



**Payment Alternatives for Colorado Kids (PACK)
Design Review Team (DRT)
Meeting Minutes**

February 28, 2024
5:00 P.M. to 7:00 P.M.

1. Introductions

Suman Mathur called the meeting to order.

The following DRT participants were in attendance: Alison Keesler, Andrea Loasby, Cassie Littler, Ealasha Vaughner, Hillary Jorgensen, Hoke Stapp, Jane Reed, Laura Luzetti, M. Cecile Fraley, Mark Gritz, Melissa Buchholz, Mike DiTondo, Robert Haywood, Sarah Bennett, and Sarrah Knause.

Other attendees included Devin Kepler (HCPF), Katie Price (HCPF), Emily Leung (Stakeholder Engagement (SE) Team), Moriah Bell (SE Team), Suman Mathur (SE Team), Andy Wilson (PACK Support Team), Puja Patel (PACK Support Team), and Samantha Block (PACK Support Team).

2. Meeting 1 Recap

Emily Leung presented DRT Session #1 meeting minutes for approval, which DRT participants approved.

Emily also highlighted the first design topic, PACK goals and objectives, as the main priority for discussion.

3. PACK Program Overview

Devin Kepler presented information regarding the Health First Colorado members, participating providers, and services that are in scope and out of scope for the PACK design to level set on program goals and objectives [PACK is a value-based payment model for *Primary Care Medical Providers (PCMPs)* for the *primary care services* they provide to *child and adolescent members (0-18 years of age)* in the primary care setting]. DRT participant reactions and staff responses are summarized below:

- DRT participants asked clarifying questions regarding how PCMPs, such as family medicine practitioners, working with members aged 19 and above, will fit into the PACK scope (ages 0-18).
 - Staff responded that pediatric providers would only receive payment from PACK for attributed pediatric-aged members, between the ages of 0 and 18.
- DRT participants inquired on Health Effectiveness Data and Information Set (HEDIS) measures that apply to ages outside the PACK scope (ages 0-18).





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- Staff responded that quality measures and alignment with programs and measures will be reviewed in future sessions.
- DRT participant inquired about a minimum threshold on the number of pediatric Health First Colorado members PCMPs must serve to qualify for PACK.
- Staff responded that there likely will be a threshold, but that is yet to be determined.

4. PACK Goals and Objectives

Samantha Block explained the relationship between the 'North Star' Goal, which is shared for all HCPF value based payment programs, the PACK 'North Star', which is specific to the PACK program, and supporting program goals (the 'what') and objectives (the 'how') that drive the North Star Goal. Samantha noted that in future sessions the DRT will discuss measures that will be used to measure progress against the program goals and objectives.

- 'North Star' goal for all value based payment programs:
Improving the health, equity, access, affordability, and outcomes for all Coloradans"
- The PACK 'North Star' goal had been modified based on DRT participants' initial feedback in DRT Session #1:
Every child and adolescent with Health First Colorado has the opportunity for a healthy childhood via equitable engagement with a primary care medical provider which is pediatric prevention- and wellness-focused. This provides access to the management of illness, injury, and behavioral health services which maximizes the medical, developmental, and behavioral outcome of every child and adolescent member.

DRT participants' reactions to the PACK 'North Star' goal included the following:

- Suggestion to use the word "physical" instead of "medical"
- Consideration of long-term health status in adulthood, like chronic disease management
- Addition of language like "high value" and "person-centered"
- Inclusion of Health Related Social Needs (HRSNs), while being cognizant of what is within PCMP control and domain
- Prioritization of program sustainability

Devin Kepler presented the following proposed program goals for PACK, which are under discussion.

Goal 1. Improve medical outcomes for child and adolescent members

- Objective: Increase well-child visits
- Objective: Increase immunization rates



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Goal 2. Improve developmental and behavioral outcomes for child and adolescent members

- Objective: Increase adoption of pediatric-specific practice transformation in all primary care settings that care for child and adolescent members
- Objective: Increase number of Bright Futures' recommended screenings
- Objective: Improve connectivity for positive Bright Futures' recommended screenings

Goal 3. Reduce disparities for key primary care outcomes across the state

- Objective: Reduce racial and ethnic disparities for well-child visits, immunizations, and screenings
- Objective: Reduce geographic disparities for well-child visits, immunizations, and screenings
- Objective: Reduce socioeconomic disparities for well-child visits, immunizations, and screenings

Goal 4. Increase access to pediatric primary care for child and adolescent members

- Objective: Increase the capacity of pediatric primary care for child and adolescent members

Goal 5. Improve member and family experience

- Objective: Improve the relationship between the member and family and their pediatric primary care setting

Goal 6. Develop a pediatric value based payment program that is sustainable for both providers and HCPF

- Objective: Improve health care worker and practice setting experience
- Objective: Minimize provider administrative burden
- Objective: Create model design which is operationally efficient and financially sustainable
- Objective: Provide health information technology tools for PCMPs that provide actionable insight into performance

The SE Team then introduced an exercise for DRT participants to provide feedback to 4 (four) out of the 6 (six) PACK goals, presented by HCPF. DRT participants were asked to respond to the following questions: 1) To what extent does this goal address what is important to pediatric aged Health First Colorado members and providers? Respondents selected a score from 1 to 10, with 1 being "Not at all" and 10 being "Very much so." and 2) What suggestions or modifications do you have for this goal? Responses submitted via Mentimeter (Menti), through chat, and through verbal comments are summarized and organized by goal below:



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Goal 1. Improve medical outcomes for child and adolescent members.

- The average score was 9.1 that this goal addresses what is important to pediatric-aged Health First Colorado members and providers.
- DRT participants suggested the following considerations for refining goals and objectives:
 - More focus on long-term outcomes, medication management, and ED utilization,
 - Addition of chronic disease management as objective, and
 - Inclusion of increased depression, vision, behavioral, and developmental screenings as objective.

Goal 2. Improve developmental and behavioral outcomes for child and adolescent members.

- The average score was 9.2 that this goal addresses what is important to pediatric-aged Health First Colorado members and providers.
- DRT participants suggested the following considerations for refining goals and objectives:
 - Importance of social determinants of health (SDOH) as it relates to accounting for parent and guardian behavioral health
 - Consideration of prevention efforts prior to problem onset or result of positive screeners,
 - Clearer definition of pediatric-specific 'practice transformation',
 - Focus on schools and connectivity efforts, and
 - Inclusion of reassessment and follow-up after screenings in addition to the objective of 'increasing number of Bright Futures' recommended screenings.'

Goal 3. Reduce disparities for key primary care outcomes across the state.

- The average score was 7.6 that this goal addresses what is important to pediatric-aged Health First Colorado members and providers.
- DRT participants suggested the following considerations for refining goals and objectives:
 - Inclusion of a SDOH objective,
 - Challenges for small practices and rural providers to address these disparities, particularly around capacity (e.g., technological capabilities and resources), and
 - Influence of factors beyond providers' control, including vaccine hesitancy, patient reluctance to disclose racial and ethnic information, and lack of access or parental time away from work.

Goal 4. Increase access to pediatric primary care for child and adolescent members.

- The average score was 9.6 that this goal addresses what is important to pediatric-aged Health First Colorado members and providers.
- DRT participants suggested the following considerations for refining goals and objectives:
 - Higher reimbursements to attract more providers to accept Medicaid patients and



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- Clarification on provider capacity and differentiation between program and provider responsibilities.
 - Staff responded that the intention of this goal is to provide meaningful resources to PCMPs, so they do not have to limit the number of Medicaid patients they see.

HCPF then presented the fifth and sixth PACK goals and their objective(s). DRT participants were asked to offer their feedback via chat and verbal comments. The goals and associated feedback are below:

Goal 5. Improve member and family experience.

- DRT participants did not have any comments on goal 5, improve member and family experience.

Goal 6. Develop a pediatric value based payment program that is sustainable for both providers and HCPF.

- DRT participants suggested the following considerations for refining goals and objectives:
 - Role of practice resources on member access and satisfaction,
 - Importance of enhancing provider experience, particularly in relation to recruitment and retention, and
 - Need for flexibility in practice transformation, particularly considering the variety of pediatric practice types and sizes.

A. Action Items

Staff will take into consideration feedback received about the PACK 'North Star' goal.

5. Next Steps

Suman Mathur provided a list of resources and reminded participants about the next meeting about Quality Measurement and Target Setting on March 13th from 5:00 to 7:00 P.M. Suman then closed the meeting.



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