HEALTH FIRST COLORADO
REGION 3 PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)
SEPTEMBER 11TH, 2019 MEETING MINUTES

PIAC Members		Colorado Access Staff	
X	Addison McGill, HealthOne Behavioral Services	X	Julia Mecklenburg, Community Outreach Specialist
X	Allison Sedlacek, Parent of Health First Colorado Member		Kelly Marshall, Director of Community and External Relations
X	Brian Park, Health First Colorado	X	Marty Janssen, Senior Program Director, Region 3
X	Carol Meredith, The Arc Arapahoe & Douglas	X	Mika Gans, Manager of Quality
X	Carol Tumaylle, Colorado Department of Human Services, Office of Refugee Services	X	Molly Markert, Senior Community Engagement Liaison
	Bipin Kumar, Himalaya Family Clinic	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	X	Rob Bremer, Vice President of Integration
	Ellie Burbee, Kids in Need of Dentistry	X	Kellen Roth, Director of Member Affairs
X	Katherine Neville, Health First Colorado	X	Sarah Lambie, Quality Program Manager
	Harry Budisidharta, Asian Pacific Development Center		
	Isabella Geyer, Liberty Counseling	**Guests**	
	John Douglas, Tri County Health Department	X	Jeff Appleman, Health Care Policy & Financing
X	Nancy Jackson, Arapahoe County Commissioner		
X	Marc Ogonosky, Health First Colorado		
X	Patty Ann Maher, Elbert County Collaborative Management Program		
X	Tabatha Hansen, Health First Colorado		
X	Tara Miller, Juvenile Assessment Center		
X	Terri Hurst, Colorado Criminal Justice Reform Coalition		
X	Suman Morarka, Retired Provider		
X	Shera Matthews, Doctor's Care		
X	Wendy Nading, Health Alliances		

Welcome to Meeting #5, Introductions, Committee Business	Addison McGill welcomed everyone to the fifth meeting of the Region 3 Program Improvement Advisory Committee (PIAC). The group went around and introduced themselves. Addison welcomed Jeff Appleman from the Health Care Policy & Financing Department. Jeff attended the meeting to provide statewide updates and be a link between the state and the Region 3 PIAC. **Committee Business:** *Approval of minutes:* The June meeting minutes were presented for approval. Carol T moved for minutes to be approved and Marc seconded. June meeting minutes were approved unanimously. Kelly Marshall introduced the Fist to Five concept. Fist to five, also called fist of five, is a technique used by agile teams to poll team members and help achieve consensus. Fist to five is similar to thumbs up, thumbs down or thumbs sideways. To use the technique, the team facilitator restates an action the group may make and asks the team to show their level of support. Each team member responds by holding up a closed fist or the number of fingers that corresponds to the level of support. If a team member holds up fewer than three fingers, she is given the opportunity to state her objections and the team may respond. The facilitator continues the fist to five process until the team achieves consensus (everyone holds up three or more fingers) or agrees to move on to the next issue. Closed fist - No. A closed fist is a way to block consensus. 1 finger - I have major concerns. 2 fingers - I would like to discuss some minor issues. 3 fingers - I'm not in total agreement but I feel comfortable enough to let this proposal pass without further discussion. 4 fingers - I think it's a good idea and will work for it. 5 fingers - It's a great idea and would like to take the lead when we implement it. *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. The next one is scheduled for September 17th.

Regional Performance-Potentially Avoidable Costs/Complications (PAC) **(see slides 1-21)**	Sarah Lambie, Quality Improvement Program Manager from Colorado Access presented on the Potentially Avoidable Costs one of Colorado Access' key performance measures. Other Key Pay for Performance measures were presented by Catherine Morrisey in the previous meeting. Other Pay for Performance measures focus on increasing compliance with member well visits, dental visits, and referrals to mental health care as an appropriate aim to target preventative care. The Potentially Avoidable Cost aims to target the high cost services that are avoidable to reduce costs in Medicaid services. To determine what is avoidable, data to determine this is supplied to the Regions, this data comes from claims. The state implemented this new measure and partnered with an external data analytics and research firm "PROMETHEUS". This firm gathers the data and diagnosis information to form a methodology about what health care costs are "typical" and which are considered "complications'. The PAC looks at the total cost of care and it breaks down by what costs are associated with relevant episodes related to the diagnosis and what costs are not assigned to episodes. The latter are potentially avoidable costs. The PROMETHEUS data allows Colorado Access to sort by high cost episodes and services to target where additional support and interventions are needed in order to drive down avoidable services and costs. The targeted episodes are: <u>Chronic:</u> conditions are long-lasting, or a disease that comes "with time". These are the highest cost episodes across both Region 3 & 5. • Asthma • Diabetes • Mental Illness • Substance Use Disorder <u>System Related Failure:</u> made up of small cost episodes, has not been prioritized by the State at this time for PAC work. • Routine sick care • Pancreatitis • Sepsis <u>Other:</u> • Pregnancy (highest cost episode across regions) • Newborn • Hepatitis C <u>Procedural:</u> • Tonsillectomy • Gall Bladder Surgery • Colonoscopy

	Acute: something that is severe and sudden • Stroke • Pneumonia • Upper Respiratory Infection Sarah provided an example of the data Colorado Access receives from PROMETHEUS (slide 7). The example provided demonstrates how total cost, PAC cost, member counts, and episodes are included in one dashboard. For fiscal years 2017 & 2018 (July 2016 to June 2018), asthma, diabetes, and hypertension have the highest PAC cost episodes. Sarah noted that although Substance Use Disorder appears on the list, the data has been scrubbed out due to privacy sharing and contracts in the state at the time. Once Colorado Access analyzes the high costs services and episodes a work plan is put in place. The workplan helps with developing meaningful clinical and system interventions that aim to decrease potentially avoidable costs. This means engaging partners like hospitals, clinics, and doctors. To assure this reduction in cost happens, the regions will develop a timeline for completing their work plan. This will include key milestones and clinical interventions that will help address PAC. In future years, measurement of performance may be tied to a dollar amount or percent increase/decrease. Sarah offered an example, reduce Asthma members utilizing the emergency department for rescue inhalers by X percent. For Fiscal year 2019 the chronic conditions of Asthma & Diabetes were top costs, selected pediatric asthma in children was the highest sub-group and it is one of the few PROMETHEUS episodes that includes members under 18 Chronic Obstructive Pulmonary Disease (COPD) had the opportunity to target a smaller population with challenging symptoms SUD was not required in FY19, data was not distributed, and stakeholders agreed to not pursue. Clinical registries for asthma and diabetes were updated to include new research and best practices and also risk stratification. Anxiety and depression were included for pediatric asthma and diabetes. After launching the registries, we analyzed the populations for any further insights into a targeted case management practice. The Care Management workflow for each of the three episodes is as follow: Day 1: Introductory call Week 1: Home Visit Day 14: Telephonic Outreach Day 30: Telephonic Outreach Day 45: Telephonic Outreach Day 60: Telephonic Outreach Day 180: Chart Review.

	Care Managers use evidence based practices such as asthma action plans, diabetes education/training, care plan, internal cross-collaboration and collaboration with providers. As a result of these interventions, over 100 members were outreached in two months. A Care Coordinator attended a therapy session with a Member with **COPD** to help them create a care plan with their therapist to find appropriate housing and transportation to medical appointments as well as to get a an order from their primary care provider for home health nursing care and a cane to help them avoid falls. For a Member with **asthma** a Care Coordinator attended his pulmonology appointment and helped him create a care plan with the nurse practitioner to get a CPAP sterilizer and CPAP supplies, start Cooking Matters courses, find a backpack/school supplies for school and follow up with a provider at the Children's Hospital Lifestyles clinic to help him lose weight. Based on feedback from Stakeholders and PAC data, Colorado Access will continue to pursue Asthma and Diabetes and will align milestones to implement interventions. This year will move from the care management level focus to a systems level focus Kelly Marshall instructed the group to break out in to small groups of 6 and discuss the questions below. • For future report-outs, what would you like to know more about and in what format? (More data? More information about clinical programming interventions?) • Are you aware of programs in the community related to these PAC priorities that Colorado Access should be aware of and learn more about? • What do you think Colorado Access and regional partners can do to have the most impact? • Is there anything you think is missing from this conversation that would make a significant difference?
Policy changes from the state – a shift in priorities towards cost containment, avoidance and reduction	Kelly Marshall reminded the committee of the some of the contractual responsibilities. One of which is to discuss program policy changes and provide feedback. Jeff Appleman from the department of Health Care Policy and Financing attended the meeting to be a link between the state and the PIAC.

	Jeff spoke to the committee and explained that the state is going through a transition. Previously, the focus was to outreach every member using the four-quadrant model that focuses on high or low risk and impact. The state decided this was an ineffective way to reduce cost. So is asking the Regional Accountable Entities (RAEs) to shift towards a population triangle framework. The Triangle has the top five percent of the members that are high cost utilizers in the top of the pyramid and are labeled as Complex Care Management. Members who have chronic conditions and are considered more manageable are in the middle of the triangle. Bottom triangle is the low risk population who are less likely not using the system. The high cost users are costing 50 percent of the costs. The state would like to make more improvement by reducing these costs the state believes that by engaging our members, we can reduce costs. Kelly Marshall provided an overview of a presentation given by the Executive Director of HCPF Kim Bimestefer. The presentation shows the membership and expenditures by cost group. • 4.4 % of members are responsible for 51% of cost • Less than 96% have less than $25,000 in claims in a time period The state has been doing a lot of analytics and has turned their attention to the group of folks with high costs and leading chronic conditions. This has shifted in the last 4-6 months. Something new since the last PIAC meeting, the Accountable Care Collaborative performance pool has been implemented. Per previous meetings this is money that comes from unearned pay for performance measures. We as the RAE have been told to use those dollars to focus on the high utilizers and chronic conditions. We will have more details in the December meeting. As part of the analytics work, Colorado Access has identified key partners to engage with as part of the initial roll out of work. These top 7 clinic systems account for over 50% of the high utilizer populations across Region 3 & 5. Colorado Access has set up clinical leadership meetings with each system to further strengthen the robust partnership and set the foundation for ongoing dialogue and joint strategy development. These include: ○ Colorado Coalition for the Homeless (R5) ○ Salud Family Health Centers (R3) ○ Stride Health (Region 3) ○ Clinica Family Health (Region 3) ○ Denver Health (Region 5) ○ UC Health (Region 3 & 5) ○ Kaiser Permanente (Region 3 & 5) **Questions, Discussion & Feedback:** Addison: Has there been an attempt to overlay PAC and high quality of care?

	Kelly: That is the work before us, as our teams are starting to dig into this and identifying the overlays. Suman: Some of the families with 3+ kids common with allergies and are high utilizers through asthma, and pharmacy. Please keep those in mind. Rob: They are complimentary, with this approach we are focused on member strictly. The PROMETHEUS tool shows old costs and it does not identify a specific member. Would be beneficial to use the tool to identify high utilizers but there is no intersection yet. We are having those conversations now. We sometimes cannot fix system issues. Jeff: Agree with Rob, clinical stratification can provide member level detail via PROMETHEUS. Wendy: How are you balancing out with the KPIs focused on and how are resources allocated based on how unparallel these are. How do you decide what you are going to work on? Rob: Current discussions with the department. The program has not changed just shifting gears on the focus. We are asking the same questions regarding where is critical to keep interventions, without jeopardizing interventions already implemented like wellness and primary care. Kelly instructed the group to a table interaction activity. Feedback from the groups: • What best preventative practices should we use? Feels like a mystery on what those things are to save cost. (Tabatha) Do not want to feel stigmatized when I am a high user. • Access to care is an issue for some of the committee members. They have high cost, high intensity illness they did not ask for. They do not want to feel like a burden. • For individuals with complex situations, maybe there is no cost containment approach and it could be a good idea to use the Prometheus data and perhaps there is no potentially avoidable cost. Focusing on the middle area of the triangle. • Social determinants of health and overlapping health conditions • Complex cases, sift through numbers • Clinical stratification and filters that can be used to identify impactable populations. We know people need the care and we want to make it more efficient Brian: Seems you to have to prove your need every time you are seeking care, and people are tired of these barriers. Seems the costs will go up with the population getting older. Costs are also going up, so the numbers will grow. Jeff: We do want to impact the population before chronic conditions worsen or barriers to care prevent appropriate utilization. (i.e…an inhaler available when needed).

General Updates	There were no general updates.
Emerging Issues	Marc: The new IntelliRide Non-Emergent Medical Transportation service is not working great in Colorado. Marc feels they are being dishonest not living up to contract expectations. IntelliRide started operations in September. Their afterhours staff is not very helpful. Molly: One of our MAC members has been voicing concerns directly to HCPF. Some providers are billing Lyft and Uber to the state. Members are being placed on hold for 2-3 hours. CMs have many barriers reaching transportations accommodations. Jeff: Suggested documenting these concerns every day. Gather all these and send to him and send to ENMT manager. We have heard from other RAEs, please continue to document. Julia: A big factor for folks on Medicaid have limited communication resources with limited minutes on their phones and being on hold is a big issue. Marc: Lack of access to care is a whole issue. Community based health care, and lack of clinicians to meet needs is a concern. Wendy: outside of Community Mental Health Centers no one knows what to do with lack of behavioral health resources. Is there a way through the directory to show when a provider has BH or integrated services? Answer: Colorado Access is working on a resource directory for Care Managers that would have this sort of information but currently, the provider directory at HCPF or the RAEs does not indicate Behavioral Services and Integrated services.
Action Items/Responsible Party	Note: Documentation of NEMT problems has been established and some systemic improvements have been noted. Phone wait times are down as more staff were added and more users use the online scheduling options.
Next Meeting: December 9th, 2019 at Colorado Access, 11100 East Bethany Drive.	