

## **HTP Consumer Advisory Council Call Notes**

### **April 24, 2020 | 11:00am – 12:30 pm**

**Present:** Katie Breen, Allison Neswood, Dede de Percin, Caitlin Westerson.

**HCPF Staff:** Nancy Dolson, Courtney Ronner, Cynthia Miley, Karola Cochran.

#### **Opening, Welcome and Department Update**

Dolson provided an update to the group on key developments relating to the Hospital Transformation Program (HTP) and other connected initiatives. Dolson shared that the HTP deadline has been postponed with no certainty on when a future date will be set for it to begin again. Colorado's waiver was submitted to the Center for Medicaid and Medicaid Services (CMS) at the end of December. The Department of Health Care Policy & Financing (the Department) has begun to address initial questions and had been engaging with them in further dialog at time of the novel coronavirus disease (COVID-19) health emergency. CMS is now largely focused on COVID-19- related waiver and the Department expects to re-engage when they have more ability to shift to focus. CMS knows HTP is a focus for the state and is eager to support.

Dolson discussed both the Department and CMS's shared desire to move HTP forward and is hoping to know more in the next six to eight weeks. Regardless of the timeline, the Department expressed the necessity for ample time for community feedback when the project begins to move forward.

In other Department updates, the Department and state are watching what will happen with increased Medicaid caseload as more people are laid off and begin to enroll. General medical utilization has been down for routine care as people avoid some visits and other services are not available. Like all state agencies, the Department is waiting anxiously for the Joint Budget Committee's feedback on the state budget and the tough decisions in cuts that will accompany it.

Committee member then had various questions for Department staff, which were as follows:

- **Question:** Medicaid is talking about the declared state emergency going on through Sept 30. Any chance HTP picks up before then?

**Dolson:** I am speculating but folks we talk to are hopeful we will have a better picture in the next few weeks as to whether we'll re-engage later this summer or will it be pushed back more.

- **Question:** Given what's happening with hospitals financially in the context of COVID-19, is there a possibility metrics or approach of HTP will change?

**Dolson:** That is a good question. At this point, we are not there. We are monitoring the Coronavirus Aid, Relief, and Economic Security Act (CARES) Act and where hospitals are as far as funds received. We think HTP helps hospitals become more efficient and put them in a better position. That said, we recognize there are costs and that may be an issue for discussion.

- **Member Comment:** I still think it's important to do more community focus and help communities understand. Regarding the schedule as we shift back into gear, I'd like us to consider that and build into plan doing that education
- **Question:** Do you have a sense of when the Department will have better sense on caseloads and effect on utilizations?

**Dolson:** We know previous month caseloads by the first week of the following month. We don't yet have April, where we expect to see a significant change. We are looking at county data and unemployment where we can. On utilization, there is a lag from when we see data. March showed a start of the dip, but that only showed half of Stay-at-Home impact and the economic hit had not played out. As the budget process plays out, we may see some there, but it will be late May into June when we start to see a more comprehensive picture. We will also begin seeing how many people are willing to secure other services and how able providers are.

- **Question:** What about e-consults?

**Dolson:** Dr. Tracy Johnson is pushing for telehealth. I will get details to share where that is and some of the challenges in things like opening up the codes to address. Would it be helpful to share about that?

**Member Comment:** I'm more concerned about the e-consult versus the telehealth. I think e-consult can help reduce the number of face-to-face interactions and can be part of that strategy.

- **Question:** Recognizing hospitals getting funds from fed programs (for good reason) – I haven't looked at what constraints are on those. Do you know if there are other constraints?

**Dolson:** It's really foggy on how dollars are being allocated from the CARES Act; now the CARES 3.5 gives another \$7 billion to hospitals. We are trying to understand how the first \$100 billion is being allocated. The Department of Health and Human Services (HHS) put out \$30 billion and today another \$20 billion is out. That first \$50 billion is based on patient revenues. Additional resources will be targeted to rural and critical providers. All



providers have to complete an attestation assuring funds are only for uncompensated care and COVID-19 expenses.

**Member Comment:** I share the same concern that hospitals not double dip, taking federal funding and then bill carriers or Medicaid.

**Discussion: Community Engagement During Social Distancing**

*What are some ways to maintain engagement between hospitals, providers and communities during the current and potential future periods of social distancing? What are best practices that should be built open, leveraged or further developed?*

**Member Comment:** It's going to be hard. It's already hard to overcome the systemic, cultural barriers and/or hospitals already struggling to do adequate outreach. One thing that will be more important to do is the community education on how these decisions are made and what are the timelines about that and suggestions on how to work with communities in that. Really important before and even more so now. That goes back to my point to Nancy about timeline

**Member Comment:** Adding onto previous comment and what comes next: Let's not go back to normal – which wasn't serving everybody. We should think about how to get it right. There are opportunities. Another thing that is on my mind a lot is that at some hospitals people have a limited understanding of public health and how all of the pieces connect. We can/should do better on that piece of education.

**Member Comment:** I think those types of processes that are in partnership with community organizations are critical, so if the hospitals partner with community-based organizations who can help distribute and help frame questions in a way that their community responds to and share back with communities, it can go a long way.

**Member Comment:** I was thinking about all the different assessments. I don't see those ever shared in a meaningful way back with the community. I wonder if there are ways to do that.

**Dolson:** I agree with that point about it's not been shared back. Part of last year's legislation should help with that, at least to understanding and adding transparency to some community benefit dollars. We're hearing from hospitals and being asked to slow down some of what we're requiring. Emergency may go through September with a long tail beyond that. I really like the idea that we tap into the opportunities people are identifying like meaningful connections with community organizations. The current situation is shining a light on what is/is not working well. I was talking with an emergency department doctor and a primary care provider who said people aren't getting routine care and not getting referrals for specialists – which shows there is a care need that is not addressed which highlights need for hospitals to really engage with communities.

**Member Comment:** Brings up another line of conversation: There is community focus, while the other side is with hospitals doing community assessments where we could do some work to think about what works best there. In that process, identify what are the important things to be doing in that.

**Member Comment:** The point about people avoiding care, I've heard quite a bit. When we look at how we're going to bounce back, we need to think about the inequities and these particular areas of concern.

**Member Comment:** Report released today regarding outpatient visits. Things like dermatology down 70%+ where things caught early means easily addressed but can become much more serious

### **Sharing: Communities' Experience During Stay At Home**

*How are communities and constituencies with whom you work experiencing and/or being uniquely impacted by the Stay At Home limitations? As we move into Safer-at-Home and other phased openings of communities, what is top on your mind, particularly as it relates to the items HTP is working to address?*

**Member Comment:** I think it's back to inequities – it's scary – the people who already face inequities are also the ones more likely to be hit harder with next waves. Would like to see those communities more at the table talking about how we are opening back up

**Member Comment:** Some really specific things: 1) The lack of sufficient guidelines and actions in tele-ride who provides non-emergent medical transport and their guidelines have been very loose, their actions have not protected drivers or transportees and 2) As we re-open, thinking of who uses public transportation for work, docs, school etc. – are we taking appropriate steps to protect?

**Dolson:** People talked about a number of issues, I'm also thinking about access to food and concerns that things like meats and proteins could become more challenging. Thoughts on that or other specific concerns?

**Member Comment:** Yes, I think that is a real issue. Food insecurity is a real issue that is being exacerbated. Is there sufficient outreach to those most likely to be impacted. How are RAEs playing a role?

**Member Comment:** I was going to bring up that and how RAEs are doing their outreach. May also be a lot of people losing insurance who have never had to deal with that – is there something DOI can do to provide people info. The Department and Colorado Department of Public Health and Environment (CDPHE) have been great working together but what about HHS?



**Dolson:** Agree, I think Colorado Department of Education (CDE) is in that category too as they provide food to kids. I'm also thinking about the social determinants screening in the HTP – people have asked how that's going to be used to help connect people with resources. Do we keep HTP as is or do we need to shift our focus? How can we in thinking about hospitals and HTP, support and meaningful engagement to maximize community support.

**Member Comment:** That's on my mind too. Social determinant screenings are important, however on the community side, we're going to need help to process those referrals

**Member Comment:** We haven't talked a lot about who the COVID-19 response has left out: undocumented, those under the five-year bar, those who can get tested but not receive services.

### **Closing & Next Steps**

**Dolson:** This conversation has been helpful, the headlines:

- Build lead time when process begins for community education.
- How can we educate/engage community generally to strengthen responsiveness?
- What are some things in Medicaid we can use to influence things like transportation & other issues you've raised and the issues you've raised regarding social determinants?

The group agreed with all other factors and a meeting in eight weeks (late June) will be scheduled.