

Discussion about the Accountable Care Collaborative

Facilitated Conversation by: Mark Queirolo

Agenda

- Accountable Care Collaborative (ACC) Phase III Timeline
- PIAC Stakeholder Strategy for Phase III
- Discussion

Phase III Timeline

	FY21-22	FY22-23	FY23-24	FY24-25	FY25-26
Policy Activities	<ul style="list-style-type: none"> Strategic Goal Setting Initial Research 	<ul style="list-style-type: none"> Research and Design Concept Paper 	<ul style="list-style-type: none"> Operation Planning 	<ul style="list-style-type: none"> Implementation Preparation 	GO LIVE
State Authority		<ul style="list-style-type: none"> Budget Planning Statute Planning 	<ul style="list-style-type: none"> Budget Request Statute Changes 	<ul style="list-style-type: none"> Statute and Rule changes? 	
Federal Authority		<ul style="list-style-type: none"> Initiate conversation on authority based on concept paper 	<ul style="list-style-type: none"> Authority Documentation 	<ul style="list-style-type: none"> Submit authority request Readiness Review of vendors 	
Procurement		<ul style="list-style-type: none"> Draft Request for Proposal 	<ul style="list-style-type: none"> Post Draft RFP for public Comment Post Final RFP 	<ul style="list-style-type: none"> Award vendors Contract negotiations 	
Colorado interChange		<ul style="list-style-type: none"> Identify system/data needs 	<ul style="list-style-type: none"> System Change Request Design 	<ul style="list-style-type: none"> System change implementation Testing 	
Stakeholder Engagement	<ul style="list-style-type: none"> Initial idea gathering 	<ul style="list-style-type: none"> Response to Vision Response to Concept Paper Policy and programmatic design support 	<ul style="list-style-type: none"> Draft RFP Policy and Operation 	<ul style="list-style-type: none"> Implementation preparation Rule? 	

PIAC Strategy

- April—Initial conversation on current ACC performance
- May & June—Deeper dive into topics of greatest interest
- July—Comment on ACC Phase III Draft Vision

Today's Goals

- Identify PMME's top areas of interest regarding ACC Phase II performance that will be used to design future in-depth discussions

Framing

- ✓ What is working well in the ACC that should be continued and/or built upon for Phase III?
- ✓ What is not working as well and presents opportunities for improvement for Phase III?
- ✓ NOTE: Please focus on structural, programmatic, and policy aspects of the ACC, not individual RAE, provider, or member stories.

Discussion: Member Experience

- How has the implementation of ACC Phase II led to improvements in member experience, particularly around member choice and engagement?
- Have there been any negative impacts to member experience, member choice, or member engagement based on the design and implementation of ACC Phase II?

PIAC Comments: Member

- Aspects working well
 - Member engagement, particularly on a local and regional level
 - Regional focus on how to meet specific needs of the local communities
 - MEAC and PIAC structures at the state and regional level to build in community member and organizational input. Improvement to this process can still be realized but the structure is encouraging
 - Flexibility for the RAE to fund community work. An example, Colorado Access funding black birthing initiative work (ex. doulas)

PIAC Comments: Member

- Areas for improvement
 - Funding for enrollment assistance and health literacy education at the community level
 - Patient centered-Patient focused healthcare vs payment
 - Consistent and accessible communication protocols across the spectrum of the healthcare delivery system
 - Continued focus on person -centered and whole person
 - Lack of an agreed upon equity lens

Discussion: Performance Measurement

- What aspects of the Phase II performance measurement program are working well?
- What opportunities are there to improve performance measurement as we think about Phase III?

PIAC Comments: Measurement

- Aspects working well
 - ACC metrics are generally aligned with ones that are common with other payers
 - Data reporting from RAE to PCMPs
- Areas for improvement
 - Need for better and more timely data sharing between RAEs, HCPF, and providers to help improve outcomes, reduce costs, and support process improvements
 - Data driven decision making tied to race and ethnicity
 - Funding and incentives for prevention programs and services
 - KPIs and areas of RAE focus change too frequently
 - KPI clearer expectations - easier data tracking requirements
 - Need more focus on total cost of care PMPM

Thank You!