HEALTH FIRST COLORADO
REGION 3 PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)
JUNE 5TH, 2019 MEETING MINUTES

	PIAC Members		Colorado Access Staff
	Bipin Kumar, Himalaya Family Clinic	X	Julia Mecklenburg, Community Outreach Specialist
X	Shera Matthews, Doctor's Care	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, Office of Refugee 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		Rene Gonzalez, Senior Community Engagement Liaison
	Daniel Darting, Signal Behavioral Health Network	X	Rob Bremer, Vice President of Integration
	Denise Denton, Aurora Health Alliance		
	Ellie Burbee, Kids in Need of Dentistry		
X	Harry Budisidharta, 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	Suman Morarka, MD
	Nancy Jackson, Arapahoe County Commissioner	X	Mandy Ashley, Aurora Health Alliance
X	Marc Ogonosky, Health First Colorado		
X	Patty Ann Maher, Elbert County Collaborative Management Program		
	Tabatha Hansen, Health First Colorado		
X	Tara Miller, Juvenile Assessment Center		
X	Terri Hurst, Colorado Criminal Justice Reform Coalition		

Welcome to Meeting #4, Introductions, Committee Business	Kelly Marshall welcomed everyone to the fourth meeting of the Region 3 Program Improvement Advisory Committee (PIAC). The group went around and introduced themselves; it is worth noting there were members of the public present. Dr. Morarka is attending to see if she would like to serve on the PIAC. **Committee Business:**

	Approval of minutes: The March meeting minutes were presented for approval. Shera asked the minutes be amended to show she was present. Harry moved for minutes to be approved and Marc seconded. March minutes were approved unanimously. *Approval of Committee Charter:* The committee charter was presented again with edits to the previous version. The red edits reflect the changes which are: clarify leadership positions, added a new concept for member chair. Carol moved to approve the charter, and Marc seconded. The charter was approved unanimously. *Leadership positions:* The leadership positions listed below were presented for approval., Marc moved to approve the leadership positions as presented, Carol M seconded. The leadership positions were approved unanimously. **Chair:** Addison McGill, HealthOne Behavioral Health Services **Vice Chair/Member Chair and Liaison to the Member Advisory Council:** Marc Ogonosky, Health First Colorado Member **R3 Governing Council Representative #1:** Harry Budisidharta, Asian Pacific Development Center **R3 Governing Council Representative #2:** Daniel Darting, Signal Behavioral Health Network **State PIAC Representative:** Shera Matthews, Doctor's Care *Member Advisory Council visit schedule update:* Julia Mecklenburg, Community Engagement Liaison spoke to the committee on dates available for visiting a Member Advisory Council meeting as a silent contributor. Meet and Greet times have been set up from 5:00PM to 5:30PM with the option to stay for the meeting to 7:00PM. Those dates are July 16th, and September 17th.
State PIAC Update	Shera Matthews, who is the state representative for the State PIAC provided an update as to what has been going on at the state level PIAC. The state PIAC is in the stages of forming and storming, they have created and approved a charter and established a few subcommittees. The subcommittees have been established to be targeted and intentional to specific strategies. They are developing a work schedule that will be reviewed every month to determine the workflow. Shera mentioned the state PIAC will be discussing the Behavioral health waiver and other specific guidelines that will be used for what will be discussed during their meetings. The state PIAC needs more member engagement at any level, and encourages members to come to the state PIAC. The hope is to align the State PIACs work to the Regional PIACs work in the near future. The update will remain a standing agenda item for this PIAC.

Regional Performance-Physical Health Conceptual Overview **(see slides 7-29)**	Catherine Morrisey, Quality Improvement Program Manager from Colorado Access presented on Regional Performance and gave a description of Pay for Performance Physical Health measures. These measures are established by the state and demonstrate each regional performance compared at state level. For better understanding on the pay for performance measures, Colorado Access has created an education series for the committee members to view as training modules. Kelly Marshall provided an overview of the current enrollment for Colorado Access Regional Accountable Care membership, and reviewed our current enrollment (slide 7). There are 12 Pay for Performance measures, 7 for Physical Health and 5 for Behavioral Health. Physical Health measures include: (those in bold were discussed more in depth) **1. Dental visits** **2. Wellness visits** **3. Prenatal engagement** **4. Emergency Department (ED) utilization** 5. Health Neighborhood 6. Potentially Avoidable Costs 7. Behavioral health engagement Behavioral Health 1. Engagement in Substance Use Disorder (SUD) Treatment 2. 7-Day Follow-Up After Inpatient Discharge for Mental Health 3. 7-Day Follow-Up After ED Visit for SUD 4. Follow Up After a Positive Depression Screen 5. Behavioral Health Screen/Assessment for Foster Care Members **Dental Visits** For the State Fiscal Year 2018/2019 Quarter 1, Region 3 had a 38% distinct count of members who received professional dental services. This included dental services from both medical and dental claims. Region 3 remained above the statewide average of 34% Interventions to improve performance include working close with Colorado Children's Health Access Plan for billing education on dental services. There is a focus on pediatric practices to begin adding fluoride during pediatric visits. This is an ideal concept for integrated clinics who provide multiple services in one place. Other interventions include increasing active engagement with practices that are in different states of training to implementation. The targeted campaign is Cavity Free at 3, meaning the child will have no cavities before the age of 3. Questions: o Is there a "goal standard"?

	No HCPF has not published any standards. In the learning module you will see the journey of a claim; anything that does not happen in the claims we cannot see. **Well visits** Every person enrolled in the Accountable Care Collaborative 2.0. Thinking has to be strategic, have to hone in on a certain group that is more feasible. Our goal is to get 100% for access and quality care, in terms of how we sustain our improvement. We target age groups that are stratified. Region 3 is leading the pack for well visits. Providers have access to data on analytics portal, the source of truth from the state on how to determine the rates. Theoretically, providers would be able to check live claims to see attribution on how many need well visits and can target outreach. Barriers with accessing portals are often a common theme. Being able to advocate at our level is important to see what can be done. The chart presented demonstrated a spike in wellness visits around back to school and holiday dates. Colorado Access has worked with sites to see what they can do to schedule sequential scheduling to tact on services they need for example, Dental or wellness. Second effort it is a performance improvement project targeted to a population of ages 10-14. Comments & Discussion Dr Morarka: They can also get a well visit during their flu shot **Prenatal Measure** Making sure pregnant members receive a prenatal service before birth is pivotal, this measure is captured by any service at any point of a pregnancy before a live birth. Perinatal Women: A Key opportunity. This is targeting a very vulnerable population, very unique. Every dollar we spend before the birth is a good return on investment as it comes back to us when used for wellness/preventative care. Another targeted strategy is the "Healthy Mom, Health Baby" intervention that Colorado Access has implemented through a care management program. Members are identified and with a tiered approach receive a targeted intervention. The results of this intervention show that out of approximately 650 newly pregnant members, 95% received services. Comments & Discussion Tara: can the incarcerated bill to Medicaid? Answer: No Shera: can it be because of more OBs in that area? Answer: It does not matter where the claim happens it will pick up as Region 3 and will count for Region 3. The anchoring event in terms of where the member is attributed and not where the member is receiving the services. Carol T: Where do emergency births get billed to, where are they attributed to on this measure?

	Answer: Emergency Medicaid for labor and delivery only is not included in the metrics. Different eligibility category it will not fall in to the same as. Could be a legal status question. **Emergency Department Visits:** The chart (slide 19) demonstrates how many ED visits are happening per 1000 members per year; it looks pretty stagnant. No region has reached either tier so far. There are many variations across Regions which make comparatives very difficult. Statistical modeling, in Region 1 which is very rural, how do we compare to Denver metro area? Example age, high concentration over 70 likely to utilize more than a city who is saturated with millennials, it cannot be compared to one another. Variations across regions. Ages are parsed out. Adjusted by claims. **Comments and Discussion** Carol: Do the Emergency Department rates include both Physical Health and Behavioral Health? Answer: Yes, it does include both. Sometimes the way facilities bill codes can be a challenge to separate between Behavioral Health and Physical Health codes. Question: Does it include urgent care? Answer: No, they cannot bill as a hospital, it has to do with revenue care. That is why interventions are hard. Comment: When there is a correlation in care and it is hard for any doctor to see you, sometimes people tend to let a condition get worse since at first it seems minor. Due to time, Health Neighborhood was tabled for next meeting.
Other Noteworthy notes	Kelly talked about view from Collective Impact Approach and the importance of how this group brings a collective outside traditional Medicaid. Groups related to potentially avoidable conditions often dive in to taskforces with big clinics that have the ability to move the needle. This group has the potential to be adjacent to that work. Kelly went over the committees that go deep in to the data just presented We have great minds at this table. We want to hear the ideas. Some current thoughts: How we are planning to measure our provider network. How we are currently paying our provider network, we have two tiers, and we have some enhanced clinical partners. It's not a pay for value model. The contract requires us to move the needle. How do we move to providers who demonstrated progress. Are they doing what they are supposed to do to move the needle? Just starting this work with our governing councils. What and how we define value and how we want our providers to show that value. This topic will be discussed more at future meetings.

	Emerging Issues Kelly asked the group to share any emerging issues, as we would like to begin building the agenda for this meeting around issues and topics that this committee feels passionate and cares about. Harry: The Mile High Health Alliance did a safety net survey in Denver. Safety net clinics have a decrease in visits because Public Charge is a proposed change that if you are not a US citizen use of Medicaid can be a factor used by government to deny immigration services. Folks are foregoing care because they are fearful. Catherine: Any free clinics that can provide services without proving legal status? Molly: Federally Qualified Facilities are required to provide care. Isabella: There is a new legislation that will help Medicaid members detox. Rob: It requires HCPF to submit a waiver; we cover social detox. Isabella: What is the definition of social detox? Rob will follow up with Isabella on detox questions. Carol M: The system is complex and some folks are in many systems and none serve them well and, she mentioned there is a person who is living in his car because no systems will take him. That coordination of care, institutional things that should be able to do transition with helping some folks who could be dangerous because they are not taking their medications. Terri: jails are a big problem because they are not engaged in communicating with each other.
Action Items/Responsible Party	Rob will follow up with Isabella regarding detox education.
Next Meeting: September 11, 2019 at Colorado Access, 11100 East Bethany Drive.	