

Accountable Care Collaborative Program
RCCO 7 – Community Meeting – Program Improvement Advisory Committee
 27 May 2014



These are the meeting minutes from the eighth 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 7 on May 27, 2014.

RCCO 7 Meeting in Colorado Springs, El Paso County.

Location: Penrose Library, 20 N. Cascade Ave Colorado Springs, CO 80903

Attendee list: [Clients, providers, RCCO, physical health providers, mental health providers, SEP, advocates.]

Anita Rich, Anna Vigran, Carol Bruce-Fritz, Dave Hunt, David Pump, Dr. Edward Maynard, Dr. Greg Sharp, Dr. Joel Dickerman, Dr. Michael Welch, Erin Lanz, Jeff Spicher, Jennifer Littrell, Joe Farr, Julia Duffer, Kathryn Jantz, Kelley Vivian, Laurie Wedemeyer, Liliana Reyna, Mari Long, Mary Ellen Bensen, Meredith Roach, Pam Craig, Patricia, Rachel DeShay, Regina Ellender, Ryan Smith, Stephanie Anderson, Todd Lessley.¹

ITEM #	ISSUE	DISCUSSION
1	Introductions	RCCO 7 introduced Kathryn Jantz, ACC Strategy Lead of the Colorado Department of Health Care Policy and Financing (HCPF).
2	CHI Presentation	Kathryn Jantz 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. <ul style="list-style-type: none"> • 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."

¹ This list of attendees is not comprehensive and does not include phone participants.

Accountable Care Collaborative Program
RCCO 7 – Community Meeting – Program Improvement Advisory Committee
 27 May 2014

ITEM #	ISSUE	DISCUSSION
		<ul style="list-style-type: none"> • The Strategic Plan is divided into five domains: • Delivery System Redesign (provide care in a more integrated and patient-centric way), • 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"> • Question: What is the Department expecting in regards to the rebid and current regions? • Comment: The Department is required to review the regions pursuant to House Bill 12-1281. That process is being completed during the RCCO RFP / rebid. Many factors are under consideration besides BHO regions, including historic referral and utilization patterns. • Comment: The public has heard rumors about regions 4 and 7 being combined.

Accountable Care Collaborative Program
RCCO 7 – Community Meeting – Program Improvement Advisory Committee
 27 May 2014

ITEM #	ISSUE	DISCUSSION
		<ul style="list-style-type: none"> • Comment: No decisions have been made concerning the map. Stakeholder meetings like this one, as well as the forthcoming RFI process, will be critical to determining what the future map should look like. We have heard concerns from stakeholders, RCCOs, and providers about the importance of determining the right size for regions while making sure that each region is able to specialize in local care. Your feedback is important to this process. What makes sense for the map from your perspective? • Comment: Current boundaries seem to be working and because everything else is changing it would be nice to have some consistency. • Question: How does the Department provide support and encourage smaller providers to take Medicaid? Are there examples that work well? • Comment: FQHCs talk about having real-time data, but also data that can be shared with other providers to identify best practices. • Comment: Regarding capitation – there is concern in addressing the issues that failed in the 90s, as the past system encouraged doctors to take healthy patients; important in practices that are smaller and have a limited number of patients. • Comment: The ability to have a hybrid model has been integral to do what is best for the providers and clients in the region. • Comment: There is flexibility in local community partnership models. • Comment: Referral patterns for regions with practices in multiple regions – confusion of who is responsible – important to make it less about people “belonging” to a certain place. • Comment: There should not be a requirement of "how to do it," but rather requirements that it has to be done in circumstances where there is overlap. • Comment: Size of regions are of concern – RCCO 1's size makes care coordination very difficult.

Accountable Care Collaborative Program
RCCO 7 – Community Meeting – Program Improvement Advisory Committee
 27 May 2014

ITEM #	ISSUE	DISCUSSION
		<ul style="list-style-type: none"> • Comment: The population served by the RCCOs are for the most part "light cream;" the real costs are in nursing homes, long-term care facilities – there needs to be more integration of these into the ACC program. • Comment: SDAC data issue – transparency and the ability of a variety of resources to use the data to support transformation; ability to differentiate between children and adults; would be nice to have access to denied claim data as well as claims that were paid. • Comment: All payer data is from consumer perspective, hospitals first, then surgeries, etc. • Comment: Providers need more money/reimbursement for populations with disabilities; they need to provide culturally-competent care if you want to help with spending as those communities wait until the last minute. • Comment: The importance of ways that care is coordinated is provided in different communities; perhaps payment reform around integration of behavioral and physical service; providers feel that they are out on a limb. • Comment: The state needs to be laying out a better roadmap for health care services that they are spending money on to give practices a set timeline on how to make a transition from volume to value – would like a “process map” so practices can plan and know when to make investments. • Comment: Need more education to all levels for what is available – currently getting referrals from various directions, would be better to have a process in place.
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>