



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

June 10, 2021, 8:00-9:30 A.M.

1. Introductions & Approval of May Minutes (handout)

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

Voting members: Joanna Martinson (State PIAC member, P&CE Co-Chair, North Colorado Health Alliance), Kathy Snell (Aurora Mental Health Center), Gail Nehls (Envida), Anita Rich (Retired/Community Member), Michelle Hoy (Mindspring Health), Jamie Haney (Developmental Disabilities Resource Center), Jennie Munthali (CDPHE), Carolyn Green, MD (retired) Andrea Loasby (CU School of Medicine and Children's Hospital Colorado), Pat Cook (CO Gerontological Society), Shera Matthews (Doctors Care). A quorum was established.

Non-Voting Members: Brooke Powers (HCPF liaison to P&CE), Erin Herman (HCPF), Callie Kerr (HCPF), Angie Goodger (CDPHE) Louisa Wren (RMHP/RAE 1), Jessica Zaiger (CCHA), Nikole Mateyka (CCHA RAE 6), Sara Leahy (CO Rural Health Center), Andrea Skubal (CCHA), Julia Duffer (Health Colorado/RAE 4), Whitney Kurka (Wellspring), Matthew Wilkins (Health Solutions in Partnership with Health Colorado/RAE4), Katie Mortenson (CCHA), Heather Steele (RMHP), Suprena Crawford (DentaQuest), Aaron Brotherson (Colorado Access), Jen Hale-Coulson (RAE 2), Amanda Jacquelin (HCPF), Mark Queirolo (HCPF), Vincente Cardona (MHHA), Diane Seifert (CCHA), Joseph Anderson (COA), Nicole Konkoly (RMHP), Jill Atkinson (Mountainland Peds), Marjorie Champenoy (RMHP)

Kathie Schnell asked for a motion to approve the May 2021 Meeting Minutes, through a poll. The meeting minutes were approved and there were no abstentions.

2. State ACC Program Improvement Advisory Committee (PIAC) Update

Joanna Martinson, State ACC PIAC member

Joanna reported that Ben Harris (HCPF liaison to the PIAC) has resigned position and Milena G. and Matt S. will take over and help guide the PIAC processes.

Important upcoming updates from PIAC:

- There is upcoming legislative update.
- Update on the public health emergency. The change in Medicaid enrollment numbers when that ends and ensuring that people can get healthcare in CO



moving forward.

- Continued discussion on the complex member definition. Which is pertinent to this subcommittee.
- Medicaid Director, Tracy Johnson, gave an update presentation to the PIAC.
- Racial/Equity Framework - it is pertinent to this group and the agencies you represent also regional PIAC chairs.
- The PIAC will take a break in July and resume meeting in August.
- For more info visit the [PIAC website](#) for agendas, minutes, etc.

3. P&CE Follow-up Items & Housekeeping

In anticipate of the P&CE presenting to the PIAC in September, Brooke Powers reviewed:

- Possible revisions to the P&CE charter and will share as a handout.
- The PIAC year is October 1-September 30.
- Creation of voting member terms for P&CE (and other subcommittees) in order to better align with PIAC. Voting member year would be 4 years terms with no more than 2 terms, subsequently.
 - Anita suggested that past P&CE co-chairs have an opportunity to serve 3 consecutive terms in order to not lose continuity and valuable leadership.

4. Workgroup Updates & Discussion

Brooke Powers, HCPF liaison to P&CE

Brooke clarified that at each meeting we will try and carve out time for both care coordination and eConsult work but will be pivoting our current focus deeper into eConsult topic area in the next few months.

- Care Coordination Workgroup - Jen Hale-Coulson, Chair
 - Further review and discussion of the [workgroup's proposed areas of focus](#) for the P&CE relative to care coordination.
 - Do we need more RAE participation? The discussion needs to be centered around a lot of RAE participation. We need more intended focus and a lot of these questions will be more recommendations and feedback
 - The goal is recommending a foundation of core principles versus trying to mandate various standards.
 - There are a lot of definitions of Care Coordination and Care Management, but it needs to be a member-focused service.
 - Suggestion to make sure that providers were included in the definitions and to make sure that there is provider involvement also called out in

the document.

- Current ideas used in processes in other organizations included, taking input from chart audits, using both process and outcome measures. Tying clinical outcomes into correlation with the Care Coordination outcomes.
- Suggestion to have member feedback involved in the definition. Can we meet with the MEAC?
- No model should be developed without data. Tracking is important.
- Everyone had very good points on how this is about the quality of care coordination for members.
- Brooke encouraged everyone that this will be on the radar for next few months. Keep thinking of ideas and the workgroup is available to do some offline work for the P&CE if needed.

5. eConsults

Mark Queirolo, HCPF- ACC Team

Mark presented [HCPF's eConsult Plan](#). The goal of eConsults is to help address high demand for specialty care, long waits to see providers, address provider shortage, reduce long distance travel for rural Coloradans, and help alleviate the challenge of limited networks of providers for rural Coloradans. The ACC is trying to improve access to specialty care. This involves continuously trying to improve the connection between primary care and specialty care.

- Reduce duplicative and/or unnecessary specialty care.
- Improve access to timely specialized care.
- Efficiently triage of members to specialty care.
- The PCP can get direct answers and the help the member more effectively. Keeping the member within their medical home is part of the idea.

Specific details Mark reviewed:

- eConsult is asynchronous between providers (not members). The PCP submits a specific clinical question to a specialist (not live) who provides guidance. This is specifically for members who do not have a relationship with a specialist.
- The state is looking to procure a single eConsult platform for the entire state to provide equal access for all providers.
- The state is currently in the process of searching for a vendor, statewide, to provide a platform that will facilitate a link between specialists and PCPs.
- HCPF will manage the quality oversight and reporting.
- This will be done in a phased implementation starting with Medicaid fee for service traditional specialists with long wait time. Focused on acute care needs, not for ongoing care management.
- Hoping to go live Q3 21/22.

- Fee for service reimbursement for both the PCP and Specialist will be eligible.
- Cardiology and Diabetes specialty is what HCPF will focus on to start.
- Single sign on at minimum, eventually providers will be able to access it through mobile. It just depends on the vendor that is selected-which features will be available.
- Platform focus on Colorado based Specialist. Medicaid enrolled, specialist providers specifically. This will not be a database for national providers.

Group Discussion and Poll:

Mark reviewed questions that came up during the discussions regarding eConsults:

- PCP's want to work with a provider that they know. What is of greater importance to PCP when they are submitting an eConsult? Timely results are important to PCP's. Speaking to another provider that they know, is also important to PCP's.
- What are the critical components we want to see in functionality from a vendor? Can we put it on vendors to provide multi-functionality from the system?
- Mark clarified that the system is being designed to allow all PCP providers get timely, clinical guidance from a specialist for their patient. It is targeting those members who do not yet have a relationship with a specialist. The eConsult will be performed to answer questions and determine if an in-person visit will be necessary for the member.
- The system could be designed to be geographically close to the members location. Or it could be a list that provides a list of specialists. Does the system need to have a referral platform?
- Suggestions for a successful eConsult program included:
 - Uploading of documents. Uploading referrals. Future, appointment scheduling.
 - Actual time stamping, allowing that providers can cap their capacity in seeing new Medicaid patients.
 - The specialist that suggests the face-to-face consult, should be the specialist that sees the member. Not all providers see things the same.
- Thoughts on a multi-payer system? Some comments are that it should be put on the vendor to have a multi-payer system. It would be a great tool to have for all payers in one system. The amount may vary between state insurance and commercial insurance.

No meeting in July!

Next meeting: August 12, 2021, 8:00-9:30 A.M.