



**Accountable Care Collaborative  
Program Improvement Advisory Committee  
Performance Measurement and Member Engagement  
Charter**

**Preface:** This Accountable Care Collaborative (ACC) Program Improvement Advisory Committee (PIAC) Subcommittee is part of a larger PIAC Community and will adhere to the following vision, mission, purpose, and guiding principles.

**PIAC Community Vision:** A health care system that improves member health outcomes by supporting providers, engaging members, advancing equity, decreasing avoidable costs, and increasing overall value.

**PIAC Community Mission:** To assist the Department of Health Care Policy and Financing (Department) and Regional Accountable Entities (RAEs) with the implementation and execution of the ACC and its following objectives:

1. Join physical and behavioral health under one accountable entity;
2. Strengthen coordination of services by advancing team-based care and health neighborhoods;
3. Promote member choice and engagement;
4. Pay providers for the increased value they deliver; and
5. Ensure greater accountability and transparency.

**PIAC Community Purpose:** The State PIAC will leverage the experience and expertise of the broader PIAC Community to improve member health outcomes with the ACC by providing actionable and strategic feedback to the Department regarding ACC implementation and operations.

**PIAC Community Guiding Principles:** The following list is a set of core guiding principles that the PIAC Community embrace as keys to success. PIAC Community members will strive to promote and operate from these principles.

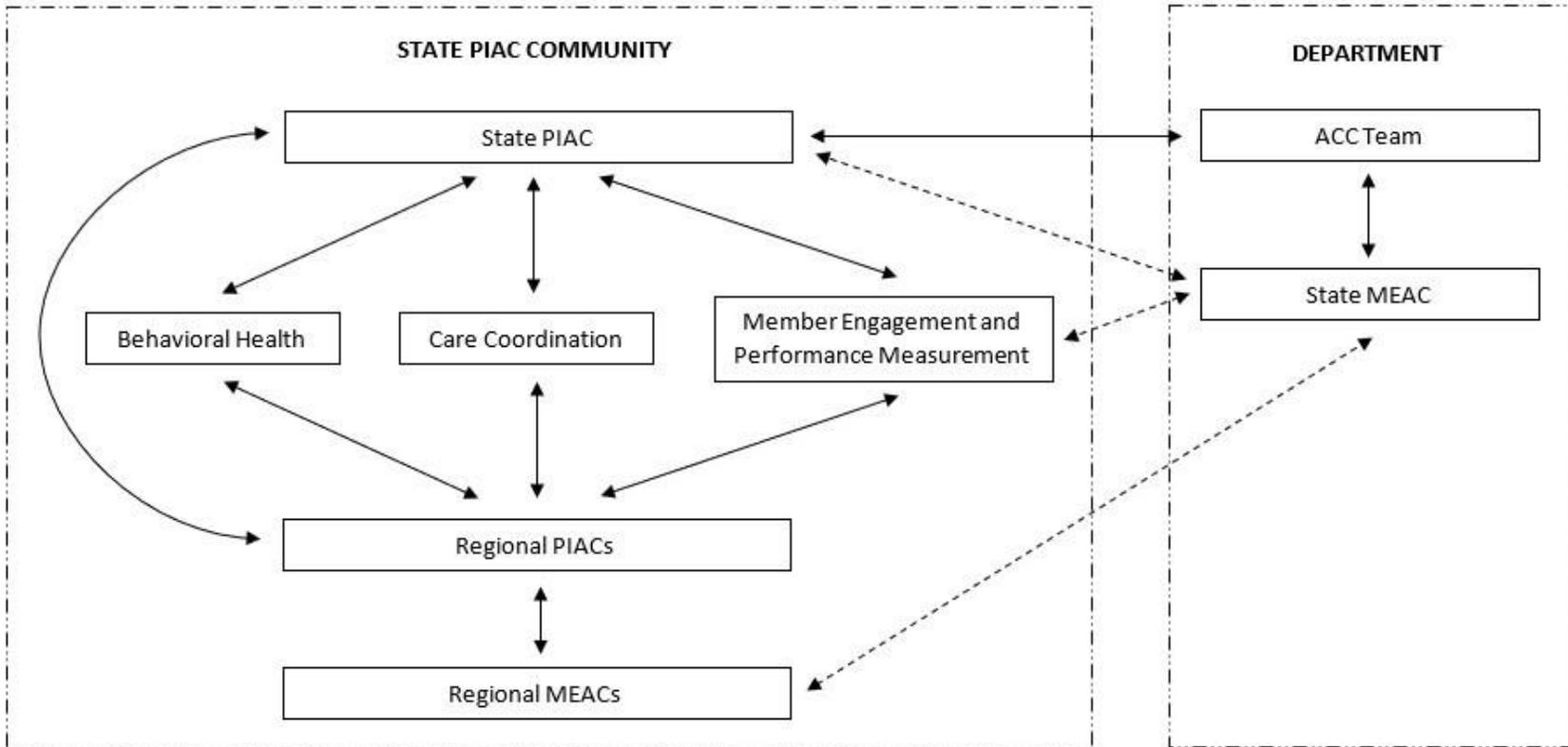
- Ensure Health First Colorado (Colorado's Medicaid Program) members are a part of every conversation;
- Create an inclusive and actionable conversation to discuss the diverse experiences of the ACC;
- Ground every conversation in performance data related to operational and performance outcomes of the ACC;
- Identify and communicate best practices and continued challenges;
- Ensure accountability and transparency of the Department and its RAEs; and
- Align with other Department committees, initiatives, and their respective work.

**Event that caused this PIAC Community to be established:** The State PIAC was formed in 2012 by the Department to advise on the implementation of the ACC. Upon implementation of ACC Phase II, a new State PIAC was seated in October 2018 to reflect the evolving needs and vision of the ACC.





**State PIAC Community Framework:** Below is a visual of the State PIAC Community.





**PIAC Subcommittee Purpose:** The Performance Measurement and Member Engagement (PMME) subcommittee assesses the performance of the ACC and seeks to evaluate and improve Health First Colorado members' experiences and engagement. The subcommittee will identify best practices and provide guidance for an effective and publicly accessible performance measurement system while ensuring evaluation efforts are aligned across the health care system. Members will be centered in all ACC evaluation efforts, which includes performance measure reviews and adjustments, but also other engagement opportunities that produce information and data for system improvement. PMME is committed to pursuing health equity in performance measurement, member involvement and advocacy efforts, and in all subcommittee work processes. The subcommittee also provides strategic insight and recommendations to the Performance Improvement Advisory Committee (PIAC) and the Colorado Department of Health Care Policy and Financing (the Department) on initiatives related to the quality of health care delivery and experience of Health First Colorado members and will respond to requests to investigate topics as relevant and feasible. Lastly, PMME strives to present bi-annual recommendations to PIAC and the Department regarding the quality of health care delivery and improving member experience and engagement. All recommendations made to the Department will be tracked by the subcommittee.

**PIAC Subcommittee Objectives:** The PMME subcommittee has the following objectives:

- Develop and review best practices for improving ACC performance and measurement, health outcomes for ACC members, and member experience and engagement opportunities;
- Explore performance and member experience topics through an equity lens to reduce health care disparities and promote inclusivity and system responsiveness;
- Advocate for the inclusion of members' experiences in the assessment of ACC performance; and
- Provide feedback and guidance on all significant ACC performance measure changes and review results on a quarterly basis.

**PMME Focus Areas:** For SFY 2021-2022, the PMME subcommittee has the following focus areas:

- Review ACC performance data quarterly to track trends and identify areas of opportunity based on high and lower performers. Engage RAEs and members to identify best practices and strategies that can improve performance and can be scaled. Make recommendations as relevant and advocate for transparency.
- Vett and provide feedback on measure selection priorities and measure options as the Department looks to revise the list of performance measures by July 2023.
- Explore opportunities to improve the measurement of member experience in ways that lead to action and system responsiveness. Eventually, identify ways to incorporate this data and information into pay-for-performance. Recruit more Health First Colorado members and develop best practices for ensuring members feel valued and empowered to voice their perspectives and drive the measurement agenda.
- Analyze disaggregated performance measure data and make recommendations on how to improve equity either in performance measurement or programmatically. Take a deeper dive into at least one performance measure with an equity lens.

**The PIAC Process:** The PMME Subcommittee's process will include:

1. Creation and approval of a defined scope and charge by the State PIAC;



2. Development of discrete objectives related to the subcommittee charge by PIAC subcommittee voting members;
3. Development of key discussion questions and goals by subcommittee co-chairs;
4. Discussion and presentation of foundational information by key subject matter experts;
5. Aggregation of critical qualitative data from interviews with RAEs, providers, members, and other stakeholders and from RAE contract deliverables;
6. Aggregation of critical quantitative data from key performance indicators, behavioral health incentive measures, performance pool measures, public reporting measures, and RAE contract deliverables;
7. Discussion of aggregated data and information vis-a-vis strategy screens;
8. Production of work products that document and summarize the subcommittee's analysis and recommendations for improved delivery system performance.

**PIAC Strategy Screens:** The subcommittee has the option of incorporating the following strategy screens where appropriate and helpful for identifying priorities and making strategic decisions:

- How are members impacted?
- How are specific member populations impacted?
- How are providers impacted?
- How is health equity advanced?
- How is integration of physical and behavioral health addressed?
- How is care coordination assured?
- What are the cost, quality and access implications?
- How is success measured?

**PIAC Subcommittee Products:** The subcommittee, through its process, will generate work products that help guide the policy, performance, and operations of the ACC and include, but are not limited to: regional best practices, recommendations for program development, and delivery system tools and forms.

**PIAC Subcommittee Logistics:** The PMME subcommittee will meet monthly. Attendance will be virtual only.

Subcommittee Chairs: Christina Suh, MD; Bethany Pray, Esq.

Subcommittee Department Liaisons: Erin Herman

Meeting Schedule: Monthly, 4<sup>th</sup> Thursday from 3:00 - 4:30 pm via Zoom.



**Appendix 1. Membership**

**Co-Chair(s):** Subcommittee Chairs: Christina Suh; Bethany Pray

**Voting Membership:**

The PIAC Performance Measurement and Member Engagement Subcommittee must have a diverse voting membership of no more than 17 individuals that comprises a variety of perspectives, including but not limited to: Health First Colorado members and caregivers, member advocates, providers, and performance or other topical experts. Any individual officially employed by or through a RAE may not be a voting member. Voting members are required to attend at least nine meetings in the PIAC year (October 1 – September 30).

The PMME’s voting body is comprised of the following stakeholders:

<b>Name</b>	<b>Position</b>
Christina Suh, MD	Co-Chair (PIAC Member), Provider Representative
Bethany Pray, Esq.	Co-Chair (PIAC Member), Advocate
Jill Akinson	Subject Matter Expert
Brandon Ward	Provider Representative
Valerie Nielsen	Provider Representative
Gary Montrose	Advocate
Luke Wheeland	Advocate
Kayla Frawley	Advocate
Robert Conkey	Health First Colorado Member
Ealasha Vaughner	Health First Colorado Member
Janelle Jenkins	Health First Colorado Member
Angie Goodger	State Agency/System Alignment
<i>Recruiting now</i>	Health First Colorado Member
<i>Recruiting now</i>	Health First Colorado Member
<i>Recruiting now</i>	Subject Matter Expert, Advocate, or Provider Representative
<i>Recruiting now</i>	Subject Matter Expert, Advocate, or Provider Representative
<i>Recruiting now</i>	Subject Matter Expert, Advocate, Provider Representative or Health First Colorado Member

**Quorum:** A quorum is defined as a majority of voting members plus one.

**Membership Processes:** On a quarterly or as-needed basis, the PMME Subcommittee will solicit volunteers to apply for open voting member seats. The Subcommittee voting membership and HCPF liaison shall review applications, interview applicants (as necessary), and appoint individuals through a voting process to voting member seats. Timing may dictate that a new voting member complete the year term of the prior voting member in order to officially start their term on October 1. Voting member terms last a maximum of four years with no more than two consecutive terms allowed.

**Membership Terms:** In the event that a voting member can no long serve or is temporarily  
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unable to serve on the subcommittee, the chairs will appoint a replacement voting member according to the above process.