



To: Program Improvement Advisory Committee
Cc: Kiara Kuenzler
From: Dr. David Keller and Bethany Pray, Esq.
Date: 11/18/2020
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		
<p>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</p>		
<p>Performance Measurement and Member Engagement</p> <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>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>Co-Chairs: Bethany Pray and David Keller</p> <p>Staff: Liana Major</p>	<p>Provider and Community Experience</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>Objectives:</p> <ul style="list-style-type: none"> • Health Neighborhood Development • Practice Support and Transformation • Care Coordination and Condition Management <p>Co-Chairs: Joanna Martinson and Kathie Snell</p> <p>Staff: Brooke Powers</p>	<p>Behavioral Health and Integration Strategies</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"> • 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: Daniel Darting and Sue Williamson</p> <p>Staff: Matt Pfeifer</p>



COLORADO

Department of Health Care
Policy & Financing

Subcommittee: Performance Measurement and Member Engagement (PMME)

Meetings Held:

- 8/27/2020
- 9/24/2020
- 10/22/2020

Objectives Discussed:

- Scope of work for a 12-month period.
- How to collaborate with the state Member Experience Advisory Council (MEAC) and regional Member Advisory Councils (MACs) to hear from more members and to ensure alignment with member priorities raised in other venues.
- Measuring member experience and the CAHPS (Consumer Assessment of Healthcare Providers and Systems) Survey: What is it, the questions asked, how it's administered, sampling methodology, and opportunities to improve the survey and its impact to member experience.
- Disaggregating performance measures by race and ethnicity to explore health disparities.

Progress Achieved:

- PMME recruited and onboarded two new Health First Colorado members for a new total of three members (ideally, one will become a voting member in December pending approval).
- PMME selected multiple areas of focus for the next 12 months: (1) disaggregating performance measures by race and ethnicity (among other demographic variables); (2) identify ways to measure member experience that results in better outcomes (e.g., CAHPS survey); (3) how to measure and improve care coordination for members; and (4) how to measure and improve culturally competency in the system to benefit members' experiences. We are currently focused on #1 and #2.
- The subcommittee is in the process now of submitting a data request to the Department to disaggregate behavioral health data, specifically depression measures, by race, ethnicity, age, disability status, and other variables. PMME plans to explore the data in January. The intent is to replicate this analysis with other performance measures in the future and to encourage, even incentivize, reducing health disparities.
- The group discussed in detail member experience data (CAHPS survey) and brainstormed a list of ways to improve the survey such as: adding new questions (e.g., health literacy), shortening the length of the survey, different methods for improving recall bias, ways to encourage more members to take the survey (outreach, incentives, etc.), expanding the number of providers that participate, and even changing the way it's administered. Most importantly, the discussion has centered around whether CAHPS results are being used in a meaningful way by providers to improve members' health care experience.

Barriers Encountered:

- PMME gained, and then lost, a few Health First Colorado (HFC) members on the subcommittee due to personal reasons. Member participation has very positively impacted the quality of PMME conversations; in fact, it is central to PMME's success as a subcommittee. The group will need to find ways to recruit more regularly and to extend greater flexibility to HFC members.
- Now that a work plan exists, PMME is interested in more consistent submissions of recommendations to PIAC. If PIAC has expectations or guidance for PMME so that recommendations are timely, actionable, and lead to impact, the subcommittee is interested in your feedback so the group can adequately prepare.
- The group continues to face the challenge of ensuring that the committee retains a focus on member goals and interests while engaging in the technical work of understanding and

analyzing performance measurement.

Next Steps:

- Develop a recommendation on the CAHPS survey for submission to the PIAC. (December/January)
- Finalize the data request to the Department and begin exploring disaggregated data to understand what health disparities exist, why, and opportunities for intervention and improvement including data collection. (January)
- Review all four quarters of SFY19-20 Key Performance Indicator data to discuss results and the impact that COVID has had on utilization and engagement. (December)
- Engage with the state MEAC and regional MACs via the RAEs to bring greater member voice and representation to performance measure discussions and decisions.

Recommendations

- PMME does not have recommendations to present at this time. However, PMME intends to submit at least two recommendations in the upcoming months.
- One recommendation will be about how to improve the impact of the CAHPS survey. Another recommendation will center on how to reduce behavioral health disparities and ways to improve data collection to bolster future analyses. The group is open to PIAC's feedback and suggestions as they begin this data exploration process given PIAC's focus on health equity.