pharmacists (HB19-1077), Podiatrists (SB19-153), PAs (HB19-1095), PTs (HB19-1208), ATs (HB19-1083), Pharmacy Techs. (HB19-1242), Genetic Counselors (SB19-133), Sign Language Interpreters (HB19-1069)
- APNs and Workers' Comp. (HB19-1105)
- Licensing of Controlled Substances Act (SB19-219)
- Reg. of Professions/Occupations (HB19-1117)

## Health Care Costs and Insurance

- Prior Authorization (HB19-1211)
- Out-of-Network Bills (HB19-1174, SB19-134)
- Reinsurance Program (HB19-1168)
- Public Option (SB19-004, HB19-1004)
- Task Force to Analyze Costs (HB19-1176)
- Investments in Primary Care (HB19-1233)
- Mental Health Parity (HB19-1269)
- Coverage for Breast Imaging (HB19-1301)
- Hospital Prices (HB19-1001)

## Medical Marijuana

- Autism and Medical Marijuana (HB19-1028)
- Conditions Opiates Prescribed For (SB19-013)

## Medical Debt

- Exemption from Garnishment (HB19-1089)
- Exempt Primary Residence from Liens (HB19-1145)
- Healthcare Provider Liens (SB19-217)

## Prescription Drugs

- Import Prescription Drugs from Canada (SB19-005)
- Prescription Drug Cost Education (HB19-1131)
- Reduce Insulin Prices (HB19-1216)
- Prescription Drug Cost Reduction Measures (HB19-1296)
- Patient Choice of Pharmacy (HB19-1154)

## Prescription Drug Abuse and Substance Use Disorders

- Electronic Prescribing of Controlled Substances (SB19-079)
- Prevention (SB19-228), Treatment (HB19-1287), MAT (SB19-001), Recovery (HB19-1009), Harm Reduction (SB19-227), Criminal Justice System (SB19-008)

## Public Health

- Advance Medical Directives (SB19-073)
- Advance Behavioral Health Orders (HB19-1044)
- Licensing Behavioral Health Entities (HB19-1237)
- Mental Health Facility Pilot Program (HB19-1160)
- Youth Suicide Prevention (HB19-1120)
- Traumatic Brain Injury Program (HB19-1147)
- Prohibit Conversion Therapy for a Minor (HB19-1129)
- Comprehensive Human Sexuality Education (HB19-1032)
- Nicotine Products (HB19-1033, HB19-1076)
- Extreme Risk Protection Orders (HB19-1177)
- School Immunization Requirements (HB19-1312)

## Next Steps, Solutions

Based on the findings of the Community Needs Assessment and results of the May 20<sup>th</sup> forum, as well as in-depth discussions with health care experts, we recommend the following next steps between June 2019 and December 2019.

- 1. Identify Community Values:** In order to ensure that our local health care solution results in outcomes identified as important by the community, we will identify the values that we align with such as consumer choice, actively pursuing local and statewide options, reducing health care costs to consumers, and addressing health literacy in the community.
- 2. Form a Steering Committee:** Local First, The Durango Network, and the Durango Chamber of Commerce committed to working on this issue and have asked other steering committee members to join them.
- 3. Claims Data Collection:** Transparency around cost of service is key when forming local health care cooperatives. Collecting claims data for a region can help to uncover the true cost of service and allow local cooperatives to enter into meaningful negotiations with health care providers.

According to the 2019 State of Colorado Cost Shift Analysis Report<sup>5</sup>, more transparent reporting practices and hospital/payer data, such as audited financial statements and DATABANK information, are needed to identify business decisions and trends at the hospital level that lead to increases in hospital costs and prices.

Major findings of the report also include that the average hospital profit per patient discharged rose to \$1,359 in 2017 — more than twice the amount in 2009. For patients covered by commercial and employer-based health plans, the hospitals' profit margins per discharge rose above \$11,000 in 2017, compared with \$6,800 in 2009.

A recent report released by RAND Corporation<sup>6</sup> compares the prices paid to hospitals for commercially insured patients in relation to the Medicare fee schedule. This calculation reflects the discounted amounts hospitals were actually paid by private plans and employers, not the amount that they charged which is typically much higher. This is the first study of its kind in the U.S. Key findings for Colorado in 2017 include:

- Colorado had the **sixth highest overall hospital prices for commercially insured patients** of the 25 states studied for the report,
- Of 65 Colorado hospitals, **30 were paid over 300% more than Medicare** overall, 10 were over **400%** overall, and 2 were over **500%** overall,
- The combined ratio of inpatient and outpatient prices compared to Medicare was **347% for Animus Surgical Hospital** and was **317% for Mercy Regional Medical Center** in 2017.

An example of data from an all payer claims database for Summit County as part of the Peak Health Alliance formation can be found below<sup>7</sup>. The first step for La Plata County, or the region, is to collect claims data from the all payer claims database as well as self-funded plans. We intend to apply for a July 2019 scholarship to obtain this data at a more reasonable price from the Center for Improving Value in Health Care, or CIVHC (<https://www.civhc.org>).

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<sup>5</sup> Colorado Healthcare Affordability & Sustainability Enterprise. Cost Shift Analysis Report. January 2019.

<sup>6</sup> RAND Corporation. Prices Paid to Hospitals by Private Health Plans Are Higher Relative to Medicare and Vary Widely. Findings from an Employer-Led Transparency Initiative. May 2019.

<sup>7</sup> Modern Healthcare. Unique collective has ambitious plan to lower healthcare costs. April 13, 2019.

Service	Procedure	Summit County	Denver Metro
inpatient	Knee & Lower Leg Procedures Except Foot	\$53,687	\$34,262
inpatient	Vaginal Delivery	\$7,953	\$7,832
inpatient	Hip & Femur Procedures For Trauma Except Joint Replacement	\$42,083	\$38,637
inpatient	Cesarean Delivery	\$20,094	\$13,233
inpatient	Major Small & Large Bowel Procedures	\$64,949	\$33,334
inpatient	Craniotomy For Trauma	\$256,066	\$97,413
inpatient	Knee Joint Replacement	\$48,162	\$25,554
inpatient	Major Chest & Respiratory Trauma	\$24,843	\$19,958
inpatient	Other Musculoskeletal System & Connective Tissue Diagnoses	\$17,805	\$23,605
inpatient	Dorsal & Lumbar Fusion Proc Except For Curvature Of Back	\$185,172	\$67,308

Showing 1 to 10 of 86 entries

Previous 1 2 3 4 5 ... 9 Next

Source: Lief Associates

Modern Healthcare

- Form Cooperative Alliance:** The last step, once data is collected, is to explore the formal establishment of a health care alliance. This Alliance will need the assistance of a highly skilled and knowledgeable health care negotiator to get us to the finish line for January 2021.

## Closing

The completion of this Community Needs Assessment is the first step in exploring local health care solutions in La Plata County, and possibly the southwest region of the state of Colorado. We look forward to working with the small business community, and the greater community at-large, to provide affordable and effective health care solutions to individuals, businesses, local governments, and those most in need of health care support.

**APPENDICES**

## APPENDIX A: SURVEY RESULTS FROM FOCUS GROUPS

### Findings and Perspectives

#### La Plata County Community Needs Assessment: Focus Group Report

The purpose of this community needs assessment was to explore what small businesses can invest in their employee's health and to prioritize what businesses would like to achieve with their investments. Specifically, this needs assessment was designed to increase understanding about the types of benefits that could be affordable to both the employee and the employer. In January 2019, twenty-five individuals, representing 24 local businesses, participated in one of three discussions around their concerns and desires related to health care. The meetings used a focus group format where the conversation focused on specific questions in a safe and confidential environment. Participants were asked several open-ended questions to guide the conversations and were instructed that there were no right or wrong answers. Business representatives expressed themselves freely during the discussion and no individual names or business names are identified in this report. In addition to engaging in conversation, participants completed a brief survey that included specific questions about cost and allowed respondents to indicate their interest in specific strategies to improve health (see Appendix A for full survey results).

Topics discussed included barriers to health care, ideas for improving employee's health, and the type of investments employers are able to make to improve health. Described below are the key themes and individual perspectives that emerged from the conversations.

#### What is health care?

Conversations opened with each group discussing what came to mind when they heard the term "health care." While many acknowledged that they first thought of health insurance and accessing health care, the groups also noted that the concept of health includes overall wellness, including emotional health, and the prevention of illness. The key themes identified and perspectives shared reinforce that health includes many aspects, and is not only limited to health insurance and medical care.

#### Key Themes and Perspectives

##### Theme 1: Cost is a major barrier to providing access to health care and health insurance

Participants expressed that cost is a large obstacle to providing health care and insurance. The premiums for health insurance, in particular, are financially out of reach for many local employers.

- *"Health care costs are now equivalent to paying a mortgage"*
- *"There is no scenario by which I am able to provide health care at any cost, and half of my employees would much rather have the money in their pocket"*
- *"Health care has exploded into this catastrophe, but at the end of the day when someone needs health care, very few companies in this town can do much to help."*

- *“There’s a crunch to the middle class when you look at what we are paying in deductibles, and what we get back in return”*
- *“We see people taking extreme risk in not covering themselves, because they are concerned about cash flow”*

Those that are not able to afford the health insurance premiums noted that they are less competitive in attracting the best employees.

- *“Businesses have leveraged health as a benefit for employees”*

Employers also discussed who should hold the responsibility of providing health insurance and health care, questioning if the burden to provide access to care and health insurance should be the responsibility of employers:

- *“[Health care should be] a right - everyone should have access to it, and it shouldn’t necessarily be something that the employer is required to provide”*
- *“We all talk like it [health care] is the business’ responsibility, but it is society’s responsibility”*
- *“As long as we have this employer based system, it is going to be really tough.”*
- *“This is a political discussion in addition to a societal and environmental one”*
- *“This system of employers providing health care has tons of limitations and I would like to see something bigger happen”*
- *“I am not interested in nibbling around the edges, we need to think big, and looking to employers to provide that is not a viable solution”*

**Theme 2: Local businesses expressed that employee health was important, they are currently making investments in employee health, and are willing to continue to invest in programs or services designed to improve health.**

Most participating businesses currently offer some resources to improve employee health. Some businesses are providing health insurance and/or programs to access medical care. Local employees are also being offered wellness promotion resources, including programs and services such as worksite wellness, massages, yoga training, healthy food, “well days”/paid time off, incentives for healthy behaviors, and stipends to support health-related needs.

- *“There’s health insurance and then there’s a healthy environment, and they are two totally different things.”*

Employers expressed that there is a return on investment for dedicating resources to improve employee health. Participants cited many benefits of promoting employee health including gains in productivity, being able to compete for the best employees, an increased level of engagement at work, employees feeling valued, increased retention, and fewer worker comp claims and sick days.

- *“The happier the employees are, the happier the customers are, and it is a happier work environment.”*

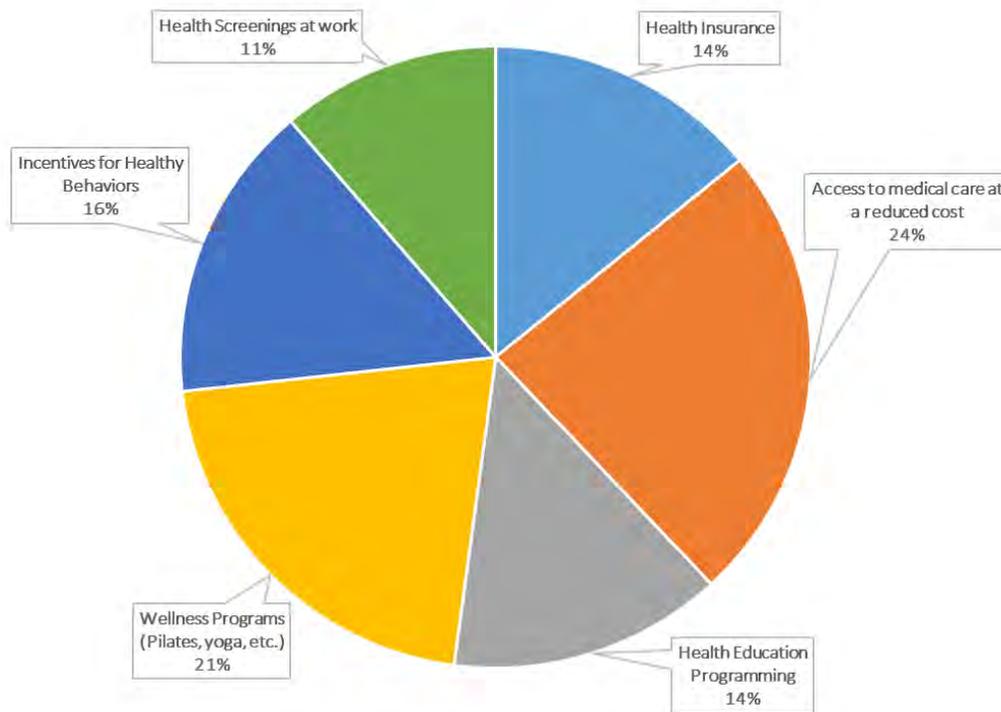
- *“It [health care] is so broken, we need to take care of the future, so people can see a future.”*

**Theme 3: Local businesses expressed specific interest in wellness programs, health education programs and incentives for healthy behaviors.**

When it comes to the health of their employees, employers are thinking more broadly about how to improve employee health. Business representatives were interested in employee wellness programs (such as Pilates, yoga, acupuncture), health education programs, and incentives for healthy behaviors such as using active transportation for commuting to work. Survey responses showed that employers are interested in a variety of options to improve employee health (see Figure 1).

**Figure 1. Responses to survey question regarding health care programs of interest to employers.**

**Which of the following programs or services are employers most interested in supporting for their employees?**

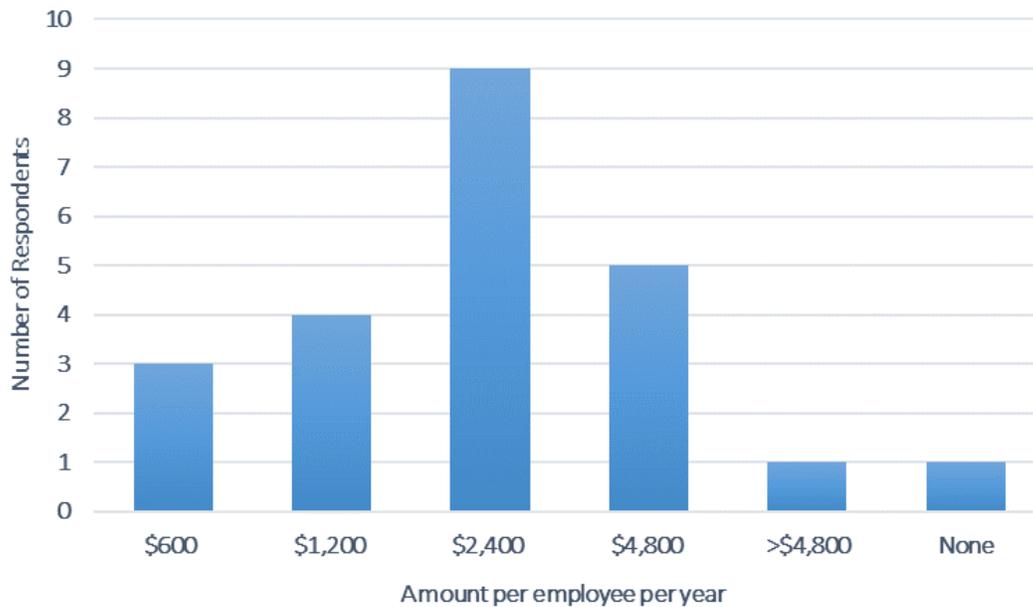


**Theme 4: Among participating businesses, most are willing and able to invest \$100-\$400 per employee per month to improve employee health**

While the specific amount each employer can contribute to improving employee health varied, about 75% of participating employers stated that they are willing and able to invest \$1,200 to \$4,800 per employee, per year to improve employee health (see Figure 2).

Figure 2. Responses to survey question regarding dollar amount willing to invest to support employee health.

What amount, *per person per year* would you be willing and able to invest to support employee health?



**Theme 5: Local businesses expressed a desire to learn more about collaborations that could expand employee health care/insurance options**

As a solution to decrease individual business costs, business owners are interested in an option to pool resources to provide health care/insurance to their employees. Strategies discussed included creating larger, self-funded insurance plans, developing business partnerships with health care providers, scaling health care costs to incentivize appropriate use of health care, direct primary care models, community health clinics, and other ideas that support cost sharing. Participants expressed a specific desire to learn more about the legal constraints and realistic possibilities in creating collaborations among local businesses to improve employee health.

- *“I would like to see this lead to a city, county-wide single payer-type solution”*
- *“Just because you have health insurance, it doesn’t mean you get access to care.”*
- *“Being stuck in a job because you are worried about your health insurance is not good for your health either. We need a revolution”*

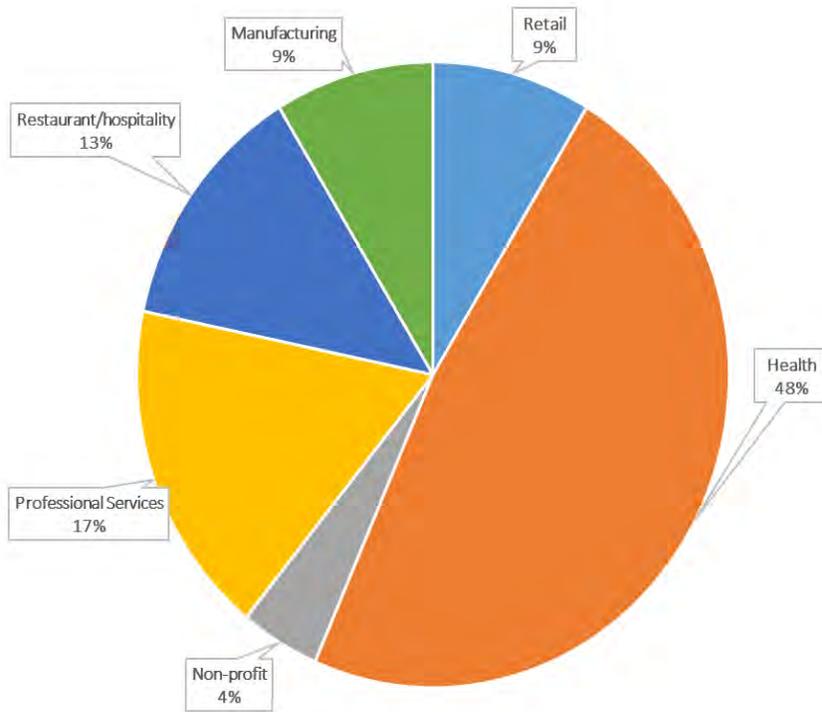
**Theme 6: Business owners specifically expressed a need for increased health literacy among their employees. This included education regarding health insurance and accessing health care.**

Health literacy is the degree to which individuals can understand basic health information and health services needed, including education regarding health insurance and accessing health care. Business representatives expressed a desire for additional education, for both employers and employees, regarding the complex landscape of health care and health insurance.

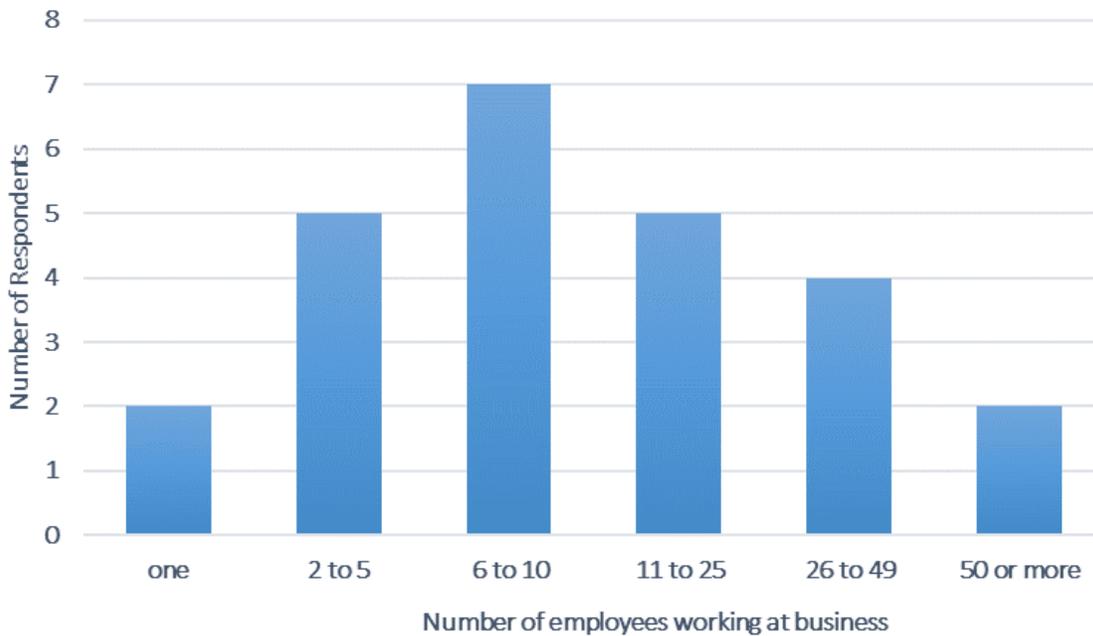
- *“We need to create a literate population that is knowledgeable about health care.”*
- *“How do we put the power and control of health-care in the hands of my employees?”*
- *“Investing in health is finding a guide, someone show me the way!”*

## APPENDIX B. COMPLETE FOCUS GROUP SURVEY RESULTS

What type of business do you represent? (25 responses)



How many employees work at your business? (25 responses)



**Approximately how much does your business invest each year to support health? Fill in the blank (22 responses)**

“variable” = 1 respondent

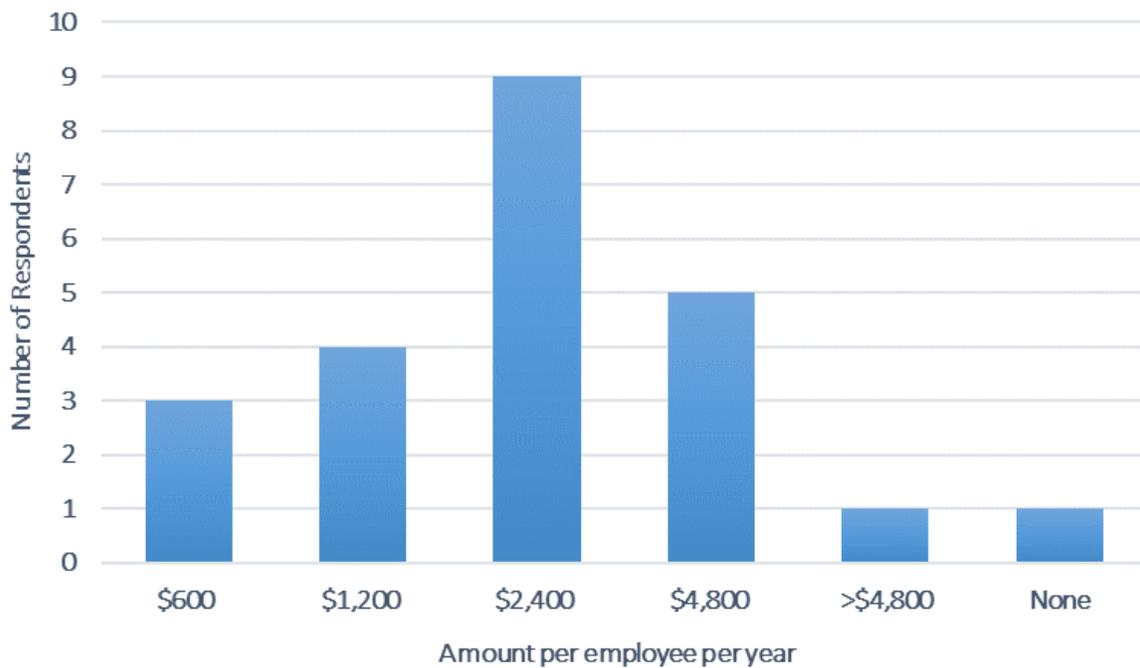
“none or zero” = 4 respondents

**Other responses:**

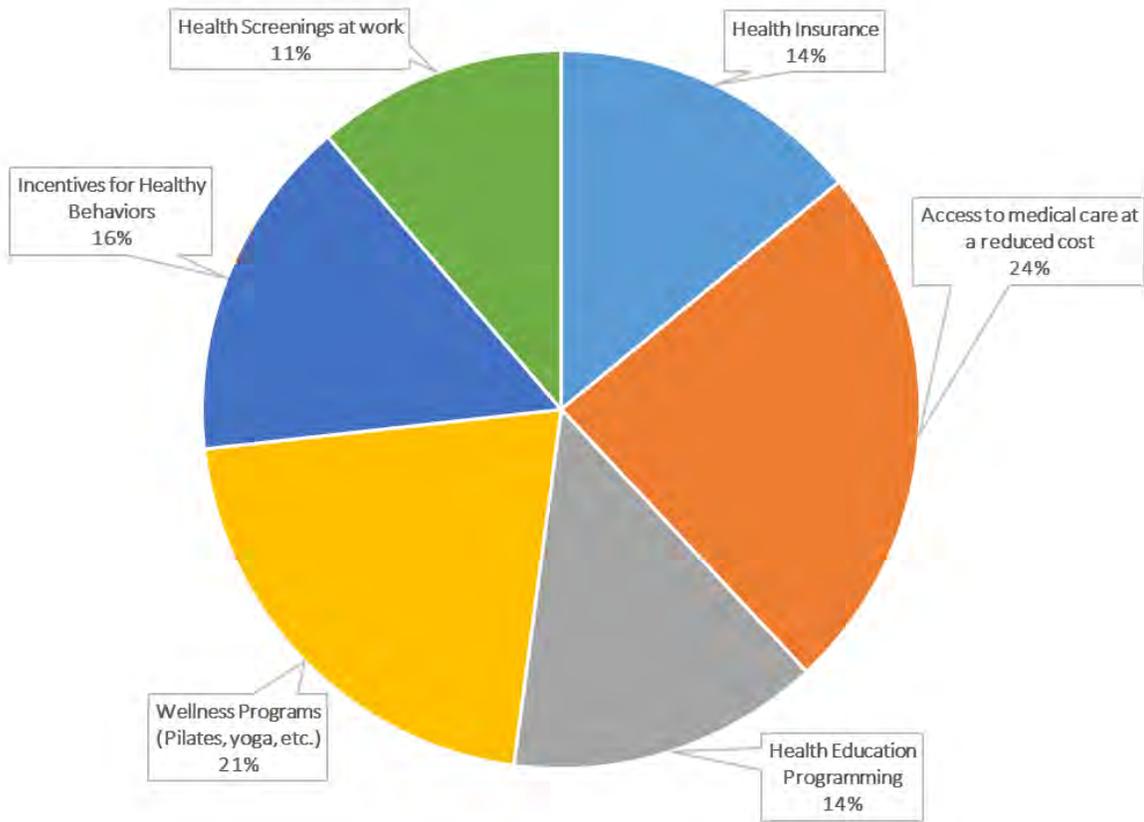
\$ 5,000	\$ 5,000	\$ 8,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 11,000
\$ 18,000	\$ 18,500	\$ 20,000	\$ 35,000	\$ 36,000	\$ 40,000	\$ 50,000
\$ 100,000	\$ 140,000	\$ 160,000				

**What amount, *per person per year* would you be willing and able to invest to support employee health? (25 responses)**

“not sure” = 1 respondent



Which of the following programs or services would you be most interested in supporting for your employees? Select up to 3 types of programs/services. (25 responses)

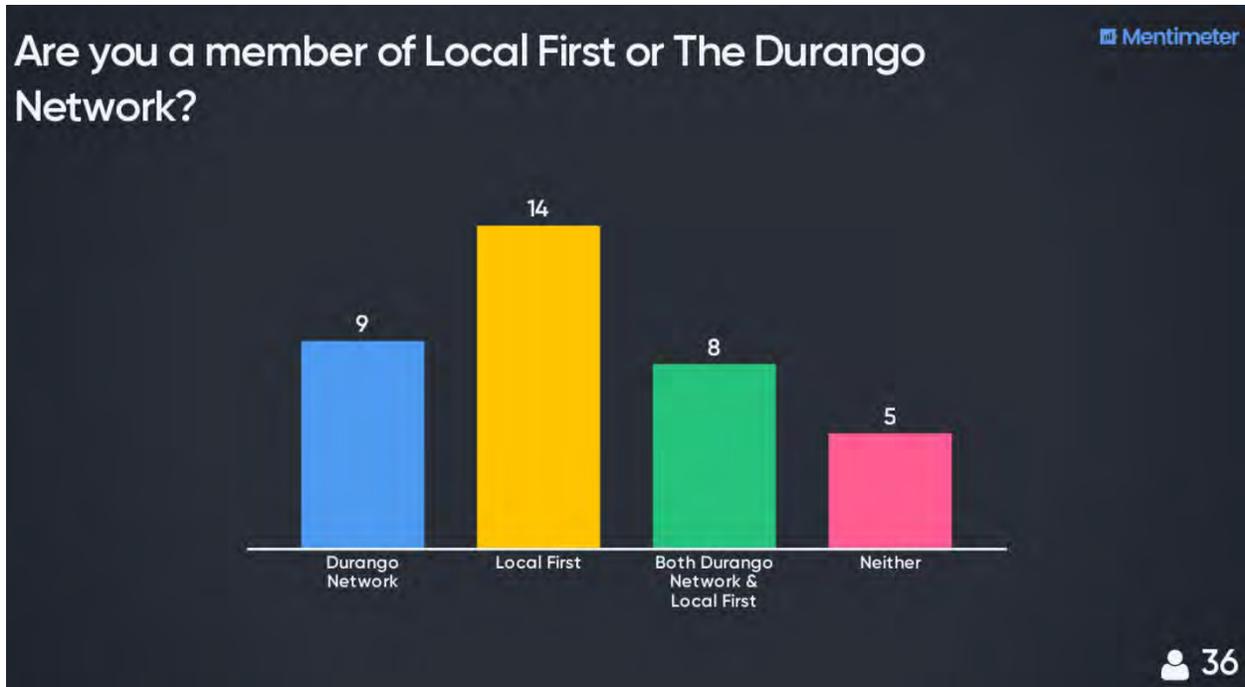


What other programs/services you would be most interested in supporting for your employees? (2 responses)

- Alternative to traditional health insurance
- Access to counseling/psychological services

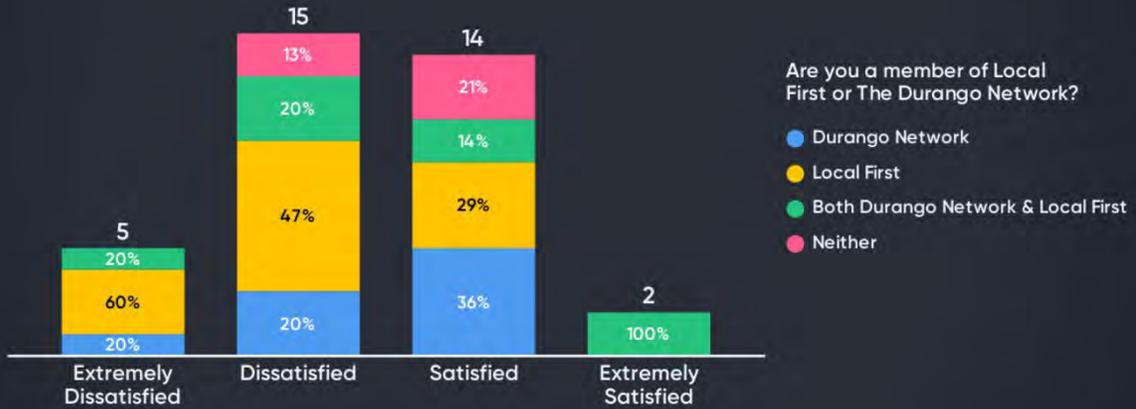
## APPENDIX C: MENTIMETER SURVEY RESULTS

### June 2018 Meet-Up



## To what degree are you satisfied with the current state of healthcare in La Plata County?

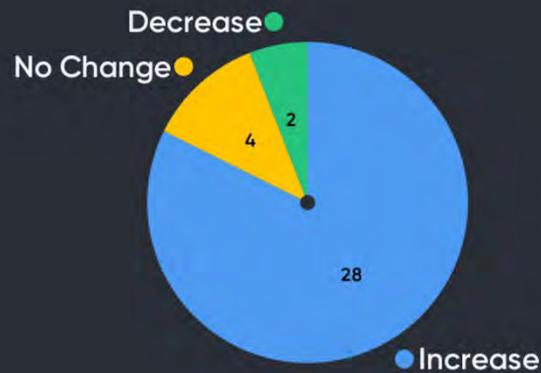
Mentimeter



36

## As an individual, in the past 12 months, have you seen a change in healthcare costs (premiums, deductibles, co-insurance, out of pocket, etc)?

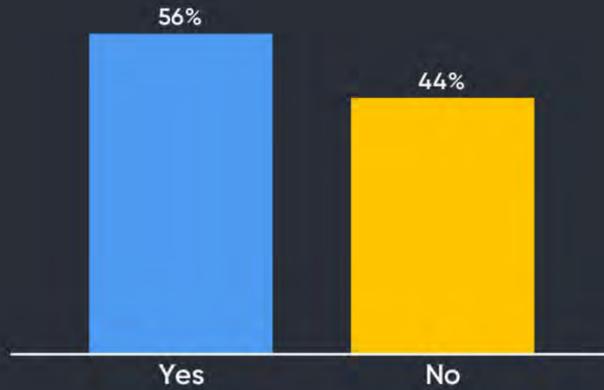
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34

In the past year, have you or a family member avoided care because of cost?

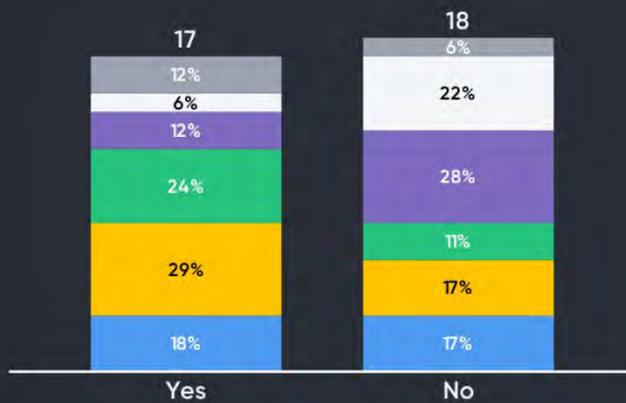
Mentimeter



36

Are you concerned that your current benefit offering is not competitive in attracting and/or retaining employees?

Mentimeter



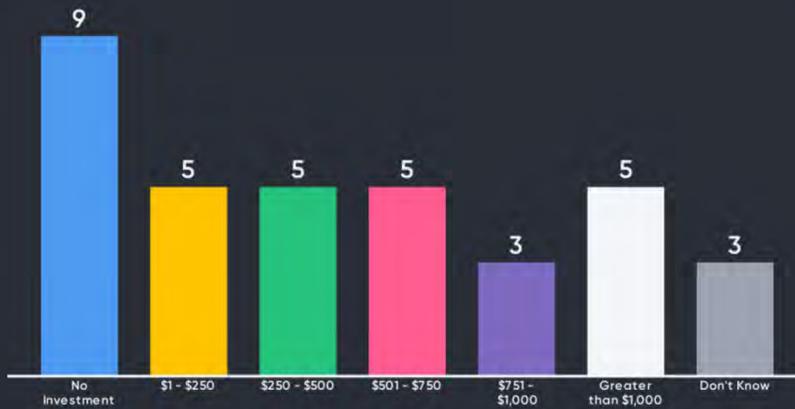
How many employees are in your business or non-profit?

- 1 Employee (Sole Proprietor)
- 2-5 Employees
- 6-10 Employees
- 11-10 Employees
- 20-49 Employees
- 50+ Employees
- Unknown

35

As an employer, what is your approximate current monthly investment in healthcare benefits per employee (medical, dental & vision)?

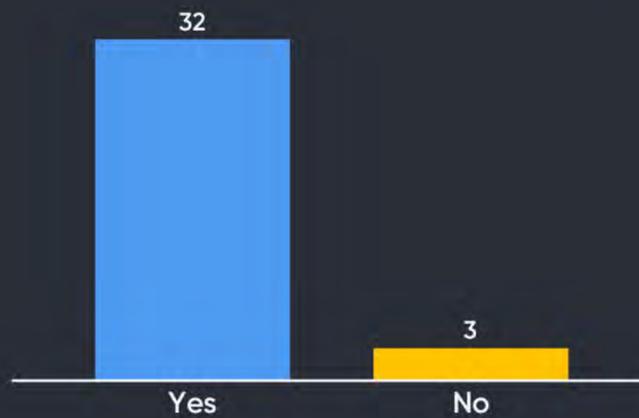
Mentimeter



35

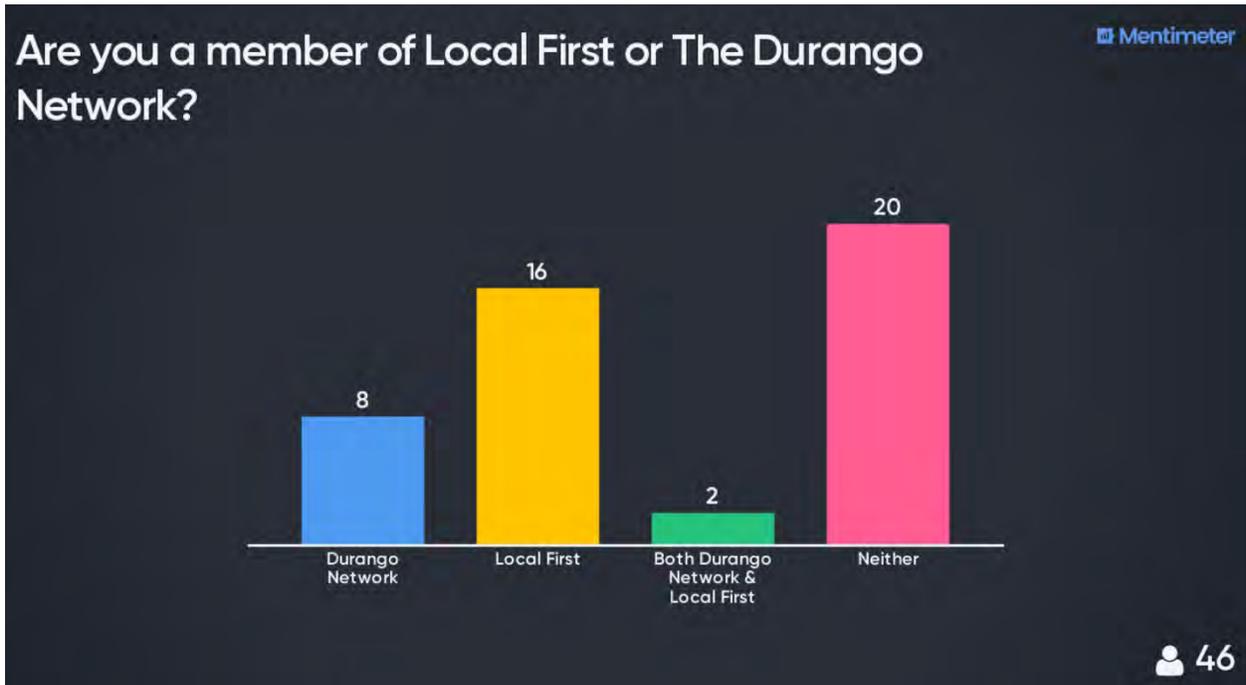
Are you interested in exploring options to provide alternative healthcare opportunities to your employees (e.g. acupuncture, health & fitness, etc)?

Mentimeter



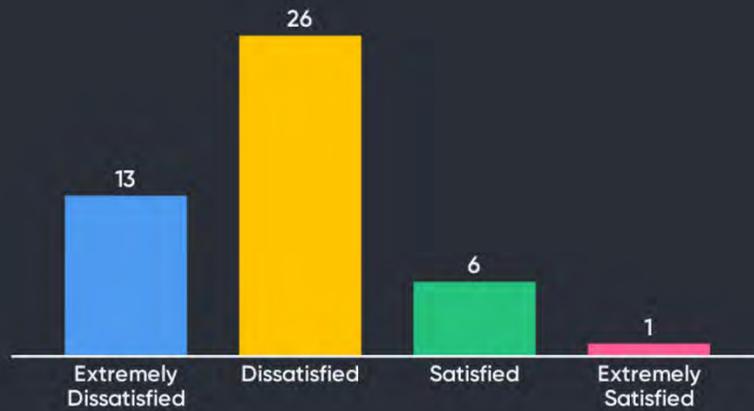
35

**May 2019 Health Care Forum**



# To what degree are you satisfied with the current state of healthcare in La Plata County?

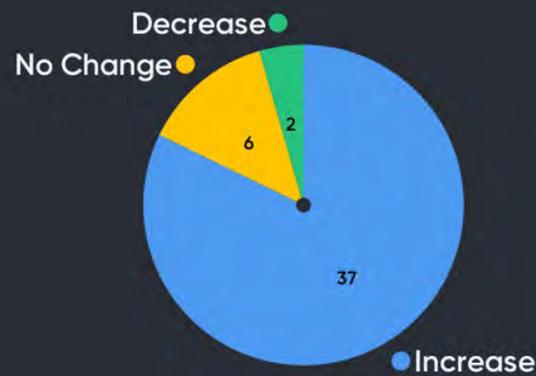
Mentimeter



46

# As an individual, in the past 12 months, have you seen a change in healthcare costs (premiums, deductibles, co-insurance, out of pocket, etc)?

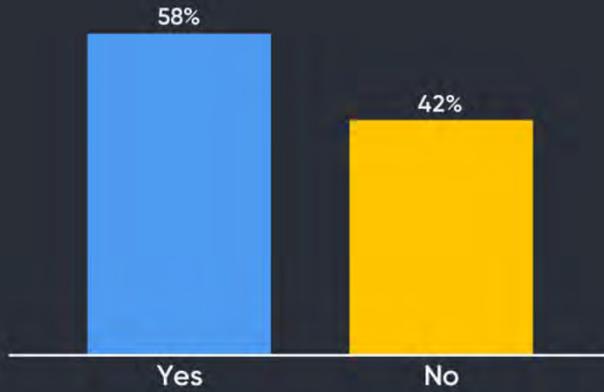
Mentimeter



45

In the past year, have you or a family member avoided care because of cost?

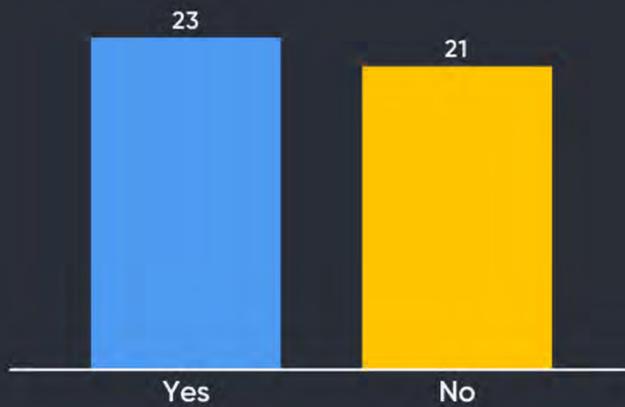
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45

Are you concerned that your current benefit offering is not competitive in attracting and/or retaining employees?

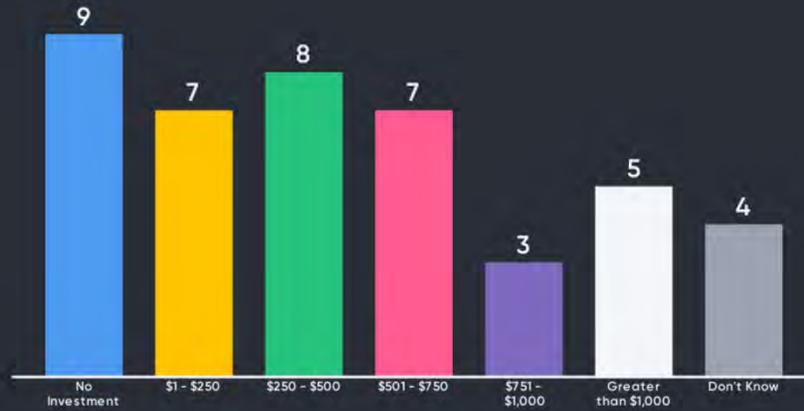
Mentimeter



44

As an employer, what is your approximate current monthly investment in healthcare benefits per employee (medical, dental & vision)?

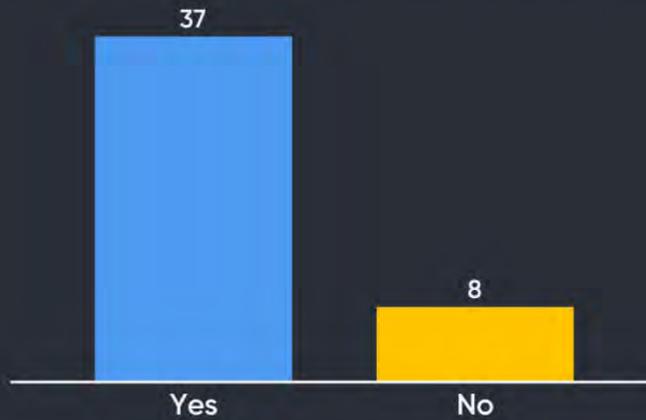
Mentimeter



43

Are you interested in exploring options to provide alternative healthcare opportunities to your employees (e.g. acupuncture, health & fitness, etc)?

Mentimeter



45