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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	University of Colorado Anschutz Medical Campus (University of Colorado Hospital Authority)
Hospital Medicaid ID Number	
Hospital Address	12605 E 16th Avenue Aurora CO 80045-2545
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)

The University of Colorado Anschutz Medical Campus will work closely with other UCHHealth facilities and hospitals that are located nearby. This will help groups easily interact with stakeholders in the community. We will work closely with:

- Regional Health Connectors (RHC)
- Regional Accountable Entities (RAE)
- Local Public Health Agencies (LPHAs)
- Health Alliances
- Federally Qualified Health Centers (FQHCs)
- Community Mental Health Centers (CMHCs)



Response (Limited to 500 words or less)

UCHealth AMC will use the Colorado Health Institute (CHI) meetings already in place with the Denver Metro Public Health and Health System Collaborative to find ways to align goals of the HTP and complete the scan of the area. These meetings include LPHAs and health systems and will use the CHNA and HTP results to guide the scan process.

The Denver Metro Public Health and Health Systems will work together to find ways to invite other key groups to allow the community to be part of the scan. These groups will include:

- FQHCs
- Alliances
- RAEs

UCHealth AMC will use the work of existing groups along with Aurora Health Access and Tri-County (RHC) to get the most feedback and insight from the community that we can. We will work with Aurora Health Access and Tri-County to conduct the scan of the area.

We have also found other key groups we need to work with based on the number of people with Medicaid in the area. These results come from the number of people using these areas:

- Emergency rooms
- Medical and surgical hospital units



Response (Limited to 500 words or less)

- Obstetrics
- Neonatal units

We will set up work group meetings each month (or once a quarter) with these groups:

- **Metro Community Provider Network**
 - The largest FQHC in Aurora
 - Serves a high number of people with Medicaid that use UHealth AMC's ER and hospital units
- **CU Medicine**
 - Works with all mother baby medicine cases
 - Includes those with severe mental illness (Promise Clinic)
 - Works with people with substance use disorder (Addiction Consultative Services)
 - Opening a safety net clinic that treats people in Aurora that have Medicaid
- **Aurora Mental Health**
 - Largest community mental health center in the area
 - Long history of working together on programs related to mental health and substance use disorders
- **Groups for the Homeless:**
 - AMC sees large numbers of people with Medicaid that are homeless
 - Discharged about 500 people that were homeless to shelters during the 1st eight months of 2018
 - We will look at gaps in care for those that have no home along with groups that are at risk and are high users of services. To do this, we will work with:



Response (Limited to 500 words or less)

- Comitis
- Mile High Behavioral Health
- Aurora Resource Day Center
- Colorado Coalition for the Homeless

While we do the health needs assessment, we hope to work with the Colorado Community Health Network (CCHN). This will let us find key safety net clinics and work on combining data and details about needs found from the scan.

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

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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)

To make this action plan, 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.

As we move ahead, we will use CHI to set up monthly meetings to conduct the HTP scan. We would like to work with CHI to combine data from many sources and align the current datasets as they relate to the 5 HTP key areas.

The Denver Metro Public Health and Health System Collaborative will ask data owners to collect some of the same data points so we can fully understand what the gaps in care are for the 5 HTP key areas. The groups asked to collect these data points are:

- Hospitals
- Clinics
- LPHAs



Response (Limited to 250 words or less)

Every 3 months, AMC will share findings from the HTP scan with key groups in the area. We will work through the Program Improvement Advisory Committee (PIAC) to get a broader view and opinion from stakeholders. Invitations to these meetings will be sent by email.

Also, UCH AMC will work with smaller workgroups and clinical partners to better understand gaps in care. These meetings will be set up between groups. Invitations will be sent by email.

Our health needs findings in the area around UHealth AMC will be given in a mid-point report. This report will be made public at HCPF's website.

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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 UCHHealth 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

UCH AMC is an active partner in the LPHA community needs assessment. These results will be included in the many data sources we use.

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 AMC 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

UCHHealth 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)

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 UCH AMC 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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