



**HTP Consumer Advisory Council
Meeting Notes**

June 26, 2020 | 11:00am – 12:30 pm

Location: Google Hangout meet.google.com/mcp-zcgs-upu

CAC Members Attending: Allison Neswood, Allison Summerton, Stephanie Brooks, Katie Breen
HCPF Staff: Nancy Dolson, Courtney Ronner, Cynthia Miley, Karola Cochran

Welcome

HQIP Update

Matt Haynes provided an update on HQIP using the attached/linked presentation. Recapped the touchpoints where touchpoints with CAC are part of process for HQIP measures: Initial Thinking, Midpoint and Final Recommendations submitted to CHASE Board. In February, the 2021 HQIP measures were approved by CHASE Board though those were modified to accommodate hospital needs and realities as a result of the pandemic. Four of the measures were postponed.

Introductions & Check-In

How have you been experiencing things since our last meeting?

How has engagement been? New thoughts on how to strengthen?

Member Reflection: A lot has changed in how I do my work in advocacy and doing so from living room with my son by my side. Trying to stay on top of and engaged with legislative session, even with challenges. Continued sadness, frustration but also lifted by how communities are mobilizing to support one another. Regarding our work, we're all aware how this crisis is impacting communities of color and discriminated against groups which is frustrating; and a reminder of how important it is that these programs are structured to identify where those needs and disparities are so we can address at the system level. So, when I see things like data that is not disaggregated, I get really frustrated. Re. engagement, it's tough and a lot of people have zoom fatigue.

Member Reflection: Want to honor and reinforce what previous member said. I was not able to come to April meeting because so much happening then. The experience has been intense, a rush trying to support hospitals but then also trying to stay on top of leg session. Engagement has obviously been a challenge

Member Reflection: As a service provider, I also missed the April meeting given what was going on trying to shift to telemedicine especially addressing the disparities. Concerned about how many people are not able to access providers including mental health due to technology, etc.

Member Reflection: Echoing everything everybody else said. Personally, professionally and organizationally, thinking a lot about the equity issues. Representing a lot of FQs, there have been disappointments around tele-health, but e-consult was not included in bill or earlier rules. This is a big topic of focus along with how the telehealth rules will be.

Discussion: Racial Inequities in Healthcare

How do we strike the right balance between responding to racial inequities at the system level that have been exacerbated by current conditions and events with respecting and continuing momentum of the work to date that looks to the future state of the system?

Are there specific elements or components of HTP (measures, collection, outreach etc.) that we should look at refining as we consider the first question?

Nancy Dolson: How do we move forward in this “new normal?” We have 500k moving onto Medicaid due to economic contraction. Add to that the health issues of COVID and what could happen if we have a second wave. Looking at data of the disproportionate impact of COVID on the Advanced Aging community plus what we’re seeing with killing of Black men. We see HTP as a lever to address inequities. We are committed to the program moving forward and without losing the momentum or losing time, what can we do to reflect what we’re learning from COVID and our current national state.

Member Reflection: I don’t have a ton of specifics but the thought I’m having is regarding HCFP and Medicaid. How do we make sure we do this work not in silos? I have a call later today with another group that is having a similar conversation... how can we minimize redundancy of conversations. I’m having a conversation with PEAC who are (nearly or all) white, older about DIE.

Member Reflection: In the past 8-9 months, we do have a new manager who has a really comprehensive view and is focused very much on that. E.g. the communications person works with PEAC. There is an absolute commitment to reducing those silos, so the focus is on getting patients care. Having you (Dede) on that group is helpful as well. Colorado is in desperate need of Medicaid providers as we prepare for the 2nd wave.

Member Reflection: We’ve been trying for four years to get more providers – especially specialists – so we’re going to need different, additional levers.

Member Reflection: I think the problem is we’ve been striking wrong balance for so long. The idea that improved care will lift all boats, we’ve been leaving people behind. The emphasis on momentum is also problematic – we need to have momentum in the right direction not just a direction. By not requiring disaggregated data, we’re falling far short. As many measures as possible, data should be disaggregated. Maybe there should be a measure that assesses steps hospitals are taking to get into data collection that enables this. Maybe some kind of plan that lays out a timeline for getting to this. I also think on the silos, we need to look at the primary care side and where silos are preventing data disaggregation

Member Reflection: I totally agree with point about what we’ve been focused on (the wrong things) and would actively search for ways to improve data in measures that lets us better identify the disparities.

Member Reflection: Another area of focus is referrals going to community organizations that don’t have resources to process and handle them. But if it’s just a process that requires hospitals to refer and they refer to an organization that can’t deliver, that’s a clear example of where there is a shortcoming.

Member Reflection: My thoughts are a bit all over (and not exclusively HTP) but one thing on my mind regarding Medicaid and racial inequities is eligibility, particularly regarding lawful status. I know this



group can't solve but it's on my mind. Re. hospitals & primary care – Federally Qualified Health Centers do capture more of the data to report to feds. We need to understand the connection between hospitals & PCPs as we try to keep people out of hospitals. When people move between Medicaid, uninsured, private insurance, we don't have a good way to track things all the way through

Member Reflection: It's really hard to think about equity just around HTP. What I'd add is that I'd urge HCPF to think about all the levers they have and whether those are being thought about and used in everything you do – things like contracting.

Berrick: What would you like to see from hospitals that would tell you they're addressing inequities.

Member Reflection: For every measure, I'd like to see or hear how they are addressing inequities.

Member Reflection: I think there are a greater number of diseases, conditions that disproportionately impact communities of color that we could start measuring better. To be blunt, there are diseases like diabetes, chronic conditions influenced by poverty that we could look harder at how we're addressing those.

Member Reflection: It seems we need to hear a lot more from communities about why they feel hospitals are not working for them – from being dismissed by hospital staff re. what they need, feeling not respected, language barriers. There are a lot of invisible, real and really frustrating things that impact people of color. I think for instance, if we were talking a lot more to Black, Latina and Native women, we would have known a lot sooner about problems in maternal care.

Nancy: I'm hearing a lot about understanding the data better, hearing from the patients/consumers, really understanding how hospitals are not only considering but really using the information to address inequities.

Member Reflection: Hospitals – most of them – will not make shifts unless it's tied to money. There must be consequences for not making moves. There's this approach of "let's study this" that goes on for years. Let's get more of an iterative process with milestones that includes actions now and over extended period.

Karola: Would it be helpful to hear from providers?

Multiple members Question if that's really appropriate or helpful. Say talk to patients.

Dede: I'd urge collaboration with Office of Healthcare Equity at CDPHE.

Closing and Next Steps

Nancy: Part of what's on my mind is what the group looks like going forward. One question is whether you'd like to continue with an outside facilitator or have HCPF facilitate. We'll discuss internally and welcome the input of members in coming weeks/months in terms of what you'd like to see this group do next and how to structure our discussions.