

## Health Impact on Lives: Health and Quality Improvement Committee

### Agenda

Meeting Information			
<b>Date</b>	Friday, April 19 <sup>th</sup> , 2019	<b>Time</b>	11:00 – 12:30 PM
<b>Location</b>	303 E 17 <sup>th</sup> Avenue, 11 <sup>th</sup> Floor, 11C	<b>Call-in Number</b>	1-877-820-7831 // 946029#
<b>Committee Purpose</b>	Discuss best practices and challenges to improving quality and health outcomes for ACC members and make recommendations for the ACC PIAC and the Department with regard to quality.		
<b>Meeting Purpose</b>	To review Health Impact on Lives subcommittee charter, discuss subcommittee recruitment, and learn about the potentially avoidable costs (PAC) measure.		

Meeting Attendance	
Voting Members and Participants	Invited Guests
Kayla Tuteur, David Keller, Morgan Anderson, Shane Mofford, Rahem Mulatu, Isabelle Nathanson, Marcus Tuepker, Mary Smith, Kelly Marshall, Russ Kennedy, Kathryn Jantz, Tara Aber, Marijah Weaten, Violet Willet, Abbey Worthen	Lauren Barker

Meeting Items					
Item No.	Time	Owner	Description	Attachment	Action No.
1	11:00-11:05	KT	Roll call and March minutes approval.  The minutes for the March meeting were approved as written	1	
2	11:05 – 11:15	DK	PIAC Report Out <ul style="list-style-type: none"> <li>At PIAC, the committee structure of PIAC and what the mission of the subcommittees would be. ACC 2.0 is more complex than the first phase of the ACC. Behavioral health and physical health have been joined under one entity. The RAEs are charged with connecting to the broader community in a more advanced way</li> <li>The PIAC agreed that this committee could continue to focus on member experience and performance measure.</li> <li>Originally, two other committees were proposed – Behavioral Health Strategies and Care Coordination Strategies. The Provider &amp; Community Issues committee was to be disbanded.</li> <li>The group had a robust discussion about how disbanding the primary care committee and not finding a place for LTSS would be detrimental to the committee structure.</li> <li>The PIAC landed on 3 committees:                             <ul style="list-style-type: none"> <li>Behavioral Health and Integration</li> </ul> </li> </ul>		



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			<ul style="list-style-type: none"> <li>○ Provider and Community Issues</li> <li>○ Performance Measurement and Member Engagement</li> </ul>		
3	11:15 – 11:45	DK/MA/KT	<p>Discussion on HIOL's charter and member recruitment</p> <ul style="list-style-type: none"> <li>• For this subcommittee, the PIAC produced objectives that need to be incorporated into a charter. The objectives are to focus on:                             <ul style="list-style-type: none"> <li>○ Performance measurement</li> <li>○ Member engagement</li> </ul> </li> <li>• ACTION ITEM: Dept. to add charge to the purpose statement and look at the objectives and see if they align with the committee charge</li> <li>• Dr. Keller needs a Co-chair from the BH community, who also has expertise in performance measurement. Please think about potential candidates and report back</li> <li>• We also need members who access the health system from both behavioral and physical health services                             <ul style="list-style-type: none"> <li>○ Tagline: want to make sure we are measuring what matters to our members</li> </ul> </li> <li>• Shane: It would be good to have representation from the cost-containment group at the Department. They have multiple staff looking into data and analytics</li> <li>• Need help in identifying people with BH expertise</li> <li>• Co-chair suggestion: Shelley Birk - COO of Axis Health in Durango</li> <li>• ACTION ITEM: Department to review what accommodations are available to members (Transportation, stipend, childcare)</li> </ul>	2	
4	11:45 – 12:25	LB	<p>Overview of Prometheus tool and potentially avoidable costs (PAC) measure</p> <ul style="list-style-type: none"> <li>• Lauren Barker, who works in the payment reform section at the Department, presented on Prometheus, and the group provided discussion points. The slides can be found on the Health Impact on Lives website. Summary points:</li> <li>• The correct definition is Potentially Avoidable Complications (not costs)</li> <li>• Prometheus is a model that defines episodes of care; there are 90 episodes of care, which are classified as chronic, acute, or inpatient</li> </ul>	3	



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			<ul style="list-style-type: none"><li>• The tool uses lagged data, as we need time for episodes to complete. Currently using FY14-16 data; will update to use 17-18 data and once that data is loaded, the lag will be about 6-18 months</li><li>• Dental encounters are included in the data, but there is not a dental episode</li><li>• Question: what time range is used to calculate a newborn episode?<ul style="list-style-type: none"><li>◦ Answer: Newborn episode - starts day 1 of life- day 30; mother's maternity is 90 days post-delivery</li></ul></li><li>• Department had to adapt raw Prometheus results to a claim line level. Wanted to have same basis of information for what was reported on a claim</li><li>• Prometheus uses Tableau to display information – most comes from claims; added episode descriptions; episode types; quantification of what is potentially avoidable. Initial run did not have Substance Use Disorder data in it due to federal regulation</li><li>• For the first year, the PAC KPI is reported as a process rather than performance measure.<ul style="list-style-type: none"><li>◦ The RAEs were asked to identify actionable opportunities – to identify the episode with the highest PAC costs and develop interventions to address them</li></ul></li><li>• Comment: Anything based off claims is based on the final diagnosis; not the presenting complaint, so some diagnoses may be captured as avoidable, when in reality they are not avoidable.</li><li>• Department gets details of definitions; have the ability to request changes to an algorithm; can change coding to what CO Medicaid covers</li><li>• Rendering provider is defined as anyone who provided associated services</li><li>• It is important for anyone who uses the tool to take into account how many people are being impacted - when zeroing in on a PAC, need to take into account member volume and costs simultaneously</li><li>• Bubble chart- each bubble represents one episode; the bigger the bubble, the higher PAC associated with that episode<ul style="list-style-type: none"><li>◦ The list under the bubble charts shows the most expensive providers by PAC cost</li></ul></li></ul>		
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			<ul style="list-style-type: none"> <li>○ A user would not want to use bubble chart unless there is a single episode selected</li> <li>• Question: Is there a measure of complexity? This would differ between kids and adults             <ul style="list-style-type: none"> <li>○ Answer: Have thought about taking a CRG or other risk adjustment indicator, but these scores apply to a whole health history; not a distinct episode</li> <li>○ Shane: trying to connect HIE systems may be able to eventually indicate smoking status; lab tests</li> </ul> </li> <li>• Comment: It would be helpful to be able to bring in social risk             <ul style="list-style-type: none"> <li>○ Lauren: can pull educational attainment; FPL; don't have legal authorization to use food stamps</li> </ul> </li> <li>• Timeline going forward: RAEs drafting project plans</li> <li>• Question to RAEs – This committee could offer a session to present PAC plans in progress in July so you can get feedback on your plans as you write them. Otherwise, we can bring this back when the final reports are completed in October. Either way, we would like to bring this back to this subcommittee.             <ul style="list-style-type: none"> <li>○ The RAEs expressed interest in getting feedback on project development.</li> </ul> </li> </ul>		
5	12:25 – 12:30	MA/KT	<p>Housekeeping and Wrap-up</p> <ul style="list-style-type: none"> <li>• Please think about membership recruitment and a potential new co-chair</li> <li>• Please think about whether the timing of this committee works. To encourage more Health First Colorado members to join, we could consider holding the meeting after later in the day</li> <li>• The next meeting is May 23<sup>rd</sup>, 2019 from 3:30-5</li> </ul>		

#### Meeting Action Items

Date Added	Action No.	Owner	Description	Due Date	Date Closed
4/2019	1		Department will revise the charter with the new charge		
4/2019	2		Department to look into accommodations for Health First CO members		
4/2019	3		Sub-committee members to think about members for recruitment and potential co-chairs		
4/2019	4		RAEs to consider presenting their PAC plans to the group in July meeting for group feedback		



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4/2019	5	HCPF	Department will schedule follow-up Prometheus discussion in July		
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Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Morgan Anderson at 303-866-2362 or [morgan.anderson@state.co.us](mailto:morgan.anderson@state.co.us) or the 504/ADA Coordinator [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting to make arrangements.

DRAFT

