



Northeast Health Partners'
Performance Improvement Advisory Committee (PIAC)
Wednesday, April 28, 2021 | 10:00-11:30 AM

Joining the Meeting:

Web: <https://us02web.zoom.us/j/86049577404> → Password: 450600
By Phone: (669) 900-6833 → Meeting ID: 860 4957 7404 → Call-In Passcode: 450600

Meeting Materials

1) Agenda; 2) October 2020 draft minutes (need approval); 3) PowerPoint slides

PIAC Voting Membership			
X	Reid Bryan/ Cavity Free @3	X	Joanna Martinson/ North Colorado Health Alliance
	Tanya Geiser/ Healthy Communities (Weld)		Kelly Kading/ WIC (Weld)
X	Celeste Ewert/ Envision	X	Dave Madsen/ Salud Family Health Services
	Dana Garvey/ NFP (Weld)	X	Liz Hickman/ Centennial Mental Health
X	Danny O'Canas/ Frontier House		Maureen Huff/ North Range Behavioral Health
X	Erika Greenberg/ CAHEC		Ginger Williams/ Hillcrest Center & The Towers (Wray)
Non-Voting Participants			
	Barb Kleve/ Beacon		Sarony Young/ DentaQuest
			Tina Gage/ Beacon
X	Mandi Strickland/ NHP		Wilson Araque/Beacon
			Bev Sandburg/ Yuma District Hospital Clinics
X	Kari Snelson/ NHP		Lynne Bakalyan/ Beacon
			Patsy King/ Yuma District Hospital Clinics
X	Wayne Watkins/ NHP		Cindy Mulder/ Yuma District Hospital Clinics
			Rachel Shuck/ Peak Vista CHC - Limon
X	Brian Robertson, PhD/ NHP	X	Cathy Harshbarger/ Melissa Memorial Hospital
			Natasha Lawless/ NHP
	Michael Davis/ HCPF		Megan Philips/ Weld County SEP
			Linda Medina/ Envision
	Brenda Rhea/ Washington County Nursing Home		Jasmine Shea/ Keefe Memorial Hospital
			Mary Snyder/ Sterling Living Center
	Stella Worley/ Keefe Memorial Hospital	X	Crystal Asuncion/ Beacon
	Cassidy Palermo/ Peak Vista CHC	X	Jeffrey Bacon/ Banner Health
	Tiffany Dilsaver/ Valley Medical Clinic		Collette Martin/ Peak Vists CHC

Additional attendees:

X John Mahalik, PhD / Beacon

__Melissa Schuchman / Beacon

X Jordan Romero / Planned Parenthood

X Dorna Eastman / Northern CO. MC

X Ed Arnold / Beacon

X Patty Northern / Peak Vista

X Leah Agee / Beacon Health

X Rachel Wisdom / Weld County DHS

X Alison Keesler / SCL Health

X Jen Hale-Coulson / NHP

X Frank Merrill / NHP

X Erin Herman / HCPF

X Jeremy White / Beacon

Agenda Topic	Discussion	Follow-up
Digital Roll Call of voting members	<ul style="list-style-type: none"> Completed roll call with attendance members listed above Quorum of voting members met Dr. Robertson introduced himself as the new Director of Quality Improvement at NHP 	
Approval of January Minutes	<ul style="list-style-type: none"> Liz Hickman motioned to approve the minutes; Joanna Martinson seconded and the minutes were approved without revisions 	<ul style="list-style-type: none"> NHP to post final January minutes to NHP website
Regional Updates	<p>State PIAC</p> <ul style="list-style-type: none"> The State PIAC is still finalizing discussions from the closed door retreats, attempting to align and revise core competencies Joanna reminded to the group to visit the State's webpage for additional information. The webpage is currently under construction, but will house all of the meeting materials including the P&CE and Care Coordination workgroup (led by Jen Hale-Coulson) <ul style="list-style-type: none"> The P&CE and Care Coordination Workgroup defined Extended Care Coordination; What assessments should look like; treatment plans, etc. The Transitions of Care Referral Form was mentioned for Continuity of care for members transitioning to the RAEs. Joanna noted that several RAEs have shared their MEACs and MAC experiences with the state. <p>HCPF Update</p> <ul style="list-style-type: none"> The state is moving toward national standards for performance measures and looking to align the KPI and PP measures Specific standards have not yet been determined. Dr. Robertson will follow up when more information is available. <p>Community Investment Grant Opportunity</p>	<ul style="list-style-type: none"> Joanna will update the committee on the changes when final, includes changes to the subcommittees and their charges



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	<ul style="list-style-type: none"> The funding opportunity and the application process was discussed, noting that the timeline for applications closes on May 14th. A question was posed to the group on whether they had heard about the funding opportunity and whether they would be interested. Several attendees noted they had heard about it, and several others noted interest in applying. <p>Member Report Out</p> <ul style="list-style-type: none"> Danny presented on Covid vaccine fears and why community members may be reluctant to get vaccinated including: <ul style="list-style-type: none"> Fears of causing infertility Government mistrust Rushed production of the vaccines Low mortality rate of COVID-19 Already having Covid and not needing a vaccine 	
Quality & Performance Overviews	<p>PIP (Performance Improvement Project)</p> <ul style="list-style-type: none"> HCPF is requiring only one PIP topic this year instead of 2. The focus of this PIP is on depression screening and a receiving a behavioral health following-up after a positive depression screen. <ul style="list-style-type: none"> The primary goal is to increase the rate of screenings at outpatient visits. The secondary goal is to ensure a behavioral health follow up occurs within 30 days after a positive depression screen. The Module 2 submission focuses on process maps, failure modes, and failure effects, and is due to the State on 5/4/21. Questions / Discussion: <ul style="list-style-type: none"> Attendees had questions regarding the inclusion and exclusion criteria, 	<ul style="list-style-type: none"> Dr. Robertson to share Beacon's PIP side deck (slide deck was e-mailed to the committee on 5/3/2021). Dr. Robertson to follow up on whether there is an exclusion category for patients who refuse behavioral health consults with a positive screening (exclusions and exception details were e-mailed to the committee on 5/3/2021).

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	<p>specifically on whether a patient who had a positive depression screening, but refused behavioral health follow-up would be excluded from the analysis. Further follow-up post-meeting noted that these patients would not be excluded, and are considered part of the failure mode.\</p> <ul style="list-style-type: none"> ○ Additional comments were provided on the trouble with coding on the clinical side. The PIP is being used to dig into the BHIP measure, and the first look at this measure determined G codes weren't being billed. This particular project is not looking at billing codes, but is instead extracting data on completed screenings from the medical record. 	
Covid Vaccine Activities	<p>COVID -19 Vaccination Plan</p> <ul style="list-style-type: none"> • HCPF identified priority populations for the RAEs to focus on including potentially homebound members and Members of Color (MOC). • Local Public Health Agency (LPHA) grants were provided from NHP to help fund community-based vaccine initiatives, and NCHA is providing direct outreach to both target groups to schedule and provide vaccines. • Vaccine hesitancy efforts are geared toward increasing vaccine rates within those who are reluctant, including: <ul style="list-style-type: none"> ○ Educating members on the benefits of the vaccine. ○ Monitoring vaccine rates. ○ Increasing community engagement with the community to increase trust and willingness to get the vaccine. ○ Addressing systematic racism and vaccine hesitancy within the community. • NHP is using CIIS data from the state to identify homebound members in the region. This dataset identified 3,200 members being potentially homebound. Of these members 2,353 members were identified as not being vaccinated. 	



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	<ul style="list-style-type: none">○ Further exploration on the original list of 3,200 members found 37 members were truly classified as homebound. NCHA completed all outreach to eligible homebound members.○ One issue noted with the CIIS data is that vaccines aren't always reported to CDPHE.• NHP met with the Governor's Office, CDPHE, and HCPF to determine how to vaccinate the 37 homebound members in our region. HCPF had planned to contract with a vendor, but is instead working directly with LPHA. Most of NHPs homebound members are in Weld County, but not all. NCHA and NHP are working on a plan to vaccinate those members (and their families) outside of Weld County.• Discussion:<ul style="list-style-type: none">○ One member noted that Weld has done a great job at making the vaccine available to the community.	
Open Discussion	<p>Dr. Robertson posed questions on how the committee can become more actionable and aligned to state initiatives.</p> <ul style="list-style-type: none">• Education and communication efforts such as bulleted "take-aways" from presentations, and increasing the accessibility of meeting resources by posting take-aways and other information resources on websites were noted to be a potential way for posting meeting information and for information dissemination.	<ul style="list-style-type: none">• Kari/Wayne to follow up with Linda about how to share reattribution this information• Dr. Robertson to follow up and direct outreach to other groups.• Dr. Robertson to follow up on delivering a satisfaction survey to committee members.

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	<ul style="list-style-type: none"> • The number of acronyms were noted, as was the difficulty in understanding how all the organizations are connected. • Member attribution was mentioned to be a challenging concept. It was also noted that the state runs reattribution, and that the data could be shared back. • Six hospitals and clinics aren't participating in this PIAC for unknown reasons. Rural health clinics are also organizations that can provide potential committee members, and broad participation on the primary care side would be helpful. • A survey was suggested as a way to obtain information on satisfaction, interests, and expectations among nonparticipating committee members to increase engagement and participation at the regional PIAC meetings. 	