Denver Health Community Benefit & Hospital Transformation Program Public Meeting May 16, 2022
Welcome and Logistics

- To ensure broad community participation we have simultaneous Spanish Interpretation and ASL interpretation.

- Directions for ASL interpretation will be provided in the chat.

- Community Language Cooperative will describe Spanish interpretation services for today’s session from a language justice framework.

- Other meeting logistics.
1. Denver Health - Who We Are
2. Community Benefit Updates
   - Investment
   - Priorities
   - Actions
3. Hospital Transformation Program (HTP)
4. Community Engagement & Discussion
Denver Health
Who We Are
Introductions

Thomas MacKenzie - Chief Quality and Safety Officer

Stephanie Phibbs – Hospital Transformation Program Coordinator

Jeremy Springston - Director of Reimbursement
Who Are We? – Our Rich History

1860
City Hospital

1969
Denver General

1997
Denver Health and Hospital Authority
DENVER HEALTH

An innovative health care system that is a model for success in the nation.

TRUE NORTH
Change the world by transforming the health of our patients and community.

VALUES
EXCELLENCE - We are better every day.
COMPASSION - We care for everyone.
RELENTLESSNESS - We fight for everyone.
STEWARDSHIP - We use resources responsibly.
LEARNING - We educate the next generation.

HEALTH CENTERS
Offering total family care in 10 neighborhood centers where families need it the most - 6,400+ patient visits completed annually.

ERNEST E. MOORE SHOCK TRAUMA CENTER
Region's top Level I Trauma Center for adults and Level II Center for children and whole family care.

DENVER HEALTH MEDICAL CENTER
One of Colorado's busiest hospitals with 23,500+ inpatient admissions annually, ranked in the top 5% for inpatient survival.

PUBLIC HEALTH INSTITUTE AT DENVER HEALTH
Keeping the public safe through prevention, clinical services, and community outreach.

DENVER HEALTH PEDIATRICS AT DENVER PUBLIC SCHOOLS SCHOOL-BASED HEALTH
Keeping kids healthy in school by providing vital health care to Denver Public Schools students through 19 in-school clinics, free of charge.

ACUTE CENTER FOR EATING DISORDERS AND MALNUTRITION
Proving medical stabilization for patients with life-threatening eating disorders - credited with saving more than 2000 lives.

ROCKY MOUNTAIN POISON AND DRUG SAFETY
Saving Lives with Answers, serving multiple states and over 100 national and international brands.

EMERGENCY RESPONSE
Operating Denver’s emergency medical response system, the busiest in the state – handling 118,000+ emergency calls and logging over 12 million miles on our emergency vehicles each year.

NURSELINE
Registered nurses fielded over 216,000 calls in 2020 – advising on medical information, home treatment, and when to seek additional care – giving patients peace of mind 24/7.

DENVER HEALTH MEDICAL PLAN, INC.
Keeping our community healthy by providing healthcare insurance to 120,000+.

DENVER HEALTH FOUNDATION
Accelerating Denver Health’s mission by providing resources for important projects and programs through fundraising and philanthropy.

ROCKY MOUNTAIN CENTER FOR MEDICAL RESPONSE TO TERRORISM
Working every day to plan for the “what if” for 5 states.

CORRECTIONAL CARE
Providing medical care to prisoners in Denver’s jails via telemedicine.

DENVER CARES
Providing a safe haven and detox for public inebriates.
In our mission statement is a core responsibility to provide care to everybody.

“To provide care for all, regardless of ability to pay”

Our patients, staff and community are at the heart of our mission
The Medicaid, Charity Care and Uninsured Community Benefit amounts for Fiscal Year 2020 are reported net of Medicaid Disproportionate Share and other safety net revenue and payments from the City and County of Denver covering a portion of the cost of treating the medically indigent.
<table>
<thead>
<tr>
<th>Community Health Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance Behavioral Health and Substance Use Services</td>
</tr>
</tbody>
</table>
### 2021 Behavioral Health & Substance Use Actions

<table>
<thead>
<tr>
<th>Training and Education</th>
<th>Service Expansion</th>
<th>Integrating Community Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Trained Certified Addictions Counselor (CAC): <strong>76 trainings with 446 people trained</strong></td>
<td>• Supported alternative behavioral crisis response models, including Support Team Assistance Response (STAR) pilot: <strong>Hired 7 full-time dedicated staff</strong> (Caring for Denver)</td>
<td>• Filled in continuum of care to ensure needed services <strong>Contracted with sobriety house to establish a workflow from inpatient to sobriety house. Also linking patients to Denver Recovery Group, Behavioral Health Group; Partnering with New Genesis for short-term supportive housing.</strong></td>
</tr>
<tr>
<td>• Trained DH staff, including first-responders in trauma informed care and addiction informed care: <strong>Trauma and resiliency informed system training curriculum created; annual training updated</strong></td>
<td>• Expanded Substance Abuse Treatment Education and Prevention (STEP) addictions services programming in DPS-One new therapist hired for Montbello; in 2021, <strong>8 total therapists saw 685 patients with 7,153 visits</strong></td>
<td></td>
</tr>
<tr>
<td>Multi-Benefit Enrollment</td>
<td>Social Needs Screening Expansion</td>
<td>Developing Messaging</td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>• Leveraged existing Medicaid touchpoints for multi-benefit enrollment: Piloted SNAP enrollment processes partnering with WIC and Medicaid enrollment processes. With grant funding, created and implemented workflows for WIC enrollment <em>Served 583 families (975 people) enrolling in food assistance; WIC services received by 433 families (762 people)</em></td>
<td>• Expanded social needs screening: <em>Identified 2319 patients with food insecurity, 483 with housing insecurity, 1456 with financial strain, and 1178 with transportation support needs</em></td>
<td>• Partnered with Medicaid beneficiaries to develop messaging, enrollment, and recertification strategies in assistance programs: <em>With COVID continuing, we recruited WIC educators and trained them in specialized communication techniques, e.g., motivational interviewing</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A commitment to intentionally apply an institution’s long-term, place-based economic power and human capital in partnership with community to mutually benefit the long-term well-being of both.

2021 - Center for Equity, Diversity and Opportunity (CEDO)
2022 - Chief Impact Officer

<table>
<thead>
<tr>
<th>Hiring/Development</th>
<th>Purchasing</th>
<th>Investing</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Workforce Develop. and local hiring, education and training</td>
<td>• Local procurement in the community, especially from minority and women owned businesses</td>
<td>• Community investment in housing, transportation, environment, advocacy</td>
</tr>
</tbody>
</table>
Partnerships:
- Faith-Based
- Government
  - Elected Officials
  - Parks and Recreation
  - Denver Housing Authority
- Community Based Organizations
- Key community leaders / stakeholders
- Neighborhood Associations
- Employers
- Schools
- Federally-Qualified Health Centers

97,545 non-DH Patients Received COVID Vaccines at DH

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE</td>
<td>47%</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>31%</td>
</tr>
<tr>
<td>OTHER/UNKNOWN</td>
<td>10%</td>
</tr>
<tr>
<td>AFRICAN-AMERICAN</td>
<td>7%</td>
</tr>
<tr>
<td>ASIAN</td>
<td>5%</td>
</tr>
<tr>
<td>AMER/ALASKAN NATIVE</td>
<td>0%</td>
</tr>
<tr>
<td>NATIVE HAWAIIAN</td>
<td>0%</td>
</tr>
<tr>
<td>OTH PACIFIC ISLANDER</td>
<td>0%</td>
</tr>
</tbody>
</table>
Follow-up

Please find linked hospital reports for review here:

• Denver Health and Hospital Authority

Please contact Stephanie Phibbs for questions and follow-up:

• Stephanie.Phibbs@DHHA.org
Hospital Transformation Program (HTP)
1. Health Care Policy & Financing program focusing on Medicaid fee-for-service patients

2. Program aims to improve patient care, while reducing costs

3. The program requires:
   - Quality improvement planning and implementation
   - Community engagement
1. Adult readmission rate
2. Social needs screening and referral
3. Discharge coordination for patients with behavioral health diagnoses
4. Alternatives to Opioids (ALTO’s) in hospital EDs
5. Avoidable costs
6. Length of Stay
7. Appointing for follow-up care prior to discharge
8. Sharing records with a follow-up provider
9. Well-visit rates
10. Number of e-Consults
HTP Activities

• Submitted an application and implementation plan to HCPF, providing a high-level overview of planned interventions

• Process improvement planning re:
  • Universal inpatient social needs screening and referral
  • Defining role for additional social work staff to support patients with Alcohol Use Disorder
  • Recording follow-up providers and appointing patients for follow-up care before discharge
  • Decreasing opioid administration in the emergency department
  • Improving services to transition patients with diabetes from the inpatient to the outpatient setting

• Ongoing improvements in these areas:
  • Reducing Length of Stay
  • Increasing well-visit rates
  • Increasing e-Consults
Engaging community partners who may be able to support patient transitions from inpatient to outpatient settings

Working with hospitals and public health in Front Range re: social needs screening and referral

Hospitals convening to partner in meeting community engagement requirements

Working with Colorado Hospital Association and HCPF to clarify and evolve outcome metric specifications
Community Engagement and Discussion
Based on your experiences and perspective, do the community benefit priorities i.e., behavioral health, child health and economic opportunity still match community priorities?

– Yes, these priorities seem accurate.

– No, these priorities are missing key issues in my community.

– Not sure, I can think of others, but these priorities seem accurate

What other priorities would you suggest we explore in our community health needs assessment next year?
What do you feel are the most important reasons for hospitals to screen patients for non-medical social needs, like access to housing and healthy foods?

- To connect individuals with community resources.
- To ensure social needs are incorporated into patient medical care plans.
- To identify the top community needs to guide and support the development of related community partnerships and resources.
- A combination of all the above
- Other (please share in chat)
Community Engagement Questions

How could Denver Health better partner with the community?

– Better advertise existing opportunities for engagement

– Conduct more 1:1 meetings with community stakeholders

– Host forums on specific topics with other hospitals in the region

– Other

What community organizations would be most important for Denver Health to partner with in meeting Community Benefit priorities and HTP goals?

Please provide your name and contact information if you would like DH to outreach to you to engage in follow-up conversations regarding this presentation.
Thank you!