



**Meeting Summary**

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

January 20, 2016, 9:30 A.M.

**1. Attendees:**

**A. Voting PIAC members**

- Anita Rich
- Aubrey Hill
- Brenda L. VonStar
- Carol Plock
- Dave Myers
- Donald Moore
- Dr. David Keller
- Dr. Rich Spurlock
- Elisabeth Arenales
- Harriet Hall
- Ian Engle
- Jean Sisneros
- Leroy Lucero
- Morgan Honea
- Pam Doyle
- Polly Anderson
- Shannon Secrest
- Shera Matthews
- Todd Lessley

A quorum of voting members was present.

**B. Non-voting members and other attendees<sup>1</sup>**

- Adam Bean
- Becky Encizo
- Brandi Nottingham
- Brooke Powers
- Carol Bruce-Fritz
- Casey King
- Chavanne Lamb
- Christian Koltonski
- Cynthia Doty
- Deb Foote
- Elena Thomas-Faulkner
- Gretchen McGinnis
- Hanna Schum
- Jennifer Hale-Fulson
- Jenny Nate
- Katie Jacobson
- Katie Mortenson
- Kevin J.D. Wilson
- Lesley Reeder
- Lori Roberts
- Matt Armet
- Matthew Lanphier
- Nina Roumell
- Patrick Gillies
- Rachel Hutson
- Russ Kennedy
- Shelly Spalding
- Sophie Thomas
- Stephanie Phibbs
- Susan Mathieu
- Tony Olimpio
- Tracy Johnson

<sup>1</sup> From meeting sign-in sheet



## 2. Review and Approval of Meeting Summaries

The meeting summary / minutes from the December meeting of the PIAC was reviewed. The approval of the minutes was moved, seconded, and sustained.

## 3. ACC Phase II Policy Discussion: Advisory Structure and Stakeholder Engagement

Dave Myers, chair of the Committee, introduced Susan Mathieu, manager of the ACC Operations section of the Department, to lead a policy discussion on stakeholder engagement and the advisory structure in Phase II of the ACC Program. The discussion, and [the Concept Paper](#) on which it is based, are both intended to be starting points in developing this element of the next phase of the ACC Program.

- Over time, the PIAC has moved to monthly meetings. Bylaws have been revised. There are now 3 formal subcommittees and the MMP ad hoc advisory subcommittee.
- Susan Mathieu asked the RCCO representatives in attendance to describe their stakeholder engagement strategies.
- A representative from Colorado Access explained the 3 different stakeholder engagement structures for their RCCOs. Formal PIAC for regions 3 and 5, alongside ad hoc groups which work on individual topics. In RCCO 2 in the northeast, focus is much more regionally-based.
- A representative from Rocky Mountain Health Plans discussed the stakeholder efforts in RCCO 1. With 22 counties, it was insufficient to have a single PIAC. Needed to engage locally and make use of existing community leaders / community forums.
- A representative of Community Care of Central Colorado discussed RCCO 7's advisory system, which is largely made up of providers in and out of the RCCO. Includes both the medical and behavioral health communities. Struggled with consumer representation. Thankful to have 4-5 consumer representatives including a consumer advocate who is a parent and grandparent of children on Medicaid. RCCO 7 has used the group to solicit feedback on the ACC Request for Information (RFI). Has also relied on the group to vet client communications and conduct focus groups.
- A representative of the Colorado Community Health Alliance discussed stakeholder engagement in RCCO 6. It was determined that having frequent meetings with both providers and clients together wasn't always productive. Instead, the RCCO has shifted to having twice-per-year consumer meetings and twice-per-year provider meetings. Each allows for more in-depth conversation about points of concern for each community.
- DISCUSSION:



- Comment: Envisioned that statewide PIAC would be interfacing more with consumers.
- Comment: Need to include oral health voices. Further, it's difficult to have an expectation that consumers can attend a community meeting; at the very least, the meetings ought to provide a meal.
- Comment: Today, these meetings often use complicated language. It is difficult to engage multiple groups concurrently. Perhaps engage providers, advocates, clients, and local governments separately from one another.
- Comment: The PIAC has discussed consumer engagement since the program's onset. We have encouraged RCCOs to include consumers. Suggest starting with FQHCs that are required to have consumer participation on their boards. Discussed this with Kathryn Jantz before she departed.
- Comment: Look into the innovation award at Children's Hospital of Colorado. In order to generate participation, should not just invite one person. There should be training available – how to approach these meetings, coaching, etc. There must also be strong support from the chair. Ensure that people aren't marginalized in the process. Provide day care for parents. Support is more important than compensation. Timing around the schedules that families have. Consumers need to see that their input is making a difference.
- Comment: Consider RCCO 1's member advisory council. Conducted a series of focus groups, saw who participated, and then invited folks to become members. CCDC has been very helpful in facilitating and logistics. Arrange transportation and make participation as easy as possible, including educating consumers on particular topics of discussion. Consumers are champions of the program.
- Comment: CDPHE is engaging with other state agencies (CDHS, CDPHE, and HCPF) on family leader engagement. We have found it useful to provide background and preparation. Encourage family leadership training programs including the Family Leadership Training Institute (FLTI).
- Comment: Lots of people don't have computers, but almost everyone has a smartphone.
- Comment: Make sure of captive audiences: community meetings, parent-teacher meetings. Need to engage Spanish-speaking audiences.
- Comment: In the future, need to utilize trusted, pre-existing forums.



- Comment: There should be some flexibility for RCCOs (or RAEs) to use existing structures, not just to create its own structure.
- Comment: There is intimidation in participating. Need to teach people how they're going to be interacting with the forum. Need structures to bring people up to speed and encourage participation.
- Comment: Many consumers are afraid to speak out for fear of losing benefits and/or access.
- Comment: There has been some success with hosting closed-door meetings for consumers / Medicaid clients.
- Question: RCCO 6 discussed how there are separate meetings for clients and providers. Does RCCO 6 bring the findings of one meeting / committee to the other committee? There is value in cross-pollination of ideas.
- Comment: The "two committee" arrangement is a strange dynamic. Providers want to talk about payment reform and benefit structure. There is some crossover, but not always a lot.
- Comment: My FQHC's board is made up of 70% consumers. They credential providers, approve budget, and steer a \$50 million dollar a year organization. Consumer issues become a part of the strategic plan. The consumer perspective permeates. Training and support has to be there for such a model to work.
- Comment: Look at the GAO / HHS dynamic. Perhaps client advisory committees can also have that kind of input. Add an addendum to deliverables where the committee has input and can comment openly.
- Comment: The level of prescription in the current contracts provides flexibility. Don't find it to be too restrictive. The RCCO finds a way to engage all of the stakeholders in governance, planning, etc. Will look different from region to region.
- Comment: From consumer perspective. Have the competence and willingness to learn. We shouldn't be afraid to have a conversation with everyone in the room, including providers and consumers. Need to have a useful exchange of information when engaging in these topics. Need to have differences of opinions. We shouldn't exclude or segregate people just because of who they are.
- Question: What's missing from the current process?
- Question: Are there areas where we are not adequately using this Committee's expertise?
- Comment: Feel like the voices of medium-sized clinics are under-



represented.

- Comment: Looking at consumer representation vs. committee expertise, it's important to think that individual consumers don't always have the support structure in place to go back to a natural constituency. Consumers aren't interchangeable. Everyone's priorities differ.
- The Committee then discussed IT infrastructure and its relation to Phase II of the ACC Program.
- DISCUSSION:
  - Question: Can you discuss the MMIS Timelines, BIDM timeline, and how that relates to ACC Phase II?
  - Comment: MMIS and BIDM are scheduled for rollout in November of 2016.
  - Question: Won't there have to be a process of provider re-enrollment? Slated to begin this coming spring? Is there leeway built in between the start and conclusion of this overhaul so that dates can be pushed if needed?
  - Comment: The process of provider re-validation / re-enrollment has begun; many providers will go through the process this spring if they've not already received communications related to this.
  - Comment: Provider re-validation is slated to complete in April 2016.
  - Question: What will happen to the ACC Phase II start date if the MMIS / BIDM design process is delayed?
  - Comment: We have confidence in the timeline for the IT systems.
  - Question: Has the Department identified a go-live / no go-live date when providers will know ahead of time whether or not the November dates are going to stick for the MMIS in particular?
  - Comment: We are happy to have a February update on BIDM and MMIS systems with our Department experts.
- More information about ACC Phase II and upcoming stakeholder opportunities can be found online here: [www.CO.gov/HCPF/ACCPhase2](http://www.CO.gov/HCPF/ACCPhase2)

## 4. Sub-Committee Updates

### Health Impact on Lives: Health Improvement

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.  
[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)



- Dave Myers introduced Dr. David Keller to provide an update from the Health Impact on Lives Subcommittee (HIL: HI).
- The subcommittee spent a lot of time talking about patient experience / client engagement. The subcommittee discussed CAHPS / consumer engagement surveys and will be bringing a recommendation to PIAC next month.
- Also looking for a new co-chair for the HIL: HI subcommittee.

### Provider and Community Issues

- Dave Myers introduced Todd Lessley who provided an update from the Provider and Community Issues Subcommittee (P&CI).
- P&CI discussed the reattribution methodology. Identified several potential issues. No formal action items, but will bring updates after the next meeting of the P&CI subcommittee. Also discussed Enhanced PCMP (ePCMP) standards.

### MMP Ad Hoc Advisory Committee

- Dave Myers introduced Elisabeth Arenales, Liaison to the MMP Ad Hoc Advisory Subcommittee, to provide an update.
- Discussing how the MMP Ad Hoc Advisory Subcommittee can engage with development of ACC Phase II. A lot of lessons learned from the MMP to bring forward. Open to discussion and suggestion from the Committee.
- DISCUSSION:
  - Comment: This is very much parallel to the discussion we've been having with PIAC this morning. How to get meaningful feedback from consumers and incorporate it into the program design or the program's operations.

### Improving and Bridging Systems

- Dave Myers introduced Morgan Honea who provided an update from the Improving and Bridging Systems Subcommittee (I&BS).
- Reiterated what the MMP Committee discussed. Importance of bridging systems in ACC Phase II. Brought most of these recommendations to the Committee last month.
- Next meeting will discuss constitution of the group. Feb 3<sup>rd</sup> at 9 am at the CORHIO offices. Because Marty has left the Department, you can contact Chavanne with questions. [Chavanne.Lamb@state.co.us](mailto:Chavanne.Lamb@state.co.us)



- DISCUSSION:
  - Question: Regarding participation in subcommittees, do the groups keep up-to-date meeting minutes or times? Or at least focuses for each group?
  - Comment: We keep subcommittee charges up to date, along with some meeting materials. However, it varies from group to group.
  - Comment: Subcommittees do maintain websites. Meeting times for the I&BS subcommittee vary.
  - Comment: In 2015, PIAC gave charges or areas of focus to each of the subcommittees in a way that aligned with RFP areas of focus for ACC Phase II. Interested in knowing if there will be new areas of focus for 2016.
  - Comment: We've had discussions with Susan and Kevin about items delegated to subcommittees and their status. At this time, items appear to be moving forward.
  - Comment: There was a deliberate decision to move the payment reform conversations to PIAC and out of the wheelhouse of a single subcommittee. However, since that decision the Committee has not yet had a conversation about payment reform.
  - Question: What is current thinking around payment reform?
  - Comment: In the short term, much of our thinking about payment reform has centered on SIM.
  - Comment: The other area is in relation to pilots like 1281 (PRIME) and the Access-Kaiser pilot. This is a conversation we'd like to revisit with the Committee. Good discussion in November about broader payment mechanisms in ACC Phase II. We can bring an update if that would be useful.
  - Comment: The SIM payment committee has been canceled the last several meetings. There haven't been public payer conversations. Concerned that the decisions are being made in the multi-payer collaborative without stakeholder input.
  - Comment: Next Medical Home community forum will be focused on integrated care and will touch on some of the topics being discussed. It will be held on Tuesday, March 8 from 4:30 - 6:30, at CDPHE. The proposed agenda includes info about the Practice Transformation Organizations, SIM practice cohort 1, and the local public health-SIM collaborative grants.
  - Question: During the legislative session, has there traditionally been a place where current or proposed legislation before the Colorado



General Assembly could be discussed? It may be useful to get an overview of what's going on and to discuss potential impacts.

- Comment: Not generally as a separate agenda item.
- Question: Would there be value in bringing a handout or update on legislation?
- Comment: We can request Zach, the Department's Legislative Liaison, attend and provide a brief update to the Committee in the February meeting.
- Comment: The ACC Program sits on top of the Medicaid fee structure. Should this group have a conversation about the impact that proposed 2016 legislative / budget changes will have on the ACC Program? There is an intersection.
- Comment: Useful conversation to have, unsure if this is the right forum.
- Question: The two do have an intersection. How would you like to have that conversation?
- Comment: We would like to table this discussion for now and bring those at the Department who are tracking on this more.
- There was, within PIAC, concern expressed about the proposed provider rate cuts and the impact that it would have on the health of the ACC Program and access to care. The members of the Committee asked for a way to have a discussion on this topic such that the Committee could come forward with whatever recommendations were warranted.

## 5. Quarterly Data Sheet

Dave Myers introduced Kevin J.D. Wilson, policy analyst for long-term strategy, to present an overview of the Quarterly Data Sheet for the ACC Program.

[The handout can be found online here.](#)

- DISCUSSION:
  - Question: There was an adjustment to the attribution methodology. Was that in December or January?
  - Comment: Went live in December, 2015.
  - Question: None of the RCCOs are meeting tier 1 KPIs?
  - Comment: No one is meeting the KPI for well child checks or ER utilization. However, post-partum care has been met.
  - Comment: This suggests that the bar is set too high, or there's an



- attribution issue. When doing pay for performance with commercial providers, if they're not meeting the target, they ditch the program.
- Comment: Would like an analysis of why no one is meeting the targets.
  - Comment: Would like to better understand how the Healthy Communities Program is being integrated with the ACC.
  - Comment: Will follow up to see how recommendations of the LEAF report (Healthy Communities integration) are coming along. A lot of the integration has been local. Rachel Hutson with CDPHE has been working a lot on this with Tri-County Health Department. We discussed this very issue with the RCCO Ops group yesterday.
  - Comment: Heard that funding for the Healthy Communities Program has been reduced over time.
  - Comment: Data indicates that over 70% of children with special health care needs for whom HCP is providing care coordination are also enrolled in Medicaid, and most of them are enrolled in a RCCO. Started discussions with local public health agencies and RCCOs to address this. Key lessons learned: data sharing needs to be in place. Definitions need to be sufficiently broad ("have or are at risk of having the need to access services above the level typically required for children" includes social reasons – the preponderance of children served by Medicaid).
  - Comment: We are having trouble moving the mark in some areas, as with well child visits. RCCO 5 is within striking distance. We've done a lot of work with providers and RCCOs on coding issues.
  - Comment: The Department is not currently considering adjusting down or lowering the bar on the payment threshold for any of the KPIs.
  - Comment: Health Impact on Lives: Health Improvement Subcommittee would be happy to take up this issue, and also the issue of the ER KPI, if that would be appropriate. Would be happy to report back to the PIAC.
  - Comment: Suspect that more granular ER KPI would work better, be more actionable.

## 6. ACC 1.0 Emergency Room KPI for 2016-17

Dave Myers introduced Susan Mathieu, manager of the ACC Operations section of the Department, to discuss the emergency room KPI for 2016-17.



- Susan Mathieu: Bringing this issue back to the PIAC after our brief conversation here last month.
- The Department did not make any changes to the KPI for the current FY. We have heard from RCCOs that they feel they are unable to move the mark. We have updated the baseline. This will make it easier to see changes in ER utilization. However, we recognize that for two years, no one has met the ER KPI.
- Expect that the first quarter of this SFY, one or more RCCOs will meet the first tier of payment for the ER KPI.
- We are looking at doing a split with this KPI. 50% tied to overall ER utilization. 50% tied to ER utilization for a sub-population. There would be a RCCO-specific portion of the KPI to help give a tighter focus. Sub-population would be determined by the RCCO.
- DISCUSSION:
  - Question: Would each RCCO choose its own subset / sub-population? Or would there be one statewide?
  - Comment: Each RCCO would be able to select their own. However, we understand that this could cause difficulties for practices that serve clients from multiple RCCOs.
  - Comment: Will have conversations and a deep dive with the Health Impact on Lives: Health Improvement Subcommittee.
  - Comment: Attribution remains a problem and there is little that a single provider can do to adjust what happens outside of their walls.
  - Comment: Locating community health workers in hospitals is one option. Hospitals are required to ensure that a client has a primary care provider listed on their forms when they are discharged.
  - Comment: P&CI subcommittee worked to come up with suggestions for ACC Phase II, including a recommendation to standardize performance measures across RCCOs. This ER KPI approach may be at cross-purposes for the providers who work with multiple regions.
  - Comment: Review CHI panel discussion on BC3 metrics. Is ER utilization something that we want to have as a statewide metric?
  - Comment: Through hospital provider fee incentive (HQIP) is there room to adjust incentives on that side, too? The question is hospital participation on this.



## 7. 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, February 16, 2016.

