



**HEALTH FIRST COLORADO
REGION 5 PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)
DECEMBER 17, 2018 MEETING MINUTES**

PIAC Members		COA Committee Members	
X	Joe Homlar, Denver Human Services	X	Rob Bremer, Vice President of Integration
X	Damien Rosenberg, PASCO	X	Kelly Marshall, Director of Community Engagement
X	Greg Tung, Colorado School of Public Health	X	Rene Gonzalez, Community & External Relations Strategy
X	Jacque Stanton, Denver Public Schools	X	Molly Markert, Community & External Relations Strategy
X	Judy Shlay, Denver Public Health	X	Cassidy Smith, Sr Program Director
X	Sue Williamson, Colorado Children's Healthcare Access Program	X	Claudine McDonald, Director, Member Engagement
	Karen Weber, SCL Health	X	Nancy Viera, External Relations Coordinator
X	Allison Romero, Mile High Behavioral Health Care		
X	Scott Utash, Advocacy Denver		
X	Laurie Gaynor, Health First Colorado	Guests/ Members of the Public	
	Kathy Lindquist-Kleissler, Denver Medical Society	X	David McDonald, Family Caregiver
X	Betsy Holman, Dentaquest		
X	Stacey Weisberg, Jewish Family Services		
X	Dede De Percin, Mile High Health Alliance		
X	AJ Diamontopolous, DRGOG		
X	Angi Wold, ARC		
X	Kirsti Klaverkamp, DRCOG		
X	Thain Bell, Denver District Attorney		
Agenda Item		Meeting Minutes	
Introductions	The group went around the table and introduced themselves		
Digging Deeper on Committee Responsibilities/Tasks	<p>Notes</p> <p>The group reviewed the PowerPoint that described the committee's responsibilities and dug deeper into where they would like to engage.</p> <p>The purpose of the PIAC is to: Engage stakeholders and provide guidance on how to improve health, access, cost, and satisfaction of Members and providers in the program.</p> <p>The contractual responsibilities include:</p> <ol style="list-style-type: none"> 1. Provide representatives for the statewide PIAC. This group would choose representative for this committee. Currently, Dede De Percin is the state representative for this committee. 2. Review Member materials and provide feedback. The purpose of the Member Advisory Council (MAC) is to ensure members, their family members, and caregivers have a voice in the projects and programs at Colorado Access. These council members represent a variety of communities and provide insightful feedback in to how Colorado Access can improve the way we serve the consumers. <ul style="list-style-type: none"> • Laurie Gaynor would like to volunteer to be the link between the PIAC 		

and MAC

3. Review the Contractor's (Colorado Access) deliverables, including 67 deliverables of varying frequency and magnitude, and 40 notifications. Report templates are still being developed-----some are going to have templates, some are going to constantly be changing. Deliverables are pretty much a baseline and take large amount of staff resources.

These were added as to how the state aligned them for all regions:

4. Discuss program policy changes and provide feedback
5. Review the Contractor's (Colorado Access) Program performance data

Comments:

Regarding contract deliverables the committee will review, the group had the following comments:

AJ: are the stratifications being used for care management and how we deploy our resources?

Cassidy: Care Managers refer to non-clinical resources, our contract mandates that we operate with the community to stratify resources

Rob: the way the state wants us to report is in quadrat model, we have an algorithm that will align to that, no matter the framework it will fit in to the state model. The end result is that high needs members fall higher on the priority lists.

AJ: how does it impact the care coordination referral?

Cassidy: we have a template the state has provided with some narrative included for care coordination

Dede: are you open to regional coordination for the resource directory?

Kelly: yes, we are open to work with resource listings that already exist, some counties are expecting the contractor to be the creator

Betsy: how many people are employed to provide the care coordination with COA

Cassidy: Currently around 180* care managers that provide integrated care, work t was done a couple of years ago to integrate CM out of silos

Sense of split of care managers---50/50 for BH and Physical health

*the actual number is closer to 250 care managers across all programs internally. There are also clinics that provide their own care management services. AJ- would like more clarification on "to assess plan and inform for what end, what goal?"

Needs assessment- will there be a crosswalk, what is in the purview of this committee seems like a big undertaking, we can pick one thing to focus on and use our expertise on this. Think strategically on what we want to focus on.

We can focus on gaps, can we promoting what this committee is focusing on and do a GAP analysis similar to what ARC of Denver (it is not acronym) has accomplished previously.

Dede: this has come up on the state PIAC

Judy: every five years public health addresses a comprehensive needs assessment, to get an idea snapshot of things that you can assess like a Community needs improvement plan. Also every 5 years all the metro regional directors who are working on behavioral health came together with, lots of momentum and data to prioritized what will be going on. Example, youth health assessment report next month.

Jacquie, There are many gaps in entities that are already on table that have been addressed. For example youth violence, representing the community I represent, there has been a collaboration between the funders and the right assists and leveraging each other. Also, when we talk about homelessness is there a gap for Medicaid recipients how do we look in to that and not ignore it?

Joe: Can we be starting to go up a little higher, and look at not only tangible resources, but also engagement or access? What is unique to Denver, what are critical challenges we all face collectively? Can we make some ties together and come up with a number of foci's?

	<p>Sue: How we chose priorities, what are shared values, can we drive improvement, can we influence policy, collective process or we are going to spend a lot of time spinning our wheels?</p> <p>Dede: strategy guideline, remember that this is a 7 year arc, and we have time to come up with what we want to focus on and how we want to support the work in this region</p> <p>Current State PIAC Sub-committees include:</p> <ol style="list-style-type: none"> 1. Improving and Bridging Systems 2. Provider and Community Issues 3. Health Impact on Lives: Health Improvement <p>Presentations by each of the committees have occurred in the past year, Dede has attended the provider and community issues presentations.</p> <p>State is in the works of figuring out how the RAE PIACs will function as well.</p> <p>Dede asked how the state PIAC work will be cascaded down to the MACs. Laurie would like to be the link between the two.</p> <p>Action Items/Responsible Party</p> <ul style="list-style-type: none"> • None at this time
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<p>Discussion regarding Development of a Committee Onboarding/Education Plan</p>	<p>Notes</p> <p><i>In no particular order:</i></p> <ul style="list-style-type: none"> • Attribution / Provider Assignment • Pay for Performance Measures • Population Health Management • Care Management / Care Coordination • Member Engagement activities • Provider Relations & Engagement activities • Colorado Access, the organization • Colorado Health Care Policy and Financing (HCPF) and the Health First Colorado Program (Medicaid) • State Program Improvement Advisory Committee and subcommittees • Collective Impact – the application of this methodology to our work
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<p>Meeting Structure and Cadence</p>	<p>Notes</p> <p>Colorado Access would like to stablish meeting structure and cadence to accommodate the group.</p> <p>Ideas for Feedback:</p> <ol style="list-style-type: none"> 1. Quarterly for two hours, with sub-committee/workgroup options in between meetings 2. Quarterly with a longer meeting time. 3. Bi-monthly 4. Monthly <p>The group agreed to a quarterly meeting with sub-committee/workgroup options in between meetings as well as a mini retreat with a facilitator. Hard to tell how much time we need when we do not know what we are doing.</p>
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	<p>Action Items/Responsible Party</p> <p><u>Next meeting:</u></p> <ul style="list-style-type: none"> • Leadership Selection: Committee co-chairs • Charter development: Recommend the creation of a workgroup to draft a charter for committee adoption. <i>Volunteers?!</i> <p><u>By end of year 1 (June 30, 2019):</u></p> <ul style="list-style-type: none"> • Elect two representatives to sit on the Region 5 Governing Council. • Select State PIAC representative from this Committee.
Other Noteworthy Comments/Public Comment	Dede: RTD approved a discount fare program, 40% for low income folks as a permanent benefit. They are forming a group for branding for this project on how they approach the community, connect with Dede if you would like to be part of this group.
Other Noteworthy items: SharePoint site will be used to share meeting materials. Paper materials are also available for those who prefer the method.	
Next Meeting: March 11, 2019 at St Joseph Hospital Pavilion Conference Center	