



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

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

April 27, 2016

Call to Order

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

Roll Call

A. Participants Present

DeShay, Rachel; Encizo, Becky; Harder, Amy; Keller, David; Kennedy, Russ; Lamb, Chavanne; Lessley, Todd

B. Participants on the Phone

Forbes, Elizabeth; Maier, Diana; Montrose, Gary; Reeder, Lesley; Sanchez, Jessica; Wheeler, Justin

General Announcements

Date and location of the next Health Improvement Meeting: The next meeting is scheduled to be held Wednesday May 25, 2016 beginning at 3:00 p.m. at 303 East 17th Avenue, Denver, CO 80203, Conference Room 7B.

Approval of Minutes

There was a motion to approve the minutes from March 23, 2016. The motion was seconded and the minutes were approved.

Discussion

A. PIAC Meeting Report-out

An announcement was made that the current measures under the current ACC will not be changing over the next year. All RCCOs met tier 1 targets for the ER KPI, some are hitting the post-partum visit KPI, and no RCCO has hit the well-child check KPI.

Another agenda item was a detailed document from the MMP Subcommittee. Gary gave a general summary of the document. The purpose was trying to align LTSS and the future Regional Accountable Entity (RAE). In the document it talks about how consumers and people in the community will take place in care transition meetings on a



more regular basis. It also covers care coordination and quality, and suggestions were made to enrich the initial draft, which is adding in some minimum standards in the way of operating agreements and norms, and defining collaboration between community providers (HCBS) and RCCOs. Gary continued that there is interest in looking at children with disabilities in schools. Gary applauded the Department's addition of two LTSS-focused metrics on the Department's April (v-2) Draft KPI list; with the addition of -- LTSS beneficiary well-visits in the past 12 months (as cross-cutting across the Triple Aim construct) he argued, and the "National Core Indicator Composite," a consumer quality-of-life, provider satisfaction survey for LTSS (I/DD and Aging & Disabled) populations - as RAE Optional KPI metrics. They also want to define "person-centered care" and add a reference to the CMS quality strategy. The subcommittee was invited to come back to the May PIAC meeting to discuss the additional recommendations: client engagement practice standards that discuss accessibility and beneficiary rights and protections. Gary finished by sharing that the subcommittee has also drafted a strategy on how to address quality and some refinements related to risk-stratification and targeting those with an epidemiologic-based analysis of gaps in LTSS medical care, as well as client engagement with RCCO boards, staff and management joint meetings.

B. ACC 2.0 Proposed KPIs (see handout)

The ACC 2.0 team is trying to have limited measures-five (5) and are structured around the triple aim; the thought was that there would also be some RAE options that are of special interest, one was children in the foster care—however there currently isn't a way to identify these clients in the current clinical workflow. Dave found it interesting that while it focused on integration, there was not a focus on acute care or preventative care. Justin Wheeler asked about how the developmental screening in the first three years of life is in the behavioral health composite. David suggested that perhaps we can break it out and make it a prevention measure. Justin was also interested in why beta-blocker therapy is on the list. Is this because a gap in care has been identified in patients with heart failure to support this choice? David is not aware but knows that it was too hard to find the denominator in his prior work for the measure.

Diana added that based on prior work, she is wondering where tobacco fits in. She believes that it is included in NOF approved substance screening, however the question is how does one measure data on what is done after the screening. Russ said that this is similar to BMI screening, and David said that in past it was just a checkbox and we would want to avoid that in the future. Diana also mentioned the huge individual and population health impact of tobacco use in Medicaid population during the discussion. She is aware of some tobacco measures that are part of meaningful use that she assumes could be captured/reported. The PIAC then moved on to a total cost of care discussion, where folks were very concerned with making total cost of care a measure. Folks worried that this would lead to rationing as well as a concern regarding the measure and the lag in claims data. This discussion led to a discussion of attribution and how that plays in. Justin shared that if providers are being held accountable for this



measure, they want to make sure that their attribution is correct. Justin then asked if there was any discussion on the impact—total cost of care is a little challenging, because it assumes that there is a portion of unnecessary care on measures and that the PCMP is responsible for all costs. David shared that he does not think that this issue has been thought through.

Another measure that was talked about was ED visits for ambulatory sensitive conditions. It is interesting that this was chosen because we found out through CHI folks that we (Colorado Medicaid) may not be in a position to measure that in an effective way. In addition, children and adults are separate in these measures. For example, the leading cause of children going to the ER is fever. Justin shared that his recollection on the ability to collect and organize those measures is the same, and you lose the ability to factor out things like “headache” in the setting of a concern for an emergent condition such as an intracranial bleed.

The next topic of conversation was CAHPS. Russ explained that ECHO is from the CAHPS family and is a BHO measure that recently was closed in the field. The response rate was about 16%. In addition, the Department changed some of the requirements in the survey to align with the Office of Behavioral Health. Gary added that there are two national core indicators composites, both of which address the disabled population. One is for developmental and intellectual disabilities and the other is new is the aging and disability. Methods include person to person interviewing. Todd then requested that the Department outline the background of the performance indicators (see handout) and why they were selected. He is aware that one idea was that there was a desire to tie into SIM, however he would like to know if this is something that we want to align with. At PIAC the group talked about other measures, like total cost of care (TCC) and attribution and he wants to make sure that we are setting ourselves up for success in relation to the KPIs. Chavanne agreed that she would follow-up on this request. Russ then reminded us that Camille is currently at a Truven conference, so it will be interesting to see what information she gleaned from the event. Camille will be presenting at the next meeting.

Todd added that there are 2 other things to look at when discussing this subcommittee: 1) attribution 2) having some input on how the data is presented, as SDAC is not currently presented in an actionable way. Becky shared that RCCO 4 is working with the Department to cross walk well child checks, with Pueblo Community Health Center is looking at this, as well as the RCCO, and will look at all three for comparison. Todd shared that he thought the information discussed last month was very interesting and the new downward trend on ER usage seems to be in its infancy. He would like to give the new methodology a chance to play out and revisit the ER KPI to see what changes occur over time. David agreed and thinks that one approach may be shown to provide better outcomes over another (because there may also be RCCO specific measures being monitored). It was suggested that in 3-6 months the subcommittee look at this issue again as more data comes in.



David raised another upcoming transition point as he got the sense that when SDAC changes to BIDM, the measurements might be changing, and that is something the committee would want to look at. Susan suggested that from the Department perspective, we continue to monitor KPIs, as the new measures are transitioned. Jeff added that at the PIAC meeting, evidence based, hot-spotter interventions were addressed. The observation was that it is easy to get the low hanging fruit, but then the measure regresses to the mean, so it is harder to make more significant changes over time. He believes it is going to be important to continue to give the measures some time to trend. David asked if the other RCCOs have an initiative regarding the ER KPI.

Meg shared that there is a focus on ER usage in RCCO 6, but they are looking at a different initiatives that are currently existing in region and not looking at adopting a hybrid measure. She would be more than happy to share the initiatives. Rachel shared that the RCCOs recently submitted initiative spreadsheets for future discussions at the monthly, Deliverable/Data Action Work Group (DAWG) meeting. A suggestion was given to reach out and request Colorado Health Access data regarding ER data. Perhaps they have other perspectives on this measurement/metric. Jeff stated that he would be happy to help in whatever way needed as CHI has done a fair amount of descriptive analysis around ER. It would be useful to see to decide what areas the subcommittee feels are important to address. It appears as though the ER KPI is still in the research stage and we are not ready to put together any form of recommendation.

C. Subcommittee Housekeeping

David is still looking for a co-chair, so please let Rachel or him know as soon as possible. A doodle poll with choices for a new meeting time, as well as what summer month to cancel the subcommittee meeting is forthcoming.

Wrap-up

Decision Items: N/A

Action Items: Rachel will send out a doodle poll

Next Meeting Topic(s): Camille to discuss 2.0 KPI recommendations

Parking log: Well Visits and EPSDT

Adjourn

The meeting was adjourned at 4:28pm.

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.

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