



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

253-215-8782 or 346-248-7799

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

May 26, 2022

### 1. Introductions and Approval of Minutes

BP did a roll call of voting Committee members.

Voting Members Present: Bethany Pray (CCLP), Christina Suh (Phreesia/CHCO), Brandon Ward (Jefferson Center for Mental Health), Luke Wheeland (The Arc), Ealasha Vaughner (Health First Colorado member), Angie Goodger (CDPHE), Jill Atkinson (Community Reach Center), Greta Macey (Tri County Health Department), Brent Pike (Health First Colorado member).

Voting Members Absent: Bob Conkey, Janelle Jenkins, Kayla Frawley, Kenda Pritchard, Valerie Nielsen.

Other Participants: David Keller, Natasha Lawless (NHP), Maureen Daly, Alee LaCalamito, John Mahalik (Beacon), Katie Mortenson, Jake Coutts (COA), Wivine Ngongo, Jane Reed, Dawn Surface, Brian Robertson, Andrea Loasby, Cindy Mattingley, Sarah Hamilton, Victoria Garcia, Nikole Konkoly (RMHP), Katie Gaffney, Brandon Arnold, Randi Addington (HCI), Katherine Price, Elizabeth Freudenthal (Children's Hospital), Ashley Clement, Lynne Bakalyan (Beacon), Emilee Kaminski (CCHO and UC Dept of Pediatrics).

HCPF Staff: Erin Herman, Nancy Mace, Megan Comer, January Montano, Amy Luu, Courtney Philips, Mark Queirolo.

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

### 2. Update from State ACC PIAC (Erin Herman, HCPF)

EH provided a brief update from the May State PIAC meeting (see [presentation](#)).

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



### 3. Accountable Care Collaborative (ACC)3.0 Initial Discussion (Mark Queirolo, HCPF)

MQ led a discussion regarding the ACC Phase 3.0 program including timelines, stakeholder strategy, and areas of committee interest in ACC Phase 2 performance. The areas of interest will facilitate further conversations (see [presentation](#)).

MQ has presented at the State PIAC and is going to all the PIAC subcommittees to have similar conversations and obtain committee feedback and identify areas of interest for the committees.

MQ provided a brief overview and background of the ACC program and how the RAEs are set up.

The committee shared that the following structural aspects of ACC Phase 2 are working well with regards to the Member experience.

- A committee member shared that she is impressed with RAEs engagement with local health authorities. Member feels comfortable reaching out to their RAE to address issues.
- MQ clarified that the Member Experience Advisory Committees (MEAC) for the RAEs were new for Phase 2.
  - A committee member expressed that through involvement in their MEAC he learned so much about what the RAEs do and all the work they are involved in.
- A committee member commented that there are aspects that work and there are aspects that require improvement but it is hard to know what aspects of the program are related to Phase 2 specifically, so this is a difficult question to answer.

MQ shared previous comments made at the PIAC regarding what is working well for the Member experience:

- Member engagement, particularly on a local and regional level
- Regional focus on how to meet specific needs of the local communities
- MEAC and PIAC structures at the state and regional level to build in community member and organizational input. Improvement to this process can still be realized but the structure is encouraging



- Flexibility for the RAE to fund community work. An example, Colorado Access funding black birthing initiative work (ex. doulas).

MQ shared previous comments made at the PIAC regarding areas of improvement for Member experience:

- Funding for enrollment assistance and health literacy education at the community level
- Patient-centered/Patient- focused healthcare vs payment
- Consistent and accessible communication protocols across the spectrum of the healthcare delivery system
- Continued focus on person -centered and whole person care
- Lack of an agreed upon equity lens

The committee shared that the following aspects of ACC Phase II are opportunities for improvement:

- Increasing SNAP enrollment across the state.
  - Data sharing is a challenge.
  - There is an opportunity for accountability in the ACC 3.0 program to make Colorado a higher enrolling state.
- Performance Measures
  - Issues with Member attribution have been a problem over time with knowing what the measures mean.
  - When analyzing the data, need to make sure there is an agreed upon definition of what we are looking at and that everyone knows what we are measuring.
  - A question was raised regarding who is responsible for looking at the body of measures across the state to understand how the system is working. It would be helpful to specify this so there is someone focused on the full set of measures. This could potentially facilitate being able to answer how the ACC program is impacting Member's health.
  - A committee member shared that it has been hard to figure out how to accurately measure the Member experience.

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- A committee member commented that in the future he hopes that we are precise regarding which regional benefits we want to maintain and those that provide unwanted variability. There is considerable variability between regions- some of which is desirable and some of which is not. In addition, some RAEs are less experienced than others.
  - Another committee member added that in Colorado, the RAEs are not competing for Members. Each RAE serves a specific population.

MQ shared previous comments made at the PIAC regarding performance measurement that are working well in ACC 2.0 program:

- ACC metrics are generally aligned with ones that are common with other payers.
- Data reporting from RAE to PCMPs

MQ shared previous comments made at the PIAC regarding performance measurement that are areas for improvement:

- Need for better and more timely data sharing between RAEs, HCPF, and providers to help improve outcomes, reduce costs, and support process improvements
- Data driven decision making tied to race and ethnicity
- Funding and incentives for prevention programs and services
- KPIs and areas of RAE focus change too frequently
- KPI clearer expectations -easier data tracking requirements
- Need more focus on total cost of care PMPM

MQ asked how the PMME committee would like to be involved in the future:

- A committee member shared that he would like to know how the committee can have a real impact. Identify the areas of influence this committee has and focus on those. Would be helpful to have specific requests of the committee.
- MQ commented that it would be helpful if the PMME committee could come up with suggestions on to better measure the Member



experience. Are there different measures that the committee can come up with to do this better?

- MQ shared that another area for the committee is Member attribution. There may be better ways to do this.
- A committee member requested clarification regarding what areas of the ACC program are already determined and not open for change.
  - The Department is working on this and will incorporate this into the future plans..

#### 4. Well Child Visit Recommendations (Bethany Pray, PMME Co-Chair)

BP led the committee through a discussion of four potential recommendations based on the conversations and learnings of the committee over the last few months (see [presentation](#)).

Committee members reviewed the potential recommendations and discussed these together.

##### Potential Recommendation #8

RAEs to partner with schools, school districts, and school-based clinics (where available) to educate on the availability and importance/value of well child visits.

Examples include: RAEs to provide financial and technical support for outreach and education by schools and school-based clinics on the availability and importance/value of well child visits; educational materials can be sent home in backpacks, in newsletters, etc.; partner to set up well child visit clinics (e.g., pop up clinics at school, on weekends. (Consider partnering with medical schools).

- A committee member questioned whether this would fragment Member's healthcare.
- It will be important to ensure that data flows between providers and clinics. Coordination between providers is essential and ensure systems are in place will help reduce risk of fragmented data.
- Financial and technical support to RAEs- include financing for transportation
- Some members expressed concern about the use of pop-up clinics outside of the patient centered medical home interrupting patient centered care.
- A committee member commented on the use of school-based clinics:

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- If there is a way of sharing this data, then this would be an improvement over using the urgent care or the emergency department for well child visits. In these situations, there is not good continuity of care.

#### Potential Recommendation #9

Member Attribution: Review process for clinics and RAEs to address their "unreachable" attributed population so that there is a streamlined process for RAEs and HCPF to identify and resolve attribution and address problems.

- The committee has heard that the attribution lists require a significant amount of administrative time from clinic staff.
- A few committee members commented that they would like to explore Member attribution but not necessarily in the context of well child visits.

#### Potential Recommendation #10

Department to explore billing codes data to ensure that all appropriate well child visits are being properly captured in the measured data.

#### Potential Recommendation #11

Department to require both the 0-30 Month Well Child Visit Measure AND the Child and Adolescent Visit Measure for the APM practices (APM practices can currently choose between these two measures).

- A committee member asked how these incentives influence behavior. Do these incentives really impact how many well child visits are conducted?
- A comment was made that if a practice isn't seeing babies, then requiring both measures may present a challenge.

## 5. Public Comment

BP opened the meeting to the public for comment. No comments were made.

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

### Next Steps:

- The committee is currently recruiting 2 new voting committee members

Access the application [here](#)



- Voting committee members to send in their top three well child visit recommendations to Erin Herman

**Next PMME Meeting:**

June 23, 2022, from 3:00 - 4:30 PM

- Review Key Performance Indicator (KPI) Data
- Explore Member attribution

