HOSPITAL TRANSFORMATION PROGRAM
COMMUNITY AND HEALTH NEIGHBORHOOD ENGAGEMENT

MIDPOINT REPORT

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**Instructions and Timeline**

Via the Midpoint Report, program participants will report on Community and Health Neighborhood Engagement (CHNE) work over the first half of the pre-waiver process. Specifically, hospitals will use this report to update the State regarding efforts to engage community partners in completing an evidence-based environmental scan to identify community needs and resources and the hospital’s plans going forward.

The State will be reviewing Midpoint Reports to ensure:

- The process has been adequately inclusive of organizations that serve and represent the broad interests of the community and that no key stakeholders are excluded;
- A diverse and regular enough range of venues, locations, times and manners for engagement are being provided to allow for a meaningful opportunity for participation;
- Needed adjustments were made to the Action Plan and any divergence from the Action Plan is justified;
- The environmental scan assessment is complete, sufficiently detailed, and evidence-based, and was informed by community input; and
- Over the remainder of the pre-waiver CHNE process, community organizations will have meaningful opportunities to inform the hospital’s planning of its Hospital Transformation Program (HTP) participation.

Please note that the word limits included are guidelines. You may exceed them as necessary to fully respond to the question or information request.

Midpoint Reports must be submitted in .pdf form with all supporting documentation included in one document via e-mail by April 19, 2019 at 5pm to the Colorado HTP email address COHTP@state.co.us. Reports received after this deadline will not be considered.

Following the submission date, the State will review the reports. The reports will not be scored; however, the State will work collaboratively with participants to seek clarifications as needed and to ensure that there is agreement between the hospital and the State as to the plan for the remainder of the process, including plans to address any needed changes to the hospital’s CHNE process based on the review of the Midpoint Report.
Contact Information

Please provide the legal name and Medicaid ID for the hospital for which this Midpoint Report is being submitted.

Hospital Name: UCHealth Longs Peak Hospital
Hospital Medicaid ID Number: _

Please provide any updates to the hospital address as well as to the names, titles, addresses and contact information for the hospital executive with signatory authority to whom official correspondence should be addressed and for the primary and secondary points of contact if that information has changed since submitting your CHNE Action Plan. If this information has not changed, this section can be left blank.

Hospital Address: 1750 E Ken Pratt Blvd, Longmont, CO 80504-5311
Hospital Executive Name: Steve Schwartz
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: Steve.Schwartz@uchealth.org

Primary Contact Name: Roberta Capp
Primary Contact Title: Medical Director Care Transitions
Primary Contact Address: 12401 E 17th Ave, Aurora CO 80045
Primary Contact Phone Number: 720-848-4398
Primary Contact Email Address: Roberta.Capp@uchealth.org

Secondary Contact Name: Kellee Beckworth
Secondary Contact Title: Sr. Project Manager
Secondary Contact Address: 12401 E 17th Ave, Aurora CO 80045
Secondary Contact Phone Number: 720-848-6525
Secondary Contact Email Address: Kellee.Bechworth@uchealth.org
### Engagement Update

III.a. Please respond to the following questions to provide us with an update of the hospital’s engagement activities. Please note that the word limits are guidelines. You may exceed them as necessary to fully respond to the question or information request.

Please use the following grid to provide a list of external organizations that the hospital has engaged, including the organizational contact, the type of organization, and the organization-specific engagement activities undertaken with this organization. Please also note any specific connection of the organization to HTP priority populations and / or project topics.

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Organizational Contact</th>
<th>Organization Type</th>
<th>Engagement Activity</th>
<th>Connection to any specific HTP priority populations and / or project topics, as applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banner Health</td>
<td>Kathryn Perkins, MD</td>
<td>Other: Hospital</td>
<td>Involvement</td>
<td>Banner reviewed HTP mid-term report data. We asked questions to CBOs on mid-term report elements.</td>
</tr>
<tr>
<td>Boulder County Behavioral Task Force</td>
<td>Dea Wheeler</td>
<td>Community organization addressing SDOH</td>
<td>Involvement</td>
<td>Community, local hospitals and law enforcement to get together to improve mental health care. County rather than city, and focused on mental health disorder.</td>
</tr>
<tr>
<td>BCHIC</td>
<td>Morgan Rogers McMillian</td>
<td>Health Alliance</td>
<td>Involvement</td>
<td>Discussed HTP and made connections to obtain information for mid-term report.</td>
</tr>
<tr>
<td>Boulder County Opioid Advisory Group</td>
<td>Arielle Gross</td>
<td>Consumer Advocates/Advocacy Organizations</td>
<td>Involvement</td>
<td>Discussed policy, behavioral health and substance abuse initiatives, and corrections systems grants activities.</td>
</tr>
<tr>
<td>CCHA</td>
<td>Hanna Thomas</td>
<td>RAE</td>
<td>Partnership</td>
<td>Discuss RAE roles, hospital-RAE partnerships.</td>
</tr>
<tr>
<td>CHA Opioid Summit</td>
<td>Ashley Baker</td>
<td>Consumer Advocates/Advocacy Organizations</td>
<td>Involvement</td>
<td>Discuss ED MAT program, discussed HTP, made connections with community organizations and obtained key contacts from OBH.</td>
</tr>
<tr>
<td>Colorado Health &amp; Human Services, Refugee Department</td>
<td>Carol Turnayle</td>
<td>Community organization addressing SDOH</td>
<td>Partnership</td>
<td>To discuss refugee care and opportunities for HTP alignment.</td>
</tr>
<tr>
<td>Colorado Health Institute</td>
<td>Ann Loeffler</td>
<td>Community organization addressing SDOH</td>
<td>Partnership</td>
<td>Discuss HTP-midterm report and interviews/findings obtained by CHI.</td>
</tr>
<tr>
<td>Colorado Health Literacy Coalition</td>
<td>Dana Abbey, Angela Brega</td>
<td>Community organization addressing SDOH</td>
<td>Partnership</td>
<td>Capture the health literacy rates by county and discussed partnership opportunities.</td>
</tr>
<tr>
<td>Colorado Prevention Alliance</td>
<td>Lauren Ambrozic</td>
<td>Health Alliance</td>
<td>Involvement</td>
<td>SDOH white paper put together by CPA. Opportunities for SDOH alignment discussed at the meeting.</td>
</tr>
<tr>
<td>Community Paramedic Program</td>
<td>Denise Suniga</td>
<td>Other: EMS</td>
<td>Partnership</td>
<td>Opportunities for alignment between LPH and Paramedicine program in Longmont.</td>
</tr>
<tr>
<td>Organization Name</td>
<td>Organizational Contact</td>
<td>Organization Type</td>
<td>Engagement Activity</td>
<td>Connection to any specific HTP priority populations and / or project topics, as applicable</td>
</tr>
<tr>
<td>-------------------</td>
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<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Lead Program (Law Enforcement Assistance Diversion)</td>
<td>Denise Suniga</td>
<td>LPHA</td>
<td>Involvement</td>
<td>Corresponder type model and opportunities for alignment between LPH and EMS/PD.</td>
</tr>
<tr>
<td>Longmont Department of Public Safety</td>
<td>Dan Eamon</td>
<td>RETACs</td>
<td>Partnership</td>
<td>LPH staff and PD met to discuss referral process for LPH patients to this program for home visits by paramedics and accompanying PCP.</td>
</tr>
<tr>
<td>Longmont Social Determinants of Health</td>
<td>Don Nease</td>
<td>Community organization addressing SDOH</td>
<td>Partnership</td>
<td>Develop framework for addressing BH with Denver metro hospitals and LPHAs.</td>
</tr>
<tr>
<td>MDPH-HSPM</td>
<td>Beck Furniss</td>
<td>LPHA</td>
<td>Involvement</td>
<td>LPH and Broomfield to work in collaboration with MHP for patients with mental health and substance abuse.</td>
</tr>
<tr>
<td>Mental Health Partners</td>
<td>Dixie Casford</td>
<td>CMHC</td>
<td>Partnership</td>
<td>Discuss quality improvement activities such as: PAC, HTP, and COUP.</td>
</tr>
<tr>
<td>Northern County Health Alliance</td>
<td>Mark Wallace</td>
<td>Health Alliance</td>
<td>Involvement</td>
<td>Discussed Medicaid challenges and benefits related to transitions from hospitals to nursing homes. Discussed vulnerable populations and cross collaborations. RAE involvement in SNF care. Potential partnerships.</td>
</tr>
<tr>
<td>Vivage</td>
<td>Heather Terhark</td>
<td>LTSS</td>
<td>Partnership</td>
<td>Discussed CHORDs and opportunities for HTP alignment-workgroup meeting that brings both counties together.</td>
</tr>
<tr>
<td>Weld County Department of Public Health and Environment</td>
<td>Cindy Kronauge</td>
<td>LPHA</td>
<td>Involvement</td>
<td>Social supports, care transitions, health data infrastructure, advocacy</td>
</tr>
<tr>
<td>Adams County Health Alliance</td>
<td>Attendee list not available</td>
<td>Health Alliance</td>
<td>Facilitated Discussion</td>
<td>Social supports, care transitions, health data infrastructure, advocacy</td>
</tr>
<tr>
<td>Douglas County Health Alliance</td>
<td>Attendee list not available</td>
<td>Health Alliance</td>
<td>Facilitated Discussion</td>
<td>Social supports, care transitions, health data infrastructure, advocacy</td>
</tr>
<tr>
<td>Jefferson County Health Alliance</td>
<td>Attendee list not available</td>
<td>Health Alliance</td>
<td>Facilitated Discussion</td>
<td>Social supports, care transitions, health data infrastructure, advocacy</td>
</tr>
<tr>
<td>Adams County Health Alliance</td>
<td>Meghan Prentiss</td>
<td>Health Alliance</td>
<td>Focus Group</td>
<td>Social supports, care transitions, health data infrastructure, advocacy</td>
</tr>
<tr>
<td>AllHealth Network</td>
<td>Cynthia Grant</td>
<td>Community Mental Health Center</td>
<td>Focus Group</td>
<td>Behavioral health, substance use</td>
</tr>
<tr>
<td>Aurora Health Alliance</td>
<td>Mandy Ashley</td>
<td>Health Alliance</td>
<td>Focus Group</td>
<td>Social supports, care transitions, health data infrastructure, advocacy</td>
</tr>
</tbody>
</table>

The following community outreach was done by the Colorado Health Institute:

- Social supports, care transitions, health data infrastructure, advocacy
<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Organizational Contact</th>
<th>Organization Type</th>
<th>Engagement Activity</th>
<th>Connection to any specific HTP priority populations and / or project topics, as applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boulder County Health Improvement Collaborative</td>
<td>Morgan McMillan</td>
<td>Health Alliance</td>
<td>Focus Group</td>
<td>Social supports, care transitions, health data infrastructure, advocacy</td>
</tr>
<tr>
<td>Broomfield FISH</td>
<td>Dayna Scott</td>
<td>Community organizations addressing social determinants of health</td>
<td>Focus Group</td>
<td>Social supports</td>
</tr>
<tr>
<td>Center for African American Health</td>
<td>Deidre Johnson</td>
<td>Community organizations addressing social determinants of health</td>
<td>Focus Group</td>
<td>Social supports</td>
</tr>
<tr>
<td>Center for Health Progress</td>
<td>Christopher Klene</td>
<td>Community organizations addressing social determinants of health</td>
<td>Focus Group</td>
<td>Social supports</td>
</tr>
<tr>
<td>City and County of Denver</td>
<td>Tristan Sanders</td>
<td>Local Public Health Agency</td>
<td>Focus Group</td>
<td>Population health, maternal child health, social determinants of health, behavioral health</td>
</tr>
<tr>
<td>Clinica Family Health</td>
<td>Simon Smith</td>
<td>Federally Qualified Health Centers</td>
<td>Focus Group</td>
<td>Access, primary care, social determinants, behavioral health, mothers and infants, care coordination</td>
</tr>
<tr>
<td>Clinica Tepeyac</td>
<td>Jim Garcia</td>
<td>Federally Qualified Health Centers</td>
<td>Focus Group</td>
<td>Access, primary care, social determinants, behavioral health, mothers and infants, care coordination</td>
</tr>
<tr>
<td>Colorado Access</td>
<td>Daniel Obarski, Molly Markert</td>
<td>RAE</td>
<td>Focus Group</td>
<td>High utilizers, total cost of care, coordination, service availability, social determinants of health, behavioral health</td>
</tr>
<tr>
<td>Colorado Community Health Alliance</td>
<td>Hanna Thomas, Jessica Rink</td>
<td>RAE</td>
<td>Focus Group</td>
<td>High utilizers, total cost of care, coordination, service availability, social determinants of health, behavioral health</td>
</tr>
<tr>
<td>Denver Health and Hospital Authority</td>
<td>Simon Hambidge</td>
<td>Federally Qualified Health Centers</td>
<td>Focus Group</td>
<td>Access, primary care, social determinants, behavioral health, mothers and infants, care coordination</td>
</tr>
<tr>
<td>Denver Public Health</td>
<td>Jessica Forsyth, Kellie Teter</td>
<td>Local Public Health Agency</td>
<td>Focus Group</td>
<td>Population health, maternal child health, social determinants of health, behavioral health</td>
</tr>
<tr>
<td>Douglas County Health Alliance</td>
<td>Wendy Nading</td>
<td>Health Alliance</td>
<td>Focus Group</td>
<td>Social supports, care transitions, health data infrastructure, advocacy</td>
</tr>
<tr>
<td>High Plains Community Health Center</td>
<td>Eric Niedermeyer</td>
<td>Federally Qualified Health Centers</td>
<td>Focus Group</td>
<td>Access, primary care, social determinants, behavioral health,</td>
</tr>
<tr>
<td>Organization Name</td>
<td>Organizational Contact</td>
<td>Organization Type</td>
<td>Engagement Activity</td>
<td>Connection to any specific HTP priority populations and / or project topics, as applicable</td>
</tr>
<tr>
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<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Hunger Free Colorado</td>
<td>Sandy Nagler, Brett Reeder</td>
<td>Community organizations addressing social determinants of health</td>
<td>Focus Group</td>
<td>mothers and infants, care coordination</td>
</tr>
<tr>
<td>Jefferson Center for Mental Health</td>
<td>Don Bechtold</td>
<td>Community Mental Health Center</td>
<td>Focus Group</td>
<td>Behavioral health, substance use</td>
</tr>
<tr>
<td>Jefferson County Public Health</td>
<td>Kelly Kast, Melissa Palay</td>
<td>Local Public Health Agency</td>
<td>Focus Group</td>
<td>Population health, maternal child health, social determinants of health, behavioral health</td>
</tr>
<tr>
<td>Marillac Clinic</td>
<td>Kay Ramachandran</td>
<td>Federally Qualified Health Centers</td>
<td>Focus Group</td>
<td>Access, primary care, social determinants, behavioral health, mothers and infants, care coordination</td>
</tr>
<tr>
<td>Mile High Health Alliance</td>
<td>Dede de Percin, Karen Trautman, Alyssa Harrington</td>
<td>Health Alliance</td>
<td>Focus Group</td>
<td>Social supports, care transitions, health data infrastructure, advocacy</td>
</tr>
<tr>
<td>Mountain Family Community Health Center</td>
<td>Ross Brooks</td>
<td>Federally Qualified Health Centers</td>
<td>Focus Group</td>
<td>Access, primary care, social determinants, behavioral health, mothers and infants, care coordination</td>
</tr>
<tr>
<td>Peak Vista Community Health Center</td>
<td>Pam McManus</td>
<td>Federally Qualified Health Centers</td>
<td>Focus Group</td>
<td>Access, primary care, social determinants, behavioral health, mothers and infants, care coordination</td>
</tr>
<tr>
<td>Sheridan Health Services</td>
<td>Erica Shierer</td>
<td>Federally Qualified Health Centers</td>
<td>Focus Group</td>
<td>Access, primary care, social determinants, behavioral health, mothers and infants, care coordination</td>
</tr>
<tr>
<td>Signal Behavioral Health</td>
<td>Heather Dolan</td>
<td>Managed Service Organization</td>
<td>Focus Group</td>
<td>Behavioral health, substance use</td>
</tr>
<tr>
<td>STRIDE Community Health Center</td>
<td>Ben Niederman</td>
<td>Federally Qualified Health Centers</td>
<td>Focus Group</td>
<td>Access, primary care, social determinants, behavioral health, mothers and infants, care coordination</td>
</tr>
<tr>
<td>Sunrise Community Health Center</td>
<td>Mitzi Moran</td>
<td>Federally Qualified Health Centers</td>
<td>Focus Group</td>
<td>Access, primary care, social determinants, behavioral health, mothers and infants, care coordination</td>
</tr>
<tr>
<td>Tri-County Health Department</td>
<td>Emma Goforth, Heather Baumgartner</td>
<td>Local Public Health Agency</td>
<td>Focus Group</td>
<td>Population health, maternal child health, social determinants of health, behavioral health</td>
</tr>
<tr>
<td>Colorado Coalition for the Homeless</td>
<td>Brian Hill</td>
<td>Federally Qualified Health Centers</td>
<td>Focus Group and Key</td>
<td>Access, primary care, social determinants, behavioral health,</td>
</tr>
<tr>
<td>Organization Name</td>
<td>Organizational Contact</td>
<td>Organization Type</td>
<td>Engagement Activity</td>
<td>Connection to any specific HTP priority populations and / or project topics, as applicable</td>
</tr>
<tr>
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<td>--------------------------------------------------------</td>
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<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>CORHIO</td>
<td>Morgan Honea, Kate Horle</td>
<td>Regional Health Information Exchange</td>
<td>Key Informant Interview</td>
<td>Health data exchange infrastructure</td>
</tr>
<tr>
<td>InnovAge</td>
<td>Beverley Dahan</td>
<td>Long Term Services and Supports Provider</td>
<td>Key Informant Interview</td>
<td>Older adults/end of life, care transitions, primary care</td>
</tr>
<tr>
<td>Colorado Cross-Disability Coalition</td>
<td>Julie Reiskin, Dawn Howard, Kim Jackson</td>
<td>Consumer advocate</td>
<td>Key Informant Interview</td>
<td>Consumer advocacy, long-term services and supports, access, care transitions, high utilizers</td>
</tr>
<tr>
<td>Colorado Criminal Justice Reform Coalition</td>
<td>Terri Hurst</td>
<td>Consumer advocate</td>
<td>Key Informant Interview</td>
<td>High utilizers, care transitions, behavioral health, social supports, disconnected from system</td>
</tr>
<tr>
<td>Colorado Children’s Campaign</td>
<td>Erin Miller</td>
<td>Consumer advocate</td>
<td>Key Informant Interview</td>
<td>Maternal child health, social supports</td>
</tr>
<tr>
<td>Denver Regional Council of Governments</td>
<td>Ron Papsdorf</td>
<td>Community organizations addressing social determinants of health</td>
<td>Key Informant Interview</td>
<td>Social determinants of health, long-term services and supports</td>
</tr>
<tr>
<td>Every Child Pediatrics</td>
<td>Jessica Dunbar</td>
<td>Primary Care Medical Provider</td>
<td>Key Informant Interview</td>
<td>Access, primary care, social determinants, behavioral health, mothers and infants, care coordination</td>
</tr>
<tr>
<td>Mile High &amp; Foothills RETAC</td>
<td>Bill Clark</td>
<td>RETACs</td>
<td>Key Informant Interview</td>
<td>High Utilizers</td>
</tr>
</tbody>
</table>

**Agency/Organization Acronyms:** Regional Accountable Entity (RAE); Local Public Health Agency (LPHA); Primary Care Medical Home (PCMH); Community Mental Health Center (CMHC); Social Determinants of Health (SDOH); Emergency Services Transport (EMT); Department of Health and Human Services (DHHS); Colorado Department of Public Health Environment (CDPHE); Regional Health Connector (RHC); Office of Behavioral Health (OBH); Colorado Hospital Association (CHA); Area Agency on Aging (AAA); Adult Protective Services (APS); Long Term Supportive Services (LTSS); Colorado Health Partnership (CHP); Federally Qualified Health Center (FQHC); Colorado Health Assessment Planning System (CHAPS); Colorado Coalition for the Medically Underserved (CCMU).

Please use the following grid to provide a list of engagement activities, (e.g. workgroups, committees, meetings, discussion groups, public forums, etc.) that the hospital has undertaken, including the locations and manners for participation (e.g. in-person, by phone, in writing, etc; please also indicate if the participants facilitated or provided data analysis), frequency of the activity, the partners included, how notice was provided, and the key deliverables for each activity (e.g. action items, high-level decisions, documents drafted / finalized, data reports, etc).
<table>
<thead>
<tr>
<th>Engagement Activity</th>
<th>Location and Manners for Participation</th>
<th>Frequency of Activity</th>
<th>Partners Included</th>
<th>How Activity Was Noticed</th>
<th>Key Deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement</td>
<td>In person</td>
<td>x1</td>
<td>UCHHealth, Banner Health, Greeley P.D., Sunrise Family Center (FQHC), Salud Clinic (FQHC), North Range BH (CMHC), NHP (RAE), NCHA (Health Alliance)</td>
<td>E-mail</td>
<td>Banner reviewed HTP mid-term report data. We asked questions to CBOs on mid-term report elements.</td>
</tr>
<tr>
<td>Involvement</td>
<td>In person</td>
<td>Quarterly (x1)</td>
<td>Boulder County, Centura, BCH, MHP Colorado (CMHC), United Way Foothills, Boulder Colorado Government, Colorado Recovery (advocacy organization)</td>
<td>E-mail</td>
<td>Community, local hospitals and law enforcement to get together to improve mental health care. County rather than city, and focused on mental health disorder.</td>
</tr>
<tr>
<td>Involvement</td>
<td>In person</td>
<td>x1</td>
<td>UCHHealth, Salud (FQHC), Boulder County (City), Broomfield County (City), Centura (hospital), Clinica (FQHC), CCHA (RAE)</td>
<td>E-mail</td>
<td>Discussed HTP and made connections to obtain information for mid-term report.</td>
</tr>
<tr>
<td>Involvement</td>
<td>Phone</td>
<td>Quarterly (x2)</td>
<td>Boulder County PHD (LPHA), BCH (Hospital), OBH, Clinica (FQHC), MHP (CMHC), Broomfield PHD (LPHA).</td>
<td>E-mail</td>
<td>Discussed policy, behavioral health and substance abuse initiatives, and corrections systems grants activities.</td>
</tr>
<tr>
<td>Partnership</td>
<td>In person/ CCHA</td>
<td>Monthly and Ad-Hoc (X4)</td>
<td>RAE and UCHHealth</td>
<td>E-mail</td>
<td>Discuss RAE roles, hospital-RAE partnerships.</td>
</tr>
<tr>
<td>Involvement</td>
<td>Phone</td>
<td>x1</td>
<td>Hospitals, OBH, RAE, CMHC, PCMH, CDPHE</td>
<td>Public Announcement</td>
<td>Discuss ED MAT program, discussed HTP, made connections with community organizations and obtained key contacts from OBH.</td>
</tr>
<tr>
<td>Partnership</td>
<td>Phone</td>
<td>x1</td>
<td>Colorado Health &amp; Human Services, Refugee Department and UCHHealth</td>
<td>E-mail</td>
<td>To discuss refugee care and opportunities for HTP alignment.</td>
</tr>
<tr>
<td>Partnership</td>
<td>Phone</td>
<td>x1</td>
<td>Colorado Health Institute, UCHHealth, Health One Cares, Centura Health, Children's Colorado, Denver Health, SCL Health, NJ Health</td>
<td>E-mail</td>
<td>Discuss HTP-midterm report and interviews/findings obtained by CHI.</td>
</tr>
<tr>
<td>Partnership</td>
<td>Phone</td>
<td>x1</td>
<td>Colorado Health Literacy Coalition and UCHHealth</td>
<td>E-mail</td>
<td>Capture the health literacy rates by</td>
</tr>
</tbody>
</table>

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
<table>
<thead>
<tr>
<th>Engagement Activity</th>
<th>Location and Manners for Participation</th>
<th>Frequency of Activity</th>
<th>Partners Included</th>
<th>How Activity Was Noticed</th>
<th>Key Deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement</td>
<td>CIVHC Board Room/In person</td>
<td>x1</td>
<td>Health Systems, Payers, CDPHE, CCMU, PCMH</td>
<td>E-mail</td>
<td>county and discussed partnership opportunities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SDOH white paper put together by CPA. Opportunities for SDOH alignment discussed at the meeting.</td>
</tr>
<tr>
<td></td>
<td>In person</td>
<td>Ongoing</td>
<td>Longmont Public Safety</td>
<td>E-mail</td>
<td>Opportunities for alignment between LPH and Paramedicine program in Longmont.</td>
</tr>
<tr>
<td></td>
<td>In person</td>
<td>bimonthly (x2)</td>
<td>Mental Health Partners, Police Department, Behavioral Health Group, Boulder County, Boulder County Community Justice Services, Boulder County Public Health, Syringe Access Services, Safer Injection Supplies, Education Services, Front Range Clinic, Homeless Outreach Providing Encouragement, The Inn Between of Longmont, Longmont Community Services, Children Youth and Families, Senior Center, Longmont Department of Public Safety, Longmont Probation, Longmont United Hospital, Outreach United Resource Center, Inc. (OUR) Center, The Red Point Center</td>
<td>E-mail</td>
<td>Correspond type model and opportunities for alignment between LPH and EMS/EMR.</td>
</tr>
<tr>
<td></td>
<td>Phone</td>
<td>x1</td>
<td>LPH ED and PD</td>
<td>E-mail</td>
<td>LPH staff and PD met to discuss referral process for LPH patients to this program for home visits by paramedics and accompanying PCP.</td>
</tr>
<tr>
<td></td>
<td>Phone</td>
<td>x1</td>
<td>Several community organizations gathering to address social determinants of health.</td>
<td>E-mail</td>
<td>Discuss current group goals and community engagement work.</td>
</tr>
<tr>
<td>Engagement Activity</td>
<td>Location and Manners for Participation</td>
<td>Frequency of Activity</td>
<td>Partners Included</td>
<td>How Activity Was Noticed</td>
<td>Key Deliverables</td>
</tr>
<tr>
<td>---------------------</td>
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<td>-----------------</td>
</tr>
<tr>
<td>Involvement</td>
<td>In person</td>
<td>x1</td>
<td>LPHA, CHI reps, Health System Reps</td>
<td>E-mail</td>
<td>Group wants to develop a community based social determinants of health network with an IT platform that allows for connectivity between partners.</td>
</tr>
<tr>
<td>Partnership</td>
<td>In person</td>
<td>x1</td>
<td>Mental Health Partners, UCH</td>
<td>E-mail</td>
<td>Develop framework for addressing BH with Denver metro hospitals and LPHAs.</td>
</tr>
<tr>
<td>Involvement</td>
<td>In person</td>
<td>x1</td>
<td>UCH, Banner Health, Salud Clinic, North Range, Beacon Health</td>
<td>E-mail</td>
<td>LPH and Broomfield to work in collaboration with MHP for patients with mental health and substance abuse.</td>
</tr>
<tr>
<td>Partnership</td>
<td>In person</td>
<td>x1</td>
<td>Vivage and UCHealth</td>
<td>E-mail</td>
<td>Discuss quality improvement activities such as: PAC, HTP, and COUP.</td>
</tr>
<tr>
<td>Involvement</td>
<td>Phone</td>
<td>x1</td>
<td>Larimer County, Health District, Kaiser Permanente, NCHD, North Range, Colorado State, Unite Way-Weld, Poudre-Fire, The Family Center-FC, UCHealth</td>
<td>E-mail</td>
<td>Discussed Medicaid challenges and benefits related to transitions from hospitals to nursing homes. Discussed vulnerable populations and cross collaborations. RAE involvement in SNF care. Potential partnerships.</td>
</tr>
<tr>
<td>Consultation</td>
<td>Phone and in person</td>
<td>X10</td>
<td>CORHIO, Colorado Children’s Campaign, CCH, Colorado Criminal Justice Reform Coalition, Denver Regional</td>
<td>Email</td>
<td>Discussed CHORDs and opportunities for HTP alignment - workgroup meeting that brings both counties together.</td>
</tr>
</tbody>
</table>

**The following community outreach was done by the Colorado Health Institute:**

Consultation | Phone and in person | X10 | CORHIO, Colorado Children’s Campaign, CCH, Colorado Criminal Justice Reform Coalition, Denver Regional | Email | Discussion around the health care challenges, gaps, and opportunities in...
<table>
<thead>
<tr>
<th>Engagement Activity</th>
<th>Location and Manners for Participation</th>
<th>Frequency of Activity</th>
<th>Partners Included</th>
<th>How Activity Was Noticed</th>
<th>Key Deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation</td>
<td>Location: offices of the Colorado Health Institute. Attendees participated either in-person or by webinar/phone.</td>
<td>X6</td>
<td>Council of Governments, Every Child Pediatrics, Innovage, Mile High and Foothills Retac</td>
<td></td>
<td>the metro Denver community</td>
</tr>
<tr>
<td>Consultation</td>
<td>Online-Survey</td>
<td></td>
<td>Mile High Regional Emergency Medical and Trauma Advisory Council,</td>
<td>Email</td>
<td>Insights around the health care challenges, gaps, and opportunities in the metro Denver community</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Survey link was emailed once through partners' existing email distribution lists. Approximately 120 responses received as of</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) is a government-owned business within the Department of Health Care Policy and Financing.

<table>
<thead>
<tr>
<th>Engagement Activity</th>
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<th>Frequency of Activity</th>
<th>Partners Included</th>
<th>How Activity Was Noticed</th>
<th>Key Deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation</td>
<td>In person</td>
<td>X3</td>
<td>Adams County Health Alliance, Douglas County Health Alliance, and Jefferson County Health Alliance</td>
<td>Email</td>
<td>Discussion around the health care challenges, gaps, and opportunities in the metro Denver community</td>
</tr>
</tbody>
</table>
III.b. Please respond to the following questions to tell us about your experiences of executing your Action Plan, including the challenges you have faced and how, if at all, you have had to adjust in light of those challenges.

1. Please use the space below to describe:
   • Any organizations that you expected to engage but were unable to or that are no longer engaged and your understanding of why; and
   • How you have attempted to address these gaps in engagement

Response (Please seek to limit your response to 500 words or less)

We worked with all groups listed in the Action Plan. We expanded our list of organizations based on larger ongoing community meetings. We also set up separate HTP meetings to talk about the items needed in the mid-term report. We did not have any engagement gaps.

2. Please use the space below to describe any challenges you faced in implementing planned activities as described in the Action Plan and the cause of the challenges.

Response (Please seek to limit your response to 500 words or less)

The biggest challenge with carrying out the action plan activities was linked to the amount of time between Action Plans and Midpoint Reports. The state stressed using ongoing meetings as a way to have talks about gathering data and information needed for this report.

But, since many community groups meet each quarter and hospitals were given 3 months to do the Midpoint report activities, this was a challenge. Also, hospitals did not want these groups to become tired of answering questions and coming to meetings that were all very much the same. Working with hospitals in one area to gather the same group of stakeholders was challenging.

3. Please use the space below to describe any divergences from your final Action Plan made in order to successfully conduct your Community and Health Neighborhood Engagement, including those made to address the challenges described above.

Response (Please seek to limit your response to 500 words or less)

We met with all stakeholders listed in our Action Plan. We went to larger community meetings to get feedback from many stakeholders when we could. We were part of meetings and partnerships that are in place right now between UCHealth and community groups.

Lastly, we created HTP specific workgroups to address items in the mid-term report.

As well as doing our own hospital interviews, meetings and information gathering process, the Colorado Health Institute searched for information from a many partners. According to the Colorado Health Institute the CHNE includes insights from community partners and stakeholders representing all HTP priority populations and identified in the CHNE Guidebook.

Many providers in the metro area were enrolled to take part. But, some were not able to be part a key informant interview or focus group. This was due to scheduling conflicts and the
short timeline for doing the scan. To account for this issue, an online survey was sent to all partners who were part of this process but not able to give feedback through an in-person session.

Most of the challenges we had were linked to getting details needed for the Midpoint report and turning talks towards doing the needs assessment and environmental scan. The Midpoint report phase was an information gathering stage, and the Hospital Transformation Program does not have more money to pay for this phase. In spite of this, community groups often gave solutions but still asked hospitals to help pay for issues that were found.
Environmental Scan Findings

Please see Appendices I and II for checklists that may be useful in responding to these questions.

Please note that the word limits are guidelines. You may exceed them as necessary to fully respond to the question or information request.

IV.a. Please use the space below to describe how the hospital has defined the community (based on input received).

Response (Please seek to limit your response to 500 words or less)

The hospital defined the community based on its setting and the zip code of citizens that use the hospital system. For UCHealth Longs Peak hospital the geographic area served by the hospital includes Boulder and Weld counties.

- 41.4% of all its hospital users lived in Weld County
- 37.2% of all its hospital users lived in Boulder County

These two regions are served by two different Regional Accountable Entities:

- Community Care Health Alliance
- Northeast Health Partners

The Colorado Health Institute set up meetings for hospital partners that are part of the Metro Denver Partnership for Health’s (MDPH) Public Health-Health Systems Collaboration Work Group. MDPH is a joint effort led by the 6 local public health agencies that serve the 7-county Denver Metro area, including:

Adams
Arapahoe
Boulder
Broomfield
Denver
Douglas
Jefferson
This environmental scan lined up the data collection and community partner outreach across the metro Denver region for these partner hospitals:

- Centura Health
- Children’s Hospital Colorado
- Denver Health
- Health One
- National Jewish Hospital
- SCL Health
- UCHealth (UCHCalth Broomfield Hospital
- UCHealth Highlands Ranch Hospital
- UCHealth University of Colorado Anschutz Medical Campus Hospital
- UCHealth Longs Peak Hospital

Colorado Department of Health Care Policy and Financing (HCPF) data are reported at the Regional Accountable Entity level:

RAE 3:

- Adams
- Arapahoe
- Douglas
- Elbert

RAE 5:

- Denver

RAE 6:

- Boulder
• Broomfield
• Clear Creek
• Gilpin
• Jefferson

IV.b. Please use the space below to identify the sources and information used to identify community health needs and service levels available including specific to the HTP priority populations and project topics.

Response (Please seek to limit your response to 500 words or less)

We did many surveys and interviews with community groups. By being part of ongoing community meetings we could ask for needed facts. We also reviewed public records that contained points about the broad population of the area. We want to thank all of our partners for setting up groups of community stakeholders and sharing data with us.

Also, we built an internal UCHealth data workgroup to check our internal electronic health record data. Lastly, we teamed up with the Regional Accountable Entity (RAE) and got data linked to the Medicaid population. The Health Policy and Finance (HCPF) Center also gave hospitals data on Medicaid members that used the hospital identified in this application. All data had any proof of who the members were taken off.

I.V.c. Please use the space below to describe any data gaps encountered while conducting the environmental scan, and how these were accounted for.

Response (Please seek to limit your response to 500 words or less)

The total number of Medicaid enrollees by service area was not available. To describe the Medicaid population, we drew from data shown on the Department of Health Care Policy and Financing (HCPF)'s website. Demographics and HCPF demographic data for enrollees who used hospital services during State Fiscal Year 2018 is listed on the site.

What we learned from this data has some limits linked to it and how it was done. This includes:

- Data telling us about Medicaid enrollees that use the hospital services may not be the same as to the Medicaid population as a whole in that area.
- Knowing how much a person uses the hospital can't be known for sure since data about a person was only used once, not for each time they used the hospital for care.
- The data we have may not show the true amount that people on Medicaid use a service at the hospital. Because people may have Medicaid only for part of year, we miss the details of what services they need and use when not on Medicaid.

We were not able to study many data points by county and payer (Medicaid/public) because there was no data to be found. County values are for the whole population unless stated.

Quantitative data (things that can be counted) telling the unique health needs of the groups of people that are our main concern are limited. These groups of people include:
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Data on these populations were gathered through qualitative (observing to gather data that is not a number) methods. However, there is little quantitative data to prove these important, personal accounts further.

This scan includes insights from community partners and stakeholders representing the people that we are focused on for the HTP and listed in the CHNE Guidebook. Many providers in the metro area were asked to take part in the scan. Still, some were not part of interviews or focus groups, due to issues with their schedules. Also the tight timeframe we had to finish the environmental scan made it hard for others. An online survey was sent to all community partners who were engaged in this process but not able to give feedback through an in-person talk.

We looked into the gaps mentioned by leading many surveys and interviews with community groups. We used ongoing community meetings to ask for related facts. We also reviewed public documents that contained details about the general population.

IV.d.i. Please use the space below to provide an overview of the hospital’s service area, including providing basic information about the demographics of the general population and the Medicaid population, including related to:

- Race;
- Ethnicity;
- Age;
- Income and employment status;
- Disability status;
- Immigration status;
- Housing status;
- Education and health literacy levels;
- Primary languages spoken; and
- Other unique characteristics of the community that contribute to health status.

Response (Please seek to limit your response to 750 words or less)

General Population:

According to the Robert Wood Johnson County Health Rankings 2019 Dataset:

Race and Ethnicity

Boulder County
- White (77.9%)
- Hispanic (13.9%)
- African Americans (0.9%)
- Asian (4.7%)
- Native Hawaiian/Other Pacific Island Native (0.1%) [1]

Weld County
- White (66.0%)
- Hispanic (29.3%)
- African Americans (1.1%)
- Asian (1.7%)
- Native Hawaiian/Other Pacific Island Native (0.2%) [1]

Population

Boulder County
- 322,514 residents, makes up 5.8% of overall Colorado's population
- 28,703 rural residents (8.9%)
- Non-Hispanic White (77.9%)
- African Americans (0.9%)
- Hispanic (13.9%)
- Asian (4.7%)
- Native Hawaiian/Other Pacific Island Native (0.1%) [1]

Weld County
The Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) is a government-owned business within the Department of Health Care Policy and Financing.

- 304,633 residents, makes up 5.4% of overall Colorado's population
- 62,450 rural residents (20.5%)
- Non-Hispanic White (66.0%)
- African Americans (1.1%)
- Hispanic (29.3%)
- Asian (1.7%)
- Native Hawaiian/Other Pacific Island Native (0.2%)[1]

Age

Boulder County
- 62,568 (19.4%) below 18 years of age
- 215,762 (66.9%) between ages 18 and 64 years of age
- 44,187 (13.7%) 65 years of age and older

Weld County
- 80,423 (26.4%) below 18 years of age
- 187,959 (61.7%) between ages 18 and 64 years of age
- 36,251 (11.9%) were 65 years of age and older [1]

Income and Employment Status

State of Colorado
- state of Colorado at 12.7% [4] at FPL
- (2.8%) unemployment rate

Boulder County
- 9.5% of individuals living at or below the Federal Poverty Level
- unemployment rates (2.4%)
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**Weld County**

- 15.5% individuals living at or below the Federal Poverty Level
- unemployment rate (2.7%)
- median household income $68,700
- homeownership rates (62%) [1]

**Disability Status**

**Boulder County**

- West Boulder County had higher rates of individuals with a disability (6.9%-11.6%) when compared to East Boulder County (0.0%-9.3%).

**Weld County**

- North Weld County had lower rates of individuals with a disability (9.4%-11.6%) when compared to South Weld County (11.7%-14.8%) [2].

According to the Migration Policy Institute:

**Immigration Status**

**Boulder County**

- 9,600 foreign-born immigrants were living in Boulder County
- no refugee data available publicly

**Weld County**

- 16,900 foreign-born immigrants were living in Weld County [3]
- 173 refugees arrived in Weld County in 2017
- refugee settlement areas included Greeley (13%) [4]

**Housing**

**Boulder County**

- home ownership rates (62%)
Weld County

- home ownership rates (72%)

Education and Health Literacy Status

State of Colorado

- high school graduation rates in the state of Colorado (79%)

Boulder County

- high school graduation rates (88%)
- 82% had some college education [1]
- According to the Health Literacy Data Map, all Boulder County health literacy rate was in the highest state quartile. A piece in Northeastern Boulder County was in the 2 lowest state quartiles [5].
- In 2019, there were 2% of residents with an English proficiency deficiency [1]

Weld County

- high school graduation rates (82%)
- 63% had some college education [1]
- The northeast Weld County health literacy rate was within the second highest state quartile, while the rest of Weld County was within the 2 lowest state quartiles [5].
- In 2019, there were 4% of residents with an English proficiency deficiency [1]

Unique characteristics of the hospital service area:

People of and community groups in Weld and Boulder counties noted that transportation is a challenge for Medicaid enrollees.

- both counties are spread out
- health centers and the hospital is in a central part of the counties
- public transportation from more remote locations to and from health centers is scarce

Refugee groups have complex social and medical needs. Many groups were working together on:

- social determinants of health
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- mental health capacity and access to care
- access to specialty care

Medicaid Population:

According to HCPF's Boulder and Weld County Fact Sheet, in 2017 [6]

Boulder County
- 52,681 Health First Colorado Members
  - 21,224 (40.3%) were Affordable Care Act (ACA) expansion adults
  - 19,162 (36.4%) were children

Weld County
- 70,240 Health First Colorado Members
  - 18,698 (26.6%) were Affordable Care Act (ACA) expansion adults
  - 33,972 (48.4) were children

Race and Ethnicity

Boulder County
- White (77.9%)
- Hispanic (13.9%)
- African Americans (0.9%)
- Asian (4.7%)
- Native Hawaiian/Other Pacific Island Native (0.1%)

Weld County
- White (66.0%)
- Hispanic (29.3%)
- African Americans (1.1%)
- Asian (1.7%)
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

- Native Hawaiian/Other Pacific Island Native (0.2%)

Population

Boulder County
- 322,514 residents, comprising 5.8% of overall Colorado's population [1]
- 28,703 rural residents (8.9%)
- Non-Hispanic White (77.9%)
- African Americans (0.9%)
- Hispanic (13.9%)
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- Native Hawaiian/Other Pacific Island Native (0.1%)

Weld County
- 304,633 residents, comprising 5.4% of overall Colorado's population
- 62,450 rural residents (20.5%)
- Non-Hispanic White (66.0%)
- African Americans (1.1%)
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Age

Boulder County
- 62,568 (19.4%) below 18 years of age
- 215,762 (66.9%) between ages 18 and 64 years of age
The Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) is a government-owned business within the Department of Health Care Policy and Financing.

Weld County

- 80,423 (26.4%) below 18 years of age
- 187,959 (61.7%) between ages 18 and 64 years of age
- 36,251 (11.9%) were 65 years of age and older

- There were 144 people on Medicaid that had nowhere to live that used UCHealth Longs Peak Hospital in the past year.
- There were less than 5.0% of Medicaid enrollees who spoke languages other than English.
  - But the secondary language field had 24.6% missing responses. So we may not have all the facts [7].

We were not able to get details from the state or the RAE on these items:

- income
- employment status
- education
- health literacy levels

IV.d.ii. Please also provide information about the HTP populations of focus within the hospital’s service area, including:

- Individuals with significant health issues, co-occurring conditions, and high health care utilizers;
- Vulnerable populations including related to maternal health, perinatal, and improved birth outcomes as well as end of life care;
- Individuals with behavioral health and substance use disorders; and
- Other populations of need as identified by your landscape assessment. Please consider those at-risk of being high utilizers to whom interventions could be targeted. This should include populations that may not currently receive care in the hospital but are known to community organizations and reflected in the response to IV.d.i.

Response (Please seek to limit your response to 750 words or less)

**Individuals with significant health issues, co-occurring conditions, and high health care utilizers:**
In the past year, UCHealth Longs Peak Hospital:

Medicaid Population:

Boulder County
- 52,681 Health First Colorado Members
  - 21,224 (40.3%) were Affordable Care Act (ACA) expansion adults
  - 19,162 (36.4%) were children

Weld County
- 70,240 Health First Colorado Members
  - 18,698 (26.6%) were Affordable Care Act (ACA) expansion adults
  - 33,972 (48.4%) were children

Treatments at UCHealth Longs Peak Hospital
- 4,079 unique Medicaid citizens
  - 6,696 hospital encounters

Age
- 1,150 (28.2%) were below 18 years of age
- 2,808 (68.8%) were between 18-64 years of age
- 121 (3.0%) were 65 years of age and older

Gender
- 64.7% Female
- 35.3% Male

Race & Ethnicity
- 1,677 (41.4%) Non-Hispanic Whites
- 44 (1.1%) African American
- 436 (10.7%) Latino/Hispanic
1 (0.02%) Native Hawaiian/Other Pacific Island Native

Disabilities
• 472 (11.6%) had permanent disabilities

Immigration Status
• 171 (4.2%) Legal permanent residents
• 0 (0.0%) refugees
• 144 people without a home

Primary Language Spoken
• There were less than 5.0% of Medicaid enrollees who spoke languages other than English.
  • But the secondary language field had 24.6% missing responses. So we may not have all the facts [7].

Within the data set of those that use services more than others (high utilizers):

Race and Ethnicity:
• 245 (42.0%) Non-Hispanic Whites
• 258 (44.2%) Multiple Races
• 8 (1.4%) African American
• 50 (8.6%) Latino/Hispanic
• 0 (0.0%) Native Hawaiian/Other Pacific Island Native [7]

Disabilities
72 (12.3%) had permanent

Immigration Status
• 11 (1.9%) were legal permanent residents
• 0 (0.0%) was a refugee

Housing
54 people on Medicaid without a home came for care at UCHealth Longs Peak Hospital in the past year.

Primary Language

- There were less than 1.7% of Medicaid enrollees who spoke languages other than English.

  But, the secondary language field had 19.9% missing responses. So, we may not have all of the facts [7].

Vulnerable Populations including related to maternal health, perinatal, and including outcomes of birth and end of life care:

Compared to women covered by private insurance, Medicaid covered pregnant women tend to:

- be between ages 20 to 34 years
- be adolescents
- be single mothers
- have fewer years of education
- be obese
- have a diagnosis of:
  - diabetes
  - mental health
  - substance use disorder
- be more likely to use the emergency department

Individuals with behavioral health disorders:

- single largest payer in the U.S. for behavioral health disorders including:
  - mental health
  - substance use disorders [10]
- most common mental health disorder is major depressive disorder
- females are more likely to have a mental health disorder than male enrollees
The Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) is a government-owned business within the Department of Health Care Policy and Financing.

- African Americans and Latino/Hispanics with Medicaid are more likely to have a mental health disorder, compared to Whites.
- Members with disabilities are more likely to also have a mental health disorder or substance use disorder.
- About 1 in 4 Medicaid members diagnosed with a mental health disorder also have some other issues such as substance use disorder.
- More likely to be divorced or separated compared to people with mental health disorders that have private insurance.
- Less likely to work full time compared to a person with behavioral health disorders that have private insurance.
- are mostly young, between ages 18 and 55 years of age
- Chronic physical health and behavioral health issues in this group is like the broad population.
  - But the costs linked with a Medicaid member having another physical and behavioral health problem is 3 times more than a Medicaid member with only a physical chronic disease.

Other populations of need:

Refugee groups:
- have complex social situations
- often have faced early life trauma
  - many have mental health diagnosis
- less likely to look for mental health care or take medicines due to contrasts of culture
- language barriers and health care system navigation add to the challenge of caring for this group

People with disabilities
- have complex health care and social needs
- In Colorado, there were 17% of people who lived with some disability
  - compared to the U.S. with 23% [9]

As stated by Medicaid claims, a large part of Medicaid health care costs came from people with disabilities.
About 32.7% of adults in Colorado with disabilities were more likely to be inactive compared to 16.3% of those without disabilities [9].

Compared with those without disabilities, adults in Colorado with disabilities were also more likely to:

- have high blood pressure
- smoke
- be obese [9]

IV.e.i. Please use the space below to describe the prevalence of significant behavioral and physical health needs generally in your service area, specifically citing the service area’s top behavioral health, substance use, and chronic disease burdens for both the Medicaid and the general population. Include rates for:

- Serious Behavioral Health Disorders;
- Substance Use Disorders including alcohol, tobacco and opiate abuse; and
- Significant physical chronic conditions.

Response (Please seek to limit your response to 750 words or less)

Serious Behavioral Health Disorders:

The age-adjusted death rate due to suicide

Boulder County
- 6.13 for each 100,000 people

Weld County
- 15.08 for each 100,000 people

State of Colorado
- 19.5 for each 100,000 people [10]

Homicide

Boulder County
- 1 death due to homicide for each 100,000 people

Weld County
- 2 deaths due to homicide for each 100,000 people

State of Colorado
• 4 deaths for each 100,000 people [1]

According to the state dataset there were no emergency department (ED) visits to UCHealth Longs Peak for serious behavioral health disorders for those who use emergency department services more than others (high utilizers). This is defined as 4 or more ED visits in 12 months [7].

Also, when reviewing the statewide Medicaid dataset, there were no ED visits for primary serious mental health diagnosis [7]. But the state dataset may be limited to only physical health claims and have no behavioral health claims.

According to SAMHSA, 4.2% of adults in Colorado live with serious mental health conditions such as:

• schizophrenia
• bipolar disorder
• major depression [11]

Only 0.21% of all hospital visits for people with one or more mental health issues was for a serious mental health condition, such as:

• schizophrenia
• psychotic disorders

When compared to patients that have commercial insurance, patients who used the UCHealth Longs Peak Hospital with Medicaid insurance were 2.5 times more likely to use the hospital for:

• schizophrenia
• psychotic disorder treatment

However, 63% of all UCHealth Longs Peak Hospital visits for either Medicare or Medicaid covered serious mental health disorders.

In total, 1.0% of all encounters for UCHealth Longs Peak Hospital users were for suicide ideation or attempt.

4% of people with 1 more mental health disorders used UCHealth Longs Peak Hospital for suicide ideation or attempt. Of all patients who came to UCHealth Longs Peak Hospital, a similar number of Medicaid and commercially insured patients used the hospital because they felt suicidal or committed a suicidal attempt.

Of all patients who presented to the ED with a suicide attempt, 12 or 6% had to be admitted to the hospital to get medical care to treat the effects of an overdose.
Boulder County

- 628 or 40.5% of people came to UCHealth Longs Peak Hospital and had 1 or more mental health disorder
- 256 or 43.8% of people with Medicaid came to UCHealth Longs Peak Hospital and had 1 or more mental health disorder

Weld County

- 642 or 39.6% of people came to UCHealth Longs Peak Hospital and had 1 or more mental health disorder
- 224 or 38.3% of people with Medicaid came to UCHealth Longs Peak Hospital and had 1 or more mental health disorder

Substance use Disorders including alcohol, tobacco, and opiate abuse:

Boulder County

- 27% of alcohol-impaired driving deaths
- 24% excessive drinking rates [1]
- 9.4% rate of smoking

Weld County

- 30% of alcohol-impaired driving deaths
- 21% excessive drinking rates
- 16% rate of smoking [1]

State of Colorado

- 34% of alcohol-impaired driving deaths [1]
- 21% excessive drinking rates
- 16% rate of smoking [3]

Concerning the state of Colorado’s Medicaid dataset, the alcohol abuse and dependence diagnosis was a common cause for being admitted to the hospital for many Medicaid members with chronic conditions.

The Region 2 RAE common inpatient diagnosis expense was alcohol abuse and dependence diagnosis. The state of Medicaid dataset did not show other substance use disorder diagnostic related codes [7].
Opioid Use Disorder

Boulder County
• 0.2% of people with Opioid Use Disorder

Denver Metro Area
• 0.7% of people with Opioid Use Disorder

Boulder County
• 7.7% of people with adult depression [12]

Denver Metro Area
• 11.1% of people with adult depression

Weld County
• The total number of prescriptions of controlled substances dispensed increased from 374,298 in 2014 to 395,311 in 2016.
  • This was more than one prescription a year for every Weld County resident [12].
  • had one of the lower rates of opioid-related ED visits across the state [12]
  • 11.2 people for each 100,000 were seen and treated in an ER due to prescription opioids
  • 15.2 people for each 100,000 in Colorado were seen and treated in an ER due to prescription opioids [12].
  • 183 admitted to the hospital in Weld County related to prescription opioids
  • 22.6 people for each 100,000 residents were admitted to the hospital for prescription opioid-related issues.
  • 18.6 people for each 100,000 residents were admitted to the hospital for prescription opioid-related issues in Colorado [12].
  • Weld County had the 17th highest opioid-related death rate (6 people for each 100,000) in the state of Colorado [12].
  • 56.3% of Weld County residents strongly agree that treatment can help people with mental illness lead healthy lives [18].
  • Surprisingly, only 13.3% of residents in Weld County strongly agree that people were generally caring and sympathetic to people with mental illness [14].
Chronic alcohol use

564 patients admitted to UCHealth Longs Peak with chronic alcohol use

- accounted for 1,013 hospital encounters
  - including 169 hospital admissions
- 49.7% had Medicaid insurance
- 24.1% had commercial insurance
- 11.9% had Medicare
- adjusted length of stay was 4.59 days
  - adjusted length of stay for those who do not have alcohol use disorder was 3.3 days
- 11.5% of people have to be readmitted to the hospital within 30-day
  - 6.6% of people readmitted to the hospital if they don’t have chronic alcohol use

Boulder County

- 219 admitted with chronic alcohol use

Weld County

- 218 admitted with chronic alcohol use

  - Medicaid enrollees had an adjusted length of stay of 5.3 days
    - this is longer than all patients with chronic alcohol use disorder
  - The most common reasons for hospital use in this group was:
    - alcohol-related disorders
    - suicide
    - intentional self-inflicted injury
    - abdominal pain

The most common reason for inpatient admission for Medicaid enrollees with alcohol use disorder was alcohol withdrawal.
The data suggest that major depressive disorder and alcohol use disorder were linked conditions.

Opioid use disorders

126 patients with who accounted for 324 UCHealth Longs Peak Hospital encounters

- 62 (19.1%) resulted in being admitted to the hospital
- adjusted length of stay of 4.7 days
- 60.2% had Medicaid insurance
- 25.3% had Medicare insurance

The most common reasons for being admitted to the hospital were:

- sepsis
- heart failure
- chronic obstructive pulmonary disease

Other significant physical chronic conditions:

The leading causes of death in both Boulder and Weld counties were the same. The leading causes of death in:

Boulder County were

- malignant neoplasms (119.7 for each 100,000 people)
- heart disease (115.2 for each 100,000 people)
- unintentional injuries (46.5 for each 100,000 people)
- chronic lower respiratory disease (33.5 for each 100,000 people)
- cerebrovascular diseases (32.8 for each 100,000 people) [15]

Weld County were

- malignant neoplasms (147.7 for each 100,000 people)
- heart disease (131.1 for each 100,000 people)
- chronic lower respiratory disease (49.1 for each 100,000 people)
- unintentional injuries (44.1 for each 100,000 people)
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- cerebrovascular diseases (33.5 for each 100,000 people) [15]

Boulder County
- 10.4% of people had adult high blood pressure [12]
- 4.1% of people with adult diabetes
- 8.1% of people with Medicaid had adult diabetes

State of Colorado
- 12% of people had adult high blood pressure [16]
- 9.8% of people with Medicaid had adult diabetes [12]

Denver Metro Area
- 15.5% of people had adult high blood pressure
- 7.3% of people with adult diabetes

In Weld County, people with high blood pressure had:
- Medicare insurance 41.0% of the time
- Medicaid 8.7% of the time
- commercial insurance 7.0% of the time [16]

Diabetes
- higher rates of type 1 and type 2 diabetes as compared to the State
  o Type 1 is an auto-immune condition and thought to be genetic
  o Type II diabetes is most often linked to obesity

Hemoglobin A1C
- Doctors order a blood test named Hemoglobin A1C. This is as a quality metric used for the management of diabetes.
- 81.3% residents with diabetes get their hemoglobin A1C test on a set schedule.
  o 75.4% of people across the state of Colorado get theirs checked.
- 80.2% of people with Medicaid residents have their A1C checked
- 85.8% of people with commercial plans have their A1C checked [16]
Weld County

- lower rates of breast and lung cancer compared to residents in Colorado [13]
- 67% breast cancer screening rates for all payers
- 79% breast cancer screening rates for the state of Colorado
- Those with Medicaid insurance had the lowest breast cancer screening rates at 33% [16].

Both Weld and Boulder County had lower levels of chronic respiratory diseases as the state of Colorado. These include:

- asthma
- chronic obstructive pulmonary disease [16].

IV.e.ii. Please also specifically address other significant behavioral and physical health needs in your service area that align with the populations and project topics of focus within the HTP, such as:

- Top chronic conditions accounting for most utilization (include both physical and behavioral health chronic diseases);
- Physical health conditions that commonly co-occur with mental health diagnoses;
- Related to maternal health, perinatal, and improved birth outcomes; and
- Related to end of life care.

Response (Please seek to limit your response to 750 words or less)

Top chronic conditions accounting for most utilization:

According to the Colorado Department of Public Health & Environment, were are large number of age-adjusted rates for Boulder County that added to other significant physical chronic conditions.

Age-adjusted rate for being in the hospital with congestive heart failure in:

Denver Metro Area
- 701 for each 100,000 people

Boulder County
- 559 for each 100,000 people [17]

Age-adjusted rate for being in the hospital for heart disease

Boulder County
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- 1,881 for each 100,000 people
  Denver Metro Area
- 2,266 for each 100,000 people [17]
  Age-adjusted rate for being in the hospital for stroke
- 205 for each 100,000 people
  Denver Metro Area
- 248 for each 100,000 people [17]
  Age-adjusted rate for being in the hospital for heart attack

- 107 for each 100,000 people
  Denver Metro Area
- 151 for each 100,000 people [17]

In reviewing the UCHealth Longs Peak Hospital electronic health record, the most common reason for being admitted to the hospital was for:
- vaginal delivery
- Cesarean section

For a being admitted to the hospital with a diagnosis that has a physical health chronic disease factor, the most common cause was congestive heart failure.

For people with Medicaid who get admitted to UCHealth Longs Peak Hospital, the most common reasons for being admitted was:
- vaginal delivery
- septicemia (blood poisoning)
- gastrointestinal disorders

According to the state’s high utilizer dataset (those who use services more than others)
- 584 came to the ED
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The average number of ED visits by a Medicaid high user for UCHealth Longs Peak Hospital was 2.2 visits a year.

6.3 ED visits a year in the state of Colorado by high utilizers [7]

The most common reason for Medicaid high utilizers ED visits at UCHealth Longs Peak Hospital were:

- belly (abdominal) pain
- upper respiratory infections

Among all Medicaid ED high utilizers:

- 24.4% had one or more mental health disorders
- 8.9% had alcohol use disorder
- 3.1% had opioid use disorder

Being seen by a provider after leaving the hospital within 30 days was associated with lower return rates to the hospital.

Medicaid’s RAE region 6

- 51.4% of people were seen by a provider within 30 days of leaving the hospital
- 53.4% of people in Colorado were seen by a provider within 30 days of leaving the hospital

Having people with Medicaid work with a primary care provider or medical home was vital to avoid having to be admitted to the hospital.

Medicaid’s RAE region 6 ambulatory well visit rates were 29.0%

Medicaid ambulatory well visit rates in the state of Colorado were 29.2%

According to the state, during the state fiscal year of 2018:

- 234 Medicaid clients who came to UCHealth Longs Peak Hospital had no home
- 88 or 37.6% of those patients were high utilizers

In reviewing UCHealth Longs Peak Hospital’s electronic health record:

- 73.1% of all people with no home Medicaid
16.3% had Medicare
1.0% had commercial insurance

The 2 most common reasons for being admitted to the for people with no home:
diabetes complications
infections

The average length of stay for people with no home was 5.3 days
for those with a home it was 3.4 days

The two most common reasons for ED use for people with no homes were:
alcohol-related disorders
suicide ideation or attempt

Maternal Health, perinatal and improved birth outcomes:
• 2,616 total live births in Boulder County
• 4,244 total live births in Weld County [18]

According to the RAE:
• 57.0% of pregnant women with Medicaid had adequate prenatal care
• 31.2% of pregnant women with Medicaid had proper postpartum care

In Colorado:
• 53.4% of pregnant women with Medicaid had adequate prenatal care
• 30.6% of pregnant women with Medicaid had proper postpartum care

There were 866 deliveries performed at UCHealth Longs Peak Hospital during the state fiscal year of 2018.
• 30.1% of all mothers had a substance use disorder
• 34.6% of all mothers had a mental health disorder diagnosis
• Of all Medicaid new moms, 13% had at least one maternal mental health disorder as well.
• 6.7% of all new moms had at least one substance use disorder.
Pregnancy is the most common cause of UCHealth Longs Peak Hospital admission among Medicaid members who have asthma [7].

The most common causes of emergency department use by pregnant women with Medicaid in the hospital service area was:

- a medical visit indicator
- an issue just before time to give birth (antepartum)
- threatened abortion [7]

End of Life Care:

- A little over a third of Health Statistics Region 16 residents (35.8%) had an advance care directive. This was slightly higher compared to 35.7% in the state as a whole [19].

- For all Medicaid members at UCHealth Longs Peak Hospital who had hospice care, the most common hospital diagnosis group was infections of the upper respiratory tract.

- These hospital visits made up the third highest reimbursements paid by Medicaid to UCHealth Longs Peak Hospital for patients who were on hospice care.

- The highest cost of reimbursed hospital admission was secondary to alcoholic liver disease [7].

IV.f.i. Please use the following response space to describe the delivery system's service capacity within the region and any identified gaps in direct or supporting care services. Assessments should address the state of capacity generally in the community, including community-based social services beyond medical services (i.e. housing and legal assistance, nutrition programs, employment services), as well as information specific to the HTP priority populations and project topics (including services for high utilizers, maternal health and end-of-life services and services for other vulnerable populations, those with behavioral health and substance use disorders, and population health interventions), and should specifically address:

(a) Service availability, access, and perceived gaps generally as well as related to HTP priority populations and project topics, including related to:

i. Primary care;
ii. Specialty care;
iii. Long term care;
iv. Complex care management;
v. Care coordination via primary care or other providers;
vi. Maternal health, perinatal, and improved birth outcomes;
vii. End of life care;
viii. Behavioral health;
ix. Other outpatient services;
x. Population screenings, outreach, and other population health supports and services; and
xi. Any other areas of significant capacity gaps.

(b) Qualified staff recruitment and retention concerns, particularly related to the services listed in (a).

(c) Resources and gaps related to care transitions among specific populations or across major service delivery systems, including:
   
   • Available resources and partners that can be leveraged; and
   • Perceived gaps.

(d) Social supports related to social factors impacting health outcomes specific to HTP priority populations:
   
   • Available resources and partners that can be leveraged; and
   • Perceived gaps.

Take into consideration the following community-based social services-resources:
   
   i. Housing;
   ii. Homelessness;
   iii. Legal, medical-legal, financial;
   iv. Nutrition;
   v. Employment and job training; and
   vi. Transportation.

Response (Please seek to limit your response to 2,000 words or less)

<table>
<thead>
<tr>
<th>Primary Care:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• There is a surplus of primary care providers in Boulder County. For every primary care provider, there are 810 residents [1].</td>
</tr>
<tr>
<td>• Weld County has a shortage of primary care providers. For every primary care provider, there are 2,030 residents,</td>
</tr>
<tr>
<td>• In the state of Colorado, for every primary care provider there are 1,230 residents.</td>
</tr>
<tr>
<td>• It is unclear what the Medicaid resident to provider ratios entail.</td>
</tr>
</tbody>
</table>

According to the Community Care Health Alliance, there were 1,382 Medicaid members assigned to a primary care medical home for the UCHealth Longs Peak Hospital service area. For the past year, the top 3 primary care medical homes for UCHealth Longs Peak Hospital’s Medicaid users were:

• Salud Family Health Centers-Longmont
• Hopelight Medical Clinic
• Clinica Family Health People’s Clinic-Boulder
Specialty care services:

Boulder County has a specialty care referral program through the Boulder Community Health Improvement Collaborative (BCHIC). BCHIC had assessed specialty care needs in the area and found that these specialties are in need:

- orthopedics
- dermatology
- physical therapy
- ophthalmology
- endocrinology

BCHIC developed partnerships that let patients get the right specialist and navigation services. They had partnered with:

- Clinica
- Boulder Community Health Ambulatory Clinics
- Salud Family Health Services
- Hopelight Medical Clinic

Also, in both counties the community noted a need to expand behavioral health services.

The Longmont Community started a community-wide meeting to look at IT issues related to sharing information on social determinants of health. This group is called Longmont Enabling Caring Communities. The group is hoping to create a guiding structure that will let community groups to use a single platform to assess and address social determinants of health.

Long Term Care:

- 26 Medicaid clients lived in a nursing home and used UCHealth Longs Peak Hospital in the past year [7].
- There were 12.7% Medicaid enrollees discharged from UCHealth Longs Peak Hospital to a post-acute care setting for a period of 6 months in 2018.

These are the three home health agencies that most often accept Medicaid patients from UCHealth Longs Peak Hospital:

- Professional Home Health Care
- Accent Care Home Health
• At Home Healthcare

57 Medicaid clients received long term care services and used UCHealth Longs Peak Hospital [7]. These are the 3 nursing homes that most often accept Medicaid patients from UCHealth Longs Peak Hospital:

• Life Care Center of Longmont
• The Peaks Care Center
• Applewood Living Center

Complex Care Management and Care Coordination via Primary Care or Other Providers:

All Medicaid members in Boulder and Weld counties get care coordination, which includes basic and complex care coordination services. This comes from either:

• Colorado Community Health Alliance
• Northeast Health Partners (RAEs)

The RAE either provides direct care coordination services, or subcontracts care coordination services to centralized teams. In Weld County, the primary care coordination subcontractor is the North Colorado Health Alliance (NCHA).

The North Colorado Health Alliance:

• gathers local providers to:
  o talk about efforts in place
  o shares best practices
• provides care coordination and complex care management
  o focuses on those who need complex medical and social services
• supports several practices in RAE region 2
  o provides centralized care coordination services to Medicaid members

The NCHA has connections with several community organizations that help address social determinants of health.

Sunrise Clinic subcontracts with NCHA to provide care coordination to its high utilizers.
Maternal Health, perinatal and improved outcomes:

UCHealth Longs Peak Hospital is a Birthing center. They serve mostly Boulder County and Weld County residents.

The rate for women seeing a provider before getting pregnant was:

- 44.1% for Northeast Health Partners
- 57.0% for Colorado Community Health Alliances
- 53.4% for the overall state of Colorado

It is not clear what percentage of women with Medicaid use the ED during their first-trimester. But, many pregnant women use the ED at UCHealth Longs Peak Hospital during the first trimester.

There are many OB providers in the Boulder County and Weld County areas. The local public health agencies also connect women with Women Infants and Children (WIC) services.

Northeast Health Partners is interested in improving care for new Medicaid moms by improving care before getting pregnant and after giving birth. Also, they have asked community groups to find the best next step in addressing substance use disorders and mental health for new mothers with Medicaid.

Colorado Community Health Alliance:

- conducts IVR campaigns for newly pregnant mothers
- partners with healthy communities sites to connect new mothers with the RAE
- provides care coordination for postpartum patients

End of Life Care:

UCHealth Hospice agency referrals for those with Medicaid insurance included:

- TRU Hospice of Northern Colorado
- Halcyon Hospice and Palliative Care

Less than 10 patients were discharged home from UCHealth Longs Peak Hospital on palliative or hospice services.

Behavioral Health:

There is a surplus of mental health providers in Boulder County, but a shortage in Weld County.

- For every 1 mental health provider in Boulder County, there are 150 residents.
For every 1 mental health provider in Weld County, there are 430 residents.

For every 1 mental health provider in the State of Colorado there are 300 residents [1].

But, it is not clear how many Boulder County behavioral health providers accept new patients with Medicaid.

According to the community, access to behavioral health services for vulnerable populations is a challenge. Many practices in Boulder and Weld counties provide integrated physical and behavioral health services.

Medicaid members with a sudden change of their mental illness who need an inpatient psychiatric stay are evaluated by a Centennial Peaks behavioral health evaluator.

According to the SAMSHA buprenorphine provider locator, there are 40 medical providers able to prescribe buprenorphine. This is a medicine used to treat opioid use disorder [20]. But, it is not clear how many of those providers are actively prescribing buprenorphine and accepting new Medicaid members.

The CO-SLAW program is a newly funded SAMHSA program that serves Weld County. The program is taking a hub and spoke model approach for addiction treatment. They have a 1-800 call line to a group of care coordinators that help with continuity of care for people with opioid use disorder to get ambulatory care in the community.

To help find, start treatment and continue medication-assisted treatment in the community, they have partnered with:

- the local Federally Qualified Health Centers
- Community Mental Health Centers
- Regional Accountable Entity
- local hospitals:
  - UCHealth
  - Banner

Other Outpatient Services:

We did not find other outpatient services that have not already been previously described.

Population screenings, outreach, and other population health supports and services:

The UCHealth Medical Group is part of the group that provides population health services and supports. Both the Colorado Community Health Partners and North Colorado Health Alliance provide population health services. They also review data and enhance alignment of efforts for Boulder and Weld counties. Both RAES have population health plans that are state approved.
Opportunities for partnerships:

**HTP Priority Area: High Utilizers & Vulnerable Populations**

Data shows that getting high users of services to use them less is a multi-faceted approach. This includes addressing social determinants of health such as:

- housing
- improving access to primary care and care coordination
- addressing behavioral health needs

We have found ways to work with key partners to look into 2 of the 3 areas locally. The RAE has a team of care coordinators. They are responsible for providing Medicaid member care coordination services.

Partnering with the RAE, major primary care medical homes or Federally Qualified Health Centers will help communications as Medicaid members move from the hospital to their communities.

The North Colorado Health Alliance team serves the 3 main primary care clinics in the Weld County area. They can provide a central location to allow for hospital-clinic partnerships.

**HTP Priority Area: Behavioral Health**

Both Mental Health Partners and the RAE have interests in partnering on improving care for patients with behavioral health. They also want to help connect patients with the ambulatory care setting. Also, the CO-SLAW team is also interested in partnering to provide transitions of care for those started on medication-assisted treatment.

**HTP Priority Area: Social Determinants of Health**

Many agencies speak to the social determinants of health, but their resources are limited. There is a wish to know how large the issue of the social determinants of health in a community is and share referral data across different settings.

**HTP Priority Area: Maternal Health**

Northeast Health Partners is interested in improving care for new moms with Medicaid, by improving care before getting pregnant and after giving birth. Also, rates of substance use disorder and mental in the Medicaid new mother population is high. There are chances for many groups to partner in this area.

**Perceived gaps:**

- In talks with the community, nursing homes and housing for aging populations was brought up as a perceived gap.
• There is a high number of people without a home individuals in Boulder and Weld County, yet homeless services are lacking. There are no local medical homeless respite programs available in the area.

• There are few to no medical inpatient facilities that accept Medicaid patients for detoxification. Also, there is a lack of residential and acute treatment units in the area.

• Community partners also mention transportation as a challenge for patients who live both in Boulder and Weld Counties.

• While programs are being started to treat opioid use disorder, there is little emphasis on the treatment of alcohol use disorders with medication-assisted therapy.

• Most long term care facilities do not accept patients with Medicaid that have behavioral health conditions or aggressive behavior. These patients find themselves staying in the hospital for weeks to months before finding long term placement. Many groups serve and help the community, but many have limited resources.

Employment and job training:

Gaps in the behavioral health workforce to staff residential or treatment programs were mostly identified as:

• licensed clinical social workers
• psychiatrists
• nurses

There are challenges to hire and keep people in the metro Denver area. This is largely from competition from non-profit groups that can offer higher salaries. Some people mentioned that home health employees caring for people with Medicaid might also be enrolled in Medicaid themselves.

Legal, Medical/Legal, and Financial Services

The metro area has had many pilot programs for services related to help with:

• legal needs
• medical-legal needs
• financial services

These have been valuable for streamlining care and making health better. These may be especially relevant for people with serious behavioral health conditions or people with dementia. They often don’t have a chosen power of attorney or caregivers who can or are willing to do this when care decisions are needed.
Nutrition

There are some community resources and services available to meet patients’ nutritional needs. This may include groups like Hunger Free Colorado that can enroll patients in SNAP or WIC. Others also mentioned home-delivered meals that may be offered through non-profit groups such as Project Angel Heart or Meals-on-Wheels.

These services are in high demand. They also have limited on what they can do to help. This is true most often for Meals-on-Wheels. Having a way to get healthy, nutritious food is a known need among people dealing with having nowhere to live.

Transportation:

Not having a ride or a way to get to care is a big issue in Boulder and Weld counties. People are not able to get to health care visits or social benefits. Rides to health visits are paid for by Medicaid. But these must be set up ahead of time. Non-emergency transportation services are often late or don’t come at all. Patients that have a need to be seen right away but don’t have a way to get to the visit often end up in the emergency room. This may be due to either due to worsening conditions or an idea that the only way to get specialty care is through an ER.
IV.f.ii. Please use the table below to identify the hospital’s facilities and services available in the community as the hospital has defined them.

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Facility Name</th>
<th>Facility Address</th>
<th>Services Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>UCHealth Family Medicine Clinic - Boulder</td>
<td>5495 Arapahoe Avenue Boulder, CO 80303</td>
<td>Family Medicine, Flu Shot, Pediatrics, Primary Care</td>
</tr>
<tr>
<td>Clinic</td>
<td>UCHealth Hearing and Balance Clinic - Boulder</td>
<td>5495 Arapahoe Avenue Boulder, CO 80303</td>
<td>Audiology, Ear Nose and Throat</td>
</tr>
<tr>
<td></td>
<td>UCHealth Physical Therapy and Rehabilitation Clinic - Boulder</td>
<td>5495 Arapahoe Avenue Boulder, CO 80303</td>
<td>Occupational Therapy, Physical Therapy, Rehabilitation</td>
</tr>
<tr>
<td>Outpatient</td>
<td>UCHealth Sue Anschutz-Rodgers Eye Center - Boulder</td>
<td>5495 Arapahoe Avenue Suite 101 Boulder, CO 80303</td>
<td>Eye Care</td>
</tr>
<tr>
<td>Clinic</td>
<td>UCHealth Boulder Health Center Pharmacy</td>
<td>5495 Arapahoe Avenue Boulder, CO 80303</td>
<td>Pharmacy</td>
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<tr>
<td>Pharmacy</td>
<td>UCHealth Center for Midwifery - Boulder</td>
<td>5495 Arapahoe Avenue Boulder, CO 80303</td>
<td>Birth Center, Obstetrics/Gynecology, Pregnancy Care</td>
</tr>
<tr>
<td>Outpatient</td>
<td>UCHealth Heart and Vascular Clinic - Boulder</td>
<td>5495 Arapahoe Avenue Boulder, CO 80303</td>
<td>Cardiology, Heart and Vascular</td>
</tr>
<tr>
<td>Clinic</td>
<td>UCHealth Heart and Vascular Clinic - Broadway</td>
<td>2750 Broadway Street Boulder, CO 80303</td>
<td>Cardiology, Heart and Vascular</td>
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<td></td>
<td>UCHealth Diabetes and Endocrinology Clinic - Boulder</td>
<td>5495 Arapahoe Avenue Boulder, CO 80303</td>
<td>Diabetes, Endocrinology</td>
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<tr>
<td>Outpatient</td>
<td>UCHealth Ear, Nose, and Throat Clinic - Boulder</td>
<td>5495 Arapahoe Avenue A&amp;E 1, Boulder, CO 80303</td>
<td>Ear Nose and Throat</td>
</tr>
<tr>
<td>Clinic</td>
<td>UCHealth Surgical Clinic - Longmont</td>
<td>1750 E. Ken Pratt Boulevard Longmont, CO 80504</td>
<td>Gastroenterology, Surgery, Weight Loss</td>
</tr>
<tr>
<td>Hospital</td>
<td>UCHealth Longs Peak Hospital</td>
<td>1750 E. Ken Pratt Boulevard Longmont, CO 80504</td>
<td>Hospital</td>
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<tr>
<td>Surgical</td>
<td>UCHealth Longs Peak Surgery Center</td>
<td>1750 E. Ken Pratt Boulevard Longmont, CO 80504</td>
<td>Gastroenterology, Surgery</td>
</tr>
<tr>
<td>Clinic</td>
<td>UCHealth Birth Center - Longs Peak Hospital</td>
<td>1750 E. Ken Pratt Boulevard Longmont, CO 80504</td>
<td>Birth Center, Pregnancy Care</td>
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<tr>
<td>Outpatient</td>
<td>UCHealth Pulmonology Clinic - Longs Peak Hospital</td>
<td>1750 E. Ken Pratt Boulevard Longmont, CO 80504</td>
<td>Pulmonology, Respiratory</td>
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<tr>
<td>Clinic</td>
<td>UCHealth Emergency Care - Longs Peak Hospital (Hospital-based)</td>
<td>1750 E. Ken Pratt Boulevard Longmont, CO 80504</td>
<td>Emergency Room, Trauma</td>
</tr>
<tr>
<td>Laboratory</td>
<td>UCHealth Laboratory - Longs Peak Hospital</td>
<td>1750 E. Ken Pratt Boulevard Longmont, CO 80504</td>
<td>Laboratory</td>
</tr>
</tbody>
</table>
The Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) is a government-owned business within the Department of Health Care Policy and Financing.

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Facility Name</th>
<th>Facility Address</th>
<th>Services Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy</td>
<td>Longs Peak Hospital Outpatient Pharmacy</td>
<td>1750 E. Ken Pratt Boulevard Longmont, CO 80504</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Hospital</td>
<td>UCH Health Radiology - Longs Peak Hospital</td>
<td>1750 E. Ken Pratt Boulevard Longmont, CO 80504</td>
<td>Imaging, Radiology</td>
</tr>
<tr>
<td>Hospital</td>
<td>UCH Health Surgical Care - Longs Peak Hospital</td>
<td>1750 E. Ken Pratt Boulevard Longmont, CO 80504</td>
<td>Surgery</td>
</tr>
<tr>
<td>Hospital</td>
<td>UCH Health Lung and Respiratory Care - Longs Peak Hospital</td>
<td>1750 E. Ken Pratt Boulevard Longmont, CO 80504</td>
<td>Pulmonology, Respiratory</td>
</tr>
<tr>
<td>Outpatient Clinic</td>
<td>UCH Health Carbon Valley Medical Center</td>
<td>11083 Colorado Boulevard Firestone, CO 80520</td>
<td>Dermatology, Family Medicine, Imaging, Mammography, Obstetrics/Gynecology, Pediatrics</td>
</tr>
<tr>
<td>Outpatient Clinic</td>
<td>UCH Health Family Medicine Clinic - Firestone</td>
<td>11083 Colorado Boulevard Firestone, CO 80520</td>
<td>Family Medicine, Flu Shot, Primary Care</td>
</tr>
<tr>
<td>Outpatient Clinic</td>
<td>UCH Health Pediatric Care Clinic - Firestone</td>
<td>11083 Colorado Boulevard Firestone, CO 80520</td>
<td>Flu Shot, Pediatrics</td>
</tr>
<tr>
<td>Outpatient Clinic</td>
<td>UCH Health Dermatology Clinic - Firestone</td>
<td>11083 Colorado Boulevard Firestone, CO 80520</td>
<td>Dermatology</td>
</tr>
<tr>
<td>Outpatient Clinic</td>
<td>UCH Health Women's Care Clinic - Firestone</td>
<td>11083 Colorado Boulevard Firestone, CO 80520</td>
<td>Obstetrics/Gynecology, Women's Health</td>
</tr>
<tr>
<td>Surgical Clinic</td>
<td>UCH Health Surgical Clinic - Firestone</td>
<td>11083 Colorado Boulevard Firestone, CO 80520</td>
<td>Surgery</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>UCH Health Emergency Room - Firestone</td>
<td>5965 Firestone Boulevard Firestone, CO 80520</td>
<td>Emergency Room</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>UCH Health Urgent Care - Firestone</td>
<td>5965 Firestone Boulevard Firestone, CO 80504</td>
<td>Urgent Care</td>
</tr>
<tr>
<td>Laboratory</td>
<td>UCH Health Laboratory - Firestone</td>
<td>11083 Colorado Boulevard Firestone, CO 80520</td>
<td>Laboratory, Pathology</td>
</tr>
<tr>
<td>Outpatient Clinic</td>
<td>UCH Health Gastroenterology Clinic - Firestone</td>
<td>5965 Firestone Boulevard Firestone, CO 80504</td>
<td>Digestive Health, Gastroenterology</td>
</tr>
<tr>
<td>Outpatient Clinic</td>
<td>UCH Health Orthopedics Clinic - Firestone</td>
<td>5965 Firestone Boulevard Firestone, CO 80520</td>
<td>Orthopedics</td>
</tr>
</tbody>
</table>

IV.g. Please use the space below to describe the current state of protected health data exchange infrastructure and use inside the defined service area (available RHIOs, participation level amongst area providers, primary data exchange capabilities) as well as an assessment of the hospital’s current capabilities regarding data exchanges across network providers, external partners and with RHIOs or regional data exchanges. Please speak specifically to how this impacts care, including care transitions and complex care management.

Response (Please seek to limit your response to 750 words or less)

UCH Health uses EPIC® as its electronic health record platform across all hospitals and ambulatory clinics. Patient’s records are available through Care-Everywhere.

UCH Health is also part of the CORHIO (Colorado Regional Health Information Organization) by sending in electronic health record information. CORHIO has been collecting and storing data.
since 2009. There are more than 16,000 health information exchange (HIE) users and nearly 5.6 million unique patients in the HIE. The RAE and select primary care practices also get data from CORHIO.

UCHealth hospitals can share data with CORHIO, RAE, and primary care providers. However, CORHIO data cannot be seen in EPIC©. To see data clinicians must log in to the CORHIO website: Once on the site they can see details related to:

- admissions
- discharges
- transfers
- lab results

Current gaps include not being able to:

- see the plan of care that is in use at the current time
- quickly find high utilizers without reviewing all visits in the electronic health record, and
- find if patients followed up on recommended social services or health care agency referrals if it was with an external health system.
- see primary care notes that are not in Care-Everywhere
- share data on people with substance use disorder secondary to 42 CFR regulations

Finally, the RAE has access to the patient's risk scores and complex care plans for COUP patients (Client Overutilization Program). Still, at this time there is no way to share such care plans and risk stratification scores. Also, it is a challenge to find Medicaid members who get home-based community services (HCBS) as they use the hospital. This is because the care management staff does not have access to such information in a timely fashion.

IV.h. Please use the space below to provide information about any other major topics discussed with community stakeholders and input received.

Response (Please seek to limit your response to 500 words or less)

Bias in Care Delivery:

First choices may drive disparities seen among some of these populations within care delivery settings. These might include:

- limited harm reduction approaches
- lack of trauma-informed care
A much needed step to removing barriers to care involves having programs that can assess and address these barriers throughout the care delivery system, including hospitals.

Health and Social Service Literacy:

Many of the priority groups we are working with have been identified as having low health and social service literacy. This means they are not able to find or use the health services they need for basic care and prevention of illness. This raises their chance of poor health outcomes if they cannot get their needs met.

IV.i. Please use the space below to provide preliminary thinking regarding the likely focus of HTP initiatives, in particular target populations and target community needs.

Response (Please seek to limit your response to 500 words or less)

The Midpoint report shows what the needs are in the community right now. We focused on finding the resources that are in place already. Our next step is to talk about what we found with our partners. We need to find how we can work together in areas that are already in place between hospitals and community based services.

We will be talking about the HTP initiatives focus with our community partners in this next phase of the HTP pre-waiver period.

From the needs assessment and scan of the area, we found that the main items groups ask for as their most important needs are in behavioral health (including mental health and substance abuse) and care transitions.

Resources that will help the Medicaid population to have the structure needed for transitions of care are available. These are found through:

- the RAE
- local public health agencies
- other community agencies

During this process, we found that we have partnership projects now underway with many community organizations. We also found that our hospital care management team works with many of the resources in the community already.

As we set up any screening or transitions programs for this patient group, we will make sure we can find resources in the area as well.
Planned Future Engagement Activities

V.a. Please use the space below to outline planned future activities for engaging community organizations and processes that will be completed to inform and develop the hospital’s HTP application. Please describe how organizations that serve and represent the broad interests of the community will continue to be engaged in the planning and development of the hospital’s application, including:

- Prioritizing community needs;
- Selection of target populations;
- Selection of initiatives; and
- Completion of an HTP application that reflects feedback received.

Please note that the word limit is a guideline and you may exceed it as necessary.

Response (Please seek to limit your response to 750 words or less)

We will keep on working with groups so we can blend activities and make sure outcomes for people are helped. We will see these results in the data collected for the HTP. The community health needs process let us to find the areas we needed to focus on first. These will likely change and grow as we work closely with the state, RAE, and community partners over the next 5 years.

The community health needs engagement process showed the areas that people felt were the most important to work on first. We will choose groups of people to focus on and make sure our plans line up with the HTP priorities and areas to be measured. Over the next few months as we pick projects for the Hospital Transformation Program, we will think over:

- stakeholder input
- feasibility
- sustainability
- cost

Throughout the HTP pre-waiver phase, we have shared our reports for the state with stakeholders and asked for feedback from our partners. We know this record will be made public by the Health Care Policy and Financing Department. We welcome any feedback that you may feel will add value to the final HTP report. The UCHealth contact names and email address are found on the first page of this form.
Additional Information (Optional)

You may use the space below to provide any additional information about your CHNE process. Please note that the word limit is a guideline and you may exceed it as necessary.

Response (Please seek to limit your response to 250 words or less)

We do not have additional information.
Appendix I: Community Inventory Tool

Use this tool to inventory clinical, behavioral, and social service resources in the community that could provide timely post-hospital follow-up, monitoring, and assistance. Use this inventory to identify which resources your hospital regularly uses. Also use this inventory as an implicit gap analysis to stimulate a consideration of providers or agencies you may want to more regularly use.

### Clinical and Behavioral Health Providers

<table>
<thead>
<tr>
<th>Provider or Agency</th>
<th>Transitional Care Services [Examples]</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community health centers, federally qualified health centers</td>
<td>• Mental Health Partners&lt;br&gt;• Centennial Peaks Hospital&lt;br&gt;• West Pines&lt;br&gt;• ClearView Behavioral Health -Johnstown</td>
<td>☒️</td>
<td>☐️</td>
</tr>
<tr>
<td>Accountable care organization with care management or transition care</td>
<td>• Colorado Community Health Alliance&lt;br&gt;• Northeast Health Partnership</td>
<td>☒️</td>
<td>☐️</td>
</tr>
<tr>
<td>Medicaid managed care organizations</td>
<td>• Denver Health Managed Medicaid&lt;br&gt;• Rocky Mountain Managed Medicaid</td>
<td>☐️</td>
<td>☒️</td>
</tr>
<tr>
<td>Program of All-inclusive Care for the Elder (PACE), Senior Care Options (SCO), Duals Demonstration providers</td>
<td>• PACE: TRU Community&lt;br&gt;• SCO: unclear&lt;br&gt;• DDP: no dual programs</td>
<td>☒️</td>
<td>☐️</td>
</tr>
<tr>
<td>Medicaid health homes</td>
<td>• Salud Clinic&lt;br&gt;• Clinica&lt;br&gt;• Hopelight Medical Clinic</td>
<td>☒️</td>
<td>☐️</td>
</tr>
<tr>
<td>Multiservice behavioral health centers, including behavioral health homes</td>
<td>• Centennial Peaks&lt;br&gt;• Mental Health Partners&lt;br&gt;• West Pines&lt;br&gt;• ClearView Behavioral Health-Johnstown</td>
<td>☒️</td>
<td>☐️</td>
</tr>
<tr>
<td>Behavioral health providers</td>
<td>• Centennial Peaks&lt;br&gt;• Mental Health Partners&lt;br&gt;• West Pines&lt;br&gt;• ClearView Behavioral Health-Johnstown</td>
<td>☒️</td>
<td>☐️</td>
</tr>
<tr>
<td>Substance use disorder treatment providers</td>
<td>• Mental health Partners (ARC)</td>
<td>☒️</td>
<td>☐️</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider or Agency</th>
<th>Transitional Care Services [Examples]</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| Heart failure, chronic obstructive pulmonary disease (COPD), HIV, dialysis, or cancer center clinics | • Heart Failure & COPD  
  o UCHealth Longmont Clinics  
  • HIV-FQHC  
  • Dialysis Center Clinics:  
    o Kidney Center of Longmont  
    o DaVita - Longmont  
    o Fresenius - Loveland  
  • Cancer Center Clinics:  
    o Rocky Mountain Cancer Center | ☒ | ☐ |
| Pain management or palliative care | • TRU Community  
  • Halcyon  
  • Berkley | ☒ | ☐ |
| Physician/provider home visit service | • Dr. Mathwich, local provider | ☒ | ☒ |
| Skilled nursing facilities | • Applewood Living Center  
  • Berthoud Living Center  
  • Boulder Manor | ☒ | ☐ |
| Home health agencies | • Abode Home Health Agency  
  • Accent Care Home Health  
  • Bayada Home Health Care | ☒ | ☐ |
| Hospice | • TRU Community  
  • Halcyon  
  • Suncrest  
  • Accent | ☒ | ☐ |
| Adult day health | • A Day Place: | ☒ | ☐ |
| Public health nurses | • Unknown | ☐ | ☒ |
| Pharmacies | • LPH pharmacy | ☒ | ☐ |
| Durable medical equipment | • Major Medical | ☒ | ☐ |
| Other | | | |

**Social Services**

<table>
<thead>
<tr>
<th>Provider or Agency</th>
<th>Transitional Care Services [Examples]</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| Adult protective services | • Boulder County  
  • Weld County | ☒ | ☐ |
| Area Agency on Aging (AAA) | • Boulder County  
  • ADRC (Aging and Disability Resources)  
  • Weld County | ☒ | ☐ |
<p>| Aging and Disability Resource Centers | • A Day Place | ☒ | ☐ |</p>
<table>
<thead>
<tr>
<th>Provider or Agency</th>
<th>Transitional Care Services [Examples]</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisted living facilities</td>
<td>• Sunrise Boulder</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>• Brookdale North Boulder</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Housing with services</td>
<td>• Unknown</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Housing authority or agencies</td>
<td>• Boulder County</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>• Weld County</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Legal aid</td>
<td>• Boulder County legal services</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>• Weld</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Faith-based organizations</td>
<td>• OUR Center (nonprofit with faith community support)</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>• Catholic Charities Hispanic Elderly</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td></td>
<td>• Catholic Charities</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>• A Day Place</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Transportation</td>
<td>• Boulder Creek Transport</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>• AMR</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td></td>
<td>• Mobility For All</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>• VIAVEYO</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Community corrections system</td>
<td></td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>
Appendix II: Hospital Care Transitions Activities Inventory Tool

An inventory of readmission reduction efforts will reveal the administrative, clinical, health information technology, and other organizational assets already in place. Once you know what efforts and assets already exist, you can consider whether they are optimally aligned and coordinated. The inventory will also serve as an implicit gap-analysis of activities or assets not currently in place. You may identify the need to implement new practices as part of this process.

### Readmission Activities/Assets

<table>
<thead>
<tr>
<th>Administrative Activities/Assets</th>
<th>For Which Patients?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Specified readmission reduction aim</td>
<td>All Patients</td>
</tr>
<tr>
<td>☒ Executive/board-level support and champion</td>
<td>All Patients</td>
</tr>
<tr>
<td>☒ Readmission data analysis (internally derived or externally provided)</td>
<td>All Patients</td>
</tr>
<tr>
<td>☒ Monthly readmission rate tracking (internally derived or externally provided)</td>
<td>All Patients</td>
</tr>
<tr>
<td>☐ Periodic readmission case reviews and root cause analysis</td>
<td>None</td>
</tr>
<tr>
<td>☐ Readmission activity implementation measurement and feedback (PDSA, audits, etc.)</td>
<td>None</td>
</tr>
<tr>
<td>☐ Provider or unit performance measurement with feedback (audit, bonus, feedback, data, etc.)</td>
<td>None</td>
</tr>
<tr>
<td>☐ Other:</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Information Technology Assets</th>
<th>For Which Patients?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Readmission flag</td>
<td>All Patients</td>
</tr>
<tr>
<td>☒ Automated ID of patients with readmission risk factors/high risk of readmission</td>
<td>All Patients, CHF Patients</td>
</tr>
<tr>
<td>☐ Automated consults for patients with high-risk features (social work, palliative care, etc.)</td>
<td>None</td>
</tr>
<tr>
<td>☒ Automated notification of admission sent to primary care provider</td>
<td>All Patients</td>
</tr>
<tr>
<td>☒ Electronic workflow prompts to support multistep transitional care processes over time</td>
<td>All Patients</td>
</tr>
<tr>
<td>☒ Automated appointment reminders (via phone, email, text, portal, or mail)</td>
<td>All Patients</td>
</tr>
<tr>
<td>☐ Other:</td>
<td>N/A</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>TRANSITIONAL CARE DELIVERY IMPROVEMENTS</th>
<th>For Which Patients?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Assess “whole-person” or other clinical readmission risk</td>
<td>All Patients</td>
</tr>
<tr>
<td>☒ Identify the “learner” or care plan partner to include in education and discharge planning</td>
<td>All Patients</td>
</tr>
<tr>
<td>☒ Use clinical pharmacists to enhance medication optimization, education, reconciliation</td>
<td>All Patients</td>
</tr>
<tr>
<td>☒ Use “teach-back” to improve patient/caregiver understanding of information</td>
<td>All Patients</td>
</tr>
<tr>
<td>☒ Schedule follow-up appointments prior to discharge</td>
<td>All Patients</td>
</tr>
<tr>
<td>☒ Conduct warm handoffs to post-acute and/or community “receivers”</td>
<td>All Patients</td>
</tr>
<tr>
<td>☐ Conduct post discharge follow-up calls (for patient satisfaction or follow-up purposes)</td>
<td>None</td>
</tr>
<tr>
<td>☐ Other:</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CARE MANAGEMENT ASSETS</th>
<th>For Which Patients?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Accountable care organization or other risk-based contract care management</td>
<td>All payors</td>
</tr>
<tr>
<td>☐ Bundled payment episode management</td>
<td>None</td>
</tr>
<tr>
<td>☒ Disease-specific enhanced navigation or care management (heart failure, cancer, HIV, etc.)</td>
<td>Patients including the following: Birth Center, Heart and Vascular Care, Lung and Respiratory Care</td>
</tr>
<tr>
<td>☒ High-risk transitional care management (30-day transitional care services)</td>
<td>All Patients</td>
</tr>
<tr>
<td>☐ Other:</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CROSS-CONTINUUM PROCESS IMPROVEMENT COLLABORATIONS WITH:</th>
<th>FOR WHICH PATIENTS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Skilled nursing facilities</td>
<td>All Patients</td>
</tr>
<tr>
<td>☒ Medicaid managed care plans</td>
<td>All Patients</td>
</tr>
<tr>
<td>☒ Community support service agencies</td>
<td>Skilled Nursing Facilities, Home Health Agencies</td>
</tr>
<tr>
<td>☒ Behavioral health providers</td>
<td>Mental Health Partners</td>
</tr>
<tr>
<td>☐ Other:</td>
<td></td>
</tr>
</tbody>
</table>