



# CHASE

Colorado Healthcare Affordability and  
Sustainability Enterprise

## Hospital Transformation Program (HTP) Community Advisory Council Meeting Notes

Nov. 16, 2020 from 3 p.m. to 4:30 p.m.

AJ Diamontopoulos started off the meeting at 3:03 p.m. with introductions.

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

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

**1. Diamontopoulos** - Meeting called to order after introductions at 3:06pm.

**2. Diamontopoulos** – Updates from HCPF regarding metrics recommendations

**Dolson** – There is money set aside in the Governor’s budget to improve data collection in an effort to study and end healthcare disparities.

At HCPF, we have hired Healthcare Disparities and Equity Diversity and Inclusion Program Manager Maileen Hamto to address these issues.

**Neswood** – Do you have a timeline for the metrics?

**Dolson** – No timeline at this time.

**Neswood** – How do we connect with the HTP program?

**Dolson** – We are working on improving the data on the front end by working with partners, PCAP and internally. Haynes can speak to Medicaid and hospitals.

**Haynes** – Where we have the claims data, we will be able to provide it. Also, we are looking at incorporating stratified data analysis into the continuous improvement milestones for hospitals’ interventions.

**Levine** – Question: Is there a systematic approach?

**Dolson** – We are partnering with various African American and Hispanic organizations and we are still looking into this.

**Levine** – Question: What are you planning to do with the data once you have it?

**Haynes** – We are looking to understand the environment first. When we get the data, we will review and identify it to create programs, awareness and culture to make sure interventions are effective. This is part of HQIP, and we are excited to be working with the Council on this over the next year

Hospitals think they can pull some demographic information for HCAHPS, but there is some push back concerning specific respondents where the pool of respondents is low. HQIP subcommittee hospitals are discussing possibilities with their compliance and legal teams.

**Dolson** – The hospitals do provide feedback.

**Haynes** - We are collecting outcomes data and discussing this internally. Hospitals are disclosing processes of care. We are still determining what can be reported publicly.

**Dolson** – At this time, HCPF doesn't have a Chief Medical Officer. We have hired Dr. Peter Walsh, who will start at HCPF in January.

3. HTP Community Advisory Council Initial Community and Health Neighborhood Engagement (CHNE) Recommendations – **Diamontopoulos** – In the current CHNE system, each hospital is working with each community and neighborhood. There is a lot of effort that seems inefficient, with a lot of overlap and duplication of data because of overlapping neighborhoods. The Council is recommending something more centralized and collaborative.

**Levine** - Is it worthwhile to centralize a collaborative effort with a contractor who can bring neighborhoods and communities together? This way the program would be neighborhood-centric instead of hospital-centric. A more effective and efficient way.

**Haynes** – Asked a clarifying question: The community and health neighborhood. These terms in HTP are based on the definitions established with the ACC.

**\*Note-** post meeting add. Here are the ACC definitions:

Community – For the Accountable Care Collaborative, Community is defined as the services and supports that impact Member well-being, including Health Neighborhood providers and organizations that address the spiritual, social, educational, recreational, and employment aspects of a Member's life.

Health Neighborhood – A network of Medicaid providers ranging from specialists, hospitals, oral health providers, LTSS providers, home health care agencies, ancillary providers, local public health agencies, and county social/human services agencies that support Members' health and wellness

**Levine** – Define the neighborhood or community as the people they serve.

**Dolson** – Please explain health neighborhood-centric.

**Levine** – Early in this program, there were political communities versus medical communities. This doesn't take cultural or ethnic values into consideration. What are we doing with this information? How do we make this functional to make it for the people that we serve?

**Diamontopoulos** – What is the definition of a health neighborhood?

**Dolson** – Primary delivery model with seven accountable entities. Geographic basis vs. community.

**Diamontopoulos** – Here is a situational perspective: Two hospitals near each other want to reduce emergency visits. Throughout the HTP, we have been conscious of this. There has been some good engagement around Denver, with as many as six hospitals in one room.

**Haynes** – We are talking about hospitals and the needs of the community.

**De Percin** – It's happening in the Denver area, and Colorado Hospital Association (CHA) is working with hospitals, but there isn't good communication with the community or advocacy groups.

**Cruz** – Stakeholder fatigue – what is the accountability piece?

**Haynes** – In the formal CHNE hospitals did a robust Environmental Scan – They had to bring in other data about the community. Engagement is a big part of the program. Engagement needs to be local. There are financial impacts to the hospitals if they aren't engaging.

**Neswood** – Not necessarily intuitive without targeted questions. It isn't the easiest or more feasible. There needs to be more centralized way to design it so it's not hospital-centric.

**Neswood** - Showed hospital community benefit dashboard [document](#). The National Academy for State Health Policy (HASHP) also has a document shows more specific standards for [hospitals](#)<sup>[ND1]</sup>.

**Haynes** – The program already has a lot of these things in it. What does the hospital engagement look like? HTP isn't a silver bullet.

**Dolson** – How does CHNE and HTP become one effort? What is the overall goal? We want the same things.

**Neswood** – We want the hospitals to understand what the community needs. Does it meet the standards to target all the programs? The framework for all hospitals should include coordination between hospitals.

**Diamontopoulos** – We don't want siloed goals where inequity isn't known. The goal is to have hospitals try to engage with neighborhoods and communities.

**Cruz** – Integrated approach with feedback mechanisms. Integrating works better from a community perspective.

**De Percin** – HTP – talking about the program, I haven't seen community involvement.

**Haynes** – Part of HTP includes a requirement to hold public input meetings to get public input to learn from the community.

**Dolson** – There is a challenge with community meetings and engagement, to improve the meetings. There are some opportunities here to get more people to come and attend.

**Diamontopoulos** – Anything we can do to foster community engagements.

**Dolson** – A holistic approach to state benefit and accountability.

**Neswood** – Could HCPF provide a calendar of hospital meetings? Could HCPF provide meeting information?

**Dolson** – Yes, we can provide that for HTP and community benefit.

**Levine** – Can we keep this on the agenda, so we don't lose sight of it?

**Neswood** – Makes sense.

#### 4. Plan for CHASE Board Update – **Diamontopoulos**

**Neswood** - Metrics – Nancy to respond to this in the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) Board Meeting

**Dolson** – We can accommodate this.

**De Percin** – All meetings should have public comment.

**Dolson** – When there is board action, public comment is usual.

**Diamontopoulos** – Would anyone like to attend the CHASE Board meeting tomorrow? Question about the Council is it more formal or informal?

**Dolson** – Semi-formal as the Council is a subcommittee of the CHASE Board.

**De Percin** (in chat) – Status of HCPF post-election. Affordable Care Act (ACA) case?

**Dolson** – With the Biden administration, HCPF will be strengthened. There is value in the Medicaid program. On the state level, there is a balance of power in the House and Senate.

#### 5. Meeting adjourned at 4:20pm - **Diamontopoulos**