

Accountable Care Collaborative Program
RCCO 1 – Community Meeting – Program Improvement Advisory Committee
 19 June 2014



These are the meeting minutes from the ninth 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 June 19, 2014.

RCCO 1 Meeting in Durango, La Plata County.

Location: San Juan Basin Health Department, 281 Sawyer Dr., Durango, CO 81303

Attendee list: [clients, advocates, providers, RCCO, CMHC, FQHCs.]

ITEM #	ISSUE	DISCUSSION
1	Introductions	RCCO 1 introduced Kathryn Jantz and Hanna Schum of the Colorado Department of Health Care Policy and Financing (HCPF).
2	CHI Presentation	<p>Kathryn Jantz, ACC Strategy Lead, 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"> • There are three primary goals of 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." • The Strategic Plan is divided into five domains: • Delivery System Redesign (provide care in a more integrated and patient-centric way),

Accountable Care Collaborative Program
RCCO 1 – Community Meeting – Program Improvement Advisory Committee
 19 June 2014

ITEM #	ISSUE	DISCUSSION
		<ul style="list-style-type: none"> • State Administrative Improvements (invest in improvements that support better quality and functionality), • Information Technology (leverage technology to evaluate, learn, and to adapt the system), • Payment Reform (test and innovate new models to pay for quality and value), and • Benefit Design (design the benefit package in a way that moves from a medical model to a health model). • 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. <p>At the conclusion of the presentation, the conversation was opened to questions, comments, and discussion.</p>
3	Discussion of RFP	<ul style="list-style-type: none"> • Comment: An obvious omission in presentation is insurance plans, both public and private. • Comment: "Rocky is the best RCCO and does a good job working with local communities." • Comment: RCCO 1 is ridiculously large. Larimer County may need to be looked at separately. • Comment: Community mental health center representative noted that we talk about health care but it is about illness. We need a real system that focuses on health – not just services delivered for illness. • Comment: We need patient engagement. • Comment: We need to focus on improving population-based outcomes.

Accountable Care Collaborative Program
RCCO 1 – Community Meeting – Program Improvement Advisory Committee
 19 June 2014

ITEM #	ISSUE	DISCUSSION
		<ul style="list-style-type: none"> • Comment: Data piece is still being tied to service units because that is what the state uses for accountability, and the state needs to show accountability for spending. That won't get us where we need to go. • Comment: 85% of billing expenses are spent on FFS, which is only 15% of revenue. Lots of work and hassle for not all that much money. Incremental change won't work. Need global capitation and accountability based on population health outcomes. Hold us accountable, but not by the service units. • Comment: Practice change is a big deal. Co-location is not the same as integration, and please don't confuse the two. This is a critical issue. • Comment: Worried we'll "come up with just an improved mediocre product." • Department: We appreciate your concern. We look to stakeholders to help us translate high-level philosophical commitments into operational details. These regional meetings, and the forthcoming RFI, will be great opportunities to get into the details of how we design the "product" from the ground up. • Comment: BHOs have capitation without population-based outcomes. Suggestions to include BMI, blood pressure, CDC "healthy days." • Comment: Interest in having home health care coordinated with "the system." Make it better for clients if home health is working together with the community. • Department: What would support that coordination? • Comment: Sharing software to look at patient data. Home health has long term and short term patients, and coordination is really important. • Comment: The problem is that there is no system to connect home health. Maybe home health needs to connect in at the RCCO level, not the state level. • Comment: Home health is key in rural areas because of transportation issues. • Comment: Everyone is coordinating as individuals. Is there a more efficient way to do that?

Accountable Care Collaborative Program
RCCO 1 – Community Meeting – Program Improvement Advisory Committee
 19 June 2014

ITEM #	ISSUE	DISCUSSION
		<ul style="list-style-type: none"> • Comment: One recent big gift has been continuous eligibility in both Medicaid and CHP+ for one year. This has been really helpful. • Comment: In pediatric private practice we have decided to go ahead and work on population health. Behavioral health and obesity are good targets. • Comment: Integrating the TRAILS data would be helpful. • Comment: Another big issue is that kids leave detention center with no health coverage and can't plan for continuity of care. Parents often not involved or kids live in a different region. • Comment: Would love to have a model for telehealth. Not sure how providers will get paid for that, but we're doing it anyway. Already hub for specialty care, with follow-up care from Children's. • Department: We are working on telehealth – will see that sooner than RCCO RFP. • Comment: CORHIO has challenges, but can mature to be helpful way for providers to communicate. • Comment: Would be phenomenal to have more access to telemedicine. • Comment: Travel is a big barrier, especially when you live in Durango. • Comment: A good payment model for telemedicine is needed. There are only 3 billable telehealth services in home health. • Comment: Working on way to pull together data to look at single benchmark. Another effort through CPCi to aggregate claims data and then maybe clinical data. Don't expect industry standard for clinical data soon, but statewide effort. IN CPCi, we will have administrative data aggregated probably middle of next year. Clinical data will follow that. There is a lot more work to be done with data sharing. • Comment: Technical assistance for practices and community partners to pull data from EHRs would be helpful. They had a PhD student at the LPHA to help with that, but once she left they don't have the technical expertise to continue the data projects.

Accountable Care Collaborative Program
RCCO 1 – Community Meeting – Program Improvement Advisory Committee
 19 June 2014

ITEM #	ISSUE	DISCUSSION
		<ul style="list-style-type: none"> • Question: What are the models of payment that might allow measures to be implemented? • Answer: Someone at the clinic level needs to be responsible – have appropriate time and training – to roll out clinical QI process. Someone is needed to run quality projects. • Comment: We are used to talking about how we lack resources in rural CO and not talking about innovative projects and data. It would be nice to have some resources to sustain those kinds of projects. How can RCCOs help sustain QI projects? Money? Personnel? • Comment: QHN is constrained. • Comment: CORHIO full functionality is still a long way off. • Comment: Need to find workarounds for data sharing now. Need to figure out how to do things regionally. Hold us accountable, have identified deliverables, but have state get out of the way of local/regional solutions. • Question: How do we include the hospital systems? • Answer: The Department is looking at ways to align hospitals with ACC. Looking at quality measures. There are lots of challenges/barriers. • Comment: Region 1 works with an array of hospitals. Example – Mercy – expanding primary care. Might help to figure out where adults should go for follow-up after ER visit of hospitalization (sounds like that is clearer for kids right now). <p>Advice in Ten Words or Less</p> <ul style="list-style-type: none"> • Department: Before we turn the meeting back over to RCCO 7, we're hoping to get some parting advice from all of you. Please share with us some brief comments—10 words or less—about the direction would you like the Department to take while thinking about this RFP. What matters most to you? What would you like for us to have in mind as we leave tonight? • Comment: Oncology relies on home health to keep people out of hospital.

Accountable Care Collaborative Program
RCCO 1 – Community Meeting – Program Improvement Advisory Committee
 19 June 2014

ITEM #	ISSUE	DISCUSSION
		<ul style="list-style-type: none"> • Comment: Is there a secure electronic file people can use to share data? • Comment: Home health navigators. • Comment: Telemedicine is a huge resource. • Comment: Transportation is essential to patient compliance. • Comment: Encourage more multi-payer alignment. • Comment: Alternative and complementary therapies. • Comment: Marketing campaigns similar to the ones used for smoking cessation should be used for ER use. • Comment: Being able to communicate is important. • Comment: Home health care navigators would be wonderful. • Comment: Work collaboratively. • Comment: Reduce churn, clarify eligibility, especially for people with variable income. • Comment: Transportation is a problem. • Comment: Encourage more health plans in the model. • Comment: Data sharing is important. • Comment: Working with members is important. • Comment: Messaging when to go to the ER is important. • Comment: Communication barriers is a problem. • Comment: Change incentives for hospitals. • Comment: Invest in quality of care coordination. • Comment: Patient engagement starts with that one-on-one interaction.

Accountable Care Collaborative Program
RCCO 1 – Community Meeting – Program Improvement Advisory Committee
 19 June 2014

ITEM #	ISSUE	DISCUSSION
		<ul style="list-style-type: none"> • Comment: Some sort of health literacy component in the primary care setting is important. • Comment: Pediatrics want focus on behavioral health and telemedicine. • Comment: Integration with home health. • Comment: ADRC feels threatened by FBMME Demonstration.
4	Closing Remarks	<p>Attendees were thanked for their participation. Those in attendance were welcomed to send additional comments and questions to RCCORFP@state.co.us</p> <p>The community meeting proceeded to finalize other business and was subsequently adjourned.</p>