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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 Medical Center of the Rockies</b>
Hospital Medicaid ID Number	
Hospital Address	2500 Rocky Mountain Ave Loveland, CO 80538-9004
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, Mail Stop B255 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	Julie Griffin, RN, BSN, CEN
Secondary Contact Address	3855 Precision Dr. Suite 180 Loveland, CO 80538
Secondary Contact Phone Number	970-624-2934
Secondary Contact Email Address	<a href="mailto:Julie.griffin@uchealth.org">Julie.griffin@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 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 Medical Center of the Rockies (MCR) will work closely with other UHealth facilities and hospitals that are located close by. This will help make sure that groups can 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 MCR has a strong history in improving the health of Larimer County's health. This has come from working in partnership with groups in the community [MCR-PVH 2016 Community Health Needs Assessment \(PDF\)](#).

The HTP will use the history of working with these community groups to share details about the 5 key areas in the program. We plan to continue working with the:



Response (Limited to 500 words or less)

- LPHA
- Fire Department
- MACC program
- RAE
- Larimer Health District

UCHealth MCR plans to work with Larimer County's Health District (LCHD) and the local public health agency. As the ones best able to bring together groups from the community, we can talk about HTP key issues and align them with the goals of these groups. Recently, Larimer County passed the mental health ballot initiative ([Reporter-Herald Mental Health Ballot Initiative Article](#)). This allows for services for mental health and substance use disorders to be increased for the people of the county. To help make these changes in service happen, MCR will work with the:

- Mental Health and Substance Use Alliance of Larimer County
- Services local planning team

Another at risk group in the county is new mothers right after giving birth. UCHealth MCR and Larimer County's Department of Health will find out what needs new mothers have. The post-partum nurse visit program will offer the chance to learn what these needs are. These needs will be added to the HTP ([Larimer County Postpartum Home Visit Program](#)).

Larimer County has a service that handles the care that people on Medicaid may need. This is the Medicaid Accountable Care Collaborative (MACC) program. They



Response (Limited to 500 words or less)

work with people that have complex medical or behavioral needs. They also work with people who use the health system more than others.

This team is made up of groups from many areas. They provide robust support to people on Medicaid to make sure they are able to get the right mental or physical care they need. The team can also connect them to services and resources they might need. They act as a central spot for people on Medicaid to come to for services.

Each month, backers of MACC meet. They include leaders from the 3 largest local safety net and:

- FQHCs
- UHealth MCR
- SummitStone
- Rocky Mountain Health Plans
- The Health District

We are working with members of MACC to use a current report of services given to program clients. We also want to talk about issues related to:

- Groups that use services most
- More useful ways of doing things
- Ways to cut costs



Response (Limited to 500 words or less)

UHealth MCR will work with SummitStone Health Partners. The goal is to create ways to meet the acute care needs for behavioral health for people with Medicaid when they come to the:

- Hospital
- Emergency room

As we do the health needs scan, we will look for:

- Other key partners to work with
- Care gap areas
- Current issues from giving care to people with Medicaid
- Ways to correct these issues
- Ways to line up work already being done in the community

We have not found all 10 key partners listed in the action plan. This is either from lack of time or just have not found one. To help with this, we are working with our:

- Regional Health Connector, RAE
- Public Health Agency

We are happy to work with any groups in the area that would like to join us.

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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)

When we made the action plan for UHealth MCR, 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 groups in the community to make this action plan. We have given the details about the HTP to the board of UHealth MCR.



Response (Limited to 250 words or less)

From now on, someone from UHealth MCR 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) ([Rocky Mountains Health Plans Medicaid and CHP+](#)) 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.

Our health needs findings in the area around UHealth MCR 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 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

We have many sources of data that we already know we can use. This data comes from reports by The Health District of Northern Larimer County:

- "What Will It Take? Solutions to Mental Health Service Gaps in Larimer County". This is a scan requested by the Mental Health and Substance Use Alliance of Larimer County.
  - Provides details about the need for mental health and substance use disorder services to be created.
- Larimer County High Utilizers Study
  - 2016 report



Response (Limited to 250 words or less)

- Triennial comprehensive community health survey
  - takes place at the end of 2019 and ready for use in 2020

These meetings will be guided by UHealth MCR. The details of these meetings will be given to people by:

- Public announcement
- Email
- Invitation

When we begin to have talks about data, we will work with the RAE and Health First. We would like to look into any other health needs scans or programs that have already been done. We will add these to our recent finding in the HTP scan.

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 state and advocacy groups to help UHealth find ways to do this.

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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



Response (Limited to 250 words or less)

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 MCR 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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