University of Colorado Hospital

UNIVERSITY OF COLORADO HEALTH

Community Health Needs Assessment
Three-Year Implementation Plan
Status Report/Update 2015

Response to Schedule H, Form 990

October 2013 – December 2015

Background:

In 2013 and in compliance with provisions of the Patient Protection and Affordable Care Act, and Internal Revenue Service Rule 501(r), University of Colorado Hospital Authority (UCHospital) conducted and finalized a "Community Health Needs Assessment" (CHNA). The UCHospital CHNA identified many areas of community health needs in the four-Colorado County "community" that was surveyed – Adams, Arapahoe, Denver and Douglas. The community health needs rising to the top of the UCHospital assessment were **Access to Care; Obesity; and Mental/Behavioral Health**.

The final CHNA was formally approved by the UCHospital Board of Directors on June 19, 2013, and posted on the hospital's website, available for public access. Subsequent to the adoption of the CHNA, the next phase of the CHNA process was the development of an "Implementation Plan" designed to identify ways the hospital could actively address one or more of the top three identified health needs in the community. To create and subsequently implement the plan, a broad based steering committee was appointed including hospital administrators, physicians, community partners, etc., who met and agreed to prioritize addressing **"Access to Care"** *as the primary implementation focus. It was noted that obesity issues could be at least partially addressed if people had access to appropriate medical care, including proper health maintenance, nutrition and exercise as part of a wellness and prevention plan coordinated through a primary care provider. Regarding mental and behavioral health, it was felt that these and related issues are much larger societal challenges that would take longer term, concerted efforts by all levels of government, mental health professionals and community leaders working collaboratively to address the magnitude of concerns. However, as will be noted in this status report, mental and behavioral health concerns can also at least be partially addressed through providing proper and appropriate physical healthcare and ongoing health maintenance.*

In addressing the identified goals and strategies what follows is the 2015 status report for the University of Colorado Hospital's 2013 Community Health Needs Assessment Implementation Plan.

Implementation Plan - Access to Care

In addressing Access to Care, the CHNA Implementation Plan Steering Committee agreed to initially focus attention on three key areas of community needs that would serve to provide greater access to historically underserved populations. The three areas identified were: 1) The immediate health screening needs of a rapidly growing **refugee population** in the immediate area surrounding UCHospital; 2) A consistently growing number of **"high utilizer" patients** accessing the UCHospital Emergency Department presenting with mostly non-emergent, non-urgent healthcare needs; and 3) **Access to specialty care**, a particularly growing demand on UCHospital from both Medicaid and uninsured patients, and through community provider referrals, all intensified with the implementation of Medicaid Expansion in Colorado per the Affordable Care Act and state legislative approval.

The committee also recognized that with the implementation of the Affordable Care Act there would be a major transition to a significant increase in Medicaid enrollment through the ACA's expansion of the Medicaid program – increasing demands on UCHospital as well as other community providers.

Colorado Refugee Wellness Center

The **"Colorado Refugee Wellness Center"** was created in 2013 primarily through the efforts of a member of the clinical faculty at the University of Colorado's School of Medicine, Dr. Jamal Moloo. In the last few years a significant number of newly relocated international refugees, most from Asia, Africa and the Middle East, were arriving in Aurora, and especially within close proximity to the Anschutz Medical Campus. Dr. Moloo saw an opportunity to assist this population (and the State of Colorado) in providing required initial health screenings upon their arrival. Clearly, newly arriving refugees face a long list of needs, including and especially healthcare. In creating the Colorado Refugee Wellness Center, Dr. Moloo also recognized an opportunity to provide a learning experience for students in the School of Medicine, which subsequently added a clinical rotation through the wellness center for medical students.

As noted in the 2014 Implementation Plan report, in recognition of Dr. Moloo's efforts University of Colorado Hospital provided a donation of $20,000 to the Colorado Refugee Wellness Center. Over the course of this past year, the operation and management of the Colorado Refugee Wellness Center was formally assigned by the Colorado Department of Public Health and Environment to **Metro Community Provider Network** (MCPN), which also runs several federally qualified Community Health Centers throughout the Denver Metro Area including clinics in Aurora. The Refugee Center is now named the Elmira Refugee Health Center. We express our sincere appreciation to Dr. Moloo for initiating this successful and much needed Refugee Health Center and also recognize its valued services to the community and the state.

Bridges to Care

"Bridges to Care" (B2C) was a program funded through a three-year Centers for Medicare Medicaid Innovation grant awarded through Rutgers University to four sites throughout the United States, including Colorado. In Colorado the B2C grant was awarded in 2012 to **Metro Community Provider Network** who, along with **Together Colorado** and supported by **Aurora Health Access** and **Aurora Mental Health Center**, submitted a proposal to Rutgers for participation as one of the four sites to be selected nationwide. Together Colorado is a statewide "non-partisan, multi-racial, multi-faith community organization." Founded originally in 1978 as "Metro Organizations for People," Together Colorado focuses on addressing key community issues throughout the state including, among others education, public safety, immigration and healthcare. It should be noted that Together Colorado was also instrumental in creating **Aurora Health Access**, a community-wide organization established to address health care needs and access to care for the medically underserved populations in Aurora, primarily in the North Aurora area. Aurora Health Access has included board representation from UCHospital since the initial development of the organization. It was these three community organizations, MCPN, Together Colorado and Aurora Health Access who partnered in obtaining the $4.2 million, 3-year Rutgers grant for Aurora B2C. Aurora Mental Health Center is a private, nonprofit community mental health organization serving people with a wide range of mental health needs.

B2C utilizes the concept of "hotspotting" that was developed by nationally recognized physician, Dr. Jeffrey Brenner who is now the Executive Director of the Camden (NJ) Coalition of Healthcare Providers. Hotspotting is now a "proven clinical/social intervention for the most costly, high-risk patients resulting in savings that can be reinvested in community-based intervention and wellness."

Upon receipt of the grant, MCPN (the clinical coordinator for B2C) reached out to UCHospital to participate as the front-end provider partner to identify patients who could be candidates for B2C. B2C is primarily a "home visit program that provides intensive services to patients for 60 days after a

hospital admission or emergency room visit." For the MCPN B2C hotspotter program, most candidate-patients are identified in the UCHospital Emergency Department who, if they agree to participate, are assigned to (usually) a MCPN primary care provider upon discharge. Participating patients are then offered home visits by a "team of MCPN *and Aurora Mental Health Center* staff members that include community health workers, medical providers, behavioral health providers, community health workers, and health coaches."

As specified in the grant the B2C goals include to:
- Demonstrate cost savings by reducing hospital and emergency department utilization
- Connect patients with a medical home for ongoing care
- Screen patients for benefit (Medicaid or other) eligibility
- Link patients into behavioral health and substance abuse services
- Provide patients with resources, education, coaching and support
- Work to improve health with a sustainable model so that the patient receives the right care, at the right place, at the right time
- **Empower patients from being a recipient of the healthcare system to a participant of the healthcare system**

In working closely with MCPN, UCHospital physicians, nurses, patient navigators, community health workers and administrators in the Emergency Department (ED) have provided patient intervention, cooperation and data support necessary to evaluate and document initial outcomes and results of the B2C program. While the final report on the grant is still being completed at the writing of this Implementation Plan Update, the initial findings continue to positively expand on those findings reported last year. The results are impressive. For instance, an analysis of the first the first more than 600 patients enrolled in B2C, specifically analyzing the initial 225 B2C "graduates" results showed the number of visits to UCHospital's ER decreased by more than 50 percent, and hospital admissions fell by nearly 55 percent equating to an almost $8 million "savings" in hospital charges. In addition, for graduates there has been a 45 percent increase in Medicaid enrollment and a corresponding reduction in those patients who were previously uninsured. Another interesting finding is that the analyzed data show that nearly 80 percent of B2C patients have a diagnosed a mental and/or behavioral health issue. To help address this through B2C, Aurora Mental Health Center agreed to help with patients who needed mental or behavioral health follow-up care.

The B2C grant expired on June 30, 2015; however, building in part on the recommendations from Smith & Lehmann (consulting firm that provided a "mid-grant review"), both MCPN and UCHospital recognized the challenge and the opportunity to continue their efforts and experiences both learned and gained through the three-year grant that will be important to the ongoing success of the program. Accordingly, as noted in last year's CHNA update and in following the recommendations made by Smith & Lehmann consultants (below), UCHospital has worked with MCPN to identify both internal and external resources to keep the program moving forward.

In their summary comments also noted in last year's Implementation Plan Update, the consultants at Smith & Lehmann identified the following recommendations for MCHP:
- *MCPN should expand the availability of Bridges to Care services to all MCPN patients and strive to access the larger population of the greater Denver Area; and look to expand the program to other health care areas such as pediatrics.*
- *MCPN should develop guidelines to allow for early graduation from the program; allowing the "intensity of program services to fluctuate with the individual patient needs".*
- *MCPN (and UCHospital) should implement a long term study to determine how long the impact of the program lasts for participants.*

- *Should MCPN (and UCHospital) wish to determine whether a scaled-back (or lower-dose) Bridges to Care model will be equally as effective as the current (grant-funded) model, Smith & Lehmann recommends that MCPN (and UCHospital) implement a randomized trial of a similarly rigorous study of alternative models.*

Working together to address the above and other recommendations has and will continue to be a significant goal for the UCHospital CHNA Implementation Plan Steering Committee and MCPN.

> **"What an innovative approach to care management, and the cost savings are a real benefit to the community." – Mike Coffman, U.S. Representative, 6th Congressional District**

Mental/Behavioral Health - Triage Project

With funding from the City Aurora, the **Triage Project** was created through the collaboration of UCHospital, Medical Center of Aurora - MCA (HealthONE), Aurora Mental Health Center, Arapahoe House (substance abuse treatment) and the city's Police and Fire Departments. This project is designed to identify individuals who are predictable high utilizers of hospital emergency departments (both UCHospital and MCA). Rather than law enforcement or emergency medical services (Aurora Fire) bringing "detox" patients into the emergency department (ED), those individuals are redirected to Arapahoe House for basic detox and to Aurora Mental Health Center for additional care. Along with B2C, the Triage Project has also demonstrated great success in keeping non-emergent patients out of the ED's.

Patient Centered Outcomes Research Institute (PICORI) Grant

In recognizing the successes of both B2C and Triage, along with a "Hotspotting Medicaid Study" conducted by Dr. Roberta Capp (UCHospital Emergency Physician) utilizing students from the University of Colorado School of Medicine, Dr. Capp initiated efforts to acquire a Patient Centered Outcomes Research Institute (PICORI) Grant. Referring to the grant "Bridges to Care on steroids," Dr. Capp approached a broad collation of providers (including UCHospital) and other organizations to focus on multi-faceted effort to address "improving the health of high (ED) utilizers through community-wide interventions." By targeting high utilizer individuals in Aurora – primarily those with one or more chronic, but treatable physical or behavioral health conditions – the effect of the PICORI grant would be to intervene on the front-end and through appropriate screening and subsequent follow-up navigation to direct patients to the most appropriate providers for appropriate care. Unfortunately her initial attempt was for this grant was turned down, but she will be persisting with broad-based support.

Access to Specialty Care

The third specific goal that the UCHospital CHNA Implementation Plan Steering Committee identified to was to begin to address the need of access to care, specifically *specialty* care. With the implementation of the Affordable Care Act (ACA) throughout 2014 and 2015 and the anticipated/subsequent impact of the rollout of Medicaid Expansion as key part of the ACA, the Steering Committee recognized the expected need to expand access to both primary and specialty care services for this population of newly "covered" individuals.

Throughout 2015, issues related to addressing access to care continued to be addressed at the highest level of leadership with both UCHospital and University Physicians, Inc. (UPI). Accordingly, this

leadership group continues to develop strategies for changes in areas of highest impact to attempt to meet increasing patient demands.

In FY 2015, UCHospital, commensurate with Medicaid Expansion in Colorado, has seen a significant increase in Medicaid inpatient admissions of more than 30% over the previous year and a 39% increase in outpatient visits during the same period. Also, for inpatients, Medicaid patients make up over 27% of UCHospital's total payer mix. (Notably, UCHealth is the state's largest inpatient Medicaid provider – accounting for 25% of UCHealth's total inpatient discharges.) Clearly, there has been a corresponding decrease in admissions and outpatient visits for both Colorado Indigent Care Program and "self-pay" patients; however, UCHospital continues to provide care in significant numbers to these most vulnerable populations as well.

UCHospital will continue to work closely, primarily with and through Aurora Health Access and their Adult Access to Specialty Care Committee (consisting of a number of community and provider organization representatives), to continue efforts to improve access to appropriate levels of care, especially specialty and subspecialty care for an increasing number of Medicaid (and other insured) individuals. This too will be a continuing goal for the UCHospital Steering Committee as we continue to look at the potential of:
- E-Consults and E-(and other possible) Referral systems;
- Sharing specialist providers with primary care sites – specifically at MCPN;
- Seeking support for enhancing capacity of primary care to also stimulate overall health, wellness and prevention;
- Enhancing patient navigation tied to the UCHospital Emergency Department (Bridges to Care & Triage); and
- Creating partnerships with other area hospitals and community providers to share responsibility for further community outreach.

2015 UCHospital CHNA Implementation Plan Status – Summary

This status report for 2015 has clearly demonstrated the many steps UCHospital has taken over the course of the first two years of implementing the stated community health needs, strategies and goals identified in the hospital's first three-year Community Health Needs Assessment and Implementation Plan. This past year, UCHospital has continued to engage multiple community stakeholders in the ongoing rollout of this implementation plan. These stakeholders have agreed to partner with UCHospital in leading the charge for improved access to healthcare services specifically for Aurora and more specifically North Aurora residents.

Since Metro Community Provider Network and Together Colorado, along with Aurora Heath Access, had already created a foundation and secured grant funding for the Bridges to Care Program, UCHospital has been meeting the opportunity to invest additional resources in the principles and approaches of B2C in order to keep the successful program operational. This bolsters care coordination and overall access while demonstrably identifying significant cost savings and improving and directing patients to appropriate care access – most importantly with primary care "medical homes" and ongoing "hotspotting"; and access to appropriate specialty care when necessitated.

Furthermore, access to both primary and specialty care continues to be addressed through building a significant community and hospital network of the best people and organizations. This group will strive to find workable solutions for a growing, and historically medically underserved, most vulnerable populations to a find appropriate care in the appropriate setting.

In addressing these three major specific goals, the UCHospital CHNA Implementation Plan Steering Committee is utilizing the objectives enumerated in the Implementation Plan's stated "Global Goals and Strategies" that include:

1) Building **"Community Partnerships"** –expanding existing and creating new collaborative community partners seeking similar goals;

2) More focus on **"Community Capacity"** – identifying population trends and populations in-need throughout the community; and

3) Continuing to seek opportunities to impact **"Public Policy"** at all levels of government and to present specific policy initiatives to affect necessary changes to enhance prospects in addressing access to care, mental health and obesity in our defined community(s).

Overall, the Steering Committee will continue to lead the charge to hold both UCHospital and its community stakeholders accountable to generate measureable metrics and report outcomes over time that will demonstrate the success of these efforts in expanding access to necessary health services within the community(s).