



COLORADO

Department of Health Care
Policy & Financing

MINUTES OF THE BEHAVIORAL HEALTH QUALITY IMPROVEMENT COMMITTEE (BQuIC)

303 17th Ave Denver CO 80203 11th Fl. Eleven C Conference Room

August 23, 2016 10:00 am to 12:00 pm

1. Call to Order

BHO contract requirement "The Contractor shall have its Quality Improvement Director or their designee participate in the Department's Behavioral Health Quality Improvement Committee (BQuIC), to provide input and feedback regarding quality improvement priorities, performance improvement topics, measurements and specifics of reporting formats and time frames, and other collaborative projects."

2. Roll Call

Quorum equals representation from a minimum of three Behavioral Health Organizations (BHOs) out of five plus one person from the Department.

Quorum Met? Yes.

A. Members Present

Sarah Brummett, Kim ??, Tammy ??, Callista Medland, Russell Kennedy, Melissa Eddleman, Gina Robinson, Lenya Robinson, Lauren Young, Valerie Cassano, Rachel Henrichs, Marianne Lynn, Kris Hartmann, Jeremy White, Kendall Sauer, Catherine Morrissey, James Bloom, Diana Maier, Erica Arnold-Miller, Katherine Bartilotta, Sam Madden, Clara Cabanis, Katie Mortenson, John Kiehaefer, Barbara McConnell, Connor Carballido, Jerry Ware.

B. Members Excused

Lynne Bakalyan, Roxzana Santacruz, Christi Melendez, Sharon Pawlak, Bob Dyer, Robert Bremer, Myron Unruh, Shelly Spalding, Judy Zerzan, Kate Parker, Troy Peck, Rebecca Helfand, Marilyn Hejny, Dave Rastatter, Jaime Bowen, Nancy VandeMark, Lisa Brody, Kristin Brown, Kiara Kuenzler, Adrienne Jones, Jonna Henkel, Arnold Salazar, Scott Jones, Heidi Walling, Jefferey Riester, Alana Berrett, Lindsay Cowee, Timea Jonas, Michelle Tomsche, Michael Lott-Manier, Danielle Culp, Ligi Fu, Christian Koltanski, Abigail Worthen.



3. Introductions, and additions to the agenda

Jerry noted that Katie will be leading efforts on BHO incentive measures.

4. Approval of Minutes

The July 2016 minutes were reviewed and approved.

5. General Updates

Katie said the agenda for the Performance Improvement Project (PIP) Summit will be sent out this Thursday. Kathy noted preparation for the onsite tools for the compliance audits are being completed, and she discussed Early and Periodic Screening Diagnostic and Treatment (EPSDT) issues with the group. For example, Clara expressed concerns about Primary Care Physician EPSDT requirements being applied to the Behavioral Health Organization (BHOs), John asked if the Kiara's input was applied to the tool, and other Quality Directors expressed similar concerns. Gina and Kathy shared insight how the EPSDT requirements would apply to the BHOs. It was agreed that a certain Bright Futures requirement would be removed from the compliance tool and that Kathy would schedule a follow up meeting with BHO staff to continue the discussion on EPSDT in this year's audit. Russell confirmed planning for the next Experience of Care and Health Outcomes (ECHO) survey is underway. Lauren confirmed that the Department is working with Health Services Advisory Group (HSAG) via kick off meeting to begin the next 411 and Behavioral Health Record Review (BHRR) audits. Lauren thanked BHO staff for their help with completing last year's audits.

6. Man Therapy Update

Sarah provided the group with a PowerPoint handout for this discussion. Sarah then reviewed the content of that document (example, 2015 suicide rate for Colorado, Man Therapy site and new options for military staff, CDC grant to evaluate Man Therapy, other). Diana and John asked if the member handbook or Id card could display Man Therapy input. Melissa said she will follow up on those options. Discussion ended with Sarah offering to provide related material to health plans.

7. Standardization of BHO Notice of Actions (NOAs)

Melissa provided the group with an update for standardizing the NOAs at this time. Melissa said the House Bill target date for completing the changes is July 2017. The conclusion was that the Department will work with HSAG (Barbara) to create a draft NOA and later follow up with BHO staff via BQuIC to begin their review. Kim (CHP), Tammy (Beacon Options) and other BHO staff agreed with this process.



8. BHO Performance Measure Workgroup Topics

Jerry discussed the Departments alignment efforts which included adding Value set, Continuous Enrollment, Exclusions, Paid Encounters, and Allowables categories to the current draft scope document. John also suggested aligning with the C-Stat Engagement measures. Sam noted that the categories Jerry mentioned for the most part are already covered in the draft scope document. BHO staff shared input that additional alignment with other initiatives can be done, but doing that at this time would not be efficient. The Department and BHO staff agreed to continue current work on the scope document to meet current goals. The plan is to finalize the scope document at the September 2017 meeting for measures being validated and other measures being submitted in December 2016. The group then went through each measure to confirm status for completing this year's scope document. For example:

Indicator 1 and Indicator 2- Jeremy said his BHO (CHP) providers do not have standardize Electronic Health Records (EHR) to meet the needs of these measures and that their providers are moving towards use of the Columbia tool. Catherine noted that using crisis centers data may help with standardizing. Diana said her BHO (FBHP) providers both use the Columbia tool, but that there will be a data gap. Diana said one question they have is if an assessment would be done each visit and what tool would be used for kids. Diana also shared an example "Review of Care Risk Assessment" Document for review. Diana also provided detailed information on suicide risk assessments at the FBHP MHCs, including screen shots of various current data collection fields in the EHRs. Diana noted that routine suicide RA may not be recommended for all MDD visits, and performance measure data collection would probably require extensive chart reviews. Sam noted that his BHO (BHI) providers use different tools and won't be able to pull there data. Sam said that the process for his BHO would be a manual process that would have a great deal of difficulty. Sam asked if the Department would consider if these two measures are important enough to continue with. Marianne said her BHO (ABCD) providers can look at adults via the PHQ-9, but the numerator would be trouble to create. For children there is a possible fix that could work. Marianne said for her other BHO (ABCNE) provider there is no standardized tool, and a manual process for kids and adults would have to be done. Lenya later confirmed the Department's effort to bring these two BHO measures online. The Group will continue working on these two measures.

Indicator 3- Group confirmed this measure is ready to go and BHOs can submit rates by 12/1/2016.

Indicator 4- Group confirmed this measure is ready to go and BHOs can submit rates by 12/1/2016.

Indicator 5- James will send Sam an update for the scope document to exclude dementia. After the update this measure is set to be calculated by the Department.

Indicator 6- The Department and HSAG complete this survey for the BHOs.

Indicator 7- The Department is set to calculate these rates around December.



Indicator 8- The Department will calculate these rate. No changes needed.

Indicator 9- Group confirmed this measure is ready to go and BHOs can submit rates by 12/1/2016.

Indicator 10- Group confirmed this measure is ready to go and BHOs can submit rates by 12/1/2016.

Indicator 11- Erica will work on sending Sam an update for this measure that will show the BHOs calculating part A (MH) and the Department calculating part B (SUD). This measure is expected to be calculated by 12/1/2016.

Indicator 12- When the FY 16 scope document is completed at the next meeting BHO staff will plan to submit rates on 12/1/2016 for FY 14/15 and FY 15/16. The FY 14/15 rate will be considered baseline.

Indicator 13- When the FY 16 scope document is completed at the next meeting BHO staff will plan to submit rates on 12/1/2016 for FY 14/15 and FY 15/16. The FY 14/15 rate will be considered baseline. Erica noted that social detox vs straight detox is an issue here were 100% accuracy won't be reached.

Indicator 14- When the FY 16 scope document is completed at the next meeting BHO staff will plan to submit rates on 12/1/2016 for FY 14/15 and FY 15/16. The FY 14/15 rate will be considered baseline. (14 b is not an incentive measure)

Indicator 15- CHP will be working on this measure. The Department agreed to change the re-measure period to 6 months as requested. Erica will update the criteria and send the update to Sam. The Department expects CHP to submit a quarterly status update on this measure by January 15, 2017.

Indicator 16- ABCD will be working on this measure. The Department expects ABCD to submit a quarterly status update on this measure by January 15, 2017.

Indicator 17- Not selected.

Indicator 18- FBHP, BHI and ABCNE will be working on this measure. The Department expects FBHP, BHI, and ABCNE to submit a quarterly status update on this measure by January 15, 2017.

9. Department and Plan Updates/Reminders

Updates were noted on the agenda.

10. Public comments on issues discussed

No visitors for today's meeting.

11. Adjourn

Meeting ended around 12:25 pm.

Future Meeting: **September 27, 2016** 10:00 am to 12:00 pm

Click [here](#) for the online BQuIC site.

