CHASE
Colorado Healthcare Affordability and Sustainability Enterprise

Hospital Transformation Program (HTP) Community Advisory Council Meeting Notes

Oct. 19, 2020 from 3 p.m. to 4:30 p.m.

Allison Neswood started off the meeting at 3:02 p.m. with introductions.

In attendance were the following HTP Community Advisory Council (Council) members: Allison Neswood, AJ Diamontopoulos, Isabel Cruz, Dede de Percin, India Hilty, Mark Levine and Erin Miller.

HCPF Staff who attended: Nancy Dolson, Courtney Ronner, Cynthia Miley, Matt Haynes, Joe Sekiya and Karola Cochran.

1. **Neswood** - Meeting called to order after introductions at 3:06pm.
   Neswood and Diamontopoulos will be co-chairs.
   Written recommendations will go through them before going to HCPF.

2. **Neswood** - Notes from last meeting on Sept. 23 – **Neswood** - Notes from last meeting look okay, **Diamontopoulos** agreed that they look good. So, go ahead and post.

3. Discussion of Measure Set Recommendations – **Neswood –** This is the measure set recommendations overview. HQIP and HTP measure sets together. Three parts - Specific about what to recommend.

Council Priority Area 1: Data disaggregation by race, ethnicity and primary language.

Recommendation 1.1: Prioritize Improvements in the Department's data.

Neswood - A lot of people already provide the information. Medicaid systemic.
Dolson - We have identified it internally. We can get the data, we just have to match the files up with each other. How can we get the frontline workers to collect the data? Make sure they know how important it is. Might not a system change. Our agency is working on this.
De Percin - Do you have a timeline around this?
Dolson - Can reach out to find out about a timeline.
Neswood - We still aren't getting the specific data when there are multiracial members filling out the form.

Recommendation 1.2: Request to report on all measures within HTP - all seven measures -

Recommend that HCPF release disaggregated data.
Dolson – These are claims based measures.
Neswood – This will enable us to understand what is happening with all hospitals.
Dolson - This makes sense to release the data. Equity report card - easy to read - use public facing reporting format - hospital specific info.
Dolson - Absolutely, we can work on this. Report carding - we are going to check with the Quality and Data Team to see if there is other information that the Department is working on.
Haynes - We would like to report so the broader message can be communicated.
De Percin - Example of what we have is similar across agencies.
Dolson – Ronner can work with you to provide design and format.
Neswood – I like how it could be a broader view and aligned with other agencies.

Recommendation 1.3: Hospitals include HTP applications their plans for improving their ability to disaggregate their data. What is it that they will do?
Haynes - Adding to this is the interventions and milestones two-fold opportunity. Implementation of intervention could require attention to building a data reporting system allowing for disaggregation of data. For the continuous learning and improvement milestones, they should be reviewing the disaggregated data as a part of evaluating and monitoring the performance of the intervention and the equity of that performance. Reporting and looking at the data to continuously improve.
Neswood - Looks like yes. They will be speaking to these things to improve continuously.
Miller - Wondering how far away are we from getting this information?
Dolson - Timeline will be provided,
Neswood - Nancy will clarify the timeline
Diamontopoulos - First work on getting the data out. In a digestible way first. Then standardize.
Haynes - How do we prioritize? What do we have to build first?
De Percin - Reporting is important when working in a health environment. Having a clear structure of who produces, reviews and who validates the reports.
Miller - Requesting the response to include this information.

Council Priority Area 2 – Maternal and perinatal health equity.
Recommendation 2.1 – Add the AIM measure of severe maternal morbidity to HTP of HQIP and make it a required measure. Perinatal Equity - Make sure that it is a required measure.
Haynes - Thanks for the conversation. This is a population health level measure. Maternal morbidity - the number of cases at a given hospital is low, and it's hard to determine what is in control of the hospitals. What is the right measure we can tie to reimbursement? High risk pregnancies and births - some hospitals would score low because they specialize in these types of births and pregnancies. It's hard to tie something like these to reimbursement.

Haynes - What we have done is implement a bundle that provides guidelines for addressing maternal emergencies, and we track the outcome measures in terms of eclampsia, preeclampsia, HELP syndrome, etc. Maybe we are missing some, like anemia and hemorrhaging.
What is it we can impact? What's the best way to measure it?
Miller - This bundle. Is there anywhere to go to see if the hospital has signed up and what they are planning to do in regard to reporting this?
Questions from the consumer - how do I choose a hospital that is pursuing this bundle?
Could the measure be tracked but not paid for?
Haynes - We do collect and analyze the data for the HQIP program. We could look into what we could further provide publicly in terms of that analysis.
Miller – For the purposes of tracking this measure.
Levine - Performance of the state is also important. Roll-up measures are important.
Miller - Suggestion if publicly available information isn't there. What are the right measures to home in on the right measures?
Haynes - It would be a valuable piece of information.

Recommendation 2.2: Screening and referral for perinatal depression -
Haynes - This is a measure in the HQIP program.
Diamontopoulos - We are trying to institute how to ask difficult questions. Is there a list of questions?
Haynes - We have implemented the bundle from the National Council on Patient Safety in Women's Health - training and education is included in the recommendations.
Miller - process measure - how are you measuring it?
Diamontopoulos - Is this the Medicaid population or all in the population?
Haynes - This measure is implemented across all patients. We do have all patients regardless of insurance status.

Recommendation 2.3: Engage in a stakeholder process around HQIP maternity measures
Dolson - We do understand that some of these are sensitive. We are still looking at this. Our chief medical officer is reviewing these.
Haynes - Baby friendly was removed from HQIP. We have maintained PC-05 measure of exclusive breast feeding. Measures have been delayed due to COVID. With the peripartum racial and ethnic disparities measure we still implemented 2021 as planned. Elements of readiness need to be there to participate in the incentive for 2021.

Miller - Part of the request here is that a stakeholder advisory group of people of color be established for the maternity APM. Is it possible to use that group? We are trying to head off experiences that are negative in the hospital.
Haynes - We want to take the opportunity to listen to stakeholders.
Neswood - What is the timeline?
Haynes - The end of the previous calendar year, so Dec 2020.
Miller – What is the status of stakeholder engagement?
Dolson - We can check on that.
Haynes – We can commit to engaging with stakeholders in the next year. We can loop in stakeholders and this group.
Neswood – Let's recruit people from some other stakeholder groups. Draw on our community partners.
Haynes - We can work with you on this.
Neswood - Looking at 2023 measures for making changes to plan.
De Percin - How does working on these measures integrate with the hospitals? In the process of getting to the measures.
Haynes - Regarding HQIP measures , it starts with stakeholder input, and other input to come back to this committee, then take it to the CHASE Board.
Neswood - community health neighborhood - we can make some recommendations.

Council Priority Area 3 - Patient experience
Recommendation 3.1 – Disaggregate patient experience data by race, ethnicity, primary language and disability status.
Dolson - We get the data from hospitals through a survey.
Haynes - We get the data from hospital to compare. We look at the hospitals. My team looked at the survey questions and they do collect demographics such as race/ethnicity. We might not be able to get specific survey results.. We might not be able to get this information, given the nature of the data set and what is available publicly from Hospital Compare and CMS. HCAHPS is working on adding some equity questions to the survey. We can do some more research around this.
Neswood - Next CHASE meeting - I can present what the responses are.
Dolson - We can get you the responses you have asked for. HTP meeting is one day before the CHASE Board meeting.
Neswood - Thank you for this.
Dolson - We can review this before the CHASE Board meeting.

<u>Council Presentation of Health Neighborhood Engagement Recommendations</u>

Haynes - High-level at the beginning. Cornerstone of the program is to create engagement. We want this to continue. Establish engagement and abolish silos. They need to report each quarter in order to get payment.
We expect hospitals will have stakeholder engagement each quarter. Twice a year, we want them to have community advisory meetings. Once a year, have a public forum. Use a variety of tools to get input back from the public.
Talking about community benefit. HTP has to be a specific agenda item for those meetings to count.
We do have some opportunities. We didn't call out underserved, but we probably should make sure hospitals highlight these efforts of their engagement.
Neswood - Have you made adjustments based on feedback?
Haynes – We have received some positive feedback from hospitals regarding COVID. The community engagement of the hospitals helped them deal with the pandemic.
Neswood - Does it make sense to have a survey with the participants?
Haynes - I like the survey idea.
Diamontopoulos - Community Engagement - Is this part of the application?
Haynes - It's not just part of the application, it's a part of the program that's ongoing throughout this five-year implementation of the program.
De Percin - Would it be public information?
Haynes – Requesting specific vs. aggregate data?
De Percin - Specific is better, so people can validate what the hospitals are saying.
Dolson - We will have to research what kind of information can be provided.
Haynes - Stakeholders need to be able to review and validate specifics.

Neswood - adjourned the meeting at 4:30pm
Thanks, and we will follow up offline.

Haynes - We may need to make changes and we have a timeline that is the end of the year.
De Percin – With a resurgence of COVID, might we delay the start again?
Dolson – The CHA has an agreement with the CHASE Board – Feb. 1, 2021 is the date for now. We may delay if it gets really bad.
Haynes - Explained the timeline: Application period, Ramp Up period, then October 2021 is when the program really starts.