



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: CP5-Reducing Neonatal Complications
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. CP5-Reducing Neonatal Complications
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 delivers over 4,000 babies each year. Reducing newborn complications is a large focus for the facility. Currently all unexpected newborn complications are reviewed in a timely manner by the appropriate stakeholders. If areas of opportunity are recognized, the appropriate changes are implemented within the facility. Rose Medical Center wants to improve



the continuum of care and plans to develop relationships with key stakeholders to ensure healthy babies are born to healthy mothers. As a facility we believe in supporting all of our patients and will continue to improve the quality of care delivered at Rose Medical Center.

The HTP program will allow Rose Medical Center to meet important milestones for the program while improving care and reducing neonatal complications. As a facility we aim to establish new community partnerships to meet the growing needs of our Medicaid population at Rose Medical Center. Some of the potential community partnerships will include facilities and programs specialized in caring for pregnant and postpartum women. We plan to meet many of the HTP goals by establishing partnerships within the community to offer resources to pregnant mothers who are at a higher risk of delivering a newborn with complications. Rose Medical Center will meet another goal of the HTP by reducing the length of stay for newborns by referring pregnant women to specialized services prior to delivery. Referring pregnant mothers to community partners will decrease newborn complications in the hospital setting, which will decrease overall healthcare costs by reducing Neonatal Intensive Care Unit (NICU) admissions. Referral to specialized services will also improve the patient experience by ensuring appropriate care in the appropriate setting. Throughout the HTP Rose Medical Center will continue to provide high quality of care to this specialized population.

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)

Through the Community and Health Neighborhood Engagement (CHNE) process, we discovered Denver County had higher rates of unhealthy behaviors during pregnancy. Some of these factors included higher rates of drinking alcohol during pregnancy and lower newborn birth weights compared to surrounding counties. 46.5% of women in Rose Medical Center's service area had body mass index (BMI) scores classifying them as overweight or obese prior to becoming pregnant. Supporting high risk mothers during their pregnancy will close gaps related to health disparities.

Rose Medical Center will focus on referring pregnant mothers with high risk behaviors to the designated community resources to reduce newborn complications in Medicaid patients. Rose Medical Center currently has a Neonatal Intensive Care Unit (NICU) nurse navigator to provide an extra level of support to families who know their infant may need to be admitted into the NICU. This service is open to all mothers who are expected to have an infant admitted to the NICU immediately following delivery. We are dedicated to reducing newborn complications and will work towards establishing partnerships to serve our Medicaid population.



Rose Medical Center plans to establish community partnerships to refer pregnant women who are in need of extra support. Currently the facility does not have partnerships established to support pregnant women on Medicaid with their smoking and alcohol habits or their weight status. The CHNE process highlighted that 37.2% of women were covered by Medicaid for their prenatal care. Through the HTP, Rose Medical Center will establish new relationships with community partners for services, to meet the needs of our pregnant mothers, especially our most vulnerable moms outlined in the CHNE report. At Rose Medical Center we believe we can impact our community by establishing community partnerships to help serve our pregnant women which will lead to a decrease newborn complications and improve the continuum of care. 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)

2. Best practice supported by less than RCT evidence

There is debate on whether or not it is ethical to recruit pregnant women into research trials (Kaye, 2019). In 1994 the Institute of Medicine stated pregnant women could be involved in clinical research but needed to be excluded when there is not a medical benefit to the women or if there was plausible harm to the infant (Kaye, 2019). These factors tend to cause researchers to eliminate all pregnant women from their trials. Even though randomized control trials are not readily available for pregnant women and newborns there are many professional organizations who provide recommendations for healthy moms and babies. The American College of Obstetrics and Gynecology (ACOG) lists many recommendations to help prevent birth defects in newborns,



though many times birth defects occur from an unknown cause (ACOG, 2019). ACOG recommends avoiding illegal drugs, alcohol, and prescription drugs for nonmedical reasons to decrease potential newborn complications (ACOG, 2019). This organization encourages women to take a multivitamin before and during pregnancy to reduce neural tube defects (ACOG, 2019). The World Health Organization (WHO) encourages utilizing services that align with the continuum of care to decrease newborn complications. The WHO believes women should receive services pre-conception to help detect and screen women to decrease the newborn complications and birth defects (WHO, 2021). “With investments in surveillance, prevention and care we can start reducing the burden of birth defects, particularly miscarriage, stillbirth, and for those who survive, lifelong physical and psychological difficulties” (WHO, 2021, para 4).

Rose Medical Center is dedicated to decreasing newborn complications by establishing relationships with community partners to care for pregnant moms and their newborns through the Hospital Transformation Program. Creating partnerships will allow Rose Medical Center to properly refer patients to programs dedicated to improving newborn outcomes.

References

American College of Obstetrics and Gynecology (2019). Reducing birth defects. Retrieved from <https://www.acog.org/womens-health/faqs/reducing-risks-of-birth-defects>

Kaye, D. (2019). The moral imperative to approve pregnant women’s participation in randomized clinical trials for pregnancy and newborn complications. *Philosophy, Ethics, Humanities in Medicine*. <https://doi.org/10.1186/s13010-019-0081->

World Health Organization (2021) Newborn health unit. Retrieved from <https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/newborn-health/overview/congenital-anomalies>

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 measure alligns with Affordability Road Map because the goals of the program are to reduce healthcare costs. The State of Colorado is working towards reducinig patient costs and investing in long term changes aiming to improve healthcare overall. HTP's goals of improving health outcomes, patient experience, and lowering healthcare costs directly correlates with the Affordability Road Map. Implementing CP5: Reducing Newborn Complications at Rose Medical Center will meet the goals for both programs. Throughout the HTP, Rose Medical Center will close the gap in health dispartity, establish community partnerships for our Medicaid patients, improve the continuum of care, and lastly decrease overall healthcare costs.

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 affiliated community partners to help decrease newborn complications. These relationships will be established during the progression of the Hospital Transformation Program. We do not have community partners in place to refer pregnant mothers who are in need of specialized services. The HTP will allow Rose Medical Center to establish community partners to decrease newborn complications by serving our pregnant mothers with Medicaid. Rose Medical Center will meet important milestones established by HTP to foster these relationships. By the end of the HTP Rose Medical Center will have a streamlined system to refer pregnant and postpartum mothers who are in need of specialized services. This referral system will subsequently decrease newborn complications within the facility, decrease length of stay, and reduce overall healthcare costs.

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)
N/A

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](#).

