



**Accountable Care Collaborative
Program Improvement Advisory Committee
Meeting Minutes**

June 17, 2020 // 9:30 A.M. to 12:15 A.M.

1. Introductions

Carol Plock welcomed participants and called the meeting to order at 9:31am. The following people were in attendance:

Voting Members:

Anita Rich, Bethany Pray, Catania Jones, Carol Plock, Dale Buterbaugh, Dan Casey, Daniel Darting, David Keller, Dede de Percin, Donald Moore, Ian Engle, Joanna Martinson, Julie Reskin, Lila Cummings, Shera Matthews, Wendy Nading.

A quorum of voting members was present.

Non-Voting Members (webinar attendees only):

Aaron Hill, Amanda Jacquelin, Amy Yutzy, Andrea Loabsy, Ben Harris, Bonnie Silva, Brandon Ward, Brooke Powers, Catherine Morrissey, Christopher Garcia, Elizabeth Baskett, Jeff Appleman, Jeremy Sax, Jill Atkinson, Katie Gaffney, Kelly Marshall, Kelly McGann, Lauren Staley, Matthew Sundeen, Marjorie Greichus, Meg Taylor, Megan Comer, Mike Davis, Mindy Klowden, Morgan Anderson, Natasha Brockhaus, Nicole Konkoly, Pat Cook, Stephanie Brooks, Tammy Arnold, Tim Morton, Tina Gage, and Tina McCrory.

2. Open Comment

Ben Harris opened the floor to the public comments regarding May meeting minutes and the June agenda. The public provided no comments.

3. Minutes Approval

Carol solicited feedback regarding the May meeting minutes. Joanna Martinson motioned to approve the minutes and David Keller seconded the motion. The final [May Meeting Minutes](#) can be found online.

4. PIAC Operations and Housekeeping

On behalf of the Department of Health Care Policy and Financing (Department), Ben addressed the tragic and unjust death of George Floyd and the racial injustice Black Americans and minorities have persistently experienced within American society. He stated the Department was eager to partner with the Program Improvement Advisory Committee (PIAC) to discuss the various ways they could improve and ensure racial equity within the Accountable Care Collaborative (ACC). He solicited voting members for feedback on the topic.

Voting members offered several suggestions such as: playing a more active role in the discussions within local communities, adopting the use of a racial equity lens/tool to inform policy decisions and monitor utilization management, investigating the impact on access to specialty care, splitting performance data by race and ethnicity to identify disparities, providing racial equity trainings for

Regional Accountable Entities (RAEs) and providers (in clinical settings), identifying existing resources such as program improvement programs focused on health equity, and increasing collaboration with RAEs, governing councils, and member engagement advisory committees to continue the conversations.

The group advocated for systemic changes at the state, regional, and local level. Regarding the PIAC itself, voting members agreed to 1) review and revise the committee's strategy screens and by-laws to require a consideration of race and ethnicity, 2) develop a racial equity workgroup to provide recommendations to the Department and 3) amend the ACC Work Plan to devote an adequate amount of time to the topic.

Ben reviewed the [ACC Onboarding Work Plan](#), announced that the committee would forgo a summer recess and host an optional July meeting for a special session to discuss the impact of COVID-19 on particular communities. He also reminded the group that October would serve as final meeting for the six voting members scheduled to term out and the first meeting for the newly appointed voting members.

He asked the group to review the [ACC Operational Dashboard](#) offline, reminded the group that the [COVID-19 Question & Answer Tracker](#) was available online, and asked members to assist with the recruitment of new voting members by sharing the [voting member application link](#) with those interested.

David Keller requested the ACC Operational Dashboard metrics be stratified by adult and children populations. Ben agreed to David's request.

5. Provider and Community Experience (PCE) Subcommittee Update

Anita Rich, Co-Chair of the Provider and Community Experience (PCE) Subcommittee, and Brooke Powers, Department liaison to the PCE subcommittee, provided the group with an [PCE Subcommittee Update](#). Anita began by reminding the group of the subcommittee's purpose and by announcing Kathie Snell of Aurora Mental Health Center would serve as PCE's Co-Chair. Despite the disruption of COVID-19, Anita explained the subcommittee was able to continue to its work on three primary objectives; examining member access to specialty care, understanding provider needs for practice transformation and exploring care coordination models and chronic disease management strategies. She stated the subcommittee was able to collaborate with the RAEs and community partners to inform the work for the access to specialty care and care coordination workgroups as well as the Department to address the affects of COVID-19 on RAEs, providers, and Medicaid members. She concluded by stating the subcommittee's goal was to help create a more cohesive medical system with improved communication to improve the experience for all. She reviewed the subcommittee's next steps, which will focus on telehealth and are outlined in the [PCE Subcommittee At a Glance](#) document, and opened the floor for feedback.

Several participants discussed the importance of acquiring specialty care data to identify geographical, racial/ethnic, socioeconomic, and age-related disparities with accessing specialty care. The group acknowledged the difficulty in locating such data and proposed using local health department data, hospital data, published Department reports, provider surveys, and condition specific data as mechanisms to help evaluate access to specialty care. Another suggestion was to collaborate with the Office of eHealth Innovation to examine the possibility of building a more comprehensive electronic



health record infrastructure to report social health information which would assist with data collection, standardization of care coordination across the state, and improve member health outcomes.

Co-Chairs of the Behavioral Health and Integration Strategies (BHIS) and Performance Measurement and Member Engagement (PMME) subcommittees offered to collaborate with PCE on aspects of care coordination and member access in the future as well.

Carol thanked Anita and the PCE subcommittee for their hard work and reminded the group that because Anita was scheduled to term out as a voting PIAC member in October, the subcommittee was actively recruiting a co-chair fulfill her vacancy in October.

6. COVID-19 and Congregate Living Facilities

Ben introduced Bonnie Silva, Director of the Office of Community Living with the Department, Julie Reiskin, Executive Director of the Colorado Cross Disability Coalition and voting PIAC member, and Ian Engle, Executive Director at NorthWest Colorado Center for Independence and PIAC voting member, to provide a [Long-Term Services and Supports Overview](#) for participants and how congregate living facilities were responding the COVID-19 pandemic.

Bonnie began by explaining that the Office of Community Living (OCL) within the Department was responsible for overseeing the programs that administer Long-Term Services and Supports (LTSS) and Home and Community Based Services (HCBS) to Medicaid members. She, Julie, and Ian recapped the history of community-based services, reviewed the types of services and programs/waivers offered by the Department, explained the benefits of HCBS to members' health outcomes and quality of life, and described the options members have for delivery methods related to those services.

Amidst the coronavirus outbreak, Bonnie explained that the Department quickly collaborated with Julie and several community partners to inform and outline policy changes needed ensure continuity of care for LTSS and HCBS members. Through that effective collaboration, the Department was able to produce over fifty operational memos, execute eighty contract amendments within the federal waivers, pass emergency rules, issue multiple executive orders, and host weekly webinars with community stakeholders to stay abreast of the community needs during the pandemic. For additional information regarding these resources, please visit the [Department's LTSS COVID-19 webpage](#) and refer to slides #34-42 of the presentation.

In conclusion, Bonnie, Julie, and Ian asked participants to discuss how the RAEs and community partners can effectively utilize these services to serve Medicaid members.

The group acknowledged the importance of fostering RAE and community partnerships to fully understand the local resources available to provide wrap around services to members. Many agreed that it was important for RAEs to understand the roles of local single-entry point (SEP) organizations, community center boards (CCB), and transition coordination agencies (TCA) when administering care coordination to members of the LTSS community.

The group asked a few questions related to barriers of care, such as: how are the RAEs informed of members' needs when identified outside of the RAE, how does an organization address a member who refuses mental health services, and how can PIAC advocate for a more user friendly health care system to help Medicaid members navigate their own health care needs.



Related to COVID-19 the group asked: if the Department had any guidance on how to help self-isolate members with cognitive disabilities, how to address the impact of postponed, non-essential medical treatments on member's health, and if any innovation related to telehealth within this community proved more effective and would be continued post pandemic. Bonnie explained that the guidance for self-isolation for members with cognitive disabilities varies differently from facility to facility and additional information can be found on the Department's [LTSS COVID-19 Response](#) webpage. Julie noted that several of the innovative changes in response to COVID-19 have worked well for LTSS and HCBS members and would hopefully be considered as methods for delivering service in the future.

Carol thanked Bonnie, Julie, and Ian for a very informational presentation and encouraged the group to consider any challenges or changes that were not discussed during the meeting for future discussions.

7. Open Comment

Ben opened the floor to the public for comments regarding the meeting. The public provided no comments.

8. Next Steps

Carol summarized the meeting and noted the following action items for PIAC:

1. Assist the Department with new voting member recruitment by sharing the [application link](#) with those interested before July 15, 2020.
2. Consider feedback about the following topics for future discussion:
 - a. Use of racial equity lens for all policy decisions made by the Department and the RAEs
 - b. Ideas (such as provider surveys) and additional data sources for improved data collection related to race, ethnicity, socioeconomic status, etc.
 - c. Proposed ideas for RAE and provider trainings related to racial equity
 - d. Concerns about recent attribution changes and provider recruitment
3. Implement a Racial Equity Workgroup.
4. Review and propose changes to the PIAC By-Laws and strategy screens, if needed.
5. Review the ACC Operational Dashboard for June 2020.

The Department was assigned the following action items:

1. Finalize May meeting minutes
2. Follow-Up email to include:
 - a. Updated LTSS Overview Presentation
 - b. Link with LTSS resources
 - c. Link to CCDC's racial equity tool

The meeting was adjourned at 12:15pm.

