



**Payment Alternatives for Colorado Kids (PACK)
Design Review Team (DRT)
Meeting Minutes
July 10, 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, Amber Griffin, Andrea Loasby, Cassie Littler, David Keller, Ealasha Vaughner, Hoke Stapp, Jane Reed, Laura Luzietti, Mark Gritz, Melissa Buchholz, Mike DiTondo, Robert Haywood, Sarrah Knause, and Toni Sarge.

Other attendees included Britta Fuglevand (Department of Health Care Policy and Financing [HCPF]), Devin Kepler (HCPF), Katie Price (HCPF), Breelyn Brigola (Stakeholder Engagement (SE) Team), Emily Leung (SE Team), Suman Mathur (SE Team), Christine Kim (PACK Support Team), The PACK Support Team Patel (PACK Support Team), and The PACK Support Team (PACK Support Team).

2. Meeting 9 Recap

Emily Leung reviewed the following key points on DRT participant feedback from the DRT 9 Meeting (6/26) on considerations for pediatric provider types and population types served by pediatric practices.

- Some pediatric practices have a high proportion of Medicaid members in its payer mix.
- Though distinct, rural and small practices face high administrative burden as they operate with less workforce, high overhead costs relative to revenue, and less sophisticated technology.
- School-based health centers receive inconsistent funding and have challenges associated with attribution and visit privacy concerns.
- Defining pediatric medical complexity should not solely be condition-based, but rather factor in nuances like parent/guardian ability to manage care.
- There are challenges to using Z-codes to identify patients with complex social needs such as specificity of coding and uptake.
- Other distinct pediatric populations to note include foster youth, transient populations and newcomer families.

DRT participant reactions are below.

- A DRT participant pointed out that the proportion of Medicaid patients varies substantially across practices, but that there are very few pediatric practices



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



that have no Medicaid members in their patient panel. The SE Team revised the language on the slide to accurately represent this clarification.

- Emily then presented DRT Meeting #9 minutes for approval and reminded DRT participants of the PACK North Star Goal. There were no objections to the meeting minutes.

3. Level-Setting

The PACK Support Team framed today's discussion around performance improvement and program sustainability.

The PACK Support Team explained what is meant by performance improvement and program sustainability by sharing the objectives of today's DRT meeting:

1. Understand data requirements that would be necessary for participants to be successful in PACK.
2. Understand the technical assistance that would be necessary for PACK participants to be sustainable in the program. Technical assistance types include pediatric practice transformation support, programmatic support, and technology support.

4. Presentation and Discussion: Performance Improvement

Performance Improvement Overview

The PACK Support Team shared that performance improvement considers what data and reports are needed to understand and enhance performance under an alternative payment model (APM). The PACK Support Team presented three guiding principles for a program that demonstrates continuous improvement:

1. Tracking performance measures, as well as additional information related to performance or improved care (e.g., information on attributed patients), that show improvements or sustained high quality in clinical outcomes
2. Taking action to leverage data to enhance the PACK program
3. Collecting feedback from providers and other stakeholders

Questions and feedback from DRT participants are below:

- A DRT participant suggested that risk scoring be considered in data report. A pediatric-specific challenge is that pediatricians have not been well-trained nor do they consistently optimize risk diagnosing Hierarchical Condition Category (HCC) components, resulting in inaccurate, skewed information.

The PACK Support Team explained that HCPF will develop new data dashboards as part of PACK design. Dashboard attributes will include different views for providers and regional accountable entities (RAEs), be accessible through a secure portal for specific users, and have downloadable and summary report generation capabilities. The PACK Support Team stated that today's discussion will focus on the type of information displayed on these dashboards and how it can be used by both providers and RAEs for performance tracking and care improvement. The PACK Support Team emphasized

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.





that the methodology for data collection and reporting will not be the focus of this discussion.

Questions and feedback from DRT participants are below:

- DRT participants emphasized that, across all data elements, it is important that providers have a mechanism or forum to work with HCPF to reconcile inaccurate data.
- DRT participants believed that RAEs and providers should both be able to see data as it pertains to each other; this universality is helpful to increase transparency and RAEs' ability to effectively and accurately assist providers.
 - Another DRT participant suggested providing dashboard instructions and access for policy makers, as they may also be potential dashboard end users.
- A DRT participant stated that there should be increased transparency on data timeliness, time period covered by the data, and data sources.
- Some DRT participants suggested the ability for providers to directly access a data feed into their electronic health records (EHRs), so they could compare dashboard data with their own internal data, if practice capacity allows.
- A DRT participant proposed displaying all performance on a dashboard, rather than just claims based data to understand their achievements across multiple types of measures.

The PACK Support Team also shared some of the key areas of interest in an APM dashboard. These include:

- Attribution: Who is in my patient panel?
- Quality Measurement and Targets: What is my performance relative to thresholds?
- Informational Items: What information do I need to support my attributed patients?
- Financial Information: What am I getting paid for?

All key areas, with the exception of payment, were noted as specific discussion topics for today's meeting. The PACK Support Team explained that key aspects of payment will not be discussed until a payment model has been determined.

Questions and feedback from DRT participants are below:

- A DRT participant expressed the need for a download feature to incorporate data into their EHR, specifically into their population health EHR component.
 - The PACK Support Team (PACK Support Team) responded that downloadable capability (e.g., Excel reports) will be included in the APM dashboard.

Attribution: Patient Panel

The PACK Support Team presented on the first key area of an APM dashboard, attribution, or who is in practices' patient panels. She prefaced by stating that the



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.



focus is not on attribution methodology itself but on how related information is presented. This, along with subsequent dashboard areas, are organized by two components: 1) What are end users trying to understand? and 2) What information do end users need? See below for attribution-related dashboard details:

What are you trying to understand?

- Who are my attributed patients that I am responsible for managing their care?
- Who are my attributed patients that are receiving primary care services from other PCMPs?
- Which of my attributed patients are medically and socially complex?
- What trends are there in patients attributed to my practice over time?

What information do you need?

- Patients attributed by attribution methodology with the ability to drill down into specific details and patient characteristics, including patient risk factors
- Historical trends in attributed patients
- Details of leaked primary care services, including CPT codes, for each attributed patient
- Updated list of newly attributed patients and unattributed patients for the current month

The SE Team facilitated a discussion surrounding dashboard information about patient panels with the following discussion questions, aligned with the guiding principles of performance improvement, posed to DRT participants:

Principle 1: Tracking performance measures and information to support improved care

- Are these the right data elements or are there additional data elements or information you would like to see included in the dashboard?
- Who are the end users? What type of information or features are improvement for them?

Principle 2: Taking action

- How frequently would you need the information to be updated in the dashboard for the data to be actionable?
- Are there any measures or features that are crucial for your decision-making or practice management that you would like to see in the dashboard?

Principle 3: Collecting feedback

- How can you provide feedback on your experiences with the data and dashboard features? How would you like to share this information in a convenient way?

Questions and feedback from DRT participants are below:



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.



- DRT participants advocated for a system to exchange patient information when there is a provider change to prevent disruption in patient care.
 - DRT participants wanted a way for providers to see if their patients are engaging with other providers and to be notified of patients who may soon be attributed.
 - A DRT participant added it would be useful to flag members who are being seen outside of their practice with a provider who is not contracted with a RAE, meaning that the pediatric patient will not be re-attributed.
- Additional dashboard information which DRT participants suggested are:
 - Length of time a member has been attributed to a practice
 - Trends in total cost of care
 - Overall utilization
 - Data distributions by age and gender
 - Attributed patient characteristics, including insights on medical and social complexities (e.g., data on absentee patients)
- DRT participants emphasized the diverse needs of the dashboard's end users, including providers, care coordinators, and administrators, underlining the importance of frequent data updates, suggesting monthly reporting to facilitate timely and effective care coordination.
- DRT participants agreed on the need for a forum to discuss data discrepancies and the alignment of information between providers and RAEs, emphasizing the necessity of real-time communication channels for addressing issues and enhancing dashboard usability.
- DRT participants wondered about the possibility of incorporating registries or registry-like capabilities for effective patient recall, urging HCPF to consider technology solutions that enable multi-medium communication between practices and patients for enhanced recall abilities.
- DRT participants suggested the implementation of a bi-directional communication feature within the dashboard to allow users to provide feedback or suggestions for improvements in real-time, aiming to foster a more user-friendly interface.

Performance on Quality Measures Tied to Payment

The PACK Support Team then presented on the next key area of an APM dashboard, highlighting what practices may be trying to understand and necessary information on performance on quality measures tied to payment. See below for dashboard details regarding performance on quality measures tied to payment:

What are you trying to understand?

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



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.



What information do you need?

- Performance on the quality measures tied to payment with drill down-analyses and associated with quality thresholds. Drill-down analyses will allow user to see which attributed pediatric patients are included in the numerator (e.g., which members have missed which milestones) and denominator, as well as patient characteristics
- Which attributed pediatric patients are approaching a recommended visit requirement
- Demographics and Health Related Social Needs (HRSN) characteristics of attributed pediatric patients

The SE Team facilitated a discussion surrounding dashboard information about performance on quality measures tied to payments with the following discussion questions, aligned with the guiding principles of performance improvement, posed to DRT participants:

Principle 1: Tracking performance measures and information to support improved care

- Are these the right data elements or are there additional data elements or information you would like to see included in the dashboard?
- Who are the end users? What type of information or features are improvement for them?

Principle 2: Taking action

- How frequently would you need the information to be updated in the dashboard for the data to be actionable?
- Are there any measures or features that are crucial for your decision-making or practice management that you would like to see in the dashboard?

Principle 3: Collecting feedback

- How can you provide feedback on your experiences with the data and dashboard features? How would you like to share this information in a convenient way?

Questions and feedback from DRT participants are below:

- A DRT participant suggested sending an alert to practices when data are showing performance decreases. In addition to flagging declines in performance, trends over time data can flag data outliers or errors.
 - In addition to trends over time, control limits and confidence intervals should also be included on the dashboard.
- A DRT participant commented that the dashboard should be able to track performance at both the practice level and individual provider level.
- DRT participants endorsed a better understanding of measure specifications built into the dashboard (e.g., including context on performance thresholds associated with a quality metric). A DRT participant suggested indicating how



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.



many additional “numerator hits” are needed for a provider to reach a threshold would be useful context.

- Another DRT participant agreed but cautioned that doing so could drive the provider to move away from clinical best practice solely to meet a threshold.
- DRT participants shared that numerator and denominator data should be available separately as well as in a joint dataset, as it is currently burdensome for providers to join numerator and denominator datasets.
- Some DRT participants advocated for dashboard data to display a 12-month lookback period rather than point-in-time.
- A DRT participant commented that dashboard customization capability by practice would allow for data analysis for a specific cohort within strata, like age.

Informational Items

The PACK Support Team presented another key area of an APM dashboard focused on informational items, which is information beyond measures tied to payment that are helpful to understand performance and improve care to support attributed patients. See below for dashboard details on informational items.

What are you trying to understand?

- Beyond medical needs, what social or environmental factors could be impacting my attributed patients’ overall well-being and their ability to receive optimal care?
- What other care outside of primary care are my attributed patients receiving?
- Are my attributed patients adhering to medication prescribed?

What information do you need?

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

The SE Team facilitated a discussion surrounding dashboard information about informational items with the following discussion questions, aligned with the guiding principles of performance improvement, posed to DRT participants:

Principle 1: Tracking performance measures and information to support improved care

- Are these the right data elements or are there additional data elements or information you would like to see included in the dashboard?
- Who are the end users? What type of information or features are improvement for them?



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.



Principle 2: Taking action

- How frequently would you need the information to be updated in the dashboard for the data to be actionable?
- Are there any measures or features that are crucial for your decision-making or practice management that you would like to see in the dashboard?
- How much information is too much?

Principle 3: Collecting feedback

- How can you provide feedback on your experiences with the data and dashboard features? How would you like to share this information in a convenient way?

Questions and feedback from DRT participants are below:

- DRT participants shared the following suggestions for informational items to include on a dashboard:
 - High utilization data of emergency department, urgent care, inpatient care, behavioral health, and specialty visits among attributed patients
 - Member utilization of mental health services and ancillary services, like occupational and physical therapies
 - Days and time of service utilization
 - Pharmacy claims to support with medication management
 - Trends in total cost of care
- A DRT participant expressed a preference for receiving information through quarterly uploads of claims data files for both ambulatory and acute care settings to analyze access, times, utilization, and services sought outside of a practice.
- DRT participants agreed that customization would be beneficial, as some practices may want to use additional information, whereas others do not have the capacity to review certain levels of detail or information.
- Some DRT participants suggested that social need utilization data, if available, would also be helpful. Examples given included the proximity to grocery stores for patients living in food deserts, to aid in connecting patients with local community-based organizations or service providers.
 - There was a suggestion to explore geographically based data points such as [Area Deprivation Index](#) based on the census tract of residence, rather than examining social needs on an individual patient level.

5. Presentation and Discussion: Program Sustainability

Program Sustainability Overview

The PACK Support Team introduced the next discussion section on program sustainability, which encompasses the types of support needed to sustain this program. While The PACK Support Team presented the five guiding principles for a program that demonstrates sustained outcomes, The PACK Support Team noted that



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.



technical assistance for pediatrics would be the main discussion topic for program sustainability. The five guiding principles for program sustainability are:

1. Program has predictable and stable earnings potential
2. Program requires low administrative burden to collect data
3. Program aligns with other payment models using the same measures, when possible
4. Targets are established in advance, transparent, and stable
5. Technical assistance (TA) is available as part of the program

DRT participant reactions are below.

- A DRT participant highlighted a few pediatric-specific caveats for consideration:
 - Earnings may not necessarily be predictable nor stable. In pediatrics, the primary focus is on preventive medicine which tends to provide earnings or savings over a longer period.
 - In reality, there is often considerable administrative burden to collect data.
 - Despite desire to align with other payment models, measures do not always line up with commercial or other private payers.
- The PACK Support Team responded by stating that the program's aim is to ensure the expected revenue from incentive payments are as stable as possible for managing the practice, rather than focusing on reductions or shared savings. The PACK Support Team also recognized that while model alignment may not be perfectly attainable, there should be attempts to standardize processes.

The PACK Support Team presented three support types categorized under the technical assistance umbrella, and explained that further discussion would follow for each support type:

- *Supporting Pediatric Practice Transformation*: Supporting a systematic approach focused on transforming pediatric practice structures to improve service delivery
- *Navigating the PACK Program*: Guiding the planning, management, and participation in PACK
- *Technology Support*: Empowering providers to effectively utilize technological tools, which aid in the understanding and implementation of the APM

Supporting Pediatric Practice Transformation

The PACK Support Team Patel presented information on pediatric practice transformation support, referencing the [Centers for Medicare and Medicaid Services Clinical Practice Initiative](#) of supporting a systematic approach focused on transforming pediatric practice structures to improve service delivery. She described three elements of pediatric practice transformation:

- Coaching, Policy Development, and Workflow Enhancement & Implementation

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





- Supporting the enhancement and implementation of policies and workflow related to sustainable business operation, member and family engagement, team-based care, understanding data, and care coordination
- Professional Development and Collaborative Learning
 - Holding collaborative learning sessions for knowledge exchange and collective growth on current best practices and regulatory changes
- Resource Navigation
 - Assisting in the identification of local, regional, state, and national resources to improve service delivery

The SE Team facilitated a discussion surrounding supporting pediatric practice transformation with the following discussion questions posed to DRT participants:

- What practice transformation support are you currently receiving?
 - Is this support meeting the needs for pediatrics? If not, what is missing?
- Are there additional practice transformation support that you need to understand PACK?

Questions and feedback from DRT participants are below:

- DRT participants appreciated the pediatric-specific approach, noting that there are clear differences in needs between adult and pediatric practice transformation. They emphasized the necessity for pediatric experts who understand the unique operations of pediatric practices.
- DRT participants highlighted the significance of expertise in implementing pediatric-specific initiatives, noting that without clinical knowledge, non-clinical staff might overlook cost-saving programs, underscoring the need for tailored coaching and support based on practice type and size.
- A DRT participant suggested that there are at least four areas that technical assistance should cover: specific pediatric clinical initiatives, back office, technological, and care team considerations.
- A few DRT participants noted that practice transformation is often initiative focused, which leads to disjointed coaching or additional administrative burden for practices to participate in transformation efforts. They suggested having PACK support be driven by a broadly defined meaning of pediatric transformation that receives tailored support relative to practice size.
 - A DRT participant noted that practice transformation support should meet practices where they are at rather than push them into something without understanding their capacity or ability to do so.
 - A DRT participant shared they currently attend multiple coaching meetings each month, and advocated for consolidation to reduce administrative burden.

Navigating the PACK Program

The PACK Support Team presented on programmatic support practices may receive as they navigate the PACK program. She described that these supports are related to



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.



guiding the planning, management, and participation in PACK. Six elements of programmatic supports include:

- Trainings
 - Provide webinars and in-person trainings and demos to brief providers detailed look at the specific mechanics of PACK
- Performance Guidance
 - Working one-on-one with providers to provide an understanding of APM performance and translation of performance into rewards
- Resources
 - Providing tools and guidance materials, like user manuals and toolkits on the mechanics of PACK
- Actionable Data Support
 - Assisting in the understanding of calculations and interpret data to derive actionable insights
- Disputes and Grievances
 - Offering fair and transparent guidance on resolving disputes or addressing grievances
- Documentation
 - Assisting with documentation and data reporting requirements of the APM to ensure compliance

The SE Team facilitated a discussion surrounding programmatic support with the following discussion questions posed to DRT participants:

- What alternative payment model specific support are you currently receiving (or have you received in the past)?
 - Is this support meeting the needs for pediatrics? If not, what is missing?
- Are there additional program specific support that you need to understand PACK?

Questions and feedback from DRT participants are below:

- A DRT participant emphasized the importance of providers to share data discrepancies and challenges with HCPF; these conversations should center around developing mutual respect and trust. The DRT participant requested a platform for open discussions about data to mutually understand its implications, highlighting that understanding practices' on-ground realities can differ significantly from data interpretations.
- DRT participants suggested pediatric-specific coding support, given differences between commercial and Medicaid coding. Specific metrics, diagnosis, practice transformation, and health-related social needs were pointed out as areas in coding that could benefit from a careful approach.
- A DRT participant suggested having varying levels of program engagement to be inclusive of smaller practices, as well as separating data by clinic identification number (ID) or organizational national provider identifier (NPI).



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.



Technology Support

Lastly, The PACK Support Team Patel presented information on technology support that aims to empower providers to effectively utilize technological tools, aiding in the understanding and implementation of the APM. Elements of technology support are below:

- Dashboard Training
 - Providing detailed training on the usage of the APM dashboard, focusing on how to monitor performance measures and understand potential rewards
- User Setup Guidance
 - Offering step-by-step guidance on setting up new users on the dashboard, ensuring smooth onboarding
- Troubleshooting Support
 - Offering prompt resolution of technical issues that may arise during dashboard use, such as login errors or data synchronization problems
- Customization Support
 - Aiding providers in customizing the dashboard to closely follow performance and track potential rewards
- Alerts and Notifications
 - Informing providers about data updates or features in the APM dashboard that could enhance APM participation or performance
- Understanding Data
 - Assisting in reconciling data between provider's records and APM dashboards

The SE Team facilitated a discussion surrounding technology support with the following discussion questions posed to DRT participants:

- What technology support are you currently receiving?
 - Is this support meeting the needs for pediatrics? If not, what is missing?
- Are there additional technology support that you need to understand PACK?

Questions and feedback from DRT participants are below:

- A couple DRT participants suggested having a bi-directional communication feature within the dashboard for users to provide real-time direct feedback.
- DRT participants agreed that a comprehensive dashboard allowing providers to view their entire performance, including real-time actionable data would be beneficial. They noted the importance of having a packaged view of data to assess achievements across various programs and measures.
- A DRT participant shared an example of attribution information lagging between when a service was administered and when a claim was processed, resulting in billing challenges. They emphasized the need for up-to-date information, coverage validation, and troubleshoot support for when this information lag results in billing errors.



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.



- DRT participants queried the possibility of including a mechanism for real-time attribution changes through the Health First Colorado enrollment broker, aiming to simplify the attribution process for providers.

6. Looking Ahead

Suman Mathur provided a list of resources and reminded DRT participants about the next meeting on July 24 from 5-7pm, which will wrap up the PACK DRT meeting cadence by recapping key themes and offering space to ask any additional questions. Suman then closed the meeting.



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