COLORADO
Department of Health Care Policy & Financing

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

March 13, 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, Jane Reed, Laura Luzietti, M. Cecile Fraley, Mark Gritz, Melissa Buchholz, Mike DiTondo, Robert Haywood, Sarah Bennett, and Toni Sarge.

Other attendees included Devin Kepler (HCPF), Helen Desta-Fraser (HCPF), Katie Price (HCPF), Michael Whitman (HCPF), Nicole Nyberg (HCPF), Peter Walsh (HCPF), Tara Smith (DOI), Emily Leung (Stakeholder Engagement (SE) Team), Suman Mathur (SE Team), Aaron Beckert (Maternity Support Team), Andy Wilson (PACK Support Team), Katey Ortlieb (Maternity Support Team), Puja Patel (PACK Support Team), and Samantha Block (PACK Support Team).

2. Meeting 2 Recap

Emily Leung presented DRT Session #2 meeting minutes for approval, which DRT participants approved.

Emily also highlighted the first design topic, PACK measures, as the main priority for discussion.

3. Future State Measures

Puja Patel shared several considerations that HCPF is using to select measures for PACK. She described how measures should align with industry standards and other programs, link back to program goals, and be statistically reliable and valid.

Dr. Peter Walsh, Chief Medical Officer at HCPF, presented information on other programs that use quality measures the PACK program will be aligned with, including the Division of Insurance (DOI) Regulation 4-2-96 Pediatric Measure Set, core measures released by the Centers for Medicare and Medicaid Services (CMS), the Department's Health Equity Plan, key performance indicators for Phase III of the Accountable Care Collaborative, and CMS Innovation Model (CMMI) Making Care Primary (MCP).

HCPF remains committed to using the seven (7) measures in the DOI Pediatric Measure Set, described below, which contains six (6) clinical measures and one (1) patient experience measure:

- Child and Adolescent Well-Care Visits (WCV)

- Developmental Screening in the First Three Years of Life (DEV)
- Well-Child Visits in the First 30 months of Life (W30)
- Childhood Immunization Status (CIS)
- Immunizations for Adolescents (IMA)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Health Plan Survey 5.1H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC) or Person-Centered Primary Care Measure (PRO-PM)

Nicole Nyberg, Quality Performance Manager at HCPF, shared a link to the 2024 CMS Child Core Measure List and Detailed Measure Specifications.

Helen Desta-Fraser, Quality Section Manager at HCPF, also shared the Department's Health Equity Plan.

Tara Smith, Primary Care and Affordability Director at DOI, described the DOI stakeholder engagement process for choosing measures. Tara described extensive collaboration between HCPF and the DOI in 2023 and stakeholder engagement around aligned quality measures. She further detailed that the intention is to reevaluate these metrics annually to ensure their continued relevance and accuracy.

Questions and feedback from DRT participants are below.

- A DRT participant noted that the current DOI Pediatric Measure Set only includes process measures and suggested including outcome measures, such as emergency department (ED) utilization measure (e.g., Agency for Healthcare Research and Quality (AHRQ) Emergency Department Prevention Quality Indicator 03 (PQE 03) Visits for Acute Ambulatory Care Sensitive Conditions)
    - Staff responded that earlier dialogues with stakeholders touched on the inclusion of ED utilization and all-cause readmission rates measures. However, it was ultimately left out to keep the measure list succinct, concerns on distinguishing between urgent care and ED visits, and to account for ED visits potentially being influenced by factors beyond a provider's control (e.g., Coronavirus Disease (COVID-19)).
- Some DRT participants voiced concerns about vaccine hesitancy and utilizing the immunization measures proposed for payment (e.g., Childhood Immunization Status and Immunizations for Adolescents) could disincentive providers from accepting vaccine-hesitant Medicaid members.
    - Staff responded that vaccine hesitancy remains a challenge, and that this concern may be accounted for in subsequent PACK design components.
- Another DRT participant requested clarity on the barriers to enrolling into the Vaccines for Children (VFC) program. Other DRT participants reflected on their positive experiences in enrolling in the VFC program, with the caveat that staff capacity and uncompensated work remain challenging.

- Staff responded that any provider could administer vaccinations, regardless of whether they are enrolled in VFC, but that providers must be willing to follow specified procedures. The Colorado Department of Public Health and Environment (CDPHE) supports the enrollment process.

4. Discussion of Potential Future State Measures

Devin Kepler and Katie Price presented the measures for each goal and their respective objectives. Devin and Katie called out the measures that may be tied to payment or serve as informational purposes (to support evaluating and tracking program success and continuous improvement activities for providers), specifically emphasizing that the DOI Pediatric Measure Set will be linked to payment in the PACK Alternative Payment Model (APM) design.

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

- Objective: Increase well-child visits
  - Associated Measures (Tied to Payment):
    - Well-Child Visits in the First 30 Months of Life Measure (W30),
    - Child and Adolescent Well-Care Visits: Ages 3 to 21 (WCV)
- Objective: Increase immunization rates
  - Associated Measures (Tied to Payment):
    - Childhood Immunization Status (CIS)
    - Immunizations for Adolescents (IMA)

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

- Objective: Increase number of Bright Futures' recommended screenings
  - Associated Measures (Tied to Payment):
    - Developmental Screening in the First Three Years of Life (DEV),
    - Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF)

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
  - Associated Measures for all Goal 3 Objectives (Informational Only): Disaggregated data on the 6 clinical measures in the DOI Pediatric Measure Set including:

- Well-Child Visits in the First 30 Months of Life Measure (W30)
- Child and Adolescent Well-Care Visits: Ages 3 to 21 (WCV)
- Childhood Immunization Status (CIS)
- Immunizations for Adolescents (IMA)
- Developmental Screening in the First Three Years of Life (DEV),
- Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF)

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
    - Associated measures (Informational Only): To be determined

Goal 5. Improve member and family experience.

- Objective: Improve the relationship between the member and family and their pediatric primary care setting
    - Associated Measures (Informational Only):
        - Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 5.1H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC)
        - Person-Centered Primary Care Measure (PRO-PM)
        - Other measures to be determined

Goal 6. Develop a pediatric VBP program that is sustainable for both providers and HCPF.

- Objective: Improve pediatric provider and practice staff experience
- Objective: Minimize provider administrative burden
- Objective: Create model design which is operationally efficient and financially sustainable for both HCPF & providers
- Objective: Provide health information technology tools for PCMPs that provide actionable insight into performance
- Objective: Increase adoption of pediatric-specific practice transformation in all primary care settings that care for child and adolescent members
    - Associated Measures (Informational Only): To be determined

Note: Due to time constraints during Session 3, discussions on Goal 6 were deferred to Session 4. For information pertaining to Goal 6, refer to the meeting minutes of Session 4.

The SE Team concurrently led a discussion, facilitated by an exercise for DRT participants to share open-ended feedback on additional informational measures that HCPF should consider for the purposes of evaluating and tracking program success as well as continuous improvement activities for providers.

DRT participants offered their feedback on measures for Goals 1-5[1] and their respective objectives through an exercise led by the SE Team, as well as through verbal and written comments. Reactions are summarized and organized by goal below:

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

- DRT participants suggested adding the following measures to support the goal of improving physical outcomes:
  - Topical Fluoride for Children (TFL)
  - AHRQ Emergency Department Prevention Quality Indicator 03 (PQE 03) Visits for Acute Ambulatory Care Sensitive Conditions from Agency for Healthcare Research and Quality (AHRQ)
  - Immunization counseling (ex: HCPF COVID-19 vaccine counseling code)
  - Alternative Childhood Immunization Status (CIS) combinations (Combination-7 vs. Combination-10) to account for flu vaccine hesitancy.
  - Attestation at the end of the performance period for members who have had well-care visits prior to becoming a Health First Colorado member (e.g., members who have moved from another state or switched to Medicaid from another payer)
- Some participants noted an age range discrepancy between the PACK program inclusion (members 0 to 18 years of age) and the Child and Adolescent Well-Care Visits measure, which includes members up to 21 years of age.
  - Staff clarified that payment and measure specifications are different and will be further discussed in subsequent DRT sessions.
- Some DRT participants asked continuous enrollment requirements for the CMS Child Core Set
  - Staff responded that each measure has different continuous eligibility requirements as detailed in the CMS Child Core Set specifications document.
- A couple DRT participants inquired about the sources of the DOI Pediatric Measure Set (claims-based vs. self-reported)
  - Staff responded that most of the CMS core measures rely on administrative claims data and additional data feeds (e.g., Colorado Department of Public Health and Environment (CDPHE) vaccine data).

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

- DRT participants suggested adding the following measures to support the goal of improving developmental and behavioral outcomes:
  - Screening for pregnancy related depression

[1] Note: Due to time constraints during Session 3, discussions on Goal 6 were deferred to Session 4 held on March 27, 2024. For information pertaining to Goal 6, refer to the meeting minutes of Session 4.

  - Edinburgh Postnatal Depression Scale (EPDS) screener
  - Follow-Up Care after Positive Depression Screener
  - Screening for social-emotional development in the first 3 years of life
  - Screening for emotional illness in school-aged youth due to the gap in the DOI Pediatric Measure Set's two screening measures (Developmental Screening in the First Three Years of Life and Screening for Depression and Follow-Up Plan: Ages 12 to 17), which currently cover only the first three years of life and the adolescent stage (ex: Colorado Pediatric Psychiatry Consultation and Access Program (CoPPCAP) or Children's Hospital Screener)
  - Screening, Brief Intervention and Referral to Treatment (SBIRT) for ages 12 to 18
  - Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)
  - Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
- One participant expressed concern about the small sample size at the provider level for these measures (Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication and Metabolic Monitoring for Children and Adolescents on Antipsychotics). While another participant recommended to still to retain these measures for informational purposes considering the higher rate of medication use among foster children compared to non-foster children.

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

- DRT participants emphasized the need for clearly defining each type of disparity slicers (e.g., racial and ethnicity, geographic, and socioeconomic status.
- DRT participants expressed concern about small sample sizes at the provider level during evaluation and measurement of disparities.

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

- DRT participants suggested adding the following measures to support the goal of increased access to pediatric primary care for child and adolescent members:
  - Availability of same day or next day appointments
  - Nurse phone triage
  - Appointment wait times
  - Telehealth options through provider or third-party
  - Acute Hospital Utilization (AHU)
  - Family centered outcomes potentially from the CAHPS survey
  - Minimum panel requirement that is reflective of the Medicaid enrolled county percentage

  - Health equity measure (e.g., allowing patients to select providers that speak the same non-English language as they do)
- DRT participants asked for clarification on the difference between access and capacity.
- DRT participants expressed concern on increasing capacity given pediatric primary care provider workforce challenges or provider burnout.
- DRT members agreed that incentivizing team-based care can effectively increases capacity.

Goal 5. Improve member and family experience.

- DRT participants suggested adding the following measures to support the goal of improving member and family experience:
  - Continuity of care (e.g., number of times a patient sees the same provider)
  - Patient retention rates
  - Leakage
  - Patient surveys through EHR
  - PRO-PM is tailored to an adult member population, so modifications would need to be made for a pediatric-specific group
  - Discussions with advisory councils (e.g., Patient Family Advisory Councils)
  - Incentives tied to completed surveys
  - Staff responded that there may be concerns about non-response and response biases to consider.
- DRT participants expressed concerns about using the CAHPS survey including:
  - Member comprehension of survey language,
  - Added administrative workload for providers,
  - High cost associated with a survey to administer,
  - Issues related to small sample size, and
  - Concern over whether feedback reflects experience with Medicaid or the practice itself.

Due to time constraints during Session 3, discussions on Goal 6, Develop a pediatric VBP program that is sustainable for both providers and HCPF, were deferred to Session 4. For information pertaining to Goal 6, refer to the meeting minutes of Session 4.

Andy Wilson shared information on the last measure selection consideration, highlighting that measures should be statistically reliable and valid. He also mentioned that many of the DOI measures already meet these concepts of validity and reliability because they are recognized by CMS.

A. Action Items

- Staff will take into consideration feedback received about additional measures for program evaluation and continuous improvement activities for providers.

- DRT participants were invited to fill out a short feedback survey following the meeting to provide additional feedback on measures, particularly for Goal 6, for the PACK model.

5. Next Steps

Suman Mathur provided a list of resources and reminded participants about the next meeting on March 27th from 5:00 to 7:00 P.M. Suman then closed the meeting.