



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

January 27, 2016

Call to Order

David Keller called the meeting to order at 3:00pm.

Roll Call

A. Participants Present

Bontrager, Jeff; DeShay, Rachel; Encizo, Becky; Harder, Amy; Keller, David; Kennedy, Russ; Koltonski, Christian; Mathieu, Susan; Mortenson, Katie; Ponicsan, Heather; Roumell, Nina

B. Participants on the Phone

Harris, Helen; Hejny, Marilyn; Henrichs, Rachel; Hudson, Jackie; Lessley, Todd; Nate, Jenny; Rich, Anita; Sanchez, Jessica; Terry, Betsy

General Announcements

Subcommittee is looking for a new Co-Chair, so Contact David Keller if you are interested.

Date and location of the next Health Improvement Meeting: The next meeting is scheduled to be held Wednesday February 24, 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 December 16, 2015. The motion was seconded and the minutes were approved.

Discussion

A. PIAC Meeting Report-out

Due to a packed agenda, we did not give a PIAC meeting report-out

B. ACC Evaluation: Next Steps Presentation– Dr. Greg Tung, CSPH

Feedback from the ACC Evaluation Findings presentations Greg and colleagues have given, has overwhelmingly related to the fact that the client experience is not currently represented. As such, the Colorado School of Public Health (CSPH) drafted a proposal

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for steps to address this gap in the second year of the evaluation. Greg then started his presentation with general information about the evaluation. Please see PowerPoint for more specific information. The evaluation was a mixed methods approach and showed a 5-10% reduction in spending for the ACC. In the second year of the evaluation, researchers are interested in drilling down to find out what this reduction means. For example, what specifically caused the decrease? Care management? Geographical differences? Those are the types of questions they are hoping to answer in the upcoming year.

He went on to share that providers and RCCOs expressed frustration with the SDAC--in particular the time lag and attribution issues. Care coordination showed variability between small, medium, and large practices and it was identified as an area where a large opportunity exists for clients to partner in their care. Greg also shared that in the next round of evaluation, researchers will try to define the gaps in the practice and/or geographic type by incorporating the consumer perspectives, by looking at the unique aspects of rural and frontier areas, and by drilling down on differences between the RCCOs. Susan gave an example of the importance of looking at differences in populations. Her example was of the LTSS population and how the effects of this population on ER rates and hospital admission are unique. So an increase in ER rates may actually be a good alternative to longer, more expensive inpatient hospital stays.

David pointed out that looking at the client perspective is, by definition, challenging because most clients may not even be aware that they are in the ACC. It is also well known that clients express concern with completing surveys in fear that any negative comments could lead to a decrease or loss of benefits or coverage. Justin talked about work that he has been a part of that found that high ER use has a great deal to do with social complexity. Implementation of education campaigns don't really hit the mark because it isn't about what the clients do or don't know. It is about the choices clients make based on what they feel they need to do. Dr. Keller then shared that in a recent needs assessment done by Children's Hospital, it was uncovered that clients and their family thought that doctors who work in the ER are smarter than doctors who work in a clinic or practice. Finally, Justin suggested that the subcommittee and researchers look at some of the work done by Tracy Johnson at Denver Health regarding reduction in costs of care. It was found that once a line of sight to care was established, cost of care was reduced by 44%. Greg Tung then wrapped up his presentation and the conversation was transitioned into survey recommendations.

C. Discussion of Survey Recommendations for 2/17/16 PIAC Meeting

Rachel alerted members on the phone that we were transitioning to the next topic. Jackie Hudson commented that the conversation subcommittee just had on the ACC Evaluation is of great interest to her. She was surprised to see that the survey recommendation included moving to the Clinician and Group Survey because it is very costly and she is unsure if anyone has researched the cost of the survey. The survey could be a multi-million dollar initiative. She indicated it is important that the right



infrastructure be in place before an initiative this large is implemented. David clarified that the recommendation would not suggest which survey tool to use, but that he felt the Regional Accountable Entities (RAEs) were best poised to incur the costs of the survey. He estimated that if a requirement to send out 333 surveys exists, with a need to receive at least 100 responses, it appears that the REAs would best be able to aggregate the cost of the survey but the logistics will need to be discussed in detail.

Justin Wheeler brought the conversation back to the survey tool and added that the CAHPS survey still seems to be the only validated survey that is broadly used. He continued that the administration at the clinician and group level will still allow comparison of benchmarks nation-wide. Ellen Kaufman added that other efforts to capture client experience statewide exist, like SIM, which might be of interest for this subcommittee to explore. Gary reflected on the fact that care is made up of more than just medical issues. He suggested a rebalance needs to occur to move from being historically thought of as "acute care." Attendees generally agreed and Susan suggested that one way to move forward is to focus on the intent of the recommendations instead of the details. Jenny Nate added that the subcommittee should also keep in mind that the survey is just one piece of the pie. Finally, Russ reminded the group that currently there is no federal requirements of what we have to measure, so it is definitely possible to make our own survey and build-in areas we are interested in. Subcommittee members are to send revisions to Rachel for a redraft of the recommendations. Rachel will then send out to group for further comment and resend for subsequent voting by subcommittee voting members.

D. ER KPI Change

An announcement at RCCO Ops, 1/19/16, was made regarding a change to the ACC ER KPI for upcoming contract amendments scheduled to be implemented 7/1/2016. In the PIAC meeting the next day, however, there was pushback received and it was suggested that our subcommittee think about making recommendations on this change. One concern noted was how to mitigate any impact practices may experience as a result of changing the ER KPI. As our subcommittee has not had the opportunity to take a deep dive into this measure, information will be collected to be discussed at our next meeting, Wednesday 2/24/16 @ 3:00pm.

Wrap-up

Decision Items: Voting members to vote electronically on recommendation to be presented at next month's PIAC

Action Items: Send Rachel your edits to the draft recommendation document. After all edits have been made, Rachel will send out to subcommittee for final review before an electronic vote.

Next Meeting Topic(s): Discussion of recommendations on ER KPI measure changes



Adjourn

The meeting was adjourned at 4:33 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.

