

*Accountable Care Collaborative Program*  
**Statewide Meeting – Program Improvement Advisory Committee**  
20 August 2014



**COLORADO**  
Department of Health  
Care Policy & Financing

**These are the meeting minutes from the eleventh 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 at the Colorado Department of Health Care Policy and Financing on August 20, 2014.**

**PIAC Meeting in Denver.**

Location: Colorado Department of Health Care Policy and Financing, 303 E. 17<sup>th</sup> Ave, Denver, CO 80203

**Attendee list:** Adam Bean, Anita Rich, Anna Vigran, Aubrey Hill, Brandi Nottingham, Brenda L. VonStar, Carol Plock, Carolyn Shepherd, Chet Phelps, Chet Seward, Christine Fallabel, Christine Savoie, Donald Moore, Dustin Moyer, Elisabeth Arenales, Elizabeth Baskett, Elizabeth Forbes, Emily Johnson, Ethel Smith, George O'Brien, Jean Sisneros, Jenny Nate, Joan Levy, Joan R., Julie Holtz, Karen Thompson, Kathy Osborn, Katie Brookler, Katie Mortenson, Katie Pachan Jacobson, Kevin Dunlevy-Wilson, "KK" Forthofer, Larry, Laura Keele, Lauren Barker, Leah Jardine, Leroy Lucero, Linda, Lisa Melby, Lori Roberts, Marceil Case, Matthew Lanphier, Mona Allen, Morgan Hoena, Olivia Covey, Pam Doyle, Polly Anderson, Rachel DeShay, Rick G. Spurlock, Russ Kennedy, Shari Repinski, Shera Matthews, Sophie Thomas, Stephanie, Susan Mathieu, Todd Lessley, Wendy Spirek.

ITEM #	ISSUE	DISCUSSION
1	Introductions	Aubrey Hill introduced PIAC members, RCCO representatives, Department staff, attendees, and guests. PIAC conducted opening business.

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2	<b>Discussion of RFP</b>	<ul style="list-style-type: none"> <li>• Aubrey Hill introduced Kevin J.D. Wilson of the Department's ACC Strategy Unit.</li> <li>• Kevin J.D. Wilson discussed the RCCO re-procurement timeline, and opportunities for those in attendance to become involved in the process. He discussed the upcoming Request for Information (RFI) process and asked for additional input before the release of the document. He noted that the current timeline is being evaluated. He also noted areas of consensus around practice support activities.</li> <li>• Kevin J.D. Wilson introduced Dustin Moyer of the Department's Program Innovation Section, and Matthew Lanphier of the Department's ACC Strategy Unit. They then led a discussion with PIAC, and others in attendance, as to the role that RCCO practice support responsibilities should play in the forthcoming RCCO RFP.</li> <li>• Dustin Moyer provided an overview of the RCCO's practice support responsibilities from the previous RFP. The previous RFP's requirements were distributed to the Committee digitally and in hard copy.</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><b>RCCO Practice Support Sections from <u>Original</u> RCCO RFP</b></p> <p><b>Practice Support</b></p> <p>a. One of the fundamental functions of the RCCO will be to assist the PCMPs and other providers in providing the highest levels of care in the most efficient and effective manner possible. Aside from easing the administrative burden on providers by performing the support functions discussed above in Section V.D.1, the RCCO shall be responsible for supplying providers with the practical tools and resources necessary to fulfill the basic elements of a Medical Home, to implement additional/advanced elements of comprehensive, efficient, Client/family-centered care and to help shift from a volume-driven environment to an outcomes-based health care delivery system.</p> <p>b. The RCCO is expected to offer support to practices, which may range from comprehensive assistance with practice redesign to providing assistance with other efficiency and performance-enhancing activities. The RCCO shall have a suite of clinical tools and resources</p> </div>

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		<p>readily available to support providers in offering evidence-guided, comprehensive primary care in a manner that is accountable and outcomes-oriented.</p> <p>The suite of tools and resources should be comprehensive and offer a continuum of support for PCMPs, specialists and other Medicaid providers alike. The suite of tools and resources should include both clinical and operational tools and supports, Client materials, Web-based resources and directories, as well as practice-specific data and reports. The RCCO shall have a suite of tools and resources that may include, but not be limited to, those items described below.</p> <p>c. Examples of Practice Support Tools and Resources.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Clinical Tools</b></p> <ul style="list-style-type: none"> <li>• Clinical care guidelines and best practices.</li> <li>• Clinical screening tools (e.g. depression screening tools, substance use screening tools).</li> <li>• Health and functioning questionnaires.</li> <li>• Chronic care templates.</li> <li>• Registries.</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Client Materials</b></p> <ul style="list-style-type: none"> <li>• Client reminders.</li> <li>• Self-management tools.</li> <li>• Educational materials about specific conditions.</li> <li>• Client action plans.</li> <li>• Behavioral health surveys and other self-screening tools.</li> </ul> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>Operational Practice Support</b></p> <ul style="list-style-type: none"> <li>• Guidance and education on the principles of Medical Home.</li> <li>• Training on providing culturally competent care.</li> <li>• Training to enhance the health care skills and knowledge of supporting staff.</li> <li>• Guidelines for motivational interviewing.</li> <li>• Tools and resources for phone call and appointment tracking.</li> <li>• Tools and resources for tracking labs, referrals, etc...</li> <li>• Referral and transitions of care checklists.</li> <li>• Visit agendas or templates.</li> <li>• Standing pharmacy order templates.</li> </ul> </td> <td style="vertical-align: top;"> <p><b>Data, Reports and Other Resources</b></p> <ul style="list-style-type: none"> <li>• Expanded provider network directory.</li> <li>• Comprehensive directory of community resources.</li> <li>• Directory of other Department-sponsored resources such as the managed care ombudsman and nurse advice line.</li> <li>• Link from main ACC Program website to the RCCO-specific website where all tools and resources are centrally located and easily accessible.</li> </ul> </td> </tr> </table>	<p><b>Clinical Tools</b></p> <ul style="list-style-type: none"> <li>• Clinical care guidelines and best practices.</li> <li>• Clinical screening tools (e.g. depression screening tools, substance use screening tools).</li> <li>• Health and functioning questionnaires.</li> <li>• Chronic care templates.</li> <li>• Registries.</li> </ul>	<p><b>Client Materials</b></p> <ul style="list-style-type: none"> <li>• Client reminders.</li> <li>• Self-management tools.</li> <li>• Educational materials about specific conditions.</li> <li>• Client action plans.</li> <li>• Behavioral health surveys and other self-screening tools.</li> </ul>	<p><b>Operational Practice Support</b></p> <ul style="list-style-type: none"> <li>• Guidance and education on the principles of Medical Home.</li> <li>• Training on providing culturally competent care.</li> <li>• Training to enhance the health care skills and knowledge of supporting staff.</li> <li>• Guidelines for motivational interviewing.</li> <li>• Tools and resources for phone call and appointment tracking.</li> <li>• Tools and resources for tracking labs, referrals, etc...</li> <li>• Referral and transitions of care checklists.</li> <li>• Visit agendas or templates.</li> <li>• Standing pharmacy order templates.</li> </ul>	<p><b>Data, Reports and Other Resources</b></p> <ul style="list-style-type: none"> <li>• Expanded provider network directory.</li> <li>• Comprehensive directory of community resources.</li> <li>• Directory of other Department-sponsored resources such as the managed care ombudsman and nurse advice line.</li> <li>• Link from main ACC Program website to the RCCO-specific website where all tools and resources are centrally located and easily accessible.</li> </ul>
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		<p><b>Accessible Provider Supports and Resources</b></p> <p>Administrative and practice support tools and resources will be integral to achieve the transformational improvements fundamental to the Members’ health, the providers’ success, and the ACC Program’s overall mission. As such, these tools and resources must be readily available and easily accessible. In the Start-Up Phase, the RCCO shall therefore design a website on which the tools and resources can be found, and continually maintain and update this website throughout the contract period. This website shall contain at a minimum:</p> <ul style="list-style-type: none"> <li>a. General information about the ACC Program, the RCCO entity, the RCCO’s role and purpose, the principles of a Medical Home, a network directory of PCMPs and any other providers with which the RCCO contracts, including characteristics of these providers (such as gender, languages spoken, whether they are currently accepting new Medicaid Clients, links to providers’ websites when available, etc.)</li> <li>b. An area specific to providers that contains a description of the supports the RCCO offers to the providers, as well as an online “encyclopedia” of all of the evidence-based tools, screenings, clinical guidelines, practice improvement activities, templates, trainings and other resources the RCCO has compiled.</li> <li>c. Immediately available resources to guide providers and their Members to other needed community-based services, such as child care, food assistance, services supporting elders, housing, utilities assistance, and other non-medical supports.</li> </ul> <p><b>Data Analysis and Reports</b></p> <p>Another fundamental aspect of the ACC Program will be RCCO and PCMP access to Member data and information that has not previously been available. Claims data will be provided by the Department directly to the SDAC, which is responsible for hosting the data, applying data analytics and making the information available to the RCCO and PCMPs through an ACC Program Web Portal. The SDAC will provide advanced analytical functions using predictive modeling, trending analysis, and other methods. The RCCO will have access to Medicaid</p>

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		<p>claims history for its Members, as well as SDAC-created reports. The Department expects the SDAC to develop complex and sophisticated reports to highlight opportunities for improvement and to facilitate communication among the seven RCCOs on best practices that are resulting in best outcomes and best performance.</p> <p>The SDAC will provide access to standard reports that the RCCO can query through the SDAC Web Portal. The RCCO may request that the SDAC prepare ad-hoc reports to respond to specific information needs, but shall make these requests through the Department. The RCCO shall be able to utilize dynamic reporting capabilities to specify various report parameters that will enable the RCCO to identify and isolate health, utilization and cost trends or answer a specific question. Parameters might include such variables as Client characteristics, date ranges, diagnoses, procedure codes and region- or provider-level data (region-wide, ZIP code, practice or individual provider). The RCCO shall utilize all information available to it and the PCMPs to inform decision-making, guide providers and help attain ACC Program goals.</p> <p>During the Initial Phase of the Program, the RCCO will be required to provide network and care coordination data to the SDAC, such as referrals to non-medical services. In the Expansion Phase of the program the RCCOs will be required to provide clinical data to the SDAC. The RCCO shall have the capacity and expertise necessary to:</p> <ol style="list-style-type: none"> <li>a. Access the various available reports and applications, become familiar with their functionality and purpose, understand how to design searches, query for specific information, and interpret the results.</li> <li>b. Educate and inform the PCMPs about the data reports and systems available to them, the various reports and their practical uses, and share with PCMPs, the SDAC, and the Department any specific findings or important trends discovered through analysis of the data.</li> <li>c. Act upon information obtained through data reports and analyses to improve performance, target efforts on areas of concern, and apply the information to make changes and improve outcomes. The RCCO shall use the data to improve performance region-wide and on a provider-specific level.</li> </ol>

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		<ul style="list-style-type: none"> <li>• Comment: Chronic care templates, screening tools, and assisting to build up care coordination capacity.</li> <li>• Comment: The first RFP required motivational interviewing. Can that actually help practices, or should the focus be elsewhere? The list is too broad.</li> <li>• Comment: It is better to have a menu. To have RCCOs make a long list available to practices, but allow the PCMP to select what makes sense for their practice. This allows the practice, the people who know the panel best and understand the workflow, to make decisions about which supports are going to actually have the most value.</li> <li>• Matthew Lanphier: Which supports do you think have the most value for practices?</li> <li>• Comment: Allow providers to focus in on their needs.</li> <li>• Comment: Ask pediatricians, ask practices, and those who run practices.</li> <li>• Comment: Also consider the number of things that practices need to do today. Doing metrics, data collection, data reporting to RCCOs, following these requirements. Have to do a lot of screenings, too. Practitioners are stretched and we should work to alleviate that.</li> <li>• Comment: Have a single focus. If there's one focus, this will have more buy-in, as will your subsequent steps.</li> <li>• Comment: The Department should focus its efforts on delivery system reform as well as practice transformation.</li> <li>• Comment: Returning to the comment about screenings, why do we bother with depression screenings if there's no one to take them? It puts pressure on the PCMP. To be fair, I appreciate the screenings, but the whole health care system needs to be addressed. There is currently no delivery system reform. Need to reform the delivery system at the same time if we are to improve the functionality of practices.</li> <li>• Comment: Also consider a slower ramp-up. Be consistent and clearly measure change. A big concern of mine is the creation of gaps when changing incentive structures. As we incent a shift to different areas, what's being neglected? As we require a new</li> </ul>

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		<p>screening or activity, what's being lost? How do we measure what's being lost? That's what we all need to know about.</p> <ul style="list-style-type: none"> <li>• Comment: In eastern Colorado, a small dispersed network in this area, the RCCOs could have had a tremendous impact in getting specialty appointments for clients. They could have been of immense help to PCMPs. We need payment reform to round out the specialist mix. RCCOs can help in this respect, too.</li> <li>• Comment: The Pioneer ACO model is dropping the number of indicators. CHF protocols and generic drug adherence result in huge cost savings, but they're not always tracked. Measures need to matter and support needs to be related to measurement.</li> <li>• Comment: When thinking about what practices need, it's important to delineate between practice support and engaging in quality initiatives or striving for clinical outcomes.</li> <li>• Comment: Looking at the list from the first RFP, ability to track specialty appointments, phone calls, labs, transition checklists, following up with the client.</li> <li>• Comment: It will be interesting to see how EHR and telemedicine will play out in relation to practice support in the future.</li> <li>• Comment: The distinction between practice support and quality improvement activities is really helpful. Need to survey practices. Focus on QI that really makes a difference, not just "having a large number of items on the menu" when bidding starts.</li> <li>• Comment: Practice support should tie in with other HCPF / state projects. These processes are not always supported fully. Remember too that if there are standards without enough support, the philosophy of "come as you are" or "any willing provider" will put RCCOs into untenable positions.</li> <li>• Comment: To reiterate, a great deal of feedback indicates that "more is not always better;" a long list of what the RCCO has to offer isn't necessarily helpful. Need to target areas of need rather than broad offerings.</li> <li>• With no further questions or comments outstanding, the balance of the presenters' time was yielded back to the Committee.</li> </ul>

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<b>3</b>	<b>Closing Remarks</b>	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>  The PIAC meeting proceeded to finalize other business and was subsequently adjourned.