



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

253-215-8782 or 346-248-7799

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February 24, 2022

1. Introductions and Approval of Minutes

CS did a roll call of voting Committee members.

Voting Members Present: Bethany Pray (CCLP), Christina Suh (Phreesia/CHCO), Jill Atkinson (Community Reach Center), Valerie Nielsen (CCHN), Brandon Ward (Jefferson Center for Mental Health), Bob Conkey (Health First Colorado member), Janelle Jenkins (Health First Colorado member), Greta Macey (Tri County Health Department), Brent Pike (Health First Colorado member), Ealasha Vaughner (Health First Colorado member), Angie Goodger (CDPHE).

Voting Members Absent: Kayla Frawley (Clayton Early Learning), Luke Wheeland (The Arc), Kenda Pritchard (Spanish Peaks Regional Health Center)

Other Participants: Brian Robertson (NHP), Camila Joao (CCHA), David Keller, M.D, Dawn Claycomb (RAE2/4), Ed Arnold (Beacon), Gillian Grant, Hannah, Jane Reed, Katie Mortenson (CCHA), Kellen Roth, Lynne Bakalyan (Beacon, Megan Lujan, Melissa Schuchman, Mona Allen (HCI), Nikole Konkoly, Rachel Artz-Steinbeg (CCMCN), Sara Gallo PA-C, Leslie Patterson (Envida), Andrea Loasby (CU School of Medicine and Children's Hospital).

HCPF Staff: Megan Comer, Erin Herman, Aaron Greene, January Montano, Audrey Keenan, Nicole Nyberg, Jordan Larson, Matt Sundeen.

The January meeting minutes were approved by the PMME committee members. Angie Goodger abstained from voting since she did not attend the January meeting.

2. Update from State ACC PIAC (Christina Suh, PMME Co-Chair)

CS updated the Committee on the February State PIAC meeting (see [presentation](#)).

PIAC meeting notes and slides can be found [here](#).



1. Update your Address Campaign

Potentially 500,000 Members who may be deemed eligible when the Public Health Emergency ends.

Purpose of the campaign is to educate Members on the importance of updating their contact information and to encourage Members to respond to materials that the Department sends out.

- Want to ensure that Members who are still eligible maintain their coverage.

2. Medicaid Director update on the Public Health Emergency end planning and the effects on Medicaid enrollment

- Department is working to identify those Members who will be impacted by the end of the public health emergency
- Grants for Medicaid enrollment and renewal assistance are available

Due date: March 28, 2022.

Contact: Rachel.Reiter@state.co.us

Topics deferred to next meeting: ACC 3.0, Complex Care definition

3. ACC Operations Update

- Slight decline in number of Child PCMPs - Department to analyze
- Slight decline in number of Women Only providers
 - Department analyzed this and determined this is due to some consolidation of providers.

4. Dept. of Corrections (DOC) Metric & Data Sharing Agreement Update

- Report out on behavioral health engagement metric for members releasing from state prisons.

3. PMME Follow Up Items (Christina Suh, PMME Co-Chair)

A few committee members met after the January PMME meeting to discuss an updated data request for well child visit data based upon committee member feedback and discussion at the January PMME meeting.



The group discussed the well child data for previous years as was requested. It is hard to compare this KPI to previous years since the well child data was a different measure. Colorado has historically done poorly on well child visits.

The updated data request is expected to be available for the March PMME meeting and includes:

- For those children who had a well visit:
 - Language
 - Health Program Code
 - Age Filter so we can look at each age individually instead of age grouping
 - Attribution Type (how a Member was attributed to a clinic): Geographic vs relationship
- For all children:
 - Race/Ethnicity/Language, RAE, & County
 - Provider Type (in particular Federally Qualified Health Center versus a non Federally Qualified Health Center)
 - Disability Status
 - Sex assigned at birth
 - Age Filter so we can look at each age individually instead of age grouping
 - For those Members who did have a well visit, addition of ER/Urgent Care Rates
 - For the 41% of Members "not seen" were they seen by any other specialties?

A Member survey was sent out to Members on 2/23/22 through the Department

- Asks for their experience with well child visit.

Some research was started looking into whether other states have requirements for well child checks for enrollment in school.



- David Keller, M.D. shared his experience with well child visits In Massachusetts.

Schools had requirements for physicals every 3-4 years which were enforced by the school nurses. Kids would get sent home if they did not have their physical. Clinics outreached in spring to get patients in for their visit. This resulted in higher rates of families coming in for visits.

Massachusetts has high rates of Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Medicaid in Massachusetts payed significantly more for an annual physical than they did for a sick visit. In Colorado the difference is not that great. This was a good incentive to get practices to increase their physicals. If a child came in for a sick visit, the provider might turn that into a physical.

- A committee member commented that sports physicals are often used in place of a proper well child check. This committee member advocates for getting rid of the sports physical and requiring a proper well child check to participate in sports. Currently, parents can get an easy quick sports physical at a clinic which is so convenient that they don't want to come into their provider for a full physical.
 - A committee member asked how can we make it easier and convenient for parents to get their child a good well child check.
- A committee member agreed that we need to require a well child visit at some interval and thinks that increasing provider reimbursement for this visit may be something to consider for the state.

4. Health Equity Strategic Plan (Aaron Greene, Health Disparities and Equity, Diversity & Inclusion Officer, HCPF)

AG shared the Department's health equity strategic plan (see [presentation](#)).

Health equity is a priority for the Department.

- Four priority areas: Covid-19 vaccination rate, maternity/perinatal health, behavioral health, and prevention.

Equity will be embedded in future Department contracts with vendors.

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Health equity reports will be implemented in the contracts with the RAES.

- Annual health equity reports/plan effective July 1, 2022.

The Department is on track to get their health equity strategic plan implemented by June 30, 2022 (SB21-181 & HB21-1110). Department is working with the State's health equity commission.

The Department is building a plan that is comprehensive and culturally responsive which includes:

- Coordinated care for client-centered outcomes.
- Stratified data aligned with quality.
- Adding health equity reports to vendor contracts.
- Social determinants of health and health factors.
- Strong community partnerships and safety net provider (rural, frontier & urban) engagement.
- Measure success in health outcomes, affordability, and cost savings.

Department is focused on using a health equity lens before making any decisions.

- Can use data to facilitate this which includes looking at what is missing from the data. The Members we serve are actual people, not just data.
- The Four I's of equity diversity, and inclusion: Impact, Intent, Interact (what is level of engagement), and Implementation (how do we roll this out).

Storytelling is important to this work.

- This captures the lived experiences of our Members.

Health equity commission is driving down health disparities through a community grant program.

- They have 15 month and 2-3 year projects in the community focusing on the social determinants of health.

The Department has 60 internal projects focused on social determinants of health.



The Department has a SWAT Analysis through end of year asking MEAC, PIAC, and RAEs how the Department is doing in health equity.

- Goal is to get five trends from this SWAT to guide the Department

Starting in March 2022 the Department will have more town halls to share and discuss with the community.

RAE Annual Health Equity Plan & Report Deliverable

- Report focuses on how RAEs are addressing health equity and decreasing health disparities for members from underserved and marginalized communities.
- Specifically, the RAEs will be required to prepare an annual health equity report that highlights the following criteria:
 - Identify health disparities and priority populations.
 - Define RAE short term and long terms goals that are aligned with social determinants of health.
 - Storytelling: Member narratives and storytelling opportunities that demonstrate impact.
 - Health Equity Inventory: Highlight examples of health equity activities, projects and initiatives for the current fiscal year.
 - Data outcomes and deliverables.
 - Cost savings, affordability and fiscal investments in health equity.

Discussion

A committee member asked what the timeline for cost savings are supposed to be realized in?

AG: We can't really see the cost impact within a year. We want to think about what is meaningful.

A committee member asked if there has to be cost savings versus providing for a service that wasn't provided before?

AG: No, there doesn't have to just be cost savings if it is a new service.

AG clarified that he will get the information regarding town halls out to the RAEs and to EH to share with PMME committee.

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A committee member asked if the EDI grants have already been awarded? Were barriers to completing grants considered? Some people have challenges completing grants.

AG: At the March Board of Health meeting they will discuss the feedback received that there is an opportunity provide technical support for grant applications for grass roots organizations. How can we create an infrastructure to support these organization? That will hopefully be rolled out in the new grant cycle. In addition, they are planning to do a better job marketing these grant opportunities.

A committee member asked about the dashboards and tracking mechanisms. What are the timelines for getting those out?

AG: The goal is to get a monthly disparities update that can be shared with external partners (will not contain PHI) but we are still working internally on the logistics involved in this.

A committee member asked if the equity reports provided by the RAEs will be made available to public?

AG: Some of work must be public so we can be as transparent as possible, but not sure exactly what reports will be made available at this time.

5. Department Response to PMME's Recommendations (Matt Sundeen, HCPF)

MS shared the Department's response to PMME's recommendations that were presented to the PIAC on September 15, 2021 (see [presentation](#)). MS discussed each recommendation and provided explanation of the Department's response.

After presentation at the PIAC, the recommendations were all reviewed internally at the Department. The Department's response was reviewed with the PMME committee chairs prior to finalization and presentation today.

The Department encourages the committee to continue to share their recommendations moving forward.

6. Public Comment

CS opened the meeting to the public for comment. No comments were made during this time.



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

At the next meeting the committee will begin to brainstorm recommendations for well child visits and new topics of exploration moving forward.

The next committee meeting is scheduled for March 24, 2022 from 3:00-4:30pm.

