

Colorado Hospital Transformation Program:

Community and Health Neighborhood Engagement Midpoint Report

Matt Haynes

Department of Health Care Policy and Financing



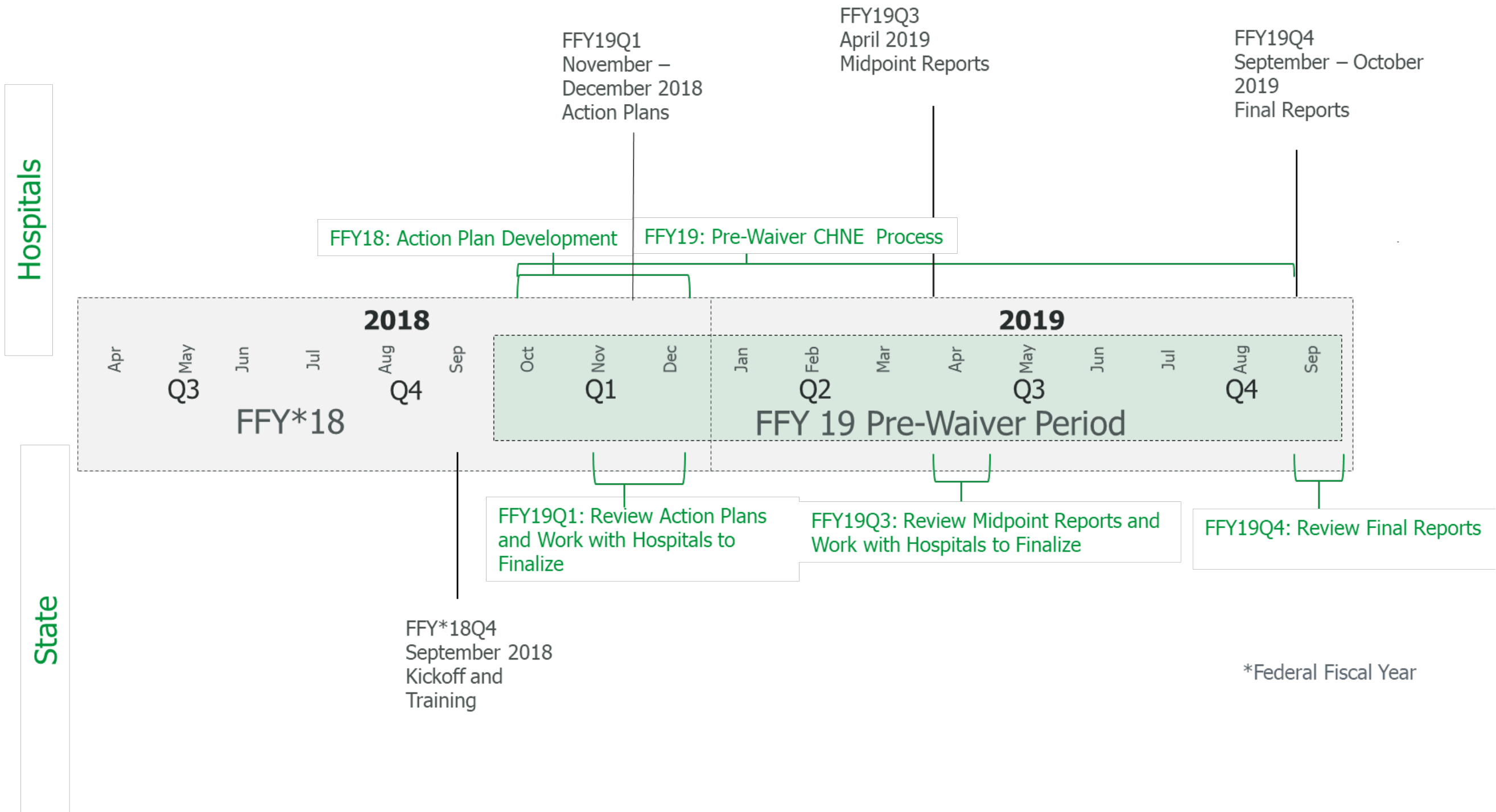
COLORADO

Colorado Healthcare Affordability
& Sustainability Enterprise

Community and Health Neighborhood Engagement (CHNE)



CHNE Timeline

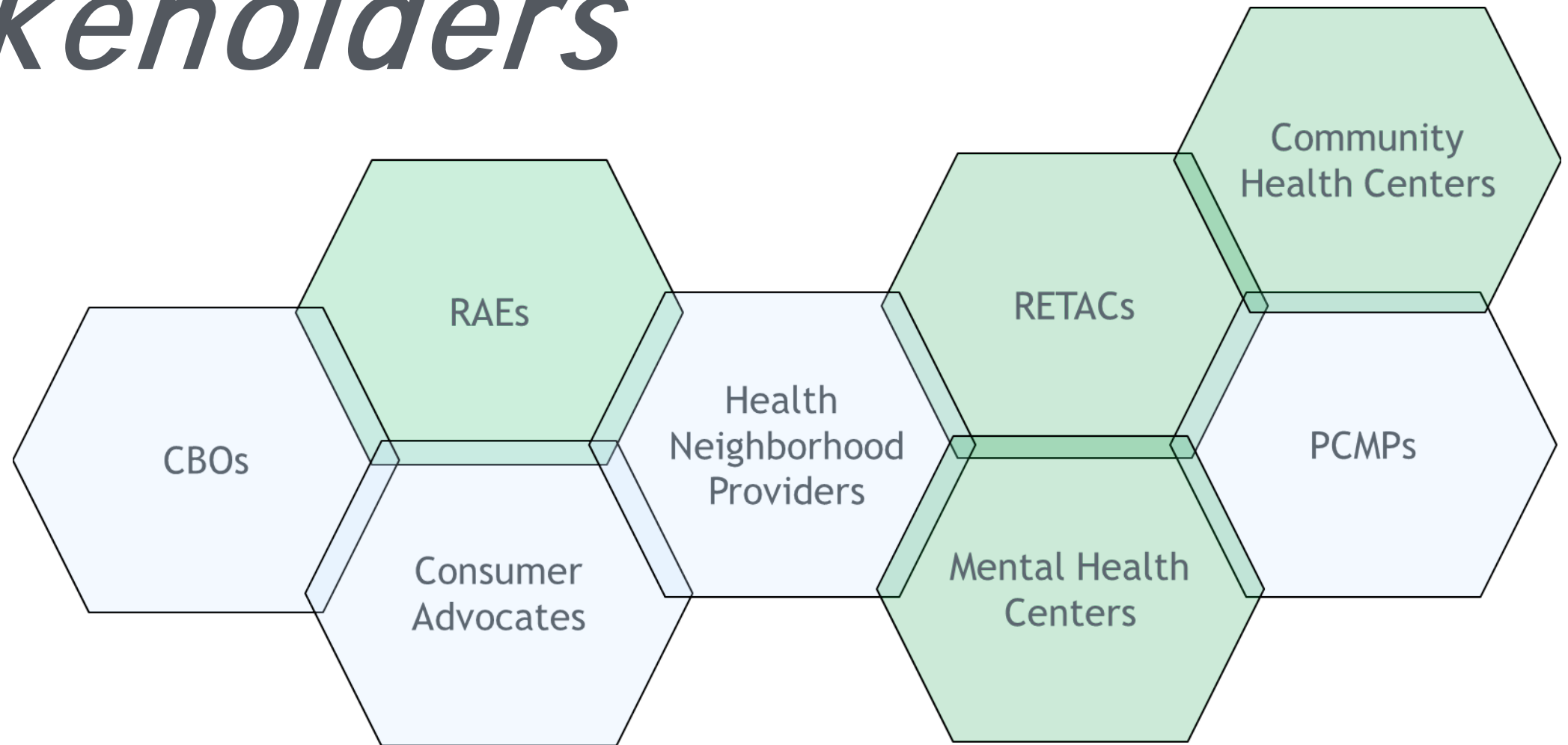


CHNE Action Plans

- Action Plans outlined hospitals' proposed CHNE process. These were made public on the Colorado Hospital Transformation Program website:
<https://www.colorado.gov/pacific/hcpf/colorado-hospital-transformation-program>.
- Hospitals will report on the progress made in implementing this process in their Midpoint Reports, including updates on community engagement and results of an environmental scan. Midpoint Reports will likewise be posted on the HTP website.



Stakeholders



Stakeholders will assist planning efforts by providing:

- Data and expertise about the community the hospital serves
- Information on and connections to available community resources
- Ideas and support for HTP initiatives

Convening Stakeholders

- When convening, hospitals and stakeholders should come prepared with information about the community, including the results of recently completed community needs assessments.
- Community needs and resources should be compared to the HTP priorities to begin identifying opportunities for initiatives and partnerships.



CHNE Environmental Scan

Hospitals must complete an environmental scan during the first half of the CHNE process. The environmental scan must be evidence-based, and include:

- A description of the community (demographics, health status)
- Existing hospital and community resources related to medical care and social determinants of health
- An assessment of access to and availability of services and any service gaps
- An assessment of the current state of health information exchange



CHNE Midpoint Report

The Midpoint Report must detail:

- Organizations engaged and activities undertaken
- Challenges faced and strategies used or changes made to planned activities to address them
- How the community has been defined
- Findings from the environmental scan
- Other major topics discussed and input received
- Preliminary thinking on HTP initiatives
- Planned future CHNE activities

Midpoint Review Criteria

Midpoint Reports are an opportunity for hospitals to provide an update to the public and the Department, including if there have been any barriers to implementing the planned CHNE process.

The State will be reviewing Midpoint Reports to ensure:

- Needed adjustments were made to the Action Plan with any divergence justified;
- The environmental scan assessment is complete, sufficiently detailed, and evidence-based, and was informed by community input;
- The process has been inclusive with diverse, regular engagements to allow for meaningful opportunities for participation; and
- Community organizations will continue to have meaningful opportunities to inform HTP participation.



Midpoint Report Template Overview

The Midpoint Report is divided into six sections, with two optional appendices:

- I. Instructions and Timeline
- II. Contact Information
- III. Engagement Update
- IV. Environmental Scan Findings
- V. Planned Future Engagement Activities
- VI. Additional Information

Appendix I: Community Inventory Tool

Appendix II: Hospital Care Transitions Activities Inventory Tool



I. Instructions and Timeline

- Midpoint Reports are due Friday, April 19th by 5pm MT.
- If the hospital has any questions or concerns related to the Midpoint Report, please reach out to COHTP@state.co.us ahead of this deadline.
- Completed reports should be submitted as a single .pdf to COHTP@state.co.us.
- *If* you have attachments (none are required) please merge all documents with the report into one .pdf file.
- Questions have suggested word limits for responses, but the form will not cut off responses.



II. Contact Information

- Please fill out the hospital name and Medicaid ID.
- If your hospital does not yet have an assigned Medicaid ID, please note this in your response.
- Please provide additional contact information only if this has changed since the submission of your Action Plan.

III. Engagement Update

III.a. Complete the two tables. In the first table, list all organizations that have been engaged and how:

Organization Name	Organizational Contact	Organization Type	Engagement Activity	Connection to any specific HTP priority populations and / or project topics, as applicable
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Organizations types include, but are not limited to:

- Regional Accountable Entities (RAEs);
- Local Public Health Agencies (LPHAs);
- Mental Health Centers;
- Community Health Centers, including Federally Qualified Health Centers and rural health centers;
- Primary Care Medical Providers (PCMPs);
- Regional Emergency Medical and Trauma Services Advisory Councils (RETACs);
- Long Term Service and Support (LTSS) Providers;
- Community organizations addressing social determinants of health;
- Health Alliances; and
- Consumer advocates/advocacy organizations

III. Engagement Update

III.a.

Organization Name	Organizational Contact	Organization Type	Engagement Activity	Connection to any specific HTP priority populations and / or project topics, as applicable
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Examples of engagement activities can be found in the CHNE Guidebook and include:

- Focus groups
- Interviews
- Outreach
- Surveys
- Advisory Committees
- Public forums
- Discussion groups
- Topic-Specific workgroups
- Meetings

III. Engagement Update

III.a.

Organization Name	Organizational Contact	Organization Type	Engagement Activity	Connection to any specific HTP priority populations and / or project topics, as applicable
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The HTP priority populations are:

- High Utilizers
- Vulnerable Populations (including pregnant women and the elderly)
- Behavioral Health and SUD Coordination
- Clinical and Operational Efficiencies
- Community Development Efforts to Address Population Health and Total Cost of Care

III. Engagement Update

III.a. In the second table, list all engagement activities:

Engagement Activity	Location and Manners for Participation	Frequency of Activity	Partners Included	How Activity Was Noticed	Key Deliverables
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Examples of “Manners for Participation”:

- Webinar
- In-person
- Online or written survey response
- Written communication, comments, or data provided
- By telephone

Examples of “Deliverables” :

- Action items
- High-level decisions
- Documents drafted or finalized
- Data or findings

III. Engagement Update

III.b. This question is in three parts and asks hospitals to tell us about your experiences of executing your Action Plan, including the challenges you have faced and how, if at all, you have had to adjust in light of those challenges.

The question asks hospitals to specifically identify:

- (1) Organizations the hospital expected to engage but has been unable to;
- (2) Activities the hospital expected to undertake but has been unable to; and
- (3) Any other divergences from the Action Plan and why these were needed.

III. Engagement Update: Review Criteria

Responses to question III.a. will be reviewed for completeness. The purpose of this question is to make information available to the public.

Responses to question III.b. will be reviewed to understand how the Department may be able to assist hospitals in overcoming the challenges you are facing in implementing your planned CHNE process.

IV. Environmental Scan Findings

IV.a. Hospitals are asked to explain how they have defined their community for the purposes of the environmental scan:

- Geographic or service area
- Insurance coverage (e.g., limited to HealthFirst, dual eligible, and uninsured?)
- Special populations that may extend beyond the service area?

IV. Environmental Scan Findings

IV.b. Hospitals should list the sources of data and other information that were used to conduct the environmental scan

IV.c. Hospitals should list any gaps in data or information you encountered while conducting the environmental scan.

IV. Environmental Scan Findings

IV.d.i. asks hospitals to provide demographic information about their community. Demographics must include:

- Race;
- Ethnicity;
- Age;
- Income and employment status;
- Disability status;
- Immigration status;
- Housing status;
- Education and health literary levels;
- Primary languages spoken; and
- Other unique characteristics of the community that contribute to health status (if applicable).

Other characteristics that may contribute to health status that you may also wish to provide information about include, but are not limited to:

- Gender/Gender orientation
- Sexual orientation
- Mobility
- Medicaid/insurance status
- Access to a regular source of care
- Urban/rural status

IV. Environmental Scan Findings

IV.d.ii. asks hospitals to provide information about the HTP priority populations within the hospital's service area, including:

- Individuals with significant health issues, co-occurring conditions, and / or high health care utilizers;
- Vulnerable populations including related to maternal health, perinatal, and improved birth outcomes as well as end of life care;
- Individuals with behavioral health and substance use disorders; and
- Other populations of need as identified by your landscape assessment.

Also consider those at-risk of becoming high utilizers and populations that may not currently receive care in the hospital but are known to community organizations and reflected in the response to IV.d.i.



IV. Environmental Scan Findings

IV.e.i. asks hospitals to provide the prevalence of significant behavioral and physical health needs generally in your service area. Hospitals must provide the following prevalence rates for the Medicaid as well as the general populations:

- Serious Behavioral Health Disorders;
- Substance Use Disorders including alcohol, tobacco and opiate abuse; and
- Significant physical chronic conditions

Hospitals should choose commonly accepted definitions of SMI and significant physical chronic conditions, e.g. based on HEDIS specifications.

IV. Environmental Scan Findings

IV.e.ii. This question asks hospitals to describe other significant behavioral and physical health needs in your service area that align with the populations and project topics of focus within the HTP.

Examples include, but are not limited to:

- Top physical and behavioral health conditions driving utilization
- Physical health conditions that commonly co-occur with mental health diagnoses;
- Needs related to maternal health, perinatal, and improved birth outcomes; and
- Needs related to end of life care.

IV. Environmental Scan Findings

IV.f.i. asks hospitals to describe the regional delivery system's service capacity and any identified gaps.

Assessments should address the state of capacity generally in the community, including community-based social services beyond medical services, as well as information specific to the HTP priority populations and project topics, including:

- Services for high utilizers;
- Maternal health services;
- End-of-life services;
- Services for those with behavioral health and substance use disorders;
- Services for other vulnerable populations; and
- Population health interventions.

IV. Environmental Scan Findings

IV.f.i. also asks hospitals to address both resources and gaps in four areas:

- (a) Service availability, access, and perceived gaps both generally as well as related to HTP priority populations and project topics;
- (b) Qualified staff and recruitment concerns, particularly as related to (a);
- (c) Resources and gaps related to care transitions; and
- (d) Social supports related to social factors impacting health outcomes specific to HTP priority populations

IV. Environmental Scan Findings

IV.f.i. To fully address area (a), hospitals must address service availability, access, and perceived gaps related to:

- i. Primary care;
- ii. Specialty care;
- iii. Long term care;
- iv. Complex care management;
- v. Care coordination via primary care or other providers;
- vi. Maternal health, perinatal, and improved birth outcomes;
- vii. End of life care;
- viii. Behavioral health;
- ix. Other outpatient services;
- x. Population screenings, outreach, and other population health supports and services; and
- xi. Any other areas of significant capacity gaps (as applicable).

IV. Environmental Scan Findings

IV.f.i. To fully address area (d), hospitals must describe available resources and partners that can be leveraged and perceived gaps related to the following social supports:

- i. Housing;
- ii. Homelessness;
- iii. Legal, medical-legal, financial;
- iv. Nutrition;
- v. Employment and job training; and
- vi. Transportation.

IV. Environmental Scan Findings

IV.f.ii. Asks hospitals to use a table to identify hospital facilities and services available in the community, e.g.:

- Hospitals;
- Laboratories;
- Outpatient clinics;
- School-based clinics;
- Urgent care centers;
- Free-standing emergency rooms;
- Other facilities

Hospitals must also list the services provided at each facility, e.g. specialties, POC testing, trauma level, etc.

IV. Environmental Scan Findings

IV.g. This question asks hospitals to describe the current state of protected health data exchange infrastructure and use inside the defined service area, including:

- Available RHIOs;
- Participation level amongst area providers; and
- Primary data exchange capabilities

Hospitals must also provide an assessment of the hospital's current capabilities regarding data exchanges across network providers, external partners and with RHIOs or regional data exchanges and specifically address how this impacts care, including care transitions and complex care management.

IV. Environmental Scan Findings

IV.h. asks hospitals to provide information about any other major topics discussed with community stakeholders and input received. Please note if this is not applicable to your hospital.

IV.i. asks hospitals to provide preliminary thinking on the likely focus of HTP initiatives, particularly the likely target populations and target community needs. Please note if the hospital has not yet identified these with your timeline and plans for doing so.

IV. Environmental Scan Findings: Review Criteria

- IV.a.-IV.i. will be reviewed for completeness.
- There are a number of data points requested in each question. Please make sure you address each one.
- If you aren't able to address a particular area, please tell us why, including if there is a gap in data or information needed.
- If the hospital has a plan and timeline for fully addressing a question, please provide this.

V. Planned Future Engagement Activities

This section asks hospitals to outline your planned future activities for engaging community organizations and the processes that will be completed to inform and develop the hospital's HTP application.

To fully address question V.a., hospitals must describe how organizations that serve and represent the broad interests of the community will continue to be engaged in the planning and development of the hospital's application, including:

- Prioritizing community needs;
- Selection of target populations;
- Selection of initiatives; and
- Completion of an HTP application that reflects feedback received.



V. Planned Future Engagement Activities: Review Criteria

Question V.a. will be reviewed to ensure that hospitals have a plan for ongoing CHNE, and that this plan includes meaningful opportunities for community organizations to inform the hospital's HTP participation.

CHNE Technical Assistance

The Department will provide technical assistance and support throughout the CHNE process. Specifically, the Department will:

- Provide CHNE training and guidance;
- Review Midpoint Reporting to identify and address any gaps in the hospital's CHNE process that can be addressed; and
- Assist hospitals in engaging partners and obtaining required information, as requested.



Timeline

- April 19, 2019: Hospitals submit Midpoint Reports to COHTP@state.co.us.
- May 20, 2019: The Department completes reviews of Midpoint Reports and shares findings and questions with hospitals.
- May 31, 2019: Hospitals provide clarification and/or revisions, as needed, to COHTP@state.co.us. Any revisions the hospital wishes to make to the Midpoint Report must be received by this date.
- June 2019: Midpoint Reports will be posted on the CO HTP website <https://www.colorado.gov/pacific/hcpf/colorado-hospital-transformation-program>



Resources

- Questions regarding the HTP, including the CHNE process and Midpoint Report should be sent to COHTP@state.co.us.
- The Midpoint Report template, as well as the CHNE Guidebook are available on the CO HTP website: <https://www.colorado.gov/pacific/hcpf/colorado-hospital-transformation-program>
- The Department has provided the County Data Workbook, a collection of county statistics that was prepared by the Colorado Health Institute as a resource that you might find helpful as you pull together data and have conversations in your communities.
- The Colorado Hospital Association's ODHIN (On Demand Hospital Information Network) data is also available to hospitals.

On-Demand Hospital Information Network (ODHIN)

ODHIN is the Colorado Hospital Associations (CHA) new market intelligence tool that is available to all CHA members. ODHIN is a robust data analysis and visualization tool that:

- Is available without any additional cost to all CHA member hospitals and health systems
- Offers vast array of data that is of interest to members, including: utilization data, payer mix, market share, population health and quality/patient safety metrics
- Allows members to create customizable peer groups to see how their hospital compares to others based on the available metrics or slice the data by a number of different characteristics.

If you have questions or are interested in access to ODHIN please visit <https://bit.ly/ODHINhelp>.



Questions and Discussion



Thank You

Matt Haynes
Special Finance Projects Manager
Matt.Haynes@state.co.us



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