



HEALTH FIRST COLORADO
 REGION 3 PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)
 MARCH 6, 2019 MEETING MINUTES

PIAC Members		Colorado Access Staff	
	Bipin Kumar, Himalaya Family Clinic	X	Julia Mecklenburg, Community Outreach Specialist
	Brain Gablehouse, Peak Pediatrics	X	Kelly Marshall, Director of Community and External Relations
X	Carol Meredith, The Arc Arapahoe & Douglas	X	Marty Janssen, Senior Program Director, Region 3
X	Carol Tumaylle, Colorado Department of Human Services	X	Molly Markert, Senior Community Engagement Liaison
X	Addison McGill, HealthOne Behavioral Services	X	Nancy Viera, External Relations Coordinator
X	Dana Held, Health First Colorado	X	Rene Gonzalez, Senior Community Engagement Liaison
	Daniel Darting, Signal Behavioral Health Network		Rob Bremer, Vice President of Integration
	Denise Denton, Aurora Health Alliance		
X	Ellie Burbee, Kids in Need of Dentistry		
	Harry Budisiharta, Asian Pacific Development Center	Guests	
X	Isabella Geyer, Liberty Counseling	X	Amanda Van Ardel, University of Colorado Health
	John Douglas, Tri County Health Department		
X	Nancy Jackson, Arapahoe County Commissioner		
X	Marc Ogonosky, Health First Colorado		
X	Patty Ann Maher, Elbert County Collaborative Management Program		
	Tabatha Hansen, Health First Colorado		
	Tara Miller, Juvenile Assessment Center		
X	Terri Hurst, Colorado Criminal Justice Reform Coalition		
Welcome to Meeting #3, Introductions, Outcomes and Hopes for the Day			
Welcome to Meeting #3, Introductions, Outcomes and Hopes for the Day		Kelly Marshall welcomed everyone to the third meeting of the Region 3 Program Improvement Advisory Committee (PIAC) and introduced Bill Fulton and Matt Gray from Civic Canopy. The group went around the room and introduced themselves. Bill provided an overview of the presentation ahead. The desired outcomes include strengthening connections and trusting among PIAC members and understand how a collective impact	

	<p>approach can improve regional population level health outcomes as well as develop a clearer understanding of the role PIAC will have in the collective impact approach.</p> <p>There were no changes to the agenda as presented.</p>
<p>Toward a Collective Impact (CI) approach to Regional Health Equity</p>	<p>Bill presented the group with a brief overview of Civic Canopy. The Civic Canopy is a community-based nonprofit organization that connects diverse groups of people seeking change in their communities and equips them with tools to create a meaningful and lasting impact.</p> <p>The focus of the meeting was to introduce the collective impact approach to the group. The group reviewed articles prior to the meeting as part of a “homework assignment” that introduced the model of a group working together towards the same outcome. One example used during the meeting was the “Stanford Social Innovation Review, Collective Impact” published in 2011. The article was written during the same time the Civic Canopy was developing the collective impact work, it just had not been labeled as such. Bill also highlighted the works of Mark Friedman that helped set lay the foundation for the methods and framework tools used today.</p> <p>The five conditions of collective impact are used as an operating manual for how we organize ourselves. Described below.</p> <p><i>Common Agenda</i></p> <p>All participants of the group have a shared vision for change including a common understanding of the problem and joint approach to solving it.</p> <p><i>Shared Measurement</i></p> <p>Collecting data and measuring results across all groups to ensure efforts are aligned and can be held accountable.</p> <p><i>Mutually Reinforcing Activities</i></p> <p>Activities must be differentiated while still being coordinated through a mutually reinforcing plan of action</p> <p><i>Continuous Communication</i></p> <p>Consistent and open communication across the many players to build trust, assure mutual objectives, and create common motivation.</p> <p><i>Backbone Support</i></p> <p>Having the right staff with specific set of skills to serve as backbone of the entire initiative and coordinate participating organizations and agencies</p> <p>Bill asked the group to chat amongst their tables and comeback with feedback.</p> <p><i>Discussion & comments:</i></p> <ul style="list-style-type: none"> • Useful tool • Hard pressed to find many examples, CORHIO is a good example, people working on same but with different angles, would benefit from something like this to streamline better

- Colorado Access seems to be good collaborative but not working towards the same outcomes

Bill suggested the group mull over what all of this means for the group as a region and the importance of goals for teams.

The group was introduced to the Community Learning Model. This model focuses on the Culture of Collaboration. The model drives synthesis of research on effective teams, correlation between the quality of process and the quality of population outcomes and, it provides a way to think about the ongoing work of creating collective impact through continuous improvement.

A metaphor used to describe the work of Collective Impact is the “peloton” idea. When we are all in line, we are drafting and well streamlined all pulled along with the group and are highly coordinated.

Community Learning Model

- Idea of trust and relationship and working together, this works a quality process to the room
- Planting the seed on where are we headed, what this group will work on
- Language discussions, always go back to the original idea, why are you here, and that language you are using common language is important

Kelly noted that the governing councils have been introduced to the collective impact work in a daylong retreat during November 2018. This is currently driving how the governing councils operate. During the retreat, the governing councils came up with a vision map that includes the compelling vision to become the healthiest regions in the state. The vision map includes the vital sign indicators that are key to drive the work the regions need to do to meet their measures.

Discussion and highlights:

Shera: feels good about the collective impact model The state PIAC recently had a retreat and was introduced to this model. Believes that the metrics being used an umbrella are meaningful to people. The state changed their vision to make it broader. The mission focuses on health outcomes, supports providers and reduces costs.

Rene’s table: being able to find a common vision for all the counties we serve and capturing the geographical perspective so it is broad enough to be inclusive is important to this group.

	<p>Molly's table: observed that many of the vital signs are subjective based on how we feel, how does that get measured? Health literacy as a component of success, waivers and the data they produce</p> <p>Bill: how we take this draft and zero in on measurable is definitely next steps</p> <p>Addison: as provider we address a lot of issues, we measure with different outcomes</p> <p>Confused on data driven, how do we strategically weight those?</p> <p>Bill: population health indicators in some ways, clinical setting delivery mechanism has its own performance measures, choose high level signs which ones are farther, how do we measure our strategy what we focus on what we start on, these provide framework, individual actors figure out what they want to move the needle on, develop a strategy to move the needle. It has to be something they believe in and want to improve on.</p> <p>A common agenda helps move forward in a collective way.</p> <p>Question: how does this work with the PIACs and the work that you will be doing?</p> <p>Kelly: baseline on what is on our contract. Reminds the group of the core roles of the PIAC.</p> <ol style="list-style-type: none"> 1. Review deliverables 2. Discuss program and policy changes and provide feedback 3. Review Colorado Access and Program's performance data 4. Provide representatives for the state PIAC 5. Review member materials and provide feedback. This role is fulfilled by the Member Advisory Council. <p>Kelly invited the group to let Colorado Access know if they are interested in attending a Member Advisory Council meeting, as they are not open to the public.</p>
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<p>Applying Collective Impact to the Role of the PIAC</p>	<p>Kelly presented the draft of the charter. The language comes from state PIAC charter. Shera shared that the charter was presented at their retreat; it is close to being approved. Kelly mentioned we would like to align the charter with the state's PIAC charter; there are distinct sections related to our committee.</p> <p>Since the initial review of the draft, a few changes have been made. Based on recommendations made by e-mail, we added some expectations regarding review of materials prior to meetings.</p> <p>Feedback and discussion:</p> <p>Shera: looks good! Mimics a lot of the state language</p> <p>Kelly: There is a process to review on annual basis, as changes come along.</p>
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Bill: Looking at the charter, how would you want to be part of the collective impact, drawing from experience from serving in other organizations? How do we build that “peloton” what does collective impact mean for you and how do you want to use this in the PIAC work?

Discussion and feedback:

How do you want to show up as the PIAC for your region?

- Julie: went back to how this committee wants to be empowered. Struggles with knowing that HCPF would bless our work and our requests,
- Bill: When HCPF understands this work, they really have no say in how we are effectively working together. It does not mean that you cannot move forward.
- Shera: feel like we can go overboard with collaborative visions, COA has a vision and needs to guide us on how to work the vision and strategy and what to focus on; it is also missed at the state level as well.
- Bill: be vigilant of what it takes to be a collaborative body, appreciate the leadership, help set the right tone
- Ellie: agrees with Shera, has information to share and thinks that is why she was asked to join this group, but that fine line of what it is that COA wants from us, still navigating what it is that COAs vision and what the most important to the group. Appreciates the openness for feedback. Will provide more feedback once we are in the performance data
- Nancy: we are an advisory committee we do not get to make the big decisions, explained that reviewing the deliverables is a lot of work, we have to figure out what it means when we say review? Moreover, what the level of review this committee will do? What is going to keep us going and focus on healthy community, how we do the reviewing? The vision will help us drive the work.
- Addison: Working together in partnership with what our systems are doing and how we build the unison of work of our own “peloton”.

How we want to operate:

1. Be realistic about the system (HCPF) that we work within
2. Take advantage of Colorado Access’s effective leadership while stepping up to our proper role
3. Clarify specific roles
4. Maintain our focus on our common Goal-Healthy Community Vision
5. Remember our goals

Kelly extended an invite to the group to join in the work groups for the projects described below.

Vision map- invitation to help provide more feedback

Comprehensive Needs Assessment- Specific deliverable to Colorado Access. Looking to form a workgroup to align the work of health needs assessments that other agencies have already developed and align the work.

<p>Other Noteworthy notes</p>	<p>We are going to be building out an educational curriculum for those who are not too familiar with Medicaid, want to help onboard and level set, we asked you about this previous meeting, we are working on developing video vignettes to educate you before the June meeting to have a meaningful education.</p> <p><i>Engagement report</i>- looking for a workgroup to help design this.</p> <p><i>RAE incentive sharing model</i>- Pay for performance measures that have money attached to them. Governing councils are focusing on this right now, in terms of opportunity in programing to influence measures to move the needle and once we are successful how is that money spent, a lot of time and efforts, conversations on how to invest on those measures, would love to have PIAC to provide outside perspective and bring check and balances, relates to reviewing performance data.</p>
<p>Action Items/Responsible Party</p>	
<p>Next Meeting: June 6, 2019 at Colorado Access, 11100 East Bethany Drive.</p>	