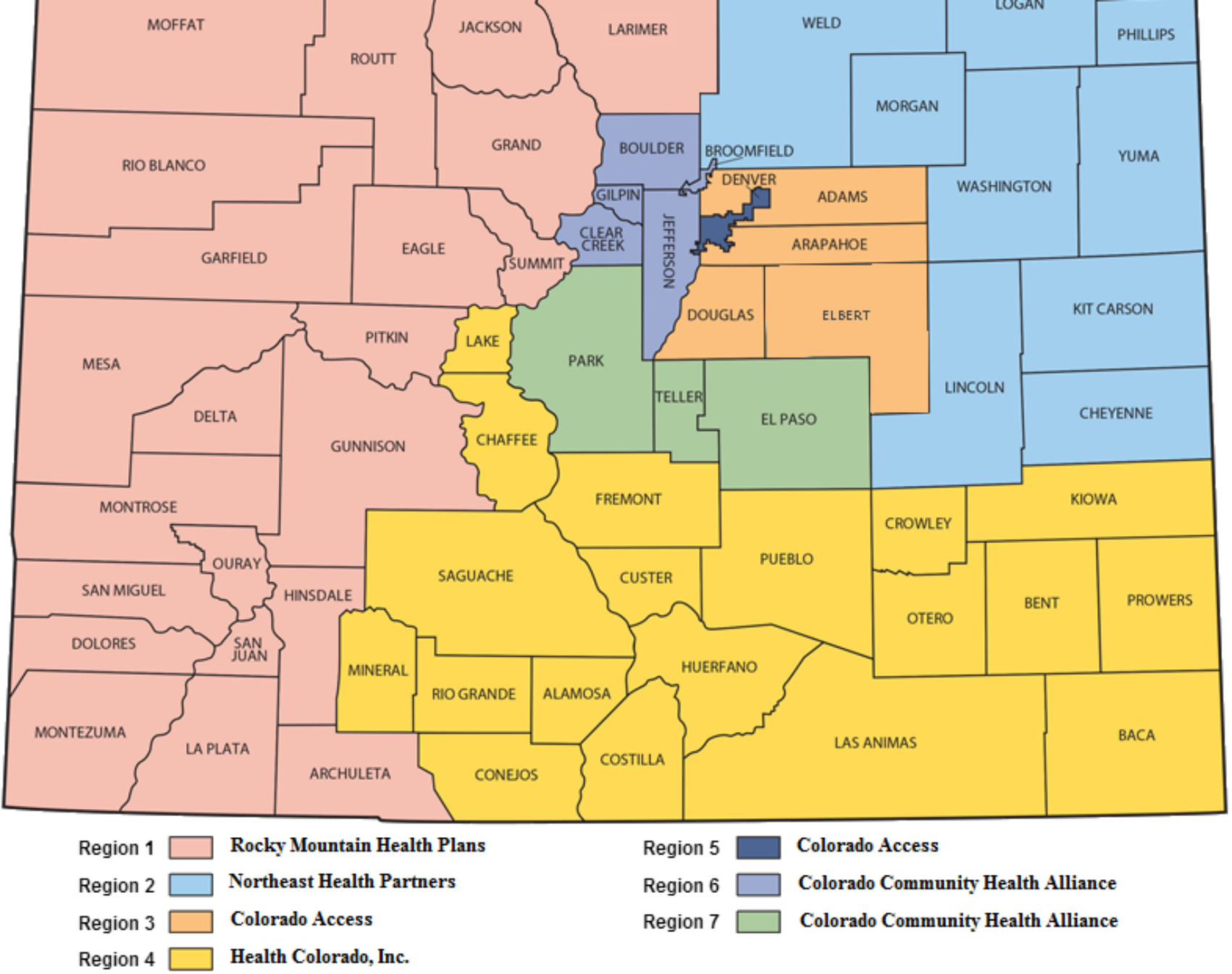
Regional Accountable Entity (RAE) Regions 1 and 4

WHO WE SERVE



Region 1 — Rocky Mountain Health Plans
Region 2 — Northeast Health Partners
Region 3 — Colorado Access
Region 4 — Health Colorado, Inc.
Region 5 — Colorado Access
Region 6 — Colorado Community Health Alliance
Region 7 — Colorado Community Health Alliance

Regional PIAC

PURPOSE: Program Improvement Advisory Committee (PIAC) is a forum for members, family members, agencies, providers and a variety of other regional stakeholders to further their understanding of the Regional Accountable Entity (RAE) and to guide and inform Program administration, including the following areas:

- Performance
- Population health
- Program development
- Quality of care and service
- Committee members are responsible to communicate member, family and community needs, including the resources and supports necessary to improve population health across the region.

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RAE 1 Regional PIAC

- RMHP's Regional Program Improvement Advisory Committee (PIAC) provides a structure for diverse community involvement and a place where Members and their family or caregivers can provide feedback in a safe environment. This helps us to continually improve the services that we provide as the Regional Accountable Entity (RAE).
- The committee has a formal, documented membership and governance structure. Voting members meet quarterly in between the public meetings to help plan agendas for upcoming meetings and advise RMHP on how the committee is doing in meeting its goals.
- PIAC meetings are held on a quarterly basis and are open to the public.
- The goals are to:
  - Strengthen relationships across the region
  - Share information and feedback
  - Collaboratively develop solutions to critical health issues
  - Prioritize our work as the RAE

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Challenges:

- Solidifying the role of voting members and maximizing their participation on the committee.
- Building stronger intersections/connections between the Member Advisory Councils (MACs), Regional PIAC and State PIAC. Instead of simply sharing updates from each committee, how can we bring actionable information so that each respective committee can contribute to finding solutions?

Successes:

- Strong participation from many diverse stakeholders and great interactive discussions about important topics.
- Engaging presentations from subject matter experts on topics including Familia Adelante, Colorado Native American Culture/Diversity, Effective Communication for the Deaf, and Intersections of Blindness and Low Vision and the Current Healthcare Environment.

Member Advisory Committee

Both regions host Member Advisory Committees. Feedback from these committees is reported to respective regional PIAC.

RMHP Member Advisory Councils

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Charter: Member Advisory Council (MAC) members have involvement in higher level program and policy work and act as the eyes and ears for RMHP regarding the Member perspective. The council also shares information within their respective communities.

Structure: RMHP has two Member Advisory Councils, one representing Western Colorado and one representing Larimer County as well as Larimer County and Western Colorado Bridging Communications groups, which are working to improve communication between the Deaf, DeafBlind, Hard of Hearing and hearing communities.

Top Priority/Overall Goal: Making the system user-friendly

Examples of activities aligned with this goal:

- Panels / open discussions with legislators and providers
- Holding one of our meetings on the Ute Mountain Ute reservation in Towaoc and participating in the Ute Mountain Ute Health Fair to provide information about the RAE and how to get involved in the MAC
- Bridging Communications groups were instrumental in the creation of Rural Auxiliary Services (RAS), formerly called the Rural Interpreting Services Project (RISP) Pilot, which provides:
    - American Sign Language (ASL)/English interpreting services for rural Coloradans at no cost to the provider or the deaf consumer, and
    - ASL/English interpreter training opportunities for those who are willing to take work in rural areas of the State

Member Experience Advisory Committee

MEAC is a “members only” meeting for people who are part of Health Colorado.

Meetings are quarterly with an average of seven Members in attendance

We promote meetings during meetings with Departments of Health and Social Services, care coordination meetings, personal invitations, social media sites, websites, and regional PIAC meeting

Members receive $25 gift card for attending

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MEAC-Goals

Listen to member's experience of their health care – open-ended discussion questions to start each meeting (ice-breakers) and discuss solutions to make health care better

Material review to ensure that all member-facing material adheres to plain language and health literacy language. Team members review materials, websites, social media sites, etc to provide their feedback

Challenge: HCI members are spread out across 30,241 square miles and 19 counties. This makes it difficult to ensure that we are hearing the voice of members living in rural and frontier regions.

Success: Using ZOOM technology to make MEAC meetings more accessible to the rural and frontier counties. MEAC members working together to generate a clear plan to increase membership. Plan includes having peer specialists at key sites throughout the region to host local monthly MAC meetings and have those who attend those monthly meetings participate in HCI's quarterly meetings.

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Breakout Rooms

- PIAC members will now be split into two breakout rooms
- Each room will have 10 minutes to discuss two questions and identify spokesperson to report back to group

Breakout Room #1

How would you identify and incentivize Member participation in regional PIAC/MEAC to ensure that all voices and perspectives are heard?

How can we build trust/effectively outreach underserved and underrepresented populations?

How do you engage people that do not have access to the internet or transportation?

Breakout Room #2

What would you do differently to engage Members living in rural and frontier counties compared to urban counties?

How do you know that all voices are represented?

How do you engage people that do not have access to the internet or transportation?

Plan B - Breakout questions

How would you identify and incentivize Member participation in regional MEAC to ensure that all voices and perspectives are heard?

What would you do differently to engage Members living in rural and frontier counties compared to urban counties?

How do you know that all voices are represented?

How can we build trust/effectively outreach underserved and underrepresented populations?

How do you engage people that do not have access to the internet or transportation?