CIVHC
CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Committee Attendees: Michelle Anderson, *National Director of Managed Care Pharmacy, Mutual of Omaha*; Kim Bimestefer, *Executive Director HCPF;* Josh Benn*, Director of Employee Benefits Contracts, CO Dept of Personnel and Administration;* Laurie Boll*, Consultant, Willis Towers Watson;* Rick Curtsinger, *Director External Affairs, Quality Health Network*; Rick Doucet*, CEO, Community Reach Center;* David Ehrenberger, *Telehealth Provider, Cirrus MD;* David Keller*, Professor and First Vice Chair University of CO School of Medicine, Children's Hospital CO;* Philip Lyons*, Director of Regulatory Affairs, United Healthcare;* David Ornelas, *VP, Colorado Ambulatory Surgery Center Association*; Bethany Pray, *Healthcare Attorney, Colorado Center on Law and Policy;* Miranda Ross, *Interim Senior Actuarial Director & CO Actuarial Lead, Kaiser Permanente;* Bob Smith, *Executive Director, CO Business Group on Health;* Chris Underwood, *Deputy Chief of Staff, HCPF*; Nathan Wilkes, *Owner/Principal, Headstorms Inc.*

Temporary Member Delegates: Kellie Issacs for Jon Gottsegen, Chief Data Officer, *Governor's Office of Information Technology*

CIVHC Attendees: Eddy Costa, *Senior Health Data Consultant*; David Dale, *Health Data Consultant*; Maria de Jesus Diaz- Perez, *Director Public Reporting*; Ana English, *President and CEO*; Cari Frank, *VP Communication and Marketing;* Greg Gillespie, *Account Manager*; Kristin Paulson, *Chief Operating Officer*, Peter Sheehan, *VP of Client Solutions and State Initiatives*; Stephanie Spriggs, *Communication Program Manager*

Additional Attendees: Eriko Mori, *Contract Manager, HCPF*; Steve Wilde, *CEO, Healthy Price*

These notes cover only the discussion of the Committee and such information required to put questions in context.
Please refer to the presentation and materials for more information.

Topic	Discussion	Action Item
Operational Updates		

Financial Assistance Initiative *(slides 5-7)*	• For FY2020-2021, CIVHC will provide discounted access to data for organizations that may not have the ability to bear the full data licensing costs.
	  ○ Eligible organizations:
	    ▪ Colorado-based governmental entities
	    ▪ Non-profit entities
	    ▪ Institutions of higher education and affiliated researchers that have a demonstrated potential impact on health care affordability within Colorado.
	  ○ Eligible Projects
	    ▪ Data sets and reports that inform and support projects to address health care affordability at the community level within Colorado.
	• How are these discounts being funded?
	  ○ CIVHC is funding these discounts for as many stakeholders as possible while still retaining a positive cash flow over expenses.
	    ▪ As the program is still new, any limits on discounts and the potential to continue it beyond the current fiscal year have not been determined, though CIVHC does hope to be able to sustain it until the Scholarship can be reinstated.	

Governor's Budget	• The Governor's budget was submitted in early November and for SFY2021-2022 there is an anticipated $1.6 billion revenue shortfall, with more projected the following year.	

	○ The Department of Health Care Policy and Financing is the biggest portion of the budget and is the agency through which funding flows to CIVHC. § It is important to celebrate that CIVHC's funding for the coming year was not cut in the Governor's budget. § In fact, CIVHC is getting additional funding from the new 90/10 federal matching contract, which is also something important to celebrate in the middle of this pandemic. ○ With other industries being impacted by revenue loss, spending will need to be slashed to balance the budget and everyone has responsibility to help reduce costs. Health care affordability must be a major focus moving forward as health care is a major driver of state spending – particularly in the pandemic.	
Public Reporting		
Community Dashboard & Telehealth Analysis *(slides 10-21)*	• How are the non-user and healthy-user measures calculated? *(slide 11)* ○ These measures are part of the resource utilization bands from the Johns Hopkins ACG system. The healthy users are those people who do not have a chronic condition and have only been to providers for preventive visits or minor acute reasons. Non-users are those in the population who are left. • How are enhancements to the Dashboard informed by end users? ○ We are surveying stakeholders about which measures to include in future updates and we are also like to conduct a "listening tour" to learn what will better serve the needs of community-based organizations. • It is wonderful to see pediatric measures included in the Dashboard, however, would it be possible to add the capability to sort by age? ○ We tried to balance ease of use with the volume of information available - the more options to slice the data we added, the slower the website functions. § However, since we know analysis of age brackets is important, we do include the breakouts in the downloadable Excel files that are available. • Due to the volume of information in the Dashboard, we are planning on doing insight publications of specific measures in the future so this type of data can be showcased. • Out of pocket costs for rural Coloradans are much higher than for those in urban areas, is there any information in the Dashboard as to why? Could it be due to high deductible coverage? ○ Right now, the data is broken out by service type – inpatient, outpatient, and pharmacy. It doesn't get down to the coverage-type level because the CO APCD does not have that information. • Is telehealth defined by procedure codes, procedure modifiers, or place of service codes? ○ All of them. The methodology for the Telehealth Services Utilization Analysis is available [here](#).	• Suggestions for Community Dashboard insights publication: ○ Pediatric measures breakout by age group ○ Investigation of rural vs urban out of pocket costs

	• Is it possible to determine the percent of primary care and behavioral health that are rendered via telehealth versus office-based care? Also, specialties? At some point, it is likely things will reach an equilibrium and a new blend of care delivery will be established. o We haven't looked at the split between telehealth and office-based care but it would be something to do in the future. As for a breakdown of utilization by specialty, there is some information by diagnosis and specialty groups but it does not get down to the sub-specialty level.	

Discussion: Bylaw Workgroup Recommendations

	• What was the thought-processes behind the attendance requirement of two-meetings of the four each year and deciding whether members can send delegates/proxies? o A few years ago, CIVHC audited the attendance of members and there were many who had not attended for over a year or more, so we asked them to resign if they could not participate. ▪ As a result, we have many new members and more engagement now. o CIVHC would like guidelines for members regarding attendance and delegates/proxies because the stakeholders specified for the Committee were very deliberate and we would like to ensure engagement. o It makes sense to have members of the Committee designated one or two proxies who may attend, since consistency is important. ▪ This provides flexibility, perspective and engagement. ▪ And during roll call it would be obvious who is present, who sent a delegate, and who did not.	• The Bylaws Workgroup will generate some recommendations for the Committee to discuss.

Public Comment

	• Steve Wilde – CO APCD data requestor, Healthy Price o Thanks to CIVHC for the invitation to the CO APCD Data User Group and for incorporating my suggested topics into the agenda for that meeting. ▪ Email sspriggs@civhc.org if you'd like to attend the CO APCD Data User Group.	

2021 Meeting Schedule
9am-11am
February 9th, May 11th, August 10th, November 9th