



HOSPITAL TRANSFORMATION PROGRAM

COMMUNITY AND HEALTH NEIGHBORHOOD ENGAGEMENT:

ACTION PLAN TEMPLATE

I. Instructions and Timeline

Hospitals interested in participating in the Hospital Transformation Program (HTP) must engage organizations that serve and represent the broad interests of the community, including clinical providers, to identify community needs and resources to inform their applications to the HTP. Hospitals should utilize existing forums and collaborations already in place, such as health alliances, when possible, rather than establishing new forums of engagement.

Potential program participants must submit a Community and Health Neighborhood Engagement (CHNE) Action Plan, to outline how they will conduct the CHNE process. In completing this document, hospitals should review the requirements for CHNE outlined in the CHNE Requirements document and the CHNE Hospital Guidebook to ensure compliance.

In particular, the State will be reviewing proposed Action Plans to ensure:

- The process will be adequately inclusive of organizations that serve and represent the broad interests of the community and that no key stakeholders are excluded;
- There is a plan for proactive recruitment as needed and addressing any gaps in participation;
- The hospital has obtained letters from its local RAE at least two other community organizations expressing that they are aware of the Action Plan and that they intend to participate in the CHNE process (hospitals will be expected to reach out to the Department to seek assistance if they experience difficulties in obtaining these letters);
- Existing forums and collaborations already in place will be leveraged as reasonably feasible and the hospital has obtained letters from coalition and meeting coordinators expressing that they are aware of the Action Plan and that they intend to participate in the CHNE process (hospitals will be expected to reach out to the Department to seek assistance if they experience difficulties in leveraging existing coalitions and meetings);



- A diverse enough range of venues, locations, times and manners for engagement will be provided to ensure a meaningful opportunity for participation;
- Opportunities for engagement will be held at regular intervals;
- The venues for engagement will provide opportunities for information to be shared out and input to be received;
- There is a plan for providing adequate notice of engagement opportunities and for providing updates; and
- The program participants have identified or have a process planned for identifying existing Community Health Needs Engagement or other data to complete an evidence-based environmental scan, including identifying community needs and existing resources and gaps.

Action Plans must be submitted in .pdf form with all supporting documentation via e-mail by November 30, 2018 at 5pm to the CO HTP email address COHTP@state.co.us. Plans received after this deadline will not be considered and hospitals will be expected to begin implementing their plans immediately following submission, or earlier.

Following the submission date, the State will review the Action Plans. The plans will not be scored. However, the State will work collaboratively with participants in December 2018 to refine plans as needed to reflect a CHNE process with which both the participant and the State are comfortable.



II. Contact Information

Please provide the legal name, address and Medicaid ID number for the hospital for which this Action Plan is being submitted, as well as a name, address and title for a hospital executive with signatory authority to whom official correspondence should be addressed.

Hospital Name	UCHealth Broomfield Hospital
Hospital Medicaid ID Number	
Hospital Address	11820 Destination Dr. Broomfield CO 80021-2518
Hospital Executive Name	Barbara Carveth
Hospital Executive Title	Chief Financial Officer
Hospital Executive Address	12401 E 17 th Ave, Mail Stop F448 Aurora CO 80045-2603
Hospital Executive Phone Number	720-848-7773
Hospital Executive Email Address	Barbara.Carveth@uchealth.org

Please provide a primary and secondary point of contact for this Action Plan

Primary Contact Name and Title	Roberta Capp, Medical Director Care Transitions
Primary Contact Address	12401 E 17 th Ave, Aurora CO 80045
Primary Contact Phone Number	720-848-4398
Primary Contact Email Address	Roberta.capp@uchealth.org
Secondary Contact Name and Title	Amanda Van Andel
Secondary Contact Address	120605 E 16 th Ave, Aurora CO 80045
Secondary Contact Phone Number	720-553-4530
Secondary Contact Email Address	Amanda.vanandel@uchealth.org



III. Engagement Strategy

With the following responses, please outline your strategy for engaging community organizations as you identify community needs and plan for your participation in the Hospital Transformation Program. Hospitals are required to solicit and incorporate into their planning and applications input from a broad cross-section of the community and Health Neighborhood¹, including clinical providers and organizations that serve and represent the broad interests of the community and those specific to HTP priority populations and project topics, including but not limited to:

- Regional Accountable Entities (RAEs);
- Local Public Health Agencies (LPHAs);
- Mental Health Centers;
- Community Health Centers, including Federally Qualified Health Centers and rural health centers;
- Primary Care Medical Providers (PCMPs);
- Regional Emergency Medical and Trauma Services Advisory Councils (RETACs);
- Long Term Service and Support (LTSS) Providers;
- Community organizations addressing social determinants of health;
- Health Alliances; and
- Consumer advocates/advocacy organizations

III.a. Please use the space below to explain how organizations that serve and represent the broad interests of the community will be engaged in the CHNE process. The following Please include in your response:

- What community organizations you intend to engage and how you will ensure participation aligns with HTP priority populations and project topics;
- Your plan for outreach;
- Any gaps you expect as you engage the community and your plan for addressing those gaps; and
- What existing coalitions and meetings you intend to leverage and your collaborative plan for doing so (hospitals should develop this plan collaboratively with the coalition and / or meeting coordinator). If you do not plan to leverage

¹ Health Neighborhood providers include: specialty care, LTSS providers, Managed Service Organizations and their networks of substance use disorder providers, hospitals, pharmacists, dental, non-emergency medical transportation, regional health alliances, public health, Area Agencies on Aging, Aging and Disability Resources for Colorado, and other ancillary providers such as Colorado Crisis Services vendors.



existing forums, please provide an explanation. Please submit letters from the coalition or meeting coordinators of any coalition / meeting you intend to leverage expressing that they are aware of the Action Plan and that they intend to participate in the CHNE process;

Response (Limited to 500 words or less)

UCHealth Broomfield Hospital will collaborate with UCHealth facilities and nearby hospitals in close geographic proximity in order to assure ease of interaction with community stakeholders in conducting a community health needs assessment/engagement (CHNA-E) scan required by the state to identify key care gap areas within the five HTP priority areas.

UCHealth Broomfield Hospital will collaborate closely with the Colorado Health Institute (CHI) as a current convener of the Metro Denver Public Health & Health Systems collaborative. UCHealth Broomfield Hospital will leverage this existing forum to conduct a joint CHNA-E within the five HTP priority areas, and align current CHNA findings from other agencies (i.e., local public health agency, Federally Qualified Health Center, etc) with the HTP CHNA-E activity when possible. Currently, the CHI Metro Denver Public Health & Health Systems includes public health partners and Denver metro health care systems. We hope to explore extending invitations to other key stakeholders (e.g., RAE, FQHCs, Health Alliances, and community based organizations) to participate in the CHNA-E scan activity, as a part of this existing forum, and such invitations will be sent via email. In order to accommodate for time and travel barriers, virtual connectivity will be provided as an option to participation.

To maximize engagement towards community residents and broader stakeholder groups, UCHealth's Broomfield Hospital will participate in the current existing forums sponsored by the local Regional Accountable Entity (CCHA): Patient Improvement Advisory Committee (PIAC) and RAE provider network meetings. The RAE will have a standing HTP agenda item on the PIAC meetings to allow for communication of findings that surfaced during the community health needs assessment and program implementation processes. The RAE provider network meetings will be used a forum to further develop relationships with stakeholders not mentioned this application.

In parallel to being an active team member of the Metro Denver Public Health & Health Systems community health needs assessment process, UCHealth Broomfield Hospital has identified the following key health care partners to work on current care transitions practices and collaborate on assessing current care gap areas within the five HTP priority areas on a quarterly basis:

- Local Public Health Department: In addition to being a co-participant in the CHI community stakeholder meetings, we will engage with the LPHA's current efforts on addressing substance use disorder.



- CCHA: As the regional accountable entity of this area, we are collaborating with CCHA on improving communications between hospitals and RAEs, aligning efforts, specifically around care coordination and meaningful data sharing.
- Metro Community Provider Network (MCPN-Jeffco/Wheatridge): MCPN is a FQHC that serves a large number of Medicaid clients that live in close proximity to Broomfield Hospital.

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Finally, UHealth Broomfield will be collaborating with the Colorado Community Health Network (CCHN) on connecting with local FQHCs and leveraging FQHC data resources that CCHN aggregates.

At this time we have found gaps in collaborating with the local mental health center, consumer advocacy groups, and local RETACs. Finally, we would love to engage with agencies assessing and addressing social determinants of health, other than the local public health department.

Please include letters from your local RAE and at least two other, different types of community organizations, such as:

- LPHAs;
- Mental Health Centers;
- Community Health Centers;
- PCMPs;
- RETACs;
- LTSS Providers;
- Consumer advocates or advocacy organizations; and
- Community organizations addressing social determinants of health.

The letters should express that they are aware of the Action Plan and that they intend to participate in the CHNE process.

III.b. Please use the space below to describe strategies you will undertake to maximize participation. Please include in your response:

- An outline of the types of activities you have planned and their expected frequency;
- How participation will be facilitated;
- Your plan for noticing activities; and
- Your plan for sharing out updates.



Response (Limited to 250 words or less)

Meetings with larger convener organizations and direct community participants will be scheduled on a monthly to quarterly basis. UHealth Broomfield Hospital’s community participation in Broomfield’s LPHA’s meetings will occur as they are scheduled, and such schedule is publically available.

The Metro Denver Public Health & Health Systems and smaller workgroup meeting invitations will be done via email. The RAE’s PIAC and provider network meeting invitations are sent via email and occur on a quarterly basis. The latter forums will be used to share updates and results from the community health needs assessment work.



III.c. Please use the space below to provide an overview of the process and methods that will be used to conduct community assessments, including the sources and information that will be used to identify community health needs and service levels available. Please address in your response:

- Known CHNAs and other data sources you can utilize, noting any known or expected gaps specific to HTP priority populations and project topics;
- Data sources available from partners; and / or
- Where you intend to find data sources specific to HTP priority populations and project topics.

Response (Limited to 250 words or less)

UHealth Broomfield hospital is developing an internal data workgroup with the purpose of aggregating, evaluating, and making recommendations on the current HTP population needs. Recommendations from the data-workgroup will be given to hospital-community stakeholder groups to help facilitate conversations and convey population health needs in an objective manner.


The internal data-workgroup meeting will occur on a monthly basis, and will be attended by representatives of the population health department, revenue cycle department, care management and social work department, data-analytics, community health needs assessment, and include physician-medical provider participation.

Summary of UHealth internal data workgroup findings as it relates to the five HTP priority areas will be shared with the RAE, Metro Denver Public Health & Health Systems, Broomfield LPHA, the FQHC, CMHC, and other HTP partners. We are



confident that the information received from organizations will be shared in a bi-directional format, please note that all findings will be posted on the HTP website.

The goal is to align all available data sources (LPHA, RAE, CHNA, public data) in order to help us identify best practices and HTP project selection. Furthermore, a by-product of the Metro Denver Public Health & Health Systems, will coordinate data requests from the RAE and HCPF that will advance identification of care gap areas and intervention selection. The health systems and RAEs agree to explore a contracted relationship with a vendor to synthesize and cohort the aforementioned data sources.


We may have gaps in data sources and data types (database, interviews, survey results, etc), specifically it may be challenging to find forums that coordinate meetings with Medicaid citizens, therefore their perspective may not be identified. We would like to work closely with the state and advocacy groups that can help UHealth Broomfield identify such opportunities. 

III.d. Please use the space below to describe expected challenges and potential solutions to engaging community organizations in the CHNE process.

Response (Limited to 250 words or less)

We would like to leverage ongoing partnership meetings to avoid community meeting fatigue. As we meet with larger convener groups and stakeholders, we may change our meeting infrastructure, including frequency, to reflect feedback received from the community organizations.

We understand that despite our best efforts to engage with community organization partners, that we may have missed key community organizations that we should meet and discuss future partnership opportunities. We hope to utilize the RAE, state, and LPHA, as a means to disseminate findings related to hospital work and determine future additional partnerships, as they relate to the HTP CHNA and/or HTP program development phase.


In depth data aggregation, exchange and analysis are quite time consuming and the CHNA-E timeline may not accommodate for such activities to take place in way that will appease all stakeholders. We will work closely with our stakeholders, legal department, and data departments to understand and report on limitations associated with conducting such activities. 





VI. Additional Information (Optional)

You may use the space below to provide any additional information about your planned CHNE process.

Response (Limited to 250 words or less)
<p>UCHealth is interested in learning about other community networking meetings and in developing relationships with organizations that want to partner with Broomfield hospital in conducting the HTP mid-point report.</p> <p>We are open to collaborating with the agencies listed in the Action Plan template. If you belong to an agency that wants to collaborate and participate in the HTP process, please contact the UCHealth Broomfield representative listed in this application. Our goal is to develop a robust community health needs assessment-environmental scan.</p> 





November 14, 2018

PUBLIC HEALTH AND ENVIRONMENT

100 Spader Way • Broomfield, CO 80020 • 720.887.2220 • BroomfieldHealth.org • publichealth@broomfield.org

To Whom It May Concern,

I am pleased to confirm that **Broomfield Public Health and Environment** intends to participate in the Community Health Neighborhood Engagement Process being undertaken by **UCHealth Broomfield Hospital** as it plans for its participation in the Hospital Transformation Program.

Broomfield Public Health and Environment is a **Local Public Health Agency**.

Broomfield Public Health and Environment is housed within the City and County of Broomfield's Health and Human Services Department. The Department's mission is "We exist in partnership with you, the community, to recognize opportunities and encourage personal responsibility. We will serve Broomfield with integrity, creativity, dignity, and respect." Public Health and Environment delivers core public health services that assess, protect and promote the health of Broomfield residents. Public Health and Environment hosts the Regional Health Connector for Health Statistics Region 16 and has been working to strengthen clinical-community linkages over the past few years. We have just completed our community health assessment and are preparing the 2020-2024 Community Health Improvement Plan, which will focus on mental health and substance abuse.

Broomfield Public Health and Environment has reviewed the Community Health Neighborhood Engagement action plan provided by UCHealth Broomfield Hospital and intends to participate in the Community Health Neighborhood Engagement Process. We view the HTP as an opportunity to align community health need assessment findings and to identify community-wide goals and strategies to address overlapping priorities. The community engagement process facilitates local hospital input to health-related challenges in the City and County of Broomfield, and we hope there will be opportunity to learn from data the hospital may have.

Broomfield Public Health and Environment participates actively in the Metro Denver Partnership for Health, including the Health Systems Partnership workgroup. We will coordinate assessment and planning with UCHealth Broomfield Hospital in the context of that group. Furthermore, we will invite a hospital representative to join the Community Health Improvement Plan steering committee, when that body is convened. UCHealth Broomfield Hospital will also be invited to participate in other key stakeholder meetings convened by Public Health and Environment.

Any questions should be directed to Alison Harvey, 720-887-2285, aharvey@broomfield.org.

Sincerely,

Alison Harvey
Public Health Planning and Communications Administrator
720.887.2285

November 13, 2018

Matt Haynes
Colorado Hospital Transformation Program
Colorado Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

Dear Mr. Haynes:

Colorado Community Health Alliance (CCHA) is pleased to submit this letter of intent to participate in the *Colorado Hospital Transformation Program: Community and Health Neighborhood Engagement* process, being undertaken by UHealth Broomfield Hospital (UHealth). As a regional organization for Health First Colorado, we highly value strong relationships and partnerships with our local health care providers. UHealth plays a vital role in addressing the health needs of our members in Region 6 and is an engaged community partner.

CCHA has reviewed the Community Health Neighborhood Engagement (CHNE) action plan provided by UHealth and intends to participate in the CHNE process. We look forward to collaborating with UHealth to determine the best projects and initiatives that will improve population health, align the health neighborhood, and provide high value and cost effective care for the community. CCHA will participate in a broader Metro Denver Public Health & Health Systems meeting, provide data, and meet with UHealth no less than quarterly to discuss current processes and future opportunities to collaborate on care transitions. We will also invite UHealth representatives to give community updates during our Program Improvement Advisory Committee meetings.

Health care payers and providers will achieve better health outcomes by promoting services and programs that strengthen cross-sector partnerships, drive improved outcomes, avoid preventable health care costs, and engage the community in charting a strategic direction. We are enthusiastic about the positive work UHealth has accomplished and look forward to continued collaboration.

Please direct any questions to Hanna Thomas, Hanna.Thomas@CCHAcares.com.

Sincerely,



Ken Nielsen
CCHA Executive Director



For:
Centura Health
Children's Hospital Colorado
Denver Health & Hospital Authority
Kaiser Permanente
SCL Health
UCH-Anschutz Medical Campus
UCHealth Broomfield Hospital
UCHealth Longs Peak Hospital

November 15, 2018

To Whom It May Concern:

CHI is pleased to express its support for the Metro Denver Partnership for Health (MDPH) health system participants as they seek to leverage the group's efforts for the Hospital Transformation Program (HTP) Community Neighborhood Health Engagement (CHNE) process.

Since 2002, CHI has served as a trusted and leading source of credible analysis and expertise for Colorado leaders. As the convener of the Metro Denver Partnership for Health (MDPH), CHI welcomes the opportunity to discuss their potential collective efforts for the CHNE. The purpose of the MDPH is to align community health planning activities for public health and non-profit health system partners in the metro Denver region.

While membership of this group is currently limited to local health departments and health systems, we believe that this group will provide meaningful insight for the CHNE process and can serve as one of a number of strategies used by hospitals to understand the local communities they serve. We also understand that the MDPH may also decide to invite other stakeholders such as RAEs, Federally Qualified Health Centers, and other organizations addressing population health needs.

CHI supports the possibility of incorporating the CHNE into MDPH's current agenda. We welcome the opportunity to explore other ways CHI may support efforts related to the HTP.

Any questions may be directed to me at 720.382.7091 or Beck Furniss at 720.382.7079.

Sincerely,

Ann Loeffler
Director



COLORADO

Colorado Healthcare Affordability
& Sustainability Enterprise

HOSPITAL TRANSFORMATION PROGRAM

COMMUNITY AND HEALTH NEIGHBORHOOD ENGAGEMENT:

LETTER OF INTENT TO PARTICIPATE TEMPLATE

COMMUNITY ORGANIZATIONS

11/13/2018

To Whom It May Concern,

I am pleased to confirm that **Metro Community Provider Network** intends to participate in the Community Health Neighborhood Engagement Process being undertaken by **UCHealth Broomfield Hospital** as it plans for its participation in the Hospital Transformation Program.

Metro Community Provider Network is a (please select one):

Federally Qualified Health Center

Metro Community Provider Network (MCPN) is a 501(c) (3) Federally Qualified Health Center (FQHC) with a 29-year history of providing primary care and other health-related services in a community-based setting. Established in 1989 in response to the primary health care needs of the medically indigent population in the Denver area, MCPN has the largest population base of any FQHC in Colorado and provides primary care, dental, pharmacy, behavioral health, health education and outreach and enrollment services in accordance with its mission.

Metro Community Provider Network has reviewed the Community Health Neighborhood Engagement action plan provided by **UCHealth Broomfield Hospital** and intends to participate in the Community Health Neighborhood Engagement Process.

1. To align our organization's health priority areas with UCHealth Broomfield Hospital's HTP priority areas as it relates to data sharing and care coordination activities.
2. We will participate in workgroup meetings with UCHealth representatives on a monthly to quarterly basis.

Any questions should be directed to **Heather Logan, MCPN Director of Population Health**
Heather.Logan@mcpn.org

Sincerely,

Ben Wiederholt, FACHE
President and CEO
MCPN Administration
3701 South Broadway
Englewood, CO 80113

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HOSPITAL TRANSFORMATION PROGRAM COMMUNITY AND HEALTH NEIGHBORHOOD ENGAGEMENT:

LETTER OF INTENT TO PARTICIPATE COMMUNITY ORGANIZATIONS

November 21, 2018

To Whom It May Concern,

I am pleased to confirm that **Colorado Community Health Network (CCHN)** intends to participate in the Community Health Neighborhood Engagement Process being undertaken by **the below listed hospitals** as it plans for its participation in the Hospital Transformation Program.

- **Denver Health and Hospital Authority**
- **Boulder Community Hospital**
- **St. Anthony Hospital**
- **St. Anthony North Health Campus**
- **Avista Adventist Hospital**
- **Longmont United Hospital**
- **Porter Adventist Hospital**
- **Littleton Adventist Hospital**
- **Castle Rock Adventist Hospital**
- **Parker Adventist Hospital**
- **North Suburban Medical Center**
- **Presbyterian St Luke's/Rocky Mountain for Children**
- **Rose Medical Center**

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- **Sky Ridge Medical Center**
- **Swedish Medical Center**
- **The Medical Center of Aurora**
- **UCHealth Broomfield Hospital**
- **UCHealth Longs Peak Hospital**
- **UCHealth Broomfield Hospital**
- **UCHealth University of Colorado Anschutz Medical Campus**
- **Children’s Hospital Colorado/Anschutz Medical Campus**
- **SCL St. Joesph Hospital**
- **SCL Luthern Medical Center**
- **SCL Good Samaritan Medical Center**
- **SCL Platte Valley Medical Center**

Insert Name of Organization is a (please select one):

- Regional Accountable Entity
- Local Public Health Agency
- Mental Health Center
- Federally Qualified Health Center
- Rural Health Center
- Other Community Health Center
- Primary Care Medical Provider
- Regional Emergency Medical and Trauma Services Advisory Council
- Long Term Service and Support (LTSS) Provider
- Community organization addressing social determinants of health;
- Health Alliance
- Consumer advocate / advocacy organization
- Other **[Please Describe]**

Brief Organizational Description: CCHN is the membership association for Colorado’s 20 Federally Qualified Health Centers (FQHCs), which operate 202 clinic sites in 42 counties and care for Coloradans from 61 of the 64 counties in the state. FQHCs are the health care home for more than one in seven

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people in the state, including 26% of Medicaid enrollees, 22% of CHP+ enrollees, and 37% of Colorado's uninsured. Over 93% of patients at Colorado FQHCs have family incomes below 200% of the Federal Poverty Level. Colorado FQHCs are one of the largest providers of health care for low-income individuals and families in the state. CCHN's mission is to support FQHCs to increase access to high quality health care for people in need in Colorado.

CCHN has reviewed the Community Health Neighborhood Engagement action plan provided by **Denver Health that includes language about a consolidated hospital approach through the Denver Metro Partnership for Health working with CCHN. This approach, laid out below in our explanation of how CCHN plans to participate, was developed in collaboration with the above listed hospitals with assurance that this would be included in all action plans** and intends to participate in the Community Health Neighborhood Engagement Process. **Please Add a Few Sentences About: 1. Your Organization's Interest in the HTP; and 2. How Your Organization Intends to Participate in the CHNE Process.**

1. Interest: Colorado FQHCs are one of the state's largest providers of health care for low-income individuals and families in the state. CCHN appreciates the intent of the Hospital Transformation Program (HTP) to improve partnership in the delivery of care including higher quality care, more efficient care delivery and improved responsiveness to local communities. CCHN interests in the HTP including supporting state efforts to expediate value-based payment including shared savings, hospital engagement and accountability to metrics currently in use by the ACC and other state initiatives to move towards aligned system-wide value-based payments, and a key CCHN interest is ensuring that HTP encourages hospitals to support and strengthen the currently established community-based systems focused on primary and behavioral health care.

2. Participation: CCHN greatly appreciates the expressed interest and commitment of the above listed hospitals to participate in a separate CCHN hosted meeting in the metro area for CHCs to share their HTP interests, and the invitation to a CCHN staff member to participate in the Denver Metro Partnership for Health meetings specific to HTP. CCHN has also asked that hospitals engage locally with their respective FQHCs with a map and listing of FQHCs available here: <https://cchn.org/map/>.

Any questions should be directed to **Katie Pachan Jacobson, CCHN Policy Director at katie@cchn.org or Polly Anderson, CCHN VP of Strategy and Financing at polly@cchn.org.**

Sincerely,

**Katie Pachan Jacobson, MSW
CCHN Policy Director**

