

Hospital Transformation Program (HTP):
**CHA Member Survey
 Results and Next Steps**

Feb. 25, 2025

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Today's Presenters



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 Colorado Hospital Association



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Agenda and Logistics



- Welcome and introductions
- Survey results
- Next steps
- Your feedback is essential
- This is a space for CHA members only

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Introduction



- Today's session is additive to [Key Takeaways](#) document
- There's so much data!
- Objectives for today:
 - Share results
 - Elicit member feedback
- Part of ongoing collaborative work around HTP



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Discussion Questions



Q&A feature on Zoom

1. Does anything in the data surprise you? If so, what and why?
2. Do the findings reflect your organization's experience with the program? Why or why not?
3. What suggestions do you have for how CHA can advocate for changes or improvements to the program?

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What is HTP?



- Administered by HCPF
- Statutory goals of improving access, quality, efficiency, and integration for Medicaid beneficiaries
- Five-year program that concludes in October 2026, plus an additional year for sustainability planning
- By the numbers:
 - More than 85 hospitals participate
 - More than 30 measures
 - More than \$1 billion at risk (based on hospital performance)

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The Survey



- Implemented to collect objective data in preparation for stakeholder process
- Administered in November 2024
- 100% response rate from CHA members
- Quantitative and qualitative analysis completed by CHA staff

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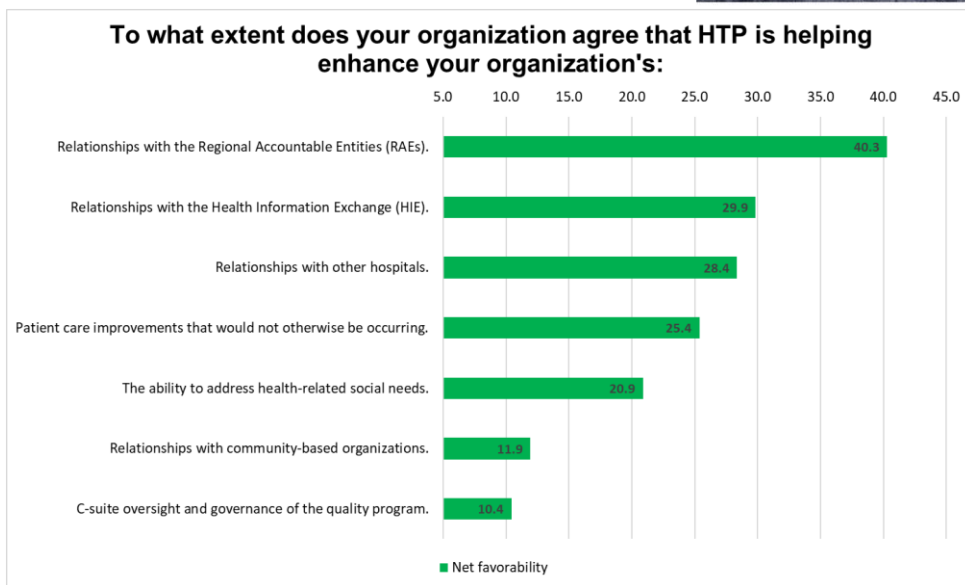
Net Favorability Scoring



- A simple way to understand overall sentiment by comparing positive and negative responses
- Quickly assesses whether survey submitters, as a group, feel more favorably or unfavorably about a topic
- Take the **percentage of survey submitters who responded positively** (Agree + Strongly Agree) and **subtract the percentage who responded negatively** (Disagree + Strongly Disagree)
 - A **positive score** means more respondents agree than not
 - A **negative score** means more respondents disagree than not

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General HTP Feedback



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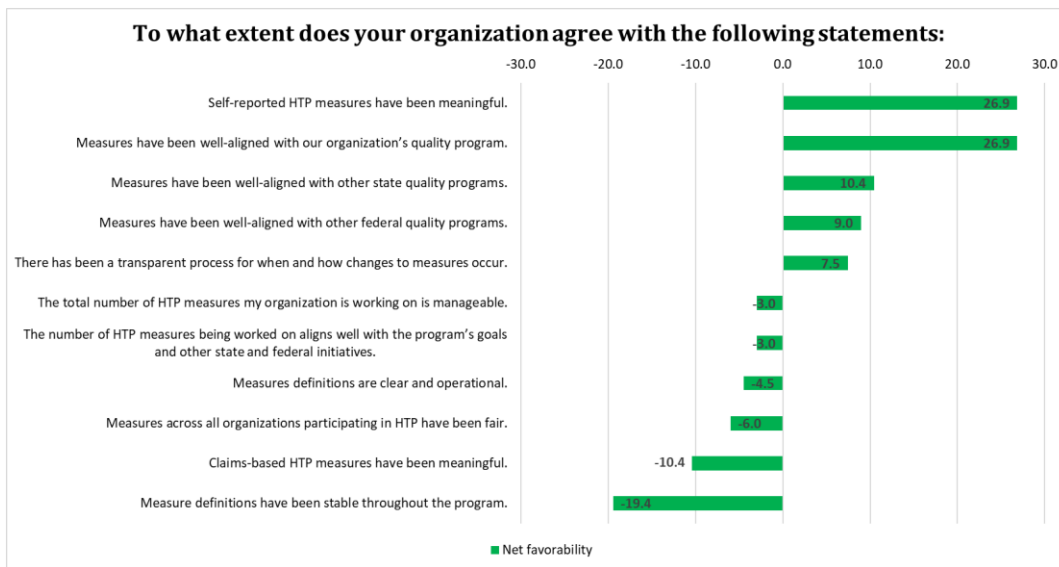
Survey Quotes



- *I believe HTP has really helped our health system take strides forward in patient care. There are numerous patient stories that we have shared in terms of the impact this program has had.*
- *We've come together as a quality department team and risen to the occasion of the extensive administrative burden that this program has unleashed.*
- *We appreciate all that Matt and Myers and Stauffer have done to keep us on track and support our efforts to understand the program and implement the measures that were chosen.*

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HTP Measures



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Survey Quotes



- *Being tied to specific performance measures has often led us to prioritize meeting those metrics over addressing the most urgent needs of our patients and driving true, meaningful quality improvement.*
- *The significant administrative burden required to report these measures has diminished the program's intended impact, shifting the focus from providing comprehensive patient care to meeting documentation requirements.*
- *Discrepancies between HTP measures and other state and federal reporting programs add to the administrative burden. Measure definitions are inconsistent across programs, complicating execution and making administration of the program more challenging.*

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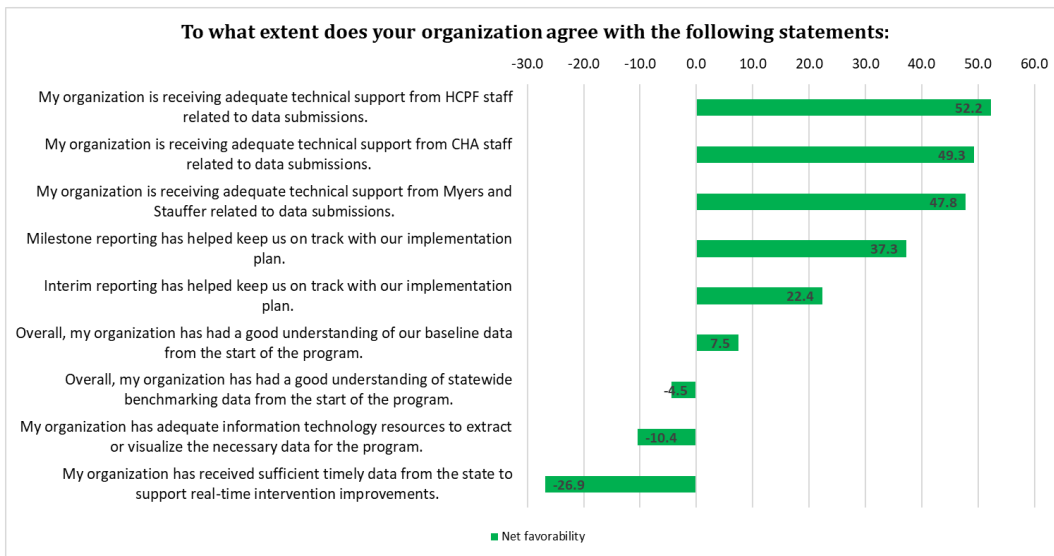
Measure Rankings



SW-COE1, Hospital Index	SW-BH1, RAE Coordination for SUD or Mental Illness	SW-CP1, Social Needs Screening	SW-BH3, ED ALTO
Most challenging to understand performance in real-time.	Most challenging to understand and interpret.	Easiest to understand and interpret.	Most clear and evidence-based methodology.
Least clear and evidence-based methodology.	Most challenging to collect and analyze.	Easiest to collect and analyze.	Most cost effective to implement/maintain.
Within the least control of acute care hospitals.	Least meaningful to drive positive change for patients.	Most meaningful to drive positive change for patients.	
Least cost effective to implement/maintain.	Easiest to understand performance in real-time.		
Within the most control of acute care hospitals.			

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Data Submission and Reporting



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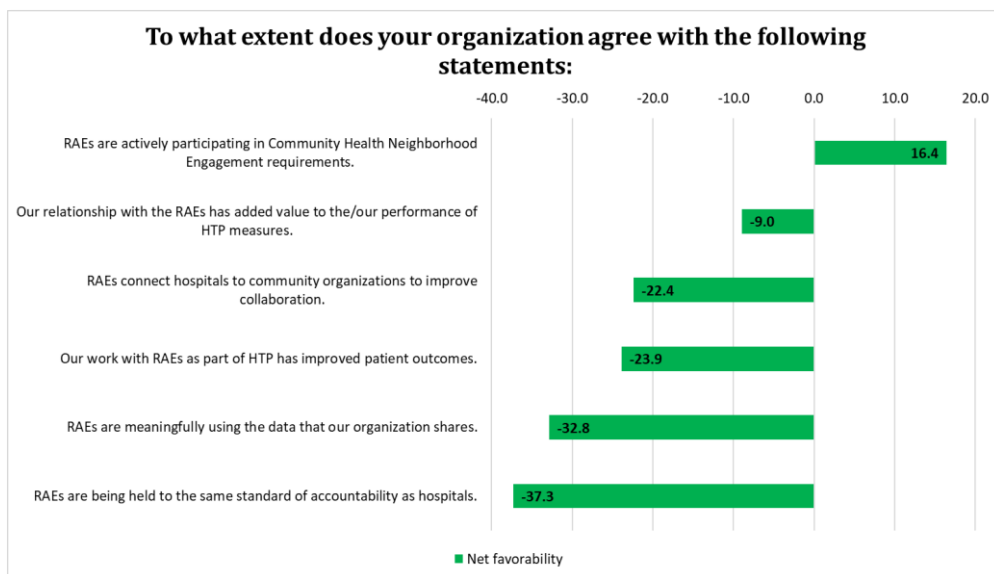
Survey Quotes



- *Self-reported data is not normalized between hospitals. All measures should be claims-based and claims data **NEEDS** to be available monthly. This is how value-based care programs can have success - through available and transparent data. Data reporting requirements cannot feel reliable if there are different measure interpretations.*
- *This program has not prepared hospitals for value-based payment programs, because no value-based program can have success without reliable claims data. If there are assumptions of specific value-based measures that are certainly going to be active in 2030, then we need time to prepare to use claims data to have success.*
- *It has been challenging when measures change mid-course particularly when you have implemented processes to address the measures.*

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Regional Accountable Entities



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Survey Quotes



- *The prior lack of prior RAE engagement was not a hospital issue, but rather a RAE and HIE issue. It feels unfair that the hospitals are held accountable for this. We continue to have struggles with these agencies and it is out of our control.*
- *Show us the outcome data. If compelling, statistically significant data can be presented, it would absolutely change our incentive to effectively engage with the RAEs and tangibly aid patients; we would be all-in. In the meantime, please stop wasting our time which directly equates to meaningful resources for patients that we would be providing.*
- *I don't see the RAEs being held to the same potential financial penalties as hospitals. Without similar repercussions, there is not similar accountability. As far as what the RAEs utilize data for, it's not transparent, and it's not like the RAEs have had to turn in milestone reporting or interim activities to the hospitals to say what they've been doing regarding HTP.*

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HTP from 30,000'



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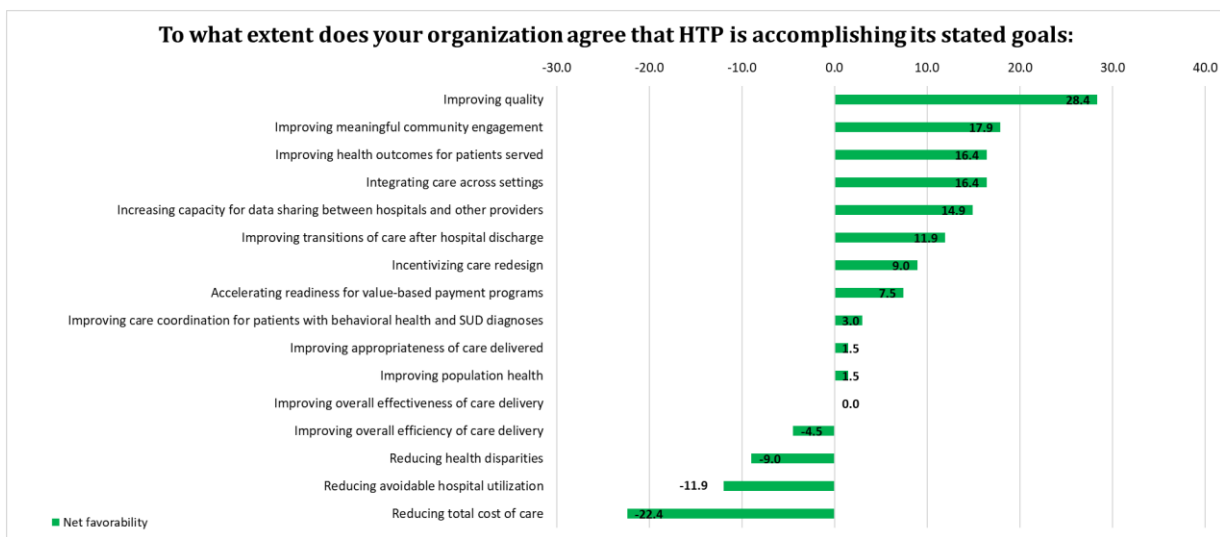
Survey Quotes



- *HTP has proven challenging to implement effectively due to its complexity, fragmentation, and the significant administrative burden it places on hospitals. Some aspects of the program, such as interim activity reporting and milestone submissions, continue to feel like unnecessary administrative burdens, especially in the later years of the program.*
- *The most disheartening aspect of this unfunded mandate program is the amount of additional effort required that, although associated with a meaningful topic or buzzword, does not align with impactful improvement for patients or their cost of care.*

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Achievement of HTP Goals



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Survey Quotes



- *Being rural with our limited numbers for the numerators/denominators can make it difficult to meet the benchmarks.*
- *Our team often feels like documentation has taken precedence over actual patient care.*
- *We have recurrently requested more involvement from a clinically-informed perspective at HCPF, such as the Medical Director or similar physician leader. If the true aim is improving patient care and reducing cost, it seems that request would be embraced rather than evaded.*

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CHA's Thoughts For The Future of HTP



- Governance
- Subject matter expertise
- Programmatic support
- Measure alignment
- Data and reporting
- Administrative burdens

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Next Steps



- Regular cadence
- [Sign up](#) for future meetings/workgroup



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Conclusion, Questions, and Discussion



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Discussion Questions



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Evaluation



To use the QR code:

- Focus your camera on the code and you will see a link to the Survey Monkey pop up on the screen.
- Press this link and you will be taken directly to the evaluation.
- Please take a minute now to complete the survey.



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Upcoming Events



2025 Maternal Health Virtual Summit – *Register at cha.com today!*
9:30 a.m. – 3 p.m. | Wednesday, April 2

2025 Annual Meeting and Rural Conference
Sept. 24 – 26
Cheyenne Mountain Resort, Colorado Springs
