



COLORADO

Department of Health Care
Policy & Financing

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

253-215-8782 or 346-248-7799

Meeting ID: 939 1214 7561 Passcode: 385864

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

September 23, 2021

1. Introductions and Approval of Minutes

Voting Members Present: Kayla Frawley (Clayton Early Learning), Angie Goodger (CDPHE), Jill Atkinson (Community Reach Center), Brandon Ward (Jefferson Center for Mental Health), Bob Conkey (Health First Colorado member), Valerie Nielsen (CCHN)

Voting Members Absent: Ealasha Vaughner (Health First Colorado member), Gary Montrose (Young People in Recovery), Luke Wheeland (The Arc), Janelle Jenkins (Health First Colorado member)

Co-Chairs: Bethany Pray (CCLP), Christina Suh (Phreesia/CHCO)

HCPF Staff: Liana Major, Erin Herman, Ann Marie Stein, Audrey Keenan, Sandra Grossman, Nicole Nyberg, Megan Comer

Other Participants: Edward Arnold, Performance Improvement Analyst (Beacon-RAE 2/4), Nicole Konkoly (RMHP, RAE 1), Katie Price (RMHP), Lisa Latts (RMHP), Brian Robertson (NHP, RAE 2), John Mahalik (Beacon), Emilee Kaminski (CHCO), Samantha Fields (Health First Colorado member), Camila Joao (CCHA RAE 6 & 7), Katie Mortenson (CCHA, RAE 6 & 7), Cynthia Mattingly (RMHP, RAE 1) Agnes Markos (COA, RAE 3 & 5) Elizabeth Freudenthal (Children Hospital)

CS did a roll call of voting Committee members and the August meeting minutes were approved. No abstentions.

2. Overview of presentation at September PIAC and next steps (Co-Chairs)

- CS presented the PMME recommendations at PIAC. The PIAC approved the recommendations.
- The group had a discussion regarding the process for getting Department feedback on the recommendations.

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- An action item from PIAC is to define a timeline for hearing back from the Department on subcommittee recommendations.

3. Child and adolescent Well-child KPI: Data review (Christina Suh, Liana Major)

- Colorado is one of the lower performing states with meeting well-child visits goals. Why is Colorado doing so poorly?
- Well-Child visit is a new KPI this year: Part 1(0-15 month and 15-30 months) and Part 2 (3-21 years)
- HEDIS: National measures that are used to measure quality of care. Allows us to compare Colorado to other states and other payor organizations
- Why are well-child visits so important?
 - Help the providers monitor the child since this is a time of rapid growth and development.
 - Anticipatory guidance, what will happen next.
 - The immunization schedule is harmonized with the well-child visits.
- American Academy of Pediatrics and Bright Futures puts together a recommended schedule of visits and what to do during the visits.
- These KPIs are part of the Alternative Payment Model (APM) measure set. Starting in January 2022 pediatric practices will be required to track on these.
- Healthy Communities program has been imbedded into the programs through the RAEs.
- EPSDT Medicaid program provides all children with access to preventive screening and treatments

LM walked the group through the well-child data broken down by several categories (e.g. race and ethnicity, RAE, language, sex assigned at birth)

- High level goal is to get children in for 80% of their recommended visits.
- Highest performing sub-groups are Asian and Hispanic/Latino children across all the age groups.

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- There are disparities by race and ethnicity, age, RAE, language.
- NN noted that this is a new HEDIS measure, so we only have 2020 data and not a lot of historical data to go backward.
 - National benchmark data is proprietary so it can't be shared.
- Discussion of the data
 - One person mentioned that it would be helpful to see longer spans of data (as kids get older). This might help us understand where bigger drop-offs occur in the number of well-child visits. This data is surprising, and there is interest in exploring why Colorado is performing so poorly.

Action Item: LM said she would look into finding that data.
 - BP asked if every state sees a drop-off with time for well-child visits as the kids get older? How does Colorado compare in this dropoff? What age do we want to focus on?
 - BP asked if the group wants to understand more about why all these well-child visits are important? In other words, do we need to make the case?
 - One person commented that understanding the connections helps us understand why this metric matters. Looking at trends can help us understand the value in looking at these measures.
 - Department leadership is on board with improvement efforts on this measure. There is no need to convince them.
 - CS asked if the Department can track immunization data with well-child data? NN said the age groups don't match up unfortunately so they are a little off.

Action Item: NN to talk to Quality Data Analyst to see if this could be matched up.
- One person asked how Members are supposed to know when they are supposed to bring their children in?
 - CS said that this involves education which can first occur in the newborn nursery, and then when the parent brings the child in for their well-child visits. The intensity of the education varies.



- One helpful tip is to schedule the next well-visit before the family leaves the clinic.
- One person asked about how this data could be used to demonstrate a value in home visiting.

4. Child and adolescent Well-child KPI: RAE perspective and approach (Lisa Latts, M.D. and Katie Price, M.D., RMHP)

Dr. Latts discussed RMHP's approach to the child and adolescent well-child KPIs. They have grouped all their KPIs into subgroups for like categories including a pediatric sub-group.

Dr. Price has been working on the pediatric measures. They created three different buckets for these KPIs: preventive, treatment and a chronic condition bucket. In pediatrics so much is in the preventive bucket and so much of this can be done in the well-check visit.

- Getting the kids in for well-child visits helps when they need to come in for sick visits.
- Data are out there to show that children who come in for well child visits are less likely to use the emergency room/urgent care. There is more new research that demonstrates this.
 - One person requested to see the research about the value of the well child visit

Bright Futures - started 1990 at the Federal Government level, updated annually

- Unified approach to the well-child checkup.
- Three Main components: history, physical exam, and anticipatory guidance on what is coming next for the next visit.
 - Part 1: Need to get 6 visits out of the 7
 - Part 2: Need to get 2 visits out of 3
 - Part 3: Need to get in annually for well-child visit

What interventions has RMHP done?

- Education about getting kids back on the Well-child visit schedule (especially for infants, there are many visits close in time, important to get the child back on schedule); emphasizing the value of the well-child visit

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(ongoing education of why these visits are important); social media campaigns to reach members consistently and across different routes;

emailing RAE members regarding vaccine schedule and remind them of the overlap with well-child visit schedule; provider education on the interval of the visit related to billing (used to be that it had to be 365 days but now it is one visit in a calendar year); partnering with school-based clinics; involving care management and helping parents understand what is going to happen in the near future and what visits are expected; and telemedicine.

- Provider mindset about the annual visit (365 days versus calendar year) is pervasive and important to change.

Sports physical versus well-child visit

- Undoing of a mindset
- Urgent care centers are making money on the sports physical. This is not really a well-child visit and this will take work to change the mindset
- A question was raised regarding the Member experience: What is the experience of the Member, what is the value of the well-child visit, and what value do Members see?
 - Valuable to have community partners all working towards the same goal.
 - RAE 6/7 shared that they have partnered with schools that allow them to put educational flyers in the folders regarding well-child visits
 - These partnerships allow consistent messaging. They take a while to build and grow but are valuable
- One member shared a program that was used in New Mexico. They set up an incentive point system, where the families earned points for coming in for Well-child visit. Kids got to pick a prize when they earned certain levels of points.
- Children's Hospital Clinic has a quality improvement initiative that was started a few years ago that set up incentives for parents to bring their children into clinic. Parents get small incentives like onesies or diapers when they bring their children in for their well-child visits. Then, if they make it to the 1-year visit they get a larger incentive like a gift card.
 - The program is philanthropy funded.
 - Clinic has found that it did increase the rate of well-child visits.
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- RAE1 shared that they do incentives for many programs but doesn't believe they do any for pediatric well-child visits. A clinic visit is nice because you can hand the incentive to the person right there, but this is harder if the RAE is providing the incentive.

5. Discussion regarding KPI data and next steps (Co-Chairs)

One member expressed interest in looking at the data segmented by age so we can see where there are drop-offs.

The group discussed the possibility of getting the Member experience perspective.

For example, there are operational issue to consider (a clinic needs to have appointments available).

How do we get the Member/family perspective?

- We could invite people to join our meeting, need to consider if they would be comfortable
- One suggestion is to find out if the DU students would be interested in helping with this
- Another suggestion is to have the RAEs collect this information in community meetings (eg MIACs/PIACs) instead of having Members come to the PMME meeting. We could ask a specific set of questions of the group and bring this information back into PMME.

6. Public Comment (Co-Chairs)

There were no public comments.

7. Wrap Up/Next Steps (Co-Chairs)

Group will continue this discussion in future meetings and potentially look at more data to get further understanding of the issue.

PMME is still recruiting new voting committee members. Applications are due September 30th and the term will begin in October. Applicants can apply using this [link](#)

The next meeting is scheduled for October 28, 2021 from 3:00-4:30pm.

