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.

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>UCHealth Pikes Peak Regional Hospital</th>
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<tbody>
<tr>
<td>Hospital Medicaid ID Number</td>
<td>Pending</td>
</tr>
<tr>
<td>Hospital Address</td>
<td>16420 West US Highway 24</td>
</tr>
<tr>
<td></td>
<td>Woodland Park, CO 80863-8760</td>
</tr>
<tr>
<td>Hospital Executive Name</td>
<td>Doreen Hartmann</td>
</tr>
<tr>
<td>Hospital Executive Title</td>
<td>Chief Financial Officer</td>
</tr>
<tr>
<td>Hospital Executive Address</td>
<td>1400 E Boulder St</td>
</tr>
<tr>
<td></td>
<td>Colorado Springs CO 80909-5533</td>
</tr>
<tr>
<td>Hospital Executive Phone Number</td>
<td>719-365-2062</td>
</tr>
<tr>
<td>Hospital Executive Email Address</td>
<td><a href="mailto:Doreen.Hartmann@uchealth.org">Doreen.Hartmann@uchealth.org</a></td>
</tr>
<tr>
<td>Primary Contact Name and Title</td>
<td>Roberta Capp, Medical Director Care Transitions</td>
</tr>
<tr>
<td>Primary Contact Address</td>
<td>12401 E 17th Ave, Mail Stop B255</td>
</tr>
<tr>
<td>Primary Contact Phone Number</td>
<td>720-848-4398</td>
</tr>
<tr>
<td>Primary Contact Email Address</td>
<td><a href="mailto:Roberta.capp@uchealth.org">Roberta.capp@uchealth.org</a></td>
</tr>
<tr>
<td>Secondary Contact Name and Title</td>
<td>Lisa Vargas</td>
</tr>
<tr>
<td>Secondary Contact Address</td>
<td>1400 East Boulder St.</td>
</tr>
<tr>
<td></td>
<td>Colorado Springs, CO 80909</td>
</tr>
<tr>
<td>Secondary Contact Phone Number</td>
<td>719-365-9216</td>
</tr>
<tr>
<td>Secondary Contact Email Address</td>
<td><a href="mailto:Lisa.vargas@uchealth.org">Lisa.vargas@uchealth.org</a></td>
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</tbody>
</table>
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\(^1\), 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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\(^1\) 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.

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www.colorado.gov/hcpf
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)

UCHealth Pikes Peak Regional Hospital will work closely with other UCH health 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 Pikes Peak Regional Hospital has strong ties with the Ute Pass Regional Health Service District in Teller County. We will keep using these meetings already being held to talk about HTP areas of importance.
Response (Limited to 500 words or less)

UCHealth Pikes Peak Regional Hospital will look into working closely with the Local Public Health Agency (LPHA) and the Regional Health Connector (RHC). The goal in conducting the health needs assessment of the area is to find groups to help with this. These include:

- Related organizations
- Health care providers
- Groups in the community
- Coalitions

UCHealth PPH will work closely with the Federally Qualified Health Centers. The goal is to have meetings on a set basis to learn how to improve care for people with Medicaid after leaving the hospital. Areas of focus will be use of primary care and mental health services. The FQHCs in the area are:

- Peak Vista – primary care
- Aspen Pointe – the community mental health center

The Regional Accountable Entity (RAE) is a key group working with UCH PPRH. The RAE for this area is CCHA. We will talk about:

- Data sharing
- Care transitions
- Linking key groups in the area

We are also working with the Community Health Partnership (CHP) to find other groups and key meetings in the area. We would like them to help us with the scan of health needs in the area and work with us to create HTP programs.

At this time, we have found gaps in working with all 10 key groups listed in the action plan. To find the groups we are required to work with, we have joined up with our:

- Regional Health Connector
- RAE
- Public Health Agency
Response (Limited to 500 words or less)

While we are conducting the scan of our area for health care needs, we want to find other key groups to work with. We will work to find:

- Gaps in care
- Issues with giving care to people with Medicaid
- Ways to fix issues related to lining up work from the larger groups in the area

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;

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Community and Health Neighborhood Engagement Action Plan Template

- 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 UCHealth Pikes Peak Regional 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 groups in the community to make this action plan.

From now on, someone from UCHealth Pikes Peak Regional Hospital 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.

Our health needs findings in the area around UCHealth Pikes Peak Regional 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.

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<thead>
<tr>
<th>Response (Limited to 250 words or less)</th>
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<tbody>
<tr>
<td>The UCHealth System is creating an internal workgroup to look at data from the HTP to:</td>
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<tr>
<td>- Combine data from many areas</td>
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<td>- Evaluate the data</td>
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<td>- Make recommendations</td>
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<td>The data workgroup will meet each month and be made up of people from:</td>
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<td>- Population health</td>
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<td>- Revenue cycle</td>
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<td>- Care management and social work</td>
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<td>- Data-analytics</td>
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<td>- Doctors and medical providers</td>
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<tr>
<td>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.</td>
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<tr>
<td>We want to work closely the RAE and Health First when we have talks about data. Working with our partners will let us use data that is already collected. We can also line up key area findings to help us find clinical interventions for the HTP.</td>
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### Response (Limited to 250 words or less)

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 state and advocacy groups to help UCHealth 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 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
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<th>Response (Limited to 250 words or less)</th>
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<tbody>
<tr>
<td>• LPHA</td>
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<td>• RHC</td>
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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 PPRH 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.