CHASE
Colorado Healthcare Affordability and Sustainability Enterprise

Hospital Transformation Program (HTP) Community Advisory Committee (CAC) Meeting Notes

April 19, 2021 from 3 p.m.–4:30 p.m.
Via Zoom

In attendance from HTP CAC: Allison Neswood, Isabel Cruz, India Hilty, Dede Percin, Erin Miller, Brace Gibson, and Mark Levine.

In attendance from the Department of Health Care Policy & Financing (the Department): Nancy Dolson, Matt Haynes, Joe Sekiya, Courtney Ronner, Cynthia Miley, and Karola Cochran.

Others in attendance: Julia Hu, Catherine Snider and Jerry Dubberly from Myers & Stauffer, and Shaunalee Fruit RN, CPHQ Senior Director of Care Management Colorado Canyons Hospital and Medical Center.

1. Call to order and introductions – Allison Neswood – 3:02 p.m. – Everyone introduced themselves, some shared their preferred pronouns.

2. Approve meeting minutes from January 25, 2021 – 3:06 p.m. – Minutes unanimously approved.

3. Department Update – Matt Haynes for HCPF - 3:05 -4 p.m. – The Department has received 30 applications so far and some are very close to completion. Where more information is needed, the Department is reaching out to hospitals. Myers and Stauffer are reviewing applications.

   Levine: Have you found any systemic issues?
   Haynes: There is attention to the process. We are meeting with hospitals one on one as they are still working to understand multiple measures. We are going back and forth with some hospitals.
   Fruit: The process is going well. The back and forth is good. Are we able to compete as a small hospital? We are excited to get feedback from the Department. We are counting down to hear back.

Snider: We are making sure that One for One Measures are suitable for hospital size. Taking into consideration, the hospital programs over time. There is nothing else we are having issues with. Some interventions that hospitals are addressing need to be fleshed out. Hospitals have been thinking through them after receiving out feedback.
Neswood: Do you have some examples? Any experiences with neighborhood engagement?
Haynes: We are making our due diligence and ensuring equity in scoring. One hospital didn't articulate enough about their programs at first.
We have received stakeholder input from six health alliances in the Denver metro area.
Neswood: Hospitals need to be working with neighborhoods.
De Percin: The feedback I have received is different. The Health Alliances need to feel like there is authenticity in engagement. Right now, health alliances feel disengaged and wondering whether the time they are investing is worth it.
Miller: The feedback I have received is that the health alliances are hearing from hospitals that they have never heard of before and that it felt superficial.
Fruit: I sent out requests for feedback regarding our interventions from 16 alliances and received 11 responses.
De Percin: It varies by hospitals. Is there still time to engage and give feedback?
Haynes: With the review of applications and requesting feedback, I recommend holding a meeting. I have sat in on meetings and have seen alignment with programs. After the meetings, suggest keeping the organizations posted and seek alignment and coordination. Hospitals have identified interventions.
De Percin: There is a disconnect between community groups and hospitals.
Haynes: I will definitely follow up. Denver metro area is working on standardization and active engagement. I will look into individual cases.
Dolson: If we can help on specifics, we can help dive in. We need ongoing community engagement. We can work with folks individually.
Levine: How does the community get involved? There are many different parts, and they are very complex. What are the processes? How can we identify them, then align with hospitals and communities? It'd a lot more than health alignments. Collaboration is important.
Miller: There are widespread concerns. Who are the folks in the room when there is good engagement? Who is reporting that there isn't good engagement?
Dolson: What can the Department do to help?

Levine: Look at the community versus the hospital. Nobody has the perspective of the community, not the whole view. There is a disconnect.
Neswood: We need to look at who is doing the work. It's natural to assign the work to hospitals. Who is doing the work in the community?
Levine: There needs to be collaboration, to look at a problem to be solved. This needs to evolve. How do we address this? Neighborhoods need to be respected, and there are many different types.
Neswood: There needs to be more even implementation between hospitals.
De Percin:(to Dolson) Engagement from hospitals to the community isn't consistent or genuine. How do we make it feel genuine? There is a frustration among them regarding being involved and not making a difference and seeing problems with implementation.
Neswood: We recognize those experiences. Do we need more clarity? Does the program need more robust measures?
Dolson: We need to improve consistency and the level of engagement with hospitals. We can help with solutions.
De Percin: We need ongoing community engagement.
Haynes: I will put some thought into what you are saying. There is a lot of difference in opinions.
De Percin: We are sharing our concerns.
Neswood: What is the purpose and the intended outcome?
De Percin: We are trying to determine how to be authentically engaged.
Haynes: Thank you for sharing. We are building relationships. Are the measures actually doing what's intended? We can look at applications to see if they are appropriately scored. The application writeback period is now through June. In July, we will be reviewing implementation proposals to see if the hospitals are approaching this in the right way.
Miller: Are hospitals reporting on ethnic groups?
Haynes: We aren't asking hospitals about that at this time.
Neswood: Can we ask about feedback specifics? Will you do random follow ups? Maybe create incentives for hospitals to respond?
Miller: We can look at who responded to the survey and does that look like the community that the hospitals are serving.
Haynes: That will make is easier and more straight-forward. Thanks, Erin.

4. Discussion – 4 -4:32 p.m. – Allison Neswood - HTP CAC proposal to bring CDPHE, hospitals and community groups together. To strategize

a more coordinated, community-centered approach to health needs assessments across the state.

Neswood: How do we leverage health needs requirements and hold hospitals accountable? There are problems with IRS Schedule H. Hospital community benefit in the amount of $700 million dollars aren't really being spent for community benefit. Community benefit spending is being reported due to Medicaid shortfall. This isn't really community benefit. Where should community benefit go? In Colorado, we require hospital transparency, but what does the community say is needed? In other states, there is a community benefit spending floor. Where is it going? How do we ensure that hospitals are meeting the needs of the community?

Levine: How do we start?

Neswood: Alignment needs to happen. Who needs to be around the table?

Levine: Look at is as a public health issue. It needs to be measurable. HTP used to incentivize value in health care. State hospitals, public health and HCPF need to be in conversation. How do we get community groups involved?

De Percin: What kind of outreach and meeting and engagement? There needs to be structure for hospitals. The Medicaid shortfall and value-based care, with hospitals being paid back through community benefit.

Neswood: Question for Shaunalee – What are your thoughts?

Fruit: I have a different perspective and these are difficult questions. I am involved in utilization management. Medicaid and Medicare are our biggest payers. We need to get involved in the community, as we have to know our community. We reached out to stakeholders and the Medicaid population. The entities that we reached out to include Medicaid patients. We are in a rural area.

Haynes: Shaunalee is at a critical access hospital. Thanks for sharing your view.

Neswood: We have run out of time, so we can pick up this discussion at a later meeting.

5. Open discussion – No time for open discussion

6. Adjournment – 4:33 p.m.

7. Next meeting scheduled for May 17, 2021 at 3 p.m.