

Performance Measurement and Member Engagement
PIAC Subcommittee
Minutes

Meeting Information			
Date	Thursday, April 22, 2021	Time	3:00 – 4:30 PM
Location	Virtual attendance only	Call-in Number	253-215-8782 or 346-248-7799 Meeting ID: 939 1214 7561 Passcode: 385864
		Webinar link	https://zoom.us/j/93912147561?pwd=eG1xR2JLMmZmeDU0VXhwU051dnZjdz09
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	The primary purpose of this meeting is to hear from the Regional Accountable Entities (RAEs) about how member engagement and experience efforts (particularly regional Member Advisory Councils) are contributing to change and to equity.		

Voting Members and Participants
<p>Voting Members Present: Jill Atkinson (Community Reach Center), Eli Boone (Colorado Health Institute), Bob Conkey (Health First Colorado member), Janelle Jenkins (Health First Colorado member), Angie Goodger (CDPHE), Valerie Nielsen (CCHN), Luke Wheeland (The Arc), Ealasha Vaughner (Health First Colorado member)</p> <p>Voting Members Absent: Kayla Frawley (Clayton Early Learning), Gary Montrose (Young People in Recovery), Brandon Ward (Jefferson Center for Mental Health)</p> <p>Co-Chairs: Bethany Pray (CCLP), Christina Suh (Phreesia/CHCO)</p> <p>HCPF Staff: Megan Comer, Sandra Grossman, Amy Luu, Liana Major, Nicole Nyberg</p> <p>Other Participants: Lynne Bakalyan (Beacon, RAE 2 & 4), John Mahalik (Beacon, RAE 2 & 4), Nicole Konkoly (RMHP, RAE 1), Randi Addington (Health Colorado, RAE 4), Lauren Showers (COA, RAE 3 & 5), Cara Herbet (CCHA, RAE 6 & 7), Erin Herman, Audrey Keenan, Agnes Markos (COA, RAE 3 & 5)</p>

Speaker(s)	Description
CS/LM	<p>Approval of minutes Roll call and March meeting minutes approved. No abstention.</p> <p>COVID-19 vaccination rates by age grouping and race/ethnicity data was presented to the group as the Department has been looking at this data. There's a possible role for PMME to play in helping to build on equity measures like vaccination rates. The RAEs shared some insights regarding vaccinations among Medicaid members in their region. For example, Regional Accountable Entity (RAE) 2 noted there were difficulties with vaccine hesitations and RAE 1 shared that they were supporting federally qualified health centers.</p>



CS/LM	<p>Reminder of conversation guidelines; updates on mental health equity project and ACC performance</p> <p>An update was provided on the University of Denver student group project. Students have begun the work and will be interviewing practices. The student group will have some recommendations for this subcommittee in June. Their focus will be how to make depression screenings and follow up/referral processes more equitable.</p>
RAEs	<p>RAEs respond to member engagement and experience questions</p> <p>All RAEs provided an overview and summary of their member engagement efforts and Member Advisory Council (MAC) meetings. The RAEs were asked the following questions:</p> <ol style="list-style-type: none"> (1) What have you learned from the MAC meetings that has helped the RAE to modify its programs or approach?; (2) How have you been supporting member participation during COVID and will this approach continue into the future? Have there been recent barriers to member participation or barriers to engaging a representative group of members?; and (3) Have the RAEs identified best practices in aggregating member data and information (from MACs, call centers, surveys, etc.) for the purpose of making system improvements? <p>Rocky Mountain Health Plans (RMHP), RAE 1</p> <ul style="list-style-type: none"> • MAC members drive the agenda and topics at meetings. One example is that members in Eagle county wanted more culturally responsive behavioral health services for the Latinx community. The RAE helped develop a curriculum called Familia Adelante (an evidence-based model). They’ve also had panels on immigration and had speakers come to meetings. Members also want to talk about long haul COVID. • All meetings have been virtually attended either by Zoom or WebEx. They have not lost member participation throughout the pandemic. There are plans to continue to offer virtual attendance but RMHP hopes to offer in-person attendance, as well. They’ve been offering incentives or Grubhub-type gift cards to substitute for the meals they would normally provide during meetings. • They routinely review member grievances and appeals during MAC meetings. RMHP also reviews member wait time surveys, customer service data (there’s scoring equivalent to how loyal a customer is; for example, rate your practice on a scale of 1-10). This was a UHC product that they’ve adapted. CAHPS surveys are also reviewed and acted on. <p>Northeast Health Plans (NHP), RAE 2</p> <ul style="list-style-type: none"> • MAC group members are willing to engage in performance metrics and topics to promote health care experience. NHP participates in HCPF quarterly meetings to ensure they are in alignment with all RAEs and what’s being done locally. There has been an increase seen in complaints with non-emergency medical transportation due to the Department’s contract with IntelliRide. Members provide input on member communications. Minutes are transparent so all can view what’s going on. • Members in the rural/frontier communities have limited broadband and so NHP is continually looking for more ways for members to participate in meetings. Membership has dropped somewhat but virtual is the focus for creating more opportunity to participate. They’re also looking at hosting meetings at different sites to expand access for members. Zoom will remain going forward because it helps with inclusivity. • ECHO survey results identified that members did not know what family therapy was and how it could help in treatment. NHP used this input to create a brochure on family therapy which was distributed to providers, the website, and social media sites. The CAHPS survey reflected the need to educate providers on the importance of reminding members of the care needed. NHP is enhancing their own survey “What would make your healthcare



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better?" which is found on their website. The goal is to increase member's use of this survey to obtain additional aggregate data to improve health outcomes.

Colorado Access (COA), RAE 3 and 5

- MAC members' feedback are directly reflected onto the materials distributed. There's a "member seal of approval" that goes out on all documents members receive. COA has a member ambassador program to connect members to other opportunities including but not limited to PIAC.
- Regional MAC meetings (region 3 and 5) are combined. They've added optional biweekly check-ins. There is a member-driven meeting to provide COVID updates. It is a 30 - 45 min check-in to give members the opportunity to address urgent issues.
- The Center to Advance Consumer Partnership is a Robert Wood Johnson Foundation partnership that essentially walks through the member journey process, allows for identification of pain points, etc. and then the partnership brings that model to life.

Health Colorado, Inc (HCI), RAE 4

- HCI MAC is similar to the NHP MAC generally. They have vocal peer specialists who participate in region 4's MAC. MAC members want to be treated with respect so that is a focus as well as directly asking members how they want to be engaged. It's an informal environment. Every third meeting members will be asked to come to PIAC to share what they're working on or what they care about (hasn't started yet). Input has been received on social determinants of health.
- RAE4 wants to start smaller subgroups for members across the region to focus on community mental health center topics.
- There are similar challenges with broadband usage and the digital divide to get members to be engaged from smaller communities.
- The CAHPS survey stimulated a pilot project with one of the FQHC's to increase satisfaction with children's access to primary care.
- HCI wants to be cognizant of the inventory of what voices they are hearing, and what voices they are not hearing and getting these voices to the table. HCI wants to ensure the demographics of their members are representative of what is seen in their membership.

Colorado Community Health Alliance (CCHA), RAE 6 and 7

- CCHA holds virtual meetings due to COVID. They do online and paper surveys for those who can't attend meetings. There was an increase in engagement due to rural members being able to participate (transportation barriers). They have plans to also provide in-person engagement, if members want this option (still figuring out next steps). MAC meetings are held quarterly.
- CCHA has focused on how to engage in Medicaid, particularly for complex members and pregnant women. This can be difficult when members don't even know what the RAE is. They've changed the language used in text messaging and letters based on feedback received from members; generally it is less formal. Additionally, they've also improved their website based on the feedback received. For example, at one meeting members just walked through the provider directory and tested it. They were particularly interested in adding more information about specialty and expertise. CCHA has improved their directory as a result of this.
- There is a Community Incentive Feedback Program that rewards dollars back into the community and determines where it should go and who it should go to. Members and stakeholders vote on awardees with their feedback



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	<p>included in each application to ensure the feedback is received when it comes to the awards. Feedback is also obtained from CCHA staff who are engaging directly with members.</p> <ul style="list-style-type: none"> • There is cross over between the MAC and PIAC, meaning MAC members sit on the PIAC so have influence on regional policy and programming. CCHA limits the number of RAE staff who come to MAC meetings to avoid being disruptive or creating an intimidating environment. Staff rotate through over time, so everyone gets a chance to experience the member feedback process.
CS/BP	<p>PMME member-led discussion and brainstorming</p> <p>A question was proposed to the RAEs on the amount of active members they have and the frequency of their meetings.</p> <ul style="list-style-type: none"> • RAE 2 and 4 has 5-10 consistent members and they have quarterly meetings. They hope to increase membership with active outreach. • RAE 1 has 10 members in their Larimer county specific MAC. The group that represents the rest of region along the western slope has 10-20 members. They meet quarterly. Every year they pick a different county in their region to hold meetings, which provides a chance for members to see the different counties they serve. They reimburse for travel. The virtual meetings have been bi-monthly and are two hours long. • RAE 6 and 7 MACs meet quarterly and have 5-10 active members. • RAE 3 and 5 have 8 members and they were meeting monthly prior to COVID but now meet every other week. <p>There was a discussion about Medicaid members having real opportunities to talk to those that work in state policy, and the feeling of being able to make real change, as something that give their participation meaning. They've spoken with legislators regarding bills, talked to department heads of the state about COVID. For this Medicaid member, it's been about being able to start at the top to really break down systems; the opportunity to start with someone who has the ability to make the change.</p> <p>Members say the state MEAC has been a very positive experience compared to other member spaces. The facilitator makes a huge difference in creating comfort, respect, and group culture because they set the tone. One member describes the MEAC (run by Sarah Eaton) as therapeutic in some ways. Getting compensated is an added bonus because it honors our value. Compensate members if you can find a way to do so. The facilitator also is a nice contact for members to have when issues arise since they can problem solve and make things happen for members. One member said that quick responses or follow up is critical, so they get support in and out of meetings. The state MEAC also has weekly informal meetings in addition to the monthly MEAC meetings, and this help keep relationships going. They're quick and informal with a focus on just asking, what's working and what's not working. Transportation and dental have been recent topics.</p> <p>Access to interpreters continues to be an issue. RAE4 offered to share monolingual translation and language support resources.</p> <p>Someone asked if the performance and data discussions are of value to members and how could they be made more valuable? One member said that frequent updates are appreciated because in between monthly meetings, people can forget the nuances. It was suggested to reach out to members to see if there are questions. Survey monkey feedback for \$5 gift cards works with the MEAC. This feedback is not about satisfaction or how the meeting went but more about,</p>



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	<p>“we’re considering this idea, so how can we implement this.” In other words, action-oriented feedback.</p> <p>The group acknowledged that more frequent contact with members would be helpful as would integrating conversations across the regions and state MEAC group. Regional member groups’ common themes identified were behavioral health, transportation and social determinants of health (e.g., resources for food).</p>
BP/CS	<p>Next steps</p> <ul style="list-style-type: none"> • The next meeting is scheduled for Thursday, May 27, 2021. • Discussion of engaging Medicaid PMME subcommittee members in between subcommittee meetings. • Collaboration and alignment with regional MACs, state MEAC, and PMME subcommittee will be explored.

Meeting Action Items					
Date Added	Action No.	Owner	Description	Due Date	Date Closed

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.

