



COLORADO

Department of Health Care
Policy & Financing

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

253-215-8782 or 346-248-7799

Meeting ID: 939 1214 7561 Passcode: 385864

<https://zoom.us/j/93912147561?pwd=eG1xR2JLMmZmeDU0VXhwU051dnZjdz09>

March 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),

Voting Members Absent: Angie Goodger (CDPHE), Kayla Frawley (Clayton Early Learning), Ealasha Vaughner (Health First Colorado member), Luke Wheeland (The Arc), Kenda Pritchard (Spanish Peaks Regional Health Center)

Other Participants: Maureen Daly, Ed Arnold (Beacon), Randi Addington (HCI), Lynne Bakalyan (Beacon), Katie Gaffney, Paul Melinkovich, David Keller, M.D., Nikole Konkoly (RMHP)

HCPF Staff: Megan Comer, Milena Guajardo, Sabine Durand, Matthew Vance, January Montano, Audrey Keenan, Ann Marie Stein, Jordan Larson, Nancy Mace.

The February meeting minutes were approved by the PMME committee members. There were no abstentions.

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

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

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



3. Well Child Visit Data (Sabine Durand and Michael Vance, HCPF and Bethany Pray, PMME Co-Chair)

BP shared the results of a Member survey regarding well child visits (see [presentation](#)).

Member survey discussion

- A committee member asked if there is a way to see the age breakdown of children, (infants vs teenagers, for example) of surveyed Members.
 - Convenient appointment times may be different for a child who is two years old compared to a child who is 12 years old.
- A committee member asked if it is possible to see the survey data responses broken by race/ethnicity.
- A committee member commented that this survey represents a large percentage of Members who are bringing their children in for well visits. Committee member asked how we can reach Members who aren't coming in for their well child visits?
- A committee member noted they were curious about the "I don't know" responses on the survey and what they indicate- Does the Member not understand what a well child check is and/or is there a language issue versus another explanation?

SD and MV shared a well child visit dashboard that the Department developed. The committee viewed the data with various filters that were requested by the committee.

It was noted that the data in the dashboard includes Emergency Department/Urgent Care visits.

- A few committee members expressed concern that these should not be included as compliant with the well child visit measure. The Department will investigate this and update the dashboard as applicable.

Age

- Data shows that children aged three, four, and five have the highest rate of well child visits and children aged 19, 20, and 21 have the lowest rate of well child visits.



- One member commented that they thought there would be a bigger drop in the rate of well child visits as the children got older.

Attribution

- Members who requested their primary care provider have the highest compliance rate with the well child visits.

Committee Discussion

- A committee member asked what Department requested attribution means?
 - Department will follow up on this and provide an explanation at the next meeting.
- A committee member requested to change the dashboard to use biological sex instead of Gender.
- A committee member requested if it is possible to group the data by rural/frontier/urban to see if there are patterns?
 - The Department stated that this is something that could potentially be added to the dashboard in the future.
- A committee member asked if the dashboard could be made available for those wanting to access it.
 - SD and MV clarified that the dashboard can only be available for internal users. Specific data can be exported, or screen shots provided by request.
 - The committee could put together a list of data slices to share information that maybe helpful to other committee members.
- A committee member asked about Member attribution: There are many kids who are attributed to a practice that can't be reached. Practices are calling and doing all sorts of outreach. How do we understand the population that is attributed but isn't seen? How do we reach these people and get them engaged in their healthcare?
- A committee member commented that the number of well child visits may be lower if some of this care happens when children come in for sick visit.
- Committee members discussed the need to educate families on the value of a complete well child visit, regardless of their physician doing an abbreviated checkup when the child came in for a sick visit.



- A committee member suggested looking at the visit coding to see what other evaluations are being done when a child comes in for a sick visit.
- There are often transportation barriers for Members coming in for visits.
- The committee was encouraged to reach out to committee chairs or Erin Herman if they would like to look at the data further.

4. Well Child Visit Learnings and Recommendations Discussion (Bethany Pray, PMME Co-Chair)

BP reviewed all the presentations given to the committee regarding well child visits. The committee then began discussing potential recommendations regarding well child visits (see [presentation](#)).

A committee member suggested a recommendation related to the Member attribution lists. Going through the Member lists can take a large amount of administrative time for clinic staff which is already limited. Clinics don't necessarily have the time to reach out to all the Members on the list.

A committee member expressed concern about increasing reimbursement for well child visits stating that if the clinic doesn't have adequate staffing, then it is unclear how the increased reimbursement would help in outreach.

- Instead, it was suggested that perhaps the committee can come up with suggestions to assist providers in outreach to Members, education on resources available for Members, and what a well child is.
- Another committee member agreed that if there were extra money, they would like to use it for education regarding the importance of well child visits instead of increasing reimbursement for the clinic.

A committee member proposed that the extra money for well child visits could be allocated to a transportation coordinator or to a coordinator to call Members.

A committee member asked who is best suited to educate, remind, and provide insight into why a well child visit is important. Would this effort be best served by a provider, texting robot, or postcards. Is the outreach worth the providers' time?

Another committee member who works in a physician's office shared their experience with the high number of returned postcards and un-returned phone calls. This member shared that approximately 75% of postcards come back as undeliverable. What is a more effective strategy for education and engagement for those Members who are un-engaged? Committee member shared that this is a broad issue across providers. Practices have a difficult time getting these Members



in for care. The Members are attributed to the practice and the practice can't un-attribute them.

- As a system we need to figure out how to engage people in quality healthcare when they are not engaged. Attribution methodology will never be perfect. What can we do if a practice has made significant efforts to reach a member and learns the contact information is incorrect? We must figure out how to address this.

Committee members would like to understand what the rules are regarding well child visits, time requirements, and reimbursement for Medicaid Members.

5. Public Comment

BP opened the meeting to the public for comment.

A suggestion was made regarding adding a practical incentive to bring children in for the well child visits such as a bag of groceries containing healthy foods.

6. Wrap Up/Next Steps (Bethany Pray, PMME Co-Chair)

The committee will continue their discussion regarding recommendations for well child visits at the next PMME committee meeting.

Committee was reminded about the upcoming Health Equity Plan Public Meetings:

- March 31 (6-7 p.m. MDT)
- April 14 (6-7 p.m. MDT)
- May 3 (3-4 p.m. MDT)
- May 17 (12-1 p.m.MDT) ([Spanish Speaking Session](#))
- June 2 (12-1 p.m. MDT)

The next committee meeting is scheduled for April 28, 2022, from 3:00-4:30pm.

