COLORADO
Department of Health Care Policy & Financing

Accountable Care Collaborative
Program Improvement Advisory Committee (PIAC)
Meeting Minutes

August 19, 2020 // 9:30 A.M. to 12:15 A.M.

1. Introductions

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

Voting Members:
Anita Rich, Arnold Salazar, Bethany Pray, Catania Jones, Carol Plock, Dale Buterbaugh, Dan Casey, Daniel Darting, Dede de Percin, Donald Moore, Ian Engle, Joanna Martinson, Julie Reskin, Kiara Kuenzler, Lila Cummings, Shera Matthews, Wendy Nading.

A quorum of voting members was present.

Non-Voting Members (webinar attendees only):
Amy Ferris, Amy Yutzy, Alana Ketchel, Andrea Loasby, Ash Phi, Barbara McConnell, Ben Harris, Brandi Griffith, Brooke Powers, Carolyn Green, Cathy Michopoulos, Elizabeth Freudenthal, Hanna Thomas, India Hilty, Jeff Appleman, Jeffery Eggert, Jeremey Sax, Jo Anne Doherty, Kalyn Horst, Kari Snelson, Kathie Snell, Kelly Marshall, Kevin Wilson, Lauren Staley, Liana Major, Marjorie Greichus, Marjorie Champenoy, Marty Janssen, Matthew Pfeifer, Matthew Sundeen, Meg Taylor, Megan Comer, Mike Davis, Mindy Klowden, Morgan Anderson, Moses Gur, Nicole Konkoly, Natasha Brockhaus, Pat Cook, Phyllis Albritton, Ryan Larson, Sara Lambie, Stephanie Brooks, Steven Johnson, Tammy Arnold, Tim Morton, and Tina McCrory.

2. Open Comment

Ben Harris opened the floor to the public for comments related to June Meeting Minutes and August agenda topics. The public provided no comments.

3. Minutes Approval

Carol Plock solicitated a motion to approve the June Meeting Minutes. Julie Reiskin motioned to approve, Joanna Martinson seconded the motion. The quorum approved the final June Meeting Minutes. Arnold Salazar and Kiara Kuenzler abstained from voting.

4. PIAC Operations and Housekeeping

Ben reviewed the Accountable Care Collaborative (ACC) Work Plan and outlined upcoming agenda topics.

He also reviewed the revised PIAC Application Process Memo which provided an overview of the application process, a timeline of selection process, characteristics of the finalists, and the onboarding process for new voting members.

Ben shared the ACC Operational Dashboard with the group and stated the Department would provide additional performance data in the upcoming months. The group asked for clarification on the difference between the "ACC Total" and "Department Total" values and if the Department could separate the enrollment data by enrollment dates to determine which members were new to Medicaid and which members remained on Medicaid due to the emergency rule. Ben answered that not all Health First Colorado members are eligible for the ACC and there was a small subset of the Health First Colorado population who were not enrolled into the ACC, which accounted for the variance. He agreed to follow up to determine if it was possible to include the breakdown of enrollment dates to assess new members.

Voting members asked if the application process Ben referred to in the memo was applicable to the RAE and professional society appointees or just the Department appointees and if the new voting members will have any overlap with the members terming out in October. Ben explained that the application memo process only applied to the Department appointed members but encouraged the RAEs and professional societies to consider reviewing their voting members to ensure inclusion and continued diversity as well. He referenced "Onboarding Process" section of the memo and stated the Department planned to overlap voting members in September and October, encouraged a mentorship system, and intended to host a workshops and retreats to properly onboard the new voting members.

5. PIAC and Racial Equity

Ben invited the PIAC Racial Equity Task Force (Task Force) to present its Racial Equality Recommendations to PIAC. Lila Cummings began the conversation introducing the members of the Task Force: Bethany Pray, David Keller, Donald Moore, Dede de Percin, and Julie Reiskin. She acknowledged that the task force was not racially diverse itself but noted the importance of inclusion and explained that the group wanted to solicit feedback from the more diverse PIAC regarding its recommendations.

Lila explained that the Task Force developed three major pillars to initiate its work: 1) creation of an equity framework to outline and define work products, 2) development of equity resources to support Regional Accountable Entities (RAEs), providers, and community organizations, and 3) formation of equity accountability measures.

Bethany and Lila asked the group if this was the right approach for addressing the topic, what would work, what was missing, and how should PIAC prioritize and operationalize the work moving forward.

Several voting members agreed that there were larger barriers impeding the work of ethnic and racial diversity and inclusion, such as the lack of racial and ethnic diversity amongst leadership within the healthcare system of Colorado, that exceeded PIAC's scope of work. Some members feared any efforts produced by the Task Force would remain ineffective until the larger, systemic issues were addressed. Voting members also noted that the absence of data stratified by race and ethnicity to inform the work prevented a challenge to identifying health disparities and outcomes and advocated for the Department to analyze the data accordingly. The group discussed the return on investment on this topic, questioned the overall impact the work of the Task Force would have on such a robust issue, and debated if PIAC should prioritize the work at all.

Several voting members agreed there were avenues in which PIAC could make an impact as it related to the ACC and suggested take no action would negate responsibility on the issue. Voting members

brainstormed and posed several ideas, including: increasing diversity within the PIAC and its subcommittees, modifying its by-laws to include a stronger equity lens, providing recommendations on how to revise or create performance metrics around health disparities, and by requesting the Department aggregate data by race and ethnicity to assess and identify needs and inequalities amongst different populations. The group suggested the Task Force keep to its scope of work focused on PIAC and the ACC and use its platform make recommendations to the Department which would extend to the RAEs and community partners. It was proposed that the Task Force outline the effective steps needed to produce the outcomes which would make the largest impact to racial and ethnic equity in the healthcare system. The group requested additional support from the Department to help inform and align the work of the Task Force with Department initiatives to make as much progress as possible.

Ben explained that the Department understands the value in separating the data by race and ethnicity and noted PIAC would see an example of this work with the Department of Corrections data scheduled to be presented during the September PIAC meeting. He added that it would take the Department some time to separate its data accordingly but acknowledged the value that stratified data would bring to the conversation. He also stated the Department had recently launched its own efforts related to racial equity and agreed to have Department staff work with the Task Force to ensure continuity with the Department initiatives. Lastly, Ben agreed to re-open the voting member application process as an effort to recruit additional diversity into PIAC. He solicited any individual recommendations from voting members be emailed to by Wednesday, August 26th.

The Task Force and the Department agreed to meet after the meeting to discuss if PIAC would engage and prioritize this work or if the efforts were outside the scope of the committee. The group agreed to revisit the topic with next steps during the September meeting.

6. Performance Measurement and Member Engagement (PMME) Sub-committee Udpate

Carol introduced Bethany Pray, PMME Co-Chair, to present a PMME Update regarding the subcommittee's recent work.

Bethany reminded voting members that PMME provided feedback to PIAC in May 2020 regarding an Alternative Payment Model (APM) measure related to COVID-19. She explained that the focus was on the development of a qualitative telehealth measure designed to reward primary care practices for improved quality of care. The subcommittee also examined the types of services which benefited from telehealth and the positive or negative impact on Health First Colorado members.

The subcommittee also studied options for improving the Department's prenatal KPI measure to more accurately assess timeliness and frequency of prenatal care. She explained that the subcommittee found challenges around prenatal bundled billing, identified additional screenings and services that if included, could improve health outcomes, recognized racial disparities amongst infant and maternal mortality rates, and discussed how an improved prenatal KPI measure could address these challenges. The subcommittee recommended the Department consider outcomes that matter most to members, report data by race and ethnicity when possible, and include a measurement of depression screens during a member's perinatal period to improve the prenatal KPI measure. More information can be found in the PIAC At a Glance document.

Liana Major, Department liaison to the PMME subcommittee, initiated a conversation on the Department's response to the COVID-19 pandemic. She explained that the Department wanted to ensure member outreach and access to care was still a priority, especially for high risk members, while simultaneously ensuring the provider networks were receiving the resources needed to support members, very early into the start of the pandemic. To do this, the Department, with the help of PMME, developed a COVID performance pool measure with two parts to provide financial relief to the RAEs and primary care providers who were able to successfully support members' needs. Part 1 of the deliverable included an overarching, strategic plan on how the RAEs would approach the pandemic and outreach its region's high-risk members, while Part 2 of the deliverable was a report summarizing implementation of plan. Liana explained that for RAEs to receive the incentive payment tied to this measure, they had to outreach 100% of all high-risk members, engage in bi-directional communication with at least 25% of the high-risk members, and distribute 100% of the payment to providers within their regions.

The Department invited Rocky Mountain Health Plans (RAE 1), Health Colorado, Inc. (RAE 4) and Colorado Community Health Alliance (CCHA) to share their COVID efforts and experiences with PIAC. The group asked the RAEs the following three questions: 1) how have the RAEs measurably improved the connections between members and providers during the early months of the pandemic, 2) can the RAEs explain the initiatives used to support providers, including behavioral health providers, as they adapted to the pandemic, and 3) what have the RAEs done to address health disparities that disproportionately impact populations that are at a higher risk of exposure to COVID, such as communities of color, those without stable hosing, and members living within facilities.

To ensure members and provider connections, RAEs responded that connections were primarily accomplished through targeted outreach campaigns to members (text, telephonic, and live calls) to discuss how to access physical and behavioral services, as well as social resources, such as food and housing. RAEs also engaged community partners (hospitals, schools, etc.) and their provider networks to ensure all were educated, informed, and up to date with the changes in Medicaid services, specifically those around the Department's telemedicine policies. RAEs also emphasized the importance of sharing high-risk member data with primary care physicians to help accomplish member engagement as well.

RAEs highlighted several mechanisms used to support providers throughout the pandemic such as offering technical assistance and consultations, providing technology (such as iPads) to practices, hosting provider meetings and townhalls, issuing billing guidance, sharing telehealth policies and procedures, using social media as a communication platform, and by supplying financial assistance (through the RAEs themselves, small business loans, etc.). Some of the RAEs gathered information through provider through surveys to help assess provider needs and required resources as we
To address health disparities, the RAEs stratified and focused on the most vulnerable populations within their regions (housing instable members, members experience interpersonal violence, members living in congregate settings, complex youth, justice involved members, etc.) whose needs were identified through member health surveys and provider screenings. Most RAEs offered housing assistance (application assistance, vouchers, respite care, etc.) to members in need, conducted provider trainings related to interpersonal violence, promoted telehealth services to congregate living facilities, ensured swift care coordination for members exiting the justice system, assisted families and community partners with complex youth cases, outreached community partners like the Single Entry Point (SEP) and Community Center Boards (CCBs) to co-manage care plans for members enrolled in

Long Term Services and Supports (LTSS) waivers, created new data sharing agreements with community partners, and utilized community investment programs to help fund local programs and organizations.

Carol opened the floor to voting members for questions and comments regarding the COVID discussion. The group asked how RAEs were supporting community partners throughout the pandemic (not just primary care and behavioral health providers), how incentive dollar distribution to providers was structured, and if the RAEs saw any increases in revenue due to decreased utilization of services like some of the larger insurance companies experienced. Liana explained that RAEs were given the flexibility to create distribution strategies for earned incentive payments but required to redistribute 100% of the earnings. The Department would see this and any changes in revenue represented in RAE financial reporting. Amy Yutzy with CCHA added that utilization saw a small decline at the start of the pandemic, but that behavioral utilization increased due to telehealth services and that physical health utilization steady claimed back to baseline. She also noted that CCHA acknowledged the importance of supporting community partners to not only outreach members but to ensure continuity of care. She stated that CCHA offered financial assistance through community reinvestment programs, early incentive and performance payouts, and by connecting partners to small business loan opportunities when available as well.

Carol solicited feedback from the group about how the Department could improve its response and prepare for a second wave of COVID given what the group has learned today. Members of PIAC emphasized the need for data sharing agreements with community partners (such as homeless shelters) to better connect Medicaid members to social resources, advocated for revised risk measures using claims data to improve identification of COVID at-risk populations, questioned how the Department should evaluate RAE performance (KPIs) given the barriers posed by COVID, encouraged the Department to consider how risk-mitigation strategies can further marginalize access to services for certain populations, and acknowledged the great demand of personal protective equipment now and in the future.

Carol thanked the RAEs and participants for their feedback.

7. Open Comment

Ben opened the floor to the public for comments related to the meeting.

Randi Addington acknowledged the diverse leadership of RAE 4 and its partnerships and engagement efforts around racial and inclusion issues. She advocated for PIAC and its Racial Equity Task Force to bring the voice of people of color and ethnic backgrounds into the workgroup and offered to participate in the workgroup if appropriate.

Mindy Klowden announced that Colorado Behavioral Healthcare Council has been advocating with its national partners to the Department of Health and Human Services (HHS) to provide states with a relief package to behavioral health providers based on the billions of dollars lost due to decreased utilization and expenditure increases and welcomed any additional support on the initiative.

Kari Snelson suggested a roadmap of COVID-related contacts and state partners would be helpful to the RAEs and its community partners. She acknowledged the time-consuming challenge of connecting

with resources and staff members at state and local organizations during the first wave of COVID and proposed a list or chart with helpful resources would be most beneficial during a second wave.

Ben thanked participants for their comments.

8. Next Steps

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

1. Revisit the racial equity and inclusion conversation with the Racial Equity Task Force;
    a. Consider feedback received during the meeting
    b. Consider composition of the workgroup
        i. Include Department staff
        ii. Consider including non-voting members
    c. Decide next steps, determine to move forward or not, if so, the best methods to making change
2. Voting members send potential candidates to Ben by the end of the week;
3. PMME to send Department formal recommendations to be finalized for PIAC approval; and
4. Review the ACC Operational Dashboard for August 2020.

The Department was assigned the following action items:

1. Extend the voting member application process to referred applicants
2. Provide PIAC with feedback from Colorado Access and Northeast Health Partners on their efforts related to COVID-19

The meeting was adjourned at 12:15pm.