



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

MINUTES

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303 E 17th Ave, Conference Room 11abc, Denver, CO 80203

Tuesday, February 25, 2020; 3:00 P.M.

- Members present: Shepard Nevel, Allison Neswood, Dan Rieber (phone), Bob Morasko (phone), Dr. Kim Jackson (phone), Scott Linblom, Matt Colussi, Ryan Westrom, Peg Burnette.
- Members absent: Kathryn Ashenfelter, Dan Enderson
- Department Staff present: Nancy Dolson, Matt Haynes, Joe Sekiya, Riley DeValois, Jeff Wittreich, Courtney Ronner, Cynthia Miley, Mete Ozcorekci, Karola Cochran
- Other attendees (Public): Chelsea Helm Kemp (Denver Health) AJ Diamontopulos (DRCOG), Emily Hanber (DRCOG), Doug Rex (DRCOG), Jeani Frickey Saito (SCL Health)

1. Welcome and Approve Minutes from December 19, 2019 Meeting

- Chair Shepard Nevel brought the meeting to order at 3:04pm. He moved to have minutes approved, and Peg Burnette seconded. Meeting minutes approved.

2. Hospital Transformation Program (HTP)

- Community Advisory Council Update, Berrick Abramson, Keystone Policy Center, 3:05 p.m. to 3:10 p.m. Community Advisory Council Update - waiver application conference call in December. January - met in person.
- Public comment - This Friday HTP meeting. What should their role be and what they should concentrate on going forward in the next year. What lessons they can offer. What they should be looking for in the next year. How do they want to meet? What frequency of the meetings?
- Dolson - Perspective of Department
- Neswood - Appreciates the group an being able to provide guidance to the community.
- Nevel - Questions or comments?
- Abramson - Looks forward to sharing what happens at the HTP meeting on Friday

- Hospital Application Oversight Committee Recommendation, Nancy Dolson, Department staff, 3:10 p.m. to 3:15 p.m.
- Hospital Transformation Program Application Process Recommendation - application process we are expecting to start to receive applications from Hospitals the 1st of May, regarding neighborhood engagement.
- 5 statewide measures - applications will be reviewed for completeness. The Department recommends an oversight board - committee composition and expectations listed in this memo. Public Consulting Group will help review the applications. HTP Oversight Committee would have 7 members.
- Board discussion, 3:15 p.m. to 3:30 p.m.
- Lindblom - What will the Department do if something is incomplete? If not meeting the intent of the applications/programs?
- Dolson - The Department would write back to the hospital that something isn't complete, that the intent of it isn't there.
- Westrom - What if there is a conditional pass or fail? What can we do to get the hospitals to appeal the failure?
- Dolson - HTP goal is to have a complete application to get the funding available.
- Enderson - Do you think any of the hospitals will not fill out an application?
- Dolson - They are required to apply in order to receive supplemental payments.
- Enderson - Concern about dollar amount that hospitals may have to be spent to engage in the program.
- Dolson - Department viewpoint - We are working from the assumption that hospitals will apply and participate.
- Burnette - Approval process and what if a hospital fails?
- Dolson - Department can come forward with their position.
- Burnette - Technical and data knowledge - concern about whether the metrics can be properly measured. She can envision that the hospital would think they have captured the metrics, but the Department says they haven't.
- Nevel - Data analytics dedicated to this at the Department?
- Dolson - Fully dedicated person or persons will be available, and we can use their expertise.
- Westrom - Will there be open meetings?



- Dolson - Doors are open. Committee would be more like HQIP, but not posting agendas and minutes.
- Nevel - Rieber and Jackson
- Jackson - what is the process for selecting the committee?
- Dolson - the Department could solicit applications to people who would serve on the committee.
- Nevel - Move forward with this? Volunteer?
- Dolson - Yes, that will be great. It will take some time to pick the committee.
- Nevel - Move forward with the meeting.

3. Hospital Quality Incentive Payment (HQIP) Upcoming Measures Recommendation

- Presentation, Matt Haynes, Department staff, 3:30 p.m. to 3:55 p.m.
- Matt Haynes Presentation - New measures - HQIP subcommittee is helpful. Department is involved, as well as many hospitals and clinics are involved. Incentive program. The measures are meaningful. Over 80 applicants in the HQIP program. Same measure groups in 2021 as in 2020. Maternal Health, Patient Safety, and Patient Experience. Measure regarding breastfeeding will no longer be included in the incentive payments.
- Neswood - interjects - will this no longer be measurable if it isn't included in the measures?
- Matt Haynes - No, it will still be measured. Not having it included in the measure won't affect the programs in place for exclusive breastfeeding. Cesarean, perinatal depression, maternal emergencies points remain the same. Changes in percentages and points for Reduction of peripartum racial and ethnic disparity. Reproductive life, and incident of episiotomy have same amount of points assigned in 2021.
- Patient safety measures - Zero Suicide (a new measure), Clostridium difficile, Sepsis, Antibiotics Stewardship, Adverse Events, Culture of Safety survey, and Handoffs and Signouts. Patient experience measures - HCAHPS Communications about medicines, HCAHPS Discharge Information, HCAHPS Care transition and Advance care planning.
- 2021 Measures with Modifications - Perinatal measure is changing. Maternal emergencies - all process measures. Racial and ethnic



disparity? Points - 5 to 10 points for hospitals and Sepsis. Submit data to get more points. Handoffs and Signouts - are you collecting data on the program? Zero Suicide measure - Zero Suicide Framework. Four R's that - hospitals need to have 3 out of 4 R's - Readiness, Response, Recovery. What is a hospital doesn't have birthing? They still need to look at racial and ethnic disparity.

- Zero Suicide Presentation, Michael Lott-Manier, Department of Public Health and Environment Staff, 3:45 p.m. to 4:25 p.m.
- Michael Lott-Manier Zero Suicide Presentation Colorado Department of Public Health - Healthcare quality framework. Zero Suicide may seem like a lofty goal. Framework developed in the Midwest. Henry Ford Hospital 75% reduction in suicides over a few years, Centerstone Hospital in Tennessee saw a 40 % reduction in suicides in the behavioral health system. Staff needs to be trained properly to make this program work. For the past year and a half, zero suicide has been committed to by hospitals in Colorado. Grant program - ties zero suicide to incentive payments. Zero Suicide Project - being run in a dozen sites in Colorado. The grant program has been developed that involves a culture of change and ties them to incentive payments. The Governor's goal is 5% reduction in suicide deaths this year and 20% by 2023.
- Great chance for our agencies to work together to reduce suicides.
- Board discussion regarding the Zero Suicide presentation, 3:50 p.m. to 4:05 p.m.
- Jackson - PTSD question regarding treatment. Scarcity of resources.
- Lott-Manier - Office of Behavioral Health - making sure to screen for PTSD. Health system framework is important. We are already training the staff and make sure to use the training for the public will. Training that there is and urgency to increase awareness in suicide.
- Neswood - High priority for Governor - is there opportunity and benefits for high rates of suicide among people of color, LBTQ+ and other groups. Are overall benefits going to high risk groups?
- Lott-Manier - They have youth-based services, school-based programs, and partnerships with hospitals. Prior to interacting with the hospitals, there were some disparities in reporting of suicides. This is still an emerging area for the State.
- Neswood - Data is very critical. Concerned people and youth of color rates going up. Are we really tracking what is really going on?



- Jackson - Adding gender non-binary and transgender people amongst the youth. This is separate from sexuality. They are high risk groups.
- Lott-Manier - We have a partnership with the Trevor project to target LGBTQ community.
- Nevel - Thank you for the presentation. 5% in first year and 20% in 4 years reduction in suicides. What are the actual numbers? What populations are increasing? Are there sub-goals to focus on specific groups?
- Lott-Manier - 1100 suicide deaths in Colorado in 2018. Adams county - Trends with young people and young people of color. Syndromic outbreaks of attempts and deaths. Emerging patterns young people and people of color.
- Nevel - Success rate is 75% most successful interventions?
- Lott-Manier - Screening, asking, behavioral therapy, safety plans and caring contacts. Screening is important: Identify, intensity. Evidence based treatments: dialectical behavioral therapy, etc. Safety plan for the patient. People get services right away. Peer to peer services with a caring contact. Continuous treatment after the incident.
- Nevel - Is there a hospital that would be right for replication?
- Lott-Manier - Denver Health and Centura. Do across the board surveys. Suicide care pathway.
- Nevel - Any other questions? Comments?
- Burnette - Denver Health has a psych Emergency Department
- Dolson - Matt, do you have anything else to add?
- Haynes - Incentive payments - What works?

Back to presentation: Additional document that goes through the measure of Zero Suicide. How do they build something that works, something for clinics? This is a hospital measure. Leadership buy-in, from the top. Looking for 82 hospitals to implement the Zero Suicide.

- Neswood - Looking for community representation on HQIP Subcommittee.
- Dolson - Allison, are you looking for feedback or recommendations?



- Neswood - Flexibility around this, to hear from more affected areas. Looking for feedback. Representative from the community.
- Westrom - Presentation to a community advisory council?
- Dolson - we can look at the hospitals and their measures. The advisory council is yes - and answer.
- Neswood - There is a lot of rich feedback from the advisory council.
- Nevel - Community involvement - Keystone might be used to help. CCHI could help bring community involvement to the forefront.
- Lott-Manier - Zero Suicide - using people in the program who have experience with suicide. Monetary value - Is it a superficial value?
- Nevel - It sounds simple, when you gauge that and measure it? How do we engage communities?
- Dolson - Any more comments from people on the phone?
- Jackson - Agrees with every that has been said. Large representation is needed for at risk groups, people of color. How can we work in our communities?

4. CHASE 2019-20 Fee and Payment Model

- Presentation, Nancy Dolson, Department staff, 4:20 p.m. to 4:35 p.m.
- FFY 2019-20 Fee and Payment Model Presentation - Individual hospitals and groups, brief overview. Summarized presentation. Where do funds go? Medicaid 90 percent from federal government. Bringing in some great amounts of federal funds. Fee rates - following structure that was approved by federal government a few years ago.
- Inpatient supplemental payments - we want more of the CHASE fees to go to the hospitals with the most participation. In 2020, there is a better correlation factor compared to 2019.
- Outpatient supplemental payments increase rates for outpatient services.
- Very large number of adjustment factors - from 2018-19 to 2019-20, simplified adjustment factors. Recommend changes in the model. Move the \$\$ to the supplemental payment.
- DSH Supplemental payments - Federal government \$55 million impact on Colorado.



- Essential access supplemental payment - recommending move these funds to inpatient supplemental payment. Uninsured down to about 5% of the population.
- We can continue to make DSH payments. Federal government will be reducing the payments, but they haven't decided yet. It would have a \$55M impact on the state but, it wouldn't happen till May 23, 2020.
- HQIP supplemental payment. Net reimbursement will end up being a \$55M increase. We are looking for recommendations and will go to the Medical Services Board with rule making.
- Board discussion, 4:33 p.m. to 4:42 p.m.
- Burnette - Do the glasses represent current funds? What do they represent?
- Dolson - We fill up the glasses all the way full, from different sources.
- Nevel - Medicaid leveling off? Concerning?
- Dolson - Taking a look at Medicaid churn. We are trying to understand that.
- Nevel - Is this a concern?
- Dolson - Medicaid participants leveling off or going down is usually a sign of a healthy economy. Caseload goes up when a recession is coming. Federal policy may have an impact.
- Nevel - Other questions?
- Westrom - May 23 - DSH funds reductions, what are the options for collecting them?
- Dolson - Options going forward to medical services board to determine rates. Department will need to come up with rules for this. DSH dollars - does the Board want to vote on the reversal of the DSH funds? We provide hospitals 30 days' notice if the fees are going to change. Options are: If DSH reduction is reversed, we need to collect more from hospitals. We could collect additional fees, but not my (Nancy's) recommendation. Disproportionate hospitals are counting on the dollars.
- Colussi - If we change the rule, would it be an emergency?
- Dolson - Yes, the attorney general would agree, as it is a federal change.
- Nevel - Administrative expenditures - what is the allocation for this?
- Dolson - Staff expenditures are very small: 0.19% Managing claim system and eligibility. CHASE runs leaner than the Department.



5. Public Comment

- 4:42 p.m. to 4:45 p.m. Doug Rex - Executive Director of the Denver Regional Council of Governments (DRCOG) 58 members - The DRCOG strongly supports and is very much in favor of the HTP. DRCOG is the Agency on Aging in the area. Referral process, financial implications, health outcomes. HTP initiative doesn't provide funding, DRCOG has concerns that the program won't be able to reach its full potential. Additional \$6M in services. Thank you. DRCOG welcomes the opportunity to discuss HTP and the community.
- Nevel: Any questions or comments?
- Dolson: Thank you for sharing this and we are happy to discuss ways to provide services. When members transition from hospitals back into the community, the challenge that we don't have the ability to direct treatments. We will be looking at conversations about how to pursue best practices. Thank you.
- Nevel: Any other public comment?

6. Board Action

- HTP Application Oversight Committee - solicit and determine working group with the Department. Looking for endorsement Nevel moved, Burnette moved to entertain an amendment, Neswood and Westrom seconded. Westrom volunteers to serve on the working group to select committee for the purpose of reviewing the applications.

Burnette - moves approval - amendment provide for oversight board and Neswood - seconds the amendment. Nevel - motion passes as amended.
- HQIP Measures - 2021 - addition of zero suicide to measures - Colussi moved and Burnette seconded. Voting to approve HQIP measures as approved. Motion approved unanimously.
- 2019-20 CHASE Fees and Payments - Burnette moved to approve, seconded. Motion - as amended - subject to hearing back from Federal government. Passed unanimously.

7. Meeting adjourned at 4:52 p.m.

8. Next meeting: April 28, 2020 at 3:00 p.m.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Board Coordinator at 303-866-3698 or Nancy.Dolson@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

