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|  **HEALTH FIRST COLORADO** **REGION 5 PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)** **June 10th. 2019 Meeting Minutes** |
| **PIAC Members** | **Colorado Access Staff** |
| X | AJ Diamontopoulos, Denver Regional Council of Governments | X | Cassidy Smith, Senior Program Director, Region 5 |
| X | Allison Romero, Mile High Behavioral Health Care | X | Julia Mecklenburg, Community Outreach Specialist |
|  | Angi Wold, Addiction Research & Treatment Services | X | Kelly Marshall, Director of Community and External Relations |
| X | Betsy Holman, Dentaquest (via phone) | X | Molly Markert, Senior Community Engagement Liaison |
| X | Damian Rosenberg, Personal Assistance Services of Colorado | X | Nancy Viera, External Relations Coordinator |
|  | Dede De Percin, Mile High Health Alliance | X | Rene Gonzalez, Senior Community Engagement Liaison |
|  | Greg Tung, Colorado School of Public Health |  | Rob Bremer, Vice President of Integration |
| X | Jacquie Stanton, Denver Public Schools, Community Association of Black Social Workers |  |  |
| X | Joe Homlar, Denver Human Services |  |  |
|  | Judy Shlay, Denver Public Health | **Guests/ Members of the Public** |
| X | Karen Weber, Caritas Clinic, SLC Health St Josephs | X | Art Youkum |
| X | Kraig Burleson, Inner City Health Center | X | Diane Youkum |
| X | Laurie Gaynor, Health First Colorado | X | Sable Alexander |
|  | Scott Utash, Advocacy Denver | X | Candy Wolfe, Creative Treatment Options |
| X | Stacey Weisberg, Jewish Family Services |  |  |
| X | Sue Williamson, Colorado Children’s Healthcare Access Program |  |  |
| X | Thain Bell, Denver District Attorney Office |  |  |
| **Agenda Item** | **Meeting Minutes** |
| **Welcome to Meeting #4, Introductions, Committee Business** **(slides 1-4)** | Kelly Marshall welcomed everyone to the fourth meeting of the Region 5 Program Improvement Advisory Committee (PIAC). The group went around and introduced themselves; it is worth noting there were members of the public present.**Committee Business:***Approval of minutes:* The March meeting minutes were presented for approval. Sue moved to approve the minutes, Laurie seconded. The March meeting minutes were approved unanimously. *Approval of Committee Charter:* The committee charter was presented again with edits to the previously approved version. The edits clarify leadership positions, and added a new concept of member chairJoe Homlar recommends the bylaws be reviewed annually and add a concept of minimum number of members present for approval.Jacquie moved to approve the new version of the charter with Joe’s additions; Kraig seconded. The charter was approved unanimously. *Leadership positions:* The leadership positions listed below were presented for approval., Thain moved to approve the leadership positions as presented, Damian seconded. The leadership positions were approved unanimously.**Chair:** Judy Shlay, Denver Public Health**Vice Chair:** Jacquie Stanton, Denver Public Schools, Community Association of Black Social Workers**Member Chair and Liaison to the Member Advisory Council:** Laurie Gaynor, Health First Colorado**Region 5 Governing Council Representative #1**: Sue Williamson, Colorado Children’s Healthcare Access Program**Region 5 Governing Council Representative #2**: Karen Weber, SCL Health, Caritas Clinic at St Joseph Hospital**State PIAC Representative:** Dede De Percin, Mile High Health Alliance*Member Advisory Council visit schedule update:*  Kelly spoke to the committee on dates available for visiting a Member Advisory Council meeting as a observer. 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** | Kelly Marshall provided a State PIAC update on behalf of Dede De Percin who serves as the State PIAC representative. Kelly mentioned the committee is still in the forming and storming phase and has developed three subcommittees that will have intentionally targeted strategies. All include Members, Providers and other stakeholders. The meetings are open to the public. More information can be found on the state website.Those subcommittees are:* Behavioral Health and Integration Strategies
* Provider and Community Experience
* Member Engagement Performance Measurement Strategies
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| **Regional Performance-Physical Health Conceptual Overview****(slides 5-29)** | 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 region’s 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. 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 Health1. 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** ( slide 10-11)For the State Fiscal Year 2018/2019 Quarters 1 & 2, Region 5 met the performance tier in order to receive money for that incentive.The graph shows that Region 5 is the only region meeting this goal. There is a lot of room for improvement. Currently, there is intervention planning work with Colorado Children’s Health Access Plan (CCHAP). The plan is to increase dental services with pediatric practices focusing primarily on the Cavity Free at 3 campaign. Colorado Access is also engaged with 36 practices in both Regions 3 and 5 to promote training in all areas of implementation. These practices include integrated care sites, pediatric sites, and Primary Care Providers. Comments & DiscussionSable: Many clients do not know about the dental benefit or when it expires or did not know when they were a member, are there plans on the future to let everyone know about benefits?Catherine: a lot of providers that are our Enhanced Clinical Partners, high member attribution, will work on lots of messaging for all dental benefits, preventative care. Another intervention is Cavity Free at 3, for kids get fluoride varnish treatments, working with CCHAP, so far 30 practices have been engaged.Betsy: Delta Dental plans on presenting new campaigns and communication to the Member Advisory Councils to get feedback on how to increase engagement. So far mailers are the only one, and we know this intervention can be restricted. Every week newly enrolled members receive a new member packet. Starting July 1, we have permission to start text messaging campaign. The Member Advisory Councils seems in favor, we are looking into the legal ramifications of this. Texting will be an effective campaign, and in addition to 2 robot calls but, calls are contingent on having the correct phone number and the voicemails set up. Contract begins July 1. July 1 dental benefit increase pushed through the long bill, now it is 1500 dollars. Delta will be providing training to COA Care Managers.Sable: mental health bill, suggests that a starting point be a recovery point.Candi: Info needs to be passed on to SUD providers on dental health benefits.Catherine will pass on information internally.Kraig: The total benefit for CHP+ pregnant women is capped at 1000. Jackie: No Smile Left Behind is a good campaign/provider we have at our schools. Dr Nathan has been a good connection. We have talked about having multiple services in one to meet more KPIs.**Well Visits** (slides 12-13)Every person enrolled in the Accountable Care Collaborative 2.0 is used to analyze the data for this measure. The graph for well visits demonstrates the percent of distinct members who received a well visit within the 12-month evaluation period. During the review period Region 5 did not consistently meet the statewide average.Interventions for this measure include focusing on getting practices access to data through the State’s Data Analytics Portal. Another intervention is to develop member outreach and using it with different data sets and reports to obtain reliable phone numbers and address. To benefit the practices to who do outreach. We have also suggested sequential scheduling of dental and well visits for integrated sites. Comments & DiscussionThain: Why is region 3 doing better? Catherine: It could be due to many factors such as, city life vs rural life barriers and advantages, younger demographic. Once kiddos are older it is harder to get kids in for physicals. Jacquie: Do you work with school-based clinics?Catherine: Reimbursement for School Based-clinics varies substantially across those clinics, so we are currently working on how to drop the code so the message is relayed across all regions.Jacquie: Are there dental clinics at the Denver Health school-based clinics?Jeremy: Not sure, perhaps Lowry and Montbello, can double check, could be a varnish, any dental service.Jacquie: We are pushing for our nursing staff to push the varnish, and maybe Denver Health can have talks to put a dentist in at least 2 clinics for middle school and high schools.Catherine: These are the level of details we can benefit from, that help us bridge interventions that are more inclusive.**Prenatal Measure 15-16**Prenatal engagement is measured by the percent of members who received any a prenatal visit before the live birth. The graph demonstrates Region 5 was well above the state average.Currently the intervention in place is the Healthy Mom, Healthy, Baby intervention program. Members are identified through a monthly pregnancy registry, referrals from inpatient discharge floors, four quadrant model and supplemental data sets. The program has intervention goals, those are described below:* Engagement in prenatal services within first trimester
* Promote WIC enrollment
* Prompts for pre/post-natal cadence of appointments
* Assessments and referrals for medical/non-medical services
* Identification/intervention for behavioral health services

95% of pregnant women enrolled receive technologically based perinatal-specific interventions.**Emergency Department Visits** (slide 19)The chart on slide 19 demonstrates how many Emergency Department visits are happening per 1000 members, per year. Looking at it you can see it is stagnant. No region has reached either tier so far. There are many variations across Regions which make comparatives very difficult. Statically modeling plays a big role, for example Region 1, which is very rural, how does it compare to Denver metro area? This can be parsed out by ages, and how it compares to the different populations. **Comments and Discussion**Candi: How active are the care coordinators in ED for reaching out?Answer: We do not target under lenses of Mental Health intentional care coordinationDamien: There is so much nuance, what are other cities doing?Answer: CDOC is in region 7 would be nice to track the raw data from ER, ED visits with diagnosis, underlying SUD get them in to treatment. |
| **Other Noteworthy Comments/Public Comment** | Kelly talked about the view from Collective Impact Approach and the importance of how this group brings a collective vision outside traditional Medicaid. Groups related to potentially avoidable conditions often dive into taskforces with big clinics that have the ability to move the needle. This group has the potential to be adjacent to that work. Emerging Issues: New standing agenda item. Several PIAC members expressed concern about “Public Charge” limitations at the federal level. AJ noted that his organization screens close to 13 thousand Medicaid members and about 24% of them have food insecurity issues and often 60% of them have 1-2 emergency department issues. Across the metro area we have 65 food banks, with 49 different hours of operations. Access is an issue.Sue commented that providers are experiencing problems with the Data Analytics Portal and nailing down how to access and drill down on how to improve. The Health Care and Finance Department (HCPF) will be holding a training on July 22nd with their Information Technology Department to provide training and a demonstration on how to use the DAP.Cassidy: June 20th in our Provider Forum, IBM will be presenting about DAP issues as well. Some of the challenges are going to old website, state is resolving, looking for ways to push out ongoing trainings.Candi mentioned Creative Treatment Options is opening another location in Commerce City with the hopes of providing Opioid addiction treatment. Karen: Caritas needs MAT patients (suboxone) |
| Public Comment: A member of the public had the comment below.Believes there’s is a miscommunication between the process for approval for home health services and barriers with all the financial paperwork being approved through the counties and then getting services reinstated. What is a way to prevent and address it so this doesn’t happen to us and other members?Colorado Access is only half of the service, we provide the functional assessment. It involves the state, county, and the Long Term Support Service agency. Joe would like to connect with Art to see if the problem can be resolved. |
| **Action Items /Responsible Party** |  |
| **Next Meeting: June 11, 2019 at St Joseph’s Russell Pavilion**  |