

Hospital Transformation Program (HTP) Community Advisory Council (CAC) Meeting Agenda

March 6, 2023 from 3:00pm to 4:30pm

Via [ZOOM](#)

1. Call to order and introductions - 3:03pm
 - a. **AJ Diamontopoulos** - started with introductions, 3:04pm
 - b. HTP CAC members in attendance:AJ Diamontopoulos, Mark Levine,Heather Jones, and Phil Cernanec
 - c. HTP CAC members excused:Isabel Cruz
 - d. HCPF staff in attendance: Matt Haynes, Rebecca Parrott,and Kami Tam Sing
 - e. **Diamontopoulos: Meeting called to order after introductions, 3:05pm**
2. Approve meeting minutes from September 19, 2022 - 3:08pm
 - a. **Diamontopoulos: approved meeting minutes - 3:08pm**
 - b. **No objections**
 - c. **Minutes approved**
3. HTP Updates - 3:09pm

Haynes - HTP evaluation overview - half way through program year 2, 84 hospitals in the program, 635 different interventions over the next 5 years, 1,542 different (activities) implementation plans - people, process, technology, dat. This is an increase from 1,329, from the previous year

Cernanec - Could you go over interventions and implementation plans?

Haynes - Yes, hospitals had to apply, here are the measures (statewide and local), here is why they are important based on the community. They have to show improvement and how they have implemented these interventions.

Cernanec - I am assuming the outcome revolves around better outcomes in the community?

Haynes - Yes, they are based on creating better health and meet the benchmarks for these interventions.

Levine - Do you have a baseline that you can track?

Haynes - Yes, some are fixed benchmarks and they are shown in our scoring framework documents. Other measures are based on our baseline data from September 2021 - October 2022 - to get a baseline, and increase each year, based on data. They either already have benchmarks, or, we will get those through the data we just received.

Levine - Do you have areas where people put things into activities?

Haynes - Yes, we measure how many hospitals land in each area. Who, what, how... 398 were focused on data and/or technology, 212 - patient engagement...

Levine - How do you track neighborhood engagement?

Haynes - Every quarter they have to do public engagement. Last quarter - 466 consultations with key stakeholders, 76 community advisory meetings, 37 public input meetings - This is required throughout the year.

Levine - 76 hospitals that did this kind of public meeting, that means that 8 did not, what are the consequences?

Haynes - They may not have reported community advisory meetings that quarter, but reported other meetings.

Levine - Other than reporting, what else do you track between neighborhoods and hospitals?

Haynes - Hospitals identify who, but topics that are discussed are based on the type of meeting. 266 discuss measures, 285 discuss measures, 222 discuss data and technology, 211 for data reporting etc...

Levine - This sounds like hospitals in the community, do we have a way to track the community response?

Haynes - That is in response to working with communities and how they are reached, to meet those interventions. Community advisory meetings - HTP interventions. Public input - more open and hear public concerns.

Cernanec - What is being done to temper or determine the quality of each one of these? If I have a community advisor, do we know who it is and their status within the community? As well as numbers in each meeting, agendas, intervention focus? How do we know the quality?

Haynes - None of this has happened before, we are moving the bar towards more engagement. We look at the mix of community groups, track the numbers that attend, and see where we can do better and perform better. For the learning symposium, we are meeting to see how we can improve community engagement and hear about best practices. We do need to monitor, see where we have concerns, and how we can provide training and tools.

Cernanec - So, the program is trying to see the quality of the plans, then tell, by a measure, the output on how those plans are being implemented?

Haynes - That's what we are following and monitoring.

Jones - Can you give me a sense of what % these hospitals are rural vs urban?

Haynes - Every hospital that offers Medicaid services, have to participate

Diamontopoulos - Now that you have the initial data, are there any concerns?

Haynes - We have done a lot of relationship building, we have come a long way. Folks didn't always know the resources, and we are building that. Turnover is an issue. Always something to learn and more to be done.

Levine - What do you hear from the hospitals around this program?

Haynes - "Matt, when HTP started I was not a fan, but the way we have to be engaged with the community, was more than before, and this helped through Covid". That is someone saying that they were not on board at first, but can see the benefit. UHealth - when they hold their public input meetings - they send their CEO/President out to those meetings. Shows commitment from the highest leadership.

Levine - Have you received any suggestions on improving the program?

Haynes - Around the initiatives and interventions, we have.

Cernanec - What might be good to capture - hospital knowledge on Org structure and who is involved within these organizations. A title of HTP coordinator, can be placed anywhere and where a hospital places this title, can show the importance of the program.

Haynes - That is something we watch, based on leadership commitment.

Diamontopoulos - Anything else to share?

Haynes - That's all I have for today.

4. Update on CAC Recruitment and Next steps - 3:36pm

Diamontopoulos - We were fortunate enough to recruit 4 new members, 2 were unable to attend today. Heavy on representation in the older community. Updates: I will continue to outreach to other organizations and different populations, those shown in the SDOH needs. We wanted to focus on rural areas, to begin. Heather is one of 3 from the rural side.

Cernanec - I am in a county with rural and suburban.

Diamontopoulos - Our efforts will continue. Looking for representation across the life span or younger.

Cernanec - Are you looking at pediatric hospitals? Someone that may be on the board of a peds hospital?

Diamontopoulos- I wouldn't say that we are focused on Pediatric hospitals.

Cernanec - An organization like “doctors care” focuses on the underprivileged. Services provide volunteer medical providers.
<https://www.doctorscare.org/about#OurMission>

Haynes - Community organizations that represent all ages.

Levine - I like your suggestion Phil, getting a community voice on the committee

Haynes - There is value to adding members with a perspective on community engagement.

Diamontopoulos - Maybe we can take a look at some of the interventions, and see from the community, what is being seen and get their feedback. Figure out how to provide advice on this.

Diamontopoulos- I am all but one, if anyone has recommendations on who to recruit, please send them my way

5. Purpose of CAC Meetings - 3:41pm

Diamontopoulos - Matt or Rebecca, could you provide what the CHASE board expected from this committee

Haynes - This was established, to get engagement, where historically, there hasn't been, and not just check boxes. The CHASE board wanted structures in place, to help hospitals succeed. Community advisory council, to provide a community perspective and recognize and understand the community voice. How are we doing, what are best practices, how can we support? HTP isn't the only thing with engagement, community benefit requirement is another area of focus.

Cernanec - A lot of other needs that lead to healthy living, I wouldn't always go to my hospital. Does someone have a different vision of hospitals going forward?

Haynes - Supplemental payment program that ties interventions. A big focus of HTP, is how to bridge the gap between the acute care space and moving forward. What is being asked, and what is the intentionality to connect different programs, to serve patients

Levine - Is the focus of HTP on the delivery system? Where does community health fit in? I would be interested in looking into how to help the community - by having fewer people in need. How does the HTP program intersect with the department's focus on addressing equity issues? How do we fit in with equity and community health?

Haynes - The HTP program is a mosaic of efforts that needs to be aligned. The funds we are using are strictly for hospital

services. How do we align this as a collective effort to align with community health? This community engagement piece will be a lasting legacy of HTP, creating relationships.

Levine - What is the role of HTP within the department's equity plans?

Haynes - We have a broader equity plan. HTP looks at equity from the Medicaid lens, and equity in our programs. Focus for HQIP and P4P programs. We have had a reduction in racial and ethnic disparities measured for HQIP. All plans need to have continuous learning and improvement, and a focus on equity and engagement. How do they fit into their plans for the future? This council could help by showing gaps.

Levine - To provide a voice for geographic communities for hospitals. There are areas around the State that don't fit into the box, how do we give voice to those groups and offer community engagement?

Haynes - These meetings can give guidance on these topics. We will be asking hospitals what their plans are to reach every type of population. That is in the hospital to understand their community.

Diamontopoulos - How can the communities access some funds to help alleviate the burden being placed on them?

Haynes - We do not have a mechanism to provide up or downward flow of payments. We have strict Federal regulations we have to follow.

Diamontopoulos - What about the CHASE board?

Haynes - The system is the same. A fee to support Medicaid services to support the hospitals.

Levine - If a hospital identifies someone with a social need, could the community services be included in that? The purpose of screening is to help people.

Haynes - Yes, has to be a community effort. We are utilizing the funding that we have available.

Cernanec - The whole system - you have some representation on aging, a lot of services are provided through the county as well as the county screening for Medicaid eligibility. Should there be a touch point with the counties?

Levine - Does that relate to membership to this committee? Someone who distributes food, transportation etc...

Diamontopoulos - Heather does that in her region, Triple A does that. More representation would be good.

Jones - I am housed at the Mesa county of housing services.

Diamontopoulos - Purpose is to help CHASE and HTP hospitals to improve community engagements, now that they have started. Hopefully we can be of service to them along the way.

6. Discuss Next Meeting Timing 4:00 pm

Diamontopoulos - The last meeting, we had more to do during the application process. We were meeting monthly. An idea to move these meetings quarterly. We are open to any option.

Levine - I think that while we are recruiting, it might make sense to see it as the immediate need. Another meeting in a month might push us to do active recruiting. If we wait for the quarterly meeting, it might lose steam.

Jones - I don't have a preference. Monthly, every other month, or quarterly would be fine.

Diamontopoulos - Phil, do you have any thoughts?

Cernanec - I think if we met the next two months with a focus on recruiting and building the committee, and a brief idea on an update that can be sent out ahead, simple numbers, so we can see numerically that effort has continued. First Mondays in April and May work for me. With a focus on recruiting.

Diamontopoulos - Does the State have a preference

Rebecca and Matt - No

Diamontopoulos - We can meet monthly until June, then revisit the idea of meeting quarterly.

Diamontopoulos - If anyone has any ideas on who to recruit, please contact me or Anthony from the State. We will focus on recruiting members from populations not yet represented. Any other thoughts or questions?

7. Open Discussion - 4:06pm

Diamontopoulos - Any topics for open discussion?

Diamontopoulos - What is a good number to hit for new members?

Levine - Get as many as we can. We may not hit a ceiling in the future. Once we hit around 10-15, we can discuss.

Diamontopoulos - We will know it when we see it.

Cernanec - Appropriations within legislation, I don't see a bill increasing Medicaid reimbursements. Should we be advocating for this?

Haynes - I don't have a comment on what should be advocated, we will have updates as we see things come through the department.

Levine - I saw something come through on community benefit, any comment?

Diamontopoulos - Allegedly, there is a group of bills that the Governor's office put out.

Levine - This doesn't include HTP?

Haynes - Correct

Haynes - We can get you on the newsletter, we have information on the projects we have around broadband (internet) and we have that information available. Long term care side, a bill dropped about increasing Medicaid for nursing homes - HB 23-1228.

8. Adjournment 4:14pm

9. Next meeting First Monday in April