



# Strategic Plan Update

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*March 2018*

## About this Plan

### Process to Develop the Plan

Four groups were instrumental in developing the Strategic Plan:

- **Person- and Family-Centeredness Advisory Council** – The Advisory Council serves as a formal mechanism for members and families to collaborate with the Department to identify and implement person-centered practices. (Note: This Council changed its name to the Member Experience Advisory Council in 2016)
- **HCPF Executive Team** – Department leaders who model, drive, and support person-centered culture change.
- **HCPF Champions** – Person-centered “ambassadors” who represent their division or section in identifying ways to incorporate the value of person-centeredness into Department business process, policies, and partnerships. Champions work in concert with the Executive Team and Advisory Council.
- **HCPF Core Project Team** – A cross-functional Department team responsible for planning and executing the person-centeredness work.

Between February and October 2015, one or more of the groups convened weekly to establish the values, strategies, and

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tactics that comprise this Plan. The Core Project Team continues to meet weekly to manage the plan and ongoing initiatives.

### **Alignment with Department Goals**

Consistent with the Department's Vision and Mission, and with the goals set forth in the 2017 Department Performance Plan, the **Department's Person- and Family-Centeredness Vision** is that the Department's business processes, policies, and partnerships align with person-centered principles and that the Department respects and values the individual strengths, preferences and contributions of HCPF employees, providers, members and their families.

### **Developments and Changes**

In March 2016, the Department received a second grant from The Colorado Health Foundation to continue our work improving member and family engagement. This funding allows us to collaborate with external partners on person- and family-centered practices and projects. This funding also supports the continued work of our Strategic Plan for person- and family-centeredness developed in the first phase of this effort. As a result of this additional funding, the Strategic Plan continues to be amended to include new projects.

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| <b>HIGH-LEVEL SNAPSHOT: PERSON-CENTEREDNESS STRATEGIC PLAN</b>  |   |
|---|---|
| <b>HCPF Vision:</b> Coloradans have integrated health care and enjoy physical, mental and social well-being   |   |
| <b>Mission:</b> Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.   |   |
| <b>2016 Goals:</b> Improve health for low-income and vulnerable Coloradans; Enhance the quality of life and community experience of individuals and families; Reduce the cost of health care in Colorado  |   |
| <b>Department Values:</b> Person-Centeredness / Accountability / Continuous Improvement / Employee Engagement / Integrity / Transparency  |   |
| <b>Person-Centeredness Vision / Goal:</b> the Department’s business processes, policies, and partnerships align with person-centered principles and that the Department respects and values the individual strengths, preferences and contributions of HCPF employees, providers, members and their families. |   |
| <b>EMPLOYEE ENGAGEMENT</b>  | Employees are sustainably engaged in their work at the Department.  |
| <b>INDICATOR</b>  | Work is done more efficiently, with less waste and with 36 month employee retention.  |
| <b>STRATEGY 1</b>   | Improve role clarity  |
| <b>STRATEGY 2</b>   | Improve internal communications   |
| <b>STRATEGY 3</b>   | Develop a culture of value for our employees (hiring, promotion, career development)  |
| <b>STRATEGY 4</b>   | Increase employee connection and work/efforts to the Department mission   |
| <b>STRATEGY 5</b>   | Develop & sustain employee training programs that enhance engagement  |
| <b>EMPLOYEES’ COMMITMENT TO MEMBER</b>  | The Department integrates person-centeredness into our work, including the development of processes, policies, and programs.                            |
| <b>INDICATOR 1</b>  | 100% of managers work with their teams to identify at least one demonstrable change they will make to align their work with person-centered principles. |
| <b>STRATEGY 1</b>   | Core Competencies in individual performance plans will be amended to include competencies that reflect person-centered principles.                      |
| <b>STRATEGY 2</b>   | Connect all employees to the member   |
| <b>STRATEGY 3</b>   | Create a stronger internal business case for person-centered behavior.  |
| <b>MEMBER ENGAGEMENT</b>  | Members and families serve as advisors in the consideration and creation of changes to policies and programs.   |
| <b>INDICATOR 1</b>  | 50 communications, materials and program and policy decisions are vetted through the Department’s Advisory Councils per year.                           |
| <b>INDICATOR 2</b>  | Members are engaged in Department processes, discussions, or projects (outside of the Advisory Councils).   |
| <b>STRATEGY 1</b>   | Integrate person-centered language into written documents   |

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| <b>STRATEGY 2</b>        | Continue to develop and increase member participation and engagement in In-Person and Virtual Advisory Councils.             |
| <b>MEMBER EXPERIENCE</b> | Members have an experience with the Department and Department programs that allows them to easily access services they need. |
| <b>INDICATOR</b>         | Improve first call resolution by Member Contact Center from 76% to 86%.  |
| <b>STRATEGY 1</b>        | Improve Medicaid Customer Contact Center experience  |
| <b>STRATEGY 2</b>        | Improve member communications to ensure they're clear and accurate, accessible and useful.                                   |
| <b>STRATEGY 4</b>        | Partner with counties to initiate projects brought to us by the Advisory Councils.   |

## Employee Engagement

In July 2017, the Core Project Team approved the use of funds to support work to establish a more consistent stakeholder engagement experience for Department staff and partners. The Department has several types of stakeholder groups. They differ in their purpose, size, level of formality, complexity of rules/agreements, and level of external communications about their meetings. Department staff have varying levels of expertise for working with stakeholders. As a result, the experience of stakeholder engagement varies widely across the department for both staff and our external partners. Contractors were engaged in February 2018 with work expected to conclude by June 30, 2018. The products of this work will include a comprehensive resource of best practices, including person-centered practices and communication practices, policies, templates, and guidance for successfully and consistently engaging stakeholders for the Department. Education/training resources will also be addressed in the final report.

The Department's Employee Council has hosted several staff events which support outside causes such as blood drives, Woman's Heart Awareness and the upcoming March of Dimes, March for Babies. The Employee Council is also co-

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sponsoring the “Mindfulness Be Here Now © program for staff.

### **Employee Commitment to Member**

The Department’s HR team is revising its approach to on-boarding of new employees which will include information and indoctrination for the Department’s person-centered value.

Every employee’s performance plan includes a core competency in person-centeredness. We are hearing about creative ways that managers are working with their employees to meet the criteria. These include training, engaging with the Champions, and actively using our Plain Language resources.

The expanded Champions group includes Department “opinion leaders” and was formally re-launched in January 2017. It meets every other month to help us refine our internal communication plan and strategize ways to improve the onboarding process, connect employees to our members, and create a stronger business case for person-centeredness. Champions are also engaging with various department groups to influence internal policies and practices around training and embracing accessibility practices.

The Champions took a 2.5-hour training in Person-Centered Thinking with Bob Sattler of Support Development Associates in May 2017. This training was funded by HB 15-1318 which supports IDD Waiver Redesign Work including the Community Living Advisory Group recommendations, person-centered practices and Conflict-Free Case Management.

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Managers received training and information in March around the business case for, benefits of, and tactics to ensure member input is a part of the development of every new project, program, and policy. One of our Member Advisory Council members participated in this event.

Thirty-one different staff members and 11 partner organizations engaged with the Councils in 2017.

### **Member Engagement**

The goal of Member Engagement is for members and families serve as true advisors, with a structure in place that supports their participation in policy and program development, and demonstrating the Department's commitment to be accountable to our members. The Member Experience Advisory Councils provide the Department with a better understanding of how to achieve this goal by proactively offering feedback and recommendations on business practices, policies, and partnerships. The Department's In-Person Advisory Council has completed its third successful year and the Virtual Advisory Council celebrated its second-year anniversary. We continue to explore new ways of involving members as advisors Department-wide. [More information](#)

In 2017, the Councils provided input on 51 topics including communication, training, and programmatic initiative. The most noteworthy engagement with the Councils brought Colorado into the national limelight as they guided our member communications through the fraught funding-authorization conversation around the Child Health Insurance Program (known as CHP+ in Colorado). Colorado was the first state in the nation to engage in member communications on the topic and served as a model for several other states.

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In our continuing effort to keep our member voices fresh, four members rotated off the In-Council and have been connected to other opportunities for community engagement. In 2017, nine members have joined the In-Person Council significantly expanding the range of voices and experiences. Five members left the Virtual Council and four members joined. In addition, one member was moved from the In-Person Council to the Virtual Council.

A boon in recruitment was realized early in 2018, when more than 400 individuals responded to a simple email request. The team is currently strategizing around how we can best utilize this abundance of resources.

We offered an opportunity in May 2017 for Virtual members to engage with In-Person members in a joint training in Person-Centered Thinking provided by Bob Sattler of Support Development Associates. Additional training was offered via 2-part webinar for Core Competencies for Effective Partners on January 25, and February 1.

Members have joined staff in presenting to both internal and external audiences via webinar and in-person learning events:

- Center for Care Innovations webinar, Innovative Models of Patient Engagement, November 28, 2017
- Manager's Meeting training on Utilizing Member Experience Advisory Council, Feb 2, 2018
- PFCC Conference Presentation, Building a Culture of Collaboration with Medicaid Members, March 12, 2018
- ILN Learning Event, Contributions to Good Health Care through Member Engagement, March 29, 2018

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## Member Experience

Member Experience seeks to evaluate all touchpoints between the Department and its members. The data collected under each Strategy is expected to reveal opportunities for continuous improvement and transparency in these areas. Strategy 3 “Improve document readability, accessibility and usefulness” was combined with Strategy 2.

To begin the second phase of our continued member experience work, the Department solicited input from Member Experience Advisory Council members and other external stakeholders in early 2016. Council members and stakeholders all identified the member experience as the place with the greatest need for continued work. As a result of 2016 discussions with County Human Services, the Counties Member Experience project was launched in July of 2017. A contractor was engaged to provide a qualitative examination of the "consumer experience" during the eligibility lifecycle. The final product of this work will include suggestions for person-centered efforts that can be implemented by the participating volunteer counties as well as projects and concepts that could be adopted by non-participating counties. The work is nearing its completion and we anticipate offering sub-grant funding for selected counties to undertake related projects in FY18-19.

The Member Experience Advisory Council began work on a Medicaid Customer Journey Map in February of 2017 with the purpose of identifying and measuring improvements to the member experience. The Journey Map traces six stages of member interaction with Health First Colorado:

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- Applying for Benefits
- Learning about Covered Benefits
- Finding a Provider
- Scheduling a Visit
- Seeing a Provider
- Working on Health Goals

We wanted to know about the members' lived experience at each stage, so we used empathy mapping techniques to find out what members were doing, thinking, feeling as they interacted with us. For example, members identified a multitude of questions that arose during the application stage, which in turn caused them to feel anxiety, fear, panic and depression. We can then inquire further to find out what steps we need to take to improve our processes or materials.

In addition to the six stages, there are four overarching Guiding Principles, which outline our goals for the future.

- Applying for health insurance is fast and easy
- Facts on my health coverage are easy to find and understand.
- Knowing and getting the right health care service is simple.
- People value respectful, personable and empowering service.

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This entire framework, developed by our members, is being transformed into an interactive dashboard by our Strategy Section. We will use the dashboard to track our progress relative to project-specific metrics as well as several metrics in our Department Performance Plan. The Customer Journey Map framework is being used to guide the work of the Member Experience Advisory Council going forward.

The Member Contact Center has revamped their agent training program to incorporate plain language resources developed by an outside contractor for another project. The Advisory Councils have been very involved in giving feedback on discrete elements of the contact center experience.

The Department sought outside funding from The Colorado Health Foundation (TCHF) for a project to improve member correspondence. This funding was awarded in February 2017 and is being used to develop a sustainable, validated protocol to conduct member testing. The Department is currently working to secure a University partner to develop and test the protocol. The final protocol will be used by the Department and shared with our partners and stakeholders as a model for their testing efforts.

Significant achievements have been made in improving the language on the Department's eligibility Notice of Action letters and work continues on the Verification Check List. Because these letters address services and benefits in addition to Health First Colorado benefits, this effort has benefitted a larger population than our own members.

The online, personalized long version of the member handbook was developed launched in June 2017. Once again, our

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Member Advisory Councils played a significant role in the creation and design of this resource.

## For more information contact

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