



HEALTH FIRST COLORADO
 REGION 5 PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)
 MARCH 1, 2021 MEETING MINUTES

	Organization		COA Staff Attendees
	AJ Diamontopoulos, Denver Regional Council of Governments	x	Eileen Barker
x	Ana Visozo, Servicios de La Raza	x	Gretchen McInnis
x	Angi Wold, Addiction Research & Treatment Services	x	Jay Shore
x	Carolyn Hall, RM Crisis Centers, CHARG Drop-In Center	x	Johanna Glaviano
x	Chanell Reed, Families Forward Resource Center	x	Julia Mecklenburg
x	Damian Rosenberg, Personal Assistance Services of Colorado	x	Kellen Roth
x	Dede De Percin, Mile High Health Alliance, STATE PIAC R5	x	Kelly Marshall
	Greg Tung, Colorado School of Public Health	x	Marty Janssen
x	Jacquie Stanton, Denver Public Schools, Community Association of Black Social Workers	x	Molly Markert
	Jeremy Sax, Denver Health	x	Nancy Viera
	Jennifer Yeaw, Denver Human Services	x	Rene Gonzalez
x	Jim Garcia, Clinica Tepeyac	x	Rob Bremer
x	Judy Shlay, Denver Public Health		
x	Katie Broeren, Health First Colorado		
	Kraig Burleson, Inner City Health Center		
x	Laurie Gaynor, Health First Colorado		Guests/Members of the Public
	Matt Pfeifer, Dept of Health Care Policy and Finance		Ashleigh Phillips, Centura Health
x	Mike Marsico, Mile High Behavioral Health Care		Ashlie Brown, Colorado Health Institute
	Monica Buhlig		Tria Phuong, Health First Colorado
x	Pamela Bynog, Health First Colorado		Daniel Darting, Signal Behavioral Health Network
x	Paula Gallegos, Health First Colorado		Kathie Snell, Aurora Mental Health Center
	Patricia Kennedy, Health First Colorado		Kelly Phillips Henry, Aurora Mental Health Center
	Sable Alexander, Mile High Healthcare, Health First Colorado		Kirsti Klaverklamp, Colorado Health Institute
x	Sarony Young, Dentaquest		
	Scott Utash, Advocacy Denver		
x	Sherri Landrum, Children's Medical Center		
	Stacey Weisberg, Jewish Family Services		
x	Sue Williamson, Colorado Children's Healthcare Access Program		
	Thain Bell, Denver District Attorney Office		

Agenda Item	Meeting Minutes
<p>Welcome, Introductions & Committee Business (Slides 5-8)</p>	<p><i>Approval of December Minutes:</i> Judy presented the December meeting minutes for approval. The December meeting minutes were approved unanimously.</p> <p>Laurie Gaynor: Update of Member Advisory Committee (MAC)</p> <ul style="list-style-type: none"> - CO Office of Employment First: Presented to MAC; COEF helps members who want to work but do not want to affect their Health First Colorado benefits - Vaccine Hesitancy: MAC participated in focus group re: messaging strategies to encourage Health First Colorado members to get vaccinated; provided COA Care Management training around motivational interviewing when interacting with members about vaccine - Non-Emergency Medical Transportation: MAC participates in the Person-Centered Transportation Coalition; encourage others to get involved to improve transportation needs for our members - MAC Recruitment: New messaging to recruit members will be available soon; encourage Health First Colorado members, family members, or caregivers to get involved with MAC <p>Questions & Discussion</p> <p>Q: Is Medicaid covering NEMT for vaccination appointments now? A: I believe that for vaccinations, yes, but for testing, no.</p> <p>Q: When will we see the flyer? A: Flyers available soon; we created two different versions, one at a higher level and one at a fifth-grade level; I believe they are currently in Marketing for final approval</p> <p>Q: Can COA send this out to members re: MAC recruitment? A: Yes, it was in member newsletter this month</p>
<p>Social Health Information Exchange (Slides 9-36)</p>	<p>Kirsti Klaverkamp, Ashlie Brown, Colorado Health Institute</p> <ul style="list-style-type: none"> • Metro Denver Partnership for Health (MDPH) Goal: Improved health in metro Denver through regional collaboration of health systems, local health agencies, county human services, regional accountable entities • Overall focus areas: Social Health Information Exchange (S-HIE), Behavioral health, Community assessment, planning, and implementation; and COVID-19 • Identified need for improvement from unidirectional approach to health care and provider referrals; focus on whole person care / care continuum to meet all health needs including social determinants of health (food, transportation, housing, etc.) • S-HIE Guiding Principles: Built by and for broad coalition of partners from multiple sectors; connect projects and programs, while accommodating evolving partnerships; leverage existing and complementary work • Steering Committee split into three groups: <ul style="list-style-type: none"> ○ Governance Group: Establish vision, governance structure, funding pathways; develop use cases for S-HIE and proposed governance structure agreed upon by all partners ○ User Group: Identify user needs, obtain feedback from organization across sectors; establish shared values, language, and value proposition ○ Technical Implementation Group: Navigate and adopt existing technology and efforts to make scalable, efficient; document policies, costs, legal compliance for successful implementation

	<p>Questions & Discussion</p> <p>Q: Sarony: Any opportunities to include oral health as part of ongoing discussion? Often times, dentist is first person to see chronic disease. We have resources if people need resources or tools</p> <p>A: Kirsti: This has come up often; to manage scope, we focused on five needs: food, housing, transportation, utilities, interpersonal safety/violence; once this gets going, we would expand it to other use cases, including oral health</p> <p>Q: Kelly: If you need help with recruitment, getting folks involved, please let us know</p> <p>A: Kirsti: Will keep that in mind for focus groups and sustainability planning</p>
<p>Breakout Session</p>	<ul style="list-style-type: none"> • Future of Telehealth: Jay Shore, Gretchen McInnis • Substance Use Disorder Benefit: Kelly Phillips-Henry, Dan Darting, Kathie Snell <p>Telehealth Questions & Discussion</p> <ul style="list-style-type: none"> • Pandemic has been catalyst for wide use of telehealth • Future includes hybrid of in-person and virtual, cell phone, telephonic • Telehealth lends itself well in behavioral health • Questions re: the medical home model, how do telemedicine policies support primary care • Funding re: maintaining physical location versus providing mostly telehealth • Current statute states that patients do not need prior relationship with provider before using telehealth; HCPF wants to remove that language, which would provide no information on whether prior relationship with provider is necessary • Concerns around payment, accessibility issues; how does telehealth advance equity • Digital divide includes issues around bandwidth, literacy, accessibility • Telehealth decreases no-shows, especially by removing the transportation barrier • Phone reimbursement may go away, though that may be the only option folks have <p>Q: Chat: Carolyn: I want to share that some people do not have privacy in communicating with their providers and because of the uncomfortableness of the provider they will not engage and people are not getting support. How will we help people that do not have privacy in their household?</p> <p>A: Jay: Privacy and safety are real issues; as a provider, we assess privacy and safety assessments as much as possible; some people use their car if they can use public wifi, especially those in rural areas; a lot of challenges with privacy</p> <p>Q: Chanell: How will public input be handled if this moves to a rule making issue?</p> <p>A: Gretchen: As I understand it, proposed legislation would remove language around not requiring a relationship with a provider; from Medicaid side and rule making process would go through medical services board with public input process</p> <p>We'll continue to provide legislative updates</p> <p>Themes: Future of Telehealth</p> <p>Legislation: Current proposals around changing of rules</p> <p>Cost: Reimbursement, billing</p> <p>Disparities/Equity: Digital divide</p>

	<p>Absence of perfect data, member experiences will be critical, especially regarding advocacy, legislation and policy</p> <p>SUD Questions & Discussion</p> <ul style="list-style-type: none"> • Properly trained staff is extremely important • Important to build a system of care that encourages individuals to enter the field, to provide fulfilling work opportunities • May have collectively generated too much oversight, reporting, paperwork that may dissuade people from entering the field • Ensure that right individuals to offer care • Will lose Federal Medical Assistance Percentage bump at end of public health emergency, challenge to balance all the needs with the available funding • Need more support staff, including peer counselors, social workers, etc. <p>Themes: Substance Use Disorder Benefit</p> <p>Great new benefit, but need more beds, more funding Funding around continuum to support this new benefit Accommodations re: staff, including capacity, training, support staff Beds at right location with care or right staff at right location</p>
<p>COVID Vaccine Rollout Update (Slides 39-50)</p>	<p>Judy Shlay, Denver Health</p> <ul style="list-style-type: none"> • Denver County: Large bump in cases in November 2020 • Currently in Phase 1B.2: Coloradans 65-69, educators and child care workers, education support services workers, executive and judicial branches • Starting 3/5: essential workers, people 16-64 with two or more high risk conditions, food and agriculture workers; of March, will open to folks 50+, higher ed faculty • Efforts addressing distribution equity: City of Denver activated its Emergency Operations Center and is focused on an equitable distribution of Covid-19 vaccine; fixed sites being established in areas with high COVID rates and low vaccine coverage; need to continue improved outreach to disproportionately affected communities • City working with health systems, pharmacies, FQHCs, community partners to increase access to the vaccine • Johnson & Johnson is a good vaccine; documented to decrease transmission <p>Questions & Discussion</p> <p>Q: Jim: Does 1B.3 include individuals with development delay and their caregivers? A: Judy: Yes, includes disability, but must be that plus another condition Q: Rob: Are you tracking vaccination sites in terms of disparities and access? A: Judy: City has several fixed sites and equity sites; using community outreach teams, mobile clinics, community vaccination sites; not calling them pop-ups, want people to feel they are safe and consistent sites Chat: Zion BC, Shorter A.M.E., New Hope, and True Light have been sites. Chat: https://www.vaccinespotter.org/ A: Molly: If someone living outside of Denver is vaccinated in Denver, does that count in their own county or in Denver County? A: Judy: In their home county Chat: Dede: I'd like to understand more about decreased transmission with J&J vaccine. Judy: J&J reduced asymptomatic transmission by 74%; helps prevent transmission; easier to distribute as it's only one dose</p>

Public Comment	<p>Katie: Liked breakout group; exercise was great, would like more time for information and questions</p> <p>Jacque: Regarding telehealth conversation, we didn't come to place with recommendation of action; would like to know what actions need to be taken, especially regarding legislation</p>
	Meeting adjourned at 5:55 pm.