



**COLORADO**

Department of Health Care  
Policy & Financing

## **Meeting Summary Colorado Medical Home Community Forum**

**December 8, 2015, 4:30 - 6:45 P.M.**

Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, CO 80246

### **1. Welcome and Introductions**

Stephanie Monahan (Facilitator, Civic Canopy) reviews agenda

- Integration of Primary Care and Behavioral Health – State Innovation Model (SIM) and Accountable Care Collaborative (ACC) 2.0 – project/program updates, alignment of efforts.

### **2. SIM (State Innovation Model) Updates**

Nicole King (SIM Interim Operations Manager, HCPF) provides overview and updates on SIM

Summary of key information.

- Overarching goal of Colorado SIM: to improve the health of Coloradans by providing access to integrated physical and behavioral health care services in coordinated systems, with value-based payment structures, for 80 percent of Coloradans by 2019.
- Leverages CO's multi-payer collaborative, moving toward value-based models (away from fee-per-service).
- Practice Transformation Initiatives – supports practices to integrate physical and behavioral health care (tech assistance, business consultation, data pulls and recording, expanded access to capital to mitigate integration costs).
- Community- and regional initiatives (stigma reduction, resource coordination, prevention campaigns)
- HIT – operational plan outlines acquisition and aggregation of data (clinical health data, behavioral health data, claims data, practice-readiness data) that can be used for understanding and improvement

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ACC in the SIM Context – Colorado SIM is a multi-payer initiative – ACC is focused on a Medicaid strategy that will accelerate the work that SIM is doing. Looking to align and communicate, but these are separate initiatives.

### 3. SIM Practice Transformation

Kyle Knierim (MD, University of Colorado Health Sciences Center) provides overview of SIM Practice Transformation and its goals, milestones, and support.

#### SIM Practice Transformation Goals

- Comprehensive primary care
- Adoption of value-based payments
- Behavioral health integration
- Community engagement

Behavioral Health Integration: Care resulting from a **practice team** of primary care **and** behavioral health clinicians, **working together with patients and families**, using a systematic, cost-effective approach to provide patient-centered care for a defined population.

Behavioral health may address mental health, substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.

#### SIM Cohort 1 – Expectations of Practices

- Leadership commitment to advancement in behavioral health integration
- Achieving milestones of comprehensive primary care
- Participation in learning collaboratives and project evaluation
- Accept and account for value-based systems

#### Practice Level Support – Technical Assistance

- Regional Health Connectors (RHCs)
- Practice Facilitators
- Clinical HIT Advisors (CHITAs)
- Coordinating Transformation Resources
- SIM Transformation Fund (in development)
- Innovation Fund

#### Cohort 1 updates

- 194 applications received,
- TA begins in Feb 2016 for those practices accepted into Cohort 1
- Support is available for ANY practice wanting to improve (not just those accepted into Cohort 1).

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## 4. Alignment Between SIM and ACC Phase II

Kathryn Jantz (ACC Strategy Lead, HCPF) provides overview of SIM alignment with ACC Phase II.

ACC Phase II Alignment with SIM Efforts:

- All the SIM outcomes fit into ACC categories
- Goal to improve population health. Both efforts recognize the importance of social determinants of health (plan to measure long-term impact on clients' health)

Key Components of ACC Phase II:

- Health Team
  - Every client is tied to a health team (at a minimum that means client + primary care) Team includes non-traditional health workers (aligns with SIM)
  - Benefits of being part of the health team
    - Data
    - Practice support
    - Care coordination support
    - Some financial opportunities and incentives
- Health Neighborhood
  - Outside health team – supporting and reimbursing for telehealth is a way to incorporate more specialists
- Payment
  - State will pay directly for all clinical services
  - Aligning with SIM measures, to provide clinical services, trainings, team meetings, and other activities required to achieve this significant cultural shift
- Health Information Technology (HIT)
  - HIT Is woven throughout entire vision

SIM providers who do not have insight into how their clients are working with the system will have better data. In an effort to ensure all stakeholder have access to the same information about Phase II, specific question and answers from this discussion will be incorporated in to Frequently Asked Questions (FAQs). The ACC Phase II Team looks forward to posting FAQs in the coming month.

## 5. Table Discussion Topics and Share Out

- 1) How can the ACC Phase II and SIM align to promote and support the coordination of care across multiple practice sites?
  - Research Brief – would like a one-pager summarizing pilot results so we

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- understand the evidence base
- SIM will help with care compact, ER transition management (see line 9 from their document). We would like ACC Phase II to pay for these things.
- We need SIM, ACC Phase II, and others to coordinate in the following:
  - a. Training
  - b. Technology
  - c. Funding
  - d. ID care coordination parity
  - e. Consistent goals
- Limit amount of Behavioral Health-Psychological Health Care Coordination required by allowing billing for both on same day so we do not have to bring people back.
- Intentional leadership team to shape and design alignment across SIM and ACC Phase II.
- Use SIM cohort 1 practices to provide ongoing input.
- Host forum/panels of cohort 1 practices to share their experiences with other practices as well as policymakers.
- Have great data and capacity for data interoperability/exchange. Where is the financial support for the time it takes to do this work? (Payment reform to align incentives to recognize the time it takes.)
- Efficient way to engage in reimbursed community resources
- Explore widening the scope of covered services
- Develop measures and outcomes that matter
- Integrated leadership for SIM/ACC Phase II for communication/integration
- Where are the practicing providers? It would be good to have their input. Need buy-in from providers.
- How can PCPs be included in the dialogue?
  - a. Enlist cohort one champions
  - b. Panels of providers from cohorts
  - c. Forums w/current cohort 1 practices
  - d. Opportunity to hear provider-side of the story
- Recommend coordinating care coordinators
- Require RAEs to share care plans – need HIT to support dynamic shared care plan.
- Health team is required to work with the family to determine Care Coordination providers
- Health team needs to work with other providers of care in the community
- Critical to implement comprehensive social screening in order to effectively coordinate care.
- When treating children, must consider needs of entire family.
- In creating a social screening tool, critical to have community resident input and buy-in during development. Also requires community resources.
- To serve underserved population, need culturally competent workforce.



- RAE to support those who do not have SIM.
- Split up based on expertise of RAE vs. SIM (more division).
- Gap in billable visits.
- Behavioral health provider to trigger an encounter in addition to Primary Care Provider
- Use shared learning forums to align work with providers.
- Performance should be measured consistently and using same definitions across both programs.
- Develop shared understanding of what is required of providers.
- Include home health agencies in these conversations; they work across Regional Care Collaborative Organizations (RCCOs).
- Develop clear standards for care coordination.
- Both programs should have one value-based payment. If both have similar values/standards that support care coordination, they can align.
- Explore tele-health Michigan (email/phone) to coordinate care across the state; statewide rather than practice-based.
- Standard coordination reporting across the ACC & SIM (use one document).
- Technical support.

2) What do you see as the need for technical assistance, and who should provide it?

- We need subject-matter experts.
- Use academic partners to help expand workforce for integrated care in this process.
- SDAC to BIDM technical assistance specific to real-time data that is actionable. Right now data is too late to make any real change.
- Health system technology.
- How to share data/communicate with community partners who are outside of the traditional medical home neighborhood to avoid duplication of care coordination services.
- Align the technical assistance between the two projects, not to be siloed.
- Medicaid provides SDAC. What does SIM provide?
- Who's already out there providing technical assistance? It needs to be aligned.
- Some technical assistance to help care coordination workforce develop cultural competency.
- Collaboration to ensure SIM/ACC Phase II technical assistance is not duplicative.
- Engage participants to make sure it's a good use of time – providers stretched thin.
- Medicaid claims data would be good for practices to see; new Department claims payment system launching in Fall 2016 (MMIS) may be able to provide data more quickly.



- The ACC would manage and share this data.
- Variety of needs for practice transformation. Better methods from SIM/Medicaid

## 6. Wrap Up

- The presentation, and the ACC Phase II Concept Paper on which it is based, are both intended to be starting points for a conversation, are available at [Colorado.gov/HCPF/ACCPhase2](http://Colorado.gov/HCPF/ACCPhase2).
- Feedback is welcome through [RCCORFP@state.co.us](mailto:RCCORFP@state.co.us) (although we will not be responding individually to each email) or, preferably, by attending a public forum and sharing your perspective. The full list of currently scheduled meetings is available on the [ACC Phase II web page](#).

