

Performance Measurement and Member Engagement
PIAC Subcommittee
Minutes

Meeting Information			
Date	Thursday, December 10, 2020	Time	2:30 – 4:00 PM
Location	Virtual attendance only	Call-in Number	+1 401-375-9395 PIN: 217 545 536#
		Webinar link	meet.google.com/euq-ivne-agt
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 primary purpose of this meeting is to: (1) Review and improve a draft CAHPS survey recommendation to PIAC and the Department; and (2) Review SFY19-20 Key Performance Indicator (KPI) data.		

Voting Members and Participants

Voting Members Present: Jill Atkinson (Community Reach Center), Bob Conkey (Health First Colorado member), Eli Boone (Colorado Health Institute), Kayla Frawley (Clayton Early Learning), Angie Goodger (CDPHE), Mindy Klownden (Colorado Behavioral Healthcare Council, proxy for Brandon Ward), Valerie Nielson (CCHN), Health First Colorado member (not named)

Voting Members Absent: Deb Barnett (Connecting Points Advisory), Gary Montrose (Young People in Recovery), 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), Marjorie Champenoy (RMHP), Dawn Claycomb (RAE 2 & RAE 4), Kim Herek (RMHP), John Mahalik (RAE 2 & 4), Agnes Markos (COA), Katie Mortenson (CCHA), Kellen Roth (COA), Melissa Schuchman (RAE 2 & RAE 4), Christina Suh (Phreesia/Children's Hospital)

Speaker(s)	Description
BP/DK	<p>Roll call and October meeting minutes approved. No abstention. An introduction was provided on the potential new members that were voted on. Ealasha Vaughner is a Health First Colorado member. Christina Suh is the Associate Medical Director and a professor at Children's Hospital Colorado. Dr. Suh is interested in becoming the next co-chair for PMME. Christina Suh was approved as a voting member and co-chair. Voting for Ealasha Vaughner will occur at a later time as she was not in attendance.</p> <p>Department updates were provided. Maileen Hamto was hired as the new Equity Diversity Inclusion Officer and will be joining the January PMME meeting. Dr. Peter Walsh was hired as the new Chief Medical Officer. Performance Pool measures were recently finalized for state fiscal year (SFY) 2020-2021. It was requested to have the Department's budget data relating to health disparity presented in the January meeting.</p>
BP/DK/LM	<p>Review SFY19-20 Key Performance Indicator (KPI) data</p> <p>KPI data on emergency department visits, behavioral health engagement, dental visits, well visits, prenatal engagement</p>



and health neighborhood from SFY2019-2020 were presented. Two full fiscal years of data are available (SFY18-19 and SFY19-20). For graphs and data, see the [PMME slides](#) used in this meeting.

- Risk Adjusted ED Visits PKPY KPI Trend
 - The data shown is the rate of emergency room (ER) utilization by all of the members in each of the Regional Accountable Entities (RAEs). The number of ER visits per 1000 members are shown. Each quarterly data point looks at an entire year or the last 12 months, which is called a look back period. The target for the next quarter is based on a baseline from SFY 2017-2018. The baseline for this year (SFY 2020-2021) has been updated to SFY 2018-2019, and it's the intention to update the baseline annually.
 - Some information was provided on the trends seen. It has been a relevant constant number with small changes. There is an increase in usage in the winter and a decrease in usage in the summer due to the flu season that occurs in the winter. ED visits were interrupted by COVID as shown by the decline in ED use. The utilization of well visits decreased over Quarter 4 as well due to COVID. The Department has preliminary data after June 2020, but due to claims run out, it won't be finalized for some time.
 - There is a report of a large data set looking at hospital records of kids with appendicitis. There's evidence that children with severe abdominal pain waited longer to receive care due to COVID.
 - Going forward, it will be interesting to look at whether trends continue to stay lower, and if members are using more of other services, like well visits for chronic conditions.
 - It was suggested to look at KPIs separately for adults and children.
 - ED visits that end in an inpatient admission are excluded.
 - CCHA discussed that they partnered with Dispatch Health and Care in Location to bring urgent care to homes in Park and Teller counties where fewer providers exist.
- Well Visits KPI Trend
 - It was requested to obtain further information on RAE5's performance since well visits increased significantly in Q3. What did Colorado Access do or what happened in their network and can others possibly replicate those efforts?
 - Improvements are being made to this KPI for the next SFY. The Department has proposed that the RAEs pay on child well visits, and to solely track adult well visits and to not tie payments to them. National HEDIS (Healthcare Effectiveness Data and Information Set) measures are being considered at for child well visits.
 - There was agreement to separate adult and pediatric measures.
 - It was also mentioned that specific subpopulations could be focused on.
 - RAEs 2 and 4 commented that well visits for men, especially the 21-35 age group, have been low.
- Dental Visits KPI Trend
 - A thought was shared that dental access is going to be problematic for a while and it was noted that some dental businesses have closed.
 - Dental, more than any other services, plummeted the most in April 2020 as there was about a 90% decrease seen. Data obtained in July 2020 showed an increase in dental visits.
 - The Centers for Medicare & Medicaid Service reported that there was nearly a 70% drop in children receiving dental services.
 - Other states are using teledentistry. Colorado has limited teledentistry currently, and mostly for emergency evaluations.



COLORADO

Department of Health Care
Policy & Financing

	<ul style="list-style-type: none"> ○ Dentists are no longer providing fluoride treatment because clinical direction (not from HCPF) changed, so that will impact the Cavity Free at 3 program. ● Behavioral Health Engagement KPI Trend <ul style="list-style-type: none"> ○ There was less of a decrease seen due to telehealth visits. Telehealth utilization was higher for behavioral health than most other services. ○ A concern was shared that the Department has presented data showing that behavioral health utilization has gone up; however, there has also been an increase in behavioral health related hospitalizations, such as psychiatric hospitalizations. This increase had started before COVID. ○ Inpatient psychiatric discharge measures have been added to the Performance Pool measures. ● Health Neighborhood <ul style="list-style-type: none"> ○ Health Neighborhood has two components: 1) the signing of care compacts between primary care providers and specialty care providers and 2) trying to find evidence in the claims data that a referral was in place between primary care and specialty care practices. The second component has been problematic as Medicaid does not require a written referral and because the “referring provider” field within referrals is not a field that is required to be completed. ○ Small changes will be occurring with the care compacts in the next year with further changes planned to be made to better capture quantitative data on access to care for members. ○ The Department plans to improve the health neighborhood measures for SFY 2022-2023. PMME will be involved. ● Prenatal KPI Time Trend <ul style="list-style-type: none"> ○ A majority of issues with this measure are data driven; however, the collection of data has improved. Changes are being made to this measure in July 2022. It has been delayed a year due to the Department’s work with a national research organization on billing practices and how to more accurately measure prenatal care. <p>KPIs have been heavily impacted by COVID, sometimes positively (ED visits) and other times negatively. There are no plans right now to adjust the KPI measures for COVID. Unearned dollars accrue to the Performance Pool measures.</p>
BP/DK	<p>Review and react to draft CAHPS survey recommendation</p> <p>The recommendation document was developed with the goal of having actionable data and greater transparency about how RAEs implement member experience data. The CAHPS is a validated survey that includes questions on member satisfaction, the quality of care received, if members feel they were respected and others.</p> <ul style="list-style-type: none"> ● An example was provided on a member experience survey used at Children’s Hospital Colorado where the results are shared with providers. They found that many patients did not understand what their providers were communicating to them and as a result, the providers were required to complete a course to better their skills on this. ● The group has brainstormed many long-term and short-term ideas to improve outreach but, what is wanted for these recommendations is to understand how the results are currently being used. <ul style="list-style-type: none"> ○ It was noted that HCPF does the surveys once a year so the data is only able to be viewed once a year. It may not be possible to view them monthly or quarterly. Additionally noted, was that a feedback loop is essential in order to have information that is accessible and useful. ● The CAHPS questions that ask whether members feel respected and listened were reviewed briefly. The group



	<p>discussed the best word to use instead of cultural competency, such as cultural humility and cultural responsiveness. It is in the RAEs' contracts to provide culturally competency training; however, it is not easy to determine if a member's particular need was met nor is there a way to track if a particular training was effective.</p> <ul style="list-style-type: none"> The next recommendation is to consider creating a public member experience and engagement dashboard. <p>It was unanimously approved to move forward with the CAHPS survey recommendation. The next step will be to take the recommendations to the Program Improvement Advisory Council (PIAC) for review and then to provide it to the Department.</p>
DK/BP/Dept	<p>Wrap up and next steps</p> <ul style="list-style-type: none"> The next meeting is scheduled for Thursday, January 28, 2021. The CAHPS survey recommendation will be submitted to PIAC. Review disaggregated behavioral health data in advance of the January meeting.

Meeting Action Items

Date Added	Action No.	Owner	Description	Due Date	Date Closed
12/21/20	1	Dept.	HCPF budget presentation in the January meeting (bumped back to February)	2.25.2021	
12/21/20	2	Dept.	Analyze disaggregated behavioral health data and share with PMME prior to the next meeting	1.22.2021	
12/21/20	3	Dept.	Submit the CAHPS recommendation to PIAC (timing TBD based on PIAC's meeting schedule)	TBD	

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Megan Comer at 303-866-2246 or megan.comer@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

