CHASE
Colorado Healthcare Affordability and Sustainability Enterprise

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Colorado Hospital Transformation Program

Continued Community and Health Neighborhood Engagement

As part of the pre-waiver activity preparations for the Hospital Transformation Program (HTP), hospitals have been required to convene stakeholders to seek input from the community in assessing community needs and identifying HTP initiatives. Hospitals were encouraged to utilize existing coalitions, forums, and resources in the region to the greatest extent possible in order to meet these pre-waiver Community and Health Neighborhood Engagement (CHNE) requirements.

As the state prepares for implementation of the HTP, it expects that hospitals will continue and build on the pre-waiver CHNE process throughout the duration of their participation in the program. Requiring continuing collaboration with local community organizations and other external stakeholders will ensure that hospitals and their interventions continue to be responsive to community needs throughout the life of the HTP.

I. Principles for Continued Engagement

As with the pre-waiver CHNE, the Department of Health Care Policy & Financing (the Department) defers to hospitals to determine the best way to continue to engage the broad range of stakeholders in their community, including through leveraging existing collaborations. Hospitals are expected to implement an ongoing CHNE process that meets the following requirements:

Inclusive: Hospitals will be expected to engage a broad cross-section of the community and Health Neighborhood.[1] This should include clinical providers and organizations that serve and represent the broad interests of the community, including but 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

1 Health Neighborhood providers include: specialty care, LTSS providers, Managed Service Organizations and their networks of substance use disorder providers, hospitals, pharmacists, dental, non-emergency medical transportation, regional health alliances, public health, Area Agencies on Aging, Aging and Disability Resources for Colorado, and other ancillary providers such as Colorado Crisis Services vendors.

- Consumer advocates or advocacy organizations
- Health alliances
- Community organizations addressing social determinants of health

Hospitals should make concerted efforts to use culturally, linguistically, and physically appropriate methods to increase participation of community residents and community-based organizations as necessary and have a plan for addressing gaps in needed input.

Promising Practices to promote inclusivity include:

- Translating survey instruments and other primary data collection tools into the languages spoken by vulnerable populations in the community;
- Offering focus groups and community forums in the primary languages spoken by vulnerable populations;
- Holding meetings at times and places that are convenient and comfortable for community residents;
- Providing transportation, child or elder care, food, and interpretation services;
- Ensuring meetings are held in locations that support full access and participation for people living with disabilities;
- Using virtual conferencing (Skype, Google Hangouts) and other non-traditional ways to involve community residents; and
- Providing stipends for participation

Meaningful: Hospitals must ensure the CHNE process maximizes engaged community participation. Opportunities for dialogue should be scheduled at regular, planned intervals as outlined in further detail below. Participation should be enabled in multiple manners (both face-to-face and virtual) to ensure accessibility.

Convenings should be designed to enable bidirectional information-sharing: both sharing out to participants and facilitating their meaningful input.

Engagement opportunities should be transparent. Notice of opportunities should be communicated to the intended audience in advance, including notice of the purpose of collecting input. Likewise, information should be shared in follow-up.

Promising Practices to promote meaningful participation include:

- Sharing agendas and notices in advance;
- Providing translation and interpretation services;
- Supporting community resident attendees who may lack technical knowledge and expertise;
- Engaging professional volunteers to assist in facilitating the engagement of community members; and
- Aiding in the transparency of the process by clearly identifying roles for internal hospital staff and describing how community input will inform decision-making.

Collaborative: As with the pre-waiver CHNE, the Department encourages hospitals to leverage existing collaborations with goals that are aligned with those of the HTP for ongoing CHNE. Hospitals should seek to partner with and leverage existing forums and collaborations when possible rather than establishing new forums of engagement.

Promising Practices to promote collaboration include:

> Hospitals partnering with their local public health authorities and community organizations to set up a partnership in which the hospital leverages the local entity's expertise in promoting ongoing community engagement. Successful partnerships demonstrate inclusive, meaningful, and collaborative community engagement.

More guidance on ensuring that the hospital's ongoing CHNE process meets these requirements can be found in the Guidebook for Pre-Waiver Community and Health Neighborhood Engagement.

II. Role of Ongoing CHNE

Hospitals will be expected to engage their venues and partners in the CHNE process in discussing each of the hospitals' HTP interventions. Stakeholders should be engaged in considering and discussing implementation progress, impact on measures and needs for amendment or course correction.

III. Reporting Ongoing CHNE Activities

Hospitals must keep the Department informed of their ongoing CHNE as part of hospitals' regular HTP reporting obligations. Starting with PY1Q3, hospitals will be required to report some type of ongoing CHNE activities every quarter as part of quarterly HTP reporting (whether key stakeholder engagements, community advisory meetings, and/or public engagements). This includes the following activities every Program Year, at a minimum:

- Hospitals must consult with key stakeholders outside of community advisory meetings at least **two** quarters each year;
- Hospitals must host or participate in community advisory meetings at least **two** quarters each year;
- Hospitals must host a public engagement at least **once** annually; and
- Hospitals must attend the annual Learning Symposium.

On an annual basis following Q4, an expanded review of CHNE reports will be conducted to determine if the hospital has minimally completed and documented the above engagements in the hospital's quarterly CHNE reports, with the exception of the annual Learning Symposium. Learning Symposium attendance will be collected by the Department.

If stakeholder consultation happened only through community advisory meetings, please report that stakeholder consultation via the Community Advisory Meeting section rather than the Consultation with Key Stakeholders section. Hospitals must consult key stakeholders outside of community advisory meetings in at least two quarters.

Note: For PY1, quarterly reporting will only occur in PY1Q3 and PY1Q4. For PY1, hospitals are required to report **two** quarters of consultations with key stakeholders and at least **one** quarter of public engagement.

The schedule of CHNE reporting is included on CPAS in the Hospital Reporting Requirements report. More information will be provided regarding reporting CHNE activities as part of the reporting requirements.

IV. Venues for Continued Engagement

The CHNE process should leverage a range of venues and pathways to engagement, including at a minimum the following:

A. Consultations with Key Stakeholders

Hospitals should consult key stakeholders on a regular basis to provide them with updates and to get their input and feedback. This consultation can be one-on-one or in a group setting and consultation with key stakeholders should take place at least semi-annually (hospitals do not need to consult with every key stakeholder or key stakeholder group semi-annually but should demonstrate that this type of engagement is taking place semi-annually).

Hospitals should determine their key stakeholders specific to their community and community needs, local conditions, and their HTP initiatives. However, the Department expects key stakeholders for all hospitals will include at least one representative from most, if not all, of the following stakeholder categories:

- 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.
- Consumer advocates or advocacy organizations.
- Health Alliances.
- Community organizations addressing social determinants of health.

Key stakeholders should also include representatives of any stakeholder categories that are impacted by, or particularly relevant to, any of the hospital's HTP initiatives.

B. Community Advisory Meetings

The Department expects that hospitals will also engage key stakeholders in a group setting through either convening of community advisory meetings or continued participation in existing advisory committees. The hospital should determine the most appropriate manner of convening meetings and who should be recruited to participate based on local conditions and existing relationships and collaborations. This includes whether the hospital will be able to engage existing committees or will choose to convene its own meetings. Key stakeholder groups must also be identified for inclusion in these meetings. The stakeholders who should be consulted are similar to those outlined in Section A above.

Hospitals may be able to meet this requirement through participation with health alliances. Likewise, the Accountable Care Collaborative's (ACC's) statewide and regional Program Improvement Advisory Committees (PIAC) may be an appropriate venue. PIACs were formed in July 2018 to engage stakeholders and provide guidance on how to improve health, access, cost, and satisfaction of Medicaid members and providers. RAEs are charged with creating the Regional PIACs, which include the following stakeholder representatives:

- Members.
- Members' families and/or caregivers.
- PCMPs.
- Behavioral health providers.
- Health Neighborhood provider types (specialists, hospitals, LTSS, oral health, nursing facilities).
- Other individuals who can represent advocacy and community organizations, local public health, and child welfare interests.

If a hospital is unable to leverage its local health alliance, Regional PIAC or another similar existing convening, or if these convenings will not meet the hospital's needs for informing its ongoing HTP implementation, the hospital will be expected to convene meetings for its continued CHNE.

Hospitals should convene or engage in community advisory meetings at least semi-annually. This requirement can be satisfied by convening two or more different groups that meet the above requirements at least once each per year.

C. Public Engagement

Continued CHNE should also allow for periodic engagement with the public more broadly. This could be achieved via public forum, focus groups and / or online or paper surveys. Hospitals are permitted to leverage the public meeting pursuant to

Colorado Revised Statutes Title 25.5, Article 1, Part 7 to meet this requirement as long as members of the public are given a specific opportunity during that hearing to learn about and provide feedback on the hospitals' HTP initiatives. Hospitals may also convene public engagement opportunities jointly with other hospitals as long as there are specific opportunities for members of the public to learn about and provide feedback on each hospital's CHNE initiatives.

Hospitals should facilitate public engagement at least once per year.

The Department will work with hospitals to integrate public engagement into the Learning Symposium outlined in Section D below. However, that does not fulfill hospitals' obligation to host annual public input opportunities in their communities.

D. Participation in State Convenings of Hospitals

To promote the creation of a Community of Practice for hospitals participating in the HTP, the Department plans to convene hospitals in a yearly Learning Symposium. The Learning Symposium will allow hospitals to take stock on their progress, share and learn together and accelerate the system-wide transformation.

Topics for the HTP Symposium may include:

- Pulling data.
- Intervention best practices.
- Performance analysis.
- CHNE.
- Course correction.
- Regulatory analysis.

Participation in the annual Learning Symposium is required.