Performance Measurement & Member Engagement (PMME) Subcommittee Meeting

July Meeting 7.28.2022

Meeting Objective

The primary goal of this meeting is to discuss Member experience initiatives and discuss how the PMME committee can support these initiatives.

Colorado Department of Health Care Policy & Financing (HCPF) Mission

Improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

PMME Conversation Guidelines

Reminder:

Non-voting members, please use the chat only.

- 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.

Agenda

- 3:00 3:05: Welcome, Introductions, and approval of May/June Minutes
- 3:05 3:15: Update from State ACC PIAC
- 3:15 3:30: Well Child Recommendations Update
- 3:30 4:15: Member Experience Initiatives
- 4:15 4:25: Public comment
- 4:25 4:30: Next Steps and Wrap Up



Update from State ACC PIAC

Bethany Pray, PMME Co-Chair



Update from State ACC PIAC

- PIAC Subcommittee updates BHIS:
 - Reviewed legislative session and the behavioral health bills that were passed

PC&E:

- Health Services Advisory Group presented findings from their care coordination audit of the RAEs
- Legislative update (see <u>slides</u>)
- ACC 3.0 Discussion
 Jamboard on data and performance



Data and Performance What types of data would you like to see shared with Thoughts about the Department's move to use providers that could help providers better serve pre CMS core metrics for performance Data that would help us easurement? What do we need to consider to members? Self-reporting specialty care sure measures are actionable for providers? An inventory measures would be of what data better than gets captured claims-based for patients Witness. reports because our Rolling of cost **Jntreated** EHRs are more increase / decrease More timely and accurate undertreated A list of what the compared to consistent data c Always helpful to behavioral health pehavioral support this measures are and treatment, labs, care have national Alignment with CMS incentive measures. how they compare coordination etc. health on benchmarks. The movement core measures is Even though there is a to what we have CMS measures are great, especially if claims lag-it should be costs of care now will be helpful not perfect, but a those measures will le to have more good starting point or estimates of be used across Agree with posts to align with rmance. This will payers about developing data national standards. providers partner requirements in RAEs for more collaboration with Competing quality communities/Medical If the care List of what types of Support aligning metries and d members. What data each hospital coordination is dor metries with CMS requirements For outpatient BH data is meaningful to between regional KPts to its fidelity, there system collects so providers or and other standard people engaged in should be data providers can be and state APM/HTP setting oras when PCPs-would be Measures are are challenging for regarding which aware of gaps when possible useful to have data providers, State-only SDOH are the most using data to make only on hospitalizations quality programs will provilant. decisions (inpotient and ER actionable if To enhance care be easier to manage oppordination across visits) data. than regional. data is the systems of care-it provided more might be helpful to have data on which Claims data is real time. providers are all. limited and efforts. I would suggest involved in a data by census tract should be made broadening the members care to to plan micro through HIE and Many of the measures. audience for support more active With so many small interventions with provider data require collaboration. measurement. It's providers, it can be hyper local warehouses to a across systems of care seems a bit narrow to coordination-particula difficult to engage community partners (PCP and 8H or COMPLETE picture limiting to providers. thom all in-Hospital and other Gaining access to data of the patient's What and wh portormanco. Current models is challenging in the providers. improvement efforts. change metrics too these etc.l---incentivizing current system. An Bringing high volume guickly. We need RASE to bring those example of a best outcomes providers to the table metrics to last at least Data priorities: the groups together practice was COVID more data on who is around performance care coordination 3 years to be sure that measures are system must be around performance not accessing care. improvement will data: granular data quality improvement administratively Improvement is especially important to have a greater impact. on patient touches. on those metrics simple for providers to preventative care actually works. CMS (setting, number, access and report. track mediculos are etal and linked to Metrics must be relatively stable. meaningful and health status relevant to quality

care. And it's essential that data is timely enough to te atte

Bethany Pray, PMME Co-Chair



1. Improve Education for Members on Well Child Visits.

The primary recommendation from PMME is to improve education for Members on Well Child Visits (WCV). The Committee agrees that there is an opportunity to empower Members with clear and relevant information. Understanding the value of a well child visit for the family and child in preventative care is a vital part of wellness and early intervention.

As one of the primary sources of information regarding Well Child Visits, PMME recommends that the Department review the current EPSDT Outreach materials (federal rules 42 CFR 441.56 (a)), regarding Well Child Visits with these considerations in mind:

Considerations:

- > Terminology used for WCV which includes physicals, checkups, and sports physicals should be consistent in all distributed material.
- > The sports physical is not a comprehensive WCV
- > The timelines for well child visits.
- > Well child visits are free of charge.
- Understanding the value of a WCV and preventive care and why this exam should be conducted annually.
- > Availability of transportation.
- > Clear nontechnical language in all educational materials.

2. Transportation

Improve transportation access for Members.

- RAEs to provide training to care coordination staff regarding transportation availability. Ensure staff offers transportation and does not wait for request.
- > RAEs to track and report in a deliverable the number of well child checks for which NEMT was provided .

3. Extend Office Hours

Department to require the RAEs to have a percentage of their providers offer extended office hours dedicated for Well Child Visits.

RAEs to report dedicated extended hours for Well Child Visits.

4. Partner With Schools

The RAEs partner with schools, school districts and the Colorado Department of Education on the availability and importance of Well Child Visits.

- Regular reporting in deliverables from each of the RAEs on their partnership activities.
- > Tracking of RAE Well Child Visit key performance indicator data can potentially be connected to RAE activities with schools.
- > HCPF endorsed school survey to assess how Department can support efforts in Well Child Visits.

5. State Requirement

If legislation is introduced regarding a requirement for a well child visit at age-appropriate intervals, the PMME committee recommends that the Department support this, considering the equity of all children.

Member Experience Initiatives

Sarah Eaton, HCPF Brent Pike, PMME Committee Member



Public Comment

Next Steps and Wrap Up

Next Steps:

- Voting PMME member suggestions for topics to explore.
- Currently recruiting 2 new voting committee members

Upcoming PMME Meetings:

- The August 25th PMME meeting is cancelled.
- The next PMME meeting is September 22, 2022