



Table of Contents

HOSPITAL TRANSFORMATION PROGRAM	1
COMMUNITY AND HEALTH NEIGHBORHOOD ENGAGEMENT:	1
ACTION PLAN TEMPLATE.....	1
I. Instructions and Timeline.....	1
II. Contact Information.....	4
III. Engagement Strategy	5
VI. Additional Information (Optional).....	15

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 Grandview Hospital
Hospital Medicaid ID Number	
Hospital Address	5623 Pulpit Peak View, Colorado Springs, CO 80528-8620
Hospital Executive Name	Doreen Hartmann
Hospital Executive Title	Chief Financial Officer
Hospital Executive Address	1400 E Boulder St Colorado Springs, CO 80909-5533
Hospital Executive Phone Number	719-365-2062
Hospital Executive Email Address	Doreen.Hartmann@uchealth.org
Primary Contact Name and Title	Roberta Capp, Medical Director Care Transitions
Primary Contact Address	12401 E 17th Ave, Mail Stop B255
Primary Contact Phone Number	720-848-4398
Primary Contact Email Address	Roberta.capp@uchealth.org
Secondary Contact Name and Title	Lisa Vargas
Secondary Contact Address	1400 East Boulder St. Colorado Springs, CO 80909
Secondary Contact Phone Number	719-365-9216
Secondary Contact Email Address	Lisa.vargas@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 Grandview Hospital will work closely with other UCHealth facilities and hospitals that are located close by. This will help groups easily interact with stakeholders in the community. The plan is to conduct an assessment of the area and get groups committed to working together to improve care.

UCHealth Grandview Hospital will work closely with El Paso County Public Health (EPCPH) as well. They are experts in gathering community groups in their County. They already head the Health Community Collaborative (HCC). This committee meets once each quarter with over 60 organizations attending. The purpose of the HCC is to get groups to work together so that activities and proven strategies can be put into



Response (Limited to 500 words or less)

place to improve the health of the people of El Paso County. Along with this, EPCPH wants to work closely with health care systems to:

- Share findings of the 2017 community health needs assessment.
- Help health care systems connect with a large set of community groups.

Together, these groups can help improve the measures used to track the health of the people of Colorado.

EPCH will gather a group of clinical stakeholders that include:

- Health care systems
- Federally qualified health centers
- Community mental health centers
- Regional accountable entities

These groups will work together to do a HTP scan of the area. We will use the HCC meetings that already take place to talk about what has been found from the scan. This will give us a chance to get feedback from the large group.

One of the goals of the community health needs engagement process is to find where hospitals can play a key role in community based groups and meetings that are already working together. This will let hospitals use current data or findings that have already been gathered. Right now, UHealth Grandview Hospital works with the El Paso Behavioral Health Consortium. We will team up with larger stakeholder advisory



Response (Limited to 500 words or less)

and community groups in the area. We plan to weave into our plan current findings related to the gaps seen in care for mental health and substance use disorders.

Along with the ECPH meetings, UHealth Grandview Hospital has identified the following key health care partners to conduct smaller working group meetings. They will identify current care gaps related to care transitions practices for people with Medicaid that use UHealth Grandview Hospital:

Working alongside of the ECPH meetings, UHealth Grandview Hospital has found these key health care groups to be part of smaller work groups. These partners will point out current gaps in care for people with Medicaid that use UHealth Grandview Hospital:

- Peak Vista:
 - The major Medicaid primary care provider for the region and local FQHC. They provide:
 - Integrated behavioral health care
 - Dental
 - Specialty care
- Aspen Pointe:
 - The local community mental health center of the area. They provide:
 - Mental health
 - Substance use disorder
- Colorado Community Health Alliance:
 - The regional accountable entity of this area.



Response (Limited to 500 words or less)
<ul style="list-style-type: none"> ○ Partnering with CCHA to address challenges related to caring for people on Medicaid. ○ Work together on P4P metrics to support efforts where possible. <p>At this point, we have found gaps in how the 10 groups listed in the action plan work together. To help us find all the state groups we are to work with, we have talked to:</p> <ul style="list-style-type: none"> • Regional Health Connector • RAE • Public Health Agency <p style="text-align: right;"><u>uhealth</u></p>

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)

When we made the action plan for UHealth Grandview Hospital, we met with all the groups listed earlier, either in person or by phone. We gave details about the hospital transformation program and told our partners about the goals of this new hospital Medicaid program. We also told them about how we worked with the groups in the community to make this action plan.

From now on, the EPCHD will gather and invite key people from clinical groups nearby to talk about what has been found with the scans of the area. These people will have backgrounds in many areas to help us understand how to set up goals that help all groups and use data that is already collected. As a result of these meetings, we will explain to the RAE, the best practices that our partners need to grasp for all gaps in care seen in the 5 HTP priority areas. The groups that need common data points are:

- Hospitals
- Clinic partners
- LPHAs



Response (Limited to 250 words or less)

Every 3 months, these groups will gather to share details from the HTP at the HCC so all can talk more and get a larger opinion from the groups there.

Forums already in place for the Regional Accountable Entity (RAE) will be used to give HTP findings. We will also be able to get feedback from these groups and find other areas that we need to partner with. The groups to target for this will be:

- The Program Improvement Advisory Committee
- The provider network meetings

EPCPH will share updates through minutes from meetings or meeting summaries. The mid-point report from needs found in the community will be open for the public on the HCPF website. Details will be shared with:

- UCHealth
- HCC members
- Community Partners

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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)

EPCPH works to be the leader in data tracking, following and breaking a part data from national and local sources. They will get data from many groups through the HCC to do this including the RAE and hospitals. Known sources such as the 2017 El Paso County Indicators Report and the 2017-2021 Community Health Improvement plan will be used also.

Other data sources that we plan to use are from the:

- Colorado Department of Public Health and Environment
- Behavioral Risk Factor Surveillance System
- Healthy Kids Colorado Survey
- Local hospital and emergency departments

Sharing data from hospital systems has been a known gap in care for EPCPH. There is not a system that connects these groups to share local hospital data with other groups.

The UHealth System is creating an internal workgroup to work with data from the HTP needs to:

- Combine data from many areas
- Evaluate the data



Response (Limited to 250 words or less)

- 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
- Doctor and medical providers

UCHealth will work closely EPCPH to share a summary of their internal hospital data workgroup. Meetings for the community will be set up by EPCPH and CCHA to share findings of the data workgroup. The public will be notified of these meetings.

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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



Response (Limited to 250 words or less)

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

- Database
- Interviews
- Surveys

Not many groups hold meetings where people on Medicaid are present, 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 UCHHealth find ways to do this.

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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 Grandview 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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