



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

253-215-8782 or 346-248-7799

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

February 23, 2023

1. Welcome, Introductions and Housekeeping

Christina Suh (CS) did a roll call of voting Committee members and introduced Jennie Muthali, a new voting member of the committee.

Voting Members Present: Christina Suh (Phreesia/CHCO), Bethany Pray (CCLP), Brent Pike (Health First Colorado member), Janelle Jenkins (Health First Colorado member), Jill McFadden (Front Range Health Partners), Luke Wheeland (The Arc), Greta Allen (Colorado Blueprint to End Hunger), Daphne McCabe (Boulder County Public Health), Jennie Munthali (CDPHE), Bob Conkey (Health First Colorado member)

Voting Members Absent: Brandon Ward (Jefferson Center for Mental Health), Ealasha Vaughner (Health First Colorado member), Samuel Herbert (Wray Community District Hospital).

HCPF Staff: Erin Herman, Nancy Mace, Nicole Nyberg, Megan Comer, Marius Nielsen, Nic Cogdall, Sarah Eaton, Lauren Landers- Tabares, Zoe Pincus, Amy Luu.

Other Participants: Alexandria Dienstebier, Andrea Cortez, Andrea Swan, Ashely Clement, Alyssa Rose, Camila Joao, Chelsea Watkins, Cindy Mattingley, Ed Arnold, Emily Beer, Katie Mortenson, Katrina Chaffin, Kellen Roth, Laurel Karabatsos, Lauren Ratliff, Sarah Gallo, Tina McCorry, Tracy, Sarah Hamilton, Tina McCrory, Melissa Schuchman.

The January meeting minutes were approved.

Nancy Mace (HCPF) provided an update from the February PIAC meeting (see [presentation](#)).

2. Key Performance Indicators (Nicole Nyberg, HCPF)

Nicole Nyberg (NN) provided the committee with an update on Key Performance Indicator data (see [presentation](#)).

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NN noted the well child data presented will be updated for the previous quarters to reflect the recalculated measure. Updated Key Performance Indicator data will be posted on the [HCPF website](#).

- A committee member asked if it is possible to see the well child visit data broken out by county to identify the impact of a regional program. NN stated this is possible with a data request.
- A committee member shared that WIC requires a baby weight every 6 months. Though the pandemic they used the well child visit weights since the WIC appointments went virtual. This was easier on the families.
- A committee member shared that it would be interesting to compare the KPI data to RAE projects that are initiated. Looking at the data in relation to interventions that the RAEs/practices are doing would help understand the impact of the project.

NN noted there are a few changes to the FY23-24 KPIs.

- The department is moving towards CMS core measures which allows for a standardized measure and national benchmarks. The only two that will not be a CMS Core Measure for FY23-24 are Emergency Department visits and Risk Adjusted PMPM.

NN requested the feedback on the ACC Program Incentive structure and asked the following questions:

- What works well with the current Incentive Structure?
 - What doesn't work well?
- What else is missing?
 - Specific focus areas
 - Other state agency work
 - Data availability
 - Member Satisfaction?
 - Provider Satisfaction?
- Do we want to carry forward the current ACC Phase 2 KPIs?
- Do we want to have any health equity measurement for payment built into KPIs?
 - If so, which measures would be the best?
- A committee member asked if we want to be more aggressive with goals instead of using incremental goals? How do we make change?
 - Another committee member suggested utilizing the 80/20 rule with 20% of the goals being more aggressive.

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Committee Members made a few suggestions:

- Track comorbid issues: Track illnesses with mental disorders and services received.
- Incorporate social determinants of health.
- Consider medical debt as an often cited new/additional social determinant of health.
- Member satisfaction is good but what about Member engagement? How do the RAEs meet with members and how do they communication with them?

Committee members are encouraged to send in additional feedback to [Erin Herman](#) by March 8, 2023.

3. ACC Phase III Member Experience (Sarah Eaton, HCPF)

Sarah Eaton (SE) shared the Health Needs Survey (see [presentation](#)).

- The intention of the survey is to connect Members to healthcare that meets their needs.
- Access to the survey is difficult, optional, and it isn't the most effective.
- When shared with the State Member Experience Advisory Council (MEAC), Members felt that the survey is too long.
- MEAC noted that if a Member needs care coordination, they aren't clear if they go to the RAE where they live or where their doctor is.
- HCPF doesn't have data on how the RAEs use the survey results.
- SE noted that at least one RAE has another Member survey they conduct in addition to this one.
- SE shared that she believes that the survey results go to the RAEs for them to act on it but that it doesn't go to the practice level.
- SE suggested that PMME could assist the Department with figuring out how to maximize the usability of this survey. Is there a better tool and how do we do this better? Potential outcomes of this work could be changes to process or contract language.
- PMME committee members provided feedback and asked questions:



- A committee member commented that if someone changes their RAE, can the information be shared?
 - SE will need to research this.
- A committee member questioned if the Member information in the survey could come from the system instead of a survey.
- A committee member suggested the possibility of making this survey mandatory instead of optional. This is important Member health information that would benefit the Members to complete.
- A committee member viewed this survey as a good opportunity for Members to engage with their RAE.
- A committee member suggested potentially having surveys at the practice level. Then, that survey information can go to both the practice and then get shared upward with the RAEs (with patient permission).
- The committee agreed that this would be a good project to take on and research.

4. CAHPS Survey Results (Christina Suh, PMME Co-Chair)

Christina Suh shared snapshots of the 2022 CAHPS survey results and led a discussion with the committee (see [presentation](#)).

CAHPS survey results can be reviewed on the [HCPF website](#).

- It was noted that the CAHPS survey does not go out to a huge proportion of Members.
- A committee member noted that the rating of Health Plan is low, but it would be interesting to see how other States/plans compare.
- A committee member questioned how we can effectively gather this information and what are we doing with it.
- A committee member suggested that maybe if Members can see where their feedback goes, that might help encourage them to complete the survey. Maybe we need to share that information more broadly including on the RAE's websites.

5. Public Comment

CS opened the meeting to the public for comment.

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There was one comment regarding the CAHPs survey. Commenter noted that the response/participation rates for the survey are very low. The low response rate makes it very challenging to assess the Member experience.

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

- Continue ACC Phase III discussions.
- The next PMME Meeting is on March 23, 2023.

