



COLORADO

Department of Health Care
Policy & Financing

Strategic Plan Update

September 2016

About this Plan

Process to Develop the Plan

Four groups were instrumental in developing the Strategic Plan:

- **Person- and Family-Centeredness Advisory Council** – The Advisory Council serves as a formal mechanism for members and families to collaborate with the Department to identify and implement person-centered practices.
- **HCPF Executive Team** – Department leaders who model, drive, and support person-centered culture change.
- **HCPF Champions** – Person-centered “ambassadors” who represent their division or section in identifying ways to incorporate the value of person-centeredness into Department business process, policies, and partnerships. Champions work in concert with the Executive Team and Advisory Council.
- **HCPF Core Project Team** – A cross-functional Department team responsible for planning and executing the person-centeredness work.

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Between February and October 2015, one or more of the groups convened weekly to establish the values, strategies, and tactics that comprise this Plan.

Alignment with Department Goals

Consistent with the Department's Vision and Mission, and with the goals set forth in the 2016 Department Performance Plan, the **Department's Person- and Family-Centeredness Vision** is that the Department's business processes, policies, and partnerships align with person-centered principles and that the Department respects and values the individual strengths, preferences and contributions of HCPF employees, providers, members and their families.

Developments and Changes

In March 2016, the Department received a second grant from The Colorado Health Foundation to continue our work improving member and family engagement. This funding will allow us to collaborate with external partners on person- and family-centered practices and projects. This funding also supports the continued work of our Strategic Plan for person- and family-centeredness developed in the first phase of this effort. As a result of this additional funding, the Strategic Plan will continue to be amended to include new projects.



HIGH-LEVEL SNAPSHOT: PERSON-CENTEREDNESS STRATEGIC PLAN	
HCPF Vision: Coloradans have integrated health care and enjoy physical, mental and social well-being	
Mission: Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.	
2016 Goals: Improve health for low-income and vulnerable Coloradans; Enhance the quality of life and community experience of individuals and families; Reduce the cost of health care in Colorado	
Department Values: Person-Centeredness / Accountability / Continuous Improvement / Employee Engagement / Integrity / Transparency	
Person-Centeredness Vision / Goal: the Department’s business processes, policies, and partnerships align with person-centered principles and that the Department respects and values the individual strengths, preferences and contributions of HCPF employees, providers, members and their families.	
EMPLOYEE ENGAGEMENT	Employees are sustainably engaged in their work at the Department.
INDICATOR	Work is done more efficiently, with less waste and with 36 month employee retention. [The Department is investigating investing in a Gallup Survey to better measure employee engagement.]
STRATEGY 1	Improve role clarity
STRATEGY 2	Improve internal communications
STRATEGY 3	Develop a culture of value for our employees (hiring, promotion, career development)
STRATEGY 4	Increase employee connection and work/efforts to the Department mission
STRATEGY 5	Develop & sustain employee training programs that enhance engagement
EMPLOYEES’ COMMITMENT TO MEMBER	The Department integrates person-centeredness into our work, including the development of processes, policies, and programs.
INDICATOR 1	100% of managers work with their teams to identify at least one demonstrable change they will make to align their work with person-centered principles.
STRATEGY 1	Core Competencies in individual performance plans will be amended to include competencies that reflect person-centered principles.
STRATEGY 2	Connect all employees to the member
MEMBER ENGAGEMENT	Members and families serve as advisors in the consideration and creation of changes to policies and programs.
INDICATOR 1	65 communications, materials and program and policy decisions are vetted through the Department’s Advisory Councils per year.
INDICATOR 2	Members are engaged in Department processes, discussions, or projects (outside of the Advisory Councils).
STRATEGY 1	Integrate person-centered language into written documents
STRATEGY 2	Continue to develop and increase member participation and engagement in In-Person and Virtual Advisory Councils.

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MEMBER EXPERIENCE	Members have an experience with the Department and Department programs that allows them to easily access services they need.
INDICATOR	Improve first call resolution by Member Contact Center from 76% to 86%.
STRATEGY 1	Improve Medicaid Customer Contact Center experience
STRATEGY 2	Improve member communications to ensure they're clear and accurate, accessible and useful.
STRATEGY 3	Improve document accessibility, readability, and usefulness
STRATEGY 4	Partner with counties to initiate projects brought to us by the Advisory Councils.

Employee Engagement

Background: The strategies and tactics driving *employee engagement* were informed by the recommendations/core commitments set forth in two key internal reports. The first, a May 2015 Exit-Interview Report, called for increased internal communication, clearer career development pathways for employees, and support (training) for managers on providing performance feedback. Recommendations and core commitments outlined in a September 2015 Internal Communication Focus Group Report also strongly correlate to the strategies and tactics tied to Indicator 1. The performance measurement (survey data) in the original plan has proved to be inadequate to measure the type of engagement information we desire. The Department is investigating purchasing a Gallup survey to measure these results.

Developments since June 2016:

Improvements to employee onboarding include the creation of a master form by the Office of Information Technology (OIT), which negates the need to use 4-5 forms when an employee starts work. This has helped to streamline the onboarding process and ensure new employees have the access they need more quickly.

Line of Sight trainings are held several times per year to help employees discover the connection between their work and the Department's Vision, Mission and Strategic Direction. This year the training was amended to include person-centered principles. Twenty-five employees representing five of the Department's six offices attended the trainings in FY 2015-16, an increase over prior years.

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The Medicaid Learning Community was deployed in February 2016 to educate employees on the Department's programs, operations and culture. Brown Bag sessions are conducted monthly with an average of 46 employees participating in each Brown Bag. A pilot of the new Member Experience Workshop is planned for this month. The Workshop is intended to help employees understand the experience of our members and any barriers they may face when faced with a need to apply for medical assistance. The Workshop allows employees to walk in the shoes of our members through an interactive session.

An online, micro-training module for person-centeredness is completed and ready to be launched this fall, with other modules to follow. The training was piloted with new front desk staff in early September and will be available to all employees in October. Feedback from the pilot group will be incorporated into the full launch.

Employee Commitment to Member

Background: Indicator #2 strives to engage all Department staff in person-centeredness, including those who do not have direct member interaction and may have trouble seeing just how their work impact member lives.

Developments since June 2016:

We have expanded our Core Team to include representatives from Eligibility and the Division for Intellectual and Developmental Disabilities.

The new core competency in person-centeredness has been added to every employee's performance plan. We have conducted interviews with "opinion leaders" throughout the Department to gauge employee comfort level with behaviors that could fulfill that core competency. Many employees have a plan in place to fulfill the core competency, but there are some who still struggle the concept of person-centeredness as it relates to their work. We plan to launch a broader survey this month, which will give us a better picture of employee attitudes and comfort with this new requirement. In addition, the survey will determine employee communication preferences to help us better connect with

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employees about the Person-Centered Approach.

An expanded Champions group which includes those “opinion leaders” mentioned above will be formally re-launched in January 2017, meeting quarterly to help us refine our internal communication plan and strategize some ways to connect employees to our members and create a stronger business case for person-centeredness.

We have added representation from the Legal Division and from the Pharmacy Unit to the Champions group who have utilized the Advisory Councils for input and feedback.

Member Engagement

Background: The goal of Member Engagement is for members and families serve as true advisors, with a structure in place that supports their participation in policy and program development, and demonstrating the Department’s commitment to be *accountable* to our members. The Department’s In-Person Advisory Council is nearing the completion of its second successful year and the Virtual Advisory Council is coming up on its one year anniversary. The Advisory Councils provide the Department with a better understanding of how to achieve this goal by proactively offering feedback and recommendations on business practices, policies, and partnerships. We continue to explore new ways of involving members as advisors Department-wide. [More information](#)

Developments since June 2016:

The In-Person Council has provided feedback on 64 items since its inception in June 2015, and the Virtual Council has weighed in on 20 items since October 2015. We have added two new members to the In-Person Council since June 2016 and recruitment is ongoing. With the close of the two-year term for many of our original members, we have connected them to other opportunities for community engagement as they prepare to rotate off our Council.

We have begun one-on-one conversations with members of our Virtual Advisory Council to evaluate the format of the Council and find out what improvements they would prefer. Most members find the current method of sending surveys to collect responses to be effective, but

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they are also interested in a more interactive format. We are planning to launch a discussion board in October to address these concerns.

Our new Medical Services Board Coordinator with help from our LEAN process team has restructured the rule writing process for ease of use and clarity of purpose. Plain language resources for rule writers will be added this month, and our Benefits Collaborative coordinator will assist to incorporate a plan for more effective stakeholder engagement in alignment with the Department of Regulatory Agencies (DORA) notice "Agencies' Responsibilities Colorado Rulemaking 2016," which requires attestation of stakeholder engagement from the Executive Director.

Member Experience

Background: Member Experience seeks to evaluate all touchpoints between the Department and its members. The data collected under each Strategy is expected to reveal opportunities for *continuous improvement* and *transparency* in these areas. In the second phase of our member engagement work, the Department solicited input from Advisory Council members and other external stakeholders, who all identified the eligibility process as the place with the greatest need for continued work on member engagement and the greatest opportunity to improve the member experience.

Developments since June 2016:

We are now exploring specific ways the grant dollars can support the work of counties to improve the eligibility process to ensure it is person- and family-centered. In August and September, we conducted key informant interviews with County Department of Human/Social Services Directors in advance of in-person visits to county directors' regional meetings to learn about the person-centered work the counties are currently doing, and to make them aware of the funding we have available to support a collaboration on a discrete project or projects to expand on that work.

The Member Contact Center is in the process of revamping their agent training program, which will incorporate plain language resources developed by an outside contractor. Once the improved training is in place, the opt-in caller survey will be relaunched. The Advisory Councils continue to be very involved in giving feedback on discrete elements of the contact center experience.

In spring 2016, the Departments of Health Care Policy & Financing and Human Services, the Governor's Office of Information Technology, and

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Connect for Health Colorado partnered on a research project to inform and improve member eligibility correspondence, including incorporating plain language best practices. Our hope is that the research project will lay a strong foundation and give us tools to improve our joint eligibility correspondence. [More information](#)

Finally, the new member handbook was launched in June 2016. Advisory Council members and other consumers were engaged in the process its inception to its completion.

For more information contact

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