

## Vail Health Hospital Community Feedback Meeting

Vail Health Hospital held a community meeting forum focused on community needs and benefits. This included the Population Health Working Group and other community partners and members that met June 12<sup>th</sup>, 2023, from 1500-1630.

The discussion that was held is summarized below.

### Hospital Community Benefit Accountability Program:

Chris Lindley and Dana Erpelding reviewed community benefit activities during the previous year and highlighted the implementation plan for the upcoming year with the 42+ community partners in line with the 2022-2024 CHNA Implementation Strategy.

1	Engage, Enroll, and Connect People to Services that Improve Whole Person Health	5	Address Healthcare Staffing Shortages with a Focus on Increased Diversity
2	Bring Care to the People	6	Increase Early Childhood and Family Supports
3	Focus Prevention and Early Intervention on Our Greatest Health Opportunities	7	Improve System Interoperability and Integration
4	Increase Utilization of Healthy Foods	8	Advance Internal & External Policy & Incentives to Improve Population Health

*Community Partners prompted the following discussion points to further drive implementation potential:*

Ross Brooks – Mountain Family Health Centers – Pointed out that there is a high percentage of uninsured patients (~15-17%) and encourages policy changes to help make that more realized. Finding key subsidies to help cover this population is imperative as it is expected to grow with the repeal of the federal public health emergency and its effect on Medicaid/Medicare qualifications for community members.

Advocacy is included as the 8<sup>th</sup> strategy. The group agreed with Ross and will continue with these efforts inclusive of this lens and the related needs.

Erin Ivie – SpeakUp ReachOut – In regard to Olivia’s Fund, it is recommended there is increased communication to the community about qualification for scholarships. Many are confused on what “550% of federal poverty level” means, who that includes, and often get frustrated and stuck in a loop of approval to qualify for service coverage. In addition, there is a sentiment of services not being actual behavioral health appointment availability rapidly enough and wanted to understand what was happening to increasing access to care.

The behavioral health representatives agreed to increase communication and provide additional clarity regarding Olivia's Fund. The behavioral health team recognizes issues with care access. Additional therapists and psychiatrists are being hired.

### **Hospital Transformation Program (HTP):**

Amy Lavigne presented an overview of the Colorado Department of Healthcare Policy and Finance's HTP highlighting how VHH's 7 interventions supported by 10 measures of performance are driving value based and higher quality care. A large portion of the HTP mission is to focus ongoing Community Health Neighborhood Engagement (CHNE). The key partners driving care coordination across out community and partnering in our HTP implementation include:

- Both Population Health Strategy and Community Referral Coordination Groups
- Regional Accountability Entity (RAE) – Rocky Mountain Health Plans
- Quality Health Network (QHN) – health information exchange
- CMM Care Coordinators
- Vail Health Behavioral Health Care Coordinators and Clinical Leadership
- Your Hope Center Clinical Leadership
- Behavioral Health Case Managers
- ECPS Community Paramedics
- Mountain Family Health Center

Amy highlighted current efforts with real time data of performing Social Determinants of Health Screening, efforts of Utilization Review Committee to reduce unnecessary hospital visits, and VHH efforts to reduce opioid administration while concurrently increasing alternates to opioids (ALTO) controlling patient's pain while in the hospital.

*Community Partners prompted the following discussion points to further drive implementation potential:*

Ross Brooks – Mountain Family Health Centers – Asked if we have a community Population Health Dashboard for collective populations. Believes that being able to see consolidated data around key initiatives, like what was shown for ALTOs, would be very beneficial to all partners. Ross concurred that using the power of QHN as the HIE for many of our partners is a strong and powerful set of data we need to further explore and coalesce into a digestible takeaway tool that presents more real time data.

The team acknowledged that a population health dashboard would be beneficial. Vail Health is attempting to build something internal. A community wide dashboard would be challenging. This will continue to be considered moving forward.

### **Commitment to Health Equity:**

Presentations given by Amy Lavigne and Kyler Hijmans with specific annual data highlighting the following:

- Vail Health's commitment to Health Equity
- Reducing health disparities in acute care
- Health outcomes related to acute conditions
- Reducing health disparities through community efforts

- Health outcomes related to chronic conditions

*Community Partners prompted the following discussion points to further drive implementation potential:*

Erin Ivie – SpeakUp ReachOut – Curious to know if VHBH was planning to implement the KAF Community Survey again in early 2024 and Chris Lindley able to answer in the affirmative.

### **Community Member Open Input and Dialogue:**

#### **Input was sought regarding the Public Meeting and how best to host these in the future**

Erin Ivie – SpeakUp ReachOut – Concurs with the discussion of the meeting to hold these community meetings at more approachable times outside of standard banking hours to increase participation of community outside of business and collaborative health partners. Increasing access to meetings for residents and finding ways to value participation and their time is imperative.

Sheri Mintz – Bright Future Foundation – Thinks that we need to connect with community members where they are and not expect everyone to come to the health care business offices to seek health services or to have meetings or provide input as a community voice or marketing effort.

Amy Lavigne – VH Director of Quality – brought up the concept of incentivizing community participation in a way that values people’s time and not simply compensating to come to a meeting. There is a large amount of collaboration at the state level to share ideas for valuing people for their participation in the community and we need to tap into that value. The group unanimously concurred.

All of this feedback will be considered when planning future public meetings where community feedback is solicited.

Joan Deeter – Eagle County Public Health – Along with Heath Harmon gave a high-level rundown of their past year’s efforts to perform and County driven Community Needs Health Assessment and had 3 key findings for the collective group:

- Housing continues to be the largest issue in our community affecting whole person health.
- Large need for a place to congregate, have community, and belong seemed to be the themes that repeatedly resonated when community asked about solutions to promote behavioral health in our county.
- Reliable and/or access to transportation is a large issue that affect access to health related or community congregation spaces for people to realize their greatest whole person health.

Vail Health agreed to continue to partner with the county on these efforts and thanked them for their ongoing partnership.