RMHP Regional RAE PIAC meeting minutes

Location: Morgridge Commons, 815 Cooper Ave., 2nd Floor, Glenwood Springs, CO 81601 | Rocky Mountain Health Plans (RMHP) Denver office, 6251 Greenwood Plaza Blvd., Suite 300, Greenwood Village, CO 80111 | Zoom for remote participants

Date: Wednesday, May 15, 2019

Time: 10 am - 2 pm

Agenda items

1. Nicole Konkoly with RMHP called the meeting to order at 10 am and participants at both in-person sites and on Zoom introduced themselves.

2. Nicole announced the names of individuals who were selected to serve in formal voting membership seats. Per the charter, in the first year, RMHP reviewed the nominations internally and selected the membership. In future years, a subcommittee of the PIAC will review and approve nominations for new members to fill open seats. Each nominee will serve a term of one year with up to three consecutive terms. Please refer to the RAE 1 PIAC Voting Membership in the meeting materials. Nan Sundeen, Pitkin County Human Services Director, asked why there isn’t a Human Services representative. Nicole explained that this would fall under one of the four Health Neighborhood seats and that RMHP did not receive a nomination. Patrick Gordon with RMHP shared that Matt Dodson, Archuleta County DHS Director, serves on the Executive Partner Board. Nan requested that RMHP post a chart outlining the membership of all governance structure membership bodies on our website. Patrick agreed that this was an excellent idea and stated that RMHP would take this back as an action item / deliverable.

3. As a standing agenda item, updates from the following committees were shared:
   - Statewide Performance Improvement Advisory Committee (PIAC) update provided by Julie Reiskin with the Colorado Cross-Disability Coalition (CCDC) and Carol Plock with the Health District of Northern Larimer County
   - Reunion Health and Executive Partner Board update provided by Patrick Gordon with RMHP
   - Member Advisory Council updated provided by Tom Keller, West Slope Member Advisory Council Member

4. Jeremiah Fluke with RMHP provided an overview of RMHP’s Performance Improvement Projects (PIPs). He explained that while the PIPs are a Centers for Medicare and Medicaid Services (CMS) requirement, RMHP’s goal is to make them as meaningful as possible. Please refer to 5.13.19 RPIAC Slides_PIPs in the meeting materials.

5. David Mok-Lamme with RMHP presented on the Key Performance Indicators (KPIs) and Behavioral Health Incentive measures and gave a demonstration of the dashboard RMHP is developing.
The behavioral health incentive measures are:

- **Engagement in Outpatient Substance Use Disorder (SUD) Treatment:** Percent of members with a new episode of substance use disorder who initiated outpatient treatment and who had two or more additional services for a primary diagnosis of SUD within 30 days of the initiation visit
- **Follow-up within 7 days after an Inpatient Discharge for a Mental Health Condition:** Percent of member discharges from an inpatient hospital episode for treatment of a covered mental health diagnosis to the community or a non-24-hour treatment facility who were seen on an outpatient basis by a mental health provider within 7 days
- **Follow-up within 7 days after an Emergency Department Visit for a SUD:** Percent of member discharges from an emergency department episode for treatment of a covered SUD to the community or a non-24-hour treatment facility who were seen on an outpatient basis by a behavioral health provider within 7 days
- **Follow-up after a Positive Depression Screen:** Percent of members engaged in mental health service within 30 days of screening positive for depression
- **Behavioral Health Screening or Assessment for Foster Care Children:** Percentage of foster care children who received a behavioral screening or assessment within 30 days of RAE enrollment

There are seven (7) KPIs for Fiscal Year 2018-19:

- **Potentially Avoidable Costs:** Compares a standard cost of an episode of care to actual costs
- **Emergency Department Visits:** Number of emergency department visits, per 1,000 members per year (PKPY) risk-adjusted
- **Behavioral Health Engagement:** Percent of members that access behavioral health services
- **Well Visits:** Percent of members who receive a well visit during the 12-month evaluation period
- **Prenatal Engagement:** Percent of deliveries where a woman received a prenatal visit during pregnancy
- **Dental Visit:** Percent of members who received professional dental services
- **Health Neighborhood:** This KPI is comprised of two components that reflect connections and referrals between specialty care and primary care providers

There are two targets for the KPIs: Tier 1 (1<5% improvement over baseline) and Tier 2 (5%+ improvement over baseline). Performance and baseline years coincide for the first quarter. RMHP is projecting to achieve benchmarks on the behavioral health engagement and health neighborhood KPIs for Quarter 1 (July - September 2018). Q1 and Q2 KPI calculations are still being finalized by HCPF. HCPF will distribute any earned payments to the RAEs, and then we as the RAE will pass the payments through to our PCMPs, based on the PCMP’s attributed RAE lives for that quarter and the Tier they are participating at in our value-based payment model. Carol Schlageck with Primary Care Partners asked how attribution affects the KPIs. David explained that because all members are attributed, it doesn’t necessarily impact RAE-level KPI performance; however, it’s important to look at geo-assignment versus claims-based attributions at the practice level. Practices expressed that they would like to have both roll-up and drill-down views on the dashboard. RMHP expects the dashboard to be available for providers in July 2019.
Nicole shared that the Data Analytics Portal, a tool managed by HCPF’s vendor IBM Watson, is also available for PCMPs to view their KPI performance. Access can be obtained by emailing her at Nicole.konkoly@rmhp.org.

6. Louisa Wren with RMHP presented on the Hospital Transformation Program (HTP). There are 24 hospitals in RAE Region 1. RMHP has reviewed all 24 hospitals’ action plans and midpoint plans and provided support letters. HCPF is developing an HTP measure list; essentially a report card, with both state and local measures. Provider fee funding will be dependent upon participation in the program. Terri Hurst with the Colorado Criminal Justice Reform Coalition (CCJRC) asked how law enforcement is involved and recommended that if they’re not at the table in these conversations, they should be, especially in rural areas with co-responder models. Work should not occur in isolation; need to coordinate with existing partnerships/conversations. One of our hospital partners for RAE governance is Jessie Neitzer with Montrose Memorial Hospital, who is on our Executive Partner Board. The group discussed that action plans should be shared within respective communities. Louisa will share them appropriately. Please refer to Hospital Transformation Program May 2019 in the meeting materials.

7. Sally Henry with RMHP presented on the Accountable Health Communities Model (AHCM). Since October 2018, over 5,000 Social Determinants of Health (SDoH) screenings have been conducted. About 1,800 were reported to the Center for Medicare and Medicaid Innovation (CMMI). The lower numbers reflect that some clinics are screening all patients and others only the Medicaid and Medicare members being counted for the project; some are having technological challenges. About 35 clinics are currently screening and another 40 are in conversation or in the onboarding process. CMS is focusing more on navigation this year versus just screening numbers. Community navigation connects high-risk individuals with navigation. Thus far 13% of the screened population have been eligible for navigation. Most people who are screened and eligible opt-in to navigation but only 40% receive navigation services. Many people miss out on navigation because they cannot be reached. Kathy Hartman asked, on behalf of the Intellectual and Developmental Disabilities Community, what is a care coordinator and why do I need one more person involved in my care? The group discussed that better education is needed, and the importance of marketing it correctly so that the information is presented to the community in a understandable manner. “Care Coordinator” connotes medical care whereas “team member” may be more client-friendly. We need to simplify the terminology and make sure referrals/connections are valid. Local community leads play a key role in this work. Rob Harris asked how members are educated about care coordination. Nicole shared that one of the primary tools RMHP uses is the Getting Started Guide, which will be shared with the meeting materials on the website. This guide, along with all member materials, was reviewed and approved by the Member Advisory Councils. It was discussed that member voices need to be heard at the Statewide PIAC as well as the PIAC subcommittees. Please refer to AHCM PIAC Presentation 5.15.19 in the meeting materials.

8. Julissa Soto and Shawn Davis with PDF Consulting gave a Latino Initiatives / Voice of the Consumer update. In focus groups and key informant interviews they conducted with the immigrant and monolingual Spanish speaking community, stress emerged as a critical issue that needs to be addressed. They are implementing the Familias Adelante curriculum in Larimer County and Routt and Moffat Counties. Familias Adelante is an evidence-based curriculum that is approved by Substance Abuse and Mental Health Services Administration (SAMHSA). Schools are excited about the curriculum. With the current political climate, the need to connect to services in a culturally responsive manner / in a youth’s native language is critical. People want face-to-face interaction. Lynn Borup with Tri-County Health Network shared that their teletherapy model
works well and can be replicated. Tri-County Health Network has responded to the shortage of mental health professionals in area schools by developing a teletherapy platform in local schools to deliver services to students through video conferencing technology. This program allows students to access services from a wider range of behavioral health providers to support their social and emotional development. Julissa and Shawn are aligning the Familias Adelante efforts with the Communities That Care (CTC) model. There are 50 CTC locations across the state. Their focus is on targeted interventions for the monolingual Spanish speaking population. They are exploring how the model can be advanced outside of the CTC communities. Julissa and Shawn would like input from the group on how to better engage funders to scale this work, as well as where else in the region there is interest in the model. Julissa and Shawn can be contacted at: Julissamolinasoto@gmail.com and davissl2000@yahoo.com. Please refer to 2019 Familia adelante and CTC presentation in the meeting materials.

Announcements: Suprena Crawford with DentaQuest shared that DentaQuest has dental visit reminder materials available for interested practices. She can be contacted at: Suprena.Crawford@dentaquest.com

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<th>Deadline</th>
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<td>Governance map/graphic outlining the membership of all governance structure membership bodies</td>
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<td>August 14, 2019</td>
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<td>Acronym decoder/dictionary</td>
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Next meeting: Wednesday, August 14, 2019 from 10 am - 2 pm