



HEALTH FIRST COLORADO
 REGION 5 PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)
 JUNE 1, 2020 MEETING MINUTES

	Organization		COA Staff Attendees
X	AJ Diamontopoulos, Denver Regional Council of Governments	X	Cassidy Smith, Senior Program Director, Region 5
	Mike Marsico, Mile High Behavioral Health Care	X	Julia Mecklenburg, Community Engagement Liaison
	Ana Visozo, Servicios de La Raza	X	Kellen Roth, Director of Member Affairs
	Angi Wold, Addiction Research & Treatment Services	X	Kelly Marshall, Director of Community and External Relations
X	Betsy Holman, Dentaquest	X	Molly Markert, Senior Community Engagement Liaison
X	Damian Rosenberg, Personal Assistance Services of Colorado	X	Nancy Viera, External Relations Coordinator
X	Dede De Percin, Mile High Health Alliance	X	Rene Gonzalez, Senior Community Engagement Liaison
	Greg Tung, Colorado School of Public Health	X	Rob Bremer, Vice President of Integration
X	Jacquie Stanton, Denver Public Schools, Community Association of Black Social Workers	X	George Roupas, Senior Manager of Telehealth Programs
X	Jeremy Sax, Denver Health	X	Johanna Glaviano, Recording Secretary
	Roop Wazir, International Rescue Committee, Health Program Coordinator		
	Jennifer Yeaw, Denver Human Services		
X	Judy Shlay, Denver Public Health	Guests/Members of the Public	
X	Katie Broeren, Health First Colorado	X	Ben Harris, Colorado Department of Health Care Policy and Financing
	Karen Weber, Caritas Clinic, SCL Health	X	Tyler Kerrigan-Nichols
X	Laurie Gaynor, Health First Colorado	X	Addison McGill, Medical Center of Aurora, PIAC Reg 3 Chair
	Pamela Bynog, Health First Colorado		
X	Patricia Kennedy, Health First Colorado		
X	Sable Alexander, Mile High Healthcare, Health First Colorado		
X	Scott Utash, Advocacy Denver		
X	Sherry Landrum, Children's Medical Center		
X	Stacey Weisberg, Jewish Family Services		
X	Sue Williamson, Colorado Children's Healthcare Access Program		
	Thain Bell, Denver District Attorney Office		
X	Chanell Reed, Families Forward Resource Center		
	Mary Sanders, Health First Colorado		
X	Paula Gallegos, Health First Colorado		
X	Kraig Burluson, Inner City Health		

Agenda Item	Meeting Minutes
<p>Welcome, Introductions, Committee Business</p>	<p>Judy Shlay welcomed everyone to the Region 5 Program Improvement Advisory Committee (PIAC). Kelly Marshall gave a quick overview of the Zoom meeting features. Kelly mentioned the email exchange prior to the meeting regarding Medicaid passive enrollment into Denver Health, as well as the current protests. Denver is uniquely structured with the Denver Health Managed Medicaid Plan which has had challenges. There will be a separate meeting on this topic, Kelly asked all to reference the email that contained a survey on who would like to be included in the meeting. Regarding the heightened tensions and pain, what is the RAE’s roll around diversity, equity, and inclusion conversation? Kelly asked attendees to keep this in mind throughout today’s agenda items, and as part of an ongoing conversation for upcoming meetings and in the interim.</p> <p><i>Approval of minutes:</i> The March meeting minutes were presented for approval. Laurie moved to approve the minutes; ___Katie___ seconded. The March meeting minutes were approved unanimously.</p>
<p>Self-Care is First Care</p>	<p>Addison McGill, Director of Business of Business Development at Aurora Medical Center and Region 3 PIAC Chair presented “A Brief Guide to Self-Care” with accompanying slides.</p> <ul style="list-style-type: none"> • Challenging times even for the healthiest of people; uncertainty can seem overwhelming; naming your feelings can engage a higher level of thinking; encourage all to remain grounded on values • Resilience: the process of adapting and the ability to recover; resilient people see problems as opportunities to overcome and learn • Resilience helps you recognize healthy versus unhealthy coping skills, and helps in avoiding burnout • Whole person wellness focuses on the 6 key areas of life: spirit, work, emotions, mind, relationships, body • Self-Care Tips: meditation, movement, food journal, sleep, checking in with others <p>Questions & Discussion: Kelly: It is a challenge to manage the balance between parenting and taking care of the needs of everyone else Addison: Medical Center of Aurora offers Psychoeducation Support Group for parents Katie: I use prayer and make gratitude lists Judy: Before bed, think of a couple of good things to focus on; avoid television before bed Addison: Important to think about things you’re thanking for or goals for the day</p>
<p>State PIAC Representation Update (Slide 6)</p>	<p>Kelly stated that Dede de Percin has been serving as state PIAC representative and is coming up on end of her two-year term with the option to be elected for a second term. The election for that position will be held in September. Dede stated that she is interested and happy to stay in the position, but if someone is interested, to please contact her. An email will be sent in August for anyone interested, and names will be collected and shared for the September election.</p> <p>There are monthly meetings, but everyone on state PIAC is also required to serve on a sub-committee. Kelly stated that there are other open positions that are not liaison roles in case someone is interested. There was an email sent which included state PIAC open roles and information. Ben stated there are 6 vacancies that need to be filled by October and anyone can apply, including people on regional committees. Ben clarified that the</p>

	<p>requirements to be a PIAC member is you must either participate in sub-committee or participate in a regional PIAC. Anyone interested in an opportunity should reach out to Colorado Access or to Ben. The application window closes on July 15th for a start date of October.</p> <p>Dr. Karen Weber with Caritas Clinic, who was elected with Sue as a representative to the provider governing council, is leaving Caritas and moving out of state. Another person will need to be elected to join Sue at Governing Council meetings. <i>Kelly will send out this information about the September election.</i></p>
<p>Member Advisory Council (MAC) Update (Slide 7)</p>	<p>Laurie Gaynor gave an overview of topics covered in the Member Advisory Council meetings. Topics include: COA’s response to COVID-19; the Community Innovation Pool; non-emergency transportation challenges, especially with regard to Intelliride; the criminal justice and Rapid Release Program; the Community Pool Grant; the Single Entry Point transition to Rocky Mountain Human Services; the number of resources available to members; and the optional weekly Member Advisory Council check-in call for members and staff which members have been regularly attending.</p> <p>Questions & Discussion</p> <p>Dede: Been a lot of conversation with Intelliride about a transportation oversight committee; are there folks from the Member Advisory Committee that would like to serve on that committee?</p> <p>Laurie: We’ve been trying to get involved, but waiting to hear from Intelliride</p> <p><i>Dede: I will connect with you offline on how to get involved</i></p>
<p>COVID-19 and Telehealth (Slides 8-23)</p>	<p>George Roupas presented about Covid-19 and Telehealth.</p> <ul style="list-style-type: none"> • Telehealth is a collection of methods for delivering and enhancing healthcare. Telehealth methods include: live videoconferencing, remote patient monitoring, electronic consultations, and mobile health. • “Telemedicine” used when delivering actual clinical care, whereas “telehealth” is general use of above methods • Policy changes to telehealth during covid19: expanded definition to include reimbursements when using telephone and live chat; authorized Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Services to bill for telemedicine visits; added physical therapy, occupational therapy, home health, hospice, and pediatric behavioral therapy services as eligible services • COA’s Telehealth utilization graph shows incredible adoption of telehealth in March, and even bigger increase in April • COA distributed a flyer to members about telehealth and how to ask provider about telehealth option • Provider Network feedback: dramatic drop in no-show rates; members appreciate convenience; clinics able to expand hours; challenges include difficulty billing well visits, challenge integrating telehealth with electronic health record • Policy changes are key driver in determining the future of telehealth

Questions & Discussion

Kelly: We had a conversation with governing councils in May around telehealth and asked how many are doing telehealth, 100% said yes, and how many plan to keep doing telehealth moving forward, 100% said yes

Kelly: Telemedicine policy timeline presented to state PIAC from Tracy Johnson, Director of Medicaid; the timeline shows that emergency rules were put in place, then interim rules, with the goal of permanent rule by this time next year; there's active evaluation of what should become permanent and what should be reverted back

Q: Sue: What about Governor Polis who said that even with shortened legislation session, one of his prior goals was to codify all of telehealth things that we put in place. Where does that stand, what is the likelihood of legislation getting passed?

Dede: SB212 will be heard tomorrow, which codifies telehealth, focuses a lot on private insurance, but also includes provisions for payment for Medicaid providers

Q: AJ: Were lower no-show rates tied to flu symptoms, pneumonia, allergies, causing people to be more motivated to show up to appointments, or generally across the board that all no-shows were down?

Kelly: I think it's across the board and what we're hearing from providers; challenge is that we don't have record of claims that don't happen or tracking of no-shows; some providers track no-show rates, typically 10-20% range; would be interesting to look more closely at no-show rates and why

Chat Q: Paula: Is there an opportunity for this group to weigh in on keeping telehealth?

Dede: Yes. This is not a passive process by HCPF in the next year. There is a stakeholder engagement process that is going to be key. For one, I'm going to be pushing for expanding telehealth to pay for eConsult, which is important.

Ben: Similar to COA, HCPF data shows rapid uptake in response; going to initiate process of preserving flexibility with emergency rules to continue benefit; running a benefits collaborative process which hosts interested stakeholders and fields feedback on strategic direction, which will come later this summer; there will be formal process; we will send along details on how to participate once we have them

Chat Q: Sue: Is there talk about opening up codes for well visits?

Ben: We have had that conversation and solicited some feedback from RAE's; don't know where conversation stands; have to leave meeting but will send application process info; also go through Dede for PIAC meeting on June 15th

Molly: Back to Paula's question re: weighing in on telehealth process

Kelly: The proper channel is for us to pass feedback through state PIAC; this regional body can say we would like to speak on behalf of the Region 5 and send feedback up the chain

Molly: We'll talk offline on how we can obtain feedback from the group for recommendations to the state

George then presented about the Virtual Care Collaboration and Integration (VCCI) Program

- Created in 2017 by COA in partnership with AccessCare
- Goal is to increase access behavioral health and advance integrated care; team-based care program designed to support primary care providers with managing behavioral health in primary care setting
- Receives direct referrals from primary care providers for members in need of behavioral health services; uses telehealth collaborative consultations and direct patient care; services include psychiatric evals, diagnostic assessments, medication management and more
- Recently expanded to in-home telehealth option; recently introduced Direct Care Program which allows COA Care Managers to refer members with services provided to members in their homes via telehealth

	<ul style="list-style-type: none"> • VCCI recently partnered with The Delores Project to provide behavioral health services to residents on site • Psychiatrists are aging out; 59% are 55 or older; small number of graduates choosing psychiatry as focus; telehealth will be great answer to crisis in the dearth of psychiatrists <p>Chat Q: Sue: Is technology a barrier for patients / members? George: That’s why we set up technology tests. If member doesn’t have technology for telehealth, we can use telephonic option, but that’s only through the pandemic. Is there going to be a need to provide equipment and bandwidth to members/patients to access telehealth services? We’re looking at those options post pandemic once telephonic is no longer reimbursed Katie: I had appointments at Denver Health, required in-person, it was easy to get in, easy to get out, easy to pick up prescriptions; all appointments have been fabulous; would like to talk to George about VCCI program after this meeting; my peers are intimidated by process, some don’t have phones or computers</p> <p>Dede: Phone option is only or best option for many including rural folks and older adults; a lot of pressure on HCPF to maintain phone-only visits post emergency; many folks don’t have access or can’t afford broadband Judy: Phone is a way for people to feel safe and engaged Laurie: Personal experiences with telehealth have been wonderful; convenience factor; don’t have to deal with Intelliride or wait for anybody; don’t have to wait in an exam room; don’t notice decrease in quality of care; captive audience with my care provider; more comfortable and easier to deal with George: Now that people have become accustomed to telehealth, there will be demand for continued service; need to let legislators know of successes and how important telehealth including telephonic reimbursement</p> <p>Sable: In the treatment field, had a lot of clients who can participate in telehealth, whereas before weren’t able to make it to physical groups; helped us get clients engaged in that area Katie: Would love some time to talk to Judy about telehealth impact on EPIC and MyChart Judy: That is something we’re able to do; happy to talk with you about it Katie: Sheri: We’re a pediatric doctor’s office; over 50% of patients seen with telehealth; seeing mostly well exams in clinic; from our experience, it’s been wonderful with telehealth; with MyChart, patients can upload a picture; success rate has been good; haven’t had one no-show with telehealth Judy: Have had people that didn’t answer the call and then call back too late for appointment Molly: Paula has been working with families using telehealth and how much it breaks down barriers to care; would love to help collect data on success of telehealth and shift to preventative care</p>
<p>Community Innovation Pool (Slides 24-28)</p>	<p>Judy gave an update about the Community Innovation Pool (CIP) program. Sue and Katie have been very involved representing the Region 5 PIAC. The Request For Applications was released today.</p> <ul style="list-style-type: none"> • The two CIP focus areas are: Health Inequalities and Social Needs Exacerbated by COVID; and Telehealth • The goal is for innovative initiatives and innovative member access • Grant money is from COA and for both Regions 3 and 5

	<ul style="list-style-type: none"> • \$1.83 Million available to distribute; grant money to be used within 2 year time period • Applications are due at 8a on June 22nd; committee will use scoring system and review applications at end of June <p>Questions & Discussion</p> <p>Chat Q: Dede: Is the scoring rubric part of the app so we will know how application will be scored?</p> <p>Sue: Didn't include it as part of app that was released today; with approval, could add it so people know how to focus their applications</p> <p>Kelly: Will do training with committee on how to do scoring</p> <p>Sue: Committee felt very strongly that this is an opportunity to think about innovation and how we engage both members differently and how providers can deliver services in an innovative way through telehealth and improve member engagement</p> <p>Chat Q: Dede: Is the Community Innovation Pool the same for Regions 3 & 5 – and can applications that span both regions be considered?</p> <p>Judy: Yes, this is for both regions collectively</p> <p>Kelly: Dede, application can be considered for just R5, just R3 or both</p> <p>Judy: Please send the email to other people; help spread the word; it will be a rigorous assessment, but we assume a lot of people will apply</p> <p>Kelly: Everyone should have received the CIP information; let us know if you did not receive the information</p>
<p>Behavioral Health in Light of COVID-19 (Slides 28-29)</p>	<p>Facilitated Discussion: Meeting attendees were put into break out groups to discuss the following questions:</p> <ul style="list-style-type: none"> • What are you hearing and seeing? • Where should we be looking for signs of crisis? • What is the role of the RAE? <p>Takeaways from Breakout Group Discussion:</p> <ul style="list-style-type: none"> • Mile High Behavioral Health seeing existing clients and a lot of new clients; folks are finding their way to providers via telehealth; new clients seem okay with telehealth, longer term clients may struggle with transition to telehealth; on the provider side, it's harder to keep track of who's who when not an in-person visit • Comcast has program called Internet Essentials for low cost broadband access • Providers seeing rise in substance use, anxiety, stress, and fear of seeing that come out in domestic violence and child abuse; seeing more loneliness and depression from people who don't typically have those issues; what can we do in schools to connect and support youth • Important role that school plays as hub for kids and families, including resources and the community liaison, school is safety net for families, which is not happening right now; how can that support be replicated; providers getting the right training • Skeleton crew for those who can't access the technology, don't have access to phones and need to be seen in person; also working with staff on their own safety and care • Discussed what parents are experiencing; parents in need of respite; many of the parents of kids she works with are choosing to stay home which causes social isolation and disruption; RAE's need to be flexible and able to move quickly • Discussed social determinants of health and basic needs including rent, food; seen uptick in domestic violence; gap in services for youth; focus on racial and ethnic

	<p>disparities; continued concern about increased alcohol use and needed support; RAE's redeployment of resources including visiting providers, outreach and education to getting care managers involved</p> <p>Judy asked that attendees be on lookout for an email regarding meeting more often or for a longer time.</p>
Public Comment	No public comments
	Meeting adjourned at 6:00 pm.