

Performance Measurement and Member Engagement  
PIAC Subcommittee  
*Minutes*

<b>Meeting Information</b>			
<b>Date</b>	Thursday, May 27, 2021	<b>Time</b>	3:00 – 4:30 PM
<b>Location</b>	Virtual attendance only	<b>Call-in Number</b>	253-215-8782 or 346-248-7799 Meeting ID: 939 1214 7561 Passcode: 385864
		<b>Webinar link</b>	<a href="https://zoom.us/j/93912147561?pwd=eG1xR2JLMmZmeDU0VXhwU051dnZjdz09">https://zoom.us/j/93912147561?pwd=eG1xR2JLMmZmeDU0VXhwU051dnZjdz09</a>
<b>Committee Purpose</b>	Discuss best practices and challenges to improving quality and health outcomes for ACC members and make recommendations for the ACC PIAC and the Department with regard to quality.		
<b>Meeting Purpose</b>	The primary purpose of this meeting is to collect feedback from PMME voting members on which performance measures matter most to members and how the performance strategy can generally be improved, including how equity should be integrated.		

<b>Voting Members and Participants</b>	
<p><b>Voting Members Present:</b> Angie Goodger (CDPHE), Bob Conkey (Health First Colorado member), Brandon Ward (Jefferson Center for Mental Health), Valerie Nielsen (CCHN), Eli Boone (Colorado Health Institute), Janelle Jenkins (Health First Colorado member), Ealasha Vaughner (Health First Colorado member)</p> <p><b>Voting Members Absent:</b> Kayla Frawley (Clayton Early Learning), Gary Montrose (Young People in Recovery), Jill Atkinson (Community Reach Center), Luke Wheeland (The Arc)</p> <p><b>Co-Chairs:</b> Bethany Pray (CCLP), Christina Suh (Phreesia/CHCO)</p> <p><b>HCPF Staff:</b> Liana Major, Nicole Nyberg, Erin Herman, Audrey Keenan, Milena Guajardo</p> <p><b>Other Participants:</b> <b>Tim Morton (Mile High Health Alliance), David Keller,</b> Lynne Bakalyan (Beacon, RAE 2 &amp; 4), John Mahalik (Beacon, RAE 2 &amp; 4), Katie Mortenson (CCHA RAE 6 &amp; 7), Marjorie Champenoy (RMHP RAE 1), Agnes Markos (COA, RAE 3 &amp; 5), Nicole Konkoly (RMHP, RAE 1), Dawn Claycomb (RAE 2 &amp; 4), Melissa Schuchman (RAE 2 &amp; 4), Kellen Roth (RAE 3 &amp; 5), Ellen Loasby (CU School of Medicine and Children’s Hospital Colorado), Emilee Kaminski (CHCO), Erin Campbell</p>	

<b>Speaker(s)</b>	<b>Description</b>
BP	<p><b>Approval of minutes and updates</b></p> <p>Roll call and April meeting minutes approved. No abstentions.</p>
LM	<p><b>Reminder of conversation guidelines</b></p> <ul style="list-style-type: none"> <li>LM reviewed conversation guidelines. Highlighted that we are still piloting idea of only permitting PMME members</li> </ul>



	<p>and Medicaid members to speak. The remaining participants can type their questions and comments in the chat box and use the public comment period at the end of the meeting.</p> <ul style="list-style-type: none"> <li>• Two specific suggestions for today’s conversation: Keep it high level and not get buried in the details.</li> <li>• RAEs, you are welcome to join conversation as needed but the focus is to prioritize community members since RAEs will have a separate forum next week to provide feedback.</li> </ul> <p><b>Updates</b></p> <ul style="list-style-type: none"> <li>• The June PMME meeting will be spent with the DU students reporting their findings on depression and mental health equity</li> <li>• Reminder that the HCPF Public reporting website is up. Feel free to check it and send any feedback regarding ease of use and comments.</li> <li>• Starting in July recruitment for new PMME members will begin. These members will start in October. Looking to add about 6 Health First Colorado members so the group membership split is more 50/50 which would increase the group to about 19-20 people.</li> </ul>
BP/LM	<p><b>Discussion and feedback to improve the Department’s performance strategy</b></p> <ul style="list-style-type: none"> <li>• LM introduced Nicole Nyberg from HCPF and Erin Campbell are on the call. Erin is a consultant with Bailit that helps states develop measures to improve healthcare quality and reduce costs. She is helping the Department develop a strategy around these measures.</li> <li>• The Department currently has about 20 performance measures that are tied into incentive dollars. The goal of performance work is to improve the overall health of Medicaid members on a population level and to improve access to care and system coordination. The state is a few years into using these measures and is now trying to assess how these measures are achieving our objectives and how to improve our strategy. We want to explore if there are other things we should be measuring, or do we have too many measures, for instance. The Department is taking a comprehensive look at this all.</li> <li>• Several measure changes will take place July 2021, but the majority will be implemented July 2022, which allows time for PMME’s buy-in and feedback. LM provided an overview of the reasons to make changes now. Of the 20 measures many of them are home grown, meaning they aren’t national standardized measures so we can’t compare Colorado data to other states and they’re not validated. Other states do not have as many homegrown measures as Colorado. In addition, some measures do not have high data quality which makes it challenging to accurate measure what we intend to. Another goal is to reduce the total number of measures. Additional reasons to make changes to the measures include strengthening alignment, incorporating health equity principles and goals, and enhancing public transparency and public accountability.</li> <li>• BP commented that it will be nice to be able to compare Colorado to other states. There was agreement on this statement. However, it’s also nice to have specific state or local measures.</li> <li>• The Department walked through the Proposed Measure Change spreadsheet and discussed all the proposed measure changes as well as a high level of the CMS Core Measures and why we’ll be moving to more of those.</li> <li>• On CMS Core Measures, will the state be required to report out the entire set? Yes, the state will be required to report on all the pediatric measures and the adult behavioral health measures, but we have flexibility to decide which are tied to incentive payments.</li> </ul> <p>BP led the group through a series of discussion questions</p>



Discussion Question: Which measures are most meaningful to members?

Members mentioned: Preventive care, pediatric measures, and behavioral health

Discussion Question: Do you feel that these measures are the right ones, are there other ones, are these measures meeting our goals?

- LM reiterated we don't have a ton of pediatric measures. She asked the group if there are there sub populations we want measured?
- One PMME member said it's hard to answer these questions at this time. It is hard to understand the impact. Others agreed. For example, we are currently counting how many kids come in for checkups, but how do we know if the goals of the visit are actually accomplished. We need to be more vigorous in asking members if they got what they wanted from the visit.
- The premature birth rate is important because it's a good measure to assess how we are doing in taking care of pregnant members. But this is also a hard measure for the RAEs to impact. BP elaborated that the premature birth rate is an outcome measure which is the direction the department would like to move.
- Maintaining health doesn't seem to really be captured in these measures. Where can we go with this?
- The concept of screening was suggested; for example, screening for depression. Or, another concrete measure is for individuals who are eligible but not enrolled in SNAP. Could we build a measure around that? BP agreed reducing the eligible but not enrolled population would be a good measure. LM shared that the department is struggling to get member level SNAP data. BP and LM thought another option is to use WIC as a separate measure.

Discussion Question: What aren't we measuring that we should?

- If CMS is going to release and mandate some standards at the same time Colorado wants to change/reduce these, are we just going to have to change again in a few years? Not sure we want to remove any of these current measures and if they are all going to go away, should we just align our measures with CMS? NN clarified that our intention is not to take all the CMS measures and make them tied to incentives for the RAEs. In addition, just because CMS is requiring some measures, doesn't mean that Colorado can't measure other things. We want measures that are important to our members.
- It was mentioned that CMS will likely let states add on to the basic set of measures. Looking at these KPIs and this list, it is fairly in line with CMS's focus. Diabetes, COPD, maternal care, and contraceptives are all in line with CMS's area of focus since these are high need areas on a national level.
- It's not ideal to wait until 2024 since Colorado has always been on the leading edge for coverage for Medicaid members. NN shared [a link to the CMS Core Measures](#) in the chat. If you go into that link you can see what the CMS core measures are today, and these measures shouldn't change considerably.
- Are there any post-partum substance abuse measures? LM said that this group has discussed this idea previously but more so for depression screening. BP shared that in the past, some RAEs had suggested that this could be sensitive issue post-partum due to mandatory reporting.

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Discussion Question: How would you like to see health equity incorporated into a performance strategy?

- BP shared an idea: What if we make a measure that is specific to a specific population such as populations where there is a known disparity. For example, the RAEs utilize PIPs that are very focused to specific groups.
- LM clarified that proposed measure changes at this time do not have an equity focus. The Department will be disaggregating performance measures by race/ethnicity, language, and disability, but there are no set equity measures at this time. This would be a ripe area for PMME research and feedback.
- Could there be different measures for different parts of the state or do they have to be statewide? It's possible to do either. The Department is open to these ideas.
- Another possibility is taking a performance measure and making half of the payment reliant on reduce disparities for specific subgroups.
- On what topics might equity measures focus? Behavioral health was raised. JJ stated she would like the focus to be on access to behavioral health. But there shouldn't necessarily be a focus on populations as it is hard for anyone to access behavioral health. A person in crisis may not be able to access a provider. BP agreed that it is so hard to get an appt and a follow up. But that issue hasn't been heard from the Department, so what other assessment can be done to understand and assess that gap?
- BP asked do we need start collecting data to understand how long people are waiting for an appt and follow up. Most RAEs have a risk sharing metric that is tied to access. It's likely there is a decent amount of data regarding their level of access. There are financial contracts within this metric so there is a baseline that we could work with. There's agreement and mention that there are multiple data points from the community health level.
- A disproportionate number of women of color are not diagnosed with postpartum depression. If we look at the numbers, we can look at the communities and the numbers to go from there.
- It is the Department's goal to break out the metrics by race/ethnicity, language, and eventually disability. It's not ready yet but a first step could be to look at the disparities for what we already measure. However, if you have a metric that you are really working on in your organization, that would be nice to know since we're likely missing important measures.
- The challenge of what can you measure and what data points you have really limits the questions you can ask.

Discussion Question: As the Department is making these changes, are there specific ways this sub-committee can engage?

- Do we want to take on 1-2 measures per year as we did with the behavioral health measure? BW agreed that is a productive use of time. Reviewing many measures can be less productive whereas taking a few and diving in helps to understand the measure more fully.
- CS shared that her ideal would be to review all the data, find a particular interest area based on the data, and then explore and understand what is really happening from a performance perspective.
- BW reiterated that if the group does this then they can use the data to inform decisions. It was proposed that deep diving on fewer issues could provide more immediate feedback to RAEs/stakeholders.
- Looking directly at the data is really the best way to highlight problems. The group generally agreed that taking a small group of measures to look at closely was preferable to tackling all the measures.
- LM said that timelines for new measures will need to be discussed internally at the Department but generally a



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	<p>goal of having measures decided by the end of December 2021 would be good so they can be incorporated in July 2022. She also clarified that some of the measures won't totally disappear they might just change slightly.</p> <ul style="list-style-type: none"> <li>• The group agreed to start with a general poll to see what areas people broadly want to look at. The group could then vote on a few measures to look at in depth.</li> </ul>
BP	<p><b>Public Comment</b> No public comments</p>
BP	<p><b>Next steps</b></p> <ul style="list-style-type: none"> <li>• The next meeting is scheduled for June 24, 2021 from 3:00-4:30pm.</li> <li>• The University of Denver students will present their work regarding improving equity in depression screenings and follow up/referral processes at the next meeting.</li> <li>• Surveys will be sent out to determine which areas/measures people generally want to look at.</li> </ul>

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Erin Herman at 303-866-2246 or [megan.comer@state.co.us](mailto:megan.comer@state.co.us) or the 504/ADA Coordinator [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting to make arrangements.

