**Hospital Transformation Program (HTP) Community Advisory Committee (CAC) Meeting Minutes**

July 18, 2022 from 3:00pm to 4:30pm

Via [Zoom](https://us06web.zoom.us/j/83660426119?pwd=cGxNUjVEM1ZIeldYS3hkSmxRQ01Fdz09)

1. Call to order and introductions - Nancy Dolson, 3:05pm

* Attendees: AJ Diamontopoulos (DRCOG), Mark Levine (CU Anschultz), Dede de Percin (Mile High Health Alliance)
* HCPF members: Shay Lyon, Nancy Dolson, Anthony Ciaramella, Cynthia Miley, Matt Haynes
* Nancy Dolson: Introductions for HCPF members
* AF Diamontopoulos: Introductions for members

1. Approve meeting minutes from April 18, 2022 - AJ Diamontopoulos, 3:09pm

* Motion to approve: Dede de Percin moved
* Mark Levine: Seconded

1. Purpose and mission of the Committee, and how to improve attendance and participation - Nancy Dolson, 3:10pm

* Nancy brought up a document from 2019 that described the original mission of the Committee and the need for community engagement. Changes have occurred since COVID. Believes that the CHASE board is informative and receptive of the forum’s input and ideas.
* Matt says that as structure was built around HTP, the Committee aided in community advisory and engaging the community and hospital work groups. The Committee has been instrumental in that advisory piece.
* Should we engage with current members of the Committee who aren’t attending, and also look into gaining new members?
* Mark replied yes, he would welcome that in the context of a refresh regarding the *purpose* of the Committee. Do we have representation of the proper stakeholders? Should we include more?
* Dede says we either need multiple dimensions or should focus only on HTP.
* Mark says that that is one of his concerns. Is there a way to engage more broadly with HCPF and the role of HTP in terms of what’s happening in the Health First program and healthcare in the State?
* AJ says that he encourages HCPF to pursue that, but that that may not be our directive from the CHASE board.
* Dede says that it may sway the purpose of the group- by adding on other programs.
* Isabella says it may be difficult to bring people in if people feel that the time invested isn’t helpful.
* AJ says that the Committee should be defined clearly and made clear for stakeholders to encourage participation.
* Nancy mentioned that it can be challenging for people to attend meetings.
* Dede said she hasn’t seen the impact of this Committee.
* AJ wants to figure out points along the HTP timeline that the Committee can use to leverage the community into participating in key points.
* Dede says most meetings show people being talked at rather than engaging.
* AJ agreed. Asks how to measure impact and feedback from community engagement. Can we recruit from different hospital areas? Do they feel any impact of this initiative? May help motivate stakeholders to engage meaningfully.
* Nancy invites Matt to share perspective about activities within HTP that the committee could help with.
* Matt: Interim activity is coming up. Every quarter some CHNE must happen. This the first 2 quarters, and 1 must have a public input meeting. There will be a combination of key stakeholder meetings and others. Filter what organizations we interact with before dropping data into the tracker. We could pull some analytics to show who’s involved, what’s being discussed, what kind of feedback are we getting, etc. Meetings must be bi-directional. Share data to provide information on where gaps in engagement are.
* Matt cont.: Committee can be influential in upcoming 2 day Learning Symposium. How can we get meaningful input from this? What types of trainings, resources, or best practices can we organize along the way?
* Mark says the engagement at HCPF is hospital-focused. If we want to improve community engagement, our current process may not be ideal for that. Can we contribute to enhancing the process of engagement with community?
* Dede says to engage strategically through many different demographics. Seems that that initiative has stopped recently.
* Mark agrees. Smaller rural communities usually gather around 1 hospital, while many metropolitan communities interact with their hospitals.
* AJ asks what is the process for measuring engagement?
* Matt says won’t be getting overly qualitative, but there are minimum requirements. Must work with others to reach the communities. Must coordinate engagement with other organizations. Must have public input meetings where anyone can attend. Says that there is opportunity to review each quarter and can give feedback and advice moving forward.
* Mark asks Matt if he’s received any information about the outcome of these hospital meetings and events?
* Matt says that there are questions asking what feedback was received, how did this affect the HTP program, etc. Made sure that reports are high-level so as not to add too much work to stakeholders.
* Mark suggests that we sample community input.
* Matt agrees that an evaluation piece would be useful.
* Nancy says that stakeholders are required to report back what they did and how the events went.
* Mark mentions that the fact that meetings are sparsely attended shows that there is limited interest and engagement and must be addressed.
* Nancy says that many HTP and public input events have not been well attended. Interested in exploring more options for getting community input.
* Matt says that rural hospitals hold big events for small towns to draw in the locals. Some creative ideas being utilized.
* Mark says that those communities are usually connected to their hospitals more so than larger metropolitan areas and those hospitals.
* Dede says that there is less of a bond between patients and primary care providers, and that needs to be strengthened.
* Matt suggests that we get those primary care physicians involved.
* Mark wants to know if the community is getting to engage on critical issues? Are there areas that HCPF is concerned with that should be addressed in communities, such as specialty care? Are we addressing these more crucial issues to improve performance? Meetings held simply to fulfill obligation may not be effective.
* Matt agrees, but still supports that the engagement meetings occur in the hopes that some will be useful. It will be obvious who isn’t putting in effort. Participation should be local, mainly.
* Mark says that he doesn’t see the impact.
* Matt maintains that engagement has improved in some areas.
* Nancy says that we are challenged to keep things locally focused. But we’re not seeing the level of engagement that we’d like across the board.
* Matt says we need to ask ourselves where are these resources? How can we communicate these to improve engagement?
* AJ asks what would be most useful from the Committee to help review the data received?
* Nancy says that as we receive data from the stakeholders, information will be shared with the committee to discuss. Must improve community engagement
* Matt: How do we use HTP to provide better resources, better direction in the future? How does it shape the collective vision of engagement post-HTP?
* AJ asks what changes have been made due to feedback?
* Matt says that that question is part of the data.
* Dede says that we haven’t had an impact in how hospitals are doing the work. Attending seems difficult. As we roll out quarterly reviews, that may provide more interesting discussions. Meetings may be more useful if quarterly.
* AJ says that he wants the committee to have more input on HTP process and decision process. May be why attendance has been low.
* Dede mentions that there is a lot of change to Medicaid expansion coming in the next 2 years. Capacity issues may contribute to low engagement in membership.
* Matt says that the Committee is having a much larger impact than they know.
* Matt says how do we get information out strategically? Bring in presentations to explain programs to various communities?
* AJ: is there a sense that hospitals think that they need help?
* Nancy says that we can’t speak for the hospitals, but we can confirm that the meetings are short, not well attended, and that hospitals are presenting information but there is little engagement. Mostly for large, urban hospital groups.
* Cynthia says that it’s not all hospitals and that some have done multiple sessions. Virtual platforms are a factor.
* Matt says that some communities have shown interest, but it’s mixed.
* Mark asks if we’re aware of any examples where hospitals have collaborated to improve engagement?
* Matt says that there are some. Organizations are building up consortiums that are gaining some traction.

1. Discuss a plan to assist in the review of CHNE reports

* Due to a 1 quarter lag, it may be conducive to wait to review the reports until next quarter.
* Dede suggests that we meet next quarter to review a larger chunk of information and know who to invite next meeting.
* Dede says that if we had a list of contact information to send out survey to gather data, that could help pull more substantive information.
* Matt agrees that we may be able to do something like that.
* Dede says that when surveys are done, the hospitals don’t usually share that information with their communities.
* AJ wants to figure out how to communicate more effectively with the CHASE board and how to engage with communities to help us provide context for CHNE reports. Next meeting, decide what to do with those reports.
* Nancy agrees. Some aggregate information may be helpful and then dig into particular areas.
* Matt agrees, and then we can find out how to best implement the data gained from those reviews.

1. Open discussion

* Mark says that we may not want to meet quarterly in order to discuss lack of attendance. How can we get others to join us?
* AJ says that meeting next quarter would be good, but that we do need solutions for the current issue of engagement.
* Nancy asks how will we get the hospitals to meet communities where they are, versus holding meetings and hoping that communities attend?
* Mark suggests sending a message to current membership to confirm that they are still interested and if we need to change times to improve membership attendance.
* Nancy agrees. Share what’s been discussed and feedback from members, then ask who would like to attend the next meeting.

1. Adjournment - 4:28pm

* Mark motions for adjournment
* AJ seconded.

1. Next meeting scheduled for August 15, 2022 at 3:00pm via Zoom