



COLORADO

Department of Health Care
Policy & Financing

New Maternity Alternative Payment Model (APM) Design Review Team Session 7 - Performance Improvement and Sustainability Meeting Minutes

September 12, 2024
7:30-9:30 am MT via Zoom

- **Facilitator:** Lauren Bell, Katey Ortlieb, Anoushka Millear, Lynn Ha, Kathleen Le
- **Scribe:** Kimberly Phu
- **Purpose and Goals:**
 - Understand data requirements that would be necessary for participants to be successful in the new Maternity APM
 - Understand the technical assistance that would be necessary for participants to be sustainable in the program, including practice transformation support, programmatic, and technology support
 - Conclude the DRT sessions and discuss next steps for developing the new Maternity APM and stakeholder engagement

Key Decisions or Takeaways

1. To support general stakeholders in understanding the progress and updates to the new Maternity APM, DRT members suggested HCPF add coding guides, information on available programs/services, including those that can address health related social needs, and a consistently updated overview section to the Maternity APM webpage.
2. Overall, DRT members felt that the information presented for each dashboard category be useful for providers. Suggested additions included:
 - a. Patient population: Medical complexities, fetal concerns, and visit attendance (including postpartum visits).
 - b. Performance: An action list (not just numerators and denominators as current key performance indicators are calculated after delivery and often outdated), screening completion rates, and breastfeeding rates. There was also a suggestion to use hospital-based data to allow for more actionable and timely data than what claims data can provide.
 - c. Informational items: Patient zip codes, name of primary care provider, community-based organizations an individual has interacted with previously, doula involvement, lactation visits, peer support services, and readmissions.
3. DRT members had varying suggestions on how frequently data dashboards should be updated. One member suggested quarterly, while another noted, ideally, a daily refresh of information is most actionable, acknowledging there are limitations to that approach with the use of claims data.
4. DRT members agreed that there was no such thing as too much information that could be included in data dashboards but encouraged HCPF to develop a tool that is filterable and to consider which data elements may be unactionable.
5. DRT members suggested using townhalls and group discussions for providing feedback on the dashboards but noted one-on-one practice support would also be beneficial. DRT members agreed that additional feedback discussions are needed after a “go-live” or once a dashboard is created to provide more concrete feedback.



Our mission is to improve health care equity, access, and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

www.colorado.gov/hcpf



6. To ensure technical assistance is reaching the right individuals in practices, a DRT member suggested HCPF think about the messaging used.

Agenda

1. Welcome and Updates
2. Performance Improvement
 - a. Tracking performance measures through data dashboards
3. Break
4. Program Sustainability
 - a. Technical assistance for perinatal care
5. Closing and Thank You

Meeting Minutes

1. Welcome and Updates

Lauren Bell called the meeting to order and welcomed participants.

Andrea Steadman Syko, interpreter for our session today, reminded folks that **to support interpretation, please speak at a slower pace and refrain from using acronyms.**

Lauren reviewed the Department of Health Care Policy and Financing's (HCPF) mission, as well as today's agenda and meeting objectives. She then introduced the Maternity APM team. Lauren led the DRT through an icebreaker activity, asking the group what their favorite school/office supply is and why.

Lauren reminded the group that meeting minutes for DRT Session 6 were sent on Monday, September 9. DRT members should review the minutes and email the Stakeholder Engagement team at HCPF_VBPStakeholderEngagement@state.co.us by end of day Friday, September 13 with any proposed changes, for example correcting misinterpreted comments.

2. Performance Improvement

Katey Ortlieb reviewed HCPF's plans for general stakeholder updates related to performance improvement, stating that programmatic updates and annual results of the new Maternity APM will be shared with stakeholders on the Maternity APM webpage.

Lauren asked the group what other information stakeholders would be interested in seeing on the webpage. Suggestions from DRT members include:

- Coding guides
- Services and programs available through the regional accountable entities (RAEs), as well as how to connect to care management, transportation assistance, and Health Related Social Needs (HRSN) resources.
- Information on services available for members.
- A strong and consistently updated "overview" section.



Our mission is to improve health care equity, access, and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



COLORADO

Department of Health Care
Policy & Financing

Katey then reviewed guiding principles of how a program demonstrates continuous improvement. These principles will serve as a framework for today's discussion:

- Tracking performance measures that show improvements or sustained high quality in clinical outcomes
- Taking action to leverage data to enhance the Maternity APM
- Collecting feedback from providers and other stakeholders

Katey then provided a high-level overview of data dashboards that will be created for the Maternity APM to support provider performance and providing high-quality care for Medicaid members. Key attributes of the dashboards will include:

- Provider-specific view, updated regularly
- Accessible via secure portal for specific users
- Ability to download and generate summary reports (for example, in Excel)

Broad categories in the dashboard may include:

- Patient population: What are the characteristics of my patients?
- Quality measurement and targets: What is my performance relative to thresholds?
- Informational items: What information do I need to support my patients?
- Financial information: What am I getting paid for?

Katey noted that each category will be discussed more in-depth except for financial information as key aspects of the payment model are still being determined. Today's discussion will inform the types of information that providers and practices would like to see in these dashboards, for example, a "wish list" for HCPF to consider and build from.

Patient Population

Anoushka Milliar provided an overview of what information this category would help providers understand, which includes questions such as:

- Who have I provided care for and what stage of the perinatal journey are they in?
- Which of my patients are medically and socially complex?
- What social determinants of health are present across the population I serve?
- What trends are there in the types of patients I have seen over time?

The information needed to answer these questions may include:

- Patient population with the ability to drill down into specific details and patient characteristics, including patient risk factors (e.g., race, ethnicity, geography)
- Trends in patient population



Our mission is to improve health care equity, access, and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

www.colorado.gov/hcpf



Lauren led the group through a discussion, asking:

- Are these the right data elements and types of information to be included in the dashboard? Is anything missing?
- How frequently would you need the information to be updated in the dashboard for the data to be actionable?
- How would you like to share feedback on your experience using the dashboard?

Responses from the group are as follows:

- A DRT member said that this information is useful as far as patient characteristics to include. They suggested data updated on a quarterly frequency would be useful, and townhalls instead of one-on-ones for providing feedback.
- A DRT member asked whether a breakdown of the specific medical complexities would be provided in the reports.
 - Suman noted that specific medical conditions are still being determined and data availability may be a factor. Katey elaborated that the dashboard has not been developed yet and that the team is open to suggestions on what medical complexities should be included.
 - A DRT member responded that medical data would probably be diagnosis-related group or Hierarchical Condition Category. Social determinants would be much harder [to collect]. They elaborated that inbound from state reports for social determinants data is what may be difficult. Internally, if the facility is gathering social determinant of health data, it shouldn't be a problem.
- A DRT member suggested tracking fetal concerns and visit attendance including postpartum visits.
 - Another DRT member noted that postpartum attendance is a huge problem for providers.

Performance on Quality Measures Tied to Payment

Lynn Ha then provided an overview of what information this category would help providers understand, which includes questions such as:

- Who is in my numerator?
- Who is in my denominator?
- What is my performance relative to benchmarks?
- What is my performance compared with other primary care providers?
- What is my performance over time?

The information needed to answer these questions may include:

- Performance on the quality measures tied to payment with drill down-analyses and associated quality thresholds. Note that drill-down analyses will allow users to see which patients are included in the numerator (e.g.,



Our mission is to improve health care equity, access, and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



COLORADO

Department of Health Care
Policy & Financing

which members have missed which milestones) and denominator, as well as patient characteristics.

- Recommended actions to improve quality metrics or close disparity gaps
- Alerts for patients approaching a recommended visit or requirement
- Demographics and HRSN characteristics of patients

Lauren led the group through a discussion, asking:

- Are these the right data elements and types of information to be included in the dashboard? Is anything missing?
- How frequently would you need the information to be updated in the dashboard for the data to be actionable?
- How would you like to share feedback on your experience using the dashboard?

Responses from the group are as follows:

- A DRT member noted the difference between a numerator and action list. They commented that the current maternity key performance indicators (KPIs) aren't calculated until after delivery, so those numerators and denominators aren't actionable. They would love to see a list of members who are currently due for a visit.
 - Another DRT member agreed stating that current maternity KPIs are also outdated to a point where facility intervention is applicable.
 - Katey responded she would like to hear more about this and how that may be feasible as these reports and alerts may look different for each patient.
- A DRT member asked whether screening completion rates and breastfeeding rates would be tracked and noted they are assuming that all typical birth outcomes would be tracked.
 - Katey asked which rates they are referring to, however there was no response.
- A DRT member noted they would like to see more hospital-counted metrics rather than claims-based. They elaborated that while this would place more burden on facilities for reporting, it would be more actionable.
- Lauren asked how frequently this data should be provided to be actionable.
 - A DRT member responded that daily would be most useful but acknowledged that is not realistic with claims data given the numerous touchpoints the data goes through before becoming available to providers. They reiterated a suggestion to use hospital-based metrics with claims-based data as a way to audit what hospitals report.
- A DRT member stated that their facility is the only delivery hospital within 90 miles, so they often see patients from other zip codes for delivery, but that patients will go back to other areas for visits. They noted it would be helpful to see where patients are coming from and their primary care providers, so that communication can be more direct between providers and ensuring they are getting everything they need.



Our mission is to improve health care equity, access, and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

www.colorado.gov/hcpf



Informational Items

Katey provided an overview of what information this category would help providers understand, which includes questions such as:

- Beyond medical needs, what social or environmental factors could be impacting my patients' overall well-being and their ability to receive optimal care?
- What other care is my patient receiving? Who will manage my patient at various points throughout the perinatal journey?
- What are their preferences in care?
- Are my patients adhering to medication prescribed?

The information needed to answer these questions may include:

- Demographics and health related social needs characteristics of patients
- Visit rates (acute, specialty care, emergency room)
- Birthing plan
- Pharmacy claims

Lauren led the group through a discussion, asking:

- Are these the right data elements and types of information to be included in the dashboard? Is anything missing?
- How frequently would you need the information to be updated in the dashboard for the data to be actionable?
- How much information is too much?
- How would you like to share feedback on your experience using the dashboard?

Responses from the group are as follows:

- A DRT member responded that too much information doesn't exist. However, unactionable data can exist and determining which elements fall under that category would be helpful in determining what is "too much" or unhelpful.
- Katey asked whether it would be helpful to know which community-based organizations an individual has interacted with previously.
 - A DRT member responded from an education standpoint this would be valuable information, especially when serving patients from other areas. It could potentially reduce duplication in hospitals developing educational resources.
- A DRT member suggested doula involvement, lactation visits, peer support services, and readmissions.
- Lauren acknowledged that some folks may not want too much information in the dashboard and asked whether there were any DRT members who felt this way.
 - A DRT member responded that the data analytics platform used by RAEs gives providers all data. If the state is looking to develop something that allows



Our mission is to improve health care equity, access, and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



COLORADO

Department of Health Care
Policy & Financing

providers to filter the data, it may reduce stress in trying to access/review data elements.

- Lauren asked how folks would like to provide feedback on these dashboards.
 - A DRT member suggested a discussion group after the go-live of the program for a certain number of weeks/months. They elaborated that this is needed because it is difficult to answer many of the questions asked today, abstractly.
 - A DRT member asked whether there are any plans to allow stakeholders to give a “first pass” of the dashboard.
 - Kathleen Le responded that HCPF is developing a stakeholder engagement plan post-DRT sessions and will think through how a dashboard review can be incorporated.
 - Another DRT member agreed stating that the actual look and design of the portal will determine a lot of these questions and that there needs to be an actual designer involved, as well as health care workers involved in the actual appearance and customization.

3. Break

The group then took a 5-minute break.

4. Program Sustainability

Lauren re-convened the meeting.

Kathleen Le provided an overview of guiding principles related to program sustainability. Characteristics of a sustainable program include:

- Predictable and stable earnings potential
- Low administrative burden to collect data
- Alignment with other payment models using the same measures, when possible
- Targets that are established in advance and are transparent and stable
- Continuous stakeholder engagement
- Technical assistance (TA) that is available as part of the program

TA is where the group will focus on today’s discussion. Similar to conversations around data dashboards, HCPF is developing a “wish list” of things that could be feasible to support providers’ sustainability and engagement in the new Maternity APM.

Kathleen noted that HCPF is considering TA as three components:

- Practice transformation support, for example supporting a systematic approach focused on transforming practice structures to improve service delivery. This may include:
 - Coaching, policy development, and workflow enhancement and implementation
 - Professional development and collaborative learning

Our mission is to improve health care equity, access, and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.





- Resource navigation
- Navigating the Maternity APM, for example guiding the planning, management, and participation. This may include:
 - Trainings
 - Performance guidance
 - Resources
 - Actional data support
 - Disputes and grievances
 - Documentation
- Technology support, for example empowering providers to effectively use technological tools, which aid in the understanding and implementation of the APM. This may include:
 - Dashboard training
 - User setup guidance
 - Troubleshooting support
 - Alerts and notifications
 - Understanding data

Lauren then led the group through a discussion, what TA are you currently receiving? Is this support meeting your needs? If not, what is missing? Are there additional TA supports that you need to understand the Maternity APM? Who needs to know the information? And for whom is it more of a “good-to-know”?

- A DRT member responded that we need to make sure we’re reaching the right folks with this information, for example a representative with billing expertise and a provider well-versed in quality. It may be useful for HCPF to think about messaging behind the TA and how to get it to the right people. They elaborated that they like the idea of townhalls and would also suggest one on one support with practices.

5. Closing and Thank You

Anoushka reviewed the Maternity APM DRT journey, which has included establishing goals and objectives, discussing quality measures and target setting, reviewing payment models, and today’s conversation around performance improvement and sustainability.

Kathleen noted that the next steps will be for HCPF to use stakeholder feedback to inform internal design discussions. However, the end of the DRTs does not mean the end of stakeholder engagement and feedback. HCPF is working through a post-DRT stakeholder engagement plan. With regard to program design, HCPF will look to align the program with other initiatives. There will then be a soft-launch pilot phase and HCPF will look to gather provider feedback throughout the soft launch.

Lauren then concluded the DRT sessions noting that DRT members can expect to receive today’s minutes via email for review. DRT members are also welcome to continue emailing the stakeholder engagement team with questions or feedback at HCPF_VBPStakeholderEngagement@state.co.us.



Our mission is to improve health care equity, access, and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



COLORADO
Department of Health Care
Policy & Financing

A big thank you to all DRT members for their time and willingness to participate!



Our mission is to improve health care equity, access, and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

www.colorado.gov/hcpf