



To: Program Improvement Advisory Committee
Cc: Kiara Kuenzler and Carol Plock
From: Dr. David Keller and Bethany Pray, Esq.
Subject: Program Improvement Advisory Committee Subcommittee At A Glance

Below outlines the subcommittees of the Program Improvement Advisory Committee (PIAC) and their respective charges, objectives, leadership, and staff.

Program Improvement Advisory Committee		
Charge: To assist the Department of Health Care Policy and Financing (Department) and Regional Accountable Entities (RAEs) with the implementation and execution of the ACC and its objectives		
Performance Measurement and Member Engagement	Provider and Community Experience	Behavioral Health and Integration Strategies
<p>Charge: To assess the overall performance of and experience within the ACC by investigating strategies to ensure robust member participation in all aspects of the health care system and to provide guidance for a robust, effective, and publicly accessible performance measure set that is member and health outcomes focused and aligned with other efforts of the broader health care system.</p>	<p>Charge: To assess the experience of providers and community-based organizations (CBOs) within the ACC by identifying, prioritizing, and investigating key challenges and solutions to best support and build capacity within providers and CBOs, to foster collaboration and development of a health neighborhood between providers, CBOs, and RAEs, and to leverage their collective strengths in broader regional and state improvement work.</p>	<p>Charge: To assess behavioral health integration within the ACC by investigating the strategies by which RAEs and providers are joining behavioral and physical health at the practice and systems level.</p>
<p>Objectives:</p> <ul style="list-style-type: none"> • ACC Program Measures and Best Practices • Member Engagement and Activation • Alignment and Data Utilization • Performance Data Transparency and Utilization 	<p>Objectives:</p> <ul style="list-style-type: none"> • Health Neighborhood Development • Practice Support and Transformation • Care Coordination and Condition Management 	<p>Objectives:</p> <ul style="list-style-type: none"> • Behavioral Health Care Coordination for Corrections-involved Members • System Alignment between Crisis Services and RAEs • Other behavioral health concerns: Continuously track and monitor potential behavioral health concerns within the ACC
<p>Co-Chairs: Bethany Pray and David Keller</p>	<p>Co-Chairs: Anita Rich</p>	<p>Co-Chairs: Daniel Darting and Sue Williamson</p>
<p>Staff: Liana Major</p>	<p>Staff: Brooke Powers</p>	<p>Staff: Jeff Appleman</p>



COLORADO

Department of Health Care
Policy & Financing

Subcommittee: Performance Measurement and Member Engagement

Meetings Held:

- 5/28/2020
- 6/25/2020
- 7/23/2020 (*optional for voting members, however, there was high attendance*)

Objectives Discussed:

- Recruiting and onboarding up to 4 additional Health First Colorado members by September 2020 meeting (new total = 15 members)
- Became familiar with the basic structure of the Alternative Payment Model (APM) and provided feedback on new COVID measures for PCMPs
- Brainstormed potential solutions for adjusting or changing the prenatal engagement key performance indicator (KPI) (June 2020)
- Developing a scope of work for the subcommittee that centers member experience, advances performance measures, and aligns with Department goals (July 2020)
- Discussed inclusion of race equity lens for PMME (July 2020)

Progress Achieved:

- Provided feedback to the Department to impact January 2021 APM measure selection and COVID adjustment. The focus was on development of a qualitative telehealth measure. (May 2020).
- Subcommittee developed multiple options for revising the prenatal KPI (June 2020).
- Subcommittee agreed to onboard new voting Health First Colorado members in September and develop a portfolio of onboarding documents and processes that promotes inclusive participation (July 2020).

Barriers Encountered:

- Ensuring that the committee retains a focus on member goals and interests while engaging in the technical work of understanding and analyzing performance measurement.
- Developing an action plan for review of performance measures that accounts for lags in data analytics and uncertainty about the appropriate timing of recommendations.
- Lack of Health First Colorado member compensation on the subcommittee.

Next Steps:

- Onboard Health First Colorado voting members to increase member representation. Continue to pursue Department-wide funding to support their engagement and develop best practices for onboarding. Recruit a new co-chair for October.
- Continue to monitor and inform Key Performance Indicators and Performance Pool measures, and the prenatal measure in particular.
- Finalize a scope of work for the subcommittee through December 2020 or January 2021 with an emphasis on health equity and racial equity. (August 2020)
- Weigh in on performance related to COVID-19 as requested, including adjustments to measures.
- Take on more member engagement and experience topics, especially those that can be measured or evaluated, and share recommendations with the Department.

Recommendations

- At the Department's request for feedback to improve the prenatal KPI, PMME presented multiple options for consideration. After consultation with HCPF data analysts, measuring depression screens during the perinatal period is the most promising approach aside from revising the global billing system to better track timeliness and frequency of prenatal visits. PMME recommends that outcomes should be selected that matter most to members and that reduce health and racial disparities. RAEs could report prenatal data by race/ethnicity.