



MINUTES OF THE MEETING OF THE Performance Measurement and Member Engagement (PMME) Committee

253-215-8782 or 346-248-7799

Meeting ID: 939 1214 7561 Passcode: 385864

<https://zoom.us/j/93912147561?pwd=eG1xR2JLMmZmeDU0VXhwU051dnZjdz09>

September 22, 2022

1. Introductions and Approval of Minutes

Christina Suh (CS) did a roll call of voting Committee members.

Voting Members Present: Bethany Pray (CCLP), Christina Suh (Phreesia/CHCO), Jill Atkinson (Community Reach Center), Greta Macey (Tri County Health Department), Brent Pike (Health First Colorado member), Bob Conkey (Health First Colorado member), Janelle Jenkins (Health First Colorado member), Valerie Nielsen (CCHN), Angie Goodger (CDPHE).

Voting Members Absent: Luke Wheeland (The Arc), Brandon Ward (Jefferson Center for Mental Health), Ealasha Vaughner (Health First Colorado member), Kenda Pritchard (Spanish Peaks Regional Health Center).

Other Participants: Angie Nottingham, Charlie Kestler, Adeline Ewing, Jeff Bontrager (CCHI), Natasha Lawless (NHP), Lynne Fabian, Amy Ferris, Lauren Landers Tabares, John Mahalik (Beacon), Alee LaCalamito (NHP), Nikole Konkoly (RMHP), Andrea Loasby, Brian Robertson (NHP), Rachel Artz-Steinberg, Camila Joao, Erica Pike, Katie Price, Jake Coutts, Elizabeth Freudenthal, Tina McCrory (HCI), Dede de Percin, Jane Reed, Emilee Kaminsko, Kellen Roth, Lauren G, Katie Mortenson (CCHA).

HCPF Staff: Erin Herman, Nancy Mace, Sarah Eaton, Callie Kerr, Audrey Keenan, January Montano, Megan Comer, Mark Queirolo, Aaron Green.

The July meeting minutes were reviewed and approved. There were no abstentions.

2. Update from State ACC PIAC (Christina Suh, PMME Co-Chair)

Christina Suh (CS) provided a brief update from the [September State ACC PIAC](#) meeting. Topics discussed included:

- [Health Equity Plan Update](#)
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- [Public Health Emergency Planning Update](#)
- [Accountable Care Collaborative Performance Measures and Deliverables](#)

3. Children's Services Steering Committee/EPSTD Advisory Board (Gina Robinson, HCPF)

Gina Robinson (GR) provided an overview of the [Children's Services Steering Committee](#), the EPSTD (Early and Periodic Screening Diagnostic and Treatment) program and shared some of the committee's findings related to well child visits.

- EPSTD is a Federally mandated program for Members who are aged 20 and under.
- There is no separate EPSTD application. Members who are eligible for Medicaid have access to the EPSTD program. The program includes well Child visits and Screening and Diagnostics.
- Managed care entities and Regional Accountable Entities must follow all EPSTD requirements.
- EPSTD has a requirement to inform Members and providers about EPSTD. This includes assistance with transportation and scheduling appointments. The RAEs oversee doing this for all Members 20 and under, per their contract.

The Children's Services Steering Committee put in a request for ARPA funding for EPSTD education. They have a current ARPA project to do an awareness campaign for Members and providers regarding well care and EPSTD overall.

- A marketing company will be utilized. The contract is currently being signed.
- Format of educational materials has not been set yet.
- The steering company has set aside money for specific educational modules for both Members and Providers.
- They have approximately one year to get the project done.
- GR confirmed that all PMME's recommendations regarding well child educational materials will be included in the educational materials being developed.



- The advisory committee doesn't have Medicaid Members included but they do utilize the State MEAC to run all these materials by.

GR shared a few other projects the Children's Services Steering Committee is working on:

- Exploring financial incentives for parents. The committee has done some research and has reviewed data to show the value of financial incentives for parents bringing in children for well child visits.
- Looking into common compliance goals to align across state agencies.
- Exploring how the RAEs are providing outreach to Members. The RAEs will each present to the EPSDT advisory board.

The PMME committee discussed GR's presentation and whether committee members would like to make any changes to the committee's well child visit recommendations. Committee Members agreed that it would be good to revise the wording of PMME's recommendations to align with the Children's Services Steering Committee. In addition, a few committee Members agreed that well child visit incentives may be another possible recommendation for the committee. The committee requested to see more information on this before making a final determination.

The committee discussed partnering with schools and whether this could be a part of the ARPA education materials project. GR confirmed that the committee has discussed how to get the schools and districts on board. She stressed the need for RAE involvement in this work because they are closer to the schools than the Department is.

Action Items:

- PMME committee to review the well child visit incentive data and consider adding this to their list of well child visit recommendations.
- PMME well child visit recommendations will be revised to reflect alignment with the work the Children's Services Steering Committee is undertaking with EPDST educational materials.



4. ACC Phase III Member Engagement (Mark Queirolo, HCPF)

Mark Queirolo (MQ) provided an overview of the ACC Phase III timeline (see [slides](#)). MQ introduced the committee to Jeff Bontrager from the Colorado Health Institute.

Member engagement is a priority in the development of the ACC Phase III program.

- Phone, virtual, in-person, partner with community organizations.
- Compensation for Members for these activities.
- Details will be posted as far in advance as possible to facilitate Member participation.

MQ asked the committee for feedback regarding what is important to help Members engage in these activities. Members provided the following feedback/suggestions:

- Consider the accessibility population not just language difference. For example, consider the blind population and have visuals and use of captions or sign language
- Provide agendas before the meeting. Members aren't doing this as their profession, so they need to be able to plan their time.
- Compensate Members for their time.
 - VISA cards are difficult to deal with.
- Microsoft Teams is a challenge to work with.
- If meetings are going to be in person, there should also be a hybrid online option.
- Consider offering childcare during meetings.
- Let the group set the culture of the group. Be flexible with the meeting format. The facilitator is important.
- Try to use meetings that are already established where possible instead of scheduling multiple meetings.
- Ask Members to reach out to other Members. They are a valuable resource



- If there are certain communities you are wanting to engage, identify CBOs and compensate them to "host" the meetings and rotate CBO's hosting, asking them for input on the agenda, setting, etc. That will add a trust and safety element and may promote more robust attendance.

5. Health Equity Plan Update (Aaron Green, HCPF)

AG provided an update on the Department's Health Equity plan (see [presentation](#)).

- The [Department's Health Equity Plan FY22-23](#) can be found on the HCPF website.
 - The plan was launched in June 2022.
 - 70 or more health equity projects were identified in this process. The Department narrowed this down to 10-20 short term and long-term goals that we can target in a meaningful way.
 - RAE/MCE all have contract requirements to have Health Equity Plans. These are due July 31, 2023.
 - Multiple phase project.
- Four key focus areas: Maternity, Covid-19 vaccinations, Behavioral health, and Prevention/Population health.
- Health Equity task Force has held 12 public stakeholder forums.
- Working on health equity plan dashboard with 10 metrics.
 - Allows the Department to look at performance measures and share the data with partners in a timely manner.
 - A specification document is being developed to provide a guardrail for all our partners.
- Working on modifying the Medicaid application to include additional questions around such sexual orientation, gender identify, gender expression, race/ethnicity, housing status, and language.
 - This is a long-term plan.

6. Public Comment

BP opened the meeting to the public for comment. No comments were made.

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7. Wrap Up/Next Steps (Christina Suh, PMME Co-Chair)

Next PMME Meeting:

- The next PMME meeting is October 27, 2022, from 3:00 PM - 4:30 PM

DRAFT

