2013

University of Colorado Hospital

UNIVERSITY OF COLORADO HEALTH

Community Health Needs Assessment Three-Year Implementation Plan

Response to Schedule H, Form 990

UNIVERSITY OF COLORADO HOSPITAL

Community Health Needs Assessment Three-Year Implementation Plan

September, 2013

Overview

This report summarizes the plan for University of Colorado Hospital (UCH) to sustain and develop community benefit programs that address the prioritized needs identified in the June, 2013 Community Health Needs Assessment (CHNA). UCH engaged the assistance of The Center for Health Administration at the University of Colorado Denver, which also utilized data and other statewide community health information from the Colorado Department of Public Health and Environment (CDPHE) to complete its CHNA. By aligning with state and local public health departments and agencies, UCH joins forces with many allies in collaborative efforts to positively impact the health of our communities. Further, UCH believes improving healthcare can only be accomplished through additional collaboration with community partners and providers to assist in addressing the complexities involved in meeting the variety of existing community health needs. Thus, UCH identified and invited members of the Aurora community and healthcare experts from the University of Colorado Denver Anschutz Medical Campus (AMC) to participate in developing this implementation plan.

The charge: to evaluate and execute the most effective methods of collaboration to improve healthcare access and address the needs identified in our comprehensive CHNA; specifically access to care.

Process and Methods to Develop Strategy

As mentioned, the CHNA describes the health status of UCH's community, and was used by the hospital and other partners to develop the following plan. The hospital's primary service area is large, encompassing four Colorado counties – Adams, Arapahoe, Denver and Douglas. The immediate service area, however, exists in the neighborhoods most adjacent to the hospital in the northern portion of the City of Aurora where low socioeconomic status is coupled with substantial healthcare need.

To leverage collective strengths and innovation, UCH established a Steering Committee comprised of AMC experts and community partners, including a recent, former UCH patient. (*The list of members with their respective organizations is contained in Appendix A and the patient member testimonial is located in Appendix B.)* The Steering committee met from July through September, 2013 to review the CHNA results; discuss and establish priorities; set goals; and craft a strategy. The CHNA identified a substantial set of community healthcare needs through both statistical analysis and anecdotal physician surveys. Not surprisingly, these two methods yielded remarkably similar results and both cited **access to healthcare** services as the number one community need. Although the full list of issues was reviewed, all stakeholders involved in this process chose to

focus on access and move forward with developing this specific plan, with the overarching yet simple strategy to partner with the Aurora community to improve access to both primary and specialty services.

The following **guiding principles** were mutually agreed upon and drove this plan's development:

- Keep it simple and actionable
- Bolster and expand existing programs
- Collaborate with both AMC and Community partners
- Demonstrate health outcomes, health impacts, and financial impacts
- Use resources wisely and recognize the hospital's greater fiduciary duty
- Communicate clearly with recurring reports
- Work to reduce losses through unnecessary and inappropriate care, with the intention to re-invest savings in prevention

Target Areas

Although access is a broad, far-reaching goal, this plan emphasizes partnering with community providers and programs already working to improve access rather than starting anew. Enhancing existing programs facilitates baseline data collection, and allows us to build on current efforts that are already yielding positive results. Furthermore, the populations and two nascent programs chosen for this plan and described below fit the following criteria that the steering committee identified:

- Populations in need
- Ability to positively impact
- Capability and resource availability
- Philanthropic support through grants and foundations
- Sustainability
- Policy alignment

Populations and Programs

1. **High-utilizers of the Emergency Department and Inpatient hospitalization for basic care**

   Historically the high-utilizing population primarily contains under and uninsured individuals, and also those with multiple complex, chronic conditions. The **Bridges to Care** (B2C) program, established in late 2012, is an effort to deliver health care at lower cost to these residents of Aurora. It is a home-care visit model that provides intensive health services to patients for 60 days post hospital admission or emergency room discharge. The program is the result of a healthcare innovation award granted to Rutgers University Center for State Health Policy. Aurora is one of four clinical sites across the country chosen to participate with Rutgers in the grant. Metropolitan Community Provider Network (MCPN) is the contractor under the grant, and the entity with which UCH plans to collaborate under this implementation plan.

The B2C program commenced in late 2012 and formally began enrolling patients in January, 2013. As of August 2013, the program has enrolled 151 participants. Although still in its early stages, the program has already witnessed significant declines in both emergency department and inpatient utilization for its 13 graduates with a six month follow up period. Due to this initial success, the program is an ideal candidate for UCH to support and to help improve access within the Aurora community.

2. Refugees

Refugees are individuals who have suffered (or fear) persecution on account of race, religion, nationality, political opinion; because they are members of a persecuted social group; or because they are fleeing a war and cannot safely return to their country of origin. The US Government typically accepts approximately 60,000 refugees each year for resettlement into the US; 2500 are typically resettled in Colorado each year. Previously the majority of refugees resettled in Colorado were resettled in Denver. More recently, the settlement of these individuals has shifted from Denver to (primarily north) Aurora. The **Colorado Refugee Wellness Center** (CRWC) is a new organization built upon collaboration across multiple partners including the Department of Medicine at the University of Colorado, Aurora Mental Health, MCPN, and CDPHE; they also collaborate closely with Denver Health and Hospital Authority. UCH has the opportunity to join these founding partners in this effort.

The CRWC serves refugees from more than 35 countries. Last year, over 50% came from Bhutan, Burma, Iraq and Somalia alone. Language and health literacy are significant challenges when serving refugees. Although in its preliminary stages, this organization has already served more than 1300 refugees. Refugees receive Medicaid (or Medicaid look-alike coverage) upon entering the US. However, typical wait to access primary care in the Denver metro region is approximately 3 months. The CRWC provides 3 core services: Initial medical screening as federally mandated (in conjunction with CDPHE), ongoing primary care (in conjunction with MCPN) and integrated behavioral health services (Aurora Mental Health and others). Its Medical Director is on faculty in the Departments of Medicine and Radiology at the University of Colorado and education is a significant component of its mission.

The CRWC began small-scale operations in November, 2012 at 1646 Elmira St., Aurora, CO. This is approximately one mile directly west of UCH.

- Services include:
  - Refugee Screening Program: In partnership with CDPHE, provides initial medical and behavioral health screening for newly arriving refugees (as mandated by federal agencies for newly arrived refugees). The screening program started November, 2012.
  - Primary Care Program: In partnership with MCPN, provide a primary care medical home. The primary care program started July, 2013.
  - Integrated Behavioral Health: In partnership with Aurora Mental Health and others, primary care and behavioral health service delivery is integrated to optimize health outcomes. Integrated behavioral health services began July, 2013.
  - Navigation services: The Colorado Health Foundation has funded the CRWC to develop health navigation services. Program will begin October, 2013. Focus of program: Assist refugees with

health care needs, accessing services, work collaboratively with local hospitals to assist in transitions of care and in preventing inappropriate ED utilization/hospitalization.
- Education: Medical students and residents at the University of Colorado rotate at the CRWC and education is a significant component of its mission.

Other important health issues were certainly noted in the comprehensive CHNA. All are important and are being addressed in some way by UCH or other community partners. The Steering Committee believes, however, that addressing the broader issue of access to care will cascade a positive impact on the other identified needs. Additionally, as one of Colorado's leading safety net hospitals, UCH will continue its existing community involvement through providing a significant amount of charity care; Medicaid and other means tested services; community health education; participation on community boards; and other independent volunteer efforts taken on by both leadership and staff.

GLOBAL GOALS AND STRATEGIES:

1. ***Community Partnership Goal:*** *Increase the level of engagement with community partners specific to the needs identified in the June, 2013 CHNA and for the three-year period prior to completing the subsequent CHNA*

Strategies UCH is taking to achieve the stated goal:

- Establish an on-going Steering Committee comprised of community partners and AMC healthcare experts
    - Convene the Steering Committee to review and discuss the CHNA details
    - Facilitate Steering Committee consensus to define strategies and goals for UCH to better meet community needs
    - Establish a charter for the Steering Committee to meet quarterly over three years to assess progress on goals and metrics and suggest improvements along the way
- Engage UCH Community Physician Advisory Group for insight and direction on improving UCH as a community partner

2. ***Community Capacity Goal:*** *In partnership with others, improve the capacity or increase the number of Aurora residents with access to health services by 2016*

Strategies UCH is taking to achieve the stated goal:

- Assist with bolstering primary care capacity for populations in the two aforementioned programs
- Formally study the issue of specialty care access and set improvement goals via the Steering Committee and possible outside consult
- "Live the new vision" of UCH, adopted in July, 2013 – ***"From healthcare to health"***
- Potentially utilize current Anschutz Outpatient Pavilion Space Planning and Utilization project (beginning September, 2013) to determine what services can and should be added to the hospital's surrounding community in a variety of locations

- Collaborate with other Aurora hospitals and providers to assess and address access needs

3. ***Public Policy Goal:*** *Lead and support efforts with the potential to improve the health and safety of Colorado residents, particularly those living in the UCH defined community*

Strategy UCH is taking to achieve the stated goal:

- Collaborate with community partners to promote statewide legislative policy agenda and support federal policy per the Accountable Care Act
- Join Healthy Transitions Colorado
- Actively participate and support the center for Improving Value in Health Care (CIVHC) and similar organizations
- Support the expansion of Medicaid and the launch of Connect for Health Colorado (health insurance exchange); and provide additional public education regarding these new coverage options
- Increase availability, efficiency and education of electronic and personal health records through UCH's existing My Health Connection patient portal and community provider portals
- Identify and evaluate other current and future community and statewide healthcare initiatives where UCH can be an active participant in addressing and improving public health

SPECIFIC GOALS AND STRATEGIES:

1. ***Bolster capacity for primary care services building on the MCPN Bridges to Care (B2C) program and the Refugee Clinic***

Strategies UCH can take to achieve the stated goal:

- Collaborate with community primary care providers through better communication and care coordination (expand Electronic Medical Record portal use, assure that hospital and emergency department reports are received by community providers)
- Designate an emergency department case manager to identify, lead and collaborate with community navigators
- Support community health workers/navigators linked to primary care to facilitate transitions of care
- Bolster resources for Primary Care Providers (including nurse practitioners and physician assistants) located in community clinics
- Improve access to UCH data to assist with B2C evaluation

2. ***Address access to specialty care***

Strategies UCH can take to achieve the stated goal:

- Assess and address access to specialty care:
    - Describe and quantify the demand for specialty services
        - What specialties and types of services
        - All costs associated (providers, procedures, imaging, medication, hospital)
    - Categorize the types of demand

        - Which have likelihood for high cost (human and financial) if not addressed
        - Which require a high-touch specialist encounter
        - Which could be addressed by lower intensity care models
    - Describe means of expanding access to specialty expertise using the following options as pilots after further study:
        - Electronic consults
        - Physician – physician phone consults
        - Fellows' clinics
        - Shared specialist provider at primary care sites
        - High-user emphasis vs. open access
        - Enhanced capacity of primary care to address issues and stimulate overall health, wellness and prevention
        - Enhance the system of patient navigation tied to UCH emergency department
        - Partnerships with other area hospitals and community providers to share the responsibility for community outreach

Conclusion

As previously stated, UCH is currently engaging multiple community stakeholders in the preliminary stages of this implementation plan. These stakeholders have agreed to partner with UCH in leading the charge for improved access to healthcare services specifically for Aurora residents. Since MCPN has already created a foundation for the Bridges to Care Program, UCH has the opportunity to invest additional resources in the principals and approaches of B2C in order to bolster care coordination and overall access. Furthermore, partnering with the Colorado Refugee Wellness Center will improve access and resources for this disenfranchised population immigrating to the Aurora community. Overall, the Steering Committee will continue to lead the charge and hold both UCH 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 health services within the community.

Appendix

A. Steering Committee Members and Organizations
B. Recommendations from Together Colorado
C. Testimonial from UCH patient/Bridges to Care graduate/Steering Committee Member