



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

Colorado Healthcare Affordability & Sustainability Enterprise Meeting Minutes

Via Zoom Webinar

Tuesday, April 27, 2021; 3:00 P.M.

- Members present (on the phone and webinar): Shepard Nevel, Allison Neswood, Bob Morasko, Dr. Claire Reed, Dr. Kim Jackson, Dan Rieber, Ryan Westrom, Scott Lindblom, George Lyford, Matt Colussi, Bob Vasil and Jeremy Springston.
- Department Staff present (on the phone or webinar only): Nancy Dolson, Tracy Gonzales, Kim Bimestefer, Matt Haynes, Courtney Ronner, Riley DeValois, Cassie Geremaia, Austin Wozniak, Dan Pace, Joe Sekiya, Cynthia Miley, Jeff Wittreich, Leanna Quintana, Melanie Schoenberg, Mete Ozcorekci, Rebecca Parrot, Pete Walsh, James Johnston, and Dana Batey.

A total of 47 people attended the meeting.

1. Call to Order at 3:02pm - Chair Shepard Nevel

2. Recognition of Departing Board Chair Shepard Nevel and Board Member Dan Rieber - Kim Bimestefer and Nancy Dolson - 3:03 p.m. to 3:15 p.m.

- Kim Bimestefer highlighted Board Chair Shepard accomplishments and thanked him for his years of service to the CHASE board. Recognized his accomplishments. Five years of leadership, from OASB to the CHASE. Led a charge towards cost shift. Led improvements in HQIP, which totals \$90 million per year. Over \$1B is largest value-based payments in the state. Thank you for your years of service and you will be missed.
- Chair Nevel - Thank you, Kim, and the partnership with Nancy and her team, that has been a big part of this. Talked about the importance of this work of the Department. This board was statutorily designed with diversity in mind. Thank you, Kim and my fellow board members.
- Dolson presented a plaque and letter and mentioned that a flag will be flown in Shepard's honor on May 15, 2021.

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- Dolson thanked Dan Rieber for his years of services and engagement with the Department. He receives a letter as a thank you from Kim.
- Reiber thanks everyone and Shepard.
- Dr. Jackson - Thanks both Shepard and Dan. This provider fee does a lot for her community.
- Dolson - Housekeeping - please use the chat feature to ask questions.

3. Approve Minutes from December 15, 2020 Meeting

- Chair Shepard Nevel, 3:15 p.m. to 3:17 p.m. Reiber moved to approve meeting minutes and Dr. Jackson seconded. Minutes passed unanimously.

4. Healthy Equity Presentations from the Department and Hospitals - 3:17 p.m. to 4:25 p.m.

- Dana Batey, HCPF, gave an overview of the Equity Diversion and Inclusion (EDI) committee and the HCPF EDI Plan which is being developed in alignment with DPA. The EDI Committee was formed in the summer of 2020. Addressing health disparities is crucial to improve the health outcomes for Coloradans. Key activities LBGTO, racial equity listening sessions, and then forming of the committee. We also participated in the hiring of an EDI and Health Inequities Officer. We have 9 topic areas, training, long term planning, budgeting, policy, programs and services, systems, and more. We are focusing on our guiding principles, and we will use these values of accountability, integrity and transparency. Some work we have done and continue to do is launching EDI Training, development of an EDI assessment, developing an Equity lens, and continuing with employee engagement, including special events.
- Dr. Walsh, HCPF, gave an overview of Health Equity at HCPF. First acknowledged Maileen Hamto, the EDI Officer. Objectives at HCPF include ensuring high quality care and services for underrepresented and underserved communities. Maileen developed the HCPF Equity Lens and Framework, and we are working on implementation of the plan. We are focusing on Health Inequities, analyzing programs and metrics data, incorporating racial and ethnic data into dashboards, and we are working on improving the application forms, to include race/ethnicity, gender, language and living situation. We are addressing health disparities, including maternity, diabetes and behavioral health.
- Neswood - Thank you both for the equity work you are doing at the Department. Regarding the Health Equity tool, is there a plan for community members to provide input in what you are working on?

Race and ethnicity data: what is the timeframe for seeing the data?

- Batey - We can work on bringing this back to the Department.
- Dr. Walsh - A majority of the work that we do is available through CORA. As many of our metrics are CMS reportable, so I he doesn't see any barriers to providing this data.
- Dr. Jackson - Regarding transgenders, collection of data can create questions within that community about whether they would be outed.
- Dr. Walsh - We would like to be able to collect this information. We have a proposal and will bring it to stakeholders, because we want to ask the questions, and want to make sure we are within federal guidelines.
- Dr. Jackson - Glad that the data will be collected as well as protecting the information.
- Chair Nevel - Thanked Batey and Dr. Walsh for their presentations and introduced the next speakers from hospitals.
- Dr. Allison Sable, Denver Health, Biostatistician, gave the background of Denver Health's road to the development of the Quality and Safety Equity program. Started a scorecard, first disparity appeared in 2013. Then they started another group of analyses - Target Zero, in 2019. 2020 Denver Health's Board pushed for more transparency, we started with an equity dashboard. In 2021, we deployed the dashboard. We will be collecting up to 387 ethnic backgrounds. Collecting race, ethnicity, language and housing situation. We are also looking data trends. On the ambulatory side, we are looking at race/ethnicity, language, gender and insurance.
- Kenda Pritchard, Spanish Peaks Regional Health Care, in Quality, Risk Management and Compliance in Huerfano County. We have started working on HQIP. This hospital hadn't looked at racial and ethnic disparities previously. What we found that we had a lot of gaps in our processes and that we needed a lot of employee training. We found that we have a large homeless population and that we didn't know where to send them. We had to recognize barriers to care prior to being discharged. The measures have given us a foundation to truly move forward and we are working with community development. We have some great resources that weren't being utilized properly, that we can direct them to in the future.
- Sylvia Park, Colorado Hospital Association, Director, Clinical Quality and Patient Safety, her background is in nursing, and she is also a lean six-sigma black belt. Readiness recognition is absolutely necessary to be there before we go for improvement efforts, so we can capture and recognize who we are treating. Priority area of focus is health equity,

America is becoming more diverse every day, and diversity isn't only racial. We are expecting to have a majority minority country by 2045. She gave an overview of what CHA has been working on in conjunction with member hospitals, quality improvements, successes, weaknesses, need for standardized data is so important. Social needs screening should include at a minimum, five core domains, consisting of housing instability, food insecurity, transportation problems, utility help needs and interpersonal safety. There are so many opportunities for improvement.

- Chair Nevel - Thanked presenters and opened up for questions - Question about metrics. Dr. Walsh and Dr. Sable - How do you establish the weights behind the metrics?
- Dr. Sable - We aren't weighting them at this time, we are just trying to understand the discrepancies. Asking why the discrepancy occurs. It may be a social determinant of health like homelessness that drives the differences.
- Dr. Walsh - With regard to HCPF, we aren't per se weighing them. We are doing the same process as Dr. Sable. We have various incentive programs, and program objectives, we are focusing on core measures. We have a requirement to do this at the Medicaid level. We are identifying each measure and we are focusing on the core measures as a starting point. The OMB standards may not produce coherent information, actually. And now we are analyzing each metric.
- Neswood - Two other questions: What about better disaggregated data around patient experience. Data looks at utilization, but there could be barriers. It could mean many different barriers, including racism, transportation or homelessness. What kind of data improving patient experience data by race and ethnicity? Second question: How are hospitals and the Department coordinating with collecting data, what can larger hospitals do to help smaller hospitals to collect the data?
- Park - At the federal level, the conversation ongoing. Top Box data not where the real information comes from. The comments are where the real feedback is collected. The top box data doesn't give us the real data. Infrastructure isn't really there yet for the smaller hospitals can get help. If you are a person who is planning to give birth, what are your options? There are ways to get help, but the infrastructure isn't there yet.
- Dr. Walsh - HCPF is involved in meetings to survey all Medicaid patients, who are surveyed annually. There are changes in what surveys are required. He isn't aware of a race and ethnicity question on the survey. We are thinking about access but haven't parsed it on race and

ethnicity.

- Dr. Sable - We have looked at racial and ethnicity. We have asked about the rank. It is something that the state, CHA and HCPF could look at.
- Dr. Walsh - For CMS, Medicare, there are corrections that go on in the top box data, that is a whole other conversation.
- Chair Shepard - I wish we had more time. If there is any Board member that has a question, please contact Nancy with them. Thank you to all of the presenters. We appreciate your valuable time.
- Dolson - Thank you all, we really appreciate your attendance and your great presentations. This has been incredibly invigorating. Thank you for your time, it has been of great value to the Board.

5. CHASE Hospital Fee and Payment Model 2020-21 - Nancy Dolson - 4:26 p.m. to 4:46 p.m.

- Chair Nevel - Acknowledged the work of HCPF and the collaborations with the hospital systems.
- Dolson - Also acknowledged her team and the collaboration with CHA. She gave an overview of Fees and Payments and highlighted the 2020-21 payments. \$410.2 million in net reimbursement. She showed expansion funds effect on the total fund, and reviewed the Return on Fee, including administrative expenditures. HCPF is not making changes in payment methodology. She also showed Rural Support Fund (RSF) Supplemental Payment and HQIP Supplemental Payment review and results. The DSH Supplemental Payment remained fully funded by the Federal Government at \$219.4 million. Net Reimbursements increase is due to RSF and Medicaid expansion.
- Next steps - Present new rules to the Medical Services Board, continue pursuit of CMS approval, notify hospitals and host webinar and then reconcile between approved and interim figures by September.
- Questions - Rieber - HTP - will this be a topic of this conversation going forward? Will this be weaved into the conversation regarding metrics?
- Dolson - Yes, we will be doing a lot of dashboarding and reporting, evaluating the HTP program, receiving a lot of information from the hospitals. We will share this with the Board and the HTP CAC, to see where we are successful and how we can improve. When we get to the milestones, we will be sharing this information with the Board. We look forward to providing value from this program.
- Rieber - Where can I look for this reporting in the future?

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- Dolson - We will have reporting available on our website and we will be including this in the CHASE Annual Report.
- Rieber - Will HQIP continue to be at its current level, even when HTP reaches its maturity?
- Dolson - Yes, HQIP is separate, we are focusing on maternal perinatal care, patient safety and patient experience and ... HTP is about improved processes of care driving towards value. As for HQIP, we have direction in statute to continue to do this. It's formulaic and will continue.
- Lyford - How impressed and appreciative for all of the work that went into this presentation. Continue to be awed by all of the work that you and your team do. Also appreciate Zoom as the meeting platform.
- Chair Nevel - Any other questions?

6. Public Comment - No public comment.

7. Board Action at 4:48 p.m.

- CHASE Model 2020-21. Lyford moved to approve the Hospital Fee and Payment Model 2020-21 and Neswood seconded. Motion passed unanimously.

8. Adjourned at 4:50 p.m.

- Chair Nevel thanked everyone for their participation and adjourned the meeting.
- Dolson thanked Chair Nevel and the Board as well as Dan Rieber and all participants.

9. Next meeting: June 22, 2021.