



HEALTH FIRST COLORADO
 REGION 5 PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)
 AUGUST 30, 2022 MEETING MINUTES

| | Organization | | COA Staff Attendees |
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| | AJ Diamontopoulos, Denver Regional Council of Governments | x | Eileen Forlenza |
| | Ana Visozo, Servicios de La Raza | x | Erin Friedman |
| x | Angi Wold, Addiction Research & Treatment Services | x | Jo Glaviano |
| x | Anthony Moreno, Health First Colorado | x | Julia Mecklenburg |
| | Ashleigh Phillips, Centura Health | x | Kellen Roth |
| | Candy Wolfe, Creative Treatment Options | x | Kelly Marshall |
| x | Carolyn Hall, RM Crisis Centers, CHARG Drop-In Center | x | Mika Gans |
| | Chanell Reed, Families Forward Resource Center | x | Molly Markert |
| | Courtney Phillips, HCPF | x | Nicki Howey |
| x | Damian Rosenberg, Personal Assistance Services of Colorado | x | Rob Bremer |
| x | Dede De Percin, Mile High Health Alliance, STATE PIAC R5 | x | William Wright |
| | Greg Tung, Colorado School of Public Health | | |
| x | Jacque Stanton, State of Colorado Dept of Local Affairs | | |
| x | Jeremy Sax, Denver Health | | |
| | Jessica Courtney, Mile High Behavioral Health | | |
| | Jim Garcia, Tepeyac Health | | |
| x | Judy Shlay, Public Health Institute at Denver Health | | |
| | Katie Broeren, Health First Colorado | | |
| x | Kraig Burleson, Inner City Health Center | | |
| | Matthew Pfeifer, HCPF | | |
| | Pamela Bynog, Health First Colorado | | |
| | Paula Gallegos, Health First Colorado | | Guests |
| | Patricia Kennedy, Health First Colorado | x | Vicente Cordova, Mile High Health Alliance |
| | Sable Alexander, Mile High Healthcare, Health First Colorado | x | Kim McDevitt, Mile High Health Alliance |
| x | Sarony Young, DentaQuest | x | Julissa Soto, Consultant |
| x | Sherri Landrum, Children's Medical Center | | |
| | Stacey Weisberg, Jewish Family Services | | |
| | Sue Williamson, Colorado Children's Healthcare Access Program | | |
| | Thain Bell, Denver District Attorney Office | | |
| x | Tiffany Grays, Black Family Advisory Council, DPS | | |
| | Tria Phuong, International Rescue Committee | | |
| x | Ty Smith, Health First Colorado | | |

| Agenda Item | Meeting Minutes |
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| Welcome, Introductions & Committee Business | <p><i>Approval of June Minutes:</i> June meeting Minutes are presented for approval. The June meeting Minutes were approved unanimously.</p> <p>Member Advisory Committee (MAC) Update Kellen Roth</p> <ul style="list-style-type: none"> - Departments who engaged: Quality Improvement, Marketing and Communications, Community Engagement, Office of DEI, and Program Operations - Material/Presentation topics: Healthcare Effectiveness Data and Information Set (HEDIS) measurement 2021, Update your address campaign, COA sponsored events, Performance Improvement Projects, Health First Colorado application, Health Equity, Social Determinants of Health, Update Your Address directed at specific neighborhoods - Honoring Laurie Gaynor, a MAC member who passed away at the end of 2021 with a member- driven award presented on a yearly basis. It will embody Laurie and her desire to serve the community and make change. - We are looking for new members!! |
| October Meeting, Survey Results | <p>Jo Glaviano</p> <ul style="list-style-type: none"> • Based on the survey results and the discussion with the Executive Committee, the decision has been made to stay virtual for the October meeting and for the following PIAC meetings until the next planned combined meeting in the Spring. |
| Monkey Pox (MPV), COVID-19 Q&A | <p>Dr. William Wright Monkeypox (MPV)</p> <ul style="list-style-type: none"> • Monkeypox caused by Monkeypox virus (MPV), same family as smallpox; about 18k confirmed cases in U.S.; as of 8/26 there are 203 cases in CO • Similar symptoms to smallpox, milder version and rarely fatal • Exposure: <ul style="list-style-type: none"> ○ Person-to-person: direct contact with the infectious rash, touching items that touched the infectious rash or body fluids; pregnant people can spread the virus to their fetus ○ Person-to-animal contact: scratched / bitten by infected animal; preparing or eating meat from infected animal • Incubation: 1-2 weeks; Contagiousness: Can spread until rash is fully healed; isolate until rash fully healed • Diagnosis & Mgmt: diagnosis from swab of lesion, mild and self-limiting, vaccine for high risk, post-exposure • Recovery: 2-4 weeks, depends on severity, person’s health • Prevention: Avoid contact with suspicious rash; avoid contact with porous objects/materials that someone with MPV has used <p>COVID-19</p> <ul style="list-style-type: none"> • As of Aug 28th, still averaging about 4-5 people per day dying in Colorado; 184 people in hospital right now, 56% not vaccinated • Currently 2.1 million people in Colorado eligible for additional dose <p>Questions & Discussion</p> <p>Chat: Dede: WHO, advocacy, and health orgs are moving from using “monkeypox” to MPV. From One Colorado: We will refer to the Monkeypox Virus as MPV due to harmful and</p> |

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| | <p>stigmatizing effects of using the former term. To read more about why we are making this decision, look here. This week, The Hill reported the World Health Organization is moving to rename the virus.</p> <p>Chat: Carolyn: Does the rule still apply with we need to stay with the vaccines we started with and cannot mix them? Like started with Moderna and then switching to Pfizer and has there been research on this?</p> <p>A: Some relaxing on subsequent vaccines, haven't read anything regarding new booster</p> <p>Chat: Julia: CDPHE is hosting weekly MPV community and partner informational sessions, primarily geared towards providers, but anyone can attend. Email connor.celentano@state.co.us to be sent the invite.</p> <p>Julia: At today's CDPHE meeting, learned there's only one death in U.S. from MPV, no data showing spread to health care worker or those working with people exposed to MPV; may be over the worst of it; no wait for MPV vaccinations</p> <p>Chat: Kim: I second Julia, but will add that there was chatter about a second MPV meeting that is much more focused on clinicians. I bet Connor would know of both</p> <p>Dede: One Colorado is doing focused outreach to queer community and holding vaccine clinics and events for communities most at risk</p> <p>Dr. Wright: No one knows the original animal reservoir for MPV, meaning, what animal carried the virus, did not get sickened, but still spread it; those infected should be careful with contact with pets</p> <p>Judy: People exposed to MPV are supposed to isolate until scabs fall off; difficult for those who can't afford to take time off; consider food or rent support for folks that are having to take time off from jobs</p> <p>Chat: Dede: Is there guidance for employers re: return to work?</p> <p>Judy: State is coming up with some guidance around proper cleaning guidelines for hotels, etc., but not about return to work; can't be so rigid because difficult for folks to stay at home, which could be up to 4 weeks</p> |
| <p>End of Public Health Emergency (PHE) / Update Your Address (UYA)</p> | <p>Erin Friedman</p> <ul style="list-style-type: none"> • PHE was extended on July 15, 2022; extension expected through the end of 2022 • Health First Colorado members need to make sure their addresses are up to date to receive mail regarding benefits • Mailed flyers, social media posts with member reviewed and vetted language • <i>Have you seen these materials? What are you doing regarding the UYA campaign?</i> <p>Questions & Discussion</p> <p>Jeremy: We attended UYA campaign meetings, informed our health plan services groups who are encouraging folks to update and to set up PEAK accounts; member landing page for Medicaid and CHP programs have banner and popup notification with direct links</p> <p>Chat: Sherri: Our practice has not seen it yet and we really need it</p> <p>Erin: Mailing is just going out now</p> <p>Kraig: No update right now, we're formulating a strategy on how to move forward</p> <p>Sarony: We're taking the lead from HCPF by passing along member messaging to providers</p> <p>Damian: We're working with HCPF and following their guidance on how to get messaging to families</p> <p>Jacque: Make an effort to connect with departments of human services and nursing schools; many nurses are responsible for documenting eligibility for Medicaid</p> <p>Chat: Dede: Denver Human Services has been sending out info through their "Community Connections" list.</p> |

Vicente: Mile High Health Alliance has partnered with med students for one-minute videos highlighting this info; currently in 10 languages; asking med students the best way to reach them and communicate this info

Erin: We are creating a 30-second sound bite; working on tool kit for community partner assisters to help with renewal process

Sherri: We have not heard anything or seen any flyers

Chat: Julia: CDPHE: <https://hcpf.colorado.gov/phe-planning>

Chat: Kim: I've been doing outreach at community events

Dede: Difficult to create a sense of urgency when there is so much going on

Erin: Exactly, but don't want to scare people with the urgency either; give people all resource we can to update address and complete renewal if needed

Q: Ty: What sort of resources will change with end of PHE? People are used to surplus, and will be unprepared for when those things end with PHE

Chat: Carolyn: Ty I learned today there is going to be a 10% cost of living raise in 2023.

Q: Sherri: When do renewal packets go out?

A: Erin: Redetermination paperwork goes out on a rolling basis monthly for members based on their renewal month; because PHE is still in effect, if a member renewed application and found to be ineligible, they are still locked into coverage until the PHE ends, then can be terminated

Chat: Ty: I wonder how that will impact people on benefits. Increased money is nice if you get it, but housing and food stamps might be decreased and with cost of living being higher, people will have less

Dede: Curious about 10% cost of living raise; concern around setting of federal poverty level, inflation, and relative income; if federal poverty level doesn't incorporate rapid inflation, we're kicking people off Medicaid whose real income may be lower than last year, but perceived income is actually higher; what it means to have real income vs cost of living

Anthony: Re: UYA, COA's text messages reminding members to update their contact information are working well and very successful, many seniors attending Senior Planet technical classes are using that knowledge to better understand this type of messaging, learn to recognize it as not spam and brings to their attention this issue

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| <p>Pay for Performance</p> | <p>Mika Gans</p> <ul style="list-style-type: none"> • HCPF provides metrics for P4P work, one significant change is in dental metric • P4P Data and Analysis Highlight: <ul style="list-style-type: none"> ○ Old metric: All dental codes qualify, denominator is everyone in the region ○ New metric: 3 dental codes; targets members under 21 years old ○ Took new code and applied to historical data, looked at rate change • Children more likely to receive dental services than members 21 and older; highest between 3-12 years old, then drops off; after 12 people going to fewer and fewer dental visits; now we know how to target in order to see continued utilization • Dental KPI Payment Analysis: <ul style="list-style-type: none"> ○ Purpose: To examine payment effect on providers ○ Determine what models to use based on desired effects ○ Incentivize behavior accurately • Payment now based on contribution to the numerator; activities that satisfy metric • R5: Similar performance to R3 minus dental, performance lacking in R5 • Other changes <ul style="list-style-type: none"> ○ BH incentive measures – will not be changing ○ Specification Document Updates: Currently in review period, none finalized for the current year ○ Prenatal KPI: Staying the same |
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| | <ul style="list-style-type: none"> ○ Pending Changes / Under Review: Discussion of moving KPI baselines to most recent calendar year due to impact of COVID on rates ● Upcoming Work: Provider Workgroups Update: <ul style="list-style-type: none"> ○ Collaboration between COA and select providers on best practices, metrics, data, care within community and members ○ Focus on well visits, dental visits, BH engagement ○ Currently performing quantitative and qualitative data analyses as part of evaluation process ○ Next Steps: Work with marketing to package eval and storytelling; funding proposal for next phase; document best practices and develop plan to share with provider network ● Metric Steward Strategy: Ensure we are aligning and tracking programing around performance metrics; we will implement a structured process for building, monitoring, and reporting out on interventions and performance results <p>Questions & Discussion</p> <p>Q: Chat: Ty: Colorado is a satisfaction based system yes? Are there any tools that help people get good care by tracking satisfaction of the peer and not what is on paper?</p> <p>Chat: Carolyn: It would be nice to see the outcomes on the service surveys people do for the services they receive</p> <p>Q: Sarony: I'm getting conflicting information about who can perform the dental codes; have you heard definitively about who can perform these codes?</p> <p>A: Mika: I can look into code specification; we have to ensure continuity between place of service and practitioner, those two have to align</p> <p>Ty: It's not great that providers are the ones collecting data; peers should have opportunity to participate in data collection; consumers or peers can have a greater impact on this; include more quality of life questions; peers should be at all levels</p> <p>Mika: It is important to have the member perspective and voice in data collection; we conduct secret shopper calls, and member surveys asking for feedback; continue to implement your suggestions, for example, we're improving the member landing page for COA's website</p> <p>Chat: Per Ty's comments, the input of keeping "the person" in all levels of research and data collection is indeed a significant priority. At the federal level, this resource may be helpful for this group https://www.pcori.org/</p> <p>Q: Anthony: In your data collection, what is the mix between large and small practices?</p> <p>A: Mika: It depends on the metric; in Region 5, Denver Health is biggest driver for performance / delivering care, delivering highest quantity of member touches, has been broken down into their clinics; we are looking at differences in clinics, practices</p> <p>Anthony: Interested in seeing a graph of dips and rises of dental health throughout lifetime, especially considering rise around age 65 and up; focusing on one age group ignores a large group of folks in need; from small practice point of view, sounds like a disincentive not to take Medicaid patients because incentive isn't designed to facilitate patient care at ground zero, but incentivize those practices that process large quantities</p> |
| <p>Community Engagement Updates</p> | <p>Kelly Marshall</p> <ul style="list-style-type: none"> ● Kelly, Molly, Julia, Jo staying in current roles ● Community Cultural Navigators: Nancy Viera and Gloria Deloach ● Program Manager: Nicki Howey ● Kelly: Leave of absence in October, name change to Kelly Shanahan |

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| Public Comments, Additional Discussion | <p>Dede: State PIAC update: Regarding ACC 3.0, anticipate a draft concept paper by quarter 1 of 2023, time to provide input is now because once paper done, adjustment can take place in the details, but not in the overall framework; submit feedback through Dede as State Rep or through ACC staff; hoping for more direct engagement; Dede will continue State PIAC Rep</p> <p>Ty: Statewide Independent Living Council is seeking feedback on guiding state and federal funding around independent living and behavioral health services</p> <p>Tomorrow is Overdose Awareness Day; in 2021, 1881 died from overdose in Colorado; Denver Health event including how to use naloxone, patient perspectives, and presentations</p> <p>New national 988 crisis number works well, unless you have an out of state phone number; if you have an out of state number, encouraged to call Colorado Crisis Line (844-493-8255)</p> <p>October Combined meeting topic: ACC 3.0, include HCPF around the stakeholder feedback process; chronic care conditions</p> |
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