



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

March 23, 2016

Call to Order

David Keller called the meeting to order at 3:05pm. Due to weather, this meeting was changed to call-in only.

Roll Call

Participants on the Phone:

Bontrager, Jeff; Davis, Paula; DeShay, Rachel; Harder, Amy; Hudson, Jackie; Keller, David; Lessley, Todd; Mathieu, Susan; Mills, Gretchen; Montrose, Gary; Mortenson, Katie; Reeder, Lesley; Taylor, Meg

General Announcements

Date and location of the next Health Improvement Meeting: The next meeting is scheduled to be held Wednesday April 27, 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 February 24, 2016. The motion was seconded and the minutes were approved.

Discussion

A. PIAC Meeting Report-out

There was a great deal of time spent talking about the ER KPI recommendations submitted by Provider and Community Issues. David tried to put forward the position of concern regarding the first bullet point:

- PCMPs should be allowed to choose their own target population, then work with the RCCO to complete performance improvement projects around that population. If a PCMP is in multiple RCCOs, the population would not change, even if each RCCO had a different cohort.



David felt that allowing practices to choose their own population would create a multiplicity of indicators that are not comparable across the ACC. However the committee accepted the recommendations as written.

There was a discussion regarding the ACC 2.0 approach to assign clients to providers as well as some information on how behavioral health payments are going to look moving forward. Feedback was given that this approach may not be the best option. The ACC 2.0 team further communicated that there is interest in a hybrid payment approach with the capitation model with bundles, as well as co-management and co-location with behavioral health and primary care providers. More information is forthcoming and the ACC 2.0 team will follow up with the PIAC. Finally, providing incentives for PCMPs was briefly discussed in light of the JBC announcement regarding interest in increasing the PMPM in the next iteration. The Department is currently researching this topic.

B. Provider & Community Issues ER KPI Recommendations

All learned at last meeting that all of the RCCOs will be hitting the ER KPI incentive payment for this quarter. The proposal put forth was to allow RCCOs to use the current mechanism of measuring performance or split it in half and focus on a specific population, as identified by each RCCO. Susan verified that this information is accurate and the majority of the RCCOs will not be taking advantage of the proposal, except for maybe RCCO 1. However, with that being said, Susan stated that the populations that were identified by the RCCOs as possible measures will be monitored going forward. The option is included in this year's contract amendment, so the opportunity is still available for next year. David posed the question of whether our subcommittee should continue to consider the ER KPI.

Lesley Reeder shared that as she works very closely with RMHP, they are considering taking advantage of the possibility of changing the ER KPI, but looked at it very differently. RMHP looked at the PCMP outliers in the region to see if there were focused interventions that could be done to improve ER rates at the identified practices. Part of the reason they addressed the issue in this manner has to do with a great deal of push back from PIAC regarding possible issues with PCMPs having varying populations in various RCCOs. She shared that she appreciates the way the Department has addressed this issue because it allows the RCCOs time to do more analysis. David echoed that sentiment, as he believes that you should take some time figuring out what is the best way to approach improving the ER KPI.

Todd shared that he thought the information discussed last month was very interesting and the new downward trend 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 this KPI, 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 decide what areas the subcommittee feels are important to address. It appears as though the ER KPI is still in the research stage and are not ready to put together any form of recommendation.

C. Interest in other KPI focus:

David thought it would be remiss to not ask the subcommittee if there is any interest in looking at the other ACC KPIs. The subcommittee did not feel that it was necessary to delve into the other two current KPIs: well-child checks and postpartum visits.

D. ACC 2.0 KPI Input from Subcommittee

David is interested in follow up on the discussion of what the KPIs are going to look like in the next iteration of the ACC. Susan doesn't know if they have been selected, but will get a status update. Jeff shared that when he looks at the document, the patient experience area seems to be something this subcommittee would like to review and discuss. David reflected on our recommendation about the importance to include a patient experience measure when Lila Cummings visited the subcommittee. Todd asked about KPIs in 2.0--to what extent can we as a subcommittee assist the Department in formulating these measures for ACC 2.0. Is this something that we can do at this point or is the timing not right? Susan will circle back with what decisions have been made,



but not aware if any have been decided. David recalled that the discussion was more program evaluation measures versus practice based measures/outcomes measures.

The subcommittee is interested in getting the 2.0 team to come back to see what is happening with this subcommittee. Susan will get an update on what metrics will be tied to actual payments. Given how things are evolving the subcommittee would love to have this conversation at the next meeting.

Wrap-up

Decision Items: We will not be submitting any recommendations regarding the ER KPI.

Action Items: Rachel will ask representatives from RCCOs to share what KPIs they are working on with a focus on what intermediate measures they are looking at in terms of addressing. Rachel will send out a doodle poll in April about when to have the meeting moving forward.

Next Meeting Topic(s): Request to have ACC 2.0 Team come to talk about the Draft Document and ACC KPI measures for ACC 2.0.

Parking log: ER KPI discussion; Well Visits; and EPSDT

Adjourn

The meeting was adjourned at 3:49pm.

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.

