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MEMORANDUM

To: Trevor Abeyta, Dallin Anderson, Nathan Drashner, Nicole Nyberg, Adam Schafer, Ann Marie Stein, Peter Walsh, and Jed Ziegenhagen, Colorado Department of Health Care Policy & Financing

From: Nina Bastian, Ashlie Brown, and Kimberly Phu, Colorado Health Institute

Re: 2021 Annual Stakeholder Engagement Process for the Accountable Care Collaborative Alternative Payment Model for Primary Care

Date: November 1, 2021

The Alternative Payment Model for Primary Care (APM) is part of the Colorado Department of Health Care Policy & Financing's (HCPF) efforts to shift from paying for volume to paying for value across the entire delivery system. Under the framework of the Accountable Care Collaborative, the APM contributes to promoting improved health for Health First Colorado members.

To prepare for each program year (PY) and ensure that the APM's goals are being met, HCPF engages a broad range of stakeholders annually to recommend updates to the APM. In partnership with the Colorado Health Institute (CHI), HCPF convened the APM Refresh Team in six meetings from May to September 2021 to inform this process in preparation for APM PY2022. The 2021 APM Refresh Team is a stakeholder workgroup of 23 individuals representing providers, provider associations, community organizations, and Health First Colorado members (see membership list at the end of this memorandum).

This memorandum summarizes 16 recommendations that were developed based on stakeholder input and feedback during the APM Refresh Team meetings, two public listening sessions, and requests for written feedback.

Recommendations Overview

In the final APM Refresh Team meeting, team members voted on whether they agreed with each recommendation. Results are presented in Table 1, including the number and percent who agreed out of the total number of votes received (note that not all APM Refresh Team members who were present voted on every recommendation). CHI considered the recommendation to be supported if at least two-thirds (67%) of voters agreed with the recommendation.

Table 1. Overview of Recommendations and Support

Recommendation Description		APM Refresh Team Voting Results		
Number	**Description**	**Number Agree/Total Votes**	**Percent Agree**	**Result**
1	Mandatory Measure Framework	16/16	100%	Support
2	Mandatory Measure Sets	16/16	100%	Support
3	Patient Centered Medical Home (PCMH) Recognition and Structural Measure Alignment	15/15	100%	Support
4	Measure Points Updates	14/16	88%	Support
5	Electronic Clinical Quality Measure (eCQM) Additions and Removals	12/16	75%	Support
6	Administrative Measure Additions and Removals	15/16	94%	Support
7	Structural Measure Removals	11/16	69%	Support
8	Limiting Selection of the Same Measure	14/15	93%	Support
9	Establishing a Minimum eCQM Denominator	13/14	93%	Support
10	Better Capturing Accepting New Patients	14/14	100%	Support
11	Reporting on All Eligible Patients for eCQMs	12/14	86%	Support
12	Using Performance Year 2020 As Baseline	14/16	88%	Support
13	Updating Program Materials	15/16	94%	Support
14	Addressing Racial and Ethnic Disparities	16/16	100%	Support
15	Exploring a Glide Path	16/16	100%	Support
16	Supporting Small and Rural Providers	16/16	100%	Support

Descriptions of the recommendations, stakeholder feedback, and the APM Refresh Team's decision on each recommendation are found in the subsequent sections of this memorandum and presented under the following categories:

1. **Measure Selection, Point Value, and Measure Goals –** Recommendations in this section are related to the quality measures that primary care medical providers (PCMPs) select, including how many points can be earned from each measure or the measure's goal.
2. **Measure Specification –** Recommendations in this section pertain to the measure description or how the measure is reported.
3. **Reporting, Communication, and Program Success –** Recommendations in this section are related to achieving the APM's goals, promoting health equity for patients, and ensuring PCMPs have the resources they need to succeed in the APM.
4. **Planning for APM PY2023 –** Recommendations in this section include remaining items that HCPF should explore in preparation for APM PY2023.

Measure Selection, Point Value, and Measure Goals

Recommendation #1: Mandatory Measure Framework

Description: Three of the 10 quality measures PCMPs report should be mandated, as proposed by HCPF. The measures should align with the Centers for Medicare & Medicaid Services' (CMS) Adult Core Set and Child Core Set. Roll-in measures should serve as a back-up if PCMPs are unable to report on the mandatory measures. Mandatory measures should be administrative measures to ensure there are no barriers to reporting. However, if a measure has a certified, matching electronic clinical quality measure (eCQM), it should be included in the measure set and PCMPs should be able to select their preferred version of the measure to report.

Feedback: APM Refresh Team members and public stakeholders stated that mandating measures may be burdensome to PCMPs and may lead to "check the box" attitudes and less focus on clinical care. However, stakeholders also acknowledged that mandatory measures may help align the APM with other value-based care programs and focus PCMPs on moving the needle on critical health outcomes.

APM Refresh Team Decision: HCPF should implement the recommendation as described.

Recommendation #2: Mandatory Measure Sets

Description: The pediatric and adult sets presented in Tables 2 and 3 should be the mandated measures, as proposed by HCPF. Note that the measure type "eCQM/Administrative" indicates PCMP choice in selection, if applicable. The roll-in measures, in the order listed, would serve as back-up measures in the event a PCMP is unable to report on one — or any — of the mandatory measures.

Table 2. Pediatric Measure Set

	Measure Type	Measure Description	NQF Number
Mandatory	eCQM/Administrative	Childhood Immunization Status (Combo 10)	0038
		OR	
	Administrative	Immunizations for Adolescents (Combo 2)	1407
	Administrative	Child and Adolescent Well Visits	1516
		OR	
		Well Visits in the First 30 Months of Life	1392
	eCQM/Administrative	Screening for Depression and Follow-Up Plan (Ages 12-18)	0418
Roll-in #1	Administrative	Asthma Medication Ratio (Ages 5-18)	1800
Roll-in #2	eCQM/Administrative	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	0024
Roll-in #3	eCQM/Administrative	Chlamydia Screening in Women (Ages 16-20)	0033

Table 3. Adult Measure Set

	Measure Type	Measure Description	NQF Number
Mandatory	eCQM/Administrative	Screening for Depression and Follow-Up Plan	0418
	eCQM Administrative	*If practice has a certified electronic health record (EHR):* Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (<9.0%) ***OTHERWISE*** Comprehensive Diabetes Care: HbA1C testing	0059
	eCQM Administrative	*If practice has a certified EHR:* Controlling High Blood Pressure ***OTHERWISE*** Asthma Medication Ratio	0018 1800
Roll-in #1	eCQM/Administrative	Antidepressant Medication Management	0105
Roll-in #2	eCQM/Administrative	Cervical Cancer Screening	0032
Roll-in #3	eCQM/Administrative	Chlamydia Screening in Women (Ages 20-24)	0033

Feedback: APM Refresh Team members identified diabetes, hypertension, and behavioral health as the most important issues for PCMPs to address, and both measure sets include these issues. A team member noted that data for the Screening for Depression and Follow-Up Plan measure is not available in the Colorado Data Analytics Portal (CDAP) and should not be mandated until PCMPs can access performance data. HCPF representatives noted that data will be made available.

Stakeholders also identified potential concerns with the measures that HCPF should continuously evaluate, including considering alternative asthma measures for APM PY2023; exploring ways to capture whether all Health First Colorado members are receiving care without penalizing PCMPs for being unable to reach attributed patients who meet a measure's denominator; and ensuring that PCMPs serving both adults and pediatric patients are providing high-quality care to both populations.

APM Refresh Team Decision: HCPF should implement the recommendation as described and ensure all measures have data available for PCMPs in CDAP. The measures and performance data should be reviewed annually during the stakeholder engagement process to ensure mandatory measures are aligned with HCPF and PCMP priorities and are improving outcomes for all Health First Colorado members (see Planning for APM PY2023.)

Recommendation #3: PCMH Recognition and Structural Measure Alignment

Description: The options for either earning PCMH recognition credit or reporting on structural measures should be equivalent. This should be clarified in program guidance.

Feedback: APM Refresh Team members are in support of this recommendation and no concerns were identified.

APM Refresh Team Decision: HCPF should implement the recommendation as described.

Recommendation #4: Measure Points Updates

Description: To simplify measure selection, the difference in point values should be reduced through the following structure proposed by HCPF:

- 35 points for eCQMs and administrative measures that are part of the CMS Child and Adult Core Sets or another federal requirement.
- 25 points for all other eCQMs and administrative measures.
- 10-30 points for structural measures to encourage practices to focus on clinical outcomes.

Feedback: APM Refresh Team members shared concerns that lowering point values across the APM Measure Set will make it harder for PCMPs to reach the 200 points needed to maintain their enhanced payment. PCMPs would need to earn nearly full points for at least six measures to reach the goal (six measures multiplied by a maximum point value of 35 results in a total of 210 points). Depending on measure selection, a PCMP may have to perform well on all 10 of their measures. APM Refresh Team members noted that the COVID-19 pandemic continues to have impacts on PCMPs that may make it difficult to perform well on so many measures. However, team members acknowledged that the change would promote improved quality of care. One team member suggested that the point structure should be monitored to ensure that PCMPs are not being overly penalized due to the impact of the pandemic or other external factors.

APM Refresh Team Decision: HCPF should implement the recommendation as described but should closely monitor PCMP performance and evaluate whether the point structure should be modified in Spring–Summer 2022 (see Planning for APM PY2023.)

Recommendation #5: eCQM Additions and Removals

Description: To promote alignment with the CMS Child and Adult Core Sets and other federal reporting requirements, eCQMs should be added or removed as proposed by HCPF in Table 4.

Table 4. eCQM Addition and Removals

Measure Description	Population Served	Status
Cervical Cancer Screening	Women	Add

Primary Caries Prevention Intervention as Offered by Primary Care Providers, Including Dentists	Peds	Remove
Maternal Depression Screening	Women/Peds	Remove
Diabetes: Eye Exam	Adults	Remove
Prevention Care and Screening: Tobacco Use: Screening and Cessation Intervention	Adults	Remove
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Adults	Remove
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Peds	Remove

Feedback: APM Refresh Team members raised initial concerns about removing behavioral health and diabetes care measures as these are important health measures. However, team members acknowledged that the Maternal Depression Screening measure is no longer a certified eCQM. In addition, the Refresh Team recognizes that mandating depression screenings and diabetes care measures that are aligned with the CMS Child and Adult Core Sets (see Recommendation #2) will allow HCPF to monitor for upstream indicators for these issues. An APM Refresh Team member also noted a concern that removing measures would cause the APM to become too prescriptive by limiting PCMP choice. Lastly, APM Refresh Team members and public stakeholders said the Prevention Care and Screening: Tobacco Use: Screening and Cessation Intervention measure is important, however, performance on this measure is topped out. No concerns were presented about the proposed measure addition.

APM Refresh Team Decision: HCPF should implement the recommendation as described.

Recommendation #6: Administrative Measure Additions and Removals

Description: To promote alignment with the CMS Child and Adult Core Sets and other federal reporting requirements, administrative measures should be added or removed as proposed by HCPF in Table 5.

Table 5. Administrative Measure Additions and Removals

Measure Description	Population Served	Status
Cervical Cancer Screening	Women	Add
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing	Adults	Add
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days)	Adults	Add
Follow-Up After Hospitalization for Mental Illness (7 days)	All	Add
Diabetes: Medical Attention to Nephropathy	Adults	Remove
Flu Shots	All	Remove

Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	Adults	Remove
Pharmacotherapy Management of COPD Exacerbation	Adults	Remove
Spirometry Testing for COPD	Adults	Remove
Use of Imaging in Low Back Pain	Adults	Remove

Feedback: APM Refresh Team members had initial concerns with removing diabetes care and flu shots measures. However, team members acknowledged that the Diabetes: Medical Attention to Nephropathy measure is not in the CMS Adult Core Set and measures that monitor upstream indicators for diabetes are being mandated (see Recommendation #2). Further, the flu shot measure is being removed for APM PY2022 as it is unreportable due to updated measure specifications requiring data to be collected by survey. An APM Refresh Team member also noted a concern that removing measures would cause the APM to become too prescriptive and limit PCMP choice. No concerns were presented about the proposed measure additions.

APM Refresh Team Decision: HCPF should implement the recommendation as described.

Recommendation #7: Structural Measure Removals

Description: To shift the focus of the APM to clinical and outcome-based measures, structural measures should be removed as proposed by HCPF in Table 6.

Table 6. Structural Measure Removals

Measure Description	
Quality Improvement	Screening and Follow-Up
Improvement Activities	Gaps in Care
Quality Improvement (QI) Strategy and QI Plan	Risk Stratification
Use Data Effectively	Clinical Question and Data Sharing
Empanelment	Care Compacts
Define Team	Shared Decision-Making Tools
Team Training	Assess Self-Management Support Capability
Team Meetings	Self-Management Tools
Follow-up for Missed Appointments	Implement Self-Management Support
Standing Orders	Potentially Avoidable Costs/Complications

Feedback: APM Refresh Team members were concerned with removing quality improvement and planning measures as these help PCMPs achieve intended outcomes. Another member said that COVID-19 caused PCMPs to put a hold on quality improvement

work and therefore, many of these measures may still hold value. Lastly, a member felt that too many changes and restrictions on PCMPs may create unintended consequences of PCMPs refusing to accept Health First Colorado Patients. Conversely, other APM Refresh Team members said that these measures have often become low-hanging fruit and that it is time to get PCMPs to shift their focus to clinical outcomes.

APM Refresh Team Decision: HCPF should implement the recommendation as described.

Recommendation #8: Limiting Selection of the Same Measure

Description: Several measures are in the APM Measure Set as both administrative measures and eCQMs. HCPF should limit PCMPs to selecting either the administrative measure or the equivalent eCQM where applicable.

Feedback: One APM Refresh Team member was concerned that limiting measure selection may feel restrictive to PCMPs, however, no other concerns were identified.

APM Refresh Team Decision: HCPF should implement the recommendation as described.

Measure Specification

Recommendation #9: Establishing a Minimum eCQM Denominator

Description: eCQM denominator sizes must be large enough to be reportable and auditable for CMS. A minimum required denominator threshold for reporting eCQMs would improve accuracy and ensure that PCMPs receive credit on a national stage for the work being done. However, the APM currently has a policy that rewards PCMPs for trying to report eCQMs as implementing these systems is resource intensive. Under the current policy, PCMPs can earn no less than half of the points for reporting an eCQM. To strengthen eCQM data while still providing incentives for eCQM-adoption, the point structure presented in Table 7, based on eCQM denominator size and performance, should be implemented.

Table 7. eCQM Point Structure

eCQM Denominator Size	Performance (Close the Gap)	Percent of Points Earned for Measure
0	Reporting Only	25%
1-19	Reporting Only	50%
20+	<5%	50%
	Between 5-10%	50-100%

Feedback: An APM Refresh Team member suggested that PCMPs should not receive any measure points for reporting a zero-denominator size. Another APM Refresh Team

member and public stakeholders stated that the structure may limit small practices' abilities to report eCQMs. However, stakeholders acknowledged the structure would also be beneficial by focusing PCMPs on improving measures that have a larger impact and would provide more reliable data.

APM Refresh Team Decision: HCPF should implement the recommendation as described and consider not providing credit for reporting a zero-denominator size in future program years. The structure should be continuously reviewed to improve and understand the quality improvement process moving forward (see Planning for APM PY2023.)

Recommendation #10: Better Capturing Accepting New Patients

Description: HCPF should explore standardized methods for capturing this measure to ensure PCMPs are increasing access to care. Proposed updates should be vetted during the APM PY2023 stakeholder engagement process.

Feedback: Several stakeholders expressed concern with the structural measure Accepting New Patients. In addition to questions about whether the measure has improved patient access, stakeholders also reported variation in how these data are collected by Regional Accountable Entities (RAEs). APM Refresh Team members felt the Accepting New Patients measure should be reassessed.

APM Refresh Team Decision: HCPF should implement the recommendation as described.

Recommendation #11: Reporting on All Eligible Patients for eCQMs

Description: HCPF should better communicate PCMP expectations and benefits of all-patient data through existing program materials. This includes reporting on the entire eligible patient population for eCQMs which is specified in national eCQM specifications.

Feedback: The APM Refresh Team reviewed the issue of submitting eCQMs that are all-patient data. Several members of the team suggested that reporting all-patient data improves quality improvement work by providing a view into how the practice is performing overall and not just a subset of patients. This is especially important when calculating performance, because a smaller subset of patients may cause individual patients to have an outsized effect on the results. Submitting all-patient data also reduces the administrative burden on PCMPs, because all-patient data is in alignment with other quality reporting programs, including the Merit-based Incentive Payment System (MIPS). However, a public stakeholder noted that when many patients are self-pay or uninsured, results may be skewed and urged HCPF to explore ways to support safety net practices from being penalized.

APM Refresh Team Decision: HCPF should implement the recommendation as described.

Reporting, Communication, and Program Success

Recommendation #12: Using Performance Year 2020 As Baseline

Description: Data from the 2020 performance year should serve as the baseline for the 2021 performance year. This provides PCMPs most impacted by the COVID-19 pandemic the opportunity to reap the greatest benefits by coming back strong and takes into consideration that COVID-19 is still affecting PCMPs.

Feedback: APM Refresh Team members were concerned that using 2020 performance year data may be an inequitable solution for high-performing PCMPs, but ultimately may be the best solution for all. While the data may contain numerous disruptions, there was no clear consensus on a better alternative. A member of the public noted that a special cause variation should be implemented for discussing special cases with HCPF if PCMPs have concerns or feel exceptions should be made.

APM Refresh Team Decision: HCPF should implement the recommendation as described and ensure PCMPs are able to discuss special cases with HCPF representatives.

Recommendation #13: Updating Program Materials

Description: APM program communication materials should be updated to simplify information about measure specifications, explain the point assignments, and highlight the incentives built into the program to reward provider performance. Opportunities to improve program communications may include:

- Redesigning the APM website to clearly display measure specifications and other resources,
- Simplifying measure specifications and clarifying when a measure captures a telehealth visit,
- Developing resources to help PCMPs improve on measures, and
- Updating the APM Guidebook to better explain the APM's program design and incentives, the extent to which the APM aligns with other programs, and measure point assignment.

Feedback: APM Refresh Team members are in support of this recommendation and no concerns were identified.

APM Refresh Team Decision: HCPF should implement the recommendation as described.

Recommendation #14: Addressing Racial and Ethnic Disparities

Description: HCPF should continue efforts to address racial and ethnic disparities through improved data collection, engaging members during program planning, and incentivizing PCMPs to focus on health equity. These efforts should be continuously shared with stakeholders.

Feedback: APM Refresh Team members agreed that to improve data collection, HCPF should consider where race and ethnicity data are being collected as that may affect whether a patient chooses to self-identify. Feedback loops should be created so stakeholders understand how data is being used to inform action. To better engage the targeted population during program planning, stakeholders suggested increased outreach to ensure Health First Colorado members are aware of the forums that exist for providing input. This may include increased engagement through member advisory committees, member experience surveys, and creation of true partnerships with community-based organizations and members that involve shared power and decision-making.

APM Refresh Team members also said PCMPs need to be better engaged. HCPF must create a shared understanding of the demonstrated benefits of efforts to address health disparities and acknowledge that the work takes time. Potential ideas include incentivizing implementation initiatives, such as through a structural measure, or investing in smaller practices to promote improved systems and better data collection.

APM Refresh Team Decision: HCPF should implement the recommendation as described and use the feedback received to guide efforts to address racial and ethnic disparities.

Recommendation #15: Exploring a Glide Path

Description: HCPF should explore methods for establishing a glide path for new and small or rural providers to ensure they are able to succeed in the APM and vet proposed updates with stakeholders prior to PY2023.

Feedback: Stakeholders are in support of helping PCMPs as they join the APM. A suggestion was made that the APM could be implemented in increments where payment is based on implementing core measures, reporting, and then performance. Other suggestions include understanding how PCMPs can be prepared for changes that occur each year.

APM Refresh Team Decision: HCPF should implement the recommendation as described.

Recommendation #16: Supporting Small and Rural Providers

Description: HCPF should explore ways small and rural practices can be supported to improve their electronic health records and reporting through financial or technical assistance.

Feedback: Many APM Refresh Team members felt strongly that small and rural providers need additional support. This may include mechanisms to assist practices with eCQM reporting. One stakeholder suggested working closely with RAEs so that quality dollars can better support positive quality outcomes.

APM Refresh Team Decision: HCPF should implement the recommendation as described. This could include further research into how small and rural practices can be best supported and might result in recommendations to other entities with responsibilities or resources outside of HCPF's purview.

Planning for APM PY2023

Recommendations implemented for APM PY2022 should be monitored and evaluated to ensure the changes are promoting improved care for Health First Colorado members and are not causing unintended consequences or penalizing PCMPs inappropriately. Stakeholders should also be updated on the progress of recommendations that require ongoing development.

Several ideas were raised that should be considered for APM PY2023. These are summarized below:

- **Review Performance Data with Stakeholders –** HCPF should devote one APM Refresh Team meeting during the APM PY2023 stakeholder engagement process to reviewing performance data. This includes providing stakeholders with data on performance of mandatory measures and using performance year 2020 data as the baseline, as well as impacts of the updated measure points structure and minimum eCQM denominator size.
    - **Modify Measure Selection, Points, and Specifications –** Based on the performance data, HCPF should modify the mandatory measures, measure points structure, and minimum eCQM denominator size and point structure, if necessary, for APM PY2023. This includes potentially updating the eCQM denominator point structure to award no points for reporting a zero-denominator.
- **Identify a Social Determinants of Health Measure –** HCPF should explore measures related to social needs and consider adopting a measure to be implemented for APM PY2023. This may include tracking social determinants of health screenings or referrals to public benefits. Stakeholders noted the following ideas that should be further researched:

  - HCPF's Hospital Transformation Program's SW-CP1 - Social needs screening and notification measure
  - Use of Quality Health Network's Community Resource Network and other platforms for referring to public benefits, including but not limited to: Unite Us, Aunt Bertha, 211 Colorado, and others
  - Use of the CMS Accountable Health Communities Health-Related Social Needs Screening Tool
- **Explore Ways to Capture Care for All Attributed Patients –** HCPF should explore ways to ensure all Health First Colorado members are reached and receiving care.
- **Review the Structural Measure Cap –** HCPF should review the structural measure cap and determine if the 180-point maximum should be modified for future program years.
- **Update Stakeholders on Progress –** HCPF should update stakeholders on the following recommendations and vet proposed updates if necessary:
  - Recommendation #10 – Better Capturing Accepting New Patients
  - Recommendation #14 – Addressing Racial and Ethnic Disparities
  - Recommendation #15 – Exploring a Glide Path
  - Recommendation #16 – Supporting Small and Rural Providers

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APM Refresh Team Members

Name	Title	Organization	Stakeholder Type
Mindy Craig	Director of Quality Improvement	Colorado Children's Healthcare Access Program (CCHAP)	Community or Advocacy Group
Toni Baruti	Board Chair	The Center for African American Health	Community or Advocacy Group
Christina Yebuah	Health Research and Policy Analyst	Colorado Center on Law and Policy	Community or Advocacy Group
Samantha Fields	Health First Colorado Member		Health First Colorado Member
Francesca Maes	Health First Colorado Member		Health First Colorado Member
Lauren Hughes, MD, MPH, MsC, FAAFP	State Policy Director and Primary Care Provider	Farley Health Policy Center/FQHC	Community or Advocacy Group/PCMP – FQHC
Chris Linares, MD	Board Member and Physician	Colorado Medical Society; Lone Tree Family Practice	Provider Association/PCMP
Jania Arnoldi, PhD, MBA	President/CEO	Valley-Wide Health Systems	PCMP – FQHC
Jill Atkinson	Director of Population Health and Integrated Care	Mountainland Pediatrics / Community Reach Center	PCMP
Jodie Blankenship	Medical Assistant / Team Leader of Patient Clinics	Animas Internal Medicine	PCMP
Stephanie Campbell, RN, BSN, MSN	Director of Nursing	STRIDE Community Health Center	PCMP – FQHC
Chad Hess, PA-C	Associate Medical Director	Pueblo Community Health Center	PCMP – FQHC
Julie Horibe	Management Analyst	Pediatric Care Network / Children's Hospital Colorado	PCMP
Lisa Kirsch	Senior Population Health Program Coordinator	Centura Health	PCMP
Cassana Littler, MD	Pediatrician	Western Colorado Pediatric Associates	PCMP
Vickie Schauster	Executive Director of Clinic Operations	Delta Health Clinics	PCMP
Phyllis Albritton	Managing Consultant	Colorado Safety Net Collaborative	Provider Association
Jill McFadden	Director of Systems Integration	Front Range Health Partners / Foothills Health Solutions	Provider Association
Valerie Nielsen	Quality Initiatives Project Manager	Colorado Community Health Network (CCHN)	Provider Association
Sarah Bennett	Practice Transformation Coach	Colorado Community Health Alliance (CCHA)	RAE Region 6
Barbara Bishop	Quality Improvement Advisor	Rocky Mountain Health Plans	RAE Region 1
Kathryn Burch	Practice Facilitator	Colorado Access	RAE Regions 3/5
Nate Koller	Practice Transformation Coach	Beacon Health Options	RAE Regions 2/4