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HOSPITAL TRANSFORMATION PROGRAM

COMMUNITY AND HEALTH NEIGHBORHOOD

ENGAGEMENT:

ACTION PLAN TEMPLATE

I. Instructions and Timeline

Hospitals interested in participating in the Hospital Transformation Program (HTP) must engage organizations that serve and represent the broad interests of the community, including clinical providers, to identify community needs and resources to inform their applications to the HTP. Hospitals should utilize existing forums and collaborations already in place, such as health alliances, when possible, rather than establishing new forums of engagement.

Potential program participants must submit a Community and Health Neighborhood Engagement (CHNE) Action Plan, to outline how they will conduct the CHNE process. In completing this document, hospitals should review the requirements for CHNE outlined



in the CHNE Requirements document and the CHNE Hospital Guidebook to ensure compliance.

In particular, the State will be reviewing proposed Action Plans to ensure:

- The process will be adequately inclusive of organizations that serve and represent the broad interests of the community and that no key stakeholders are excluded;
- There is a plan for proactive recruitment as needed and addressing any gaps in participation;
- The hospital has obtained letters from its local RAE at least two other community organizations expressing that they are aware of the Action Plan and that they intend to participate in the CHNE process (hospitals will be expected to reach out to the Department to seek assistance if they experience difficulties in obtaining these letters);
- Existing forums and collaborations already in place will be leveraged as reasonably feasible and the hospital has obtained letters from coalition and meeting coordinators expressing that they are aware of the Action Plan and that they intend to participate in the CHNE process (hospitals will be expected to reach out to the Department to seek assistance if they experience difficulties in leveraging existing coalitions and meetings);
- A diverse enough range of venues, locations, times and manners for engagement will be provided to ensure a meaningful opportunity for participation;
- Opportunities for engagement will be held at regular intervals;
- The venues for engagement will provide opportunities for information to be shared out and input to be received;
- There is a plan for providing adequate notice of engagement opportunities and for providing updates; and



- The program participants have identified or have a process planned for identifying existing Community Health Needs Engagement or other data to complete an evidence-based environmental scan, including identifying community needs and existing resources and gaps.

Action Plans must be submitted in .pdf form with all supporting documentation via e-mail by November 30, 2018 at 5pm to the CO HTP email address COHTP@state.co.us. Plans received after this deadline will not be considered and hospitals will be expected to begin implementing their plans immediately following submission, or earlier.

Following the submission date, the State will review the Action Plans. The plans will not be scored. However, the State will work collaboratively with participants in December 2018 to refine plans as needed to reflect a CHNE process with which both the participant and the State are comfortable.



II. Contact Information

Please provide the legal name, address and Medicaid ID number for the hospital for which this Action Plan is being submitted, as well as a name, address and title for a hospital executive with signatory authority to whom official correspondence should be addressed.

Hospital Name	UCHealth Broomfield Hospital
Hospital Medicaid ID Number	
Hospital Address	11820 Destination Dr. Broomfield CO 80021-2518
Hospital Executive Name	Barbara Carveth
Hospital Executive Title	Chief Financial Officer
Hospital Executive Address	12401 E 17 th Ave, Mail Stop F448 Aurora CO 80045-2603
Hospital Executive Phone Number	720-848-7773
Hospital Executive Email Address	Barbara.Carveth@uchealth.org
Primary Contact Name and Title	Roberta Capp, Medical Director Care Transitions
Primary Contact Address	12401 E 17 th Ave, Aurora CO 80045
Primary Contact Phone Number	720-848-4398
Primary Contact Email Address	Roberta.capp@uchealth.org
Secondary Contact Name and Title	Amanda Van Andel
Secondary Contact Address	120605 E 16 th Ave, Aurora CO 80045
Secondary Contact Phone Number	720-553-4530
Secondary Contact Email Address	Amanda.vanandel@uchealth.org



III. Engagement Strategy

With the following responses, please outline your strategy for engaging community organizations as you identify community needs and plan for your participation in the Hospital Transformation Program. Hospitals are required to solicit and incorporate into their planning and applications input from a broad cross-section of the community and Health Neighborhood¹, including clinical providers and organizations that serve and represent the broad interests of the community and those specific to HTP priority populations and project topics, 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;
- Community organizations addressing social determinants of health;
- Health Alliances; and
- Consumer advocates/advocacy organizations

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.



III.a. Please use the space below to explain how organizations that serve and represent the broad interests of the community will be engaged in the CHNE process. The following Please include in your response:

- What community organizations you intend to engage and how you will ensure participation aligns with HTP priority populations and project topics;
- Your plan for outreach;
- Any gaps you expect as you engage the community and your plan for addressing those gaps; and
- What existing coalitions and meetings you intend to leverage and your collaborative plan for doing so (hospitals should develop this plan collaboratively with the coalition and / or meeting coordinator). If you do not plan to leverage existing forums, please provide an explanation. Please submit letters from the coalition or meeting coordinators of any coalition / meeting you intend to leverage expressing that they are aware of the Action Plan and that they intend to participate in the CHNE process;

Response (Limited to 500 words or less)

UCHealth Broomfield Hospital will work with other groups that are part of UCHealth and nearby hospitals to find gaps in care with the 5 high importance areas of the HTP. This will be through an assessment of the area to identify the health needs.

We will work closely with the Colorado Health Institute (CHI). This group brings together the Metro Denver Public Health and Health Systems collaborative. We will use this group to:

- Conduct a review of needs in the top 5 HTP areas
- Line up what we find as needs with the work of other groups such as:
 - Local Public Health Agency
 - Federally Qualified Health Centers



Response (Limited to 500 words or less)

Right now, the CHI Metro Denver Public Health & Health Systems includes public health partners and Denver metro health care systems. We hope to invite other key stakeholders such as the:

- RAE
- FQHCs
- Health Alliances
- Community based organizations

These groups will be asked by email to be part of the scan for the needs of the community. We know that issues with time and travel can affect a group's choice to be a part of this work. We will offer virtual meetings to help with this.

We would like to find the best way to get residents and key groups to take part in this scan. We will take part in the forums already in place that are set up by the local Regional Accountability Entity. These include the:

- Program Improvement Advisory Committee (PIAC)
 - A set agenda item at the meetings to relate to the group what needs have been found and how they will be addressed
- RAE Provider network meetings
 - Used to set up more relationships with key groups not mentioned in this form

Along with being an active member of the Metro Denver Public Health & Health Systems, we have found key healthcare partners to work with. We will focus on current care transition practices. We can work together to find gaps in the 5 top areas in the HTP. Meetings will be held every 3 months. The partners found are:

- Local Public Health Department
 - We will be part of the CHI meetings and support their work in substance abuse disorders
- CCHA



Response (Limited to 500 words or less)

- The Regional Accountability Entity (RAE)
- Working to:
 - Improve communication between hospitals and other RAEs
 - Align efforts to share data better and coordinate care
- Metro Community Provider Network (MCPN-Jeffco/Wheatridge)
 - FQHC
 - Serves a large number of clients with Medicaid that live close to Broomfield Hospital

We would like to work with groups other than the local public health department that look at and address social determinants of health. At this time, we have found gaps in working with the:

- Local Mental Health Center
- Consumer Advocacy Groups
- Local RETACs

Finally, UHealth Broomfield will work with the Colorado Community Health Network (CCHN) to connect with local FQHCs. We want to be able to use the data they collect.

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Please include letters from your local RAE and at least two other, different types of community organizations, such as:

- LPHAs;
- Mental Health Centers;
- Community Health Centers;
- PCMPs;
- RETACs;



- LTSS Providers;
- Consumer advocates or advocacy organizations; and
- Community organizations addressing social determinants of health.

The letters should express that they are aware of the Action Plan and that they intend to participate in the CHNE process.

III.b. Please use the space below to describe strategies you will undertake to maximize participation. Please include in your response:

- An outline of the types of activities you have planned and their expected frequency;
- How participation will be facilitated;
- Your plan for noticing activities; and
- Your plan for sharing out updates.

Response (Limited to 250 words or less)
<p>We will set up meetings with large groups and those that work with the public each month or at least every 3 months. UHealth Broomfield Hospital will also take part in Broomfield's LPHAs meetings as they are held. Their schedule can be seen by the public.</p> <p>The Metro Denver Public Health & Health Systems as well as their smaller workgroup meeting invite groups to attend by an email. These groups are where we will share updates and results from the health needs scan.</p> <p>The RAE's PIAC and provider network meetings happen every 3 months. Groups are invited to attend by email.</p> <p style="text-align: right;"><u>uhealth</u></p>



III.c. Please use the space below to provide an overview of the process and methods that will be used to conduct community assessments, including the sources and information that will be used to identify community health needs and service levels available. Please address in your response:

- Known CHNAs and other data sources you can utilize, noting any known or expected gaps specific to HTP priority populations and project topics;
- Data sources available from partners; and / or
- Where you intend to find data sources specific to HTP priority populations and project topics.

Response (Limited to 250 words or less)

The UHealth System is creating an internal workgroup to look at data from the HTP needs to:

- Combine data from many areas
- Evaluate the data
- Make recommendations

The data workgroup will meet each month and be made up of people from:

- Population health
- Revenue cycle
- Care management and social work
- Data-analytics
- Doctors and medical providers

Best practices and requests from the work group will be given to hospitals and key groups in the community to get them talking about the needs of the people in the area in an unbiased way.



Response (Limited to 250 words or less)

Summary of UHealth internal data workgroup findings as it relates to the 5 HTP key areas will be shared with the:

- RAE
- Metro Denver Public Health & Health Systems
- Broomfield LPHA
- FQHC
- CMHC
- Other HTP partners

We are confident that the information received from organizations will be shared in a back and forth format. Please note that all findings will be posted on the HTP website.

The goal is to align the data sources we have to help us find best practices and HTP project selection. The known data sources are:

- LPHA
- RAE
- CHNA
- Public data

Along with this, a group of the Metro Denver Public Health & Health System will handle requests for data from the RAE and HCPF. This will help us to find areas with care gaps and chose interventions. The health systems and RAEs have agreed to look into a relationship by contract with a vendor to create and group data from these sources.

We may have gaps in data sources and types from items such as:

- Database
- Interviews
- Surveys

Not many groups hold meetings with people on Medicaid so getting their view on issues might be more difficult to get. We would like to work closely with start and advocacy groups to help UHealth find ways to do this.



Response (Limited to 250 words or less)

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III.d. Please use the space below to describe expected challenges and potential solutions to engaging community organizations in the CHNE process.

Response (Limited to 250 words or less)

We would like to use the partnership meetings that are already in place to help the public not grow tired of coming to meetings. As we learn more, we may change how we set up our meetings and schedules based on what we learn from groups in the community.

We know that in spite of our best effort to work with groups in the community, we may have missed key groups we need to work with. We want to share the work that the hospitals are doing and plan for more partnerships for the HTP CHNE and growth of the program. To do this, we will work with the:

- RAE
- State
- LPHA
- RHC

Looking closely at how data is gathered, exchanged and studied can take much time. This may not work well with the CHNE timeline and not all key groups may be pleased. We will work with key groups, legal and data departments to better understand and report limits with leading these types of activities.

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VI. Additional Information (Optional)

You may use the space below to provide any additional information about your planned CHNE process.

Response (Limited to 250 words or less)

UCHealth wants to learn about other meetings in the area that we can join. We want to work with groups that want to partner with UCHealth Broomfield Hospital to do the mid-point HTP scan.

We are open to working with any of the agencies listed in this form. If you are part of a group that wants to work with and be part of the HTP process, please let us know. You can contact the person listed in this application. Our goal is to create a true picture of the health care needs of our area.

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