



**COLORADO**

Department of Health Care  
Policy & Financing

## **MINUTES OF THE WEBEX INTEGRATED QUALITY IMPROVEMENT COMMITTEE (IQuIC) MEETING**

September 10, 2020 9:00 am to 12:30 pm

### **1. Call to Order**

The Contractor shall have its Quality Improvement Director participate in the Department's Quality Improvement Committee to provide input and feedback regarding quality improvement priorities, performance improvement topics, measurements and specifics of reporting formats and timeframes, and other.

### **2. Introductions & Agenda Review**

Completed. Jerry also reminded the group that today's meeting will be recorded.

### **3. Approval of Minutes**

The draft August 2020 minutes were reviewed and approved.

### **4. Healthcare Effectiveness Data and Information Set (HEDIS) 2020 Results**

Matthew Kelly, Megan Meyers and Elisabeth Hunt (HSAG) led this discussion, went through the PowerPoint presentation results and then asked health plans to provide insight on their efforts. For example, about **Vaccinations** Colorado Access noted strong efforts due to their programs (care management assessment tools, incentive programs, other). Dr. Galpin (Kaiser Permanente/KP) noted their Electronic Medical Records/EMR systems used to drill down on members service needs. Dr. Galpin noted that for primary care KP is doing 50% virtual and 50% in person, but doing 100% in person services to improve well visits. Greg (Denver Health/DH) noted for rotavirus DH did root cause analysis, sent out birthday care reminders and worked their Performance Improvement Project/PIPs and Health Communities projects to improve well child visits. Angie (Rocky Mountain Health Plans/RMHP) said baby packet reminders were sent out in addition to other efforts noted today, and that RMHP was doing incentives for immunizations for children, IVR mailings, and for HPV sending out reminders. About **Preventative Screenings** Stacey (Colorado Access) confirmed her health plan does not currently do chlamydia screenings, but future efforts are pending. Greg (DH) noted universal screening efforts to explain

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the positive effort noted on slide 13 of the presentation. Greg will later follow up with Dr. Galpin concerning the DH universal screening effort. Both Greg and Dr. Galpin noted that their health plans are not over utilizing efforts for this area of service. About **Opioids** Cindy (RMHP) noted her health plans drug safety program with lock in capabilities to improve on reducing multiple prescriber efforts that were referenced on slide 17 and she referenced work on a drug safety map. Dr. Galpin (KP) said her health plan is doing a lot with adults in other plans and for opioid refills their system requires primary care providers to do checks prior to prescribing. KP members are also required to sign certain agreements to assist with opioid efforts. About **Access to Care** Stacey confirmed needed improvement efforts for members who go from CHP+ to Medicaid and back. Manuela (Friday Health Plans/FHP) said parents working may be a barrier for getting their children in for care, but weekend appointments could assist with improving numbers. Jeremy (DH) said his health plan is not charging co-pays to improve access to care, updating contracts with certain providers (example, Stride) to improve primary care visits, opened a new clinic and extending hours for other clinics, doing home visits and providing nurse advice line options, and doing outreach for member health needs. About **Medication Management** Cindy (RMHP) noted a new effort for Statin Therapy is being considered by their intervention committee and to improve Asthma measures her health plan has a chronic disease program. Greg (DH) said his health plan is doing mail order 340B pharmacy efforts. Elisabeth (HSAG) asked Greg if some types of medications were not being picked up and Greg said yes, Statin medications. Shelly (DH) noted that data for an SPC measure showed member push back to not take this medication (Statin). Dr. Galpin (KP) agreed about push back on this medication.

## 5. Discussion about selection of 2021 Healthcare Effectiveness Data and Information Set (HEDIS) measures

Russell started this discussion by sharing input with meeting attendees about a new Department tool called Care Analyzer that calculates performance measure data for fee for service and that data may be shared in reference to RAE efforts at a later date. Russell then shared changes to last years required performance measures and agreed to share a draft letter of this year's measures in the coming week with the CHP+ and Medicaid managed care health plans prior to a final letter being sent.

## 6. Process Improvement Exercise

Barbara noted the first step in process improvement is choosing your team and explained steps the group will do to complete this exercise (example, break up into groups by last name, work on a bicycle diagram with HSAG facilitators, and identifying stakeholders and efforts to help the Department reach its goals). See attachments with the bike diagrams to understand where groups felt the following stakeholders and services fell in helping the state meet goals: members, providers,



CMS, state, health plans, community mental health centers, benefits, FQHCs, hospitals, policy, other. To understand the exercise, think about what stakeholders steers the program effort (handle bars) vs what stakeholders keep the effort moving/stable (wheels/frame). Diagrams results varied, but it appears Group A-D felt CMS steered the bike and RAES and providers moved it alone. Group E-L felt the Department and CMS steered the bike and the health plans and data helped move it. Group M-R felt policy makers/others steered the bike and members/others moved it. Group S-Z felt the Department and CMS steered the bike and providers/others helped it move.

## 7. Consumer Assessment of Healthcare Providers & Systems (CAHPS) Surveys

Russell introduced the four health plans that will be presenting their CAHPS efforts to the group. For RMHP Jeremiah, Angela, and Cynthia conducted the presentation and they addressed Department questions about their five star rating listed on the PowerPoint page 14. For KP Dr. Galpin conducted the presentation and she covered a number of data including clinic consolidation due to COVID-19. For Colorado Access Mika conducted the presentation and shared various input including a member needs survey. For Northeast Health Partners/NHP Catherine shared CAHPS adult and child and ECHO intervention survey data. Russell added that for the October IQuIC meeting Colorado Community Health Alliance/CCHA, FHP, DH and Health Colorado Inc/HCI will present their CAHPS material. It was requested that Jerry share the CAHPS/ECHO presentations share at today's meeting. Jerry will send that material out after the meeting.

## 8. Department and Health Plan Updates/Reminders

No updates shared.

## 9. Public Comments

No visitors attended this WebEx.

## 10. Adjourn

Future WebEx Meeting: **October 27, 2020** 10:00 am to 12:00 pm.

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Visit this link to see more about IQuIC <https://www.colorado.gov/hcpf/integrated-quality-improvement-committee-meeting>

