

# Performance Measurement & Member Engagement (PMME)

August Meeting  
8.26.2021



# Agenda

- 3:00 - 3:05:** Introductions and approval of June minutes
- 3:05 - 3:50:** Mental health equity recommendations and key-takeaways
- 3:50 - 4:20:** Walk through of performance data
- 4:20 - 4:25:** Public comment
- 4:25 - 4:30:** Wrap Up



# PMME Conversation Guidelines

- Assume best intent.
- Be tough on issues, soft on people.
- Step forward/step backward so everyone participates.
- Avoid acronyms.
- Acknowledge what hat you're wearing.
- The answer to “but” is “yes”
- Be thoughtful and respectful.
- Mute yourself when you're not speaking and please use the chat feature when appropriate.





# June Meeting Minutes

# **Equitable Approach to Performance Evaluation**

## **Draft Recommendations**

## Recommendation #1

All performance measures should be broken down by demographics

Categories: race/ethnicity, language, disability, age, gender

With intersectional views possible (e.g., gender + race)

Disaggregate baseline data similarly

## Recommendation #2



Before selecting new measures, it is essential to analyze whether specific groups of members are excluded from the base population (including high churn members)

Formal decision should be made on impacts of excluding any group before proceeding

Example: Depression screening and follow up measure

## Recommendation #3

For each new performance measure that's considered, evaluate the equity implications broadly

Where are the disparities? What magnitude are they?

Are there clear and concrete equity intervention points where accountability is feasible?

Give it adequate time to find out!



## Recommendation #4



If one RAE is hitting it out of the park in performance, the Department should make it required that the other RAEs also adopt the best practice

## Recommendation #5



Tie performance dollars to disparity reduction.

Example: For a given measure, half of the dollars could be for overall improvement and half for disparity reduction

# **DU Student Project on Depression Screening & Follow Up**

## **Key Takeaways**

# Key Takeaways

- Expand screening for kids under 12 using the validated tools available
- Ensure all providers are screening for suicidality and have the tools to effectively support members
- RAEs could provide training and support to providers on health equity practices & how/why to disaggregate their data by demographics.
- Make the screening process more meaningful, comfortable (not just a check the box), and track who is opting out
- Explore a better follow up mechanism to ensure fewer people fall through the cracks when trying to access behavioral health care

# Performance Data

**Public Reporting, Regular Reviews & Well  
Visits for Pediatrics**

# Public Reporting Website

## Accountable Care Collaborative Public Reporting

One of the primary objectives of the Accountable Care Collaborative is to ensure greater accountability and transparency. The Department provides data and information in three key areas - performance, operations, and finances - for the purpose of collaborating with stakeholders to monitor the success and integrity of the program as well as to identify opportunities for quality improvement. The Department is in the process of building an interactive quality dashboard to show trends for all major performance measures. This dashboard will replace the performance data below when it is available for sharing with stakeholders.

### Performance Measures

One way that the Department monitors RAE performance is by utilizing incentive payments to promote performance in key areas that improve population health and access to care. The following three measure sets are intended to drive improved health outcomes for members, build a coordinated community-based approach to care, and reduce costs. The [comprehensive set of measure specifications](#) and a [fact sheet](#) on performance measures are also available.

### Key Performance Indicators (KPIs)

KPIs are measures designed to assess the overall health of the ACC program. They reward the RAEs for improvements to the regional delivery system and in key areas of population health.

#### Measures:

- Behavioral Health Engagement
- Dental Visits
- Emergency Department Visits
- Health Neighborhood
- Prenatal Engagement
- Well Visits



**What do you want  
a regular review  
process to look  
like?**

# Well Child Care: **NEW** KPI This Year

## Part 1

## (HEDIS W30)

- *Ages 0-15 months: 6 or more well visits with a PCMP*
- *Ages 15-30 months: 2 or more well visits with a PCMP*

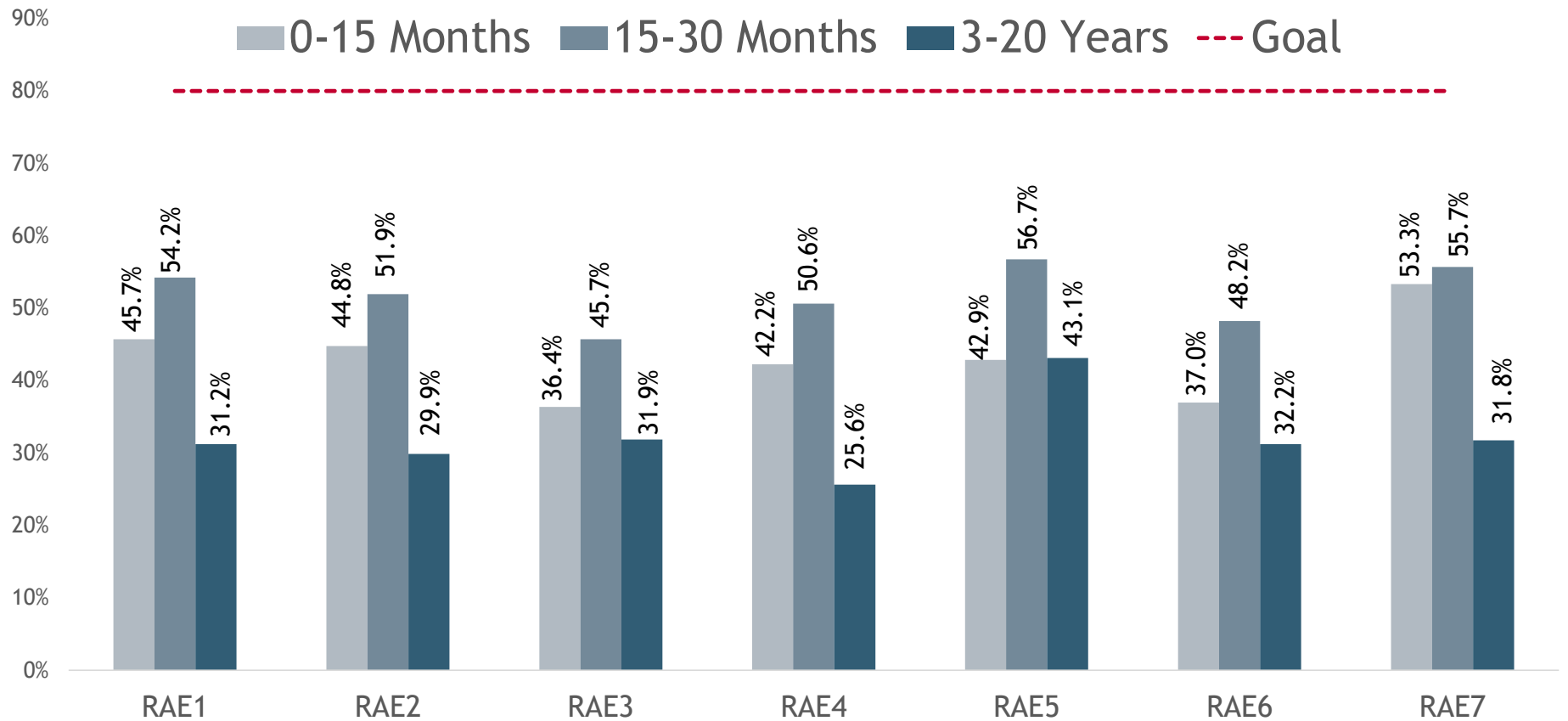


# Well Child Care: **NEW** KPI This Year

## Part 2 (HEDIS WCV)

- *Ages 3 -21 years old with one or more well visit with a PCMP*

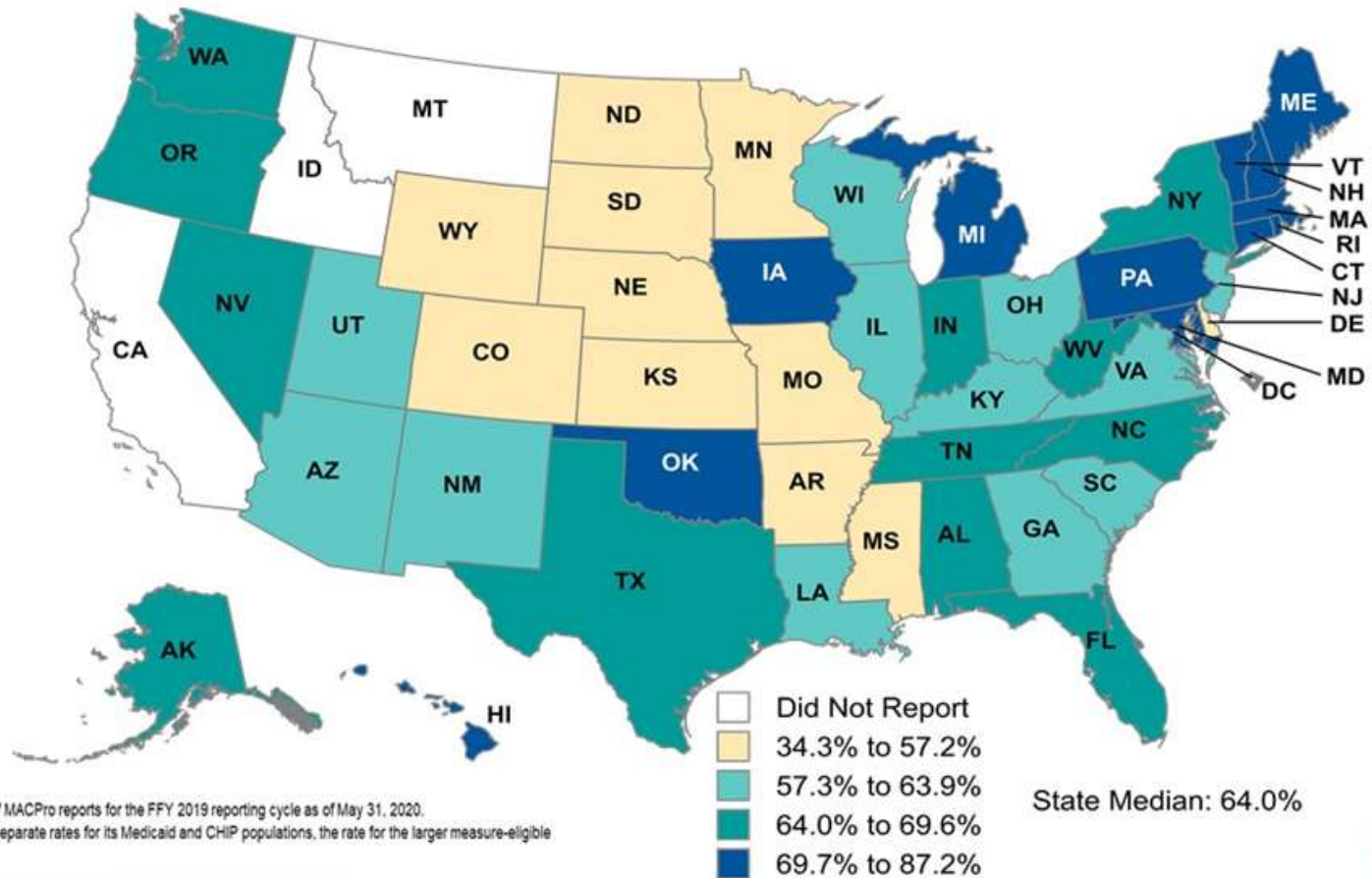
# Baseline Data (Jan - Dec 2020)



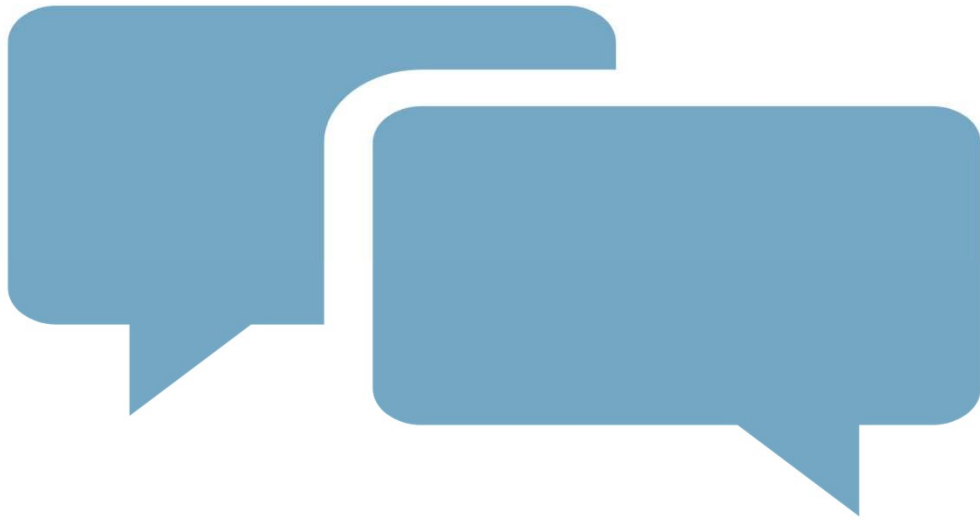
# Geographic Variation in the Percentage of Children Enrolled in Medicaid or CHIP Receiving Six or More Well-Child Visits in the First 15 Months of Life, FFY 2019

Viewing Well Child Lear... ▾

(n = 48 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.  
 Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



# Public Comment

# Next Steps

- **Next Meeting:**

September 23, 2021

3:00 – 4:30 PM

- **Next Steps:**

- Co-chairs will present PMME recommendations at PIAC on September 15
- Department approval needed for PMME priorities
- Recruitment in process now (help us with outreach!)