



**COLORADO**

Department of Health Care  
Policy & Financing

## **MINUTES FOR THE ACC Program Improvement Provider & Community Issues Sub-committee**

Colorado Department of Public Health and Environment  
4300 Cherry Creek South Drive, Rachel Carson Conference Room

January 15, 2015

### **1. Introductions**

#### **A. In-person Attendees**

JD Belshe (HCPF), Aubrey Hill (CCMU), Leah Jardine (HCPF), Anita Rich (CCHAP), Todd Lessley (Salud), Brenda Vonstar (FNPC), Nicole Konkoly (RMHP), Brooke Bodart (CDPHE), Elizabeth Forbes, Tom Hill (CHA), Jess Provost (IHP), Matthew Lanphier (HCPF), Manthan Bhat, Barb Martin (CDPHE)

#### **B. Phone Attendees**

Marceil Case (HCPF), Casey King (KP), Marty Janssen (HCPF), Judy Hamlin, Donald Moore (PCHC), Katie Jacobsen (CCHN), Jen Dunn, Brooke Powers (ClinicNet), Barb Young (Aspen Pointe), Jill Atkinson (CRC)

### **2. Announcements**

Sub-committee charter is being revised to reflect changes in structure and voting membership.

### **3. Approval of Minutes**

Tom Hill asked why all the recommendations were at the beginning of the minutes.

Todd suggested that the recommendations are present in order to keep them at the forefront but agreed that some of them need to be revisited for clearing off the agenda if necessary.

Minutes were approved.

### **4. PIAC UPDATE**

There was no PIAC update this month.

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## 5. New Sub-committee Charter and Voting Members

Anita Rich explained that PIAC would like the sub-committee to cover charges listed on the handout. New additions to the charter include; the quorum for voting and the selection of voting members. The sub-committee will need eleven voting members which should represent the following categories;

1. Subcommittee Chair (from PIAC)
2. Another member of PIAC
3. Provider
4. Consumer
5. Consumer Advocate
6. Behavioral Health representative
7. Topical expert

Anita Rich: RCCO staff cannot be voting members but are encouraged to attend.

Aubrey Hill asked if the sub-committee currently has all the members for the required categories.

Anita Hill explained that the sub-committee is still in need of a consumer and a topical expert.

Eileen Forlenza and Heather Logan were suggested as topical experts.

Todd Lessley: can we talk about next steps as far as selecting voting members. Will we be bringing this to PIAC to discuss?

Leah Jardine: PIAC has supplied its guidance and the rest is really up to the subcommittees how they want to go forward. P&CI is ahead of the rest of the subcommittees and If you have it done by February you'll be ahead of the game.

Todd Lessley: I would advocate for having it done by February. Do the charges outlined in the handouts seem appropriate? Are there any other issues people would like to add to the charges?

Donald Moore: Is the issue of non-traditional primary care providers enrolling as PCMPs being included? Does this committee have a role in monitoring the recommendation that was made and is being implemented by the Department and seeing that the spirit of the recommendation is followed? Not so much as a



regulator, but evaluating the impact of the recommendation and assessing what is happening.

Marty Janssen: We are interested in watching this policy and seeing how it is working as well. As we get that info we can relay to the sub-committee.

Molly Markert: The reason we did that recommendation was to give consumers more choice and improve access. If we aren't meeting those goals, we need to come up with other ideas to address the goals of expanding the PCMP definition.

Anita Rich: I think those are both good points and would fall under the charge of expanding to better include hospitals, specialists and PCMPs. It is therefore already under the purview of this committee.

Leah: We also need to discuss the potential areas of focus and parse those out to the sub-committees. If there is something this sub-committee would like to take up you can.

Anita listed the potential areas of focus as; attribution, non-contracted providers, 1281 evaluation, HQIP measures, ECHO and eConsult, SIM, super-utilizers, client experience, housing, data sharing, program evaluation, and RFP.

Casey King: It seems like this sub-committee often fall into the provider network adequacy discussions and this could be an area of focus.

The sub-committee discussed the potential for placing "housing" under the purview of P&CI. Molly advocated for not having housing under P&CI. Leah suggested that housing would be under the purview of PIAC.

Tom Hill: The Medical Services Board (MSB) approved a new benefit for home modifications and they're doing that with help from the Department of Local Affairs. I believe they might be sharing resources to make that happen and I think it is grant funded. Maybe that's why it's listed here.

Anita Rich: I think it's probably identified due to its nature as a barrier to the provision of health services.

Todd Lessley: Maybe we need to get clarification from PIAC as to where they want to go with housing and what input we can have. It sounds like non-contracted providers is something we might want to take up. Is there anything else?

Aubrey Hill suggested ECHO and eConsult. Tom suggested data sharing and also suggested a broader discussion related to the new contractor.

Todd Lessley wanted to know what sort of input PIAC is looking for from the sub-committees regarding the RFP.



Aubrey Hill: This could also belong to the PIAC

Leah Jardine: Yes and certain sections could apply to the sub-committees.

Manthan Bhat: The new federal provider screening regulations could also be an area of interest.

Todd Lessley solicited input from Elizabeth Forbes. She did not have any.

Leah Jardine: There should be more clarity after this month's PIAC and we can bring back for discussion next month.

Aubrey: Do we need to have an expert on specialty care or eConsult, ECHO?

## 6. eConsult and ECHO

JD Belshe: The name has been changed from ECHO to the Chronic Pain Disease Management Program per guidance from CMS. It is envisioned to have a lot of implications regarding spreading best practices among providers. It is a lot like the original ECHO program with some practice support elements thrown in as well. The Department put out an RFP to select a vendor regarding the program and we only had one bidder. We will be announcing more on this later. The program has a classic pain management element. The program will be two hours every two weeks. Early sessions will be short didactic presentation followed by case based presentation as it goes further. Providers are eligible to participate in any or all of them. The third element is the practice transformation element where we would invite providers and practice administrators. It would include individualized coaching and group conferences to discuss issues related to the program. We want to make sure it's hitting some of the topics that's of interest to providers. As far as timeline, the chronic pain management program will be kicking off in March. We have a list of providers that are already interested. Please send that along. The Buprenorphine/Suboxone program will come along around May along with the practice transformation element. That is a big broad overview, are there any specific questions?

Anita Rich: How is the transformation going to fit with SIM and all the other programs regarding practice transformation? Will these programs aimed at practice transformation be aligned?

JD Belshe: Great question. We haven't necessarily looked at the potential conflicts but we will look into it.

Anita Rich: Would hate to have practices buffeted with many people trying to transform their practices.



Molly Markert: Are they supposed to contact you directly or is this part of the RCCOs role?

JD Belshe: Providers could contact either. We've been gathering names over the last few months, and we will provide this to the RCCOs and we will work with the RCCOs going forward to make sure it is a collaborative effort.

Anita Rich: Can we discuss this at the practice transformation sub-committee within SIM?

JD Belshe: Yes we can certainly connect wherever necessary.

Todd Lessley: Do we have a date by which we'd like to have everyone signed up?

JD Belshe: We are shooting for mid-February

Todd Lessley: Is there a time during which the sessions will be held? Office hours?

JD Belshe: This hasn't been worked out entirely yet, but it will likely take place in the evenings. For contracted providers, the material will also be available at all times on-line.

Anita Rich: Does a provider have to be a contracted ACC provider to participate?

JD Belshe: Providers have to accept Medicaid. Cases have to be Medicaid patients.

Nicole Konkoly: Accepting new Medicaid? Or current Medicaid providers?

JD Belshe: Both.

Nicole Konkoly: How many providers do you have so far?

JD Belshe: 37 so far.

JD Belshe: eConsult will be a mechanism whereby providers can contact specialists and exchange questions and facilitate. The system will be CORHIO-based and will allow the providers to share EHR data. Expect to pay providers. It will be about \$20 for a specialist and \$10 for a primary care provider. We will be putting out a request to providers for the initial testing phase. We don't expect to have a large cohort initially, but to grow as we go forward.

Morgan Honea: Beautiful part is that it is incorporated into the Community Health Record. With HealthOne coming online at the end of 2014, we have over 4 million patients incorporated into the HIE now.



JD Belshe: Next steps for the Department will be to assess which specialties will be targeted for eConsult. We have a pretty good idea as far as the top tier specialties we'd like to target. We'll be targeting the needs list, but also looking at specialties that can help facilitate the launch of the program. Ultimate goal will be to have it available to all specialties.

Brenda Vonstar: The feedback loop at the end is very important. Providers need to know what happened after consults.

Morgan Honea: There is a lot of reasons why leveraging the HIE is critical. Because we have a centralized master patient index, it really keeps the line of communication based around the individual patient. One other cool thing is that you can pre-define the referral values needed in order to make that referral which will assist in the consult process as well. You do not have to be connected to CORHIO to access these e-consult function. You only need access to the portal.

JD Belshe: We're excited about this not just being a Medicaid system. We'd like to get other payers involved.

Morgan Honea: This will be a tool and a resource that is available to everyone through CORHIO.

Todd Lessley: Are there strategies to increase access to the 360?

Morgan Honea: There are 3 levels of integration. 90/10 is about increasing the adoption and integration. The costs of the three levels are very different, but access to the community health record is \$25-\$35/month.

## 7. Sub-specialty Workgroup Recommendations

This has been put on hold, and we will be waiting to meet with the DAWG group in the coming months to discuss next steps.

## 8. Client Engagement

Todd Lessley: We want to renew focus on the client perspective and we'd like to open it up for discussion so that we are aware of how these issues are impacting our clients.

Casey King: Do we have the individuals necessary at the tale to capture the client perspective? Getting some feedback on the balance and level of consumer feedback the PIAC is looking for will be necessary.



Molly Markert: We should be paying attention to what the clients are saying. We have to have the client experience to have a complete story and to identify problems and long term solutions. We just need to listen.

Elizabeth Forbes: I will be a liaison between this sub and the health impact on lives sub so I will be able to bring back some of that from them.

Anita Rich: We do need another consumer member.

Todd Lessley: We need to keep in mind that a lot of what we talk about i.e. non-contract providers, attribution, is not necessarily relevant to the client experience so it will be helpful to have that bridge between committees.

Molly touched on the transportation workgroup and its purpose. Molly suggested that it was open to new members.

Aubrey suggested bumping up the client experience topic on the agenda and all seemed to agree.

Next Meeting 2/19

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