Performance Measurement & Member Engagement (PMME) Subcommittee Update

Program Improvement Advisory Committee

September 15, 2021

PMME 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.

Topics for Discussion

- Overview of recent work on equity, mental health, and performance measurement

- Recommendations for approval

- Proposed priorities and next steps for PMME

- Recruitment of new members

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The Road We've Traveled...

March-June 2021

Revisited a revised dashboard

DU students conducted qualitative research on mental health equity

Recommendations presented

February 2021

Developed a journey map of the process for accessing depression screenings and follow up care

January 2021

Reviewed a newly created Behavioral Health Equity Dashboard

Disaggregated data by race, ethnicity, language, age, gender, etc.

December 2020

Selected depression screening and follow up care as the performance measure to analyze

Behavioral Health Measures
Rates for Engagement and Follow up after a Positive Depression Screen

Measure
- ◉ BH Engagement
- ○ Follow up after a Positive Depression Screen

Minimum N

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Reset Filters

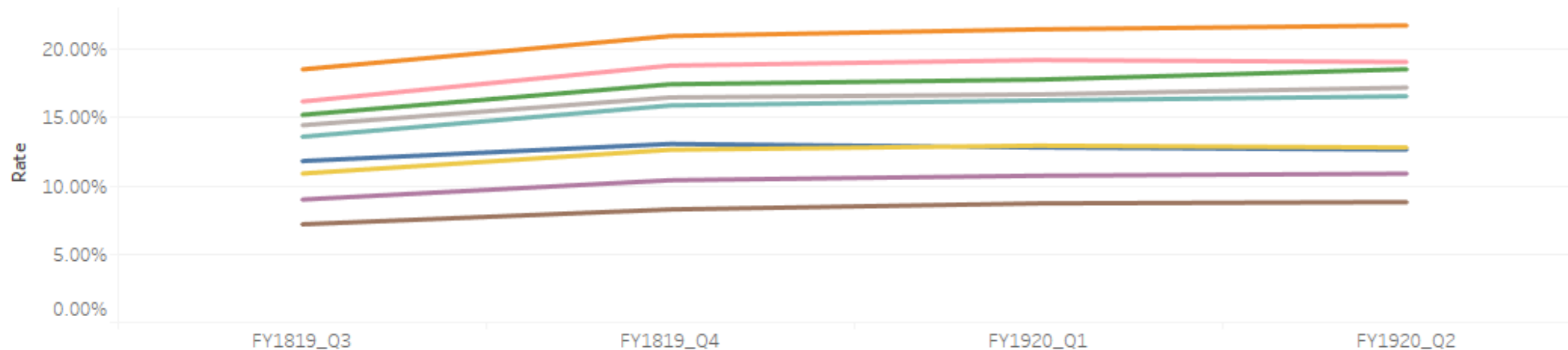**Category Selector 1**

Race/Ethnicity ▾

Category Selector 2

Race/Ethnicity ▾

BH Engagement

		Clients Recieving a Service	Distinct count of Clients	Rate
American Indian/Alaska Native	American Indian/Alaska Native	2,393	11,486	20.83%
Asian	Asian	2,728	28,348	9.62%
Black/African American	Black/African American	14,441	78,550	18.38%
Hispanic/Latino	Hispanic/Latino	68,485	370,605	18.48%
Multiple	Multiple	56,308	287,967	19.55%
Native Hawaiian/Other Pacific Isla...	Native Hawaiian/Other Pacific Islander	412	3,071	13.42%
Not Provided	Not Provided	8,546	71,991	11.87%
Other/Unknown	Other/Unknown	2,435	16,658	14.62%
White	White	114,709	497,000	23.08%
Grand Total		250,002	1,255,917	19.91%

Gender

(All) ▾

Race/Ethnicity

(All) ▾

Race

(All) ▾

Ethnicity

(All) ▾

Budget Group Roll Up

(All) ▾

Budget Group

(All) ▾

Federal Poverty Level

(All) ▾

US Citizenship

(All) ▾

Citizenship Status

(All) ▾

Non Citizenship Status

(All) ▾

Waivers

(All) ▾

Language

(All) ▾

Primary Language

(All) ▾

Age Group

(All) ▾

Place of Service
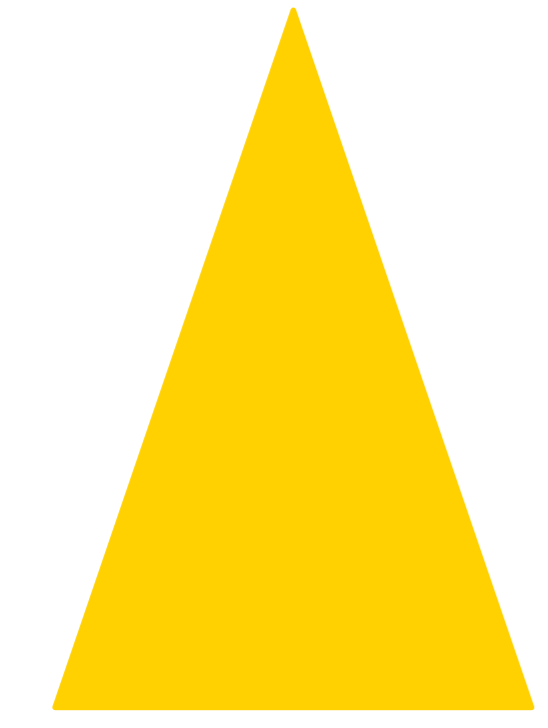
(All) ▾

Follow up POS

(All) ▾

BH Engagement

Legend:
- American India..
- Asian
- Black/African A..
- Hispanic/Latino
- Multiple
- Native Hawaiia..
- Not Provided
- Other/Unknown
- White

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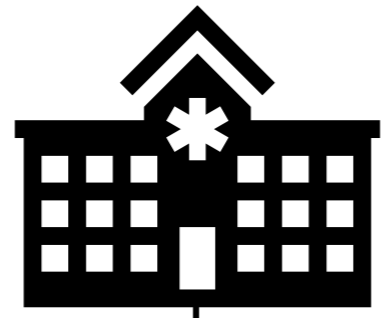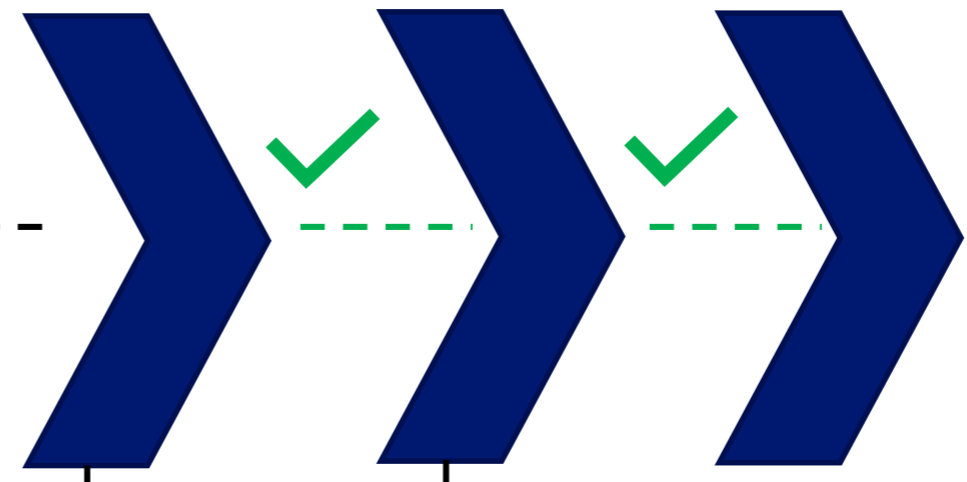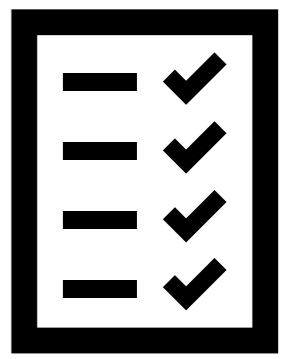
Research Questions

1. What does equity mean to providers who screen Medicaid members for depression and connect them to care?
2. To what extent are providers using demographics to understand performance?
3. What validated screening tools are available for pediatrics (< 12 years old)?
4. What are the critical equity impact points in the member journey? What are the pain points and opportunities?
5. How should the Department think about measuring equity for depression?

Link to the presentation with findings and student recommendations

Other Topics Discussed Recently

Member Experience

- RAE presentations on how they're using member feedback including regional member advisory councils and member data to make improvements

- Best practices identified. Example: CO Access is intentionally driving up complaint data to assess opportunities for improvement

- Next step: Identify with the RAEs and member groups 1-2 topics we can collectively work on

Performance Measure Strategy

- Measures are changing over the next 1-2 years. PMME weighed in on the strategy

- Interest voiced for a SNAP or food insecurity measure, making behavioral health an equity focus, and postpartum screenings

- Agreement to review measures quarterly but also do some deep dives

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Recommendation #1

Disaggregate all performance measures by demographics by January 1, 2022. At a minimum, disaggregate each measure by race/ethnicity, language, disability status, age, gender, and geography (rural, frontier, urban). Baseline data should also be disaggregated so that the equity implications are clear from the start.

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Recommendation #2

Before selecting new measures or modifying existing measures, the Department should analyze whether specific groups of members are excluded from the base population and what impact that could have on health equity. The Department should also conduct a one-time analysis of members who do not meet continuous eligibility requirements to identify the demographics and health needs of these members and the equity implications of their exclusion.

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Recommendation #3

The Department should evaluate the health equity implications for each performance measure, ideally in advance of implementing a measure. This information should be made available in the annual quality report that will be public-facing.

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Recommendation #4

If one RAE is a high performer, the Department should encourage other RAEs to implement the intervention if there is sufficient reason to believe it may lead to better health outcomes for Health First Colorado members.

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Recommendation #5

Tie performance dollars to disparity reduction in the future.

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Recommendation #6

All RAEs should be required to actively support providers to ensure that 100% of providers screen for suicidality and have the training and tools necessary to engage in safety planning for members who screen positive.

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Where We're Going

Quarterly Data Reviews + Deep Dive

- Review KPIs and other measures as time allows on a quarterly basis
- Take a concentrated look at the new pediatric well visits KPI

Add a New Measure

- Advocate for inclusion of a social determinants of health (SDOH) measure for July 2022 or 2023
- Food insecurity or housing

Member Experience Data

- Identify one common issue that RAEs, MACs, the Department, and the MEAC can work on
- Aggregating member experience data for performance payments

Recruitment of New Members

- Recruiting for 5 new members ([application](#)) through September 30th

- Looking for at least 2 Health First Colorado members, and 2-3 stakeholders (provider representatives, advocates, subject matter experts)

- Help us recruit please!

- Ideal candidates: diversity of identities and perspectives, active participants with experience and enthusiasm, and people who would thrive in conversations about data and narrative (which is sometimes a tough mix!)

Thank You, PIAC!

CONTACTS

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