



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

303 East 17<sup>th</sup> Avenue 7<sup>th</sup> Floor Conference Room 7B

February 24, 2016

### **Call to Order**

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

### **Roll Call**

#### **A. Participants Present**

Burton, Byron; Ewing, Josh; Fern, Jessica; Harder, Amy; Keller, David; Keeney, Tamara; Koltonski, Christian; Lamb, Chavanne; Lessley, Todd; Menendez, Gabrielle; Wheeler, Justin; Schum, Hanna

#### **B. Participants on the Phone**

Bontrager, Jeff; Davis, Paula; Encizo, Becky; Hudson, Jackie; Klingler, Greta; Martin, Barbara; Mills, Gretchen; Reeder, Lesley

### **General Announcements**

Date and location of the next Health Improvement Meeting: The next meeting is scheduled to be held Wednesday March 23, 2016 beginning at 3:00 p.m. at 303 East 17<sup>th</sup> Avenue, Denver, CO 80203, Conference Room 7B.

### **Approval of Minutes**

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

### **Discussion**

#### **A. PIAC Meeting Report-out**

The HIOL subcommittee recommendations on Measuring Patient/Client Experience in ACC 2.0 were accepted by the PIAC. There was significant discussion of ACC phase II including:

- An update on the payment methodology for the BHOs--Capitation would be maintained, at least partially, but details are still being sorted out.
- The Provider and Community Issues (P& CI) subcommittee ER proposal recommendations were discussed.



- The Kaiser pilot was discussed and it was shared that CMS has approved the payment model for the program. A list of outpatient services that will be covered under the program will be released soon.
- The group discussed ways to strengthen clients' relationships with PCMPs.
- A legislative update was given on bills related to the ACC.
- An explanation was given of upcoming changes to the State IT infrastructure. A listening tour will be conducted to get input from stakeholders around the state. The new SDAC vendor will use a different risk score methodology.

## **B. ER KPI General Information – Gabrielle Menendez, HCPF Health Data Strategy**

Gabby explained the current ER KPI metric:

- The buy-in and expansion populations are now included in calculations for this measure
- The baseline period was updated to calendar year 2014 and the baseline population is now defined as ACC enrolled instead of ACC eligible. The previous baseline year was 2012.

Question: What factors are taken into account in building a budget?

Answer: 3M replied that targets are based on CRG, age group, gender, and disability status.

Question: How often are CRGs run?

Answer: They are re-run every month.

The actuals are more interesting for this metric than the percent difference. One thing we could learn through this metric is how long it takes to educate a patient on how to access their medical home. The visualization here (slide 6 of the FY 2015-16 Budgets Presentation) would actually be helpful on the SDAC website. There was also a request to be able to see an isolation of clients that have been continuously enrolled, in order to minimize the impact churn has on the data. It was noted that in adults, churn can be an indicator for changes in social determinants of health (income has gone up or down, client is experiencing something that distracted them from making reapplication deadline, etc.).

Question: Could there be a supply and demand issue at play in the ED metric? What other environmental impact are effecting the ED trends?

Answer: Geo mapping might be an interesting way to look at ED data.

Question: Is the Department able to do ED analysis by hospital?

Answer: Yes.

## **C. ED Data Overview – Tamara Keeney, CHI**

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.  
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The data presented was gathered through the Colorado Health Access Survey (CHAS). CHI noted that the proportion of Medicaid enrollees using the ED remained stable between 2013 and 2015. However, due to the growth in the Medicaid rolls resulting from expanded eligibility, the number of enrollees who visited an ED increased by about 166,000. The group noted that newly enrolled may have already been established patients at the Community Health Centers and were receiving good care. Or perhaps there is just something different about how Coloradans utilize health care.

Dr. Keller mentioned that Children's Hospital found that many of their clients were going to the ED during hours when their practice was open. It was also mentioned at the PIAC meeting that some clients had the perception that ER docs were better than doctors in a practice and that the ED has better equipment.

Three different methods of tracking ED use were discussed: utilization; avoidable use; and preventable use. Justin Wheeler saw the focus on preventable events as a long game and thought we should drive toward an actionable intermediate metric for ED use.

There was mention of research that Dr. Roberta Capp was doing on ED use and the need to start by thinking of a client's choice to go to the ED as a rational choice. The response was that this type of approach implies that the best intervention would be within the ED and that it might be interesting to take a closer look at the results of ED diversion programs.

#### **D. Provider & Community Issues ER KPI Recommendations**

Both the P&CI and HIOL subcommittees were asked to give feedback on the Department's proposal that the ER KPI be adjusted so that a portion of the KPI metric calculation would be devoted to a specific population chosen by the RCCO. A decision was made that it might be best for HIOL to merge its recommendations with P&CI's. A proposal was made by Jeff Bontrager that the subcommittee recommend the retention of the existing KPI alongside a RCCO-chosen metric.

Question: Do we need to choose an intermediate outcome measure?

Answer: The group may not have enough information to make any recommendation. ED use isn't the responsibility of just one group—hospital or PCMP to fix. The optimal approach would be to provide incentives that would move the entire system in the right direction.

### **Wrap-up**

**Decision Items:** This subcommittee will possibly merge its recommendations with those that P&CI is making.

**Action Items:** Use minutes from this meeting to try and inform P&CI's ER KPI recommendations.



**Next Meeting Topic(s):** Delve further into the topic of ER utilization and other metrics that might be used.

## 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](mailto:rachel.deshay@state.co.us) or the 504/ADA Coordinator [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting to make arrangements.

