



**Meeting Summary
Colorado Accountable Care Collaborative
Program Improvement Advisory Committee (PIAC)**

April 20 2016, 9:30 A.M. - 12:15 P.M.

1. Attendees:

A. Voting PIAC members

- Anita Rich
- Aubrey Hill
- Brenda L. VonStar
- Carol Plock
- Dave Myers
- Donald Moore
- Dr. David Keller
- Elisabeth Arenales
- Elizabeth Forbes
- Harriet Hall
- Ian Engel
- Leroy Lucero
- Mick Pattinson
- Morgan Honea
- Pam Doyle
- Richard Sprulock
- Shannon Secrest
- Shera Matthews
- Stephanie Farrell
- Todd Lessley

A quorum of voting members was present.

B. Non-voting members and other attendees¹

- Amber Burkhart
- Amber Quartien
- Brandi Nottingham
- Camille Harding
- Carol Bruce-Fritz
- Carol Corgan
- Christian Koltonski
- Elizabeth Baskett
- Gary Montrose
- Jeff Bontrager
- Jennifer Hale-Coulson
- John Talbot
- Jill Ackinson
- Katie Jacobson
- Laurel Karabatsos
- Lois Munson
- Lori Roberts
- Mark Queirolo
- Matthew Lanphier
- Rachel DeShay
- Rachel Hutson
- Rebecca Encizo
- Rick Slaughter
- Russ Kennedy
- Sharon Medina
- Shelly Spalding
- Sophie Thomas
- Susan Mathieu
- Van Wilson



2. Review and Approval of February Meeting Summary

Dave Myers and Aubrey Hill, co-chairs of the Committee, asked that the meeting summary from the March meeting of the PIAC be reviewed. The approval of the minutes was moved, seconded, and sustained.

3. Sub-Committee Updates

Health Impact on Lives: Health Improvement

Dave Myers introduced Todd Lessley who provided an update from the HIoL: HI Subcommittee.

- Todd Lessley: Our Subcommittee discussed the ER KPI. With the recent downward trend in the KPI metric (occurred after the baseline was updated), we decided we want to continue to monitor the downward trend and the overall metric. The Colorado Health Access Survey has some information on ER utilization that we want to review during the next Subcommittee meeting.

Provider and Community Issues

Dave Myers introduced Todd Lessley who provided an update from the Provider and Community Issues Subcommittee (P&CI).

- Todd Lessley: The P&CI Subcommittee would like clarity on their role in contributing to the Accountable Care Collaborative (ACC) Phase II program and the drafting of the Request for Proposal (RFP). The Subcommittee has been a public forum for ACC Phase II stakeholder engagement; however, this work has slowed down and the Subcommittee would like clarification on our role in this process moving forward.
 - Response: Only the PIAC makes formal recommendations to the Department, but those recommendations often come from the Subcommittees. Conversely, Department staff attend Subcommittee meetings and those discussions go back to the Department and Phase II team as well. Formal recommendations, and committee/subcommittee discussions are important to the Department. The
 - Response: Recommendations and minutes from PIAC and Subcommittee meetings have been shared with Phase II staff. Department staff on those subcommittees share that information back with the Phase II team.
 - Response: The Department originally had the Phase II topics scheduled through February, and we're now in April. We'll talk with the Phase II team to understand the opportunity for these discussions over the next couple of months.
 - Comment: Please let us know if there are any topics you like us to discuss at the Subcommittee level.



Improving and Bridging Systems

Dave Myers introduced Morgan Honea who presented the draft Subcommittee Charter for the PIAC's review. The draft charter can be found [here](#).

- Morgan Honea: The I&BS Subcommittee has set a standing meeting date. If you are interested in attending please contact Chavanne.Lamb@state.co.us for more information.
- We are bringing forward the committee charter for the PIACs approval.
- The consumer representative position is vacant and we feel strongly that is an important voice for this committee and would greatly appreciate someone stepping up.
 - Question: Why was the decision made to get only one consumer advocate for this committee? How will you include the LTSS perspective?
 - Response: We wanted to be able to achieve a quorum. We would like a consumer who is familiar with multiple systems, which will likely represent LTSS.
 - Comment: I think you will need at least two consumer advocate positions. The MMP committee may be able to help.
 - Question: Do we identify individuals as part of the charter?
 - Comment: The HIoL: HI charter has specific slots for representatives but does not include names. We also had 3-4 slots that are undefined to allow flexibility.
 - Comment: Please be cautious to add more expectations on the consumer.
- In summary, to approve the charter, the I&BS Subcommittee needs to replace Deborah Foote, add another consumer seat, remove names from the charter, except the chair. The Subcommittee will keep a roster of voting members.
- **The charter was approved with the proposed amendments. The final charter will be transmitted to the Department.**

4. Medicare-Medicaid Program Sub-Committee Recommendations for ACC Phase II

Dave Myers introduced Elisabeth Arenales, MMP Sub-Committee liaison, with the Colorado Center on Law and Policy; Van Wilson, MMP Project Manager with the Department; and Gary Montrose, with The Independence Center to present MMP



Subcommittee recommendations to the Committee and the Department. The recommendations that were discussed can be found [here](#).

- Elisabeth Arenales: We appreciate the PIACs time and the MMP Subcommittee's time in drafting these recommendations. This subcommittee is not a formal Subcommittee of the PIAC, but a requirement of CMS. We want the lessons learned from the MMP to be incorporated in ACC Phase II.
- These recommendations brought to the PIAC as a point for discussion rather than formal recommendations. No action of the PIAC is required because these recommendations are going directly to the Department and the ACC Phase II team.
- **Recommendation A: Improving RAE alignment with LTSS community.**
- Van Wilson: On behalf of the MMP Subcommittee, we want to improve RCCO alignment with the LTSS community. We want to involve LTSS providers and consumers in a variety of ways including governing boards, care teams, in-service training.
- We learned there is a large knowledge gap between RCCO staff and LTSS staff. Missing knowledge on Medicare benefits and how they overlap with LTSS. We need to enable RCCOs to have more mechanisms to coordinate better with LTSS.
- DISCUSSION:
 - Question: Are you requiring training for all PCMPs, or just for those who work with LTSS populations?
 - Response: We discussed potentially having increased payment for those that have demonstrated capability in working with high-needs/ LTSS populations.
 - Comment: Please remember that primary care providers include providers who don't necessarily work with LTSS or adult populations. I'd like the language to reflect that training requirements reflect clinical practice so they take training relevant to their work.
 - Comment: The section titled "hiring people with disabilities" includes language that includes a much broader population than those with disabilities. I wasn't sure the language matches the title of the recommendation.
 - Response: The committee intended to be more general, but wanted to highlight hiring people with disabilities.
 - Comment: I think the word "encourage" should be replaced with "should" or "require".



- Question: One concern I have regarding in-service training is that you're taking providers away from patients which could impact access to care. Are there other options aside from in-service training?
- Response: There have been many concerns from the MMP community about staff ability to work with LTSS populations and that is why this committee wanted to emphasize the need for training and improved competency in this area.
- Comment: My suggestion is to remove "in-service".
- **Recommendation B: Care Coordination/ Quality:**
- Gary Montrose: There is a new Long-Term Care Quality Improvement Committee which is starting to look at LTSS metrics. We want to leverage the MMP measures that are already being collected and are a good mixture of clinical and social metrics.
- We request the LTSS community be present during survey design and measures discussed. If we use the MMP measures, data from the service coordination plan, and the new functional measures, we will know a lot about this population.
 - Question: Is #2 in this section saying that the lead care coordinator is not always the RAE?
 - Response: Correct. It could be a case management agency.
 - Question: Regarding LPHA and RCCOs- what are the operating agreements and norms for these types of arrangements? Can we take it a step further to have established process flows/ agreements for those that have a large overlap with patient populations?
 - Response: Lessons learned from the MMP show that establishing protocols among care coordination entities is valuable. I believe the way we've written them allows the RCCOs to do this in a way that works for them.
 - Comment: Regarding recommendation B1, I request to explicitly include behavioral health.
 - Comment: RCCO data collection is really being pushed down to the providers, because they have the data. Please understand the impact it has on providers.
 - Response: We discussed to leverage existing measures, not create new ones.
 - Comment: Schools need to be included.
 - Comment: Releases of information will be a barrier between agencies.
 - Comment: We should leverage relationships with community-based organizations, independent living centers, area agencies on aging, and



aging and disability resource centers; particularly as it relates to data collection.

- Comment: I hope substance use providers do not get lost in this process because it is a very unique population.
- Comment: A personal health record for the LTSS population is being implemented now. Focusing on standardization will accelerate process for data sharing down the road.
- These recommendations have been provided to the Department. Thanks to the Subcommittee for this work. We will continue this conversation at the May PIAC meeting.

5. ACC Phase II Policy Discussion: Key Performance Indicators

Dave Myers, introduced Camille Harding, Quality & Health Improvement Section Manager; Mark Queirolo, Integration Specialist; and Laurel Karabatsos, Deputy Medicaid Director with the Department, to lead a policy discussion on the proposed Key Performance Indicators (KPI's) for ACC Phase II. The handout that was discussed can be found [here](#).

- Mark Queirolo: The Department has received the following feedback regarding KPIs: keep KPIs for longer periods of time; limit the number of KPIs to 7; allow RCCO flexibility; align with other prayers and other statewide initiatives; be at the practice level; RCCOs should pay providers directly; emphasize client of experience; reflect experiences all populations; and, payment should be sufficient to encourage behavior change. The Department has worked to incorporate these suggestions into the KPI framework for ACC Phase II.
- The proposed KPIs reflect the triple aim. Two of the 6 measures are client experience measures. The proposed measures are aligned with SIM and CPCi.
- The Department will start with 7 KPIs, with the potential to add two throughout the program. We will have 6 statewide KPIs. The 7th KPI will be chosen by the Regional Accountable Entity (RAE) and will be specific to one of the populations outlined in the handout.
- RAEs make payments directly to PCMP and other members of the health team. The Department wants to tie more payment and incentives to KPIs. This methodology is still under development.
- The Department will start with process measures with the potential to move towards outcomes based measurements.
- DISCUSSION:
 - Question: Will payment moving forward be at the provider level?



- Laurel Karabatsos: We'd like to move in that direction, but there will still be a regional component.
- Comment: Thank you for aligning this with the triple aim. I encourage you to think about how to include primary prevention in the KPIs. Attribution needs to be fixed if you're paying for performance at the practice level.
- Question: Regarding the 7th KPI that RAEs select, how will that work for PCMPs that currently work with multiple RCCOs?
- Mark Queiroló: The goal is to have PCMPs work with only one RAE. We are still working through these details.
- Comment: How will we track performance for the LTSS population?
- Laurel Karabatsos: We consulted LTSS staff in selecting these KPIs, and client experience is a priority. We will use the National Core Indicators to assess client experience for LTSS populations. That should be added to the handout. The KPIs are just one component of the program, we have other mechanisms in the RFP to outline priorities.
- Camille Harding: The chronic condition composite is looking at measures in CPCi, SIM and our core measure set for CMS. We tried to incorporate the life-span, using measures that are claims based. The behavioral health composite includes screenings that happen in the primary care setting.
- Comment: Please include small rural clinics and safety nets. Please be careful not to select populations that we can't identify.
- Mark Queiroló: These are populations have been selected because these are populations we need to move needle on and the state needs to be more involved.
- Comment: Please consider doing total cost of care based on risk.
- Comment: I request that you consider SUD screening for youth 12+.
- Comment: Everyone should be screened for depression but not everyone requires follow-up. Is this KPI for screening and follow-up?
- Camille Harding: We will likely start with the screening part, and figure-out the follow-up as appropriate component down the road.
- Comment: Regarding having primary care practices conduct SUD screening, please refer to experiences learned from SBIRT.
- Question: Can you explain how the composite measures work? How will these be scored?
- Camille Harding: We approached this from the family practice, pediatrics, older adults perspective trying to encompass the life-span. We're going to



have to work through how to score the composite KPIs. It could be the case that not all measures will apply directly to the PCP.

- Comment: My request is that the Subcommittee takes these discussion and consider recommendations to bring back to the PIAC.

6. Nurse Advice Line Presentation

Dave Myers introduced Michelle Miller, Utilization Management Contract Manager with the Department, to present on the Department's Nurse Advice Line (NAL) program. A copy of the presentation can be found online [here](#).

- Michelle Miller: Colorado Medicaid Nurse Advice line is 24/7, free of charge, clients do not need their Medicaid ID when they call. Denver Health is the vendor. Staffed by Registered Nurses and provides real-time triage.
- Modernization efforts include: daily data feed for RCCOs (piloting with Colorado Access); developing a program referral system, including warm transfers, if the call is not an emergency; collaboration with RCCO and BHO; increased outreach efforts.
- More details can be found in the presentation.
- DISCUSSION:
 - Question: Can you please send approved materials for RCCOs to use? We want to distribute this information to clients.
 - Response: Yes, we are developing approved materials including FAQs. We will share as soon as they are ready.
 - Question: Which protocols are you using? How will you share this information with physicians?
 - Response: They use the URAC call standards. I will send out the specific name to the group. Regarding sharing information with physicians, it is a long-term goal of this program to be able to share that information. We're currently in testing with the RCCOs.
 - Question: Why do you think there are so few behavioral health calls?
 - Response: We started tracking on this in the past year. Perhaps people are calling the Colorado Crisis Line? This is an area we'd like to continue tracking on.
 - Question: What is the wait time when people call?
 - Response: They have higher staffing levels during peak times. If triage is urgent, clients are helped immediately. We track this very closely.
 - Question: How do clients find out about the Nurse Advice Line?
 - Response: It's on their Medicaid ID card. It's on the Department's



website and is also on the PEAK app.

- Comment: This is a critical tool for the RCCOs and PCMPs and we would like to partner. I would like to see data on wait times and to know how much volume they can handle. We want to tell all our clients about this resource, but want to make sure they can handle the increased volume.
- Question: Can BHO clients be transferred directly to the crisis line? Also, how do they handle it currently if someone with a behavioral health issue calls?
- Response: I need to verify if it's a warm transfer and will get more information on those types of calls.

7. Quarterly ACC Data Sheet

Dave Myers introduced Matthew Lanphier, ACC Policy Analyst with the Department to present the Quarterly Data Sheet. The handout that was discussed can be found [here](#).

- Matthew Lanphier: The ACC has surpassed 1 million enrollees. Regarding the ER KPI, all RCCOs met Tier 1 targets and RCCOs 6 and 7 hit the Tier 2 target. That was due partially to the fact that we recalculated the baseline. We are now comparing against calendar-year 2014 baseline.
- DISCUSSION:
 - None of the RCCOs met their Tier 1 or 2 targets for WCC ages 3-9. What are we doing to improve performance on this measure?
 - Response: RCCO 6 does phone calls for all members to encourage members to schedule a well-child check, we work directly with PCMPs and they call their clients directly. We working with AmeriCorps on a pilot project around community-based outreach. We're also using data to understand, geographically where there are gaps. We're working with community health workers and schools as well.

8. Discussion and Concluding Remarks

With no further items for discussion and time expired, the meeting of the PIAC was adjourned. The next meeting will be on Wednesday, May 18, 2016.

