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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 Pikes Peak Regional 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: 16420 West US Highway 24
Woodland Park, CO 80863-8760
Hospital Executive Name: Doreen Hartmann
Hospital Executive Title: Chief Financial Officer
Hospital Executive Address: 1400 E Boulder St
Colorado Springs CO 80909-5533
Hospital Executive Phone number: 719-365-2062
Hospital Executive Email Address: Doreen.Hartmann@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.Beckworth@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>Vivage</td>
<td>Heather Terhark</td>
<td>LTSS</td>
<td>Partnership</td>
<td>All</td>
</tr>
<tr>
<td>Silver Key</td>
<td>Dayton Romero</td>
<td>Social Determinants of Health/LTSS</td>
<td>Partnership</td>
<td>Vulnerable Populations</td>
</tr>
<tr>
<td>CHA Opioid Summit</td>
<td>Ashley Baker</td>
<td>Consumer Advocates/Advocacy Organizations</td>
<td>Involvement</td>
<td>Behavioral Health</td>
</tr>
<tr>
<td>HTP workgroup meetings</td>
<td>Roberta Capp</td>
<td>LPHA, RAE, RHC, hospital, PCMH</td>
<td>Partnership</td>
<td>All</td>
</tr>
<tr>
<td>Colorado Community Health Alliance</td>
<td>Amy Yutzy</td>
<td>RAE</td>
<td>Partnership</td>
<td>Behavioral Health</td>
</tr>
<tr>
<td>Colorado Prevention Alliance</td>
<td>Lauren Ambrozin</td>
<td>Health Alliance</td>
<td>Involvement</td>
<td>Vulnerable Populations (SDOH)</td>
</tr>
<tr>
<td>Teller County Family Resource Center</td>
<td>Jodi Mijares</td>
<td>Community organization addressing social determinants of health</td>
<td>Consultation</td>
<td>All</td>
</tr>
<tr>
<td>Mental Health Alliance Meetings</td>
<td>Jacqueline Revello</td>
<td>LPHA, RAE, RHC, FQHC, CMCH, RETAC (EMS/Fire Department), health alliance, community organizations addressing SDOH and advocacy organizations</td>
<td>Involvement</td>
<td>Behavioral Health</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>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>Aspen Mine Center</td>
<td>Ted Borden</td>
<td>Community organization addressing SDOH</td>
<td>Consultation</td>
<td>All</td>
</tr>
<tr>
<td>Colorado Springs Community Health Partnership</td>
<td>Aimee Cox</td>
<td>Consumer Advocates/Advocacy Organizations</td>
<td>Consultation</td>
<td>Vulnerable Populations (Homeless)</td>
</tr>
<tr>
<td>Colorado Health Literacy Coalition</td>
<td>Dana Abbey, Angela Brega</td>
<td>Community organization addressing SDOH</td>
<td>Consultation</td>
<td>Social Determinants of Health</td>
</tr>
<tr>
<td>Golden Bridge Network</td>
<td>Paula Levy</td>
<td>Community organization addressing SDOH/long term care needs</td>
<td>Involvement</td>
<td>Vulnerable Populations (Aging)</td>
</tr>
<tr>
<td>Teller County Public Health</td>
<td>Jacqueline Revello</td>
<td>LPHA</td>
<td>Partnership</td>
<td>Behavioral Health</td>
</tr>
<tr>
<td>Colorado Health &amp; Human Services, Refugee Department</td>
<td>Carol Tumayle</td>
<td>Community organizations addressing SDOH</td>
<td>Consultation</td>
<td>Refugee Population</td>
</tr>
<tr>
<td>PIAC</td>
<td>Amy Yutzy</td>
<td>RAE</td>
<td>Involvement</td>
<td>All</td>
</tr>
<tr>
<td>Ute Pass Regional Service District</td>
<td>Timothy Dienst</td>
<td>RETAC-EMT</td>
<td>Partnership</td>
<td>All</td>
</tr>
</tbody>
</table>

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>Partnership</td>
<td>UCHHealth/in-person</td>
<td>X1</td>
<td>Vivage &amp; UCHHealth</td>
<td>email</td>
<td>Discussed challenges related to care</td>
</tr>
<tr>
<td><strong>Partnership</strong></td>
<td><strong>Involvement</strong></td>
<td><strong>Involvement</strong></td>
<td><strong>Involvement</strong></td>
<td><strong>Partnership</strong></td>
<td><strong>Consultation</strong></td>
</tr>
<tr>
<td>----------------</td>
<td>----------------</td>
<td>----------------</td>
<td>----------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>in-person</td>
<td>Highlands Ranch/in-person</td>
<td>UCHealth/in-person</td>
<td>Monthly (x4)</td>
<td>Partnership/CCHA</td>
<td>via phone</td>
</tr>
<tr>
<td>X1</td>
<td>X1</td>
<td>Quarterly (x2)</td>
<td>In-person/CCHA</td>
<td>In-person/CIVHC board room</td>
<td>via phone</td>
</tr>
<tr>
<td>UHealth, APS, AAA</td>
<td>Hospitals, OBH, CMHC, PCMH, FOHC, RAE, CDPHE, CHA, advocates</td>
<td>Hospital, UCHMG, LPHA, RAE, RHC</td>
<td>RAE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>email</td>
<td>email</td>
<td>email</td>
<td>email</td>
<td>email</td>
<td>email</td>
</tr>
<tr>
<td>Discussed meals on wheels, housing for seniors, elder abuse and advocacy</td>
<td>Discussed medication assisted treatment and opioid use disorder bias</td>
<td>Discuss HTP mid-term report, data needs and ongoing common interests</td>
<td>Discussed care gaps, opportunities for partnerships and data sharing</td>
<td>Discuss SDOH screeners and referral tools</td>
<td>Discussed organization, resources, reports, opportunities for collaborations</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>Involvement</th>
<th>Local address/in-person</th>
<th>Quaterly (x1)</th>
<th>CCHA (RAE), Peak Vista (FQHC), Aspen Pointe (CMHC), Teller County (LPHA), Community organizations addressing SDOH, advocacy groups</th>
<th>Email</th>
<th>Discuss RAE goals, reviewed data and incentive dollar distribution process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership</td>
<td>Local/in-person</td>
<td>Monthly (X4)</td>
<td>EMT, hospital</td>
<td>Email</td>
<td>Discuss collaborations and participation in Teller County EMS Council</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); Deparment 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).
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)

<table>
<thead>
<tr>
<th>UCHealth Pikes Peak Regional Hospital is a critical access hospital located in Teller County. We connected with Darlyn Miller, representing the regional health connector for Teller County. She helped us find many groups in the local community. We met one to one with many group leaders and also went to ongoing community meetings. These in clude:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. the Mental Health Alliance</td>
</tr>
<tr>
<td>b. The Golden Bridge Network</td>
</tr>
<tr>
<td>c. Program Improvement Advisory Committee (PIAC) meetings</td>
</tr>
</tbody>
</table>

We were unable to go to the Interagency Oversight Group meetings and RETAC meetings. But, UCHealth Pikes Peak Regional Hospital has a strong relationship with UTe Pass Regional Health District. They are the local EMS company that provides many of services beyond EMS transport for local citizens. We felt that we were able to gather the facts needed for the mid-term report from our local EMS partner.

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. |

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. |
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)

<table>
<thead>
<tr>
<th>The hospital defined the community based on its setting and the zip code of those that use the hospital system. For UCHealth Pikes Peak Hospital the area served by the hospital includes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Boulder County</td>
</tr>
<tr>
<td>• Weld County</td>
</tr>
</tbody>
</table>

For UCHealth Pikes Peak Regional Hospital, most of its hospital users lived in Teller County. Please note that many Teller County residents come to UCHealth Memorial Hospital for emergency care.

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.


[2]. https://www.colorado.gov/pacific/cdhs/about-refugees

[3]. https://data-cdphe.opendata.arcgis.com/datasets/5878e60d6a714c5395fd934ec7f864e9_2
IV.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 found on the Department of Health Care Policy and Financing (HCPF)’s website on the people. We also used data for people who used hospital services during State Fiscal Year 2018.

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 the 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:

- prenatal or pregnant women
- those with behavioral health and substance use concerns
- non-English speakers
- refugees
- people with developmental disabilities

We looked into the gaps above by leading many surveys and interviews with community groups. We used ongoing community meetings to ask for needed details. We also reviewed public records that had general population information.

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:

Teller County
• 21,934 White or 89% [1]
• 1,381 Latino/Hispanic (6.3%)
• 1,971 African Americans or 0.8%
• 2,218 Asian or 0.9%
• 246 Native Hawaiian/Other Pacific Island Native or 0.1% [3]

Population

Teller County
• 24,646 residents, comprising 0.43% of overall Colorado's population
• 15,280 rural residents (62%) [3]
• Non-Hispanic White (89%)
• African Americans (0.8%)
• Hispanic (6.3%)
• Asian (0.9%)
• Native Hawaiian/Other Pacific Island Native (0.1%)

Gender
• 49.1% female [1]
• 50.9% male

Age
Teller County
• 4,313 (17.5%) below 18 years of age [1]
• 15,207 (61.7%) between ages 18 and 64 years of age
• 5,126 (20.8%) were 65 years of age and older

Income and Employment Status

State of Colorado
• state of Colorado at 12.7% [4] at FPL
• (2.8%) unemployment rate
• median household income of $69,100 [1]

Teller County
• 7.5% of people living at or below the Federal Poverty Level [2]
• unemployment rate (3.2%)
• median household income $68,100
• homeownership rates (81%)

Disability Status

Teller County
• North Teller County 11.7% to 14.8% of people with a disability
• South Teller County 14.9% to 45.8% of people with a disability [3]

Immigration Status

According to the Migration Policy Institute:

Teller County
• No foreign-born immigrants were living in Teller County [4]

Housing

Teller County
• 19,963 own homes (81%)

Education and Health Literacy Status

State of Colorado
• High school graduation rates in the state of Colorado (79%) [1]
Teller County

- High school graduation rates (76%)
- The North Teller County health literacy rate is in the second highest state quartile, while the South Teller County is in the lowest state quartile.[5]

According to the Health Literacy Data Map:

- The North Teller County health literacy rate is in the second highest state quartile
- The South Teller County is in the lowest state quartile

Primary Languages Spoken

Teller County

- In 2017, there were no residents found in public datasets with an English proficiency deficiency [1]

Unique characteristics that impact the health of Teller County residents:

Radon

- an odorless gas linked to lung cancer
- found in 66% of all radon tests performed in Teller County

Commute time to work

- 55% of people have a long commute to work and drive alone
- 35% of people across the state of Colorado have a long commute to work and drive alone

Veteran Status

- 17.4% of people in Teller County are Veterans
- 9.8% of people across the state of Colorado are Veterans [6]

Employment Areas

Teller County has a unique employment landscape. 5 of the largest business sectors include:

- accommodation and food services
- retail trade
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- mining and quarrying
- county government and education
- health care and social assistance

According to the Teller County Public Health Community Needs Assessment:
- Residents are likely to travel outside the county for work.
- Many employees of Teller County businesses do not live in the county.
- Over 2,300 Teller County residents work at Cripple Creek casinos.

Teller County is divided into North and South regions.
- each region has its characteristics and resources

Medicaid Population:
According to HCPF’s Teller County Fact Sheet, in 2017,

Teller County
- 5,872 (23.8%) Health First Colorado Members
  - 2,324 (39.58%) were Affordable Care Act (ACA) expansion adults
  - 2,048 (34.88%) were children

Treatments at UCHealth Pikes Peak Regional Hospital
- 2,209 unique Medicaid citizens (37.6%)

Age
- 502 (22.7%) were below 18 years of age
- 1,583 (71.7%) were between 18-64 years of age
- 124 (5.6%) were 65 years of age and older

Gender
- 57.1% Female
- 42.9% Male
Race & Ethnicity

- 1,337 (60.5%) Non-Hispanic Whites
- 618 (28.9%) Multiple Races
- 20 (0.9%) African American
- 55 (2.5%) Latino/Hispanic
- 11 (0.49%) American Indian/Alaska Native

Disabilities

- 300 (13.6%) had permanent disabilities

Immigration Status

- 19 (0.8%) Legal permanent residents
- 1 (0.04%) refugee

Housing

- 67 people with no home

Primary Language Spoken

- less than 5 enrollees spoke languages other than English
  But, the secondary language field had 17.7% missing responses. So, we may not have all of the facts [8].

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 / or 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:**

UCHealth Pikes Peak Regional Hospital saw 170 unique high utilizers Medicaid enrollees.

**Age**

- 17 (10.0%) were below 18 years of age
- 144 (84.7%) were between 18 to 64 years old
- 9 (5.3%) were 65 years of age and older [8]

**Gender**

- Females (68.2%)
- Males (31.8%)

**Race & Ethnicity**

- 97 (57.1%) Non-Hispanic Whites
- 52 (30.6%) Multiple Races
- 1 (0.6%) African American
- 5 (2.9%) Latino/Hispanic [8]

**Disabilities**

- 27 (15.9%) Medicaid enrollees had permanent disabilities;

**Immigration Status**
2 Medicaid enrollees (1.2%) were legal permanent residents

• no refugees were noted [8]

Housing

• 14 people with Medicaid that did not have a home (high utilizers)

The state dataset did not identify Medicaid enrollees who speak languages other than English [8].

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

• income
• employment status
• education
• health literacy levels

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

In the state of Colorado, 16.7% of all mothers with Medicaid had insurance 1 month before pregnancy [10].

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:
  o diabetes
  o mental health
  o substance use disorder
Individually 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
- 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:

People in the community and group leaders mentioned high Medicaid turnover rates. This leads to on and off care, especially for seasonal workers such as:

- miners
- casino workers

The population of Teller County is older than Colorado.

- 56.4% are older than 45 years of age [1]
- 38.7% of the state of Colorado is older than 45 years of age [1]
Aging people are at high risk of becoming high utilizers.

Colorado ranks 29th in the U.S. for maternal mortality rates.

Over 60% of all death in new mothers happens after giving birth.

- Behavioral health has been named as the leading cause of maternal death [12].

When reviewing UCHealth’s electronic health record data, we noted that:

- a little over 500 Teller County residents who are over the age of 65 use one or more UCHealth hospitals
- over 50% use the local UCHealth Pikes Peak Regional Hospital

We do not have information on the community’s needs to receive end of life care.

End of Life Care:

- 42.0% of Teller County residents have an advance care directive.
- This is slightly more than compared to 35.7% in the state as a whole [11].

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:

General population:

Suicide

Teller County

- age-adjusted death rate due to suicide is 58.4 for each 100,000 people

State of Colorado

- age-adjusted death rate due to suicide is 19.5 for each 100,000 people [9]

Death from Firearms
Teller County
- 24 deaths due to homicide for each 100,000 people

State of Colorado
- 37 deaths due to homicide for each 100,000 people [9]

Medicaid Population:

According to the Medicaid dataset for ED visits by those that uses services more often that others (high utilizers) had no ED visits to UCHealth Pikes Peak Regional Hospital for serious behavioral health disorders. High utilizers are defined as 4 or more ED visits in 12 months [2].

Also, the statewide Medicaid dataset show no ED visits with a primary serious behavioral health diagnosis [8]. This finding may be related to the fact that the State Medicaid dataset only includes physical health data and not behavioral health data.

When reviewing the UCHealth electronic health record data, we noted that Teller County residents with a mental health diagnosis contributed to 9.1% of all inpatient and ED visits. This rate was slightly higher for Medicaid Teller residents (10.3%) who came to a UCHealth hospital.

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

General Population:

Teller County
- 47% alcohol-impaired driving deaths [1]
- 20% excessive drinking rates

State of Colorado
- 34% alcohol-impaired driving deaths [1]
- 21% alcohol-impaired driving deaths

El Paso County

In 2016, there were 43,458 opioid prescriptions dispensed to 130,541 El Paso County residents [13].

Most opioid prescriptions were covered by commercial insurance, followed by Medicaid and Medicare.

El Paso County has one of the highest rates of prescription opioid-related issues such as:
- emergency department visits of 18.1 and 96.0 for each 100,000 people
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<table>
<thead>
<tr>
<th>Smoking rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teller County</td>
</tr>
<tr>
<td>- 14% of people smoke</td>
</tr>
<tr>
<td>State of Colorado [1]</td>
</tr>
<tr>
<td>- 16% of people smoke</td>
</tr>
</tbody>
</table>

Medicaid Population:

According to the Medicaid dataset, the leading diagnosis for being admitted to the hospital by many people with Medicaid that have long term issues is:

- alcohol abuse and dependence

For the region 7 Regional Accountable Entity (RAE), the 2nd diagnosis seen most often is alcohol abuse and dependence. We did not identify other substance use disorder diagnostic related codes were noted in the state Medicaid dataset [8].

Other significant physical chronic conditions:

General and Medicaid Populations:

High blood pressure

State of Colorado

- most common chronic disease at 12% [14]

Teller County:

High blood pressure

- 33.6% of people with Medicare have high blood pressure
- 9.3% of people with Medicaid have high blood pressure
- 7.4% of people have high blood pressure with commercial insurance [8]

Diabetes

| Being admitted to the hospital for prescription opioid-related issues of 24.9 to 59.7 for each 100,000 people |
|opioid-related deaths of 9.0 to 13.5 for each 100,000 people in the state of Colorado [10] |

Smoking rates

Teller County

- 14% of people smoke

State of Colorado [1]

- 16% of people smoke

Medicaid Population:

According to the Medicaid dataset, the leading diagnosis for being admitted to the hospital by many people with Medicaid that have long term issues is:

- alcohol abuse and dependence

For the region 7 Regional Accountable Entity (RAE), the 2nd diagnosis seen most often is alcohol abuse and dependence. We did not identify other substance use disorder diagnostic related codes were noted in the state Medicaid dataset [8].

Other significant physical chronic conditions:

General and Medicaid Populations:

High blood pressure

State of Colorado

- most common chronic disease at 12% [14]

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High blood pressure

- 33.6% of people with Medicare have high blood pressure
- 9.3% of people with Medicaid have high blood pressure
- 7.4% of people have high blood pressure with commercial insurance [8]

Diabetes

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

- **Hemoglobin A1C**
  - Doctors order a blood test named Hemoglobin A1C. This is as a quality metric used for the management of diabetes.
  - 7 out of 10 residents with diabetes get their hemoglobin A1C test on a set schedule.
  - This is similar to the state of Colorado.
  - 86.9% of people with Medicaid residents have their A1C checked
  - 86.1% of people with commercial plans have their A1C checked [14]

**Cancer**
- higher rates of breast and lung cancer compared to residents in Colorado [14]
- 48.2% of people have screening for breast cancer
- 57.1% of people in the state of Colorado having screening for breast cancer
- Those with Medicaid insurance have the lowest breast cancer screening rates at 35.5% [14].

When looking at chronic conditions, Teller County has lower levels of chronic respiratory diseases such as asthma and chronic obstructive pulmonary disease compared to the rest of the state of Colorado.

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**

Individuals with significant health issues, co-occurring conditions, and high health care utilizers:
- 7 of 10 Teller County residents have 1 or more chronic diseases [9].
- 5 leading causes of years of potential life lost before age 75 in Teller County includes:
• heart disease
• cancer
• cerebrovascular disease
• chronic liver disease
• diabetes [1]

Quality of Life markers in Teller County are, in general, higher than those in the state of Colorado [1]. Residents of Teller County have fewer poor physical and mental health days when compared with the state of Colorado [1].

According to the state's high utilizer dataset:

160 of 403 ED visits were emergency department (ED) were for those that use services more than others (high utilizers). This is defined as 4 or more visits to the ED in a year.

UCHealth Pikes Peak Regional Hospital Medicaid high utilizers averaged 2.5 ED visits a year.

Top Utilizer for the state of Colorado have an average of 6.3 ED visits a year [8].

The most common emergency department condition is not for chronic physical health or behavioral health disease. The most common reason for ED visits at UCHealth Pikes Peak Hospital are:

• superficial injuries
• sprains and strains
• open wounds

Less than 5% of all hospital admissions are for chronic diseases. The most commonly ones are:

• diabetes
• congestive heart failure

Data shows that people without homes are more likely to be use the health system more than other people. We found less than 20 people with no homes in Teller County that came for care at an UCHealth hospital in the past year.

• 77% of people that use UCHealth in Teller County have no homes and have Medicaid.
  o 30% have 1 or more serious mental health disorder
  o 46% have one or more substance use disorders
When looking over the UCHealth electronic health record data, Teller County residents are more likely to get hospital care outside of Teller County.

Most hospital admissions for people from Teller County happen at UCHealth Memorial Hospital in Colorado Springs. Also, almost 50% of all UCHealth ED visits for people from Teller County happens at UCHealth Memorial Hospital. 41% are at UCHealth Pikes Peak Regional Hospital.

In reviewing people from Teller County with and their patterns of use within UCHealth, only 36% come to the ED at UCHealth Pikes Peak Regional Hospital. 53% use UCHealth Memorial Hospital.

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

In 2017, there were 166 total live births in Teller County.
• 12.7% of those births leading to low birth weight babies [10].

Teller County
• higher rates of low birthweight babies (12.7%)
• 52.4% of pregnant women received adequate prenatal care [6]
• Teen birth rates are similar in Teller County to the state of Colorado [1].
• Child death prevalence is also higher in Teller County when compared with the state of Colorado [1].
  • 10.5% of postpartum depression (10.5%)

Colorado
• 9% of births are low birthweight babies [1]
• 63.2% of pregnant women received adequate prenatal care [6]
• 11.2% of postpartum depression [10]

Poor birth outcomes could be due to not enough care before getting pregnant. It could also be from not having enough providers in the area to care for new mothers and babies.

End of Life Care:
• 42.0 % of Teller County residents have an advance care directive.
• This is slightly more than compared to 35.7% in the state as a whole [11].

Individuals with behavioral health disorders:
Teller County

- 21.2% rate of depression
- 21.6% rate of anxiety

State of Colorado

- 18.4% rate of depression [9]
- 18.4% rate of anxiety

Most noted is that 28.6% of parents report a behavioral or mental health problem in their children aged 1 to 14 years. In the state as a whole, this rate is 21.5% [9].

Physical health conditions linked to a mental health diagnosis include diabetes with depression or anxiety.

According to the RAE, better diabetes care could have the biggest impact on cost savings.

Many of the patients that need better care for their diabetes so they don’t use as many services also have:

- depression
- anxiety

Patients with a mental health issues along with another diagnosis most commonly use the emergency department for anxiety-related disorders, followed by chest pain.

In total, less than 2% of all ED visits were for suicidal ideation or substance use disorders.

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;

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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 shortage of primary care providers in Teller County.</td>
</tr>
<tr>
<td>• For every primary care provider, there are 1,720 residents.</td>
</tr>
<tr>
<td>• In the state of Colorado there are 1,230 residents per primary care provider [1].</td>
</tr>
</tbody>
</table>

According to the Colorado Community Health Alliance:

• 4,890 Medicaid members got care in Teller County.

There are currently two providers taking new Medicaid patients in Teller County:

• Peak Vista
• Cripple Creek-Centura.
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The well visit rate in Region is 26.2%.

Specialty care:

The most common specialty care services needed in the County include:

- heart (cardiology)
- lung (pulmonology)
- bones (orthopedics)

According to the UCHealth Pikes Peak Regional Hospital care manager, patients leaving the hospital can see any of the specialists above. But, the 2 other specialties that are in high demand are not available locally. People must go to Colorado Springs for:

- kidney, bladder, urine (urology)
- brain (neurology)

Transportation is a challenge in this community. To use services through Medicaid or community groups, clients must set up rides ahead of time. Given the planning needed to set up a ride with Medicaid to and from visits, it can be a barrier if an urgent visit is set up.

A Mental Health Alliance meeting was led with over 30 local community groups. During the meeting, participants responded to the question “what are Teller County’s top behavioral health concerns?” Respondents noted that “access to care” was the number 1 behavioral health concern for Teller County.

Access to care challenges was further explained as:

- not enough behavioral health providers that take Medicaid
- no internet or cell service for telehealth services
- lack of rides to and from visits

Long term care:

In 2018, 40% of older adults in Teller County said they were caregivers, while 23% were recipients of care [15]. In a survey of Teller County residents who are 45 years of age and over, 69% stated that they are fully retired [15]. Only one-quarter of elderly residents in Teller County rated the availability of long-term care and daytime care options favorably [15]. Most Teller County residents would prefer to stay in their community once no longer able to live independently [15]. Of all UCHealth Pikes Peak Regional Hospital users, 12 Medicaid clients in Teller County receive long-term care services and a little over 30 Medicaid Teller County residents who currently live in a nursing home [15].
The UCHHealth Pikes Peak Regional Hospital care manager will initiate applications to determine long term care service eligibility for Medicaid Members. The care manager works closely with the local Department of Human and Health Services to finalize the application and determine eligibility status.

There is a gap of services provided in the Teller County community for Medicaid clients. For example, Cripple Creek Care Center is the only nursing home that accepts Medicaid residents. If a patient comes through the hospital and requires Long Term Care Services (LTSS), they must be placed in a facility in El Paso County. Also, there is no Program of All-Inclusive Care for the Elderly (PACE), in Teller County.

Cripple Creek Wellness Center, Rural Area Meal Program (RAMP), Senior Information and Assistance Center, Teller Senior Coalition are a few community organizations that help provide supportive services for seniors in Teller County.

UCHHealth Pikes Peak Regional Hospital has swing beds that are used for skilled nursing care. However, skilled nursing care is not covered by Medicaid.

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

The Colorado Community Health Alliance has a patient navigator for Medicaid residents of Teller County. The patient navigator helps Medicaid clients with finding a primary care provider, specialists, and assess and address social determinants of health. The patient navigator works at Aspen Mine Center. Aspen Mine Center is a not for profit organization that helps South Teller County residents with social services and medical services assistance. In 2017, Aspen Mine served 1,396 Teller County residents with financial aid to emergency needs (i.e., housing, medical, transportation, and utilities). Aspen Mine Center offers food delivery assistance for 135 households which includes 45 seniors every month, and 800 clients utilize the Aspen Mine Center food pantry. For Medicaid clients, Colorado Community Health Alliance delegates care management services through Peak Vista only.

Maternal health, perinatal health, and improved birth outcomes:

There is no local Obstetrics/Maternity ward at UCHHealth Pikes Peak Regional Hospital. Most pregnant women receive maternity care at their respective primary care providers. There is a rotating OB/GYN provider who sees patients 1-2 a month at UCHHealth Pikes Peak Regional Hospital. Peak Vista in Divide offers OB/GYN appointments 2-3 times a week. In the dataset provided by the state of Colorado, there were 52 pregnancy-related ED visits covered by Medicaid in one year at UCHHealth Pikes Peak Regional Hospital.

The local public health department has a family planning clinic that is open to all. It links women with Women Infants and Children (WIC) services.

End of life care:

The population of Teller County is older than the rest of Colorado. It is expected to grow over the next 10 years.
There are few to no options for local hospice care for Teller County residents. There is also no palliative care team to consult at UCHealth Pikes Peak Regional Hospital. At this time, the hospital’s care manager supports patients and explains the palliative care and hospice care process to those who want to learn more about such services.

Behavioral Health:

There is a shortage of mental health providers in Teller County. For every mental health provider in Teller County, there are 700 residents.

In the state of Colorado there are 300 residents for each mental health provider [1].

Only 1 practice in Teller County can provide combined physical and behavioral health services. All other primary care providers have to provide patients with a referral to a local mental health provider. The local public health department named a little over 25 mental health providers located in Teller County. There are currently 15 behavioral health providers in Teller County contracted with the RAE.

There are no local inpatient psychiatric hospitals or detoxification units. Medicaid members with an acute exacerbation of their mental illness who need an inpatient psychiatric stay are seen by the local emergency services company. They work with the hospital through a paramedicine program.

Medicaid members with a desire for recovery and seeking detox services also have to travel to Colorado Springs for care. According to the SAMHSA buprenorphine provider locator, there are no medical providers able to prescribe buprenorphine. This is a medicine used to treat opioid use disorder [17].

Teller County has mental health counselors place in schools, as a part of a grant program. Suicide rates in Teller County are 3 times higher than throughout the rest of the state.

In looking at UCHealth’s electronic health record data, there were an about 50 visits from Teller County residents in the past year to 1 or more UCHealth hospital with the primary complaint of suicidal ideation. Medicaid covered over half of all visits. A little less than half of these visits were for adolescents.

Most often in areas like Teller County, providers have extended services through telehealth. However, Teller County does not have enough internet connectivity and accessibility or cellular service. So at this time, the telemedicine and mobile medication-assisted treatment (MAT) approach that other rural areas are taking are not an option in Teller County.

Other Outpatient Services:

Partners did not name other outpatient services needed that have not already been addressed in other areas.

Population screenings, outreach, and other population health supports and services:
The UCHealth Medical Group takes part in providing population health services and supports. Also, the Colorado Community Health Alliance has population health programs and plans that were sent in to the state. CCHA Population Health planned interventions include:

- Community Nutrition
- Exercise and Obesity Initiative
- Access to Care in Teller County
- Community Suicide Prevention Program

All public health department services and programs are marketed at community outreach events such as:

- meetings
- farmer’s markets
- kids fest

Opportunities for partnerships:

There is only 1 care coordinator for all Teller County Medicaid residents. The ratio of Medicaid members to care coordinator is 4,000 to 1.

There is 1 care manager who serves both patients in the ED and those admitted to the inpatient service at UCHealth Pikes Peak Regional Hospital.

Community groups looking into the social determinants of health divide the provision of services between North and South Teller County residents.

There are ways to partner between the UCHealth Pikes Peak Regional Hospital and RAE, as well as community groups to look into the needs of:

- high utilizers
- pregnant women
- those with behavioral health needs

Most often, when patients are admitted to the hospital, care managers can contact the primary care clinic’s care manager, regardless of payor source. But in Teller County, care management for Medicaid functions only through the RAE, rather than through each clinic.

The local public health department evaluates non-natural deaths in minors through the Child Fatality Prevention program at CPPHE. This could include suicide deaths but is not limited to this population. In 2018, several Teller County residents who committed suicide presented to a hospital for health care needs.
Perceived gaps:

In talks with the community, perceived service gaps named in the community include:

- nursing homes
- housing for aging populations
- no local respite programs for homeless residents

Community partners are concerned with how hard it can be for Teller County residents who often live alone and far from one another.

Being without a home was not brought up as a major concern for Teller County. According to our UCHealth electronic health record data, there were less than 20 people with no home with a Teller County resident zip code who also used one more UCHealth hospitals. Also, the state gave us data showcasing 14 Medicaid Teller County residents [8].

Aspen Mine Center is a community group in South Teller. They help people of South Teller County with resources related to:

- legal
- medical-legal
- financial resources

We found a high link between legal issues and substance use disorder. There is little to no medication-assisted treatment resources available to address substance use disorder.

Housing/Homeless:

One major need that was noted is the lack of housing that can be afforded for people in the County. This includes apartments. The number of people living in tents has increased greatly. This is mostly true in South Teller County area.

Partners see people moving around often. This impacts whether and how they get care. This movement that is due to no fault of their own but it may also have a negative impact on behavioral health. People with low wages have long term and health issues may less resources to devote to other basics like food and housing as they struggle to cover health care costs.

Legal, Medical/Legal, and Financial Services:

Aspen Mine mentioned legal issues related to substance use disorders and gambling. There are few local resources available to residents that have such needs.

Nutrition/Food Access:
There are some community resources and services available to meet patients’ nutritional needs. Resources may include local community organizations, as well as the local public health department (SNAP/WIC).

We found community groups that provide food delivery or food pantry services to Teller County residents. Many of those groups are supported by donations and grants. We were not able to find a meals-on-wheels program.

Employment and job training:

In Teller County there are challenges with employees to:

• recruit
• train
• retain

This is most often for hospitals in the areas of:

• care management
• specialists

Employers have a hard time finding local people to work for them. Most people travel elsewhere for work.

Transportation:

Transportation is the main barrier to accessing health and social resources in Teller County. Medicaid pays for transportation to and from visits for Teller Cab Co., but these rides must be set up ahead of time. This leaves those with urgent visits without a way to use this Medicaid benefit.

The Teller Senior Coalition is a senior agency that helps geriatric patients with rides, but they require an in-person assessment to be filed before using this benefit.

Community paramedic program can transport patients between facilities. They do not perform home visits right now.
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>Hospital</td>
<td>UCH Health Pikes Peak Regional Hospital</td>
<td>16420 W. Highway 24, Woodland Park, CO 80863</td>
<td>Hospital services including but not limited to: Anesthesiology, Internal Medicine, Emergency Medicine, Family Medicine, General Practice, General Surgery, Orthopedic Surgery, Otolaryngology, Plastic Surgery, Psychiatry</td>
</tr>
<tr>
<td>Outpatient Clinic</td>
<td>UCH Health Family Medicine Clinic - Woodland Park</td>
<td>720 W. Highway 24, Woodland Park, CO 80863</td>
<td>Family Medicine</td>
</tr>
<tr>
<td>Outpatient Clinic</td>
<td>UCH Health Physical Therapy and Rehabilitation Clinic - Woodland Park</td>
<td>16422 W. Highway 24, Woodland Park, CO 80863</td>
<td>Occupational Therapy, Physical Therapy, Rehabilitation</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>UCH Health Emergency Care - Pikes Peak Regional Hospital (Hospital-based)</td>
<td>16420 W. Highway 24, Woodland Park, CO 80863</td>
<td>Emergency Room, Trauma</td>
</tr>
<tr>
<td>Radiology</td>
<td>UCH Health Radiology - Pikes Peak Regional Hospital</td>
<td>16420 W. Highway 24, Woodland Park, CO 80863</td>
<td>Imaging, Mammography</td>
</tr>
<tr>
<td>Laboratory</td>
<td>UCH Health Laboratory - Pikes Peak Regional Hospital</td>
<td>16420 W. Highway 24, Woodland Park, CO 80863</td>
<td>Laboratory</td>
</tr>
<tr>
<td>Outpatient Clinic</td>
<td>UCH Health Outpatient Infusion Clinic - Pikes Peak Regional Hospital</td>
<td>16420 W. Highway 24, Woodland Park, CO 80863</td>
<td>Infusion</td>
</tr>
<tr>
<td>Outpatient Clinic</td>
<td>UCH Health Pulmonary Diagnostic - Pikes Peak Regional Hospital</td>
<td>16420 West Highway 24, Woodland Park, CO 80863</td>
<td>Pulmonology</td>
</tr>
</tbody>
</table>
Facility Type | Facility Name | Facility Address | Services Offered
--- | --- | --- | ---
Outpatient Clinic | UCHealth Specialty Care Clinic - Woodland Park | 16222 West Highway 24, Woodland Park, CO 80863 | Allergy, Ear Nose and Throat, Gastroenterology, Heart and Vascular, Pulmonology, Respiratory
Outpatient Clinic | UCHealth Surgical Clinic - Woodland Park | 16222 W. Highway 24, Woodland Park, CO 80863 | Surgery
Outpatient Clinic | UCHealth Primary Care - Cripple Creek | 1101 CR 1, Cripple Creek, CO 80813 | Primary Care

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)

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

UCHealth 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
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- 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

Lastly, 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)

Community stakeholders talked about the bias around behavioral health as a disease area. For example, members of the Teller community mentioned some people find it embarrassing to look for counseling services. And providers are often not certified to order substance use medicines.

Seasonal work was also brought up as an issue in Teller County. This leads to high unemployment rates and instability of social determinants of health. Also, people in the community felt that with Teller County residents being near casinos, they were more readily exposed to gambling and substance use disorders.

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 have no 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>Peak Vista Clinic. Appointment available within one week.</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Accountable care organization with care management or transition care</td>
<td>Connected with Colorado Community Health Alliance.</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Medicaid managed care organizations</td>
<td>Not available in Teller County.</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>Not available to Teller County. Financial application is done by hospital care management and works with DHS for HCBS/SSI.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Medicaid health homes</td>
<td>UCHealth Clinic, Richard Harris, and Peak Vista.</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Multiservice behavioral health centers, including behavioral health homes</td>
<td>Mental Health Assessment program indicates from ED set up with MAT response and connected with community paramedic trained in behavioral health assessment occurs for inpatient placement. Peak Vista has integrated behavioral health and physical health.</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Behavioral health providers</td>
<td>Willow Bends at Woodland Park and Aspen Pointe</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Substance use disorder treatment providers</td>
<td>Willow Bends at Woodland Park</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Heart failure, chronic obstructive pulmonary disease (COPD), HIV, dialysis, or cancer center clinics</td>
<td>Cardiology and Pulmonologist available locally a few times a month. Cancer Clinic not available in Teller County, travel to El Paso. No clinics focused on HIV, very low prevalence.</td>
<td>☒</td>
<td>☒</td>
</tr>
</tbody>
</table>

---

## Provider or Agency

### Transitional Care Services [Examples]

<table>
<thead>
<tr>
<th>Provider or Agency</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain management or palliative care</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Most local primary care clinic make patients go to a specialist, especially for those on benzos/opioid; thus, they must travel to El Paso. No Palliative Care consulting team or clinic/hospital available locally.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician/provider home visit service</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>None available locally.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled nursing facilities</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Swing bed program at UCH Health Pikes Peak Regional Hospital. Cripple Creek Care Center (LTSS &amp; Skilled).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home health agencies</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Envita and Independence Center Home Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Hospice available through agencies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult day health</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Adult day care at day break at woodland park.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public health nurses</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>No connection or education provided via UCH Health Pikes Peak Regional Hospital.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacies</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Mail order pharmacy. Local delivery not available. No programs on medication management or education (4 pharmacies available, but no 24 hour pharmacy).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Storehouse Ministries provides a medical lending closet for which people donate medical equipment in order to lease equipment to patients in need.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>

## Social Services

### Provider or Agency

### Transitional Care Services [Examples]

<table>
<thead>
<tr>
<th>Provider or Agency</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult protective services</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>DHS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area Agency on Aging (AAA)</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Colorado Springs agency that serves Teller provides patients with information on services offered.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aging and Disability Resource Centers</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Pikes Peak Council on Aging Silver Key-Colorado Springs Independence Center in Cripple Creek</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisted living facilities</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>No openings in assisted living facilities that accept Medicaid clients in Teller County.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider or Agency</td>
<td>Transitional Care Services [Examples]</td>
<td>Yes</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Housing with services</td>
<td>Subsidized housing in Divide-HyBrook apartment. Transitional Housing with Store House Ministries (1 year program, only two units)</td>
<td>☒</td>
</tr>
<tr>
<td>Housing authority or agencies</td>
<td>Store House Ministry: emergency housing for battered women and children</td>
<td>☒</td>
</tr>
<tr>
<td>Legal aid</td>
<td>Help the needy organization (limit to $500 per year)</td>
<td>☒</td>
</tr>
<tr>
<td>Faith-based organizations</td>
<td>Aspen Mine- South Store House Ministry is located out of Woodland Park Community Church Little Chapel Food Pantry supports food insecurity as a county wide effort. Care and Share Celebrate Recovery in Woodland Park Impact Christian Church, Victor, and Help the Needy are faith based. Free meal at the Senior Center every day.</td>
<td>☒</td>
</tr>
<tr>
<td>Transportation</td>
<td>Teller Cab provides transportation to/from appointments. Transport dialysis patients to/from Colorado Springs. Cripple Creek and Victor transit Teller Senior Coalition provides Non-Emergent Medical Transport (NEMT) for adults</td>
<td>☒</td>
</tr>
<tr>
<td>Community corrections system</td>
<td>Occasionally get patients from Teller County jail. When this occurs, communicate with nurse on site for Teller County jail.</td>
<td>☒</td>
</tr>
<tr>
<td>Other</td>
<td>Teller Senior Coalition (&gt;= 55 or 60 years old) The resource exchange is the community centered board for members with IDD in Teller county. Rocky mountain options for long term care is the single entry point for teller county. Community Partnership Family Resource Center</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>None</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>All Patients</td>
</tr>
<tr>
<td>☐ Readmission activity implementation measurement and feedback (PDSA, audits, etc.)</td>
<td>High Risk Patients (not yet started) – future plans</td>
</tr>
<tr>
<td>☒ Provider or unit performance measurement with feedback (audit, bonus, feedback, data, etc.)</td>
<td>All Patients</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, Congestive Heart Failure 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>

### Transitional Care Delivery Improvements

<table>
<thead>
<tr>
<th>For Which Patients?</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>None</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>None</td>
</tr>
<tr>
<td>☒ Schedule follow-up appointments prior to discharge</td>
<td>High risk patients</td>
</tr>
<tr>
<td>☒ Conduct warm handoffs to post-acute and/or community “receivers”</td>
<td>High risk 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>

### Care Management Assets

<table>
<thead>
<tr>
<th>For Which Patients?</th>
<th>For Which Patients?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Accountable care organization or other risk-based contract care management</td>
<td>Medicaid Patients</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>None</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>

### Cross-Continuum Process Improvement Collaborations With:

<table>
<thead>
<tr>
<th>For Which Patients?</th>
<th>For Which Patients?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Skilled nursing facilities</td>
<td>All Patients- that are discharged to preferred providers only</td>
</tr>
<tr>
<td>☐ Medicaid managed care plans</td>
<td>None</td>
</tr>
<tr>
<td>☒ Community support service agencies</td>
<td>Recent admission, Skilled Nursing Facilities, Home Health Agencies, Homeless, Geriatrics, At Risk, Low Income, Patients with Developmental Disability</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>CROSS-CONTINUUM PROCESS IMPROVEMENT COLLABORATIONS WITH:</th>
<th>FOR WHICH PATIENTS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Behavioral health providers</td>
<td>Aspen Pointe</td>
</tr>
<tr>
<td>☐ Other:</td>
<td>N/A</td>
</tr>
</tbody>
</table>