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

January 27, 2022

1. Introductions and Approval of Minutes

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), Luke Wheeland (The Arc), Kenda Pritchard (Spanish Peaks Regional Health Center), Ealasha Vaughner (Health First Colorado member).

Other Participants: Maria Zubia (Kids First), Amanda Jichlinski (Kids First), Amy Ferris (Pediatric Care Network), Alyssa Rose (RMHP), Katie Mortenson (CCHA), Brian Robertson (NHP), Ed Arnold (Beacon), John Mahalik (Beacon), Barbara Toney, Lynne Bakalyan (Beacon), Dawn Claycomb, Camila Joao, Cindy Mattingley (RMHP, RAE1), Elizabeth, Emilee Kaminski (CHCO), Jacqueline DHHA, Jane Reed (COA), Kaitlin Gaffney, LeAnn Pacheco, Melissa Schuchman, Nikole Konkoly (RMHP), Randi Addington (HCI), Majorie Champenoy (RMHP), Elizaebth Freudenthal (Children's Hospital Colorado).

HCPF Staff: Erin Herman, Emily Ebner, Audrey Keenan, Ann Marie Stein, Emily Woessner, Megan Comer, Paul Melinkovich, Milena Guajardo.

CS did a roll call of voting Committee members.

The December meeting minutes were approved. No abstentions.

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

CS updated the Committee on the January State PIAC meeting (see presentation).

- Public Health Emergency Unwind – Public Health Emergency has been extended for another 90 days.

- Workforce Discussion Updates.
- Region 6/7 (Colorado Community Health Alliance) MEAC update • Community Incentive Program (CIP) – distributes funds from KPI incentive program as grants to community organizations who serve Health First CO members.
- HCPF Presentation on COVID-19 vaccination efforts – Health First Colorado member specific COVID-19 vaccination data available on ACC Public Reporting website.

3. Well Child Visits- Provider Perspective (Dr. Amanda Jichlinski and Maria Zubia, Kids First Health Care)

Dr. Amanda Jichlinski and Maria Zubia, Kids First Health Care shared their clinic's experience and perspective on well child visits (See presentation).

Kids First Mission: KFHC is committed to improving the health and well-being of infants, children, and youth through providing primary and preventive health services in partnership with schools and other community organizations.

Kids First has 3,815 members attributed to their practice

Importance of Well Child Checks

- Preventive care
- Mental health conditions are a leading cause of morbidity and mortality both nationally and in Colorado.
- Suicide is a leading cause of death in adolescents and young adults Colorado
- Obesity is a leading cause of morbidity and impacts health long-term
- Early attention to developmental concerns including Autism can have important prognostic impacts

Number of Well Child Checks that Kids First conducts

- 2019: 1,754
- 2020: 1,964
- 2021: 2,210

Main Community Barriers to getting Well Child checkups

- **Transportation:** Lack of access to transportation, unfamiliar with public transportation systems, and Medicaid transportation can be complicated and challenging to navigate.
- **Medical Literacy:** Acronyms (very inconsistent with how they are defined), unfamiliar terms, and inconsistent explanations
- **Language:** Interpretation vs Translation vs Comprehension
- **Accessibility:** Locating a provider is complicated; providers have different accessibility and enrollment requirements; Payer source is complex across all systems (public and private); accessibility is affected by stigma, pride, biases, etc.
- **Time:** Scheduling appointments can be difficult depending on Member's working hours and work schedule. Clinic may not have a schedule that works with the Member's availability.
    - School based healthcare clinics can help improving time options for appointments

Clinic Barriers to getting Well Child Checkups

- **Time and Appointment availability**
    - Flexibility, scheduling requirements, balancing staffing
- **Quantity vs Quality**
    - Billable vs non billable appointments; insurance expectations; employer expectations
- **School Based Health Care Clinics (SBHCs):**
    - Parent consent (electronic/paper), forms, web-based assessments, etc.
    - Schools and their schedules
- **COVID-19 pandemic:**
    - Changes in appointment structures (Telehealth, in-person, SBHC, Community Clinics)

- **Attribution List:**
    - The attribution list sometimes includes individuals who are no longer children and some live far from the clinic.
    - Clinic has a staff person calling each Member on the list. They track if they have moved and when they had their last well child check.
        - Very labor intensive to reach out. The majority of the people they call are patients at another clinic. They see a different provider, but they are still attributed to their clinic.

Structural Barriers

- Colorado does not have a routine system to confirm yearly well child checks *(not required for school entry beyond daycare)*.
    - Adoption of vaccine documentation requirements across school districts might help with this
    - Some states require this at the start of the school year.
    - Without this requirement the kids stop coming into the clinic.
- Reimbursements that promote number of patients seen over length of appointments work against quality WCCs.
    - Changes in Medicaid reimbursements are in place
    - A quick well child visit isn't thorough and as beneficial
        - If a provider sees 13 patients per morning that only allows 10-12 minutes per visit. This does not contribute to a high quality well child visit.
- Care coordination, transportation, and Medicaid enrollment
    - Require assistance, knowledge, and funding

Research and Future Directions

- Need for research on structural systems that impact well child checks state-wide.
- Create opportunities for practices across the state to share problems and solutions and learn from each other what is working.

- Create forums for collecting patient experiences and feedback.
- Innovative thinking to promote higher rates and improved quality of well child checks.
- Employ and deploy culturally relevant community navigators.
- Most of our healthcare system is focused on adults
    - Need to create pediatric practice standards for Medicaid-enrolled groups.
- Preventative screenings may cost more money in the short term, which can create challenges, but catching issues early can save money in the long term.

A committee member asked if the well child visit is an opportunity to educate individuals on logistics and how they can help themselves in certain areas and find resources? There is a lot that must occur during this visit so is there time?

- MZ shared that their clinic has medical educators that can help Members. This helps patients and reduces the time the Provider must dedicate to these issues.
- AJ commented that the well child visit is a balance of many things that must be done. This is an opportunity to teach people a whole variety of things, but the provider also must prioritize what is most important for that specific patient.

A committee member asked if Kids First has a list of attributed patients that are stating they are patients elsewhere, how are the well child checks that a patient does or does not get end up being reported? Is Kid's First showing lower percentages or is the well child check double counted?

- AJ replied that is her understanding that the clinic ends up getting the "credit" for that person having a well child visit, but it is not double counted. The list is updated every 6 months.

4. Child and adolescent Well Child Key Performance Indicator (KPI) Data review (Anne Marie Stein, HCPF)

Anne Marie Stein shared well child visit KPI data for Members aged 3-21 (see presentation).

Well Child KPI

The well child KPI is the percentage of children ages 3 to 21 who have had at least one comprehensive well care visit with a primary care practitioner (PCF) or an obstetrician/gynecology (OB/GYN) during the measurement year.

Denominator: Ages 3 to 21 as of December 31 of the measurement year.

Numerator: One or more well-care visits during the measurement year. The well-care visit must occur with a PCP or an OB/GYN, but the practitioner does not have to be the practitioner assigned to the child.

- FY20-21: 35% of eligible Members had a well child visit and 65% of eligible Members did not have a Well Visit documented (approximately 728,000 children)The national median for ages 3-6 is 70.4% and for ages 12-21 its 53.2%

- HCPF Goal: 80% of eligible Members to have a well visit during the measurement year.

FY20-21: for those Members who did not have a Well visit, 41% did not see any PCMP, Urgent Care, or ED Provider for the entire year.

The data was displayed broken down by RAE, County, race/ethnicity, and language.

AS clarified that the national averages displayed are for Medicaid only.

It was noted that the data shows some Members who did not have a well child visits but did have some preventative services including vaccinations.

- There is an education opportunity for clinics regarding well visits.

Immunization for adolescents

The immunization for adolescents Combo 2 measure is the percentage of children 13 years of age who have had one dose of meningococcal vaccine, one Tdap vaccine, and completed their vaccine series by their 13th birthday.

- Colorado's performance has remained consistent at approximately 34-35% and the national median is 79.2%

Questions and comments

Committee members had a few comments and questions about the data:

- BW asked how many of those 41% who had no visit at all, got care elsewhere? Would this inflate the numbers since they couldn't be disenrolled? That number seems so high.

- BP asked if we could look at 2018-2019 data to assess whether the PHE had a significant impact.

- VN wanted to explore where the attribution is falling through.

AS clarified that due to the Public Health Emergency (PHE) no one could be dis-enrolled, so enrollment increased significantly.

AS requested RAE feedback on what they are doing to encourage well child visits:

- RAE4: On the Member side the RAE has materials that show how to get a visit and what to expect at a visit. The RAE sends out text messages and automated phone call reminders about well visits. To address the educational component the RAE has practice transformation coaches that work with PCMPs. They work to educate staff on coding for well visits.

AS said that its possible some practices are miscoding for full well child visits.

- RAE1: RAE has had a huge focus on well visits recently. The RAE has been working to engage with their community providers and they are thinking carefully about their messaging.

- Pediatric Care Network: The Pediatric Care Network supports well child visit rates & recall by incorporating a well child visit metric into their scorecard, has a well child visit program supported by quality coaches, provides marketing tools/posters for practices, provides patient lists to help facilitate recall, and they created a "What to Expect in a Well Child Visit, First 2 Years of Life" handout.

AS shared a link that provides an overview of how different states compare in well child checks (see link).

AS shared a link that provides an overview of Medicaid and CHP+ in Colorado (see link).

5. Discussion

The committee discussed the data presented and the committee's next steps (please see presentation)

EH requested committee members to please let her know if they would like to join a small group to look at well child data and put together the next data request.

- The suggestions raised by committee members during this meeting will be discussed.

EH and NN created a survey for APM providers about their experience with well child visits. The plan is to send this out by email.

The group discussed how to capture the Member component of the challenges with well child visits. A Member survey was proposed. Some expressed concern that Members may have survey fatigue.

- EH requested committee members to send suggestions in after the meeting regarding capturing the Member experience in this discussion.

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)

Committee will continue the Well Child KPI discussion in future meetings and look at more data to get further understanding of the issue.

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