

**Quality Performance and Advisory Committee (QPAC) Meeting Minutes
FEBRUARY 7, 2017**

Chair: Alexis Giese, Senior VP of Behavioral Health

EXECUTIVE SPONSOR _____ DATE _____
SIGNATURE/MINUTES APPROVAL

Non-COA Committee members		COA Committee Members	
	Mara Beth Shapiro (Denver Public Schools)	x	Alexis Giese (Chair, Senior VP of Behavioral Health)
x	Francesca Maes (Member, CCDC)	x	Lindsay Cowee (Quality)
x	Zim Olson (Member)		Janet Milliman (CHP+)
		x	Claudine McDonald (Member and Family Affairs)
	Lee Hall Sr. (African American Center for Health)	x	Marianne Lynn (Quality)
x	Jessica Sanchez (CO Community Health Network)	x	Patrick Gillies (RCCO, ABC)
x	Ann Kokish (Colorado Health Care Association)	x	Aaron Brotherson (Provider Engagement & Strategy)
x	Wesley Sykes (Inner City Health)	x	Cherise Callighan (St. Joseph's Hospital)
	Heather Logan (MCPN)	x	Bethany Tran (COA Pharmacy)
x	Christina Suh (Children's Hospital)		Guests
x	Lara Dicus (Colorado Coalition for the Homeless)	x	Scott Humphries (COA Medical Director)
	Aleah Horstman (Arapahoe House)	x	Chase Gray (COA Care Management)
x	Jennifer Grote (Denver Health)		
x	Mark Ferretti (Member)		

Standing Agenda

Call to Order	Meeting was called to order at 6:00 PM by Alexis Giese, Chair
Edits or Revisions to the Agenda	None
Review and Approval of Minutes	<p>Previous month's meetings were presented for review and approval</p> <p>Revisions include:</p> <ul style="list-style-type: none"> • Motion to approve: Lara Dicus • Seconded: Ann Kokish
Subcommittee Reports	<p>Pharmacy and Therapeutics Committee – Per Bethany Tran, the committee will hold no February meetings due to FDA drug delay, next meeting in May. No further updates.</p> <p>Member and Family Advisory Board – Zim Olson discussed community resources issues within the drop in centers. He gave some examples of members with few resources who were referred to crisis line. Claudine McDonald provided some history of advisory board, which has 200+ people on a regular basis, set up more like town hall. Guest speakers attend, updates and presentations are given, and feedback is given from community. Claudine states they are looking to go towards a smaller, but very representative, group and are getting lots of community interest in participation. Per Mark, PIAC health impact on lives subcommittee is seeking to get more member feedback, as well as from provider community and he would like to coordinate with the Member and Family Advisory Board.</p> <p>Action Items/Responsible Party</p> <ul style="list-style-type: none"> • Provide more info on state subcommittee and committee meetings as to what information they are looking for so coordination with the Member and Family Advisory Board might occur – Mark Ferretti • Review QPAC charter as it relates to coordination between state committees, community resources and the Member and Family Advisory Board – Lindsay Cowee

	<ul style="list-style-type: none"> Put together additional materials for the drop in centers for those walk in cases to need resources – Member and Family Advisory Board/Claudine McDonald
<p>Clinical Practice Guidelines</p>	<p>Behavioral Health Practice Guideline Review – QPAC Committee reviewed how COA uses guidelines provided by Alexis Giese in response to request by Lara Dicus. Dr. Scott Humphries also clarified that guidelines are based on meta-analysis which at times lags behind current understanding. Lara’s concern is that guidelines are not to be used to diagnose. Francesca Maes shared concerns regarding crisis line use and the choices available to members for psychiatric care that goes beyond the MHC’s, which she feels are ineffective. Future meeting to include someone from crisis services. Fran was asked to clarify concerns about MHC’s, feels results are not good, people get lost in the system. Future meeting to possibly include MHC representative.</p> <p>Dr. Scott Humphries continued with presentation of clinical practice guideline updates subsequent to the above discussion. 3 reasons to update guidelines: 1: ease of use 2: out of date info 3: change in which organization may have more current or accurate information</p> <ol style="list-style-type: none"> ADHD (new source) – Alexis pointed out that neuro psych and other testing is not so much part of the diagnostic process, this is a clinical diagnosis, assessed through clinical assessment, not a test based diagnosis. Bipolar Disorder – adult (guideline and guideline watch) Newer meds, side effects discussed. Bipolar Disorder – child (existing) – maintaining existing guidelines that committee has previously endorsed. No comments. Major Depressive Disorder (new source) – change due to practitioners being more used to this source, guidelines more approachable and more clear, translates better to primary care vs. psychiatry. Discussion regarding medication classes vs. specific meds in guidelines. Discussion of St. John’s Wart – hard to find genuine article, as it is not regulated, although not a bad option for patients. Bethany Tran points out that it interacts with other meds negatively, reminder to check with pharmacist. Question on genetic testing to find out most effective medication, but guideline does not mention this. Substance Use Disorders (guideline and guideline watch) SBIRT (new source) – this is just adding on to the guideline. CMS guideline gives more detail for providers. Discussion regarding treatment methods especially regarding co-occurring SA and MH disorders. Discussion regarding why CAC’s are not addressed in this guideline. Not on due to it’s a CMS guideline and those titles can’t bill Medicare. Brief discussion regarding SA disorders not being able to get disability determination based on that alone, must use other condition. <p>Action Items/Responsible Party</p> <ul style="list-style-type: none"> Update guidelines on COA website – Lindsay Cowee Notify providers of updated guidelines in next provider bulletin – Lindsay Cowee Future QPAC meeting to include someone from Crisis Services – QPAC Planning Committee Possible adding to committee a representative from the Mental Health Centers – QPAC Planning Committee <p>Motion to approve all: Wesley Sykes Second: Francesca Unanimous vote to approve</p>
<p>Old Business</p>	
<p>Physical Health Practice Guidelines</p>	<p>Notes</p> <p>Child Obesity Practice Guidelines</p> <ol style="list-style-type: none"> Obesity Prevention – Child (new source) – Per Dr. Christina Suh, these are put out AAP, prevention guidelines for PCP’s updated. Obesity Treatment – Child (new source) – new source AAP. Dr. Christina Suh is recommending adoption of both these guidelines. Question on HEDIS measure vs.

	<p>RCCO. RAE has a draft KPI regarding obesity rates, but this would be based on population in whole area, not just our members. RCCO does not track this, it is not a KPI.</p> <p>Motion to adopt these guidelines: Dr. Christina Suh Seconded: Ann Kokish Unanimous vote to approve</p> <p>Action Items/Responsible Party</p> <ul style="list-style-type: none"> • Update guidelines on COA website – Lindsay Cowee • Notify providers of updated guidelines in next provider bulletin – Lindsay Cowee
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New Business

<p>Colorado Access Care Management Transformation Update</p>	<p>Notes</p> <p>Chase Gray presented an update on the Colorado Access Care Management Transformation initiative, including efforts around population stratification and workforce alignment, the maturity model being implemented, and achievements in implementing point-of-service care managers.</p>
	<p>Recommendations</p> <p>Lara Dicus from CCH inquired about COA’s ability to utilize data sources such as the CCAR to obtain data around members’ social determinants of health, if those data elements could potentially impact a member’s population stratification.</p>
	<p>Action Items/Responsible Party</p> <p>Chase to investigate the potential for incorporating data sources other than claims data for population stratification.</p>

Next Meeting: May 2, 2017