



COLORADO

Department of Health Care
Policy & Financing

MINUTES OF THE MEETING OF THE HEALTH IMPACT ON LIVES: HEALTH IMPROVEMENT SUBCOMMITTEE

225 East 16th Avenue 1st Floor Conference Room

February 25, 2015

1. Call to Order

David Keller called the meeting to order.

2. Roll Call

A. Members Present

Bodart, Brooke; Harding, Camille; Mortenson, Katie; Keller, David; Lessley, Todd; Kennedy, Russ; Horton, Rene; Jardine, Leah; Taylor, Meg; Lamb, Chavanne

B. Members on the Phone

Nate, Jenny; Reeder, Lesley; Rich, Anita; Forbes, Elizabeth; Vivian, Kelley; Sanchez, Jessica;

3. General Announcements

Date and location of the next Health Improvement meeting: The next meeting is scheduled to be held Wednesday March 25, 2015 beginning at 3:00 p.m. at 225 East 16th Avenue, Denver, CO 80203, in the First Floor Conference Room.

4. Approval of Minutes

A motion was made to approve the minutes from January 28, 2015. Motion was seconded and the minutes were approved.

5. Discussion

A. Review of Committee Charter

David proposed that attribution should be an additional area of focus. David asked if anyone else saw missing areas. Camille said she'd like to see population health added. Todd stated cost and experience (2 foci of triple aim) appeared to be clearly included in the foci. He said the thought that KPIs could be a way to include the health outcomes focus of the triple aim. David would like more clarity on health outcomes. Todd thinks current KPIs can correlate somewhat with health outcomes,



but would like focus on specific, not assumed measures for example: are clinics focused on A1C for their clients?

Anita suggested that we take this back to the PIAC. David asked for more clarity on where these focus areas originated. Susan outlined the process—the Department presented some suggestions to PIAC at January meeting and after some discussion there, the foci were adopted. Susan added that there is room for an ongoing discussion about these, with sub-committees providing input to PIAC and vice versa. With regard to issues that might cross sub-committees, such as attribution, Susan said that there has been some discussion surrounding appointing a “lead” subcommittee for these crossover issues.

David mentioned that now the medical profession has shifted to the quadruple aim, with the fourth aim being impact of change on practices—recognizing that the folks implementing the changes are impacted as well. The Department was asked to provide some insight into the RFP Client Activation charge. Susan said the Department wanted to include short term and long term foci to account for issues that could be addressed more immediately, as well as those that we don’t yet have the authority to work on, but might with the coming RFP. David noted that client engagement and activation seem to evoke intervention rather than measurement, whereas most of the rest of the committee’s focus is on how to measure quality improvement rather than on actual interventions. Camille says that there are some internal Department discussions going on regarding HCPF’s website and how we push information out to clients and that might be the intent/thought behind this wording. David asks if this is the sort of thing that we would like to engage in. Todd states that as far as it relates to client experience, we should pursue this. He adds that he is interested in more information about the client activation focus because it brings to mind the patient activation measure.

Jenny states that RCCO 1 had some more suggestions that don’t seem to have been incorporated into the charter. Chavanne acknowledges that Rachel did pass along these changes after the materials for this meeting were sent out to the group. Chavanne agreed to make sure these changes are included in follow-up materials sent out after this meeting. The group agreed to revisit and perhaps finalize the charter in the next meeting.

Russ asked if there was a separate committee dedicated to behavioral health integration, since that could be an area of interest for the group. Leah replied that there was, but it hasn’t been fully formed yet. It is called Improving and Bridging Health Systems. Leah said that when that committee is up and running, Marty and Rachel will likely coordinate to determine which committee will work on what issues.

B. Voting Members



David noted that so far we have identified 7 voting members based on information submitted by members after the last meeting. He suggested that we accept new voting members on a first come, first served basis until we meet the 11 member requirement.

Todd notes that there were some directions issued by the PIAC on some specific categories that voting members should represent. David recollects that there are 7 defined and 4 undefined positions. He suggests that we review the categories that the identified voting members fall into and share what gaps exist in a follow up email after the meeting.

C. MMP KPI Presentation – Camille Harding

3 KPI recommendations have been proposed: 30 day all-cause readmissions, depression screening, and potentially preventable events. The all-cause readmissions measure is already been tracked in the SDAC. The number of depression screenings is small now, since the Department just opened the code a year ago, but we felt it was important for this population. We are waiting for the new BIDM (Business Intelligence and Data Management system) to come online so that they can calculate the new shared savings measure for us. Potentially preventable events is currently in the Treo specification, and we have been reviewing the Treo spec to make sure that the way it is defined in the system will align with the PQIs (Prevention Quality Indicators) in the shared savings measures.

Todd asked if there was an incentive payment for the MMP KPIs. Susan replied that there was, but the Department will only pay out on three KPIs. The first payment is slated for April 2016. The baseline period for the KPIs will be an 18 month period. Todd voiced a concern that depression screens might not be counted accurately because some providers don't bill for it. Rene said that there has been internal discussion about how to capture more data from the FQHCs. She stated that the Department is encouraging FQHCs to report everything they do. Camille added that the Department is working developing training for RCCOs/providers to ensure that we are capturing information even if it's not tied to payment.

D. Current KPIs

David asked about how to interpret the ER visit percent difference metric. Tom replied that a negative number was desirable for this measure. He added that the Department is moving toward reporting this as a PKPY rate. Percent difference is being shown because it aligns with how the Department pays out on those measures. David posits that it would be most helpful to have this information graphically, as it would help to drive performance. Tom noted that trending performance data is shared with the RCCOs and they have the capacity to provide that to their providers or provider groups.



Todd asks what impact the BIDM contract will have on the subcommittee and how it looks at KPIs. Camille said that the Department is in the final stages of putting the contract in place. The target date for the system to be in place is in November 2016. Rene mentions that it might be possible in the future, based on permissions that the Department would set, for those with certain access to slice the data how they would like and build their own reports. With Truven, the new BIDM contractor, the Department will have shared control of the data. The contract should be signed in May and the sandbox (testing) environment should be up and running by the end of the year. The BIDM will have the functionality to include some clinical data, population health data, and other data sets. An important note is that we are still working with Treo/3M and they are our contractor through June 2017. No transition schedule is available yet.

Meg asked if the current KPIs will be changing and the Department stated that there are no plans to change them at this time.

David asked how the group wanted to move forward with the committee focus areas. Russ suggested using the CAHPS survey information and figuring out how to use that information. Russ stated that there was already 2 years of data. Jenny suggests that more information on what the survey is and how it is conducted would be helpful prior to this discussion. She also noted that it is important to know what the limitations are in gathering accurate data. Russ agrees to send the survey out to the group as a starting point.

6. Wrap-up

- **Decisions:**
- **Action Items:** Chavanne will send other charter additions, Camille will send copies of the ACC:MMP KPI fact sheets, and Russ will send the CAHPS survey.
- **Next Meeting Topics:** The subcommittee charter and the CAHPS survey.

7. Adjourn

The meeting was adjourned at 4:15 pm.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Rachel DeShay at 303-866-5313 or rachel.deshay@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

