



**Accountable Care Collaborative
Program Improvement Advisory Committee
PROVIDER AND COMMUNITY EXPERIENCE**
Charter

Preface: This Accountable Care Collaborative (ACC) Program Improvement Advisory Committee (PIAC) Subcommittee is part of a larger PIAC Community and will adhere to the following vision, mission, purpose, and guiding principles.

PIAC Community Vision: A health care system that improves member health outcomes by supporting providers, engaging members, advancing equity, decreasing avoidable costs, and increasing overall value.

PIAC Community Mission: To assist the Department of Health Care Policy and Financing (Department) and Regional Accountable Entities (RAEs) with the implementation and execution of the ACC and its following objectives:

1. Join physical and behavioral health under one accountable entity;
2. Strengthen coordination of services by advancing team-based care and health neighborhoods;
3. Promote member choice and engagement;
4. Pay providers for the increased value they deliver; and
5. Ensure greater accountability and transparency.

PIAC Community Purpose: The State PIAC will leverage the experience and expertise of the broader PIAC Community to improve member health outcomes with the ACC by providing actionable and strategic feedback to the Department regarding ACC implementation and operations.

PIAC Community Guiding Principles: The following list is a set of core guiding principles that the PIAC Community embrace as keys to success. PIAC Community members will strive to promote and operate from these principles.

- Ensure Health First Colorado (Colorado's Medicaid Program) members are a part of every conversation;
- Create an inclusive and actionable conversation to discuss the diverse experiences of the ACC;
- Ground every conversation in performance data related to operational and performance outcomes of the ACC;
- Identify and communicate best practices and continued challenges;
- Ensure accountability and transparency of the Department and its RAEs; and
- Align with other Department committees, initiatives, and their respective work.

Event that caused this PIAC Community to be established: The State PIAC was formed in 2012 by the Department to advise on the implementation of the ACC. Upon implementation of ACC Phase II, a new State PIAC was seated in October 2018 to reflect the evolving needs and vision of the ACC.

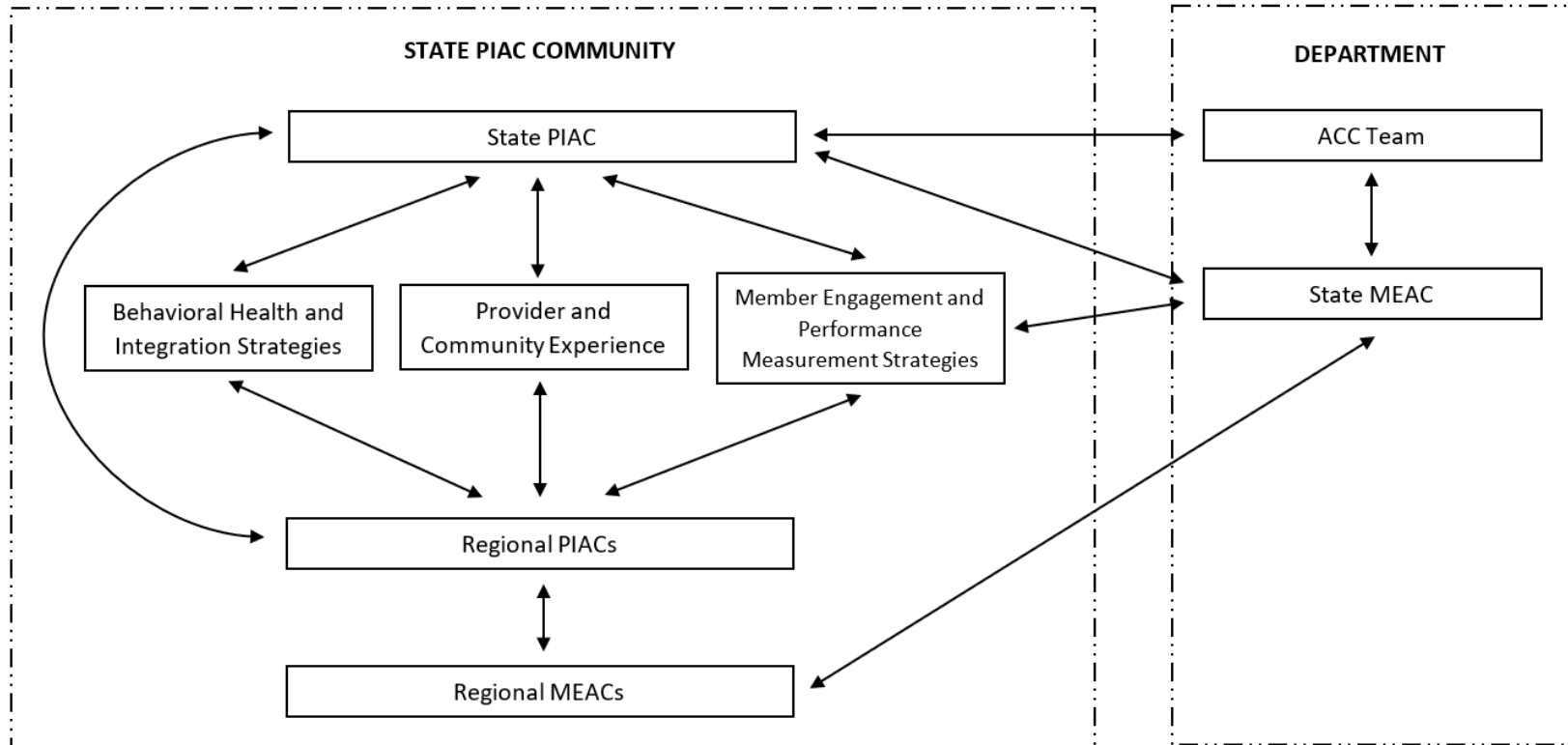




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State PIAC Community Framework: Below is a visual of the State PIAC Community and the relationships between its internal components. Each component will adhere to the vision, mission, purpose, and guiding principles of the PIAC Community and will reflect the respective communities that it serves.





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PIAC Provider and Community Experience Subcommittee Purpose: To assess the experience of ~~providers and community-based organizations (CBOs) PCMPs, the Health Neighborhood and community~~ within the ACC by identifying, prioritizing, and investigating key challenges and potential solutions concerning the Population Management framework specifically relative to care coordination and condition management within the Population Management framework ~~to best support and build capacity within providers and CBOs, to foster collaboration and development of a health neighborhood between providers, CBOs, and RAEs, and to leverage their collective strengths in broader regional and state improvement work.~~

PIAC Provider and Community Experience Subcommittee Strategy Screens: In order to identify and address specific criteria of the Subcommittee's charge, the Subcommittee will incorporate the following strategy screens as part of its operations and will incorporate them in any subsequent objectives, processes and products:

- How are members impacted?
- How are specific member populations impacted?
- How are providers impacted?
- How is health equity advanced?
- How is integration of physical and behavioral health addressed?
- How is care coordination assured?
- What are the cost, quality and access implications?
- How is success measured?

PIAC Provider and Community Experience Subcommittee Objectives: The Subcommittee has identified the following specific topics to investigate and discuss in order to carry out its charge.

- ~~Explore the current models, and programming and best practices for for care coordination and condition~~ chronic disease management within Colorado in the context of both clinical care linkages and the social determinants of health.
- Explore how eConsults can support population management, increase access to specialty care and advance the Health Neighborhood.
- ~~Strengthen the Health Neighborhood through exploring access to specialty care, Non-emergent Medical Transportation (NEMT), Hospital Transformation Program, and other relevant efforts/programs.~~
- ~~Understand the best practices and outstanding challenges to supporting and transforming practices and their relationships with CBOs in the provision of care to Health First Colorado members and their families.~~
- ~~Explore the current models and programming for care coordination and chronic disease management within Colorado in the context of both clinical care linkages and the social determinants of health.~~

PIAC Provider and Community Experience Subcommittee Process: The Subcommittee's process will include:





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- Aggregation of qualitative data from interviews and presentations report outs from RAEs, providers, CBOs, Dept. staff, subject matters experts, and Health First Colorado members and from RAE contract deliverables;
- Aggregation of quantitative data from key performance indicators, behavioral health incentive measures, performance pool measures, public reporting measures, and RAE contract deliverables;
- Discussion of aggregated data and analysis of this data through appropriate strategy screens; and
- Production of a written work product that documents and summarizes the analysis and provides concrete recommendations for improved delivery system ACC performance.

PIAC Provider and Community Experience Subcommittee Products: The Subcommittee work products will include a defined problem statement, an articulated connection to the ACC, a summary of the work process, and recommendations that could include tools, forms, best practices -to the PIAC.

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APPENDIX 1.

PIAC Provider and Community Experience Subcommittee Logistics: The subcommittee meets monthly on the 2nd Thursday, 8:00-9:30am via video: meet.google.com/tmh-hyaa-xvd and audio: +1 724-740-8075 PIN: 587 524 192#

**PIAC Provider and Community Experience Subcommittee Membership:
Co-Chair(s):**

- Joanna Martinson, State ACC PIAC member
- Kathie Snell, Aurora Mental Health Center

Voting Membership: The PIAC Provider and Community Experience Subcommittee must have a diverse voting membership of no more than 15 individuals that comprises a variety of perspectives, including but not limited to: members, providers, and those in the broader Health Neighborhood. *(Any individual officially employed by or through a RAE may not be a voting member.)* A quorum *(a majority plus one) 7 of 13* of voting members must be present *(or attending in-person, online, or by phone in-person or by phone/web-ex)* to approve any official items of business *which include meeting minute votes and acceptance of work products*. Voting members *are required need* to attend at least 9 meetings *in the a PIAC year (October 1 – September 30.) (in-person or by phone.)*

PIAC Provider and Community Experience Subcommittee Voting Membership		
Name	Organization	Representing
1. Joanna Martinson	North Colorado Health Alliance	Co-chair (State ACC PIAC member)
2. Kathie Snell	Aurora Mental Health Center	Co-chair
3. Marc Ogonosky	Health First Colorado member	Member or family member of Health First CO Member
4. Gail Nehls	Envida	Community based organizations
5. Pat Cook	CO Gerontological Society	Older adults/seniors
6. Michelle Hoye	MindSprings Health	Behavioral health
7. Jamie Haney	Developmental Disabilities Resource Center	HCBS/LTSS
8. Andrea Loasby	Children’s Hospital Colorado	Pediatrics
9. Lila Cummings	CO Hospital Association	Hospitals
10. Shera Matthews	Doctors Care	Family Practice
11. Jennie Munthali	CO Dept. of Public Health and Environment	Public health





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12. Carolyn Green, MD	Retired provider	At-large
13. Anita Rich	Retired/community member	At-large

Membership Processes: ~~On a quarterly basis, t~~The PIAC Provider and Community Experience Subcommittee ~~chair(s) and current Subcommittee voting and non-voting members~~ will solicit volunteers ~~to apply~~ for ~~open~~ voting membership seats. ~~(Previous attendance and participation in Subcommittee meetings is desirable but not required to apply for voting membership.)~~ ~~for voting membership but is desirable.)~~ ~~and~~The Subcommittee voting membership and HCPF liaison ~~chairs will~~shall review applications, interview applicants (as -necessary), and appoint interested-through a voting process individuals to~~appropriate~~ voting member seats. ~~(Timing may dictate that a new voting member complete the year term of the prior voting member in order to officially start their term October 1.-)~~ ~~(Previous attendance and participation in Subcommittee meetings is not required for voting membership but is desirable.)~~ If there are not enough volunteers to adequately represent each required voting category, the Subcommittee chair(s) will recruit members via formal invitation. ~~Voting member terms are 4-year terms with no more than 2 consecutive terms allowed. Individuals that have served as a chair or co-chair of the Subcommittee are allowed 3 consecutive terms. If a voting member can no longer serve or is temporarily unable to serve on the Subcommittee or does not attend the required number of meetings, the Subcommittee chair(s) and voting and non-voting members will solicit volunteers for voting membership and the chairs will appoint a replacement voting member with feedback from both Subcommittee participants and voting membership.~~

