CHASE
Colorado Healthcare Affordability and
Sustainability Enterprise

Hospital Transformation Program (HTP) Community Advisory Council Meeting Notes

Sept. 23, 2020 from 9:30 a.m. -11 a.m.

Allison Neswood called the meeting to order at 9:35 a.m.
In attendance were the following HTP Community Advisory Councilmembers:
Allison Neswood, AJ Diamontopulos, Caitlin Westerson, Isabel Cruz, Katie Breen and Mark Levine.
HCPF Staff who attended: Nancy Dolson, Courtney Ronner, Joe Sekiya, Matt Haynes, Cynthia Miley and Karola Cochran.

Neswood went over the agenda for the meeting.

1. Community Advisory Council Structure:
   a. Discuss proposed commitments that were included on the agenda.

   Neswood read the HCPF commitments and a discussion followed.
   Levine - Is the program hospital centric or neighborhood centric?
   Neswood - The idea behind is it to have hospitals engage with their health neighborhoods. Hospitals have been doing outreach in their neighborhoods. HCPF has put out a guidebook on this.
   Levine - Concern with hospitals engaging, but the neighborhoods have lost their power. Neighborhoods should have more power over their own.
   Haynes - Health neighborhoods is a technical term. Hospitals were asked to define their health neighborhoods. This is aligned with established processes.

Introductions:
Neswood gave everyone an opportunity to introduce themselves, which they did.
Dolson introduced herself and agreed with the HCPF commitments and offered two additions:

1) HTP Community Advisory Council is a Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) Subcommittee. A statement of purpose might want to be included along with the HCPF commitments.
2) HCPF will provide administrative support to the HTP Community Advisory Council, including meeting invites, agendas, meeting minutes and posting to the website.

Neswood acknowledged the additions and agreed to them.

b. Select chair and co-chair – **Neswood** stated that she would be happy to be the chair or co-chair, unless someone else want to be in the role. She will send out an email with the offer to everyone. She also asked if there was a preference for either self-nominations, then a vote? Or nomination from others and then a vote.

   Diamontopoulos expressed an interest in the co-chair role.

   Neswood said she would like to work with him in that role. Role of co-chair would include determining agenda items, coordinating meeting times, planning and facilitating, research and gathering feedback from council members. A reasonable time commitment ask would be one and a half hours on the meeting day and an additional two to three hours a month.

   Neswood indicated she would reach out to council members following the meeting to ask if others are interested in a co-chair role before the roles are finalized.

c. Establish meeting time and frequency.
   Neswood – We were meeting monthly before. What do we consider good going forward?
   Levine – Monthly going forward, then reassess.
   Neswood – Any questions about what we have discussed so far?

2. HTP Measure Set

   a. Community Advisory Council member responses to HCPF Dec. 19, 2019 memo (attached)
      Neswood – What are your responses to this memo? Do we have any other priorities? She then offered her thoughts – She brought up disaggregated data reporting. Where are the gaps and what are the barriers to collecting complete data? Another area in the memo had to do with diversity in leadership. Hospital workforce diversity: hospitals are challenged to collect information on their workforce.
      Dolson – In terms of speaking about disaggregation of data, Haynes can speak to that. Also, Haynes might be able to talk about the hospital staff data, too.

   b. HCPF presentation: HCPF will discuss remaining issues and opportunities and barriers around HTP data disaggregation by race, ethnicity, language and other factors.
      Haynes - We are working on what data we can collect. How much information filled out on a form, where some of it isn't required. There is a difference

between hospital stays and the claims that follow. The information doesn't necessarily show up on the claim, as the information isn't required on the form. The caveat we will have to make is that the data is incomplete. We don't want to create confusion regarding the data.
Dolson - Quick follow-up – we have an eligibility file and a claims file. They may be complete or incomplete. Any idea which information we can actually report?
Haynes – The team is working on reports now, then we will look at October for what information we can report and share.

c. Community Advisory Council questions and additional feedback
Neswood – Which measures use claims data?
Haynes – Admissions, length of stay, well visits and local measures are claims based.

Sekiya supplied the link below via chat.

https://www.colorado.gov/pacific/sites/default/files/2020%20August%20HTP%20Measure%20Specification%20Details.pdf

Haynes – This is value-based care. Each intervention is an opportunity to improve. The equity of interventions in hospitals is necessary.
Diamontopoulos – Not familiar with Hospital Quality Incentive Payment (HQIP) metrics. Is there a process of how they can look at them?
Haynes - The HQIP bundle peripartum ethnic disparities. We are making this a hospital wide measure that all parts of hospital operations in all departments will address ethnic disparities overall.
Diamontopoulos – Have any or are any hospitals doing this on their own? Some subcommittee conversations show there is a lot more attention paid to them recently.
Haynes - Two areas where we have opportunities: Equity in interventions and data being reported. Data being reported - hospitals are collecting this data, not necessarily required to document this. Hospitals may report disaggregated data. We run into safe harbor issues in this program. We want to be cautious of our patient's data.
Westerson - What about patience experience versus outcomes?
Haynes – Hospital experience is in three different measures in HQIP. We are hearing that patient experience will be included in the measures.

Westerson – What about workforce at hospitals – echoing that we need diversity in the workforce. When looking at the network of hospitals, what do the providers look like in Colorado?
Haynes - Making sure there is diversity at hospitals, we received feedback there is a relatively high correspondence between nurse diversity matching the diversity in the community, less for doctors and even less for management. We are dealing with shortages of nurses and shortages of doctors. Regional hospitals are just happy to get a doctor. Top levels in hospitals - we need to address this to apply across all hospitals.
Dolson – Any other questions about hospital diversity? Haynes mentioned we may be able to report this data in the near future. Can we follow up next month? What is the horizon on this?
Haynes – We meet weekly with the Colorado Hospital Association (CHA) and we will carry this forward to them to see what they can provide to us. We will find out what the timeline is. More information will be provided as soon as we hear it.
Neswood – Can we look at this in the workforce? It is an option?
Haynes - We have tried to come up with the best measures. Discrepancies in leadership. We can propose a measure around position or workforce diversity. This would be hard to actualize.
Dolson – Echoing Haynes – if there was a measure we could utilize, we would welcome it, but it will be hard to collect this information.
Levine – Maybe we could look at workforce reporting for the state's healthcare infrastructure without a measure.
Dolson - We will see what exists now and what we can report. Asking hospitals to report more without a measure, may be difficult.
Levine - Trended data would be useful.
Neswood – Let's continue investigation around this. Being able to have this information would be helpful to see if we are making progress.

3. Hospital Quality Incentive Program (HQIP) 2022 metrics

    a. HCPF presentation by **Haynes**: The HQIP subcommittee has recommended revisions to the 2022 HQIP metrics. HCPF will provide an initial overview of the proposal. Presentation 2022 - it's a look back to data from 2021. Program background - points system to measure. Recommendations - delayed from 2021 because of COVID.

- Reduction in Racial and Ethnic Disparities - All hospitals have to report on hospital wide efforts plus birthing hospitals talk about specific population.
- Zero Suicide - new measure in collaboration with CDPHE. Two areas - Level 3 - identify, treat and engage - Hospital needs to provide information about people most affected by health inequities. Reports of outreach by hospital. Level 4 - data tracking element to track screening.

Levine - Is there a way to combine hospital data and provide that to the communities that are affected? How do we engage the communities?
Haynes - We want the hospitals to do exactly that to qualify for Level 3
Levine - It is challenging for the communities to engage. Is there a matching program on statewide level?
Haynes - This is the zero-suicide framework that the state is putting in place.
Neswood - It is great that HCPF is partnering with CDPHE.
Levine – Is it possible to link the statewide program with CDPHE?
Haynes - Standard reporting and training and participating in the collaboration - can follow up with Mark
Diamontopoulos - I have a foundational question: Quality improvement directors - how do we come up with the list of measures?
Haynes - we start with HCPF, then we go from there.

Sepsis and handoff and sign-outs not covered as we ran out of time.

Neswood – The group can send questions about the presentation to her. Can we continue the discussion next time?

4. Next meeting:
    a. Continuation of presentation on HQIP.
    b. Establish neighborhood engagement criteria.

Neswood – Thank you to all who attended.

Meeting adjourned at 11:05am