



Northeast Health Partners'
Performance Improvement Advisory Committee (PIAC)
Wednesday, October 27, 2021 | 10:00-11:30 AM

Joining the Meeting:

Web: <https://us02web.zoom.us/j/82210322500?pwd=U0RvdTI0aEp6NWZXRdYyV0Z6Qlc2Zz09> à Password: 443365

By Phone: (669) 900-6833 à Meeting ID: 822 1032 2500 à Call-In Passcode: 443365

Meeting Materials

1) Agenda; 2) Draft minutes (need approval); 3) PowerPoint slides

Voting Participants					
X	Reid Bryan/ Cavity Free @3	X	Joanna Martinson/ KPJ First Services	X	Linda Thorpe/ East Morgan County Hospital
	Tanya Geiser/ Healthy Communities (Weld)		Kelly Kading/ WIC (Weld)		Renee Schell/ Frontier House
X	Celeste Ewert/ Envision		Dave Madsen/ Salud Family Health Services		Sandra Hasch/ Weld LTC Program Supervisor
	Dana Garvey/ NFP (Weld)	X	Liz Hickman/ Centennial Mental Health		Tanya Unrein/ North Colorado Family Medicine-Banner
	Danny O'Canas/ Frontier House		Maureen Huff/ North Range Behavioral Health	X	Penny Stumpf/ Healthy Communities
	Erika Greenberg/ CAHEC		Ginger Williams/ Hillcrest Center & The Towers (Wray)		
Non-Voting Participants					
	Alison Keesler/ SCL Health		Frank Merrill/ NHP	X	Melissa Schuchman/ Beacon
	Annie Fritz/ NCHA		Jasmine Shea/ Keefe Memorial Hospital	X	Natasha Lawless/ NHP
	Barb Kleve/ Beacon	X	Jeffrey Bacon, MD/ Banner Health	X	Nina Marinello/ SCL Health
	Bev Sandburg/ Yuma District Hospital Clinics	X	Jen Hale-Coulson / NHP		Patsy King/ Yuma District Hospital Clinics
	Brenda Rhea/ Washington County Nursing Home	X	John Mahalik, PhD/ Beacon		Patty Northern / Peak Vista
X	Brian Robertson, PhD/ NHP		Jordan Romero / Planned Parenthood		Rachel Shuck/ Peak Vista CHC - Limon
	Brooke Powers/ HCPF	X	Kari Snelson/ NHP		Rachel Wisdom / Weld County DHS
	Cassidy Palermo/ Peak Vista CHC		Leah Agee/ Beacon	X	Sarony Young/ DentaQuest
X	Cathy Harshbarger/ Melissa Memorial Hospital		Linda Medina/ Envision		Stella Worley/ Keefe Memorial Hospital
	Cindy Mulder/ Yuma District Hospital Clinics	X	Lynne Bakalyan/ Beacon		Tiffany Dilsaver/ Valley Medical Clinic
	Crystal Asuncion/ Beacon		Mandi Strickland/ NHP		Tina Gage/ Beacon
	Collette Martin/ Peak Vists CHC		Mary Snyder/ Sterling Living Center	X	Wayne Watkins/ NHP
	Erin Herman/ HCPF		Megan Philips/ Weld County SEP		Wilson Araque/Beacon
X	Tony Wells/ Washington County	X	Autumn Orser/ Peak Vista	X	Suprina Crawford/ DentaQuest

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 was not met at the meeting start; 6 voting members were noted. 	<ul style="list-style-type: none"> Review the minutes in the January Meeting
DentaQuest Presentation	<ul style="list-style-type: none"> Sarony Young discussed DentaQuest; it's mission, focus and current efforts, and willingness to get connected Prevention is key for oral healthcare The mouth is a window to the body. Poor dental conditions are strongly correlated to other chronic diagnoses (stroke, diabetes, cardiovascular disease, obesity/diabetes, and high blood pressure). Sarony is willing to do staff trainings, to share newsletters or materials in clinics and medical practices, member packers, on websites or adding questions around intake forms. "Takes two to make two" initiative encouraging members to have both physical health and dental visits. Sarony is working with several pediatric practices to embed dental hygienists in pediatric practices. 	<ul style="list-style-type: none"> Brian to follow-up with Sarony on materials.
Follow-Ups	<ul style="list-style-type: none"> Kari noted the Public Health Emergency (PHE) will continue through January 16, 2022 per the Biden Administration. We will have 90 days to discontinue everything. When the PHE does end, the following-day the state amendments including free testing would end. Continuous coverage requirements would end at the end of the month. <ul style="list-style-type: none"> If the PHE ends on January 16th, the continuous coverage requirement would end on January 31, 2022. The maintenance of the effort requirement, eligibility benefit, and enhanced federal match of 6% would end on March 31, 2022. We have 12 months to complete all wind-down work. HCPF is revamping the PEAK tool and allowing electronic signatures for re-enrollment. 	<ul style="list-style-type: none"> Kari to provide the PHE presentation from HCPF.

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	<ul style="list-style-type: none"> • We will continue to watch closely, but we need to be aware that this may be one of the last PHE extensions. • Natasha noted the Health Equity follow-ups on where Region 2 could make an impact. The state has a Racial Equity Task Force as a subcommittee of PIAC voting members. It has largely been at a standstill, and we cannot leverage that Task Force's work. • We will continue to discuss health equity at the January meeting including a presentation by the refugee center. 	
Member Report Out	<ul style="list-style-type: none"> • N/A. Mr. O'Canas will present in the January meeting. 	
Regional Updates	<ul style="list-style-type: none"> • Joanna presented information on state activities and the importance of regional alignment to the state's initiatives. • Our role in the State of Colorado is critical to the health and well-being of Coloradans with 1 in 4 are covered by Medicaid and Health First. • Health disparities is at the top of the list for almost every discussion. It was looked at through the Covid lens, bundled maternity, and performance measures. • New focus for the state PIAC including short and long term goals. <ul style="list-style-type: none"> ○ Short-term goals include complex care and consistency of care coordination, and how those will be implemented. Transformational Task Force, ARPA funding, and the PHE unwind. ○ Medium timelines include bringing in regional approaches on what's working and what isn't; sharing practices. Kim Bimestefer. is very interested in predictive modeling. ○ Long-term timelines include the ACC 3.0. The state is not asking for specific feedback, but what feedback is n • Joanna presented work on the Provider and Community Experience Subcommittee had their objectives, plans, and achievements approved. 	<ul style="list-style-type: none"> • Brian to send Joanna's slides to the group. • Group to send needs to Joanna to address at the state level. • Carve time to discuss regional needs in future meetings to give to the state.

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	<ul style="list-style-type: none"> ○ Objective 1: Explore models, programming, and best practices of condition management in context of clinical care and social determinants of health. One major component is the American Rescue Plan Act (ARPA) Funding is a plan that gives the opportunity to develop a care coordination plan that looks at best practices, defines roles and responsibilities, and trainings. This plan is focused heavily on Single Entry Points (SEP) and Community Center Boards (CCB). RAE involvement is important, but perspectives and participation from SEP and CCB staff members are vital. ○ Objective 2: Explore how e-consults can impact population health management. ● Participation and stakeholder feedback from regional partners is very important in state meetings. What are our needs and what do we as a committee we want Joanna to promote at the state level? 	
Performance Measures Recommendations	<ul style="list-style-type: none"> ● Brian discussed 6 recommendations from the Performance Measure and Member Engagement (PMME) subcommittee of PIAC; noting the recommendations were approved by the PMME subcommittee, the state PIAC, and the state has provided initial comments about the recommendations. ● Recommendations are not final, but Brian wanted to share what was discussed and what may impact clinics and hospitals in the future. ● Recommendation #1 (assessing all performance measures for race, ethnicity, gender, language, etc) may be implemented in July at the earliest, and would be most impactful for KPIs and Performance Pool. The state wants recommendations on specific equity measures and specific performance measures to apply them to. ● Recommendation #2 has no direct impacts to clinics/hospitals and is more focused on the state level as they look at measures. The state wants 	

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	<p>more information from PMME as they are currently doing this.</p> <ul style="list-style-type: none"> • Recommendation #3 also has no direct impact to clinics/hospitals. The state wants more information. • Recommendation #4 (RAEs duplicate effective practices) received heavy pushback as the ACC is set up for regional variations and duplication may stifle innovation within the RAE. Learning collaboratives were found to be the most viable place for sharing practices, and this is already being done. • Recommendation #5 (gap closure) is already being done for some measures, such as Covid vaccine distribution. The state noted 22 performance measures and cautioned against having too many measures for the RAEs. • Recommendation #6 (suicide prevention) is already being done with CDPHE. The state wants more guidance. • Next steps include discussions between the state, PIAC, and PMME for specifics. • PMME is actively looking for voting members and the application is included in the presentation. Neither NHP staff nor Beacon staff can be voting members. 	
Regional Performance	<ul style="list-style-type: none"> • John walked through the regional performance as of mid-October; showing June data due to a claims lag. • KPI: <ul style="list-style-type: none"> ○ Health Neighborhood will not be tracked starting next month. ○ Well visits will shift from adults to children ○ NHP performed very well; hitting Tier 2 (5% above the goal) in ED visits and Prenatal Engagement. ○ Dental visits and well visits rose, and Dental Visits almost hit the Tier 1 level (1% above the goal). • Performance Pool <ul style="list-style-type: none"> ○ Medication adherence measures are changing. 	<ul style="list-style-type: none"> •

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	<ul style="list-style-type: none"> ○ NHP is performing very well for Extended Care Coordination, Mental Health Inpatient Admissions, and DOC Engagement. ● BHIP <ul style="list-style-type: none"> ○ No tiered performance; goals are met or not. ○ NHP is meeting the goal for SUD Outpatient and Depression Screen Follow-up. ○ Significant room for improvement for Inpatient Mental Health Follow-Up. ○ Some room for Foster Care assessment and Follow-Up after ED Visits for SUD. 	
Engagement Survey Results	<ul style="list-style-type: none"> ● An engagement survey was discussed back in April, and was sent out for responses. ● Key results include keeping regional performance on the agenda, and creating opportunities for regional members to present their work to the regional PIAC. ● DentaQuest was noted as a prime example of regional partners being able to share their work and make connections. We should continue to find similar groups to present on Medicaid benefits that may not be well known. 	
Open Discussion	<ul style="list-style-type: none"> ● Future topics were discussed including additional presentations on dental incentives and initiatives. ● North Front Range is a potential option to discuss transportation issues and address transportation needs. ● FAFSA was not discussed, but the information was included in the meeting materials. HCPF has asked the RAEs to help spread the word on these. 	<ul style="list-style-type: none"> ● Brian to connect with Celeste on North Front Range ● Brian to reach out to Reid on oral health initiatives. ● Natasha to send the FAFSA 1-pager to the group