



Annual Practice Support Plan
Instructions and Narrative Report

RAE Name	Health Colorado, Inc.
RAE Region #	4
Reporting Period	[SFY21-22 07/01/2021 – 06/30/2022]
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Contact	Lori Roberts

Purpose: Regional Accountable Entities (RAEs) are responsible for improving health outcomes and increasing value in their respective regions through supporting their Provider Network. As part of that responsibility, RAEs are required to provide practice support and transformation strategies to network providers. This report outlines each RAE’s plan to accomplish this task.

Instructions: Please provide a narrative that outlines your strategic approach to supporting and transforming provider practices to increase value and to improve health outcomes and the experience of care of members. The narrative must include details regarding the following:

- the types of information and administrative support, provider trainings, and data and technology support offered and implemented with network providers.
- practice transformation strategies offered to network providers to help advance the Whole-Person Framework and to implement the Population Management Strategy; and
- the administrative payment strategies used to financially support and advance the capacity of network providers.

Where relevant, please provide supporting evidence for the respective approaches. Evidence can include but is not limited to: peer-reviewed research, operational excellence, and public feedback.

Please include how your strategy has or has not evolved since the previous year’s submission. Please provide evidence to support these changes.

Please limit your plan to no more than five (5) total pages and use concise and concrete language.

Practice Support Plan Narrative

Instructions: Please provide a narrative that outlines your strategic approach to supporting and transforming provider practices to increase value and to improve health outcomes and the experience of care of members. This narrative must include the details outlined above.



Health Colorado, Inc. (HCI) recognizes the importance of network providers in delivering high standards of care to members in order to achieve the desired member outcomes. This underscores the commitment of HCI to ensuring that providers receive the support they need to provide high quality standards of care to members in Regional Accountable Entity (RAE) Region 4.

The past year has presented unique challenges because of COVID-19. It also offered opportunities to support our network practices in new ways while they were tasked with changing operations to be able to test, treat, and vaccinate their community in addition to providing routine care. Despite the challenges of COVID-19, ninety-two (92%) percent of Primary Care Medical Providers (PCMP) organizations established a reoccurring meeting with their assigned Coach, with most of them meeting monthly. In addition to individual meetings, 44 out of 50 practices participated in HCI's Practice Transformation Incentive.

HCI practice support efforts focused on:

- COVID-19 response
- Practice Transformation Incentive
- Expansion of substance use disorder benefits
- Using data-driven clinical quality improvement tools
- Value Based Payment implementation strategies
- Payment Model (APM) measure selection, implementation, and submission of electronic Clinical Quality Measures (eCQM), claims measures and structural measure attestation.
- Workflow validation for successful Implementation of evidence-based best practices
- Assisting with access and training for the Colorado Department of Health Care Policy and Financing's (HCPF) Data Analytic Portal (DAP) which displays practice and member-level claims

Improving Health Outcomes through Practice Transformation

Practice Transformation refers to a process of change in the organization and the delivery of primary care. The Health Colorado Practice Transformation Program philosophy is to improve primary care performance by using the following models of high-performing and whole-person care to guide us: The Quadruple Aim¹, NCQA PCMH Standards², and the Bodenheimer Building Blocks of High-Performing Primary Care³.

Provider Quality Managers, more commonly known as Practice Transformation Coaches (or Coaches), engage with practices and tailor support to address the unique needs of practices based on their size, patient population, geography, and practice goals in order to optimize workflows and systems. HCI has a philosophy to meet practices where they are by creating standardized tools and templates that are effective for practices that are new to quality improvement as well as experienced practices.

HCI created and deployed a new Practice Transformation Readiness Assessment that replaced the annual PCMP assessment used previously. The new assessment is based on the Patient Centered Medical Home (PCMH) domains. The revised approach allows HCI to understand the strengths and areas for improvement across the network. Coaches worked with practices to complete assessment virtually which

¹ Bodenheimer T, Sinsky C. (2014). From Triple to Quadruple Aim: care of the patient requires care of the provider. *Ann Fam Med.* 2014; 12:573-576.

² NCQA.org. PCMH Standards and Guidelines (2017 edition, version 2)

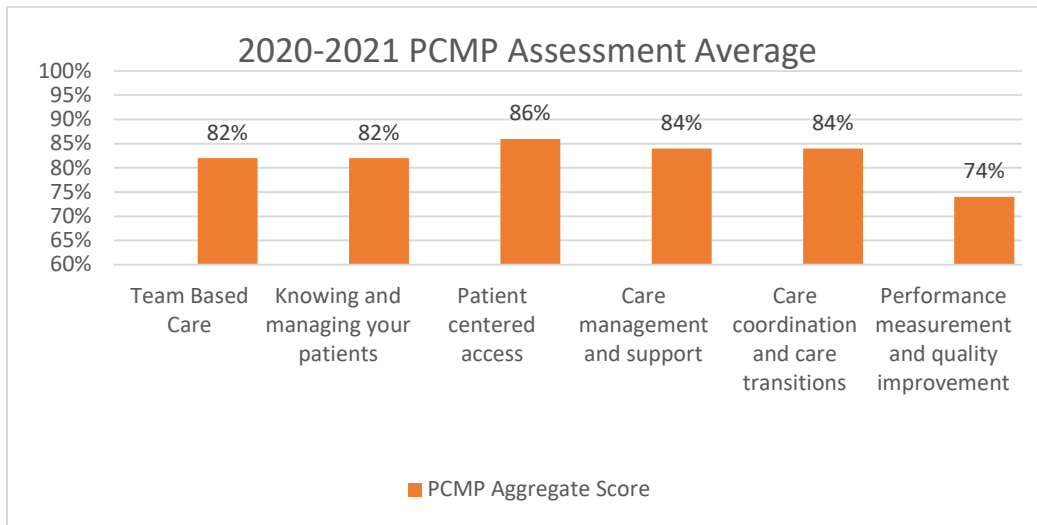
³ *Annals of Family Medicine*, Annfammed.org/content/12/2/166, Ten Building Blocks of High performing Primary Care, authors: Thomas Bodenheimer, Amireh Ghorob, Rachel Willard-Grace and Kevin Grumbach



helped Coaches have a better understanding of what is important to the practice and what other initiatives they are working on.

Assessments conducted in 2020-2021 will serve as baseline data with an expectation to track improvement in subsequent years. Coaches will re-assess practices starting in January 2022. The chart below shows the average achievement per competency for all participating practices. Performance Measurement and Quality Improvement is the lowest of all domains and will be included in our upcoming Practice Transformation Incentive.

2020-2021 PCMP aggregate scores for each PCMH domain:



After completion of 2020-2021 assessment, most PCMP established a reoccurring meeting with their assigned Coach, most practices prefer to meet monthly. PCMPs utilize their dedicated Coach as a single point of contact and appreciate the consistency and individualized approach. Standing meetings offer the opportunity to work on quality improvement, Practice Transformation Incentive milestones, answer questions and provide Health First Colorado and HCI updates.

Learning Collaboratives

In 2020-2021, HCI added quarterly PCMP Learning Collaboratives. This forum is for regional PCMPs to talk about how to apply best practices and share lessons learned. The first Learning Collaborative that focused on HCI's practice incentive had over one hundred (100) attendees. This was a very successful format and HCI will continue to host PCMP Learning Collaboratives moving forward.

2020-2021 PCMP Learning Collaboratives topics included:

- Utilizing a panel of Practice Transformation experts in the community to share best practices with PCMPs
- How to drive improvement using Practice Transformation tools, such as a PDSA (Plan, Do, Study, Act)

This year, Learning Collaboratives will include:

- The importance of patient experience surveys and how to use survey data to enhance care.
- Helping PCMPs to create a culture of quality improvement that represents the whole clinic.
- Building the structure of a quality improvement (QI) team to actively work to improve the quality of care provided and improve patient outcomes.

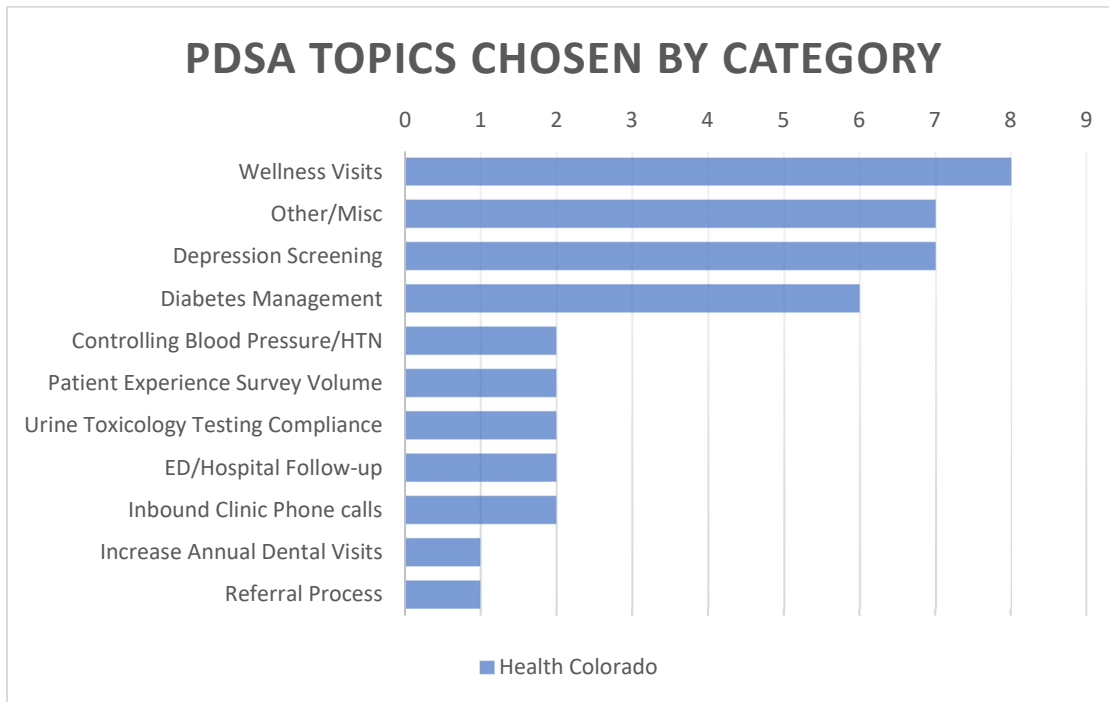


Practice Transformation Incentive

In February 2020, Health Colorado officially launched our first Practice Transformation Incentive. The Practice Transformation team developed the milestones using industry standard quality improvement methodology that has been used in our state for the last ten (10) years. Each milestone was tied to a one-time annual payment at the end of the year. The milestones were:

- Milestone 1: Practice Assessment to be completed with your Coach
- Milestone 2: Written QI Plan
- Milestone 3: Attend two (2) Learning Collaboratives
- Milestone 4: Complete PDSA

Coaches worked closely with practices to select PDSA projects to ensure topics were relevant to the goals and focus of the practice. Most practices selected PDSA projects around best practices for well care and treating specific conditions that were selected this year based as shown in the graph below.



One example, Southern Colorado Clinic through their PDSA work, were able to schedule over 1,582 wellness visits in fifteen (15) days. They had so many incoming calls from patients trying to schedule a wellness visit that their phone lines got overloaded! As a result of success stories like this, we will continue to incentivize practices to participate in Practice Transformation activities.

HCI will create a Practice Transformation Incentive for FY21-22 that will build on the momentum of the previous year and add value to our providers and our members. Over the course of this FY21-22 plan, the Practice Transformation team will customize a similar approach to pilot with Behavioral Health providers. We would like the next incentive to include milestones focused on patient satisfaction, best practices for



quality improvement teams and team-based care. Success in each of these categories is critical to our population and overall success as a RAE.

Provider Trainings, Administrative Support, and Data and Technology Support

HCI will continue to offer a wide range of provider trainings across the continuum of care. These trainings will focus on areas like practice operations, standards of care, as well as various community resources for addressing member social needs.

Trainings will be organized on issues that cut across all providers and customized trainings will also be offered to providers or practices that may have unique issues.

HCI will continue to bring providers and practices in RAE Region 4 together for learning and networking events. These events encourage providers to share best practices and experiences with their peers as well as creating opportunities for networking and collaboration.

Some of the provider networking and learning events currently offered include:

- **Learning Collaboratives:** These events are organized for providers to learn about specific topics based on identified knowledge needs of providers. Most practices are incentivized through the Practice Transformation efforts to participate in these trainings. Knowledge gained from these events can be very instrumental to improving the performance of these practices and providers.
- **RAE Roundtable Webinars:** These are monthly webinars open to all behavioral health providers.

Based on the results that have been achieved so far and the feedback from providers, HCI will continue to offer these events to providers. We will continue to evaluate the effectiveness of these forums and steps will be taken to improve the delivery and content of these trainings.

HCI has created an integrated plan to address the administrative, communications, data and technology needs of providers and practices in the region. These needs will be addressed under the following areas of the plan:

Administrative Support: HCI plans to improve the turn-around time for addressing all provider inquiries and resolving reported issues. This will also help in creating a more efficient system for supporting providers and practices.

HCI plans to improve communications with practices by focusing on appropriate communication channels to disseminate information to practices and providers. This will help improve the clarity needed to take the appropriate actions in providing care to members. More details can be found in the HCI Communication Plan.

Also, training recordings and resources of previous training events will be posted to the website where practices can access that information on demand.

The two (2) main goals for administrative and communications support are:

1. To resolve provider inquiries for assistance within two (2) business days. The average turn-around time for resolving provider inquiries during the last fiscal year was three (3) business days.
2. To increase provider read rates of behavioral health and primary care newsletters sent by five (5%) percent. This will provide better insights on effectiveness of newsletters.

Data Support: Our Coaches work in partnership with CORHIO to assist practices that have selected electronic clinical quality measures (eCQMs) for APM. eCQMs use data that is electronically extracted



from electronic health records (EHRs) and/or health information technology systems to measure the quality of healthcare provided. Each RAE is responsible for the extraction and validation of eCQMs for practices unable to submit data to CORHIO.

HCI Practice Transformation Coaches also support APM claims measures. Coaches review numerators and denominators (found in Data Analytics Portal) with practices and help troubleshoot inaccuracies before attesting to measures for submission to HCPF.

Technology Support: With the recent expansion of telehealth services, many providers are requesting to continue to utilize telehealth. We are working with providers to understand how they will be able to continue to use telehealth and how we can support them in offering this service to our members. Once HCPF awards the e-Consult contract, we will be ready to help deploy this solution to our region.

HCI also provides support to providers using Provider Connect, which is used to verify member eligibility, submit, and view claims status, view authorizations and update provider demographics.

Payment Strategies

HCI is maintaining its current PCMP payment strategy for Fiscal Year 2022, which reflects current initiatives as well as complexity of members served. This is the same as the payment structure developed in the population health management strategic plan. This year's payment strategy for this year include:

1. **Per Member Per Month Payment:** Providers receive payment aims to support day-to-day clinic operations. This payment will be entirely based on the acuity and utilization of your attributed members.
2. **Practice Transformation Incentive:** Practices receive these incentive payments after achieving predetermined Practice Transformation Incentive goals.
3. **Performance Payments:** These are incentive payments practice can earn that are tied to achievement of Key Performance Indicators (KPIs).
4. **Alternative Payment Model (APM):** Practices will be supported to participate in APM programs in order to maintain their Medicaid revenue and ultimately improve their care delivery systems.

The current strategy has standardized per member per month (PMPM) to all PCMP and provides opportunity for practices to earn additional incentives that are based on performance. Additional enhanced payments will be made for PCMPs that participate in HCI Practice Transformation quality improvement projects that align with HCI goals of quality outcomes and reducing cost of care.

For behavioral health providers, HCI plans involve expanding qualitative metrics as well as an analysis of other levels of care for potential value-based payment contracting. Additionally, Pay for Value (P4V) Programs will be available for those providers of services that have the ability to improve the quality of care and maximize improvement in HCI's targeted Behavioral Health Incentives (BHI). The providers of service identified will be dictated by each individual BHI, and may include such entities as CMHCs, independent behavioral health providers, or hospitals as determined by HCI.