

# Hospital Transformation Program Newsletter



**COLORADO**  
Department of Health Care  
Policy & Financing

Hello HTP Stakeholders,

Welcome to the November 2023 edition of the Hospital Transformation Program (HTP) newsletter. In what seems like tradition, Mother Nature asked “Trick or Treat?” and Colorado again answered “Trick!”, so our poor little ones got their Halloween snow. Boo! On the flip side however, A-Basin is open, so that means that ski season has officially begun!



We are underway in year 3 of the HTP which represents the first performance year of the program. We have some statistics to share that represent all of the hard work of the hospitals to date. Please take a look at the cumulative summary of current HTP activities over the first two program years:

- 84 Hospitals continue to submit interim activity on time.
- 95% of hospitals are on track to hit all their year three milestones.
- Over 5,823 interim activities across hospital interventions.
- Over 2,925 unique Community Health & Neighborhood Engagement (CHNE) activities.
- Over 2,322 consultations with key stakeholders.
- Over 440 community advisory meetings.
- 163 public engagement meetings.

November is also a month of Thanksgiving, and we’ll start here with a big thank you to the hospitals for all of their hard work, and all of the stakeholders in the community partnering on HTP efforts! We want to celebrate all of the success so far in the program and look forward to watching these numbers grow as we continue our hard work across the state. As always, we’ve got a cornucopia of great opportunities and information in this month’s newsletter. The perfect complement to a cup of hot cocoa. Thanks for reading.

**Matt Haynes**  
Special Finance Projects Manager



Each year we recognize November as Native American Heritage Month. This is a time for us to recognize the long, ancestral history and importance of Colorado’s Tribal nations and communities as well as the impact American Indian Tribes have had on America at large.

It is also important that we recognize and appreciate the contributions Tribal Nations

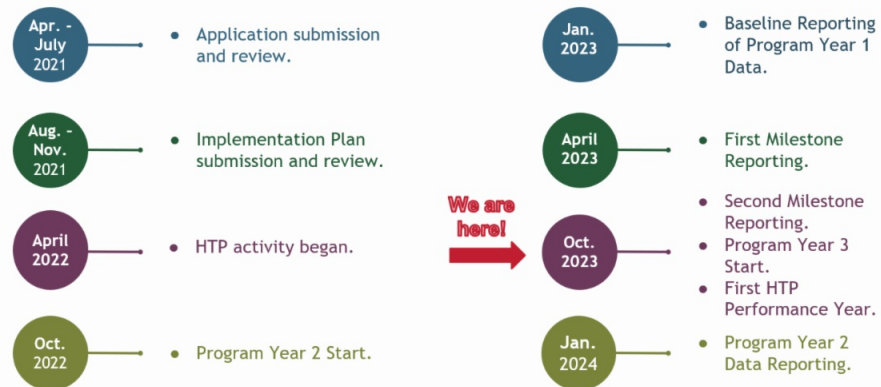
have made to both our history and our national fabric, acknowledge when we have fallen short of our historical commitments, and continue to work to better address the needs of Tribal Nations and communities, while also learning about our past and how these events continue to impact Tribal members today.

### Land Acknowledgement

*We would like to acknowledge that what is now Colorado includes the lands of the Ute, Arapaho, Cheyenne, Diné (di-NAY), Lakota, Apache, Puebloan nations, and many Tribes, and that the sovereign tribal governments of the Ute Mountain Ute and the Southern Ute Indian Tribes still reside in this state. These tribes are the original stewards of these natural areas. We want to take a moment to honor and respect these original stewards of the environment and their relationship with the land.*

## HTP Timeline

### HTP Timeline & Milestones



## HTP Workgroups

The [HTP Hospital Workgroup](#) will occur Nov. 16 from 10 a.m. to 12 p.m. The agenda will include Milestone uploads, reporting and amendments, FAQ Updates, Performance Measure updates, Performance Year FAQs, Quarterly Reporting scoring, reminders, timeline and scoring review and reconsideration period. This will be a great HTP workgroup that covers all the great things happening in the HTP, and we are excited to see you there!

## New Screening, Brief Intervention, and Referral to Treatment (SBIRT) Trainings!

[November and December training dates are posted!](#) This includes trainings for SBIRT skills, motivational interviewing, and the new SBIRT implementation 101 series!

Screening assists providers in identifying and intervening with patients at risk for health problems due to alcohol and other drug use.

### Learning Objectives:

- Summarize the relationship between substance use and health
- Describe SBIRT as an evidence-based public health approach for screening patients for alcohol, tobacco, and other drug use
- Demonstrate how to incorporate SBIRT into practice

Contact [SBIRTinfo@peerassistanceservices.org](mailto:SBIRTinfo@peerassistanceservices.org) to schedule a training for your

organization.

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## New Inpatient Referrals Platform

This electronic platform is being developed by the Behavioral Health Administration (BHA) so that agencies and local hospitals/medical centers will have access and transparency to find out when/where psychiatric beds are available across the state and in real-time. This platform hopes to assist and support inpatient and residential referrals through emerging technologies. | [Launching January 2024](#)

### Project Overview:

- Colorado's Behavioral Health Administration is currently building an Inpatient Referrals Platform guided by [House Bill HB19-1287](#).
- This platform will allow behavioral health providers and other providers of social services to gather accurate residential treatment availability information and facilitate the referrals and placement process.
- In future iterations of the platform, the BHA may expand the scope to include outpatient services as well as other services that support Social Determinants of Health.

### Stay in the Loop!

You can participate in the creation of this platform. Email [abigail.fisher.state.co.us](mailto:abigail.fisher.state.co.us) if you want to be considered to be a test user for the platform.

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## Rural Provider Access and Affordability Stimulus Advisory Committee

The [Rural Provider Access and Affordability Stimulus Advisory Committee](#) and the HCPF Executive Director have reached a consensus for award recommendations for the Rural Provider Access and Affordability Stimulus Grant of \$10,600,000. HCPF is now working with hospitals to get set up to receive funding.

For more information and to view the list of grant awardees, their projects, and the estimated award amounts, [visit the rural provider access and affordability webpage](#). Additional information regarding more grant opportunities is posted on HCPF's [American Rescue Plan Act \(ARPA\) Grant webpage](#).

Please direct any questions to [hcpf\\_RuralGrantProgram@state.co.us](mailto:hcpf_RuralGrantProgram@state.co.us).

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## CO-CARES

CDPHE has officially [launched](#) the Colorado Alliance for Resilient and Equitable Systems (CO-CARES) program aimed at providing support for health care workers across the state. The initiative is a direct result of Senate Bill 22-226: Programs to Support Health Care Workforce.

The Colorado Hospital Association, which led a coalition of health care organizations in supporting the bill, is serving as the hospital outreach partner for the program and collaborating with CDPHE and the University of Colorado to connect health care workers with resources to support workforce wellness, pandemic recovery, individual and organizational resilience, and more.

Learn more about the program on the CO-CARES [website](#) or reach out to [cha.communications@cha.com](mailto:cha.communications@cha.com) for more information.

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## Colorado Safety Net Collaborative

The Colorado Safety Net Collaborative has received its IRS nonprofit designation. The Collaborative represents the 40 safety net clinics in Colorado that are not Federally

Qualified Health Centers nor Rural Health Centers. The clinics serve Health First Colorado members and the uninsured.

As a result, they are transitioning to independent status and will no longer be using a fiscal intermediary.

In addition, our new email address is live: [cosafetynet@gmail.com](mailto:cosafetynet@gmail.com).

These clinics serve people across Colorado in areas CDPHE has identified as high-risk health communities. These clinics provide services at little or no cost to patients, whether they are using Health First Colorado, or they are uninsured or underinsured, which is a growing population that they serve.

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## Target, Assess, Prevent Learning Collaborative

[Target, Assess, Prevent: Strategy for Reducing Hospital Acquired Infections Learning Collaborative](#) featuring subject matter experts from the Centers for Disease Control and Prevention (CDC) and focused on reducing CAUTI, CLABSI, and CDI infections.

[Join this ongoing series](#). This series occurs for an hour and will conclude in October; while material builds on previous series information there are still opportunities for individuals to learn!

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## Telligen Learning Assets and Support

[Telligen QI Connect™](#) provides [no-cost support throughout CO](#). The Centers for Medicare and Medicaid Services (CMS) funds and calls upon both the Telligen Quality Innovation Network-Quality Improvement Organization (QIN-QIO) and Hospital Quality Improvement Contractor (HQIC) teams to help with many of the same challenges you are tackling head on through your HTP and HQIP work locally. You are invited by Telligen QI Connect™ to:

- Join any of the QIN-QIO and/or HQIC events on the [events calendar](#).
  - Receive push notifications of QIN-QIO events and resources by [joining the \(no cost, no obligation\) QIN-QIO network](#).
  - Think of Telligen QI Connect™ as [no-cost workforce extenders](#). Do you have vacant positions, gaps in internal resources, employee orientation or education needs for specific topic areas, or a wish/to do list of important tasks that you haven't been able to get to? [Ask us if we can help!](#)
  - Request [enhanced technical assistance](#) by [submitting a request here](#).
  - Contact Meredith Koob, [mkoob@telligen.com](mailto:mkoob@telligen.com) with any questions.
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## Community Engagement Resource

The Assessing Community Engagement project from the National Academy of Medicine (NAM) [Leadership Consortium: Collaboration for a Value & Science-Driven Health System](#) is funded by the Robert Wood Johnson Foundation. Guided by a committee of national and community leaders who reflect diverse backgrounds and perspectives, the project aims to provide community-engaged, effective, and evidence-based tools to those who want to measure engagement to ensure that it is meaningful and impactful, with a special emphasis on ensuring equity as a critical input and outcome. As part of this effort, the Organizing Committee developed the [Assessing Community Engagement Conceptual Model \(ACE-CoM\)](#), which identifies outcomes associated with meaningful community engagement. More information is on their [website](#).

Thanks to the Community Advisory Council (CAC) for sharing this resource.

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## Fentanyl Accountability and Prevention Act (HB22-1326)

[House Bill 1326](#) officially dubbed the Fentanyl Accountability and Prevention Act, will go into effect July 1, 2023. There is a lot that the bill implements. One area of note for HTP hospitals implementing interventions to initiate Medication-Assisted Treatment (MAT) in the emergency department, is that the bill requires community correctional facilities to begin providing MAT - considered the gold-standard way to treat opioid-use disorders. If they can't offer MAT, the programs must help inmates assess MAT providers in the community.

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## Colorado AIM Substance Use Disorder Learning Collaborative

[Colorado AIM: Substance Use Disorder Learning Collaborative \(CO AIM: SUD\)](#) is a cohort of hospital labor and delivery units (L&Ds) receiving technical assistance and peer-learning opportunities to improve the quality of patient care for pregnant and postpartum people in Colorado experiencing substance use, depression, or anxiety. This can boost your team's performance if you've chosen measures on HTP related to screening and referral for perinatal depression and anxiety, social needs screening and notification, or discharge planning with RAE notification for mental illness or substance use disorder.

In 2023, CO AIM: SUD has some exciting new offerings!

The opportunity to sign up for a new program through [IMPACT BH](#) to receive one-on-one, hands-on support from a team of experts on initiating medication for opioid use disorder (MOUD) and dispensing take-home naloxone on inpatient L&D. Each L&D will receive \$2,000 for staff appreciation for participating! This new offering is funded by the Behavioral Health Administration; hospitals can partake even if they do not participate in CO AIM: SUD.

A new CPCQC QI Awards Program offers any participating CO AIM: SUD team the ability to earn up to \$400 for staff appreciation funds per quarter, per L&D, for active participation in the project! Hospitals will also be eligible to earn year-end awards.

[Supporting Vaginal Delivery for Low-Risk Mothers \(SOAR\)](#) is an initiative to reduce unnecessary cesarean delivery for low-risk, first-time mothers. CPCQC works with hospital L&D units to provide technical assistance in implementing recommendations on NTSV Cesarean reduction from ACOG and the Society for Maternal-Fetal Medicine (SMFM). This initiative can help you meet your primary Cesarean goals for CMS or the HQIP Cesarean section measure.

SOAR has exciting new opportunities this year for hospital teams!

A new CPCQC QI Awards program offers any SOAR team the ability to earn up to \$200 for staff appreciation funds per quarter, per L&D, for quarterly data submissions. Hospitals will also be eligible to earn year-end awards.

To learn more, email [info@cpcqc.org](mailto:info@cpcqc.org).

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## Prescriber Tool

The Prescriber Tool helps Coloradans save money on health care by empowering providers with information on prescription drug costs and affordable alternatives. It reduces administrative burden for providers, while also improving convenience for patients. The Prescriber Tool is a complementary statewide effort under the Hospital Transformation Program and completion of the attestation process.

[You can also visit our Prescriber Tool Project webpage for more information.](#)

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## Public Dashboard

The Collaboration, Performance and Analytics System (CPAS) hospitals will be using for HTP has a public dashboard that stakeholders can access to view each participating hospital's measures and interventions. The information is sortable and can be exported into Microsoft Excel. This is a nice tool for exploring all the interventions that the hospitals will be implementing and the measures that the interventions are focused on. Go to the new [dashboard](#).

### Community Advisory Council

**The Community Advisory Council has suspended meetings until January 2024.**

As the new year approaches the Council will discuss next steps. As it pertains to providing perspective to the HTP as well as community awareness of and engagement with the program. Previous agendas, materials and notes from previous meetings are on the [Community Advisory Council website](#).

### Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) Board meeting

The next Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) Board meeting will take place [via Zoom](#) on **Tuesday, Nov. 14, at 3 p.m.**

Additional information about the board, as well as meeting materials, are on the [CHASE Board website](#).

## Helpful Links & Program Contact

[HTP Communications archive](#)

[Community Advisory Council website](#)

[CHASE Board website](#)

[HTP website](#)

Email HTP Program  
Contact

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