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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](mailto: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.

<b>Hospital Name</b>	<b>UCHealth Longs Peak Hospital</b>
Hospital Medicaid ID Number	
Hospital Address	1750 E Ken Pratt Blvd, Longmont, CO 80504-5311
Hospital Executive Name	Stephanie Doughty
Hospital Executive Title	Chief Financial Officer
Hospital Executive Address	2315 E Harmony Rd Fort Collins, CO 80528-8620
Hospital Executive Phone Number	970-237-7003
Hospital Executive Email Address	<a href="mailto:Stephanie.Doughty@uchealth.org">Stephanie.Doughty@uchealth.org</a>
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	<a href="mailto:Roberta.capp@uchealth.org">Roberta.capp@uchealth.org</a>
Secondary Contact Name and Title	Amanda Van Andel
Secondary Contact Address	120605 E 16 <sup>th</sup> Ave, Aurora CO 80045
Secondary Contact Phone Number	720-553-4530
Secondary Contact Email Address	<a href="mailto:Amanda.vanandel@uchealth.org">Amanda.vanandel@uchealth.org</a>



### 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 Neighborhood<sup>1</sup>, 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

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<sup>1</sup> 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)

UHealth Longs Peak Hospital (LPH) will work together closely with other UHealth 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.

UHealth LPH serves the people of Boulder and Weld counties. Because of this, we will work with groups that also serve both areas. By working with Weld County, we will use the ongoing relationships and meetings with local public health group and the RAE (Northeast Health Partners) to reach people.



Response (Limited to 500 words or less)

At this time, Weld LPHA works as the group to gather teams from the community to finish the assessment of health needs in the area. Along with this, UCHHealth has a strong tie to Sunrise Community Health which is the local FQHC for Weld County. We will keep working with them to improve the care transitions from our hospital to the community.

UCH LPH will also work with the people of Boulder County. Right now, the Colorado Health Institute (CHI) gathers people from all the health systems and LPHAs for the Denver Metro area. This includes Boulder County.

UCH LPH will be an active member of all meetings set up by CHI. CHI and the health systems are looking for ways to have other groups from the area be a part of the assessment of needs. We are looking for ways to include the:

- RAE – CCHA for Boulder County
- FQHCs
- RHCs
- Health alliances

Also, UCH LPH will be an active member of meetings set up by the Boulder County Health Improvement Collaborative (BCHIC). This group is looking at ways to improve a person's chance of getting into a specialty care practice for care.



Response (Limited to 500 words or less)

We are working with the Colorado Community Health Network to be able to join with local FQHCs that serve people with Medicaid. During this scan process, we hope to find any other key groups to work with. Our goal is to find:

- Areas with gaps in care
- Issues with giving care to people with Medicaid
- Ways to work through know issues of bringing into line other works going on in the community

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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:

The Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) is a government-owned business within the Department of Health Care Policy and Financing.  
[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)





- 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 UCH Health Longs Peak 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, someone from UCH LPH will either go to or set up meetings in the community to talk about key issues for the HTP with the other groups present. Our goal is to find:

- Other datasets
- Results of data
- Decide what the program should focus on in the future

Some of these meetings will be announced to the public. But others will be an invite by email.

As a way to get a wider view of the community needs, we will work closely with the local RAE. We will be able to share our findings from the HTP with members of the program improvement advisory committee (PIAC) for this area. This is a group that meets already. They invite people with Medicaid to share thoughts and opinions. These meetings happen every other month. But we will work with the RAE to find how often these meetings should be held.



Response (Limited to 250 words or less)

Our health needs findings in the area around UHealth Longs Peak Hospital will be given in a mid-point report. This report will be made public at Health First.

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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)

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
- Make recommendations

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

- Population health
- Revenue cycle



Response (Limited to 250 words or less)

- Care management and social work
- Data-analytics
- Doctor 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.

By working with the Colorado Health Institute (CHI), we hope we can have the option to have data come to one place from many datasets. If this is not an option, UCH LPH will gather and assess data on hand from places such as:

- Hospital EHR data
- Community partner EHR data
- Community health needs survey
- RAEs
- Health alliance reports

Also, CCHN has data from all FQHCs. We would like to look into the option of using these datasets that are already made.

UCHealth LPH is looking into ways of finding out standards in how to share data. This includes BAA and DUA needs. We also need to find out what legal issues there might be for sharing this data. We hope to start a discussion about how to use this data such as from the EHR or claims. We also need to add a piece that brings in the opinions of the hospital and community groups.

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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)
<p>We would like to use the partnership meetings that are already in place to help the groups 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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• RAE</li> <li>• State</li> <li>• LPHA</li> <li>• RHC</li> </ul> <p>Looking closely 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:</p> <ul style="list-style-type: none"> <li>• Database</li> <li>• Interviews</li> <li>• Surveys</li> </ul>



Response (Limited to 250 words or less)

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 UCHealth 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 LPH 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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