



COLORADO

Department of Health Care
Policy & Financing

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

303 East 17th Avenue 7th Floor Conference Room 7B

May 27, 2015

Call to Order

David Keller called the meeting to order.

Roll Call

A. Members Present

Keller, David; Mortenson, Katie; Bodart, Brooke; Kennedy, Russ; Miller, Erin; Wheeler, Justin; Bontrager, Jeff; Montrose, Gary; Jaime, Meadow; Forbes, Elizabeth; Nottingham, Brandi; Taylor, Meg; Reeder, Lesley; Lessley, Todd; Schum, Hanna; Encizo, Rebecca; Lamb, Chavanne

B. Members on the Phone

Bartilotta, Kathy; Hudson, Jackie; Hejny, Marilyn; Miller, Melissa

General Announcements

Date and location of the next Health Improvement meeting: The next meeting is scheduled to be held Wednesday June 24, 2015 beginning at 3:00 p.m. at 303 East 17th Avenue, Denver, CO 80203, Conference Room 7B

Approval of Minutes

A motion was made to approve the minutes from April 22, 2015. Motion was seconded and the minutes were approved.

Discussion

A. PIAC Meeting Report-out

David Keller shared that he will now serve as a Pediatric Consultant to the Department. PIAC will discuss at the next meeting whether Dr. Keller can continue to serve as co-chair of this committee or if this new position creates a conflict of interest.

ACC 2.0 – There will be upcoming stakeholder meetings surrounding the alignment of the RCCO and BHO maps, particularly in relation to Larimer and Elbert counties. There was also discussion about the future structure of the program and the slow



transition to a full-risk structure. The Department is seeking stakeholder feedback on care coordination and this committee volunteered to assist with gathering input.

Payment Reform sub-committee – Another topic of conversation at the PIAC was whether the Payment Reform sub-committee should be disbanded in favor of having that discussion subsumed into the other committees. Some of the discussion revolved around the distinction between micro- and macro-level payment reform and the most appropriate discussion forum for each level. This discussion will continue in the next PIAC meeting.

B. CAHPS Discussion- Russ Kennedy and Jeff Bontrager lead discussion about the Consumer Assessment of Healthcare Providers and Systems (CAHPS) and how to best design future surveys so that they are most useful.

An initial question was whether or not there are better options than the CAHPS, but Russ commented that there are not tools as validated or widely used as the CAHPS. Discussion then turned to thinking of ways to use the CAHPS to drive change.

David described how the CAHPS was used in Rhode Island by focusing on a subset of measures and creating some benchmark standards for providers to drive specific outcomes.

Justin Wheeler pointed to the lack of statistical significance for comparison groups as an indicator that we might be focusing on the wrong level and need increased examination at the provider or PCMP level. Russ mentioned that the stratification process was more sophisticated this year so that only attributed clients in the ACC and fee-for-service were surveyed. He also posed to the group the possibility of delivering the results of the survey to the RCCOs, outlining areas of concern, and having the RCCOs do a deeper dive into which providers are in need of improvement.

A discussion of the fact that managed care plans are required to administer the CAHPS led the group to ask Rocky Mountain Health Plans if they got anything valuable from the data. Jackie Hutson explained that Rocky has developed an inter-departmental Member Experience Advisory Council and that the data is brought to that council. Rocky has begun to focus on things that they can do throughout the year that might impact the annual survey. Jackie added that it can be difficult to look across all the parameters of the survey and that it might be helpful to choose an area of focus for a year to concentrate efforts. When asked for an example of a small focus area initiated by CAHPS, Jackie mentioned that they noticed an increased call volume at certain parts of the year and responded by increasing staff at these times. Rocky has noticed that they've seen complaints decrease as a result of this response.



Gary Montrose noted that it seemed like CAHPS was more effective in more limited or closed settings and suggested that we focus on a list of program priorities and look for validated questions to drive toward those priorities. He suggested barriers to care, gaps in care, and care coordination or care management as priority areas. Russ suggested that a worthwhile pursuit of the group could be to look through the CAHPS and choose specific questions to narrow down the survey and place an emphasis on specific priority areas.

Russ stated that the timeline for the deployment of the next survey was that the tool needed to be complete by September or October. Letters are approved and a sample frame is chosen in January. The survey is administered in March.

Limited discussion took place about skipping the July meeting and resuming on August 26th. This topic will be raised again in June's meeting.

Wrap-up

Decisions: The group will continue to discuss how to use the CAHPS most effectively.

Action Items: 1) Reach out to the RCCOs to see who is administering CAHPS at this time.

2) Russ and Jeff will try to organize the CAHPS questions into "buckets" that fit the ACC model so that the group can further discuss which questions are most valuable.

Next Meeting Topic(s):

Adjourn

The meeting was adjourned at 4:30 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.

