



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

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DRAFT

Hospital Transformation Program

Intervention Proposal

I. Background Information

This Intervention Proposal is designed to clearly articulate the scope and goals of proposed transformation interventions aimed at impacting the hospital's selected local quality measures under the HTP. The following questions are meant to assist the state in identifying: the evidence base for each intervention; the need within targeted communities for the implementation of the interventions; and how the interventions will advance the goals of the HTP.

Hospitals will not be required to implement a specified number of interventions. Instead, participation requirements are based on the selection of local quality measures to impact within the five HTP Focus Areas:

- Reducing Avoidable Hospital Utilization
- Core Populations
- Behavioral Health and Substance Use Disorders
- Clinical and Operational Efficiencies
- Community Development Efforts to Address Population Health and Total Cost of Care

Hospitals will be required to address statewide measures for each Focus Area. Hospitals will also be required to select from the [HTP list of local measures](#) across the five Focus Areas based on community needs and the goals of the HTP. Each hospital will be required to work on a set of measures equal to 100 points. The number, mix and points per measure will vary according to hospital size, defined by bed count or specialty type:

- Large hospitals (91+ beds) will be accountable for six statewide measures, totaling 60 points and a minimum of four local measures, which will account for 40 points. Points per local measure will equal 40 divided by the number of local measures selected.
- Medium hospitals (26-90 beds) will be accountable for six statewide measures and a minimum of two local measures. If two local measures are selected, statewide measures will total 75 points, and local measures will account for 25 points. Points per local measure will equal 25 divided by the number of local measures selected. If three local measures are selected, then statewide measures will total 67 points and local measures will account for 33 points. Points per local measure will equal 33 divided by the number of local measures selected. If four or more local measures are selected, then statewide measures will then total 60 points and local measures will account for 40 points. Points per local measure will equal 40 divided by the number of local measures selected for four or more local measures.
- Small hospitals (<26 beds) excluding critical access hospitals will be accountable for six measures (statewide or local) to account for 100 points. Points per each measure will equal 100 divided by the number of measures selected.
- Critical access hospitals will be accountable for six measures (statewide or local) and will have their risk for measures reduced by 40%.
- Pediatric hospitals will be accountable for five statewide measures, totaling 50 points and a minimum of five local measures, which will account for 50 points. Points per local measure will equal 50 divided by the number of local measures selected.



- Respiratory specialty hospital(s) will be accountable for four statewide measures and a minimum of four local measures. If four measures are selected then statewide measures will total 56 points and local measures will account for 44 points. Points per local measure will equal 44 divided by the number of local measures selected. If five or more measures are selected, then statewide measures will total 50 points and local measures will total 50 points. Points per local measure will equal 50 divided by the number of local measures selected.

Hospitals have the option to work on local measures beyond the required minimum. This would spread the local measure risk by reducing the points per local measure.

In addition, hospitals have the option to replace a local measure with a statewide priority. Each statewide priority will be worth 20 points and if selected the points for each remaining local measure will be equal to the remaining total required local measure points divided by the number of local measures, greatly reducing the risk associated with those measures.

Hospitals should consult the Measure Scoring Summary, which can be found on the HTP webpage, for more information about measure selection, requirements and scoring.

Hospitals must then design five-year interventions that will impact their selected quality measures.

Hospitals must demonstrate that their proposed interventions will fulfill the goals of the HTP and are evidence-based. They must also justify the selection of each intervention based on the findings of the Community and Health Neighborhood Engagement process, including the environmental scan and feedback.

Each hospital will need to report its own data and submit its own application, but partnerships between hospitals may occur in some instances.

Hospitals may leverage existing resources for interventions, and existing interventions may be considered insofar as they expand or enhance the Department's noted goals and meet the following criteria:

- The hospital must demonstrate that the existing intervention is being selected because it is the best approach for meeting the needs of the community identified during the Community and Health Neighborhood Engagement process.
- The hospital must demonstrate that the intervention can and will be enhanced to meet HTP goals.

In addition to meeting the above criteria, any hospital proposing existing interventions for participation in the HTP will be expected to propose and implement accelerated milestones in the Implementation Plan for such interventions.

This Intervention Proposal must be completed separately for each of the interventions being proposed for inclusion in the HTP. Hospitals must submit interventions that, together, address all of the statewide quality measures and the local quality measures listed in the hospital's response to Question 6 in the Hospital Application.



II. Overview of Intervention

1. Name of Intervention: BH2: Initiation of Medication Assisted Treatment (MAT) in Emergency Department
2. Please use the table below to identify which statewide and selected local quality measures (from the hospital's response to Question 6 in the Hospital Application) the hospital will address through this intervention. As a reminder, each of the statewide and selected local quality measures must be identified for at least one intervention. As such, if this is the only intervention addressing a given Focus Area, all statewide quality measures and all selected local quality measures for that Focus Area must be included in this response. This response should align with the intervention-specific list included in the response to Question 7 in the Hospital Application.

Please note, hospitals are also required to complete the Intervention Proposal below for statewide priorities identified in Question 6 of the HTP Hospital Application.

Please use the unique identification code from the Performance Measures List (which is available on the [HTP website](#)) to identify your selected measures. For example, the measure "30 Day All Cause Risk Adjusted Hospital Readmission" should be listed as SW-RAH1.

Response (Please format the response as a numbered list)

1. BH2: Initiation of Medication Assisted Treatment (MAT) in the Emergency Department
3. Please use the space below to describe the intervention and the rationale for its selection. Responses should include:
 - A description of the intervention;
 - Who will be the target population for the intervention; and
 - How the intervention advances the goals of the HTP:
 - ✓ Improve patient outcomes through care redesign and integration of care across settings;
 - ✓ Improve the patient experience in the delivery system by ensuring appropriate care in appropriate settings;
 - ✓ Lower Health First Colorado (Colorado's Medicaid Program) costs through reductions in avoidable hospital utilization and increased effectiveness and efficiency in care delivery;
 - ✓ Accelerate hospitals' organizational, operational, and systems readiness for value-based payment; and
 - ✓ Increase collaboration between hospitals and other providers, particularly Accountable Care Collaborative (ACC) participants, in data sharing and analytics, evidence-based care coordination and care transitions, integrated physical and behavioral care delivery, chronic care management, and community-based population health and disparities reduction efforts.

Response (Please seek to limit the response to 1,000 words or less)

Rose Medical Center wants to meet our community's needs by focusing on the medication assisted treatment (MAT) intervention for the Hospital Transformation Program (HTP). The Community and Health Neighborhood Engagement (CHNE) report stated Denver County has a



higher opioid use disorder than its surrounding counties (1.2% compared to 0.5% in Adams and Arapahoe Counties). This statistic has led Rose Medical Center to focus on the MAT intervention for our Medicaid population. Through this intervention we plan to re-educate Emergency Department (ED) providers on current recommendations on how to treat withdrawal symptoms in the ED setting and then to refer patients to an outpatient setting for long term management. Rose Medical Center will also establish a referral system to allow patients to receive the appropriate treatment in an outpatient setting. The interventions described above will be implemented for all patients regardless of payer source admitted to Rose Medical Center. In order to improve patient outcomes for our most vulnerable and underrepresented groups, our focus will be on adults (over the age of 18) who have Medicaid as their primary insurance provider.

We plan to meet many of the HTP goals by implementing this intervention. This intervention will help Rose Medical Center's ED leverage community resources while continuing to provide high quality care to our patients. Stabilizing a patient's withdrawal symptoms appropriately in the ED will reduce a patient's length of stay in the department and also reduce their chances of readmission. Both of these factors will lead to lower healthcare costs and hospital utilization. We are actively exploring community resources to increase our collaboration with care coordination and transitions for this population type.

4. Please use the space below to describe how the intervention and any selected local quality measures to be addressed by the intervention align with community needs identified throughout the Community and Health Neighborhood Engagement process (including data identified in the hospital's CHNE midpoint and final reports), including but not limited to:
- How the intervention and any selected local quality measures to be addressed by the intervention were selected based on identified community needs, including how they align with identified significant behavioral and physical health needs and / or service capacity resources and gaps, including related to care transitions and social determinants of health;
 - How the population of focus aligns with identified community needs; and
 - How the proposed intervention will leverage available medical and / or social resources and partners.

Response (Please seek to limit the response to 1,500 words or less)

The Community Health Neighborhood Engagement (CHNE) process showcased the importance of implementing a MAT program in the emergency department (ED) at Rose Medical Center. Denver County reported 1.2% of the population reported an opioid use disorder compared to 0.5% in Arapahoe County. Overall the CHNE report proved the importance of serving our community and providing the resources required for our community. Initiating a MAT program and referral system in the ED will provide patients with the appropriate services in an outpatient setting. Rose Medical Center will establish community partners to support the population of patients who come through our ED seeking help.

Implementing a MAT program in Rose Medical Center's ED will meet many of the HTP goals. First of all it will improve patient outcomes by implementing a new process to care for patients who are in need of medication assisted treatment in the ED. This program will help ED providers acutely care for the patient and refer the patient to the appropriate outpatient clinic for appropriate follow up and care. This intervention will also allow Rose Medical Center to impact



healthcare costs by reducing avoidable hospital utilization by reducing ED readmissions for withdrawal symptoms. Additionally, Rose Medical Center will improve our readiness for value-based payments because we will focus on patient outcomes by treating the cause versus symptoms alone. Lastly this intervention will allow us to establish partnerships within the community to adequately treat this population of patients and offer them the long term support they need for this illness. Our goal is to establish lasting relationships with community partners and stakeholders. As part of this commitment, Rose Medical Center will collaborate with HealthONE facilities to engage our community stakeholders on a bi-annual basis to provide updates, significant milestones, and next steps in the intervention. During our recent community partner and stakeholder meeting, feedback highlighted the importance of social needs screening to reduce readmission rates, referrals to primary care providers, and referrals for behavior health services. We will begin to work on these initiatives and schedule bi-annual sessions to ensure we are meeting the needs of our community partners and stakeholders and goals of the HTP.

5. Please identify the evidence base (academic, professional or otherwise) related to this intervention's use among the target population by selecting one of the following options:

- (1) Randomized Control Trial (RCT) level evidence
- (2) Best practice supported by less than RCT evidence
- (3) Emerging practice
- (4) No evidence

If you selected option 1, 2 or 3 above, please use the space below to summarize the evidence base (academic, professional or otherwise) related to this intervention's use among the target population. The response should address the intervention's ability to impact the selected local and statewide quality measures identified in Question 6 in the Hospital Application. Please submit the response in narrative form and provide links to any reference documentation (data, citations, etc.).

If you selected option 4 indicating that there is no known evidence base, please explain why this intervention is being proposed regardless.

Response (Please seek to limit the response to 1,500 words or less)

1. Randomized Control Trial

An estimated 19.7 million Americans live with a substance abuse disorder and this financially impacts healthcare facilities (Reuter et al., 2019). Emergency Departments (ED) have seen increasing numbers of patients with opioid disorders and opioid overdoses. Opioid overdose rates have been increasing and ED providers have begun to treat this population of patient with buprenorphine, then referring the patient to an outpatient setting for further treatment (Kaucher et al., 2019). Studies have proven the effectiveness of implementing MAT programs in ED. When providers acutely treat withdrawal symptoms with buprenorphine and refer patients to an outpatient setting for ongoing treatment, ED lengths of stay were reduced and there were increased rates of outpatient MAT enrollment at 30 days (Kaucher et al., 2019). Likewise, separate researchers found in a randomized control trial, when buprenorphine was started in the ED and patients were then referred to outpatient settings, healthcare costs were reduced and compliance with treatment was increased (Im et al., 2020). Many studies have proven the effectiveness of MAT programs in the ED to provide acute treatment for opioid abuse in the ED.



With the implementation of a MAT program in the ED, Rose Medical Center will adequately treat and care for patients with opioid related disorders and overdoses. Establishing community partnerships to provide long term care to patients with opioid related disorders is essential to decreasing healthcare costs and improving patient outcomes. Many studies have proven the importance of stabilizing patients in the ED with buprenorphine and referring them to an outpatient setting for continued support. These interventions will improve the continuum of care and decrease healthcare costs by decreasing the length of stay in the ED along with readmission rates for opioid related disorders.

References

Henderson, H., Wilson, J., & McGeachy, J. (2019). 54 An Emergency Department-Based Medication-Assisted Treatment Pathway for Opioid Use Disorder That Does Not Require a Data 2000 Waiver. *Annals of Emergency Medicine*, 74(4), S22. <https://doi.org/10.1016/j.annemergmed.2019.08.058>

Kaucher, K.A., Caruso, E.H., Sungar, G., Gawenus, L., Hurlbut, K., Sanchez, D.C., & Broderick, K. (2019). Evaluation of an emergency department buprenorphine induction and medication-assisted treatment referral program. *The American journal of emergency medicine*, 38(2), 300-304. <https://doi.org/10.1016/j.ajem.2019.158373>

Im, D., Chary, A., Condella, A.L., Vongsachang, H., Carlson, L.C., Vogel, L., Martin, A., Kunzler, N., Weiner, S.G., & Samuels-Kalow, M. (2020). Emergency Department Clinicians' Attitudes Toward Opioid Use Disorder and Emergency Department-initiated Buprenorphine Treatment: A Mixed-Methods Study. *Western Journal of Emergency Medicine*, 21(2), 261-271. <https://doi.org/10.5811/westjem.2019.11.44382>

Reuter, Q., Smith, G., McKinnon, J., Varley, N., & Seaberg, D. (2019). 225 Successful Medication-Assisted Treatment Program at a Community Emergency Department. *Annals of Emergency Medicine*, 74(4), S89. <https://doi.org/10.1016/j.annemergmed.2019.08.393>

6. a. Does the focus of the proposed intervention intersect with ongoing initiatives statewide (including, but not limited to those included in the ACC, State Innovation Model and Comprehensive Primary Care Plus)?

Yes

No

b. If yes, please identify the applicable statewide initiative(s): (you may select more than one response from the list below)

[Behavioral Health Task Force](#)

[Affordability Road Map](#)

[IT Road Map](#)

[HQIP](#)

[ACC](#)

[SIM Continuation](#)



- Rx Tool
- [Rural Support Fund](#)
- [SUD Waiver](#)
- [Health Care Workforce](#)
- [Jail Diversion](#)
- Crisis Intervention
- [Primary Care Payment Reform](#)
- Other: ____ (please identify)

Please also use the space below to briefly explain how the hospital will ensure the intervention aligns with the applicable ongoing initiative(s).

Response (Please seek to limit the response to 750 words or less)

This intervention aligns with other statewide initiatives. First off, Behavioral Health Task Force focuses on high utilizers, readmission rates, and affordability of healthcare. Utilizing MAT in the ED will help decrease admissions because patients will receive the appropriate follow-up care in an outpatient setting. The second program this intervention aligns with is the Affordability Road Map. This program focuses on overuse, complications, excessive length of stay, and readmissions in a healthcare setting. Implementing a MAT program as an intervention will decrease hospital utilization and readmission rates by providing patients with the correct resources. Rose Medical Center focuses on improving patient outcomes without sacrificing care. With HTP we will continually work to improve patient outcomes, increase patient satisfaction, decrease healthcare costs by establishing relationships with community partners and utilizing outpatient services to improve the continuum of care for our Medicaid patients.

7. Please use the space below to explain any experience the hospital or any affiliated community partners have had with this type of intervention or target population and how that experience will support the success of the intervention.

Response (Please seek to limit the response to 500 words or less)

Rose Medical Center does not currently have any community partners established for this intervention. Through the HTP program we will implement a MAT program in the ED and establish community partnerships to adequately care for this patient population.

8. a. Is this an existing intervention in use within the hospital (“existing interventions” are those interventions the hospital has implemented or is implementing on the day it submits the Hospital Application)?

- Yes
- No

b. If yes, please use the space below to explain how the following criteria for leveraging existing interventions is satisfied (the response may reference answers above):



- The hospital must demonstrate that the use of the existing intervention is the best approach for meeting the needs of the community identified during the Community and Health Neighborhood Engagement process.
- The hospital must demonstrate that the project will be enhanced to meet HTP goals.

Response (Please respond as applicable; Please seek to limit the response to 1,000 words or less)
 Rose Medical Center ED providers received education about MAT several years ago with variable and inconsistent implementation.

The interventions described above will be implemented and expanded for all patients regardless of payer source admitted to Rose Medical Center. In order to improve patient outcomes for our most vulnerable and underrepresented groups, our focus will be on inpatient adults (over the age of 18) who have Medicaid as their primary insurance provider.

We plan to meet many of the HTP goals by implementing this intervention. This intervention will help Rose Medical Center’s ED leverage community resources while continuing to provide high quality care to our patients. Stabilizing a patient’s withdrawal symptoms appropriately in the ED will reduce a patient’s length of stay in the department and also reduce their chances of readmission. Both of these factors will lead to lower healthcare costs and hospital utilization.

9. a. Will the intervention be a joint effort with another organization (e.g., a Regional Accountable Entity, Local Public Health Agency, a mental or community health center, another community organization or any other external organization)?

- Yes
- No

Partnerships are not required, but, if the hospital will partner, please complete the remainder of this question and provide the required documentation (see subpart c).

b. If yes, please complete the following chart, including listing the partner organization; listing the type of organization; indicating whether the hospital has previously partnered with the organization; and providing a high-level summary of the expected role of the organization in intervention’s leadership and implementation.

Partner Organization Name	Type of Organization	Does the hospital have any previous experience partnering with this organization? (Yes or No)	Organization’s Role in Intervention Leadership and Implementation (high-level summary)

c. Please also submit documentation of the partnership with each listed organization. Documentation may be provided separately for each organization listed above and could



include: a contract; a memorandum of understanding; a business association agreement; a Letter of Partnership from the listed organization(s); or similar documentation. If a Letter of Partnership is provided, in it the organization should: (1) acknowledge that it intends to partner; (2) provide a brief description of the organization; (3) express agreement with the planned intervention; and (4) express agreement with the planned role it will have in leadership and implementation of the intervention as expressed above. The letter should be signed by a member of the organization's management and submitted with this application in the same .pdf document. The Letter of Partnership Template can be found on the [HTP webpage](#).

