



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 25, 2016

Call to Order

David Keller called the meeting to order at 3:05pm.

Roll Call

A. Participants Present

Harder, Amy; Harris, Ben; Keller, David; Koltonski, Christian; Lamb, Chavanne;
Montrose, Gary; Mortenson, Katie; Reeder, Lesley; Taylor, Meg;

B. Participants on the Phone

Forbes, Elizabeth; Lessley, Todd; Mills, Gretchen; Wheeler, Justin

General Announcements

Date and location of the next Health Improvement Meeting **has changed**: The next meeting is scheduled to be held **Thursday August 25, 2016** beginning at 3:00 p.m. at 303 East 17th Avenue, Denver, CO 80203, Conference Room TBD.

Approval of Minutes

There was a motion to approve the minutes from April 27, 2016. The motion was seconded and the minutes were approved.

Discussion

A. PIAC Meeting Report-out

An announcement was made that Dave Myers is stepping down as co-chair and Todd Lessley will be taking over the role of PIAC co-chair. Gary Montrose continued the presentation on ACC: MMP recommendations for Phase 2. Due to limited time, 11 topics of the greatest interest to that subcommittee were reviewed. Rich discussed the inclusion of practice standards is to create greater accessibility for the LTSS population. He stated that the members of the MMP group have identified low-cost options for developing documentation through the Disability Competent Care tool. Further, quality metrics and using epidemiologic data to explore why those with disabilities have a higher medical spend and greater burden of illness is important. Attribution and the



inclusion of different specialists as PCMPs and the possibility of using those practitioners to provide home visits was also discussed. The group also recommended an LTSS seat at the PIAC moving forward so that these issues could continue to be addressed.

Then, ACC Phase 2 next steps was discussed. It was announced (and communicated through email) that there will be more opportunity for stakeholder input when the draft RFP is released. There won't be any more formal solicitation of feedback from the Department, but the team is still open to the subcommittees having discussion and providing feedback. Finally, the EPCMP program status was discussed. Providers who met requirements in FY 14/15 submission will be extended through FY 16/17. The providers who met requirements in FY 15/16 will also go through FY 16/17. As changes will most likely be made, all providers will need to revalidate for EPCMP factors for FY 17/18. Further analysis of the EPCMP data collected is forthcoming.

B. ACC 1.0

It was raised that the subcommittee could revisit the ER KPI now that the baseline has changed. A question was posed regarding the well child check KPI and if there have been any discussions of resetting this baseline. To date, this has not been considered. When the Department looked at the data for well child checks, it appeared that a great deal of visits were billed using inappropriate codes. Anecdotally the Department has heard from the RCCOs that some providers aren't even billing for the checks they administer. Coding for the postpartum depression screening is also likely an issue. Many practices don't use 54930 because it's seen as a global code. It was suggested that it might be more representative to look at any visit in the appropriate period. In addition, it might be worth using postpartum diagnosis codes to capture more of those visits. One method that seemed to address these issues was to double the fee attached to the well visit and reduce the fee for sick codes. The rule was also changed from one visit in the year to allowing one visit per doctor for the year.

Rocky shared that they do incentive payments for well child visits and immunizations and send postcards to clients and "gaps in care" mailers to providers. Neither has really seemed to make an impact. RCCO 6 added that they have been taking the KPI whitepapers to practices to educate providers about what codes they should be using. They have a dual approach of working from both the RCCO and practice angles. Anecdotally, they feel they are making progress, but it's difficult to tease out which initiatives are having an impact. Further, interest in discussing EPSDT was raised. It would be nice to see what other states are doing. It doesn't seem like we're doing anything much different clinically. We will plan a future session on this and invite Gina Robinson and the Healthy Communities folks to come present.

C. KPIs and ACC Phase 2- Camille Harding Presentation

In last month's subcommittee discussion on future KPIs, there were concerns about the difficulty of measuring the beta blocker measure. There were also concerns about



grouping the developmental and behavioral health screenings together and the usefulness of the ambulatory sensitive ER measure. The LTSS population is interested in investigating challenges for adding the well visit measure for the LTSS population. The LTSS community wants to help the RCCOs understand the barriers and challenges involved in that measure. They also want to bring the outcome of the study on the National Core Indicators composite back to the subcommittee, and help the RCCOs understand the measure so they aren't afraid to select this optional measure in the future. It was noted that there might be some recommendations to be made surrounding the sampling methods or selecting the specific measures and how to tie payment to the surveys.

The point was made that if the Department and Medicaid community are trying to integrate care, it seems be combining the two surveys—CAHPS and ECHO—should be a consideration as well. It was noted that there is still a lot of work to be done on the client experience of care piece for 2.0 and that all of the folks who are interested can help to think through this. In addition, there is work to be done to align systems and coordinate care for the corrections and child welfare populations and the RCCOs could use help at the statewide level to improve data sharing. The ACC phase 2 team is working to reduce the time for clients to be enrolled in the Regional Accountable Entity (RAE). A Department of Human Services report will be public soon on the access to behavioral health care for children in the welfare system (PCG report). Colorado State University is matching data in the system TRAILS with Medicaid data and that data should be available in December.

A question regarding how the composites will work was raised. It was noted that all the composites were based on SIM measures. The thought was that the beta blocker measure was administrative data that is claims based, and crosses the lifespan and addresses more common chronic conditions. The data should be available on a dashboard to see individually and then will be rolled up to the larger composite level. The Department will look for another cardiac measure and can bring some options back to this group. Further, obesity screening and advice was selected by SIM, however, it is not an administrative measure. A question of what counts as follow-up for clinical depression measure was raised, as it is very difficult to match that now. The Department is currently testing a measure with the MMP population and will see if the data is worthwhile to pursue with the larger population. Another option is that the Department could choose to drop the follow-up component for the KPI dashboard.

A great deal of support for alignment with the triple aim was expressed. However, there is a lack of clarity on what the ECHO measure would look like. There is a desire to understand what sort of evidence-based intervention the State wants to support. For example, heart disease outpaces diabetes in deaths nationally, so maybe aspirin or statin therapy for vascular disease might be worth considering. The Department has gotten additional feedback on the population health measures, but has had difficulty figuring out how to measure and tie payment to them. It would be nice to have a



prevention method included like immunization, but it is recognized that it is difficult to measure. Next, an interest in the ED measure chosen was suggested as a topic of discussion. A suggestion to have Michael Sajovitz come to a future meeting to discuss the total cost of care methodology he is developing was made. In addition, he might be able to talk about the Prometheus work as well. It was noted that the Colorado Business Group on Health is also doing extensive testing on Prometheus. Finally the question of if the Department's ACC Phase 2 team could come back as they make changes to the KPI measures. The response was "yes."

D. Subcommittee Housekeeping

Rachel will be transitioning roles, and as such will no longer be the facilitator of this meeting. Ben Harris, the newest member of the ACC team, will take over as of August. David is still looking for a co-chair, so please let him know if you are interested. As a reminder, folks that work for a RCCO are unable to serve as co-chair. Meeting time will be changed to the 4th Thursdays of every month starting in August. Both June and July meetings are cancelled at this time.

Wrap-up

Decision Items: TBD

Action Items: TBD

Next Meeting Topic(s): TBD

Parking Lot: Well Visits and EPSDT

Adjourn

The meeting was adjourned at 4:24pm.

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.

