



April 8, 2022

Nancy Dolson  
Department of Health Care Policy & Financing  
1570 Grant Street  
Denver, CO 80203

Dear Nancy:

On behalf of our more than 100 hospital and health system members statewide, Colorado Hospital Association (CHA) is committed to continuing collaboration with you on the Hospital Transformation Program (HTP). We sincerely appreciate the many hours of preparation, hard work, and close partnership the Department has put forth in relation to this important program. As hospitals commence implementation activities, CHA would like to highlight several key areas of importance and concern regarding the HTP program.

**1) Evolving Hospital Situational Awareness**

With the beginning of HTP implementation activity, hospitals are now shifting from preparation to action, which includes significant reporting. While CHA supports the program purpose and framework, it should be considered that this program was largely formed prior to the COVID-19 pandemic, which has upended our hospitals for more than two years and created new challenges for our members and the communities they serve.

- a) **Staff Shortages Threaten Implementation:** As hospitals begin reporting for HTP, they are doing so in an environment that has been vastly transformed: hospital-wide challenges such as significant staffing shortages, fear among health care workers for their own health and safety, stress and trauma, and an immensely different health care landscape are now commonplace. Some hospitals that planned to hire new staff to fulfill HTP requirements are now unable to do so, leaving an insurmountable amount of resource-intensive work on the shoulders of a workforce without capacity to accomplish it. These staff may be removed from meaningful clinical and systems improvement work and instead focused on tasks such as uploading documentation of meeting agendas and minutes. To appropriately address the changed landscape, CHA requests additional flexibility in reporting, including allowing hospitals to amend milestones more easily, as well as reducing the amount of documentation required and streamlining or eliminating the interim activity reporting requirement upon request.
- b) **Hospitals Need Additional Technical Assistance:** HTP reporting requires in-depth knowledge of health care-specific project management, business operations, and academic writing. These may be skills that hospitals don't have on staff or immediately available in their communities. CHA requests that HCPF provide regularly occurring and frequent access to sessions and individuals with technical expertise specifically geared towards supporting hospitals with these critical programmatic skills.
- c) **Hospitals Are Unique and Multifaceted Operating Environments:** Hospitals are distinct, rapidly evolving, and technically complex entities. It is important for key HCPF staff and contractors involved in HTP implementation to have explicit experience and expertise in hospital-based operations, administration, and clinical care. CHA requests that HCPF seek to gain input from experienced personnel with background in hospital quality improvement and clinical management to complement the Department's vast knowledge of the regulatory environment and health care landscape.

## 2) Post-Launch Programmatic Amendments

In the spirit of the quality improvement that is the core of HTP, CHA recognizes that updates and clarifications will likely need to be made to the program as it evolves. However, for hospitals and communities to work effectively on this program over the next five years, hospitals need to be engaged in and immediately made aware of any new changes or clarifications.

- a) **Inclusion of Hospitals in Decision-Making:** CHA requests that hospitals be included in the discussion for changes and updates through the hospital workgroup meetings or additional channels if needed. Specifically, hospital consensus should drive any additional programmatic changes. Although many issues are currently brought to the workgroups, some issues are not, which leads to confusion among hospitals.
- b) **Ensuring Transparency and Consistency in Guidance:** Given the breadth and depth of HTP, it is expected that hospitals will have requests for guidance as program elements are implemented. However, it is imperative that as clarifications are provided, such guidance is well-documented for future decision-making purposes. CHA requests that a regularly updated repository of all HTP-related questions and concerns be established and that a well-defined and collaborative process be implemented for hospitals and health systems to raise concerns. A clear procedure should be documenting and communicating all changes and updates through multiple forums including via email, through hospital workgroups, etc. Messaging should be comprehensive, consistent, and repetitive to ensure stakeholder engagement. CHA appreciates the FAQ document that was created during the implementation planning phase, however this document has not been continually updated as the program has evolved, causing further confusion.
- c) **Challenges of Program Changes:** Hospitals need adequate time to prepare and/or adapt to any changes, including but not limited to modifications to measure specifications, processes for data submission, and new versions of reporting instructions like CHNE requirements and milestone reporting. Note that any change at this point will likely require hospitals to make updates to data reports and processes, internal HTP dashboards, clinical workflows, ongoing meetings, and HTP-specific forums. Frequent changes are resource-intensive and cost time and money to implement. This ultimately reduces the program's legitimacy and minimizes operational efficiency while also alienating hospital stakeholders who share HCPF's vision of improving care for hospitalized patients across Colorado.

## 3) Data Collection and Monitoring

Success within the HTP program will be determined, in part, based on performance of certain required and selected HTP measures. For hospitals and communities to implement effective solutions and continuously improve, CHA requests the following considerations:

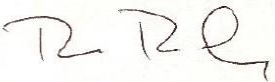
- a) **Hospitals Struggling to Access EMR Data:** The data demands of the HTP program are tremendous and require rigorous extraction of information from the electronic medical record. Many hospitals have milestones in the first two program years that involve developing reports that allow them to submit the appropriate data to HCPF. As hospitals have begun building these reports, some are finding they cannot access the data needed for annual submission, cannot access the data needed to make ongoing quality improvement due to complex relationships with EMR vendors, face unplanned costs for data support, or must extract data manually. CHA requests the Department advocate for *all* EMR vendors to be good-faith partners with Colorado hospitals in implementing HTP. In addition, CHA asks that hospitals not be penalized due to functional challenges of their EMR systems.
- b) **Further Engage Other Health Care Community Partners:** CHA requests HCPF continue working closely with CORHIO, QHN, and each regional RAE to ensure they are empowered to be effective and integrated partners of the HTP program. They are community partners essential to the program's

success. CHA requests that hospitals not be held accountable for process and technical challenges around data-sharing that occur solely within these external entities and are therefore outside hospital control.

- c) **Shortening the Data Feedback Loop:** To effectively implement quality initiatives, hospitals need to regularly review and analyze their data. Currently, for HCPF-calculated measures, the data is scheduled to be provided once annually. CHA requests the frequency of data availability be increased to improve with continuous improvement efforts.
- d) **Opportunity for Improved Data Alignment:** Hospitals participate in a vast array of state and federal quality programs, with each requiring submissions to separate data collection systems. Reporting HTP and HQIP measures separately adds to this enormous task. For example, hospitals are responsible for reporting data for all 15 HQIP measures in May. This reporting can take hospitals months to accumulate as it requires documentation from areas throughout the hospitals on multiple dimensions of each measure. Hospitals then are responsible for submitting quarterly reports for HTP every July, October, January, and April. These reports must include details on the six to ten measures hospitals are working on, including documentation to prove hospitals are meeting their previously specified milestones. Because of the intensive time commitment required to collect data and submit reports, CHA requests the data submission processes and platforms be streamlined as soon as possible.

CHA and Colorado hospitals are committed to the goals of the Hospital Transformation Program and achieving positive impact for communities and patients. These comments and recommendations are provided to help hospitals and HCPF jointly develop the alignment and structure for a successful HTP program. We appreciate your consideration of these recommendations and look forward to further discussion.

Sincerely,



Tom Rennell  
Senior Vice President