Attendees:

SUBJECT: Region 2 NHP Rural PIAC

DATE/TIME: 7.23.2023; 10-11:30am

Minutes:

Attendee Name, Organization	Present?	Attendee Name, Organization	Present?	Attendee Name, Organization	Present?
Cara Herbert, NHP	☒	Abby Haselhorst	☒	Melissa Iwanowski	☒
Kari Snelson, NHP	☒	Susan Bradley	☒	Jack Devie	☒
Kayla Beck, NHP	☒	Donna Rhode	☒	Alex Barreras	☒
Chantel Hawkins, NHP	☒	Sara McIntosh	☒	Amber Rider	☒
Cailey Cimera, NHP	☒	Hilary Bridges	☒	Arelene Tobin	☒
Cari Ladd, NHP	☒	Banafshe King	☒	Braylynn Eder	☒
Jennefer Rolf, NHP	☒	Lisa Thomas	☒	Lisa Chavez	☒
Raina Ali, NHP	☒	Meagan Hillman	☒	Chris Hart	☒
James Luft, NHP	☒	Barbara Howes	☒	Cindy Kilip	☒
Alee LaCalamito, NHP	☒	Paige England	☒	Cris Menz	☒
Tara Martin	☒	Meg Fossinger	☒	Dawn Watts	☒
D Dunning	☒	Sharon Mauch	☒	Deb Woltermath	☒
Nikki Lenox	☒	Meranda Carpenter	☒	Heather Schenkel	☒
Debi Lopez	☒	Nicole Ortega	☒	Jania Martinez	☒
Jodi	☒	Kaysie Schmidt	☒	Lisa Kirsch	☒
Penny Stumpf	☒	Nancy	☒	Micaiah Lankriet	☒
	☒	Rebecca Victor	☒	Renay Crain	☒
Tamara Laws	☒	Sarah Arntt	☒		☒
Terri Beckett	☒	Tenni	☒	Brandie Felipe	☒
Karma Wilson	☒	Nancy Greene	☒		

PIAC Meeting Summary for ACC 3.0

This inaugural meeting of the PIAC Rural Committee under the new ACC 3.0 structure covered NHP's expanded service area, committee restructuring, and strategies for better serving rural communities. The meeting introduced key staff, outlined the new committee framework and highlighted initiatives to improve healthcare access across an expanded 18 county region.

1. **Welcome and Introductions:**

NHP staff introduced themselves showcasing the organization's growth from 12 to 30 staff members. Key leadership included Kari Snelson (CEO), Cara Hebert (Provider and Community Relations Director), Cari Ladd (Chief Behavioral Health Officer), and several managers and specialists focused on quality, community relations, and health equity.

2. **New PIAC Structure and ACC 3.0 Updates:**
   NHP has entered a new contract phase (ACC 3.0) with significant changes:
   a. Expanded from 10 to 18 counties, now covering the eastern corridor of the state
   b. Created separate urban and rural PIACS to address distinct regional needs
   c. Established quarterly meetings with region-specific agendas
   d. Focused on becoming "the states preeminent Medicaid health plan" through local connections and improved care access

3. Committee Goals and Structure:
   The PIAC (Program Improvement Advisory Committee) will focus on four key areas:
   a. Quality Assurance: Aligning metrics with community initiatives
   b. Strategic Alignment: Ensuring coordination between NHP and community efforts
   c. Progress Monitoring: Creating transparency in feedback implementation
   d. Resource Management: Identifying gaps and sharing resources

   The committee structure includes:

   - Quality committees (First Fridays, Quality Management, Quality of Care)
   - Health equity integration across all committees
   - Expanded Member advisory Committees (MEACS) from on to five distinct groups:
     - Larimer County MEAC (continuing)
     - Deaf and Hard of Hearing group (continuing)
     - Full Region MEAC (hybrid format)
     - Spanish-speaking MEAC (new)
     - Youth Voice Council (ages 13-21 new)

4. Governance and Membership:

a. Chair: Dr. Brian Robertson (co-chair position still open)
b. Seeking 10 voting members representing the diverse healthcare sectors
c. Responsibilities include agenda setting, grant application review, and charter development

5. Provider Network Updates:

a. PCMP network has grown to approximately 121 providers
b. All PCMP must complete practice assessments under 3.0
c. Providers are tiered based on assessment score and care coordination activities
d. Practice transformation supports available to all practices in year one
e. KPIs now based on practice site performance rather than regional performance

6. Behavioral Health Network:

a. NHP partnered with Rocky Mountain Health Plans for behavioral health network
b. Monthly behavioral health office hours (first Wednesday, 12-1 PM)
c. Monthly skills training webinars (August 19 on substance us disorders)
d. Signal Behavioral Health Administrative Service Organization

7. Community Engagement and Upcoming Events:

a. Fort Collins: Resources fair (July 30, 4:30-5 PM) and community conversation (5:00-6:30 PM)
b. La Junta: Resource fair and community conversation (August 19)

8. Banner Health Rural Hospitals Presentation:

Alex Barreras Director of Government Programs at Banner Health, presented on the Hospital Transformation Program (HTP) and Sterling Regional Med Center and East Morgan County Hospital.

Hospital Overview:

a. Combined admissions: ~1,500
b. Highest volume in emergency and outpatient departments
c. Program currently in year four, with year five beginning October 2025

Key HTP Initiatives:

1. Social Determinants of (SDOH)

   a. Focuses on non-medical factors affecting health (up to 40% impact)
   b. Process: Screening patients and connecting them with case management
   c. Data findings:
      - 33% of medical patients have at least one social need
      - Top need: employment instability (1 in 5), transportation (1 in 10), social isolation, and food insecurity

2. Special Access (Sterling Regional Med Center)

   a. Goal: Increase specialty care access
   b. Completed ~14,000 specialty visits for Medicaid patients from September 2022 to June 2024
   c. These specialty visits include anywhere from Radiation, Oncology, Speech Therapy, Wound Care and many more.
   d. Target: 5% annual growth, challenges facing retirement within specialty care providers
   e. Noted difficulty recruiting specialists to frontier hospitals

3. Perinatal Screening (Edinburgh Screening)

   a. Screens for postpartum depression and anxiety
   b. Results (October-June):
      - 95 Screenings completed
      - 15 patients (16%) screened positive, above the 13% national average

9. <u>Key Discussion:</u>

Substance Abuse and Peer Support

   a. Highlighted challenges in treating substance abuse, with alcohol use as the top diagnosis
   b. Emphasized the values of peer support specialists who use live experiences to connect with patients

c. A peer support organization with offices in Sterling, Holyoke and Julesburg shared their work
d. Banner expressed interest in expanding their resource list to include more peer support options

10. Billing, Claims, and Training:

a. Identified the need for support with denials, claims and billing
b. Suggested creating an educational series on billing for clinical staff and leadership
c. NHP offers various training opportunities:
    - "Violet" tool for competency training with CEUs/CMEs
        - alexandra@nhpllc.org may be contacted to get registered or for more information on violet trainings.
    - Training in working with individuals with intellectual disabilities
    - Annual peer specialist training expanding from 10 to 18 counties

11. Future Meeting Format:

a. Plans to incorporate breakout groups for more engagement
b. Conduct surveys on:
    - Preferred meeting times
    - Topics for future meetings (options include behavioral health, social determinants, transportation, physical health, and specialty care)

12. Action Items:

a. Send resource fair information to Jack
b. Get information from Dr. Bacon about specialist recruitment strategies
c. Connect Banner case management with Jack's peer support organization
d. Develop a 20-minute presentation on billing and claims for a future meeting
e. Distribute meeting slide decks to all participants
f. Determine next meeting date, time and topic based on survey results

- Meeting adjourned at 11:33 AM

13. Next meeting TBD