Performance Measurement and Member Engagement
PIAC Subcommittee
Minutes

Meeting Information			
Date	Thursday, October 22, 2020	**Time**	3:00 – 4:30 PM
Location	Virtual attendance only	**Call-in Number**	One tap mobile: +12532158782,,84879742184# Meeting ID: 848 7974 2184 Passcode: 473511
		Webinar link	Join Zoom Meeting
Committee Purpose	Discuss best practices and challenges to improving quality and health outcomes for ACC members and make recommendations for the ACC PIAC and the Department with regard to quality.		
Meeting Purpose	The purpose of this subcommittee meeting is to decide on the first data request to disaggregate incentive data by race, ethnicity, etc., and to continue the discussion of how to make changes to the CAHPS survey.		

Voting Members and Participants
Voting Members Present: Jill Atkinson (Community Reach Center), Bob Conkey (Health First Colorado member), Kayla Frawley (Clayton Early Learning), Angie Goodger (CDPHE), Gary Montrose (Young People in Recovery), Valerie Nielsen (CCHN), Health First Colorado Members **Voting Members Absent:** Deb Barnett (Connecting Points Advisory), Eli Boone (Colorado Health Institute), Nicole Cuellar (Health First Colorado member), Brandon Ward (Jefferson Center for Mental Health), Luke Wheeland (The Arc) **Co-Chairs:** Bethany Pray (CCLP), David Keller (Children's Hospital) **HCPF Staff:** Megan Comer, Emily Ebner, Russell Kennedy, Amy Luu, Liana Major, Nicole Nyberg **Other Participants:** Randi Addington (Health Colorado), Lynne Bakalyan (Beacon), Krista Beckwith (COA), Marjorie Champenoy (RMHP), Amy Ferris, Camila Joao (CCHA), Agnes Markos, Cynthia Mattingley (RMHP), Tim Morton (Mile High Health Alliance), Kellen Roth (COA), Jeremy White (Beacon)

Speaker(s)	Description
BP/DK	Roll call and September meeting minutes approved. No abstention. Bethany Pray was nominated and confirmed to continue her role as a co-chair of this subcommittee.
BP/DK/Dept.	**Data request discussion** This agenda item is a follow up to the discussion that occurred in the previous month's meeting. The goal is to select one performance measure to disaggregate data by race, ethnicity, etc. to evaluate RAE performance and begin exploring health disparities. This is a place to begin, understanding there will be interest in similar analyses for more measures. Which specific measure should PMME focus on? • There was broad support for exploring the behavioral health engagement KPI or a depression screening and/or follow up measure (or maybe a combination).

	• Reasons for this selection include:
	  o Behavioral health needs right now are increasing in Colorado.
	  o There is alignment with behavioral health measures and initiatives: Behavioral Health Incentive Program (BHIP), Performance Improvement Plans (PIPs), the Performance Pool DOC behavioral health engagement measure, and past and present primary care/behavioral health integration efforts.
	  o This measure can get at care coordination between physical health and behavioral health.
	  o Behavioral health is kind of a canary in the coal mine indicator for broader health issues and disparities.
	  o There are expected health disparities for this type of measure.
	  o Behavioral health affects more members than some of the other measures, like prenatal care.
	• Other measure interest areas include premature birth rate because of significant racial disparities. Another stakeholder group comprised of maternal and child health advocates is currently looking at racial disparities, so at this point, it doesn't make sense to duplicate that work. The Department can always share information in the meantime or reconsider that measure later.
	• RAEs mentioned that performance improvement projects have had some data challenges with reporting the depression metrics.
	How does PMME want to disaggregate specifically?
	• Disaggregate by race, ethnicity, language, disability, age, and gender. Look at data by RAE.
	• It was requested to pull data first on the demographics of the Medicaid population in each region to offer a comparison point for who is actually receiving depression screenings, for instance.
	• The Department will put together a data request to share with PMME before submitting.

BP/DK/Dept.	**CAHPS survey overview and discussion**
	Small group discussions occurred around improvements to the current Consumer Assessment of Healthcare Providers and Systems (CAHPS) (1) sampling methodology, (2) increasing survey participation and the (3) inclusion of a CAHPS question as an incentive measure.
	• Room #1:
	  o The CAHPS doesn't include questions about health literacy, such as where you get your health information and who you trust to provide that. Including a question about those topics could be revealing.
	  o There was interest in questions that assess trust in providers, whether you were treated with respect, whether there was time to ask questions and whether your questions were answered.
	  o Patient motivation was historically seen as a good measure of where resources should go. Whether someone keeps an appointment may be due to patient resources, such as if they have access to reliable child care or transportation. Another question may be what obstacles the patient/member had getting care and achieving better health.
	  o RAE mentioned that care coordinators and providers should already be aware of these barriers and obstacles.
	  o The Medicare health outcome survey was mentioned as being more oriented to how people perceive their own health and how to improve it.
	  o One PMME member described a list of CAHPS questions that could be an incentive measure that align with the external quality review: *Getting Timely Appointments, Care, and Information; How Well Providers Communicate with Patients; Talking with You About Taking Care of Your Own Health; Helpful, Courteous, and*

	Respectful Office Staff; Saw Provider Within 15 Minutes of Appointment; Received Care from Provider Office During Evenings, Weekends, or Holidays. • Room #2: o A suggestion was made to cut the questions down by half of the total amount. Alternately, the survey could be administered in two parts so each survey is still brief. Even more than 15 questions feels like too many. o Have surveys completed in real time to allow the Department, and the Regional Accountable Entities and Managed Care Organizations to be informed about what's happening so that issues can be addressed in a timely manner. It is not wanted to have survey results received after 9 months later. o RAE suggested that most people who respond tend to be upset so the feedback may not be representative of member experience. o There was agreement with the idea of breaking the survey down into categories and sending different survey versions out. 50 questions was noted as being too many. Even over 15 questions felt like it would be too many. • Room #3: o RAE mentioned caution in tying to a performance incentive when the response rate is low and the timeliness of the data can be improved. • Room #4: o It's too long. Survey fatigue occurs. Some practices administer their own surveys. Some are pulse surveys – they're in real-time, quick, and actionable. It was mentioned to promote survey completion through social media, text, email, or even Snapchat. o Should providers be required to collect this data? One person suggested, maybe as a structural measure, meaning they would receive a financial incentive for administering the survey but not for how well they perform. o Important questions to consider for incentive are around can you access the system, are you getting the care coordination you need, and do you feel respected. No show rates are related to patients feeling disrespected so we can measure that through a CAHPS question. o Surveys can be challenging for members whose first language is not English. It was suggested to try to have a lower readability level. • Room #5: o Incentives have been tried in the past (e.g., small gift cards), but it was suggested to have different incentives for members and providers in completing surveys, such as invites to participate in stakeholder groups to offer feedback. o This group discussed the possibility of incentives for members to participate in the survey. o Could this survey sample other patients too, not just Medicaid members, to offer a point of comparison?
DK/BP/Dept	**Wrap up and next steps** • The next meeting will be scheduled for December. There will not be a November meeting. • HCPF to develop a data request for PMME members to review before submitting

Meeting Action Items

Date Added	Action No.	Owner	Description	Due Date	Date Closed
	1	HCPF	Reschedule the December meeting. Cancel the November meeting.	11.1.2020	
	2	HCPF	Develop a draft data request to share with the PMME voting members	November	
	3	HCPF/Co-Chairs	Follow up with PMME about next steps for CAHPS	November	

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