

**Performance Measurement and Member Engagement
PIAC Subcommittee**

Agenda

Meeting Information			
Date	Thursday, January 23, 2020	Time	3:00 – 4:30 PM
Location	303 E 17th Avenue, 11th Floor, 11C	Call-in Number	1-877-820-7831 // 946029#
Committee Purpose	Discuss best practices and challenges to improving quality and health outcomes for ACC members and make recommendations for the ACC PIAC and the Department with regard to quality.		
Meeting Purpose	Introduce voting members, discuss revised Prevention Support and Member Engagement RAE deliverable, review applicable updates to subcommittee recommendation tracking sheet.		

Voting Members and Participants
Bethany Pray (co-chair), David Keller (co-chair), Morgan Anderson (HCPF), Tammy Arnold (NEHP), Lynne Bakalyan (Beacon), Deb Barnett (Consultant), Erica Arnold-Miller (Beacon), Jill Atkinson (CRC), Eli Boone (CHI), Debbie Breitkreuz (RMHPs), Dawn Claycomb (Beacon), Megan Comer (HCPF), Bob Conkey (HFC), Jerry Evans (Community Health Initiatives), Angie Goodger (CDPHE), Jeremiah Fluke (RMHPs), Nicole Konkoly (RMHPs), Amy Luu (HCPF), Liana Major (HCPF), Cathy Michopoulos (Health Colorado), Gary Montrose (Healthcare Strategies), Katie Mortenson (CCHA), Valerie Nielson (CCHN), Julie Reiskin (CCDC), Kellen Roth (COA), Brandon Ward (JCMH), Luke Wheeland (The Arc)

Speaker(s)	Description
DK, BP and Dept staff	Roll call and December minutes approved. One abstention.
MC, VN, JE, GM, KF, BC, LW, DB, AG, EB, JA, BW	<p>Voting membership introductions Newly enrolled voting members shared their experience and the perspective they bring to the subcommittee.</p> <p>Valerie Nielsen</p> <ul style="list-style-type: none"> • Experience working as a nonprofit for Federally Qualified Health Centers (FQHCs) with the primary role being quality improvement. <p>Jerry Evans</p> <ul style="list-style-type: none"> • Experience includes health service evaluation with a special interest in what outcomes are meaningful to patients, care coordination evaluation and the community health needs assessment. Jerry is currently working on a five-county health consortium to look at health needs identified by residents and available resources. <p>Gary Montrose</p> <ul style="list-style-type: none"> • Works with kids to provide life skills training and peer led meet-up, imbedded in primary care medical provider offices to support young people with addictions. <p>Kayla Frawley</p>



	<ul style="list-style-type: none"> • Not able to attend <p>Bob Conkey</p> <ul style="list-style-type: none"> • Bob serves on the State’s (Member Engagement Advisory Council) MEAC and Colorado Access MEAC and Tri-County. Bob has a real interest on how to engage all the different levels into a better functioning system. <p>Luke Wheeland</p> <ul style="list-style-type: none"> • Experience within a nonprofit advocating for intellectual development disorder, and working to ensure members and families get information and know how to access services. <p>Deb Barnett</p> <ul style="list-style-type: none"> • About 15 years of experience in quality improvement and payment innovation. Deb is now a consultant for organizations working on payment innovation and works with health plans on quality improvement. <p>Angie Goodger</p> <ul style="list-style-type: none"> • Currently employed with CDPHE supporting local public health agencies that implement care coordination activities for children with special needs. <p>Eli Boone</p> <ul style="list-style-type: none"> • Works for the Colorado Health Institute and has experience with measurement and working on the Colorado Health Access Survey. <p>Jill Atkinson</p> <ul style="list-style-type: none"> • Jill is the Clinical Director of Population Health and Integrated Care at Community Reach Center (CRC) and owns a pediatric practice in which she’s been a manager there for 8 years. <p>Brandon Ward</p> <ul style="list-style-type: none"> • Has experience as a clinical psychologist and is currently a Chief Innovation Officer with Jefferson Center for Mental Health.
All	<p>Review the revised Prevention Support and Member Engagement RAE deliverable</p> <p>The goal of this deliverable is to look at resources at the Regional Accountable Entity (RAE) level, which includes member engagement. The purpose of this discussion is to request stakeholder feedback for the metrics HCPF plans to capture. Do note that the metrics are not a defined set as some will depend on programs offered by the RAE, who will have the option to choose metrics they are able to measure.</p> <ul style="list-style-type: none"> • It was noted this is the first time RAEs have been asked to attest, in response to a question. • In response to a question about the vetting process and timeline, HCPF is close to rolling this out as the plan is to have this deliverable finalized by July 1, 2020 for the RAE contract renewal. • There is a desire within HCPF to move to outcome measures, to possibly start at the baseline and then move into outcomes. • Suggestion to uncapitalize improper nouns. • Member engagement is more at the ACC program level. • Feedback provided of a need for an explanation and nuance to be included to measure engagement. There was a suggestion to measure using a smaller group in order to measure engagement. Need realistic feedback from member’s participating. It was noted that narrative is required within each section.



- Suggestion to have a group within the RAEs report on the qualitative data from the metrics.
- Recommendation to treat members as partners.
- It was highly suggested to measure quality data in addition to measuring quantitative data, as a number of voting members were in agreement.
- Colorado Access (COA) came to CRC's advisory panel and consumers stated having enough bandwidth for one advisory committee. Furthermore, she is wondering about opportunities to ask RAEs for a workplan that is developed by the patients.
 - Question was proposed of how they revise the workplan as things come up and change throughout the year.
 - In response, if changes occur or need to be moved they document this which would then lead to strategies changing, such as new benchmarks. This advisory committee will then meet with board members and leadership.
- It was mentioned that the way to truly evaluate the level of engagement within the state of Colorado is to pull all MEACs together around the state for a learning collaborative type of event. There is agreement with this idea as research has been done on methods to engaging members.
- Question proposed if the amount of recommendations by MEAC members, and the amount accepted and implemented are being tracked. There was a specific ask for how often RAEs are tracking what has come out of policy recommendations.
 - In response, RAEs track recommendations within their respective MEACs.
- There was a request for voting members to further think about ways to measure qualitative data and for these to be sent as proposals.
- A comment on the template. One part of the section will be data while another part will be the narrative. It was recommended to decide if this is the structure the group is wanting to stay with, and to also ensure that the examples given can be represented as data.
 - Suggestion to have a running tally on metrics every six months.
- Question proposed if HCPF would have systems set up to measure the metrics, and if there were other ways the department can evaluate this by having staff do this.
 - In response, there is some oversight with a contractor that does HCPF's external quality review and looks into things like the website, but department staff will look into how this might tie into evaluation of the bi-annual report.
- Suggestion to look into whether members feel that behavioral health is as valuable as physical health. Furthermore, look into how the department is looking at integrated physical and behavioral health and a key outcome of the ACC should be identifying how well this is done.
- A suggestion to have members provide input on what they actually cared about, in terms of the categories and metrics listed. For example, "lifestyle management" feels a bit judgmental, as noted by a participant. Thoughts are this appears to connect more to the health care system as opposed to connecting to the provider who is doing the care. Suggestion to make it clear of who's saying the listed categories and metrics are important and why it is



COLORADO

Department of Health Care
Policy & Financing

	<p>important.</p> <ul style="list-style-type: none"> • There is a need to address a member’s health, not just medically but also socially. <ul style="list-style-type: none"> ○ Thoughts shared that the effort can be recorded by the provider of the resources they offered and suggested. ○ In response, it can be documented by the provider but the member may not have been able to utilize the offered resources or services for reasons that may have been beyond their control. ○ It was mentioned that a member who refused a service or resource for personal reasons, are typically noted within a patient’s chart. <p>All members are welcome to email any further feedback to Morgan Anderson and/or Megan Comer.</p>
MA	<p>Member engagement recommendation crosswalk updates</p> <p>Updates were shared that previous recommendations provided by this subcommittee have been cross walked with deliverables, the department-level recommendations are still being reviewed, and there is continued work on this by the department. The goal is to create a product that is easily digestible for members to view.</p>

Meeting Action Items					
Date Added	Action No.	Owner	Description	Due Date	Date Closed
1/23/2020	1	HCPF	Discussion of KPI for members to provide additional feedback.		

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Morgan Anderson at 303-866-2362 or morgan.anderson@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.