COLORADO
Department of Health Care Policy & Financing

MINUTES
Accountable Care Collaborative
Provider and Community Experience (P&CE) Subcommittee

April 9, 2020, 8:00-9:30 A.M.

In attendance: Anita Rich (PC&E Chair), Brooke Powers (HCPF), Matthew Jacobs (HCPF), Dede de Percin (MHHA), Dom Martin (COA), Stephanie Brooks (Colorado Community Health Network), Andrew Rose (Boulder Emotional Wellness), Charles Davis (Crossroads' Turning Points, Inc), Lila Cummings (CHA), Pat Cook (Colorado Gerontological Society), Katrina De Romana (Heartlight Family Clinic), Diane Phifer (CCHA), Alyssa Rose (Beacon Health Options), Andrea Loasby (CHCO), Anna Messinger (RMHP), Cathryn Griffith (family member of a member), Elina Navarro (COA), Jill Atkinson (Mountainland Pediatrics), Joanna Martinson (NCHA), Christy Blakely (Family Voices), Jared Bateman (Southeast Health Group), Michelle Hoye (Mindsprings Health), John Salvino (COA), Jen Hale-Coulson (Beacon Health Options), Kris Wolf (Weld County DHS), Louisa Wren (RMHP), Jo English (COA), Kim Cassidy (CCHA), Jessica Ziger (CCHA), Suprena Crawford (DentaQuest), Steven Wolf (CCHA), and Andrea Skubal (CCHA)

Voting Members: Anita Rich (PC&E Chair), Lila Cummings (CHA), Pat Cook (CO Gerontological Society), and Andrea Loasby (CHCO), Michelle Hoye (Mindsprings Health), and Cathryn Griffith (family member of a member)

1. COVID-19 Discussion

Dr. Lisa Latts, Chief Medical Officer, HCPF, 30 minutes (8:00-8:30)

- No slides, just discussion. Questions placed in the chat box.
- Provided an update on current situation within Colorado.
    - Controversy with model used in Colorado versus the National Model from a group in Washington State, Institute for Health Measurement and Evaluation (IHME).
    - IHME model indicates we have already peaked.
    - State model from University of Colorado indicates we will not peak until at least another week. But this depends on the effectiveness of social distancing since the March 26 stay at home order.
    - Different percentages of effectiveness affect the peak date.
    - For example, if measures are 70-80% effective, peak date may be pushed back to as late as May or June, which would help reduce the likelihood of Colorado running out of vital resources (i.e. ventilators).
    - According to Governor, double time changed for 1-2 days to 6-7 days.
    - Governor's Expert Emergency Epidemic Response Committee (GEEERC) met on Sunday, 5 April and approved the crisis standards of care. What is the

standard of care when resources are scarce? Prioritizing based to chances of survival. Three different crisis standards of care were approved.

1. Personal Protective Equipment (PPE) – the ability to reuse and sanitize PPE which in normal situations would not happen.
2. Hospital beds and Intensive Care Units (ICUs) – this has not yet been enacted because Colorado currently does not have a shortage. Hospitals are seeing anywhere from 300-400 new cases per day. As of Tuesday, we have about 300 people on ventilators throughout the state with a capacity of 2,000.
3. Testing – number of tests available in the state are increasing. Current test capacity is 1,800 – 2,000 tests per day at the state lab. Unknown capacity at commercial labs. Currently, majority of testing done is through commercial labs. State labs planning to improve capacity to 4,000 – 5,000 tests per day. State labs currently not a capacity.

- **Question -** There are serious concerns about the impact of the standards of care on people of color and low-earners, who tend to arrive at the hospital sicker because they have less resources, including insurance and/or access to care.
    - This is understood. The way the crisis standards are designed not supposed to consider race, socio-economic, or other factors. The way that it is supposed to happen is with a team of individuals from the hospitals, not including the treating providers. Includes an ethicist, a member for the ICU team, a member from the emergency medicine team, and hospital administration.
    - Crisis standards of care only become enacted when the hospital system becomes overwhelm. They serve to ensure the hospital system does not shut down.
    - Sharing of comparison to Germany's low numbers from New York Times Article. Identifying susceptible individuals, testing, and admitting and intubating them early.
- Initiative to address outbreaks occurring at facilities.
    - Currently 46 outbreaks across the state at facilities.
    - Did not have data on these outbreaks until recently. State is conducting data pulls to see what Medicaid members have been affected, trying to identify patterns, and see where we need to step in and take action.
- Initiative to address how do you extend hospital care and your hospital system. Schema has been developed that examines four different tiers of care in addition to our traditional hospital system.

    Tier 1 - Extension of acute and critical care outside of hospitals. Examples include the hospital ships and tents.

    Tier 2 – Long standing hospitals, such as American Family Care (AFCs) Clinics and free-standing emergency rooms (ERs) to extend hospital beds that would not be critical care.

    Tier 3 - Renovation of old and build out of new hospitals for individuals that may be too sick to go home but sick enough to need a hospital bed. Maybe staffed with a nurse with a high patient ratio.

Tier 4 - Hotels and Dorm Rooms. May be used for homeless and those who test positive who can't isolate safely at home.

- Overview of Waivers
  - 1115 - was partially approved.
  - Approved the ability to list all prior authorizations.
  - Ability to cover the uninsured and higher FMAP not approved.
  - Prioritizing based on state budget.
  - 1135 - Waves restrictions but does not have dollars attached to it. For example, pharmacy changes and prior authorization changes.
- **Question -** What do you mean by facilities?
  - Residential, such as skilled nursing home care.
- **Question -** If we have concerns about how standards of care are being applied already even though they shouldn't be (example: by ambulance drivers refusing transport) who to we report the concerns to?
  - If its Medicaid related, report it to us. But this does not have to do with the crisis standards of care. If you have concerns, report this do people you would normally report it to. If unsure send it the Dr. Latts.
- **Question -** If there is time, could a bit more attention be paid to Denise's question? It wasn't really answered regarding the actual populations mentioned.
  - Haven't heard anything regarding the African American population until it was on the news on Tuesday. Looking into data. There is a lag on claims data for COVID-19 as a result of new codes. Trying to conduct own data but currently limited to what was in news.
- From Dede - Rep. Leslie Herod has called for Colorado to start looking for racial disparities in COVID outcomes in the state.
- Discussion of tele-services and other services that cannot be delayed.
  - Majority of outpatient services will be provided by tele-services.
  - Concerns with tele-services being provided in rural areas and for child-well visits.
  - Receiving feedback from pediatricians regarding services, such as immunizations, that cannot be delayed.
- **Question** - What is the opportunity to expand/pay for eConsult as part of the COVID emergency response?
  - Looking into and interested in this. Need more time to define the parameters.
- **Question** - How do you see the changes in care affecting future care after COVID?
  - Likely will not go back to as much in-person care.
  - Progressed greatly in the past two weeks.
- **Question** - Any chance of using emergency Medicaid to cover COVID care for undocumented?
  - Currently working and discussing this. Think we can do this without CMS authorization.
  - Considering adding respiratory care and oxygen to improve discharges.
- **Question -** Are mental health dollars separate from phys/med/surg dollars for Medicaid? If Medicaid gets spent down, what happens to behavioral health?

- Yes, behavioral health is paid through a capitation, but all comes from the same pot of money.
- HCPF received an increase of 6.2 cents on the dollar but we are asking for a 12 increase.

2. Introductions

Anita Rich, P&CE Chair, 5 minutes (8:30-8:35)

3. Approval of Minutes from March Meeting (handout)

Anita Rich, P&CE Chair, 5 minutes (8:35-8:36)

- Anita Rich asked for a motion to approve the March Meeting Minutes. The meeting minutes were approved without revisions or abstentions.

4. State PIAC Update

Dede de Percin, State PIAC member, 5 minutes (8:36-8:40)

- Largely discussed COVID-19. Kim Bimestefer and Tracy Johnson attended the meeting.
- Update on 1115 Wavier.
- Currently involved in a perfect storm of events that may create budget cuts.
- General Assembly is looking to go back in session, May 18.

5. Workgroups

Anita Rich, P&CE Chair, 50 minutes (8:40-9:30)

- Access to Specialty Care Work group - Lila Cummings, chair
  - Looking for a co-chair.
- Care Coordination Work group - Joanna Martinson & Jamie Haney, co-chairs
- Presentation
  - Purpose of today's brief discussion: gather feedback from Subcommittee so the workgroup can determine focus areas.
  - Presented the strengths, weaknesses, and opportunities of the RAEs care coordination presentations (*see presentation*).
  - Conducted an open discussion and received feedback.
  - Strengths – No comments.
  - Weaknesses
    - Dede – care coordination varies from RAE to RAE, different approaches and inconsistencies.
    - Christy - Feeling overwhelmed and I did not see much regarding CYSHCN.
    - Andrew - Perhaps inability to attract providers is a weakness? Is provider enrollment tracked?

- Jared - Big weakness is overall focus. This is far from a problem for specific RAEs.
- Anita – discusses communication being an issue.
- Michelle – multiple RAEs doing things different and different ideas of care coordination.
- Christy – is there consistent training of care coordinators?
    - May be an area to collect more information.
- Andrew - this is common for children in divorce, they get care in one place and get pushed into a new RAE, then come back for therapy and our claims are denied.
- Charles - The Medicaid system places the risk on the providers and there isn't a good mechanism to get members to participate in behavioral services leaving a provider without an ability to collect revenue for services available (there is no "no show" fee or co-pays). The admin cost of accepting Medicaid can run as high as 30% to 40% and requires multiple audits and reporting, pulling clinicians from providing direct care.
- Dede - Dr. Latts said we could follow up with her re: Crisis Standards of Care questions or problems. Could someone share her email please? lisa.latts@state.co.us
- Anita – question on data sharing
    - Brooke shared that she would be able to provide the relevant RAE deliverables.
- Work going on but difficult to capture through data.
- Dede - Previously with Dr. Latts, she said that we will not go back to previously ways of delivering care. How might the COVID pandemic affect the RAES work on care coordination in the long run?
    - Jared – seeing numbers go up and an increase in workload.
    - Julia – Situation has created tighter relationships due to learning and exploring the strengths and weaknesses across different organizations within a health neighborhood.
    - COVID-19 Risk Stratification Data – reaching out to members with high risk score.
    - HCPF to send out risk stratification for COVID-19.
    - Andrew - Wondering how teletherapy changes network adequacy requirements / measurements?
        - Unanswered.

- Opportunities
    - Andrew - CCHA and HCPF contract discussed an "App" for care coordination. Any progress?
        - Discussed the App for diabetes
    - Jared - In rural areas, it largely is telehealth anyway. No significant change there, in my experience.
    - Dede - Not about Care Coordination but wanted folks to know that CHI released their report on decline in Medicaid enrollment yesterday, ICYMI.

- Threats
  - COVID – 19
  - Social determinates of screening
  - More people than anyone can get to
  - Dede - Lack of social determinates screening
  - Andrew - Inaccurate idea of provider availability. I have 8 interns and 9 contract therapists, and I'm listed as a single provider.

Next meeting: May 14, 2020, 8:00-9:30 A.M.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Brooke Powers at 303-866-2184 or brooke.powers@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.