

*Accountable Care Collaborative Program*  
**RCCO 1 – Community Meeting – Program Improvement Advisory Committee**  
 14 April, 2014



**These are the meeting minutes from the first community meeting to discuss the RCCO RFP. These stakeholder meetings are a collaboration of the Colorado Health Institute, the Colorado Department of Health Care Policy and Financing, clients, the Region, providers, advocates, and interested members of the public. The meeting took place in Region 1 on April 14, 2014.**

**RCCO 1 Meeting in Glenwood Springs, Garfield County.**

Location: Valley View Hospital 1906 Blake Ave., Glenwood Springs, CO 81601

**Attendees:** [Clients, providers, local public health agencies, mental health, physical health, advocates.]

ITEM #	ISSUE	DISCUSSION
1	<b>Introductions</b>	Patrick Gordon, RMHP, provided background on the Accountable Care Collaborative Program and introduced Michele Lueck of the Colorado Health Institute (CHI).
2	<b>CHI Presentation</b>	<p>Michele Lueck provided an overview of the current ACC Program, discussed the RCCO RFP, and the Department of Health Care Policy and Financing's Strategic Plan for the ACC.</p> <ul style="list-style-type: none"> <li>• There are three primary goals for the next iteration of the ACC: "transforming our systems from a medical model to a health model," "moving toward person-centered, integrated and coordinated supports and services," and "leveraging efficiencies to provide better quality care at lower costs to more people."</li> <li>• The Strategic Plan is divided into five domains:</li> <li>• Delivery System Redesign (provide care in a more integrated and patient-centric way),</li> <li>• State Administrative Improvements (invest in improvements that support better quality and functionality),</li> </ul>

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		<ul style="list-style-type: none"> <li>• Information Technology (leverage technology to evaluate, to learn, and to adapt the system),</li> <li>• Payment Reform (test and innovate new models to pay for quality and value), and</li> <li>• Benefit Design (design the benefit package in a way that moves from a medical model to a health model).</li> <li>• While the Department is committed to adhering to the core principles of each domain, the manner through which the principles are operationalized into contract requirements is very open. Stakeholder meetings, such as this one, are intended to mold the commitments into concrete requirements.</li> </ul> <p>At the conclusion of the presentation, the conversation was opened to questions, comments, and discussion.</p>
<b>3</b>	<b>Discussion of RFP</b>	<ul style="list-style-type: none"> <li>• Comment: Upfront investments are necessary for practice support / transformation. Streams of cash / basic PMPM are often insufficient.</li> <li>• Comment: It is hard to get small providers to care about PMPM or KPIs.</li> <li>• Comment: It would be great if long-term waivers for adults included physical therapists in a more comprehensive way.</li> <li>• Comment: Community health workers have been very helpful in intervening with super-utilizers on the Western Slope. Is there a broader role for them in the ACC in the future?</li> <li>• Comment: Additional steps towards integration are necessary. This is broader than care coordination. Integration of physical and behavioral health is profound. Data is one element, but not the only element; the BHO and the RCCO are now exchanging and comparing claims data.</li> </ul>

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		<ul style="list-style-type: none"> <li>• Comment: Better data sharing is allowing providers to see the whole person in a way they were not able to do before.</li> <li>• Comment: The RCCO has enabled faster integration of physical and behavioral health. Upfront investments in community delegation / care coordination. "I give our RCCO a lot of credit for that."</li> <li>• Comment: It would be helpful to open up integrated care codes.</li> <li>• Comment: Some rural counties do not feel connected to the RCCO. In Pitkin County, access is challenging. "I don't feel like we are totally connected to the RCCO as a county. I have children and adults who are covered, and foster kids. I need a closer connection with the RCCO so I understand what [providers and social workers] are trying to do."</li> <li>• Comment: We need attention in the small rural counties.</li> <li>• Comment: More social workers are needed to support home health.</li> <li>• Comment: HIE systems like QHN and CORHIO are useful, but they slow down the process for providers. "IT often just means more buttons to push, which slows down the process." Additional staff – or less utilization of these records – will be necessary in the future to balance increasing caseloads.</li> <li>• Comment: "The ACC has been miraculous for our patients." Catch utilization trends faster so that community health workers can intervene earlier with super-utilizers and get ahead of problems before utilization patterns or health issues get out of control.</li> <li>• Question: In the future, how should public health / local public health partner with the RCCO?</li> <li>• Comment: Medicaid accounts for 40-50% of some county populations. There needs to be a fundamental shift in order to be successful in the future.</li> </ul>
4	<b>Closing Remarks</b>	<p>Attendees were thanked for their participation. Those in attendance were welcomed to send additional comments and questions to <a href="mailto:RCCORFP@state.co.us">RCCORFP@state.co.us</a></p> <p>The community meeting proceeded to finalize other business and was subsequently adjourned.</p>

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