



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

May 13, 2021, 8:00-9:30 A.M.

**1. Introductions & Approval of March and April Minutes
(handout)**

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

Voting members: Joanna Martinson (P&CE Co-Chair), 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), Angie Goodger (CDPHE) Louisa Wren (RAE 1), Jessica Zaiger (CCHA), Nikole Mateyka (CCHA Region 6), Sara Leahy (CO Rural Health Center), Andrea Skubal (CCHA), Julia Duffer (Health Colorado), Whitney Kurka (Wellspring), Matthew Wilkins (Health Solutions in Partnership with Health Colorado), Katie Mortenson (CCHA), Heather Steele (RMHP), Suprena Crawford (DentaQuest), Aaron Brotherson (Colorado Access), Jen Hale-Coulson (RAE 2), Amanda Jacquecin (HCPF), Mark Queirolo (HCPF)

Joanna Martinson asked for a motion to approve the April 2021 Meeting Minutes. The meeting minutes were approved and there were no abstentions.

2. Interim Provider Payment Program

Amanda Jacquecin, HCPF

The Interim Provider Payment Program is in the third round of funding. A total of \$3.63 million was made available from a local group of philanthropies to help PCPs during the COVID pandemic. Business dropped off for these providers at the beginning of the pandemic and the goal of this program was to help. The program consists of three rounds: Round 1- 14 clinics \$588K, Round 2 - 39 clinics \$1.8M, and Round 3 opens week of 5/17 with \$1.2M available

For this third round the program will use 2020 data to allow more providers to apply. This amount is equal to the average of their four 2020 quarterly payment of Health First Colorado revenue. Gainwell will reach out directly to eligible clinics. The interim payment is composed of 50% as a grant that the provider can keep to serve patients and 50% is a 0% interest loan payable within one year. This interim payment is in addition to their regular claim payments.



Specific eligibility criteria to participate in this third round include:

- Provider must serve a high percentage of people using Medicaid or uninsured and clinics must attest to this.
- Clinic must attest to the fact that their Federal Covid relief funds will not exceed their expected revenue loss.
- Clinics must either have dental or behavioral health on-site.

Questions about this program can be addressed to Amanda Jacquelin, HCPF, amanda.jacquelin@state.co.us

2. [State ACC PIAC Update](#)

Joanna Martinson, State ACC PIAC member

The PIAC meeting covered core competencies for the ACC, PIAC, etc. There were presentations on the different MEACs in the different regions. Topics included how they get Members, the goals, and function of the MEACs. There was a breakout session about how to attract Members, build trust, and get true Member perspectives regarding benefits of the program. The RAEs presented and emphasized the importance of the MEACs. Lastly, a little time was spent on the cadence of meetings and how to create more focused time in meetings to allow time for discussion.

- Equity, diversity, and inclusion task force was discussed and how to be inclusive in our decision making and recommendations. Want to make sure that we are doing helpful/meaningful work.

3. P&CE Follow-up Items & Housekeeping

Joanna Martinson, P&CE Co-Chair

- P&CE presentation to PIAC September 15:

Joanna shared that this subcommittee will be presenting to PIAC on Sept 15th. This will include a review of the subcommittee's work including the recent extended care coordination (ECC) work. Our presentation will also review the proposed updates to PC&E charter and objectives.

- Brooke clarified that the P&CE will not be asking for approval on the ECC work that was done since it was in response to a time-sensitive request from the Dept. but rather we will include it as an update in our presentation.
 - See [Extended Care Coordination Memo](#)

4. Workgroup Updates & Discussion

Joanna Martinson, P&CE Co-Chair

Joanna clarified that future meetings will try and carve out time for both care coordination and eConsult work but will be pivoting our deeper focus between the two topic areas every few months.

- Care Coordination Workgroup - Jen Hale-Coulson, Chair

Jen reported that the Care Coordination Workgroup revisited and revamped its list of top priority focus areas. They determined they want to develop foundational and core

set of principles for care coordination that would tie into the extended care coordination work already completed and be mindful of the contract regulations. They are looking at how to define results and terms, and the goal is to find agreement across the state around foundational concepts and best practices and level the playing field so everyone is talking about the same thing.

- Jen reported that the Care Coordination workgroup will be put on hold for now and bring care coordination conversations up to the P&CE level for now.

5. eConsults

Mark Queirolo, HCPF

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

Specific details Mark reviewed:

- eConsult is asynchronous between providers (not members). The PCP submits a specific question to a specialist who provides guidance.
- The state is looking to procure a single eConsult platform for the entire state to provide equal access for all providers.
- 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.
- Platform will be open to Medicaid enrolled PCMPs and specialists
- Both the primary provider and the specialist will be paid for using eConsults
- Mark reviewed timelines: There is a planned stakeholder meeting for mid-June, they are currently working on the RFP, then they will select a single vendor, build the system, contract with providers, and get providers set up. Hoping to go live Q3 21/22.

Group Discussion and Jamboard Q&A Session

The group held a [Jamboard Discussion](#) to discuss specific questions and provide feedback regarding eConsults:

- Concerns about the legal and liability issues. Do these need to be explored more?
- Timing of vendor selection. Mark replied that the hope is to have the vendor selected for October but could be some delays if CMS can provide funding for this.

- Concerns about the location of the specialist network. Mark stated they will factor in the location of the member and the provider.
- Mark clarified that psychiatry is probably not where the program will start.
- Mark encouraged attendees to get relevant parties involved in the discussion.
- Potential impact on Care Compacts was discussed.
- Brooke clarified that there will be more opportunities for this subcommittee to provide more feedback.
- Some providers want to maintain the relationship with their preferred providers (e.g. curbside consults and don't want to risk those).
- Suggestions for a successful eConsult program included:
 - Ease of use was the biggest challenge to adopting eConsults.
 - Doc to doc training and identify champions who really believe in eConsults
 - Providing training at the practice level
 - Need to build trust. Missing relationship component if they don't know the providers they are referring to.

At next month's meeting we will choose one component to dive into. Feel free to include relevant individuals in your organization if you think they can

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