



Northeast Health Partners'
Performance Improvement Advisory Committee (PIAC)
Wednesday, October 26, 2022 | 10:00-11:30 AM

Joining the Meeting:

Web: <https://us02web.zoom.us/j/83043861092?pwd=aFQwRGRIbC9aTmpDR3RIKzI4ZDJWZz09>

Password: 027950

By Phone: (669) 900-6833 | Meeting ID: 830 4386 1092 | Call-In Passcode: 027950

Meeting Materials

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

Voting Participants				
X	Celeste Ewert/ Envision	X	Joanna Martinson/ KPJ First Services	
	Danny O'Canas/ Frontier House	X	Linda Thorpe/ East Morgan County Hospital	
X	Erika Greenberg/ CAHEC	X	Penny Stumpf/ Healthy Communities	
	Liz Hickman, PhD/ Centennial Mental Health	X	Sandra Hasch/ Weld LTC Program Supervisor	
Non-Voting Participants				
	Alison Keesler/ SCL Health		Frank Merrill/ NHP	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
	Brian Robertson, PhD/ NHP		Jordan Romero / Planned Parenthood	Rachel Shuck/ Peak Vista CHC - Limon
	Chris Ukoha/ HCPF		Kari Snelson/ NHP	Rachel Wisdom / Weld County DHS
	Cassidy Palermo/ Peak Vista CHC		Leah Agee/ Beacon	Sarony Young/ DentaQuest
	Cathy Harshbarger/ Melissa Memorial Hospital		Linda Medina/ Envision	Stella Worley/ Keefe Memorial Hospital
	Cindy Mulder/ Yuma District Hospital Clinics	X	Lynne Fabian/ Beacon	Tiffany Dilsaver/ Valley Medical Clinic
	Crystal Asuncion/ Beacon	X	Ed Arnold/ Beacon	X Pam Boehm/ 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		Autumn Orser/ Peak Vista	Suprina Crawford/ DentaQuest
	Linda Messer/ Lincoln County Hospital	X	Kristen Dearborn/ NE Colorado Health Department	X Gay Lynn McKenzie/ Keefe Memorial Hospital
	Stephanie Brinks/ Centura		Summer Tungseth	Jenifer Krulewich / Focus Care

X	Alee LaCalamito/ NHP		Shanna Wisdom/ NE Colorado Health Department		Nicole Seward/ Focus Care
	Beth Hampton/ Keefe Memorial Hospital	X	Ashley Clement/ NHP		Destrie/ Peak Vista
X	Sara Chacon/ Kit Carson County Hospital District		Lilly Trevino/ Keefe Memorial Hospital		Stella Worley/ Keefe Memorial Hospital
	Priyanka Chandrashekar/ NE Colorado Health Department	X	Linda Medina/ Envision		Kellee Beckworth/ UC Health
	Lindy Barnhill/ Judicial		Alex Barreras/ Banner	X	Brad Taylor/ Connections for Independent Living
X	Sam Herbert/ Wray	X	Rey Davis/ Banner	X	Jessica Jensen
X	Kori Walsh/ CACEH				

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 met; 6 voting members were noted. Joanna motioned to approve the July 2022 minutes. Celeste seconded. No objections were noted and approval of the minutes was passed. Penny motioned to approve the updated bylaws. Joanna seconded. No objections were noted and the bylaws were passed. 	<ul style="list-style-type: none"> Brian to post meeting minutes Brian to send the final bylaws to the group (completed on 10/27)
Follow-Ups	<ul style="list-style-type: none"> Brian added language on voting member selection to the bylaws and send to the voting members for approval in the meeting. Integrated Health Centers, Complex Care and Workforce Challenges were included as topics in the meeting. Lynne reached out to MEAC for member experience stories. A member will join us in January. Brian sent Joanna's slides after the last meeting. Brian to send specification documents once finalized (ongoing) Sam Herbert is likely chosen as the RAE representative and will fill the role as the committee cochair. Recruiting voting members is ongoing. Brian was unable to reach Mr. O'Canas and will continue to look for alternative ways to connect with him. 	<ul style="list-style-type: none"> Brian will continue to look for alternative ways to connect with Mr. O'Canas. Brian to send the BHIP specification document (completed on 10/27)
State Updates	<ul style="list-style-type: none"> Joanna noted that she has been honored to represent the region at the State PIAC, and appreciates the rural voice at the state. 	

	<ul style="list-style-type: none"> • October PIAC was canceled at the state level, and November will be Joanna's last meeting. • Involvement at the state level from regional representatives will be critical as ACC 3.0 becomes finalized. • It's very important to get familiar with the state site to learn more about organizational changes and strategies. • PHE was extended to January, and the renewal process is still ongoing. This is a critical process so members do not to lose coverage. Return mail is a very concerning point. • The Health Equity Plan is growing. We need to make sure we are equity compliant, which will be important as we move into ACC 3.0. Data will be critical to uncover areas of improvement. • It's important to understand how many reports the RAE is required to produce, and it's important to support the RAE as they meet deliverables spanning Financial, Governance, Federal, State, and Quality. Lynne Fabian noted that there were over 200 reports, and Wayne noted the auditing process on top. 	
Regional Updates	<ul style="list-style-type: none"> • Lynne discussed the Public Health Emergency (PHE) has been extended to January 11. November 12 is the new date for extending or ending the PHE. Members can update their information through the PEAK website or Health First Colorado app. Additional information and reminders will be distributed to the region once it is received by the state. • Training is available on Health Equity, EPSDT services, Title V training, and training on rights, advanced directives. • Behavioral Health Secure is a new transportation service. • NHP has a bi-annual cultural competency roundtable that incorporates EDI. The roundtable will be on November 7. • Brian noted that NHP is building dashboards aligned to the Health Equity Plan so we can be data-driven on closing equity gaps. • NHP is recruiting for board positions, and applications close on October 31st. 	<ul style="list-style-type: none"> • Brian to send Lynne's slides to the group (completed on 10/27) • Brian to send board recruitment application information to the group (completed on 10/27)

	<ul style="list-style-type: none"> • Brian provided a public service announcement on how multi-colored fentanyl looks like candy as we move toward Halloween. • Lynne will continue to work on providing a member story through MEAC. 	
Member Report Out	<ul style="list-style-type: none"> • N/A. Mr. O’Canas was not present. 	<ul style="list-style-type: none"> • Brian will look for alternative ways to connect with Mr. O’Canas.
Regional Performance	<ul style="list-style-type: none"> • Ed walked through the regional performance showing Quarter 4 results (through July). Results are delayed due to claims lags and may change as claims continue to roll in. Key discussion points include: • Depression screening gate and follow-up measures are performing above the noted goal based on current data. The PIP project with Sunrise may have had a significant impact on this measure. • ED SUD Follow-Up is below the goal. • Foster Care BH Follow-Up has low denominators and is subject to fluctuations. • SUD Engagement and the Inpatient Follow-Up measures are also below the goals. • BH Engagement is meeting the goal. • Dental visits may have access issues, and projects are underway to improve this rate. NHP is rethinking how we can rethink the current process by connecting contracted clinics to areas of need, but is open to ideas on how to address access/availability to better address this measure. • Prenatal Engagement is meeting the Tier 1 goal. • ED Visits are continuing to rise. • Significant efforts are underway to increase engagements around well visits. • Anti-Depressant Medication Management is narrowly under the goal, but the data is only available through March. • Asthma Medication Ratio is above the goal, as is the DOC visits. • Risk-Adjusted PMPM will be moved to a KPI, but is also above the goal. 	<ul style="list-style-type: none"> • Brian will send Ed’s slides to the group (completed on 10/27)
Integrated Care	<ul style="list-style-type: none"> • Beth was not present, and the section will be moved to January’s meeting. 	<ul style="list-style-type: none"> • Beth has changed organizations and this section will not be included in January.

Complex Care	<ul style="list-style-type: none"> • Jen noted that NHP developed its own definition of complex members. The state's definition focused more on the cost of care vs. the clinical need for the member. • The definition Includes: <ul style="list-style-type: none"> ○ Comorbid diabetes with comorbid depression and anxiety. ○ Hypertension with no physician visits in the past twelve months ○ Pregnant with chronic conditions ○ Members recently released from prison ○ Members under 3 ○ Members in the foster care system ○ Members who have a spend of over \$25,000, and adults with over \$25,000 on the COUP list. ○ Members with CHF who have not had a physician visit ○ Members with IDD who are not on waivers ○ Members who have mental health issues who are not engaged in mental health services. • Prior to this definition change we had about 2,100 members. After the definition change, we had over 4,000 members identified as complex. • The way the complex definition is set, members cannot be removed from the complex list leading to an increase in the number of complex members. We now have over 6,000 complex members. • Everyone receiving care coordination has the ability to be linked into the same programs or engaged in the same way. • The care coordination philosophy is "person and family-centered." We want the member to be at the center of their care. Community-based services are the standard and members receive the best care when it is in their community, at their homes, and with their families. • A designated care coordinator is assigned to every Medicaid member. 	<ul style="list-style-type: none"> •
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Connections for Independent Living	<ul style="list-style-type: none"> • Connections provides serves primarily doing transitions in Weld County. • Connections provides ASL interpreting across Colorado and parts of Wyoming in addition to housing vouchers for people with vouchers. • Weld County also serves Logan, Morgan, Sedgwick, Phillips, Washington, and Yuma Counties. • 5 core services: Information Referral, Peer Counseling, Advocacy and Teaching Self-Advocacy, Independent Living Skills Training, Transitions. 	<ul style="list-style-type: none"> • Brad to send information materials to Brian
Workforce Challenges Discussion	<ul style="list-style-type: none"> • Nursing shortages, Medical Assistant Shortages, and Provider Recruitment has been a challenge across the region. • The Eastern Plains Healthcare Consortium has a staff sharing program to help with nursing shortages. • Sunrise has an MA training program. • The state is paying for several different trainings including MAs, Phlebotomists, and Lab Techs. Brian will send this information out to the group. 	<ul style="list-style-type: none"> • Brian to send the state's training reimbursement materials to the group (completed on 10/27/2022)
Open Discussion	<ul style="list-style-type: none"> • Celeste noted that Envision received a grant to help with health inequity. They are working on a curriculum to provide training to current and future healthcare providers on communicating, interviewing, and de-escalation techniques on people with intellectual disabilities. • Trainings will likely start in January. 	
Action Items	<ul style="list-style-type: none"> • Brian will continue to look for alternative ways to connect with Mr. O'Canas. • Brian to send the BHIP specification document (completed on 10/27) • Brian to send out the finalized bylaws to the group (completed on 10/27) • Brian to send Lynne's slides to the group (completed on 10/27) • Brian to send board recruitment application information to the group (completed on 10/27) • Brian will send Ed's slides to the group (completed on 10/27) • Brian to send Brad's information to the group • Brian to send the state's training reimbursement materials to the group (completed on 10/27) • Complex Care discussion to continue in January. 	



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