OeHI
Office of eHealth Innovation

eHealth Commission

# Meeting Minutes

*July 13, 2022 | 12:00pm - 2:00pm | Virtual Meeting Only*

| | |
|---|---|
| Type of Meeting | Monthly eHealth Commission Meeting |
| Facilitator | Rachel Dixon, ***eHealth Commission Vice Chair*** |
| Note Taker | Cierra Childs |
| Time Keeper | Monique Berry |
| Commission Attendees | Amy Bhikha, Micah Jones, Arthur Davidson, Misgana Tesfaye, Chris Wells, Jason Greer, Jackie Sievers, Kevin Stansbury, Michael Archuleta, Mona Baset, Parrish Steinbrecher, Rachel Dixon, Toni Baruti, Wes Williams<br><br>Absent: KP Yelpaala, Patrick Gordon, Sophia Gin |

Minutes

## Call to Order

**Rachel Dixon**

- Roll call was taken. 11 present. Quorum reached
- Art Davidson motions to approve the June 2022 eHealth Commission meeting minutes
- Kevin Stansbury seconds the motion
- Corrections: None
- In favor of approving: Unanimous Aye
- Opposed: None

## Announcements

**Stephanie Pugliese**

- Reminder that the Innovation Summit is upcoming and that eHealth Commissioners are already enrolled to attend
- We are in interviews for the Deputy Director position and hoping to announce the new deputy next month
- Mark Spivey, our former senior health project manager has moved on from OeHI and that position will also be opening up

**Lieutenant Governor Dianne Primavera**

- I want to thank Tara and Kathryn for being here today
- Our passing of the Reproductive Health Equity Act demonstrates that our state protects individual freedom and the ability of all Coloradoans to access health care

## Alternative Payment Model, Primary Care Collaborative Presentation - Tara Smith

**Tara Smith**

- The work that I am going to talk about is focused a lot on the Primary Care Payment Reform Collaborative
- Colorado's efforts around care delivery and payment reform go back decades
- There's a huge body of work this Primary Care Payment Reform builds from
- This starts in 2019 with the passage of HB 19-1233, which concerned payment system reforms to reduce healthcare costs by increasing utilization of primary care
- The foundational premise is that a strong primary care system is foundational to a functional health system and ensures that people have equitable access to high quality, whole-person integrated care delivery that can drive outcomes and reduce costs
- That bill created the Primary Care Payment Reform Collaborative, as well as gave the insurance commissioner the authority to consider affordability as part of our review process. We can start looking at affordability, for example how much an insurer is investing in primary care
- The Primary Care Payment Reform Collaborative (PCPRC) is a multi-stakeholder group tasked

with advising the insurance commissioner about affordability standards
- Also tasked with analyzing the percentage of medical expenses allocated to primary care and developing what we consider is "primary care"
- Part of that task is making sure that we are increasing value in the system, which is where the value-based payments or alternative payment models figure in
- Also meant to identify barriers to adopting Alternative Payment Models (APMs)
- It is crucial to get all the players at the table possible
- HB 19-1233 also created the Spending Report
    - Tracking investment and outcomes in this effort is part of the legislative mandate
    - The idea is not to invest money in Primary Care and hope it works, but to be able to measure and track that investment to determine how it impacts outcomes and affordability.
    - The data collection mechanism is through the All Payer Claims Database (APCD) and they give us reports regarding spending on primary care and the amount of expenditures flowing through APMs, which gives us a market-wide view and includes commercial carriers and Health First Colorado.
    - That gives us a detailed understanding on how much is being spent on primary care and how much is going through APMs
- The main task of the PCPRC is producing an annual recommendation report, which includes recommendations on what the state needs to do to support primary care
    - Largely, the theme of this report is how to invest in primary care, looking at APMs, and now looking at health equity and collaboration
- The first annual report looked at the definition of primary care. We have a broad and inclusive definition including diverse provider types under fee-for-service and APMs
    - Also set an initial primary care investment target, which was set to have the percentage of total medical expenditures allocated to primary care increased by one percent annually for two years
    - We don't know exactly what the "best" allocation is, but we do know that primary care is historically very underfunded, in the U.S. typically at about 5-7% of total expenditures
    - Also looked at measuring the impact of increased primary care spending and understanding the return on investment and timelines of that
    - The report considers investing in advance primary care models as the best "bang for our buck", adopting models that build core competencies for whole person care. We want to be doing this through APMs
- One of our key tasks was then to operationalize this report into the CIVHC reporting mechanism
    - Different provider types were adopted in the definition of primary care, including OBGYN providers when they are providing primary care, and also behavioral health providers in an integrated care setting
    - We use HCP LAN categorization for APM collection
- COVID-19 very much re-focused things towards telehealth. In July we put out a series of recommendations about telehealth. PCPRC now has an ongoing interest in including and considering telehealth
- The second report focused on multi-payer alignment as a key theme
    - The goal is not just to increase how much money goes through APMs, but to ensure that this helps reach intended goals of quality care and reduced costs
    - Again, when we are looking at value-based payments, we need to look at different types of practices and providers and think holistically and about the flexibilities that need to be worked into these models
    - Equity is of course at the foreground, and especially during 2020 we looked at how to incorporate equity into the governance of reform, part of which involved taking an inward look and considering the diversity of voices within the collaborative
    - We needed to consider data collection and whether we even had the capacity to look into disparities meaningfully and what data would need to be collected
- The report audience is intended to be very broad, including obviously for the commissioner,

but also for legislators to use and other state agencies and leadership, and even for other states

- Having two series of recommendations, we now require an increase in primary care expenditures (DOI regulation 4-2-72) of 1% annually (2021 being the baseline). Within that amount, the division put forth an aspirational target of 10% of APM expenditures through prospective payments. Additionally targeted 50% of expenditures flowing through APMs.
    - 1% increase is a requirement and will be tracked, but APMs are targets, not requirements.
- What does multi-payer alignment look like in Colorado? The Office of Saving People Money on Health Care partners with Health Care Policy and Financing (HCPF) to meet with stakeholders to investigate this question.
    - Structure and process began with 9 months of key stakeholder interviews followed by a report of recommendations.
    - The other opportunity in Colorado is the State Transformation Collaborative. This is a national effort looking at how to adopt APMs. Colorado is one of four states participating, and there's more focus on state or regional level at least right away and working out design considerations.
- Looking at the third annual report, the key recommendations include circling back to the recommendation to invest in primary care and getting more detail about how exactly that 1% increase gets invested. Equity was another key highlight, including developing key definitions. The report also focuses on integrating behavioral health within the primary care setting and increasing the collaboration between primary care and public health
- We have a basic pathway now to increasing investment and focusing on APMs and payer alignment. So now what do we do to move forward? This legislative session, HB 22-1325 developed aligned APM parameters for primary care services. The legislation specifies that APM parameters must include risk adjustment parameters, patient attribution methodologies, set of core competencies, and aligned quality measure sets. Also must ensure risk/shared savings arrangements minimize financial risk, incentivize behavioral health integration, include prospective payments, and preserve options for carriers and providers to negotiate models.

**Question via chat (Jeffrey)**

- Are there any plans to include common social determinants of health assessments and referrals to community-based organizations for APM reimbursement?
    - Tara Smith - There is active discussion about that. That's definitely part of the question of the exact activities we are considering in the APM investments.

## Colorado Commission of Indian Affairs Presentation -Kathryn Redhorse

**Kathryn Redhorse**

- Colorado Coalition of Indian Affairs (CCIA) statutory responsibilities can be found at:
    - https://ccia.colorado.gov/home/about-us
- The commission holds quarterly meetings to provide updates, announcements, requests, exchange information
- SB 21-116 looked at American Indian representations in public schools and prohibiting American Indian mascots
- Another previous project was the Economic Impact Report, which was a collaboration between local, state, federal, and tribal partners
- CCIA also worked on MOU agreements for hunting on land outside the reservation in the Brunot area
- Prior to the pandemic, there were also mental health listening sessions with the LG, meeting with the Southern Ute and Ute Mountain Ute tribes concerning access to and barriers to mental health
- The Federal Indian Trust Responsibility is a legal obligation
    - Part of that responsibility includes providing education and health services
    - Health services are part of this responsibility, through Indian Health Services (IHS0 and

    - Urban Indian Health Clinics (UIHC). There is one Urban Indian Health Clinic in Denver
    - Two other federal acts include the Indian Child Welfare Act and Native American Graves Protection and Repatriation Act
- Part of CCIA is to ensure the state is upholding its Government-to-Government relationships
- Legislation gets reviewed to ensure sovereignty is upheld at the state level
- Despite Ute Mountain Ute and Southern Ute being the only two federally recognized tribes, there are 48 contemporary tribes with ties to Colorado, a list developed by History Colorado
- Tribal consultation topics include
    - Sand Creek Massacre Memorial
    - Land Acknowledgements
    - Parks and Wildlife
    - NAGPRA
    - Cultural Preservation
- Across Colorado, the majority of AI/AN community live along the Front Range, largely due to the Indian Relocation Act of 1956
- In the 2020 census, 207,787 people identified as AI/AN alone or in combination with another race in Colorado
- There are over 200 tribes represented along the Front Range
- The last legislative session included a large variety of legislation directly impacting tribes:
    - HB22-1190
    - HB22-1327
    - SB22-011
    - SB22-105
    - SB22-148
    - SB22-150
- Priority points include funding, education, housing, hunting, parks and wildlife, economics, gambling, child welfare, health, mental and behavioral health
- CCIA contact info: kathryn.redhorse@state.co.us, 720-795-3381
    - Jennifer Lewis - jennifer.lewis@state.co.us, 720-402-0092
    - Meaghan Aylward - meaghan.aylward@state.co.us, 720-402-4206

- **Art Davidson** : In the deliberations of our community work that we do here, we see a lot of need for care coordination and addressing social determinants of health that require infrastructure building. How do we include the tribal community in this discussion? Is CCIA mostly focused on laws as a governmental agency? I'm thinking more on the operational level, for the group that lives on the Front Range or on the Reservation, how do we make sure we include their needs and have them contribute value to the solutions? Maybe we need to have that memorandum of understanding.
    - **Toni Baruti:** I agree with you 100%, Art.
    - **Kathryn Redhorse:** We are always looking for potential partnership and collaboration. It is important that we are advocating for not losing that voice. A huge part of that is data, which will help decide for example where funding is going. CCIA does not just look at law, but often at infrastructure, how we formalize operations to preserve sovereignty.
    - **Stephanie Pugliese** - Kathryn and I have had meetings for how to get OeHI and CCIA working together, especially as far as data is concerned, so this is a great idea to make sure our solutions are inclusive.

## Public Comment Period

-No public comment

## Action Items

**Rachel Dixon**

- *Next meeting **August 10th***
- **If you have speaker or topic ideas please email stephanie.pugliese@state.co.us**

## eHealth Commission Meeting Closing Remarks

- Open Discussion

## Motion to Adjourn

**Rachel Dixon**

- Rachel Dixon requests motion to adjourn
- Michael Archuleta motions to adjourn
- Mona Baset seconds the motion
- Meeting adjourned at 01:29 PM MST