



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

May 18 2016, 9:30 A.M. - 12:15 P.M.

1. Attendees:

A. Voting PIAC members

- Dave Myers
- Aubrey Hill
- Shelly Spalding
- Harriet Hall,
- Brenda L. VonStar
- Mick Pattinson
- Leroy Lucero
- Pamela Doyle
- Deborah Foote
- Donald Moore
- Stephanie Farrel
- Morgan Honea
- Susan Mathieu
- Matthew Lanphier
- Carol Plock
- Carol Bruce-Fritz
- Todd Lessley
- Shannon Secrest

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 April meeting of the PIAC be reviewed. The approval of the minutes was moved, seconded, and sustained.

3. Committee Co-chair Housekeeping

Dave Myers is stepping down. PIAC had talked to Todd Lessley about stepping up. Asked for additional volunteers. There was a voice vote for Todd, Todd was approved as new co-chair.

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

Van asked the group for topics to discuss in relation to the MMP recommendations for ACC Phase II. Carol suggested practice standards. Dave Myers asked for clarifications regarding which responsibilities the RAE would be enforcing and which the Department would be enforcing.

Practice standards was discussed first.

Carol really likes the idea of pay for performance incentives, but is hesitant to support the other aspects – specifically the requirements for DCCT tools and cultural competency surveys.

Dave applauded the recommendations and the need to make the community aware of the special needs of people with disabilities. But echoed Carol's concerns about requirements and assessments that can be more hindering than helpful.

Todd supported resources and trainings that the RAEs would be able to offer practices to increase competency, but echoed Carol's concerns regarding mandates on practices and how they can impact access constraints.

Van asked what this would have to look like in ACC 2.0 for it to be successful.

Brenda was concerned about the financial burden of trying to be in compliance for small practices. Small practices already carry a big burden in our system.

Client attribution was discussed second.

Van went over the MMP recommendations regarding attribution.

Todd feels that attribution and quality measurement go hand in hand.



There was a discussion about the attribution recommendations.

Todd asked if the SCP would continue to be a priority with the demonstration and suggested that be a part of the conversation with regards to attribution.

Van suggested the need for one workflow for all populations.

Quality Measurement recommendations were discussed.

Morgan suggested that with regards to #3 – there may be some best practices out there to look at from organizations that are already doing this type of work.

Carol suggested that the health quality improvement committees sound more like a health team meetings. She also suggested that the requirements around connectivity are expensive and the costs should be taken into account.

Morgan suggested that local flexibility as opposed to state directed mandates is critical.

Carol suggested that the behavioral health integration definitions that have been developed nationally are somewhat limiting. That when we start defining things by nature we tend to limit it. And we should instead seek to blow them up.

5. ACC Phase II Update and Next Steps

Susan provided an assessment of the ACC 2.0 discussion the PIAC has addressed thus far and gave some timeline info; the draft RFP is under development right now and will be released in the Fall. We will not be bringing any ACC 2.0 discussions to either the PIAC or sub-committees until the draft RFP is released.

Aubrey suggested shortening the meetings as the meetings were only lengthened due to the ACC Phase II discussions. It was agreed that we would discuss this at the June meeting.

6. Enhanced Primary Care Medical Program (EPCMP) Update

Susan went over the findings from last year. She suggested we may want to strengthen the factors in the coming year or may want to strengthen the verification requirements for meeting the factors. The Department is working on analyzing the findings to see if we can connect certain factors to our KPIs and we will then look at making changes in the next fiscal year.



We will likely be asking for input in the fall regarding any changes. We are interested in sharing the findings of our analysis when it is finalized.

7. Subcommittee Updates

Todd gave an update of P&CI – discussed NEMT. The sub-committee is curious if the areas of focus will remain the same for the sub-committees. The sub-committee is interested in discussing KPIs for ACC 2.0.

Morgan gave an update for IBS – Talked about health team, and also talked about the need to recognize the various programs that are already funding coordinators and the need therefore to avoid duplicative efforts.

8. General Discussion & Questions

With no further items for discussion and time expired, the meeting of the PIAC was adjourned. The next meeting will be on Wednesday, June 15, 2016.

