



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

April 8, 2021, 8:00-9:30 A.M.

## 1. Introductions & Approval of February and March Minutes (handout)

Kathie Snell, P&CE Co-Chair, called the meeting to order. The following people were in attendance:

**Voting members:** Kathie Snell (P&CE Co-Chair), Joanna Martinson (P&CE Co-Chair), Jennie Munthali (Colorado Department of Public Health and Environment), Anita Rich (Retired/Community Member) Shera Matthews (Doctors Care), Andrea Loasby (Children's Hospital), Carolyn Green (retired provider), and Gail Nehls (Envida). A quorum was established.

**Non-Voting Members:** Brooke Powers (HCPF liaison to P&CE), Angela Goodger (CDPHE), Kellen Roth (Colorado Access), Barbara Rhodes (Beacon Health Options), Diane Seifert (CCHA), Suprena Crawford (DentaQuest), Jen Hale-Coulson (RAE 2), Matthew Wilkins (Health Solutions & RAE 4), Donald Moore (Pueblo Community Health Center), Joseph Anderson (COA), Amy Ferris (Pediatric Care Network), Alissa Scharpen (Family-to-Family Health Information Center), Lynne Jones (Assoc. of Family Medicine Residencies) and Marc Ogonosky.

Kathie Snell asked for a motion to approve the February and March 2021 Meeting Minutes. Both sets of meeting minutes were approved with one spelling revision to the February minutes and no abstentions.

## 2. Workgroup Discussion

Joanna Martinson, P&CE Co-Chair

- Care Coordination Workgroup - Jen Hale-Coulson, Chair
  - [Extended Care Coordination \(ECC\) - Presentation](#)

The Department had requested that the P&CE provide the Dept. with best practices and key components for Extended Care Coordination. ECC is the care coordination (longer term and more intensive) that is directed at complex members with an associated performance pool metric for the RAEs. The care coordination workgroup with input from the RAEs has been working on this request. Jen began the presentation with a review of the ECC key components and best practices presented at the last P&CE meeting: Responsibility, Assessment, and Care Plan. The identified remaining domains are Monitoring Plan, Communication, and Length of Time. The workgroup identified best practices that include the care coordinator documenting essential communications, goal



progress, and updates. The RAE care coordinator should provide ongoing assessment/reassessment for linkages to support overall health including, resources outside the health care system (e.g., SNAP, social services, housing, education resources). Additionally, bi-directional communication (i.e., face-to-face, telephone, text) should be used primarily to converse with Members as a preferred method. Care Coordinator should ensure that care is coordinated for the Member within a practice, as well as between the practice and other Health Neighborhood providers and Community organizations, and is communicating regularly with the Member's care team, including when a member is transitioning out of RAE care coordination. The frequency of monitoring plan & contact entirely depends on care plan goals. The length of time members remains in extended care coordination is until member driven care plan goals are met.

Discussion involved: intersection with LTSS; connecting members to dental care; identifying emergency department high utilizers; measurement of quality of care coordination; what can we model and learn from private insurance; and how the RAEs are defining emergent risk populations (algorithms).

Once finalized, the care coordination workgroup will ask the PC&E for review/approval with the plan for it to go HCPF immediately and to the PIAC in September.

### 3. P&CE Follow-up Items & Housekeeping

Kathie Snell, P&CE Co-Chair

- Kathie announced that Mark Ogonosky has been appointed to fill the open voting member seat for a Medicaid member (or their family member).
- Member Care Coordination Transition Regional Accountable Entity (RAE) to RAE Recommendation Update - Brooke Powers

Brooke provided an update on the launch by the RAEs of the [Member Care Coordination Transition form](#) from the recommendation from P&CE that was approved by PIAC last October. The ability to identify members who are transitioning is currently not possible via HCPF's current data capabilities but is being considered for the future.

### 4. [State Accountable Care Collaborative \(ACC\) Program Improvement Advisory Committee \(PIAC\) Update](#)

Dede de Percin and Joanna Martinson, State ACC PIAC members

Dede reported that the last PIAC meeting was the last of a 3-part private retreat. They continued their planning work, identifying strategic focus areas and strategic framework, and discussed, reviewed and revised the charges of the three PIAC Subcommittee. The EDI was also discussed. Joanna reviewed the proposed revisions outlined in the [P&CE Charge \(Purpose\) and Objectives presentation](#). Joanna stated there was more finetuning than major changes with a soft approval from PIAC in order to keep us moving. Proposed charge is (based on PIAC Strategic Focus areas & guidance from PIAC): To assess the experience of PCMPs, the Health Neighborhood and Community within the ACC by identifying, prioritizing, and investigating key challenges and potential solutions concerning the Population Management framework. Two proposed objective areas are for the next year: 1) Explore models, components and best practices for care coordination and chronic disease management within the population management framework in

the context of both clinical care linkages and the social determinants of health and 2) Explore how eConsults can support population management, increase access to specialty care and advance the Health Neighborhood.

Joanna reported we will be shifting the work of the Access to Specialty Care workgroup up to the P&CE level starting with a presentation next meeting on the how the Dept. is moving toward implementing eConsults. Our work on the 2 objectives will happen with a cadence of shifting back and forth between the objective areas every few months. Care Coordination workgroup will be engaged as needed for special projects. We will be working to stay more focused on our objective areas and may need to put some things in a parking lot or move them offline entirely in order to stay focused.

Discussion included interest in better understanding the population management framework. Should CHI come to present on specialty care? eConsults won't be the answer to all specialty care issue but HCPF is standing up a platform soon (HCPF put out an eConsult RFI). What do we want to get out of the eConsult conversation? Increasing the use of eConsult is a certainly a goal but not without significant challenges.

The P&CE can continue discussing the revised charge and objectives at upcoming meetings. P&CE leadership will go back to PIAC in September with our suggested revisions to the charge and objectives for final approval.