



COLORADO

Department of Health Care
Policy & Financing

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>

December 16, 2021

1. Introductions and Approval of Minutes

Voting Members Present: Bethany Pray (CCLP), Christina Suh (Phreesia/CHCO), Jill Atkinson (Community Reach Center), Brandon Ward (Jefferson Center for Mental Health), Bob Conkey (Health First Colorado member), Janelle Jenkins (Health First Colorado member), Angie Goodger (CDPHE), Greta Macey (Tri County Health Department), Brent Pike (Health First Colorado member), Kenda Pritchard (Spanish Peaks Regional Health Center), Ealasha Vaughner (Health First Colorado member).

Voting Members Absent: Valerie Nielsen (CCHN), Kayla Frawley (Clayton Early Learning), Luke Wheeland (The Arc)

HCPF Staff: Erin Herman, Audrey Keenan, Megan Comer, Matt Sundeen, Russ Kennedy, January Montano, Emily Woessner.

Other Participants: Lynn Bakalyan (Beacon), Andrew Erhart, Katie Mortenson (CCHA, RAE 6 & 7), Maureen Daly, Cindy Mattingly (RMHP, RAE 1), Heather Steele, Edward Arnold, Performance Improvement Analyst (Beacon- RAE 2/4), Emilee Kaminski (CHCO), Dawn Claycomb, Kellen Roth, Randi Addington (HCI), Agnes (COA), David Keller.

CS did a roll call of voting Committee members.

The [October meeting minutes](#) were approved. No abstentions.

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

CS updated the Committee on the November and December State PIAC meetings ([see presentation](#)).



3. Department Response to PMME's Recommendations (Matt Sundeen, HCPF)

MS provided an update on the status of the Department's response to PMME's recommendations.

- The Department's memo is drafted and pending approval. MS anticipates the Memo will be final by the end of the December.

4. 2021 CAHPS Pediatric Survey (Russ Kennedy, HCPF)

RK presented the results from the 2021 Consumer Assessment of Healthcare Providers and Systems Clinician & Group (CG-CAHPS®) 3.0 Survey ([see presentation](#)) and the committee discussed the findings.

Current and prior years' CAHPS pediatric survey data can be found on the [HCPF website](#).

- Random sample of Medicaid Members were selected from a targeted list of RAE-contracted practices.
- Parents/caretakers of child Members completed the surveys from December 2020 to April 2021 for services the prior 6 months.
- Surveys were completed by mail, internet, or phone.
- 2,161 parents/caretakers returned a completed survey on behalf of their child (response rate of 15.41%)
- HSAG analyzes the data

RK addressed committee member questions and provided additional clarification including:

- There is no compensation offered to Members who complete the CAHPS survey.
- There are no national benchmarks for the survey data. This is one of the reasons the Department is moving to a different survey version.
- Experience of care on the CAHPS survey for Medicaid Members is significantly higher than for those utilizing commercial health care.
- RK shared that one question included in the results is not on the standard questionnaire. This question was created by the Department and it asks the



Members to share what they think is the most important things with regards to their provider. The responses to this question indicate that the most important things for Members include: an attentive provider, a provider who addresses their concerns, a provider who speaks in a way the Member can understand, and a provider who takes their time.

- It is not an easy task for organizations to improve their CAHPS survey results. Improvement can take years.

A committee member asked if it would be possible to match up the CAHPS data broken down by RAE with Well-Child visit rates to see if there is a correlation. The Department will look into this.

5. Well-Child visits in School-Based Clinics (Rebecca Gostlin, Director of Clinical Initiatives, Colorado Association for School-Based Health Care (CASBHC))

RG presented the committee with an overview of the school-based health care in Colorado ([see presentation](#)).

- School based clinics (SBCs) are located across the country in most states. Colorado currently has 70 SBCs. See [map](#).
- The purpose of school-based clinics is to increase access to care and health equity.
- School-based clinics are run by a variety of different organizations. The clinics generally all provide wrap around services including behavioral health, oral health, primary care, and Medicaid enrollment support.
- Some clinics are open to siblings and/or family members, but some can only serve the child in the school. The clinics are generally focused on youth through teen years.
- The funding for school-based clinics is variable. Funds are distributed through a grant program through CDPHE. The SBCs are reliant on billing revenue and they also apply for other grants.
 - In 2019-2020, CDPHE funding SBHCs reported insurance status of patients as 53% Medicaid, 16% uninsured, 14% private, 11% unknown, 4% CHP+, and 1% other
- There are not many school-based clinics in rural areas. It is a challenge to get clinics in those locations because in those communities there often aren't enough patients in the area to keep the clinic busy.

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- Telehealth is being explored as an option for these areas.

School-based Clinics and Well-Child visits

- School-based clinics are well positioned to provide well-checkups
 - During the pandemic they learned that these visits are an important source of revenue for these clinics.
 - Good resource for increasing vaccination rate. They have been involved in COVID vaccinations.
 - Most well-child checks include an assessment for behavioral health. They also can help with glasses and dental care, etc.

There are some challenges with utilizing School-based clinics for well-child visits.

- SBHCs are not a medical home for all patients seen.
- When well-child visits are used as a performance measure, SBHCs are at a disadvantage due to providing services to patients who have an outside PCP used for well-child visits.
- SBHCs are located on a mix of elementary, middle, and high school campuses
 - More well child visits at elementary school and less at the middle and high school level (where the SBC is used for more of the confidential visits).
- The well child visit is comprehensive and there are some challenges with billing for all the services provided including behavioral health screenings.
- Sports physical requests create challenges for school-based clinics.
 - The school-based clinics would prefer to do well-child clinics but sometimes they encounter resistance from parents.
 - Schools may host sports physical day in conjunction with a local provider which makes it difficult for the school-based clinic. They miss out on the opportunity see all those children for well-child visits.
 - The school-based clinics are coming up with creative solutions to address this challenge. These include:
 - Education regarding the fact that a well-child visit is free whereas a sports physical is not.



- Making parents aware of the additional add-ons that are included in the well-child visit and the value of these.
- A committee member asked about the lack of SBCs in the Colorado Springs area. RB explained that there has been a lack of interest in that area.
- A committee member noted that the 16% un-insured rate at school-based clinics is significantly higher than the un-insured rate state- wide.
 - RB shared that SBCs will never not serve a student based upon their ability to pay. The clinics have sliding scales. Another explanation could also be that they serve teens seeking confidential care who don't always provide their insurance information.
- A committee member asked how much control the school-based clinic has over the services offered.
 - RG responded that the school-based clinic will typically outline the services they plan to offer. The school districts may provide feedback, but the school-based clinic's medical sponsor typically outlines this. The school board is mostly focused on which population is served.
- A committee member asked about community awareness of SBCs and how do communities know about them?
 - RB shared that this dependent on the clinic and the school district they serve. They are encouraged to work together to educate the community and get involved in community events.

6. Public Comment

Christina Suh opened the meeting to the public for comment.

One participant commented that a barrier to students getting a well-visit at the SBC is if they have had a well-child visit at their primary care clinic. Commenter noted that this should not be a barrier because Members can have more than one well-visit in a calendar year. This may be an education issue since commercial plans have this requirement, but Medicaid does not.

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

Committee will continue the Well Child KPI discussion in future meetings and look at more data to get further understanding of the issue.

The next meeting is scheduled for January 27, 2022 from 3:00-4:30pm.

