Performance Measurement and Member Engagement
PIAC Subcommittee
Minutes

Meeting Information			
Date	Thursday, June 25, 2020	**Time**	3:00 – 4:30 PM
Location	Virtual attendance only	**Call-in Number**	+1 402-364-0128 PIN: 205 793 916#
		Webinar link	meet.google.com/ohd-ofqc-scd
Committee Purpose	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.		
Meeting Purpose	To continue the discussion from May on the Alternative Payment Model (APM) COVID measures as well as to brainstorm potential solutions for adjusting or changing the prenatal engagement key performance indicator (KPI).		

Voting Members and Participants

Voting Members Present: Jill Atkinson (Community Reach Center), Deb Barnett (Connecting Points Advisory), Eli Boone (Colorado Health Institute), Bob Conkey (Health First Colorado member), Jerry Evans (Community Health Initiatives), Valerie Nielsen (CCHN), Angie Goodger (CDPHE), Gary Montrose (Young People in Recovery)
Voting Members Absent: Kayla Frawley (Clayton Early Learning), Brandon Ward (Jefferson Center for Mental Health), Luke Wheeland (The Arc)
Co-Chairs: Bethany Pray (CCLP), David Keller (Children's Hospital)
HCPF Staff: Megan Comer, Emily Ebner, Alexandra Hoffman, Anne Jordan, Seth Lewis, Amy Luu, Liana Major, Nicole Nyberg, Susanna Synder
Other Participants: Michael Aragon (Las Animas County), Tammy Arnold (NHP), Krista Beckwith (Colorado Access), Ana Brown-Cohen (Colorado Access), Dawn Claycomb (Beacon), Cathy Coy (Southeast Health Group), Allison Dryer, Jeremiah Fluke (RMHP), Amy Jacobs, Camila Joao (CCHA), Sarah Lambie (HSAG), Agnes Markos (Colorado Access), Dom Martin (COA), Pam McManus, Katie Mortenson (CCHA), Kelly Mullins (To The Rescue), Tony Olimpio (CCHA), Kellen Roth (Colorado Access)

Speaker(s)	Description
BP/DK	Roll call and May minutes approved. No abstention.
BP/DK/LM	**Discuss/vote on whether to meet in July and the purpose of that meeting** It was requested for voting members to share their thoughts of whether or not they'd like to meet in July and suggested topics for discussion. • Members were in favor of meeting again in July due to the quantity of topics to discuss. • July's meeting will include discussions of the scope of work for at least the rest of this year and there was discussion of creating a small workgroup to onboard new Health First Colorado members.

	• The process for recommendations from PMME to PIAC, the Program Improvement Advisory Committee (PIAC), was mentioned. PMME co-chairs provide updates and recommendations, if available, on a quarterly basis. Discussion of potential new Medicaid members • The hope is to make a decision on the addition of new Medicaid members by the end of July and to communicate this to the group by email and for them to join the first meeting in August. • The Department will draft a brief 1-2 page onboarding and retention plan for the new members and share with PMME members who are interested in shaping it, specifically, Bob Conkey, Angie Goodger, and Kayla Frawley. If others are interested in providing feedback, email Liana Major. The purpose of the plan is to create a high-level roadmap for how to make participation in PMME a value add for Medicaid members. A suggestion was shared to create a small workgroup to assist with this work. Members expressed an interest in engaging in the workgroup and supporting this work.
BP/DK	**Wrap Up the Conversation on APM COVID Measures** It was previously discussed in May to create several alternative payment model (APM) measures that recognize and reward the quality improvement work that primary care practices are doing during COVID-19 since many prior quality projects had to be tabled due to limited bandwidth during the pandemic. After a summary of the last meeting was provided, PMME co-chairs and members decided to focus on the proposed telemedicine COVID measure. • The Department clarified that these COVID measures would not penalize practices if they did not achieve them. They can only earn points for reaching goals. • Deb Barnett asked if there was a measure or group of measures that could serve as a proxy to measuring access that we could leverage. She is considering sustained access, whether people can get in at all to see providers and also how quickly they can get in. • Bethany Pray responded that there are measures of network adequacy and also the Colorado Health Access Survey (CHAS) that measure access but neither really captures what we would want to measure here. • A additional thought was shared of NCQA measures, but there are no claims-based measures that look at access. • It was noted that the "next available appointment" measure has been obtained from Patient-Centered Medical Home (PCMH) and is already in the APM. It was mentioned that this is self-reported data. • Jerry Evans asked about the CAHPS survey and if we could use that to ask about telehealth. Currently, telehealth is not a question asked on this survey of Medicaid members, but the Department is considering adding it and the next survey will go out in the spring of 2021. • Someone mentioned to reward providers who were still seeing patients at all and had available appointments during COVID. To stay open during COVID was in and of itself an indication of success. • Qualitative measures could be the way forward but some standard for quality must be included. Most simply, it could include what was done, what worked, and lessons learned, or a kind of reflective exercise. It was indicated that this could be helpful to inform what policies need to be implemented moving forward. • Jill Atkinson mentioned it would be good to measure if providers are better equipped now to do televideo than they were pre-COVID. It would be an indication of whether the health system has been made more responsive for

	future emergencies. Summary and Next Steps: • The group is generally in favor of a qualitative measure. The Department should work with the RAEs to collect that information and aggregate it into lessons learned for the next wave of COVID. • The Department agreed to share telemedicine data with PMME once claims data was available. Higher utilization can be an indication of needs being met especially where there have been shortages of care in the past. • PMME wants the Department to think about how they can develop this measure and to obtain feedback from Medicaid members on their thoughts towards telehealth in the future.
BP/DK/Dept	**Discussion of the Prenatal Key Performance Indicator (KPI)** Prenatal care improves birth outcomes. The current KPI is measured as the percentage of Medicaid members with at least one prenatal visit within the 40 weeks prior to delivery out of all live birth deliveries. The challenge with this KPI is that it is difficult to measure when prenatal care occurred and how often because payments are bundled and reimbursed globally. This means a doctor receives one payment for all perinatal care including prenatal visits, delivery, and post-partum visits. The objective is to find a better way to capture and measure prenatal care. The Department is open to ideas beyond specifically measuring prenatal visits, depending on the health outcomes that matter. Ideas that PMME brainstorms will then be presented to the RAEs later in July for them to continue working on the KPI. PMME will have until July 15th to provide input before that information goes to the RAEs. Slide 13 of the PowerPoint presentation lists the services outside the bundled payment that could be used to measure prenatal care. These include: pregnancy complications, depression screens, lab tests, prenatal testing (ultrasounds), antepartum visits, and others. Can these out-of-bundle services provide a meaningful way of measuring the intensity and initiative of prenatal care? Several challenges and issues were noted about these out-of-bunded services and others: • Susanna Snyder from the Department notes that birth records from CDPHE can't often be used for measurement because there are about 15% of records that do not match Medicaid records. • Krista Beckwith from Colorado Access discusses several data challenges. There is variation in the way that antepartum visits are coded. Codes speak to whether care was initiated instead of quality. Ultrasounds and other lab tests are billed outside of clinical billing and may not be associated with the quality that is wanting to be seen. Screening for depression and tobacco use may be a good place to look, with tobacco use being a significant indicator for low birth weight and other negative health outcomes. If we look at pregnancy or delivery complications, then we're looking at a subset of the population and it becomes about looking upstream and prevention, which may include people who aren't even Medicaid members yet. • What are the health outcomes we're trying to impact? Low birth weight, infant mortality, and maternal complications. David Keller mentions the focus should be on the first trimester. • Bethany Pray asks whether we know how many women get covered by Medicaid because they become pregnant in which case the correct intervention is outreach prior to them becoming members. Susanna Synder says that it's difficult to identify and outreach prior to someone qualifying for Medicaid. • Krista Beckwith mentioned that another challenge is measurement is of those members who are pregnant but

	ultimately decide not to move forward with their pregnancy. • Maternal morbidity measures were mentioned quickly but that to impact them would require significant prevention work before women are Medicaid members. Health disparities are of interest but race/ethnicity data quality is generally poor. • Behavioral health screens are occurring during pregnancy and up to three screens post-partum. They shouldn't be bundled but there's a chance some are. There is a HEDIS measure on depression screens that could be used. David Keller mentioned that follow up is difficult because additional data is needed or evidence in the clinical note. There has to be a plan and we haven't established a great way to measure that yet. • Tobacco use was mentioned as a potential focus area since it is an important indicator for low birth rate. • SUD screenings are occurring but there is no validated tool. There are challenges with measuring this. For instance, women may be hesitant to report or to return for care for fear of their children being taken away from them. Doctors also don't want to ask about SUD if they don't have anywhere to refer them to. It was mentioned that tobacco and depression screens would be a better starting point. • Labs are billed outside the bundled payment, including ultrasounds. The implication is that populations that have been screened for ultrasounds are receiving better prenatal care. But ultrasounds may not be the best measure for understanding higher risk pregnancies that can lead to adverse outcomes. Allison mentioned the GCT and GTT (glucose) lab tests which tie into comorbidity and pregnancy complications. Others liked this idea as well. It was also suggested to look at the time span between the antepartum visit which is outside the bundle and labs, such as the glucose screen and the GBS screen to see when care started and if spaced appropriately. • Susanna Snyder also mentioned it could be worthwhile to look into group prenatal care and birth centers since evidence suggests outcomes are better. • There was a question about disparities and if the projects that try to work on decreasing infant mortality are focused on the relationship between the provider and the woman. Thoughts were shared that tobacco and depression screenings would help more in addressing disparities. Summary and Next Steps • There seems to be the most interest in pursuing depression screens, tobacco use, and labs for this KPI. • The Department will send a follow-up email to request additional feedback from PMME members and stakeholders by July 15th and will consult with data staff to learn more about what is possible to collect. Feedback will go to the RAEs before their July 23rd meeting for discussion.
DK/BP/Dept	**Next steps** • An announcement was made to inform the group that the Department is receiving an intern and so the Department would like to obtain any suggestions on potential projects from the group. This intern would be able to look at data. There may be a possibility in looking at emergency department utilization, race and ethnicity, geography, etc. • Next meeting: o Thursday, July 23 from 3 – 4:30 PM

Meeting Action Items					
Date Added	**Action No.**	**Owner**	**Description**	**Due Date**	**Date Closed**
6/25/2020	1	Dept	Obtain feedback from PMME and stakeholders on the prenatal engagement KPI	7/15/2020	
6/25/2020	2	Dept	Share APM feedback with Department staff	7/1/2020	
6/25/2020	3	Dept and PMME	Continue to recruit new Health First Colorado Members and develop a workgroup with PMME members to plan for their joining PMME	7/15/2020	

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