



Meeting Minutes Accountable Care Collaborative Provider and Community Experience (P&CE) Subcommittee

August 13, 2020

1. Introductions

Kathie Snell, P&CE Co-Chair, called the meeting to order at 8:01am. The following people were in attendance:

P&CE Voting members: Anita Rich (P&CE Co-Chair), Kathie Snell (P&CE Co-Chair), Michelle Hoy (Mindsprings Health), Pat Cook (CGS), Cathryn Griffith (family member of Health First Colorado member), Andrea Loasby (Children's Hospital), Shera Matthews (Doctors Care) and Gail Nehls (Envida). A quorum was established.

Non-Voting Members: Dede de Percin, Alyssa Rose, Alma Mejorado, Amy Feris, Anne Saumur, Brooke Powers, Carlos Madrid, Carolyn Green, Catherine Morrissey, Christina Yebuah, Devin Miller, Diane Seifert, Donald Moore, Eliana Navarro, Heather Logan, Jared Bateman, Jill Atkinson, Jo English, Joanna Martinson, Julia Duffer, Katie Mortenson, Keri Gottlieb, Kodio Akakpo, Lauren Showers, Lauren Staley, Lindsey Carnick, Mary Beckner, Mary Beckner, Matt Thompson, Matthew Pfeifer, Nikole Mateyka, Pamela Treloar, Phyllis Albritton, Sara Leahy, Stephanie Brooks, Tammy Arnold and Tim Morton.

2. P&CE Follow Up Items

Kathie solicited approval of the [July Meeting Minutes](#), which were approved without revisions or abstentions.

Brooke Powers, Health Care Policy and Financing (HCPF/the Dept.) P&CE Liaison, reminded attendees that P&CE was still recruiting for two voting members.

- P&CE would like a representative from the oral health community and/or a specialty care representative but clarified anyone interested in applying for the vacancies was permitted to apply.
- Anyone interested in becoming a voting member, email Brooke directly at brooke.powers@state.co.us.

Brooke and Kathie reminded the group that HCPF's Telemedicine Workgroup hosted its first meeting in July and encouraged participants to participate if interested. The purpose of the



Telemedicine Workgroup is to gather key stakeholders to discuss development, expansion, and evaluation of telemedicine practices and policies across Colorado.

- More information can be found on the [Telemedicine Workgroup](#) webpage.

3. State PIAC Update

Dede de Percin, State PIAC voting member, provided a high-level summary of the July meeting.

- The State PIAC meeting in July was an optional meeting but was highly participated.
- Focused on COVID-19 and Children and Families, COVID-19 and Behavioral Health, and the Department's FY20-21 Budget and Legislative Session.
- PIAC convened a Racial Equity Taskforce to develop an action plan to address racial and ethnic equality. The Taskforce was scheduled to present its initial plan to voting members during the August 19, 2020 meeting

4. HCPF/Colorado University School of Medicine (CUSOM) eConsults Program

Devin Miller (HCPF), Heather Logan (CUSOM) and Matt Thompson (CUSOM), presented on the [Health Care Policy and Financing and CU School of Medicine Interagency Agreement](#) work.

- HCPF partnered with CUSOM to improve access to primary and specialty care for Health First Colorado members
- Reviewed funding mechanisms:
 - CUSOM is the only eligible entity in the state to receive upper payment limit (UPL) funds
 - HCPF receives funding from Department of Higher Education and CUSOM, funds are federally matched, HCPF pays CUSOM for its services to Medicaid members
- Reviewed timeline:
 - FY19-20 was focused on specialty care access
 - 91 unique Medicaid investments across the state
 - Increase in telemedicine and eConsults due to COVID-19
 - Extension for community health outcomes (ECHO)
 - FY20-21 was scheduled to focus on specialty care, telehealth, community engagement, eConsults, extension for community health outcomes (ECHO) and evaluation and process improvement
 - Developing feedback process for improved community engagement
 - Developing action plan(s) to examine specialty care access and the role of telehealth
 - Examining telehealth expansion
- Project Core (Coordinating Optimal Referral Experiences)
 - Combined eConsult program and ECHO program
 - Enhanced referrals and eConsults
 - Goal = effective way to address referrals without an in-person visit
 - Created tools in the Electronical Medical Record (EMR) to increase collaboration between primary care physicians and specialty care providers to determine necessity of referrals for in person visits



- Produces more efficient referrals, increases access, and improves member health outcomes
 - Creates cost savings for the patient, payer, and provider
- Plans to evaluate
 - Improvements in no show rates
 - Referral completion
 - Increase in access
- Future Opportunities
 - Expand specialist access to areas outside metro areas
 - Reimburse for eConsults
 - Medicare is the only payor who pays for eConsults currently
 - Value based payment model opportunity
- Next Steps
 - EHR interoperability
 - Reimbursement strategies
 - Public and private
 - Specialist recruitment
 - Continuous Q&A
 - Expand scope of eConsults
 - Specialist to specialist

Participants asked the following questions:

- Will the Department and CUSOM share the list of 91 Medicaid investments?
 - Yes
- What is the process for additional primary care practices to participate in the CORE program?
 - Please email Matt Thompson at pmmc@cuanschutz.edu for more information
- What is the waiting time for an eConsult?
 - 2-3 business days
- Are the participating PCPs all within the University and do they serve Medicaid members?
 - Combination of university, independent, and community providers
 - Yes, most serve Medicaid members
- How was cost savings related to gas calculated for the presentation?
 - Distance from member's home to CU medical campus using IRS mileage reimbursement rate
- Does this include cost of public transportation?
 - No
- How are PCPs and specialists reimbursed for the extra time it takes for eConsults?
 - Reimbursing specialist departments with upper payment limit dollars and generating work RVU
 - In the future, if reimbursed by payers, will not use upper payment limit dollars
- How much is the UPL funding mechanism generating annually?
 - Shifts slightly year to year depending on the Long Bill
 - Federally matching 77 million dollars currently



5. Workgroup Updates

Anita asked the Care Coordination Workgroup and the Access to Specialty Workgroup to provide updates.

Vincente Cardona, Mile High Health Alliance and Workgroup Co-Chair, shared an update for the Access to Specialty Care Workgroup:

- Requested guidance from P&CE about the direction of the workgroup
- Currently focused on developing suitable and attainable goals which aid in closing the gap in specialty care access
- For any of those interested in participating in the workgroup, please email Vincente at Vicente@milehighhealthalliance.org

Joanna Martinson, Northern Colorado Health Alliance, provided an update on the Care Coordination workgroup.

- Workgroup developed a recommendation related to the transition of care (TOC) referral process for members transitioning from one Regional Accountable Entity (RAE) to another
- Reviewed the [RAE to RAE Transition of Care Referral](#) Process presentation
 - No formal, statewide TOC process
 - Can interrupt continuity of care and decrease member outcomes
 - Process is challenging for members and providers
 - Results in gaps of care
 - Workgroup developed [TOC Referral Form](#) and process
 - Identify member, find a medical home, complete the referral form, warm handoffs with care managers, close loop with RAEs, etc.
 - Considered strategy screens
 - How members would be impacted
 - How specific member populations would be impacted
 - How are providers impacted
 - How is equity advanced
 - How is integration of PH and BH addressed
 - How is care coordination assured
 - What are the cost, quality, and access implications?
 - How is success measured

Joanna invited participants to share feedback directly to her at jmartinson.alliance@nocooha.org.

Anita informed the group that P&CE would vote to formalize the recommendation at the September P&CE meeting. Next, she noted she would present the final recommendation to the State PIAC at the October meeting.

She thanked the group for their participation and concluded the meeting promptly at 9:30am.

Next meeting: September 10, 2020: 8:00-9:30am

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
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