

# ACC Member Meeting Key Themes

## (2/29/2024)

This meeting began with a brief overview of the Accountable Care Collaborative (ACC) and clarifying questions. The slides used for this overview are posted on the [ACC Stakeholder Engagement website](#).

After this introduction, meeting attendees participated in discussion in small breakout rooms. Breakout sessions focused on three topics: communications, access to care, and care coordination. Key themes and suggestions from each breakout are summarized.

### Communications Breakouts

#### Part 1:

*The group was asked about their experiences receiving communications from the RAEs and how communications from the RAEs could be improved.*

#### Key Themes & Suggestions:

- Participants suggested that the RAEs provide advance notice and clear communication to individuals since scams and spam calls happen daily to individuals. Ideas included sending a letter with the phone number in advance, having all phone calls come from one centralized number, and/or using a password to verify when speaking to someone from the RAE.
- Many members expressed some confusion about knowing who and what the RAEs are and shared that peers struggle with this as well. Some noted that this confusion comes from inconsistent use of terms (like using RAE and regional organization interchangeably), and they suggested that HCPF choose one term for RAEs and use that term consistently for all stakeholders.
- Members suggested that their RAE be listed more prominently on the main page of the Health First Colorado app, so members can more easily find their RAE and their RAE contact information.

## **Part 2**

*The group was asked about their experiences finding information or assistance and how they would like to find information about Health First Colorado.*

### **Key Themes & Suggestions:**

- Participants encouraged the use of communication in multiple formats to ensure more members receive RAE communications. They suggested duplicating information in welcome packets, handbooks, and both the RAE and Health First Colorado websites. They also wanted access to clearly identified phone numbers to call and QR codes to scan to find more information.
- Participants noted that it would be helpful to have a more structured enrollment and onboarding process that is consistent across RAEs.
- Participants brought up accountability and credibility as an important part of RAEs' work in communicating to build trust with members. They suggested that mandatory member advisory councils could help improve this trust.

## **Access to Care Breakouts**

### **Part 1**

*The group was asked how they would like to find providers more easily, either through their RAE or other resources.*

### **Key Themes & Suggestions:**

- Participants shared experiences of when their RAEs have been proactive and helpful in trying to support members, but also shared they often run into barriers of availability and access for specific needs and specialty care.
- Members expressed frustration with the lack of providers (both behavioral and physical) who have experience and knowledge of chronic health issues and disabilities when trying to find a provider.
- Participants felt that communication between community-based organizations, health care providers, and the RAEs needs to significantly improve to make navigation easier.
- Participants suggested using technology and websites to communicate types of providers available in the area and to make sure to include wait times and if a provider is accepting new patients.

## **Part 2**

*The group was asked about their experiences and suggestions related to support for referrals for social needs, including food, housing, and/or transportation.*

### **Key Themes & Suggestions:**

- Participants encouraged more intentionally including health-related social needs in RAE requirements, so care coordinators understand the specific needs of the members and can match members appropriately with a community-based organization.
- Participants discussed the need for follow-through with clients to understand if they were successful in obtaining a specific referral and suggested that the RAEs have performance measures related to this.
- In addition to food, housing, and transportation, participants also suggested that other non-traditional types of health care be considered as well (equine therapy, acupuncture, social skills training, etc.).

## **Care Coordination Breakouts**

*The group was asked about their experiences about receiving care coordination and how it could be made easier. The same question was asked during each round of breakouts.*

### **Key Themes & Suggestions:**

- Participants shared many negative experiences with their RAEs to date and suggested that there should be better processes to ensure accountability for care coordination and proper expertise for care coordinators.
- Participants reported that coordination between care coordinators and across different RAEs continues to be a challenge, because each coordinator has different information, and individuals do not communicate well with each other.
- Participants suggested a better system for giving feedback because the current grievance process does not make them feel heard.
- Participants supported the idea of a central hub that created standards for care coordination across the RAEs.