



## HTP Consumer Advisory Council

February 28, 2020 | 11:00am - 1:00 pm

**Attendees:** Dede de Percin, Allison Neswood, Caitlin Westerson, Erin Miller, Allison Summerton, Val Garrison.

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

### Welcome and introductions

#### **Reflections on Hospital Transformation Program (HTP) Community Advisory Council (CAC) to Date**

Dolson thanked everybody for the input and thought partnership in the months that led to submission. Dolson shared it has been great to have input on measures, metrics to identify things we might be missing or could improve and recent thoughts on Community and Health Neighborhood Engagement (CHNE). Specifically, some very actionable things in the conversations regarding application review and actions on applications directly with CAC input on how we hold hospitals meaningfully accountable to engage with communities in a way that will produce action will make a real difference.

Ronner reiterated what Dolson said, noting that as somebody new to the Department of Health Care Policy & Financing (the Department), it's been great to have so many thoughtful partners.

#### **House Bill (HB) 19-1320 (Community Benefit): Lessons of Value via HTP CAC**

HB 19-1329 is now in the implementation stage. Hospitals will be engaging in the year ahead to make sure there is line of sight and transparency regarding a hospitals' Federally required community health needs assessment (CHNA) for nonprofit hospitals. Every nonprofit hospital, as well as University and Denver Health, will be providing their CHNA. Law requires very specific list of stakeholders for them to engage via annual meeting to talk about what has been done in prior year and what will be done in year ahead in their community benefits and engagement. The Department is interested in some ideas of best practices from this group on how to make best use of stakeholder's time and reach appropriate stakeholders.

**Member Comment:** There are good resources on how hospitals should do these processes in ways that are inclusive. Because of my involvement in 1320, I've had hospitals reach out. I wonder if this group or some group of advocates could develop a one-page resource or even a training for hospitals. We could possibly have public health participate on how hospitals should be doing engagement. I think there could be opportunity to partner with the Colorado Hospital Association (CHA) or individual hospitals

**Member Comment:** Based on my experience, there needs to be transparency and some accountability not just for process, but also for decision making . I've seen process go into black box at hospital and then magically recommendations come back with no idea how those decisions were made

**Member Comment:** This may be a conversation for later, but we may be an opportunity to help hospitals with capacity development and some forward-facing strategies for developing



timelines, how to engage, just to demystify process and get people more comfortable engaging. Had thought about CCLP doing in webinar but would be good to get range of inputs.

**Member Comment:** To build on that, we know some of major topics that emerge – housing, transportation, access to specialty care etc. Given that, I’m thinking from a hospital point of view about stakeholders on ground working on those issues so engage them.

**Member Comment:** We need to continue to work on transitions of care. We’ve talked about doing a gathering

**Member Comment:** Really important to acknowledge where there is concentration of hospitals, combine to make most use of stakeholder time. I agree with the idea about helping hospitals develop engagement capacity.

**Member Comment:** I agree with what’s been said. Would reiterate making it easier for consumers, grouping meetings in areas, provide childcare, make it accessible. Be thoughtful about power dynamic.

**Member Question:** What is timeline on 1320 meetings?

**Dolson:** They are required to start in fiscal year starting July 1 with reports due July 1 of every year. This July 1, hospitals will submit their most recent CHNA and report on their most recent community engagement on community benefit. In the year ahead they’ll start their annual meetings.

**Member Question:** This only covers nonprofits yes?

**Dolson:** Yes, but also University, Denver Health and all others are encouraged, but not required.

### **CHNE: 12-Month Preview**

Dolson walked through HTP Timeline handout.

**Member Question:** Can we get slides from the trainings?

**Dolson:** Yes, Ronner will send around to the group. What is not shown on timeline is the engagement hospitals are expected to be doing, meeting with stakeholders as needed and a meeting at least once a year.

**Member Question:** Is there a way to require hospitals post at least a month in advance of their community/stakeholder meeting? What is timeline for these implementation plans? Are hospitals building their community councils? That takes some time so what is time period?

**Dolson:** They are five-year plans.

**Member Comment:** When I look at these, I think about how they’re reaching folks that are not patients. With the erosion of Medicaid enrollment, how are hospitals really going out there to get folks who normally don’t show up (e.g. DACA) or ELLs.

**Member Question:** So engagement has to happen before May 1 to submit so they will have to report on how that happened?



**Dolson:** Hospitals will report on how their engagement went over past year. When we get it in May, they will include what feedback/input they received. Look for postings on website around June 12

**Member Question:** Listening to this, it's illustrating how complicated it is. I wonder if we could have something like the timeline that has more of the details of events/timelines that we've been discussing?

**Dolson:** Yes, we'll take that as homework. We will also spell out in an HTP Newsletter with all these events in bullet form so easy to digest.

### **HTP CAC in 2020 and Beyond**

Aspects of HTP of most interest and the importance to CAC going forward.

Engaging with hospitals: How can CAC members engage, support?

**Member Comment:** Tough conversation with such light attendance. I think we have a role to play in reviewing what is actually happening. I think the bigger role is to keep an eye for and raise when we see systemic issues or challenges.

**Dolson:** That would be a huge service.

**Member Comment:** It's part of what we've been doing and would like to continue.

**Member Comment:** I think a lot of the members are very connected to other organizations so we can help get the word out about the engagement.

**Member Comment:** I think it would be great if we could do a webinar in March to invite as many people as possible with member of CAC leading. Invite those on the ground (as Dede talked about), health centers, organizing group – inform them on how they can engage, what the timeline is, what is to be in timeline, what they can look for.

**Member Comment:** Having a resource that says who the hospitals are, where they are and they can then look out for them.

**Member Comment:** Regional Health Alliances, Family Resource Centers.

**Member Comment:** I'd also include in agenda what the focus areas and scope are.

**Member Comment:** I thought there should be some community check on the hospitals' measures and other CHASE member suggested the above. We could also think about other options, maybe HQIP is required to do some form of engagement. I don't think simply putting a community member on the board is sufficient.

**Keystone Facilitator:** I'm hearing 2 roles: Ambassadors & Eyes/Ears/Watchdogs.

**Member Comment:** I think important to define and be clear what scope is: is it HTP, is it HQIP or more. This brings up bigger issue of there does not seem to be a standard or structure for



community engagement across the Department and system overall efforts. Should be more standard protocol – this is how we announce, this is how we time it, make it accessible

**Member Comment:** Is there anything in HB 19-1320 or other places for technical assistance to sites struggling (e.g. with process)? Could this group be/become that resource?

**Member Comment:** Revisiting topic from November when we talked about quality measures and those quality measures/conversations had not populated into RAEs. I think we should address that.

**Member Comment:** As I reflect, I'd ask in the year ahead to understand more about RAE role in the HTP.

**Dolson:** Reflecting what she was hearing shared that one part was clear need to be looking at HTP and processes as it's happening to connect what's happening to the effectiveness and success including by measure of community input. The other piece of alignment on measures and other initiatives (HQIP, RAEs, HTP) – maybe it's this committee and some. This is the conundrum of scope – there is what is narrowly HTP and then there are those things that intersect.

**Member Comment:** I'd throw in Alternate Payment Form

**Member Comment:** A representative from the Denver Regional Council of Governments spoke to CHASE regarding the challenges of mandates created and lack of resources to implement and look at how incentives' alignment with requirements

**Member Comment:** We've talked about coordination that will be required among hospitals and hospitals and providers – particularly the referral piece. If they just check the referral box, they are going to be checking every time because it's part of the quality metrics. Want to make sure we are staying patient centered.

**Dolson:** Real value in understanding how it's experienced on the ground.

Dolson shared her support and excitement for the webinar and said if group wants to do that, the Department will support. Regarding the scope and purpose going forward, hearing some great things: advocate, liaisons for constituencies and communities in HTP as we implement, advice on how the Department is evaluating information, technical assistance to hospitals and communities; as well as the alignment of HTP, HQIP, HB 19-1320.

### ***Next steps***

Group self-leading on webinar planning with support and facilitation by the Department.