2020 – 2022
Implementation Strategy

Based on findings of the 2019 Community Health Needs Assessment

UCHealth University of Colorado Hospital

uchealth

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Introduction and overview

Introduction.

University of Colorado Hospital (UCH) aims to improve the lives of its patients by providing access to high-quality, comprehensive health care services. UCH has engaged many partners and organizations to promote health and prevent illness in the local community with a focus on serving the community's most vulnerable populations. These efforts not only focus on providing emergency services and charity care, they also aim to develop and offer programs that promote health, prevent illness and, ultimately, address the social determinants of health. This report summarizes UCH planned activities to support the identified community health needs.

Our mission.

We improve lives. In big ways through learning, healing and discovery. In small, personal ways through human connection. But in all ways, we improve lives.

Our vision.

From health care to health

Our values.

Patients first
Integrity
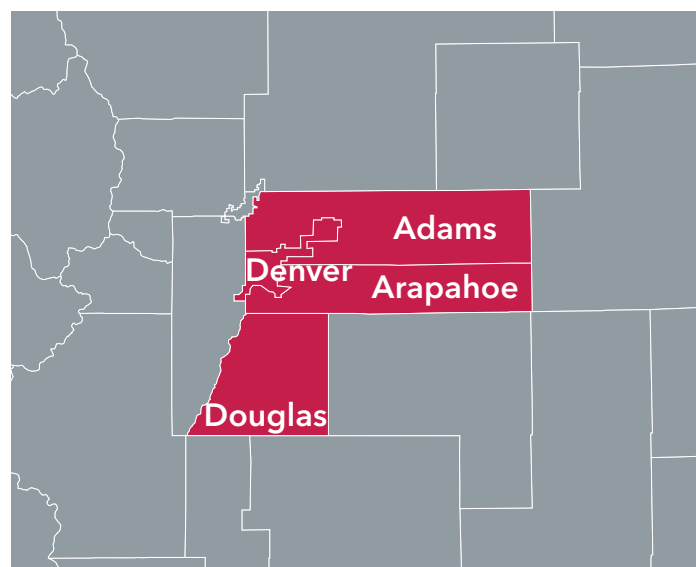Excellence

University of Colorado Hospital overview.

UCH is the region's only academic medical center and has been a part of the local community since 1921. UCH has 678 licensed hospital beds and is supported by 40 additional locations throughout the Metro Denver area. As the state's only comprehensive transplant center and American Burn Association verified center, UCH offers the most advanced services throughout Colorado. UCH is committed to improving the lives of the community's most vulnerable residents and has cared for more than 208,000 inpatient admissions and outpatient visits for Medicaid patients in fiscal year 2019, a 171% increase from fiscal year 2013. Faculty of the University of Colorado School of Medicine (CU SOM), part of the University of Colorado, are the exclusive physicans at UCH.

UCH is part of University of Colorado Health (UCHealth), a Colorado-based health system that offers the most advanced care throughout the Rocky Mountain Region, extending from Colorado to Wyoming and western Nebraska. As Colorado's only integrated community and academic health system, we are dedicated to improving lives and providing the highest quality medical care with an exceptional patient experience. With more than 150 locations throughout the region, UCHealth pushes the boundaries of medicine, providing advanced treatments and clinical trials to ensure excellent care and outcomes for 1.7 million patients each and every year. UCHealth is also the largest provider of Medicaid services in Colorado and has cared for 691,000 inpatient admissions and outpatient visits for Medicaid patients during fiscal year 2019, an increase of 239% since fiscal year 2013.

Communities served.

The UCH community is defined as Adams, Arapahoe, Denver and Douglas counties. Residents from these counties comprised 65% of UCH patients cared for during 2018. The following map illustrates the UCH community.

Implementation strategy

Implementation strategy process, development and approval.

The Implementation Strategy (IS) report for the University of Colorado Hospital is based on the findings and health-issue priorities established through the University of Colorado Hospital Community Health Needs Assessment (CHNA).

Implementation strategy process.

An implementation strategy summarizes a hospital's plans to address identified community-health needs and is intended to satisfy the requirements set forth in the Patient Protection and Affordable Care Act (PPACA), passed in 2010. The implementation strategy process is intended to align the hospital's resources and programs with goals, objectives and metrics for how the hospital plans to address the identified health needs in the local community.

The implementation strategy was developed by the University of Colorado Hospital Internal Advisory Group (IAG), which is comprised of senior leaders at UCH and represents a broad range of departments and services across the organization.

The development of the implementation strategy was based on an assessment of available community resources as well as a review of UCH clinical support services, community-health improvement programs and sponsorships and contributions to community organizations that align with identified health needs within the community.

The activities described in this report also rely on collaboration and partnerships with many of the same organizations and stakeholders that participated in the CHNA process. The strategies listed represent the combined input from key community leaders, public health experts, local health care providers and UCH leadership. Appendix A includes a list of the organizations engaged during the CHNA and implementation-strategy processes.

This report describes hospital-based resources directed toward programs and services that will impact the priority health issues and are also aligned with federal community-benefit guidelines for non-profit hospitals. Given the ever-changing landscape of health care, the initiatives in this implementation strategy could change, and new ones may be added or others eliminated based on the community needs during the 2020 through 2022 timeframe. On an annual basis, the UCH IAG will review this implementation strategy to determine if changes should be made to better address the health needs of the community.

Board of Directors approval.

During the October 2019 meeting, the UCH Board of Directors was apprised of and approved this implementation strategy and related activities described within this report.

Community health needs

Identified community health needs.

UCH completed its 2019 CHNA during the timeframe of July 2018–June 2019. The CHNA process provided an opportunity for the hospital to engage public health experts, medical providers and community stakeholders to collectively identify the most critical health needs within the community.

Assessment and prioritization process.

A review of health data indicators, results from a health care provider survey and community input were combined to generate a list of proposed priority health needs. The comprehensive list of opportunities was presented to UCH IAG for consideration and was prioritized based on the following criteria:

- Scope and severity of the health need.
- Economic feasibility to address health need.
- Potential for hospital to impact health need.
- Alignment with UCHealth system strategies and local, state and national objectives.

Prioritized health issues.

The prioritized health issues identified for impact within the community served by UCH include:

- **Mental and behavioral health and substance use disorder**
- **Access to care**
- **Cardiovascular disease prevention (and related risk factors including obesity)**
- **Social determinants of health (employment and education)**

Tables addressing prioritized health needs.

The following tables outline strategies, initiatives, anticipated impact, potential collaborations and partners and resources that the hospital will commit to address each of the prioritized health needs.

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Priority health issue: Mental and behavioral health and substance use disorder.

Goal: Improve access, identification and treatment of individuals with behavioral health issues.

Mental and behavioral health ranked high in every survey taken, and mental health challenges are prominent in health care discussions across the UCH community. Most of the emphasis is on the lack of care coordination and challenges with confidential-information sharing among agencies. Efforts are already underway to improve communication between agencies, share resources and enhance collaboration. Substance use is recognized as a separate, but companion issue to mental and behavioral health, as work in the mental health arena often extends to substance use. It is also worth noting that mental health focus can also include adverse childhood events and suicide prevention.

Programs and initiatives	Activities	Anticipated impact	Outcome or evaluation metric	Existing or planned collaborations	Resources
Integrating behavioral health with primary care	Embed teams of licensed clinical social workers and psychologists into primary care practices.	Improved access to behavioral health services and resources.	Number of behavioral health specialists embedded into the primary care setting.	UCHealth Medical Group and CU SOM	Staff time to support the implementation or perform assessment of the programs listed in the table.

Financial support/ investment direct and via in-kind services. |
Tele-behavioral health consultation services	Implement tele-behavioral health consults through the UCHealth Virtual Health Center.	Improved access to behavioral health consultations.	Number of virtual behavioral health consultations.	UCHealth Virtual Health Center	
Alternatives to opioids	Implement protocols for pain management without the use of opioids in all UCHealth emergency departments and urgent care facilities. Adapt the protocols for use in hospitalized medicine patients and roll out across UCHealth (starting with UCHA).	Decreased administration of opioids in emergency department and inpatient units.	Opioid prescribing in emergency departments, urgent care facilities and inpatient hospital medicine services.	The Colorado Hospital Association, Colorado Chapter of American College of Emergency Physicians, Colorado Consortium for Prescription Drug Abuse Prevention, Telligen, Colorado Emergency Nurses Association	
Opioid-awareness campaign	Continue implementation of system-wide opioid-awareness campaign.	Increased awareness of risks associated with opioid use and alternatives to their use.	Opioid prescribing patterns.	UCHealth marketing and public relations team	

Priority health issue: Mental and behavioral health and substance use disorder.

Programs and initiatives	Activities	Anticipated impact	Outcome or evaluation metric	Existing or planned collaborations	Resources
UCH Center for dependency, addiction and rehabilitation recovery meetings	Facilitate Alcoholics Anonymous and Al-Anon program and meetings.	Increased support for recovering patients. Increased support for families of recovering patients.	Number of meetings held. Number of participants.	UCH CeDAR	Staff time to support the implementation or perform assessment of the programs listed in the table.

Financial support/ investment direct and via in-kind services. |
Addiction treatment during pregnancy	Assist pregnant patients with treatment of addiction and with connecting to addiction-treatment options.	Improved outcomes for moms and babies.	Number of patients assisted.	UCH psychiatric services and CeDAR program, Aurora Mental Health	
University of Colorado Hospital Promise Clinic	Provide emotional support and community contacts for women who are receiving pregnancy care and who may be experiencing perinatal mood disorders.	Improved access to behavioral health services and resources.	Number of patients served.	UCH Outpatient Psychiatric Services, Children's Hospital Colorado, Aurora Mental Health	
Metro Denver Partnership for Health (MDPH) participation	Collaborate with county health departments and other health systems to address mental health and substance-use issues across Colorado.	Increased access to mental health and social services. Improved quality of care for mental health and substance use patients. Increased mental health disorder awareness.	Development of collaboration. Number of patients served. Hospital Transformation Program (HTP) measures.	MDPH includes Boulder, Broomfield, Denver and Tri-County Health Agencies, Centura, SCL, Children's Hospital Colorado, Health ONE, Denver Health and a number of other agencies and providers.	
Prevent alcohol and risk-related trauma in youth (P.A.R.T.Y) program	Sponsor and facilitate one-day injury awareness and prevention programs for youth aged 15 and older.	Reduce death and injury in alcohol, drug and risk-related crashes and incidents.	Number of programs performed. Number of students attending.	UCHealth Trauma Department	
"Let's Talk Colorado" mental health stigma campaign	Provide tools to discuss mental health stigma. Encourage those in need to seek treatment.	Advance mental health awareness.	Number of impressions tracked by Tri-County through campaign website.	Tri-County Health Department	

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Priority health issue: Access to care.

Goal: Improve access to comprehensive, quality health care services including both primary care and behavioral health.

The ability to access care varies widely across the UCH community; however, access consistently ranks as a major concern across all areas within the UCH community. Two of the counties served by UCH report uninsured percentages higher than the state average. In addition, community leaders both within and outside the health care industry frequently comment on the lack of access with emphasis on specialty services. Primary care providers have shared their frustration with the ability to connect patients with specialists.

Programs and initiatives	Activities	Anticipated impact	Outcome or evaluation metric	Existing or planned collaborations	Resources
Urban Underserved Track at CU School of Medicine	Evaluate potential sponsorship of student activities and development of resident care program.	Improved quality and access to care in ZIP codes surrounding Anschutz Medical Campus.	Feasibility report on implementation of program.	School of Medicine Medically Underserved Track	Staff time to support the implementation or perform assessment of the programs listed in the table.

In-kind expenses associated with serving as fiscal agent for programs. |
UCHealth Medical Group and CU Medicine faculty recruitment of new physicians	Evaluate opportunities to recruit additional physicians to the UCH community.	Increased access to providers by those seeking care in the community.	Development of physician-recruitment strategy.	UCHealth Medical Group and CU Medicine	
Aurora Health Alliance collaboration	Provide financial support for implementation of community-based initiatives developed to identify and assist individuals with access to primary and specialty care services.	Educate residents on health care options. Explore care alternatives. Engage new health care providers.	Number of impressions from campaigns and outreach. Number of residents guided and assisted. New or enhanced services developed.	Aurora Health Alliance, Rubicon MD, ECHO Colorado	
Extension for Community Health Outcomes (ECHO)	Explore opportunities to partner with CU SOM to expand ECHO into new service areas.	Increased access to care through expanded use of telehealth technology.	Report on current state and feasibility of expansion. Number of providers added. Number of consults provided.	ECHO Colorado	
DAWN clinic interdisciplinary student-run free clinic serving uninsured patients from the Aurora community	Provide sponsorship of technical support for EPIC platform. Perform processing of lab specimens for DAWN patients.	Increased access to care through DAWN clinic.	Number of lab tests processed for DAWN patients.	DAWN clinic	

Priority health issue: Access to care.

Programs and initiatives	Activities	Anticipated impact	Outcome or evaluation metric	Existing or planned collaborations	Resources
UCHealth Integrated Transgender Program	Provide program to assist transgender and gender-diverse individuals with health needs including initial evaluation hormonal therapy, surgical procedures and routine health maintenance.	Increased support for transgender and gender-diverse adults to achieve their personal health goals.	Number of patients served.	UCHealth supporting clinical departments	Staff time to support the implementation or perform assessment of the programs listed in the table.

In-kind expenses associated with serving as fiscal agent for programs. |
Forensic nurse examination program	Provide program to perform forensic examinations of individuals who have been sexually assaulted or otherwise impacted by violence.	Increased access to support for victims. Increased collaboration with law enforcement.	Number of patients served.	Forensic nurse examination program	
UCHealth Prescription Club	Provide uninsured and underinsured patients with free and discounted prescriptions.	Increased number of community members who are able to fill their prescriptions.	Total number of participants in program. Total number of free or discounted prescriptions filled.	UCH Pharmacy Department	
Hispanic transplant program	Provide education, counseling and support to Spanish-speaking transplant patients and their families.	Improved education about the transplant process. Improved quality of care and experience for Spanish-speaking transplant patients and families.	Number of patients and families using the program.	UCHealth Transplant Department	
Facilitate education and training of medical professionals	Provide resources to promote and support the education and training of medical professionals.	Increased number of qualified health care professionals available to the community.	Value of resources provided. Number of medical professionals trained.	CU Schools of Medicine, Nursing, Pharmacy and Dental; CU School of Public Health	

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Priority health issue: Cardiovascular disease prevention (and related risk factors).

Goal: Improve cardiovascular health and quality of life through prevention, detection and treatment of risk factors.

Cardiovascular disease remains the leading cause of mortality and hospitalizations, despite the substantial and ongoing progress being made in cardiovascular disease prevention and treatment over the past 30 years. Cardiovascular disease with an emphasis on obesity was identified as an issue in the UCH community. Education, screenings and outreach will be key in addressing the issue moving forward.

Programs and initiatives	Activities	Anticipated impact	Outcome or evaluation metric	Existing or planned collaborations	Resources
Vaping education program	Explore development of program to provide accurate information on the dangers of vaping.	Improved education of vaping impact.	Report on feasibility of program. Number of presentations performed. Number of attendees.	Community College of Aurora, Aurora Public Schools	Staff time to support the implementation or perform assessment of the programs listed in the table. In-kind expenses associated with serving as fiscal agent for programs.
Telehealth for diabetes education	Provide program allowing community-based primary care physicians and patients to consult with UCHealth diabetes specialists through technology.	Improved quality of care for diabetic patients. Increased access to specialty services.	Number of consults performed. Number of patients served.	UCHealth Diabetes and Endocrinology practice	
Mobile stroke-education program	Provide community outreach including lectures and e-communication on topics that focus on stroke and cardiovascular disease prevention.	Improved education and increased awareness of stroke-risk factors and treatment.	Total number of events. Total number of participants. Total number of impressions.	UCH Mobile Stroke Unit, Aurora Health Alliance, UCHealth Medical Group	
American Hospital Association (AHA) sponsorship	Provide financial assistance to AHA to help support programs and initiatives designed to improve cardiovascular health.	Increase number of programs, education or research related to cardiovascular disease.	Amount of sponsorship.	AHA	

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Priority health issue: Social determinants of health with a focus on education and employment.
Goal: Improve non-clinical factors related to quality of life and physical well-being.

Some research suggests socio-economic factors could account for 60% to 85% of health outcomes. Social Determinants of Health (SDOH) emerged as a consistent theme in the UCH CHNA surveys and forums and our implementation plan primarily focuses on education and employment opportunities.

Programs and initiatives	Activities	Anticipated impact	Outcome or evaluation metric	Existing or planned collaborations	Resources
Community College of Aurora (CCA) Apprenticeship program	Explore development of an apprenticeship pipeline between Anschutz Medical Campus and CCA.	Enhanced employment opportunities for the Aurora community.	Report on feasibility of program.	Community College of Aurora, CU School of Medicine, Children's Hospital Colorado, Center for Work Education and Employment	Staff time to support the implementation or perform assessment of the programs.

In-kind expenses associated with serving as fiscal agent for programs. |
| **Community Campus Partnership (CCP) program** | Provide support for the hire-local program focused on employment of residents from ZIP codes surrounding Anschutz Medical Campus

Provide support for learn-local program focused on preparing residents for careers in health care fields. | Increased employment and advanced education in underserved areas of the community. | Number of residents served and employed in identified ZIP codes. | Aurora Public Schools, Community College of Aurora. | |
| **Center for Work, Education and Employment (CWEE) partnership** | Provide support for education and employment programming designed to advance low-income participants through basic and advanced education and skills preparation. | Enhanced preparation for low-income residents for secondary education and employment opportunities. | Number of staff hours dedicated to CWEE activities. Number of graduates from each phase of the program. | CWEE | |
| **Homeless medical respite program** | Provide financial support for five beds at the Comitis Crisis Shelter. | Increased access to temporary shelter for Aurora homeless. | Number of nights provided. Number of homeless served. | Comitis Crisis Shelter | |

Conclusion

UCH's implementation strategy for 2020–2022 will serve as one of the numerous ways that UCH and UCHealth support the local community. This report summarizes our plan to impact our patients and the communities we serve through a focus on the prioritized areas of need identified within the CHNA. UCH will regularly identify ways to refine this implementation strategy over the next three years, including collaboration with leaders from across UCHealth to explore policies, practices and programs that might be implemented within the UCH community. UCH will continue to focus its efforts in the community to facilitate collaboration among organizations promoting health improvement and, ultimately, achieve the mission of improving the lives of those we serve.

Appendix A

Organizations engaged during the CHNA and implementation strategy processes:

- Aurora Chamber of Commerce
- Aurora Health Alliance, which includes the following member organizations:
  - Adams County Human Services
  - Advanced Healthcare
  - Alzheimer's Association Colorado Chapter
  - Arapahoe–Douglas-Elbert Medical Society
  - ArapahoeDouglas Mental Health Network
  - Asian Pacific Development Center
  - AuroraAdams County Medical Society
  - Aurora Commission for seniors
  - Aurora Denver Cardiology
  - Aurora Fire Department
  - Aurora's Commission on Aging
  - Boulder County Health Improvement Coalition
  - Colorado Academy of Family Physicians
  - Colorado Access
  - Colorado Consumer Health Initiative
  - Colorado Department of Public Health
  - Colorado Department of Health Care Policy and Financing
  - Colorado Language Connection
  - Colorado Medical Society
  - Colorado Primary Care Clinic
  - Colorado Refugee Wellness Center
  - CORHIO
  - DentaQuest
  - Doctors Care
  - AF Williams Family Medicine
  - Futurity First
  - HealthOne
  - InnovAge
  - Kaiser Permanente
  - Level Chiropractic
  - Mercy Housing
  - Mile High Health Alliance
  - New Horizons Primary Care Clinic
  - NextCare Urgent Care
  - Parker Adventist Hospital
  - PASCO
  - Peoples House
  - Porter Adventist Hospital Behavioral Health
  - Primary Care Programs, Fields Foundation
  - Rubicon MD
  - SCL Home Health
  - The Colorado Health Foundation
  - The Medical Center of Aurora

- Aurora Mental Health
- Center for Work Education and Employment
- City of Aurora
- Colorado Health Institute
- Community Campus Partnership
- Community College of Aurora
- DAWN Clinic
- Denver County Health
- Denver Public Health
- ECHO Colorado
- MCPN/STRIDE
- Metro Denver Partnership for Health
- Salud Family Health Centers
- Tri-County Health
- University of Colorado School of Medicine