



HEALTH FIRST COLORADO
REGION 5 PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)
DECEMBER 11, 2023 MEETING MINUTES

	Organization	COA Staff Attendees
	Ana Vizoso, Servicios de La Raza	Casey Thomas
	Anthony Moreno, Health First Colorado	Eileen Forlenza
x	Ashleigh Phillips, Centura Health	Jaime Moreno
	Candy Wolfe, Creative Treatment Options	Jo Glaviano
x	Carolyn Hall, RM Crisis Centers, CHARG Drop-In Center	Julia Mecklenburg
x	Damian Rosenberg, Personal Assistance Services of Colorado	Kellen Roth
	Helen Pattou, International Rescue Committee	Krista Anderson
x	Jacquie Stanton, State of Colorado Dept of Local Affairs	Lauren Ratliff
x	Jeremy Sax, Denver Health	Leah Pryor-Lease
	Jessica Courtney, Mile High Behavioral Health	Molly Markert
	Jessica Jensen, DentaQuest	Nancy Viera
	Jim Garcia, Tepeyac Community Health Center	Sarah Thomas
x	Judy Shlay, Public Health Institute at Denver Health	
x	Kraig Burleson, Inner City Health Center	
	Matthew Pfeifer, HCPF	
	Nina Marinello, Intermountain Healthcare	Guests
	Pamela Bynog, Health First Colorado-ON LEAVE	
x	Paula Gallegos, Health First Colorado	
x	Sherri Landrum, Children's Medical Center	
x	Ty Smith, Consumer, Health First Colorado	

Agenda Item	Meeting Minutes
Welcome, Introductions & Committee Business (slides 7-9)	<p><i>Approval of September Minutes:</i> The Minutes are approved unanimously.</p> <p>Member Advisory Committee (MAC) Update</p> <p>Kellen Roth</p> <ul style="list-style-type: none"> Organizations and Departments that presented: Department of Health Care Policy and Financing, Colorado Cross Disability Coalition, Program Deliverable and Operations, Community Engagement, Provider Contracting, Marketing and Communication, and Member Experience. Topics discussed: Member experience at Colorado Access, new member booklet review, overview of COA provider contracting department, ACC 3.0, public health emergency unwind. A focus group was conducted by Colorado Cross Disability Coalition (CCDC) to better understand the member experience with the Health First Colorado system. Additionally, we spoke about what could make the experience better or changes we would like to see. A future report will be provided to Colorado Access summarizing this focus group.

	<p>Questions & Discussion</p> <p>Q: How many MAC members are attending?</p> <p>A: MAC currently has 7 members with a goal to add 3 more next year; we want to be intentional on who we add to the group</p> <p>State PIAC Update</p> <p>Please review slide with embedded links</p>
<p>Behavioral Health KPIs (slide 4)</p>	<p>Krista Anderson</p> <ul style="list-style-type: none"> • Review of 6 Behavioral Health Incentive Measures • What specific conversations do you want to have when we present in March? <p>Questions & Discussion</p> <p>I prefer the term “mental health” to “mental illness.” Mental health is person-first versus focusing on what’s wrong with someone.</p> <p>These measures come from the state, unfortunately we don’t get to choose the language, but I am happy to provide that feedback to HCPF</p> <p>Q: Regarding the first measure of initiation and engagement of treatment, is within 14 days of identification which is hard because people might not be ready, how are you addressing that kind of timing?</p> <p>A: Measurement periods are dictated by the state which align with measures from the Centers for Medicaid and Medicare; for example, receipt of first substance use treatment with a diagnosis gets a code that is then billed to COA, the state has access to those claims, expected to get 3 visits within 30 day period in order to be counted as numerator hit or counted as a successful engagement; each measure is very nuanced and has its own measurement period; we have interventions that are tailored to each metric</p> <p>Would like the state to host listening tours and opportunities to allow our feedback on things like the correct use of language, better ways of measuring outcomes, suggestions for alternative programs, how to incorporate those into the metrics; it’s important to hear from people with lived experience.</p> <p>We utilize peer support programs in our interventions when trying to improve our outcomes; the state provides the codes to use, as long those codes are billed to the state and COA, they are counted toward positive performance on the metric</p> <p>Chat: For Bullet 2 that can put "Mental health reasons" vs illness.</p> <p>Q: There’s an assumption that individuals began their treatment in emergency department settings, does COA look at what happens to people who don’t get hospitalized from an Emerg Dept? Is there a way to aggregate data based on the length of time between an initial call and their initial appointment?</p> <p>A: I’m assuming we can get that information, but I can check with our quality team</p> <p>I want to know what happens to people with extended stays in the emergency department?</p> <p>What happens to those who with co-occurring illnesses, but have a physical challenge, so they are not able to be hospitalized? What happens to those who have primary behavioral health diagnosis but have a physical illness that prevents them from entering long term psychiatric care?</p> <p>Chat: When I first brought Peer Run Respite to the Behavioral Health Transformation Council, I was told that Peer couldn't run a program like that. That you need providers to run programs like that I still don't see authentic Peer Run Respite here in Colorado and I believe that there is a thought that lived experience is less valuable than a degree. That is what I mean when I say that Peer Services are evaluated in the way they should be. And Peer services shouldn't be under other areas.</p>

	<p>Chat: I really appreciate your feedback and advocacy for peer services. I plan to inform my director Lindsay and the COA data team. This may be an opportunity for our data team to take a more informed approach to evaluate peer services in our region.</p>
<p>COA Teams & Org Chart (slides 10-15)</p>	<p>Jaime Moreno</p> <ul style="list-style-type: none"> Review of organization chart and COA teams <p>Questions & Discussion</p> <p>Q: Which one of these groups would we contact about the attribution problems we've been having with the switching from Medicaid to CHP but being passive enrolled to Kaiser or Denver Health?</p> <p>A: I think customer service would be a good place to start! They could transfer you to the state if needed.</p> <p>A: The attribution problem is a state thing, but we can step in and help work through it</p> <p>A: You have to contact Connect for Health Colorado to get a members attribution changed. Even with customer service, we have issues, people are afraid to change it.</p> <p>A: Elise Cooper is our contact on this issue; she has contacts with HCPF. She is very knowledgeable and is very aware of the situation</p> <p>Q: Which group runs the PIAC?</p> <p>A: Community Engagement</p>
<p>Member Experience Survey (slides 17-33)</p>	<p>Lauren Ratliff, Sarah Thomas</p> <ul style="list-style-type: none"> Survey administered twice a year through customer service department; goal is to better understand member experience and take action from feedback; goal to obtain 500 responses Improvements have been completed or ongoing: <ul style="list-style-type: none"> Improvements to website and "Find a Provider" reporting tool Development and expansion no Provider Recruitment role & program Creation of Member Experience department Creation of Social Det of Health Committee 46 unique categories identified when asked to define race, ethnic, and cultural identity <p>Questions & Discussion</p> <p>Suggestion: Incorporate quality of life and social support questions (i.e. Are you happy?)</p> <p>Q: Did you offer this survey in different languages?</p> <p>A: It is in English and Spanish, it is not offered in any other languages.</p> <p>Q: Do you think this skews the results because the person helping you is then asking these questions?</p> <p>A: Yes, it's a good point; we want feedback, even if it's unsatisfied customers, we still want to know because we use this survey to design improvement interventions</p> <p>Perhaps you can bring in language line for folks who speak a different language so you can ask the person survey questions in the language that they're comfortable with</p>
<p>ACC 3.0</p>	<p>Leah Pryor-Lease</p> <ul style="list-style-type: none"> COA is creating a work group of PIAC members to discuss priorities, data, format; how to create a robust feedback loop Hosting series of community conversations Important to distinguish what can be changed and what is beyond our control

	<ul style="list-style-type: none"> • Contact Leah.Pryor-Lease@coaccess.com if you are interested in participating <p>Questions & Discussion Q: What is time commitment? A: We will have 2 to 3 plannings meetings; which will also help determine the number of community conversations to be had; to be determined by the work group Volunteers: Jacquie, Paula, Judy</p>
Public & Additional Comments	None.
	Meeting adjourned at 5:52pm.