ANNEX E: List of Stakeholder Interviews

Healthy Communities Evaluation Project

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ANNEX E: List of Stakeholder Interviews 1

I. Overview

The Interviews

Upleaf conducted interviews with a variety of stakeholders including Healthy Communities managers and Family Health Coordinators, RCCO managers and contractors, the Finance Department, Deputy Medicaid Director, Medical Director, CRM System Administrator, and other key stakeholders to get a full picture of existing program management practices, challenges, and budgetary constraints.

The goal of these interviews was to fully understand the context within which the program operates, how to make the program more efficient and impactful, and which activities and compensation structures can help improve outcomes.

All of the interviews were conducted by Elizabeth Beachy and/or Gena Akers of Upleaf. Before each interview we created an interview guide that outlined all of our questions, and then took detailed notes during the interview. Once the interview was completed, we reviewed and organized the notes by key ideas. The interviews and notes then informed our subsequent interviews and many of the ideas presented in the final report and other reports that were compiled as part of the evaluation project. On average most interviews lasted about an hour, with the exception of the RCCO Manager interviews which were generally closer to an hour and a half.

2. List of Interviewees

HCPF Staff

Jeff Helm, Healthy Communities Program Manager - April 24, May 1, May 8, June 16
Judy Zerzan, Chief Medical Officer - April 20
Laurel Karabatsos, Deputy Medicaid Director - April 20
Jill Schnathorst, Budget & Policy Analyst - May 19
Shane Mofford, Medical Services Analyst - May 19
Lia Spielberg, Grants Officer - May 19
Susan Mathieu, ACC Program Manager - June 9
Gina Robinson, Program Administrator - April 20, June 16
Gretchen Hammer, Medicaid Director - June 29 (exit interview)

Healthy Communities Teams (April 27 - 29)

Rio Grande County / South Central County Supervisor - Ida Salazar
Chaffee County - Cheryl Walker
El Paso County - Sharon Medina and team
Larimer County - Pamela Jennings, Kim Walkenhorst
Mesa County - Sarah Robertson, Shirley Taylor
Pueblo County - Pamela Doyle, Gena Laabs, Dayna Higgs
Boulder County - Allison Keesler

RCCO Managers

Jenny Nate – Region 1 (Rocky Mountain Health Plans) - June 19
Drew Kasper & Jennifer Conrad - Regions 2, 3 & 5 (Colorado Access) - June 26
Donna Mills – Region 4 (Integrated Community Health Partners) - June 4
Kelley Vivian, Program Manager – Region 7 (Community Care of Central Colorado) - June 12

Other Colorado Stakeholders

Dr. Steve Frederico, Director of Outpatient Pediatrics at Denver Health - June 16
Gunnison County Healthy Communities Managers - Sarah Robertson, Shirley Taylor - June 17
Osvaldo Gomez, Upleaf Technology Director and Healthy Communities CRM Administrator - April 20, 24, June 25

Other State Programs

Kay Johnson - National Academy for State Health Policy - June 12

Neva Kaye & Karen VanLandeghem - National Academy for State Health Policy - June 18

Colleen Sonosky - DC Department of Health Care Finance - June 18

3. Interview Summaries

Healthy Communities Teams

The seven Healthy Communities teams interviewed were all passionate about the work they do, and feel very strongly that the close, personal contact they have (or used to have) with families makes all the difference in EPSDT participation rates. They visit women in the hospital after they've given birth, offer face-to-face initial orientation to new Medicaid families, and during this initial 'onboarding' process build relationships that they feel lay the foundation for good EPSDT results down the road.

In recent years this vital part of their work has become a challenge due to a sharp increase in caseload and the addition of new responsibilities. The focus on identifying eligible but not enrolled families, helping with enrollment, and troubleshooting issues with Medicaid coverage has shifted their focus away from EPSDT. While they still offer initial orientation (informing families about their Medicaid benefits, importance of a medical home, value and schedule for well-child visits, referrals to providers) as much as they can, with the sheer volume of newly enrolled and limited staff it has been difficult to reach all of the new families. They also now have very little time to follow up regarding well-child visits.

There is consensus among all teams interviewed that returning to their initial mission of EPSDT and prioritizing the initial orientation for new families and follow up for well-child visits is important.

A consistent request from the teams is for more funding to hire additional staff to handle the large increase in caseload. They feel that they simply cannot provide adequate orientation for new Medicaid families and impact EPSDT, with such limited staff for such large caseloads.

The teams welcome automation of well-child reminders through the Salesforce system, and embrace the use of technology. They would like to see the system help alleviate some of their follow-up tasks, which can free up some of their time to provide more adequate orientation to new Medicaid families. Many of the teams also mentioned they would like the state to play a more active role in providing educational materials, and clearly defining priorities to help them manage their heavy workload.

Many teams are already collaborating with their RCCO, helping contact families who have missed well-child appointments or whom RCCOs have found difficult to reach. These relationships are voluntary however, and there is no compensation for the time Healthy Communities teams spend supporting the RCCO.

RCCO Managers

All of the RCCO managers interviewed are familiar with Healthy Communities and have been working with at least some of the Healthy Communities teams in their region. None of them have a consistent agreement or relationship with all of the Healthy Communities teams in their region, however.

All of the RCCO managers expressed appreciation for the initial orientation work that Healthy Communities does to reach out to families and explain benefits. They also appreciate that Healthy Communities seems to be the program with the most up-to-date contact information for any family, so they can turn to Healthy Communities to track down a difficult to reach family.

Many of the managers stated that the most important supporting Healthy Communities could play is to help ensure that children are all attributed to a medical home - a natural role for Healthy Communities to play as they are the "welcome wagon" for all newly enrolled Medicaid families and are already providing referrals to providers as part of the initial Medicaid orientation process. Healthy Communities reaches out right away, while RCCOs sometimes don't step into the process until 90 days or so after a child has been enrolled in Medicaid.

Each RCCO expressed the need for RCCOs to focus on difficult cases - their care coordinators specialize in the families who are really in dire straits and using the ER. They feel that the role of Healthy Communities in focusing on the newly enrolled with orientation and well-child visits is valuable and can help RCCOs better focus on special needs and difficult cases. They see that as an important distinction - Healthy Communities specializes in well-child while RCCOs specialize in difficult cases. One RCCO manager put this clearly: "Healthy Communities can help the RCCOs by playing more of the upstream prevention role to help people before they've fallen off the cliff. RCCOs then take care of the difficult cases once they have."

One important recommendation was for the Healthy Communities and RCCO teams to review the orientation process done by Healthy Communities, and include a few questions that can help HC team screen for more difficult cases. Escalation criteria would be defined, so that Healthy Communities teams know when to make an immediate referral to RCCO clinical staff for more intensive support for the client. If Healthy Communities is already playing the role of a basic system navigator, that should be codified and recognized with clearly defined roles and protocols.

There was also some sentiment that the focus on well-child KPI for RCCOs has taken them away from what they should be focusing on, and it would be a welcome move to return that responsibility to Healthy Communities. Some RCCOs felt that their highly trained care coordinators should not be spending their time making calls to families about well-child visits, and that this was an administrative task better left to Healthy Communities. Because the entire system is strained and "there is more than enough work to go around", this duplication of effort doesn't serve anyone well.

Some other areas of collaboration that were requested:

Data Sharing

- Finding ways to share contact information for clients and notes on who has contact with which client and when, so that both RCCO and Healthy Communities teams aren't calling clients simultaneously.
- Coordinating so that referrals to primary care providers are being done to the right providers. Healthy Communities can report to the RCCO how many people they are referring to each PCMP. RCCO can inform Healthy Communities about which providers have already met their quotas and are no longer taking new Medicaid clients.
- Making sure Healthy Communities has access to which RCCO and PCMP a client has been attributed to, and which are still unattributed.

Educational Materials

- Crosswalk which materials are being used or produced by RCCO and also by Healthy Communities teams. Use the same materials wherever possible, but make sure they are reviewed for accurate messaging.

National Academy of State Health Policy

The state that have been most successful at boosting EPSDT rates appear to have a few common strategies:

- Sophisticated marketing, promotion and educational materials
- Age-specific education and reminders regarding well-child visits
- Financial incentives can work, but usually only when accompanied by cultural shifts and other programmatic changes
- Sharing performance data with providers, along with clear information on EPSDT results and billing codes
- Strong partnerships between different stakeholders

NASHP recommended that Colorado use the Bright Futures educational materials from the American Association of Pediatrics, which are already written at a suitable level for Medicaid families and include important core messages. https://brightfutures.aap.org/Pages/default.aspx

Healthy Communities Salesforce CRM System

Healthy Communities' Salesforce system can easily be adapted to automate email notifications and text messages to remind clients about upcoming well-child visits. It can also automate task notifications for follow-up calls.

The development team has already completed integrations with CBMS and MMIS to bring in newly enrolled data and provider data on a weekly basis, so that the Healthy Communities teams have the most up-to-date information for follow-up. Enrollment end dates are just now being brought in also, so that teams can follow up with clients when it is time to re-enroll.

Two other projects are already in the works:

(1) Bring in claims data so that the HC teams know who is overdue for a well-child visit, and can view any client record and see what their status is regarding the well-child periodicity schedule;
(2) Bring in clients' RCCO and PCMP. That info will be imported for all clients in the system as a one-time import, and then regular updates will also be imported.

These projects have advanced and need HCPF's data analyst to finish preparing the appropriate data outputs from the other systems, and then they can be brought into the Healthy Communities Salesforce system.

It is recommended that any additional data sharing or data integration needs be handled in a similar way. Any electronic system should be able to export and import data, it is just a question of clearly mapping out what needs to come out of one system and into another.

To ensure that the Healthy Communities teams can effectively use the system, it is recommended that HCPF require computer literacy for all new Healthy Communities hires AND require that counties provide the appropriate machines, software and Internet speed for Healthy Communities users.

HCPF Staff

While the purpose of the interviews varied, there was a general sentiment across HCPF that it was time to make some significant changes to the Healthy Communities program. More specifically, that it was time for a careful examination of the program and its role, how it could better support the RCCOs, where it could have the most impact, and how the program could be modernized.

There also seemed to be a lack of clarity among some of the people interviewed regarding exactly what Healthy Communities was already doing, what the current mandate was, and how the program fit in to the bigger picture of the ACC. There was some misinformation such as "aren't they still using an old Access database or paper forms?" and other understandings of the program that weren't accurate.

Once this evaluation project is complete and final recommendations are reviewed, we recommend sharing them widely so that other department staff can understand what changes are being implemented and why. Many of the recommendations have implications for the ACC, and will require discussion and coordination with the RCCOs. We also recommend widely sharing Healthy Communities progress and outcomes reports, so that everyone is aware of the program's new focus and how it is supporting other department efforts.