



**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.

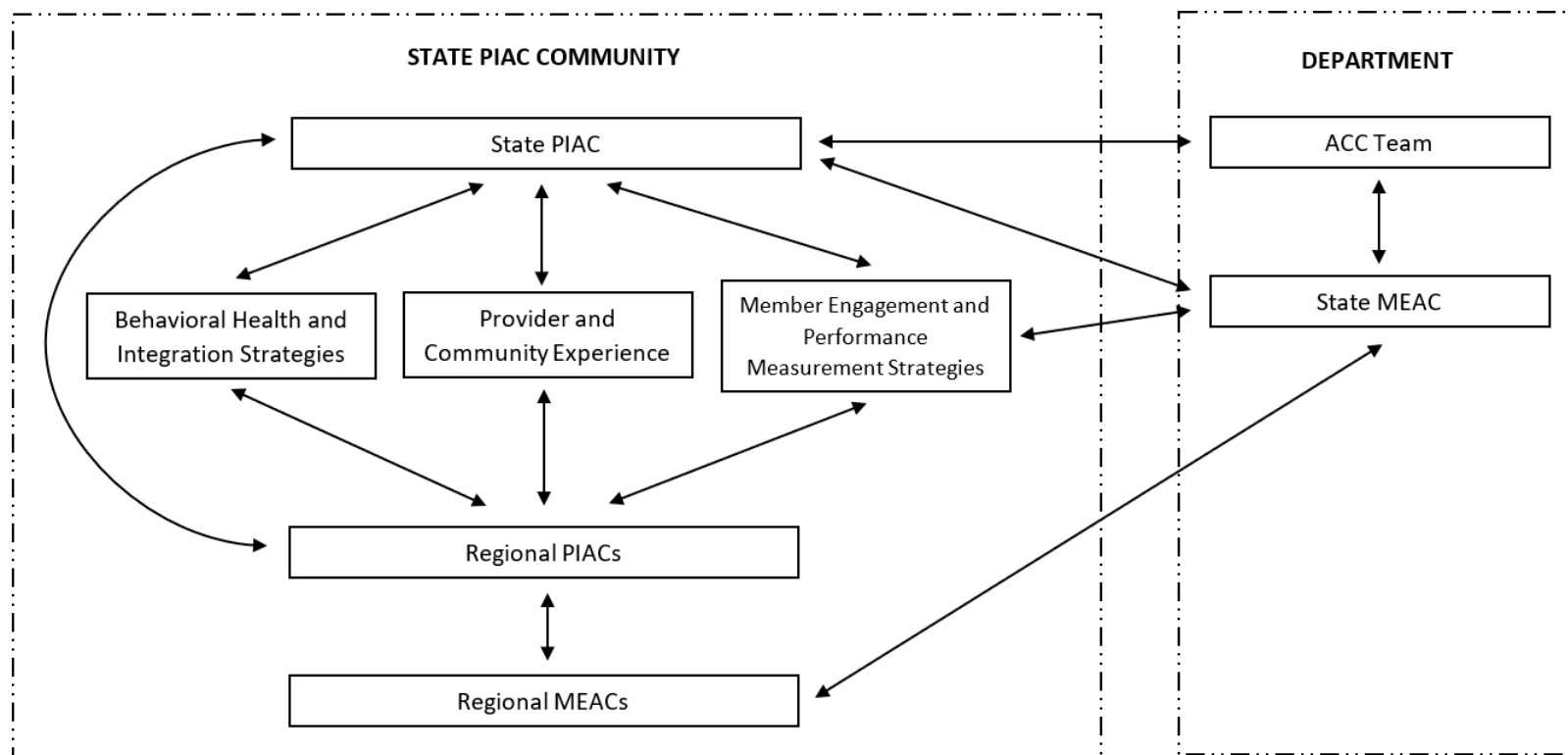




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**State PIAC Community Framework:** Below is a visual of the State PIAC Community and the relationships between its internal components. Each component will adhere to the vision, mission, purpose, and guiding principles of the PIAC Community and will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





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**PIAC Provider and Community Experience Subcommittee Purpose:** To assess the experience of PCMPs, the Health Neighborhood, Care Coordination and community within the ACC by identifying, prioritizing, and investigating key challenges and potential solutions concerning the Population Management framework.

**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.

- Assess the experience of providers and community-based organizations (CBOs) within the ACC by identifying, prioritizing, and investigating key challenges and solutions to best support and build capacity within providers and CBOs.
- Foster collaboration and development of a health neighborhood between providers, CBOs, and Regional Accountable Entities (RAEs), and to leverage their collective strengths in broader regional and state improvement work.
- Provide a forum for health care providers, community partners, and members to assess their experience and to make recommendations for subsequent improvements within the ACC.
- Consider and address issues relevant to health neighborhoods, practice support and transformation, care coordination and disease management
- Explore the models, programming and best practices for care coordination and condition management in the context of both clinical care and the social determinants of health.
- Explore how eConsults can support population management, increase access to specialty care and advance the Health Neighborhood.
- "Provide feedback, either informal or formal, on issues of concern to HCPF

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

- Aggregation of qualitative data from interviews and presentations from RAEs, providers, CBOs, Dept. staff, subject matters experts, 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





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- 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 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.



## APPENDIX 1.

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

**PIAC Provider and Community Experience Subcommittee Membership:** The Subcommittee Chair or one Co-chair must be a State ACC PIAC member.

**Current Co-Chair(s):**

- Mark Levine, MD, 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) of voting members must be present (in-person, online, or by phone) to approve any official items of business which include meeting minute votes and acceptance of work products. Voting members are required to attend at least 9 meetings in the PIAC year (October 1 – September 30.)

**Voting Membership Processes:** On a quarterly basis, the PIAC Provider and Community Experience Subcommittee will solicit volunteers to apply for open voting member seats. The Subcommittee chair (or co-chairs), voting members and HCPF liaison shall review applications, interview applicants (as necessary), and appoint new voting members. *(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.)* Voting member terms are 4-year terms with no more than 2 consecutive terms allowed.

<b>PIAC Provider and Community Experience Subcommittee Current Voting Membership</b>			
<b>Name</b>	<b>Organization</b>	<b>Perspective</b>	<b>Terms</b>
1. Mark Levine, MD	Primary Care Provider	Primary Care Practice/Co-chair (State ACC PIAC member)	1 <sup>st</sup> term ends 9/30/26
2. Kathie Snell	Aurora Mental Health Center	Co-chair	2 <sup>nd</sup> term ends 9/30/28
3. David Keller, MD	Children's Hospital	Professor of Pediatrics/Vice Chair of Clinical Strategy & Transformation	1 <sup>st</sup> term ends 9/30/26
3. Marc Ogonosky	Health First Colorado member	Member or family member of Health First CO Member	1 <sup>st</sup> term ends 9/30/25



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4. Gail Nehls	Envida	Community based organizations	2 <sup>nd</sup> term ends 9/30/28
5. Pat Cook	CO Gerontological Society	Older adults/seniors	2 <sup>nd</sup> term ends 9/30/28
6. Sabrina May	PASCO Home Health	Behavioral Health	1 <sup>st</sup> term ends 6/30/28
7. Jeff Johnson	A&I Avenues	CMA/HCBS/LTSS	1 <sup>st</sup> term ends 6/30/28
8. Andrea Loasby	Children's Hospital Colorado	Pediatrics	2 <sup>nd</sup> term ends 9/30/27
9. Karma Wilson	Southeast Colorado Hospital District	Hospitals	1 <sup>st</sup> term ends 9/30/26
11. Angie Goodger	CO Dept. of Public Health and Environment	Public health	1 <sup>st</sup> term ends 9/30/25
12. Bryan Erickson	Axis Health System	At-large	1 <sup>st</sup> term ends 2/28/29
13. Theresa Anselmo	Director of La Plata County Health Dept.	At-large	1 <sup>st</sup> term ends 9/30/26

