

Health Impact on Lives: Health and Quality Improvement Committee

Minutes

Meeting Information			
Date	Thursday, July 25, 2019	Time	5:30 – 7:00 PM
Location	303 E 17th Avenue, 11th Floor, 11AB	Call-in Number	1-877-820-7831 // 946029#
Webinar Link	https://cohcpf.adobeconnect.com/hiol/		
Committee Purpose	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.		
Meeting Purpose	<ul style="list-style-type: none"> • Discuss how to increase member/RAE engagement. • Discuss ways to measure member engagement. • Review current program performance measures (Key Performance Indicators and Behavioral Health Incentive Program). 		

Meeting Attendance	
Voting Members and Participants	Invited Guests
Donald Dirnberger (CCHA MAC member), Mary Smith (CCHA), Emily Berry (HCPF), Bethany Pray (CCLP), David Keller (CUSOM), Katie Mortenson (CCHA), Julia Mecklenburg (COA), Marija Weeden (CCHN), Isabelle Nathanson (CCHI), Ben Harris (HCPF), Karyn ReNae Anderson (RMHP MAC member), Ptisawquah (RMHP MAC member), Amy Smith (COA MAC member), Ty Smith (COA MAC member), Samantha Fields (CCHA MAC member), Debra Greer (CCHA MAC member), Morgan Anderson (HCPF)	Sarah Eaton (HCPF) RAE Member Advisory Council members

Meeting Items					
Item No.	Time	Owner	Description	Attachment	Action No.
1	5:30-5:35	DK, BP and Dept staff	Roll call and May minutes approval. <ul style="list-style-type: none"> • First evening meeting • Housekeeping: Minutes approved. • Charges: Key Performance Indicators (KPIs), Behavioral Health Incentive Program (BHIP), and member experience • Focus tonight: Member engagement and member experience; member feedback on are we measuring what matters. • Consider: where improvement can come Acronyms: ACC: Accountable Care Collaborative RAE: Regional Accountable Entity	1	



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			MEAC/MAC: Member Experience Advisory Council/Member Advisory Council		
	5:35 – 5:55	Sarah Eaton	<p>State Member Experience and Advisory Council (MEAC) Report Out</p> <ul style="list-style-type: none"> • Started with MEAC video • State MEAC: <ul style="list-style-type: none"> ○ Member journey mapping to understand what people are going through ○ How we design things to work; what we think it looks like at the Department and what it actually looks like ○ 2 committees: <ul style="list-style-type: none"> ▪ In-person – breakout of membership on slide 7 ▪ Virtual (approximately 1,000 people) – breakout of membership on slide 8; short survey once a month ○ Other demographics: ask how they feel they best represent the diversity of Colorado ○ Survey/questions: align with what we’re doing in person, such as readability, purpose of the letter, navigation <ul style="list-style-type: none"> ▪ Recent examples: <ul style="list-style-type: none"> • New dental plan letter, dental plan information sharing answering questions, talking through challenges • Pain points: What’s working and what’s not working in your health care, which was used to generate more topics • Next month: Person-centered thinking is core component of MEAC 	2	
2	5:55 – 6:35	DK, BP and Dept staff	<p>Discussion: How to increase and measure member/RAE engagement</p> <ul style="list-style-type: none"> • Member perspective: how do we get the information out? For example, many seniors are concerned about understanding their benefits. Consider how to share information to folks who are not technical. • RAEs each have their own member councils. At the macro level, has there been discussion about who the RAEs are and to provide feedback? <ul style="list-style-type: none"> ○ Colorado Access: Yes, a lot of what we talk about is the RAE. Our member council started 2 years ago, prior to the RAE implementation. 	2	



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			<ul style="list-style-type: none">○ Member experience: Joined Colorado Access MAC a few years ago, and it's been really fulfilling to give members space to provide input and language suggestions. Some fliers have originated from the group. Recently, they hired a new position, and they invited MAC members to join the interview process for feedback. Huge advocate for quality of life. Push a lot of information in Colorado Access Region 3 and 5 beyond traditional health care, like exercise and all aspects of wellness and health. We do a good job of bringing diverse voice to the table. Can be difficult, but Colorado Access seems to appreciate the feedback.● Question: How do RAEs decide what to talk about in the meeting?<ul style="list-style-type: none">○ Member response: For the most part, the agenda is created by Colorado Access with member feedback. They find speakers to address topics that we request.○ Colorado Access response: One of the things we do is bring the Member Engagement deliverable to the Program Improvement Advisory Committee (PIAC) and the MAC.● Colorado Access MAC member: I was recruited to that meeting, and I am a difficult voice. I'm very critical, but they try to be solutions-based. And, they asked me to be on the MAC. I was very impressed with that, which told me they were really interested in change.● RAE 7 MAC Member: Interested in hearing staff development from brainstorming<ul style="list-style-type: none">○ Colorado Community Health Alliance (CCHA) response: Tonight they're hosting a member town hall which is something that came out of discussions with the MAC. Focusing on a number of different topics, such as RAE overview, transportation, care coordination, etc. Using this forum to engage members.● RAE 7 MAC Member: I started out being a virtual member of the State MEAC. After a few months I was asked to go to the MEAC in Denver, then I was asked to join the MAC in Colorado Springs. It's amazing to see things change. When people suggest something, the change something happens. I asked in Colorado Springs why they don't meet monthly instead of every three months. They said		
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			<p>that it was to implement changes. I would like to meet more frequently. I learn something every time, I want to learn more. I enjoy being</p> <ul style="list-style-type: none"> • Question: Are there other ways in which you could be more engaged, or we could get more people engaged in structuring services around the state? <ul style="list-style-type: none"> ○ Member perspective: I'm huge advocate for quality of life, and I would love to see more data we collect represent questions like: are you happy, are you safe, do you have a strong social support network, etc. I haven't seen this done yet. If each region collected this information, because urban responses will be different than rural areas (such as food access). A lot of information we see now is more clinical. ○ David Keller: Challenge of collecting that information is that someone needs to collect it (versus claims data). Consider how to ask questions for children as well. • Member perspective: In terms of engagement, see their efforts. I make a suggestion and then I see it in an email afterward. Hands on results where you can see the impact will engage more members. It needs to be measurement that is interesting and compelling to the people. Hard to fully engage when only meeting 4 times a year. I think more resources should be devoted. I think underpinnings of RAE contract will bring about reform in Colorado, by pushing for programs and understanding how to overcome barriers. • David Keller: Oftentimes what we measure is what we can measure and what is closest to what we want to measure. Key Performance Indicators (KPIs) result in dollars to incorporate back into the program. • Bethany Prey: Consider how those performance goals work. For example, a child in school to incentivize them to do well. These are the ones that the Department chose, but there might be others that are better. 		
3	6:35 – 6:55	DK, BP and Dept staff	Review: ACC Program Performance Measures Slide 12-15: Key Performance Indicators (KPIs)	2	



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			<ul style="list-style-type: none">• Current KPIs:<ul style="list-style-type: none">○ Emergency Department Visits○ Behavioral Health Engagement○ Well Visits○ Prenatal Engagement○ Dental Visits○ Health Neighborhood○ Potentially Avoidable Costs• Do any of those matter to you?<ul style="list-style-type: none">○ Member perspective: I would say they all matter to me, because I (or my family) was involved in all of those. I'm interested in the emergency department visits with all of the neighborhood centers. The ones that say emergency have to be accessible to Health First Colorado members.○ David Keller: If it's a health center/ urgent care, then it depends.○ Member perspective: Do we need that many emergency centers everywhere?○ Member perspective: In a rural area, the emergency room measure is hard to measure, because we don't have options sometimes. Even where I live, the bus doesn't go to the community health center.○ David Keller: There is variation in use of emergency rooms around the state. My recollection is the rural areas do better, which could be explained for a number of reasons. One thing they measure is percent of change. Is there a right way to measure? The right answer isn't always 0. What we're trying to do is minimize unnecessary emergency room visits. Can we come up with a system where we can help members get treated outside the emergency room on the weekend.○ Bethany Prey: RAEs can help members think about alternative options to help members avoid going to the emergency room.○ Member perspective: one thing that's big is behavioral health, which is not always easy to access in rural areas. We are limited. There are two places that will take		
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			<p>Medicaid, one is extremely overbooked and the other has a difficult intake system. Hard to measure if people are getting access as they should. Although, I do know there is a huge emphasis on behavioral health right now on the Western Slope. I know Rocky is great with that, and it's great to work. What's confusing is trying to get access, because it's unclear who to talk to (care coordinator at Rocky or at the Community Mental Health Center). There is some co-located behavioral health in primary care, but they are booked.</p> <ul style="list-style-type: none">○ Member perspective: I think there should be more indicators than this. It seems like there should be another category for alternative treatments that are affordable or cheaper, like Dispatch Health. I would love to see quality of life indicators, such as loneliness. For instance, many people go to the emergency room in the evenings or at night, because they are lonely. There are cost savings associated with this. I was able to go to a physical health provider after 15 years with the help of my case manager.○ Question from David Keller: I'm intrigued by this quality of life measurement. There are ways to do this, but it involves asking and answering questions. How often could we ask you?<ul style="list-style-type: none">▪ Member response: I would appreciate it if someone asked me every year (e.g. are you lonely, are you safe, etc.), and if not, why not. This is more meaningful than other questions that don't feel like real issues to me.○ Question from David Keller: Do locating mental health in physical health clinic, does it make it easier to access?<ul style="list-style-type: none">▪ Member response: I like where I get my services, and I appreciate they're trying to help me, but I don't like that they ask me to fill out a depression survey every time I go in for my diabetes. <p>Slide 17: Behavioral Health Incentive Measures</p> <ul style="list-style-type: none">• Five Behavioral Health Incentive Measures:		
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			<ul style="list-style-type: none">○ Engagement in Outpatient Substance Use Disorder (SUD) Treatment○ Follow-up within 7 days of an Inpatient Hospital Discharge for a Mental Health Condition○ Follow-up within 7 days after an ED Visit for a Substance Use Disorder (SUD)○ Follow-up after a Positive Depression Screen○ Behavioral Health Screening or Assessment for Foster Care Children● Question: are these meaningful?<ul style="list-style-type: none">○ Member perspective: I have a son who is adopted (19) who has had behavioral health issues, but he wasn't assessed when he was younger before the RAE. There's a lot of work that needs to be done. When there's depression, mental health issues, SUD, attempted suicide with youth, there doesn't seem to be anywhere that helps them where I am. They fall through the cracks and end up in the justice system or Department of Youth Corrections (DYC). It could have been assessed so much better, so much sooner, if got help early. We don't have a plan for youth. <p>Chat notes</p> <ul style="list-style-type: none">● KPIs: Are they important?<ul style="list-style-type: none">○ Emergency Department is important.○ Well visits are important: when doctor sends reminders and follow up when I don't respond. Same with dental, follow up care important.○ Importance to industry and payers instead of the members. I do not see that crisis centers have addressed these issues in the community.○ Many fantastic hospital diversion programs that are not being allowed in Colorado.○ Need to fix workforce issues and gaps in the continuum of care, overutilization of ERs and urgent cards. HCPF needs to write rules, regulations & codes for autonomous peer service delivery.● BHIP		
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			<ul style="list-style-type: none"> ○ BH treatment does not drive good outcomes ○ I do not understand why PCPs should deliver BH, need to test prior to prescribing. PCPs do not have the organizational infrastructure to oversee patients on these powerful drugs. If HCPF is going to push PCPs to deliver these drugs (which is all mental health standards of care describe for low acuity) then you must mandate that they test prior to prescribing. Boxed warning on inserts. ○ Quality of life is the most important issues – mental or physical. • David Keller: as a pediatrician, I try not to push medication first, but in the adult protocols, they say medication first and counsel later. • Tina M (RAE 4): meetings and surveys are not as successful as care coordinators and connections for quality of life. • Bethany Prey: I hope if you're not involved in your regional PIAC/MAC to get involved. • David Keller: I'd like to have a discussion like this again, in maybe 6 months. 		
4	6:55 – 7:00	DK, BP and Dept staff	Housekeeping and Wrap-up		

Meeting Action Items

Date Added	Action No.	Owner	Description	Due Date	Date Closed

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 or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

