



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

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Denver, CO 80203

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: Local-BH1: SBIRT in the Emergency Room
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.
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)

Screening, Brief Intervention and Referral to Treatment (SBIRT) is a preventative program instituted by the Centers for Medicare and Medicaid Services across United States hospitals to provide early support to patients with evolving substance abuse disorders. It is designed to identify individuals who need professional substance abuse support before it becomes a chronic



problem. SBIRT was designed to address issues with tobacco and alcohol, but has expanded to address all substance issues as our communities have evolved and expanded substance abuse usage. Standardized screening of patients for potential high drug and alcohol usage is an essential first step for identification of potential abuse, which can lead to a higher risk of fatal disease and traumatic injury. Brief interventions in the emergency room (ED) can help stabilize patients so that they are in a safe environment to receive physiological and psychological support to give them the opportunity to engage in further treatment. The substance treatment referral program connects the ED caregiver to the primary care provider and intensive substance abuse specialist as appropriate. Peer Assistance Service's report, SBIRT efforts can reduce health care costs by approximately \$2,000-\$6,000 a year. Consistent implementation of SBIRT programs have shown to decrease the number of readmission due to alcohol use related diagnoses. We believe by reinforcing this intervention and enrolling patients in SBIRT services we will support the goals of Hospital Transformation Project (HTP) by reducing healthcare costs, providing preventative treatment for substance abuse, and increasing patient safety at home and in the community by reducing the risk for injuries from trauma.

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)

In Denver County, Colorado Department of Public Health and Environment data from the Vision analytics program reports that in 2016-2018 10.3% of Denver county residents self-reported their mental health as "not good" in the previous 2 weeks and 11.1% reported the same over the last 30 days. The Community and Health Neighborhood Engagement (CHNE) process revealed 12% prevalence of Denver County adults receiving treatment for mental health conditions or emotional problems during 2016-2018. Moreover, our CHNE assessment revealed that almost one in five adults (19.4 percent) report binge drinking in the past 30 days.

Populations prone to substance abuse are more likely to be survivors of mental or physical trauma. According to our CNHE, early one in five (19.4 percent) adults in metro Denver binge drink and 16.9 percent of high school aged adolescents report having five or more drinks within a few hours. Additionally, P/SL's total service area including Denver County, had a disability rate of 6.5% in 2017. P/SL's total service area including Denver County, had a disability rate of 6.5% in 2017. P/SL saw over 21,000 ED patient visits in the year 2020. The majority of our ED patients arrive by foot or private vehicle due to our location in heart of Denver, as we serve a significant number of the Denver



homeless population. Many of our primary ED patients have substance abuse disorders as well as traumatic injuries due to their harsh conditions of living.

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)

In a large study of SBIRT outcomes, at six-month follow-up, illicit drug use was 68% lower and heavy alcohol consumption was 39% lower among individuals who had screened positive for hazardous drug and alcohol use. Those same individuals reported improvements in general health, mental health, employment, and housing, as well as decreased criminal activity. Per the Addiction Center, this population will "experience substance use disorders at 2 to 4 times the rate of the general population." The study "Socioeconomic risk factors for fatal opioid overdoses in the United States: Findings from the Mortality Disparities in American Communities Study (MDAC)" also supports that people with disabilities are at a higher risk of opioid abuse over the population without disabilities. Per the Addiction Center, this population will "experience substance use disorders at 2 to 4 times the rate of the general population." The study "Socioeconomic risk factors for fatal opioid overdoses in the United States: Findings from the Mortality Disparities in American Communities Study (MDAC)" also supports that people with disabilities are at a higher risk of opioid abuse over the population without disabilities.

Early identification and intervention efforts to help manage drug and alcohol addiction are beneficial for cessation or long term management. Connecting the patients with mental health and substance abuse providers at onset of the condition can best support them to maintain safety in their physical and mental states.

1. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/sbirt_factsheet_icn904084.pdf
2. <http://www.sbirtcolorado.org/what-we-do>
3. <https://www.sbirt.care/tools.aspx>



4. <https://www.colorado.gov/pacific/cdphe/vision-data-tool>
5. Robert D. Sparks MD, FACP (2002) Broadening the Base of Treatment for Alcohol Problems, a 1990 Report for the Institute of Medicine, Alcoholism Treatment Quarterly, 20:3-4, 227-231, DOI: 10.1300/J020v20n03_17
6. Agerwala, S. M., & McCance-Katz, E. F. (2012). Integrating screening, brief intervention, and referral to treatment (SBIRT) into clinical practice settings: a brief review. Journal of psychoactive drugs, 44(4), 307-317. <https://doi.org/10.1080/02791072.2012.720169>
7. Madras BK, Compton WM, Avula D, Stegbauer T, Stein JB, Clark HW Drug Alcohol Depend. 2009 Jan 1; 99(1-3):280-95.
8. <https://www.addictioncenter.com/addiction/disability/><https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6968850/>.com/addiction/disability/
9. <https://projectcore.echocolorado.org/Participant/Series/1358>
10. <https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/colorado-opioid-involved-deaths-related-harms>

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: • SW-BH3, SW-BH1, CDPHE Trauma, CHA ALTO, Colorado Consortium of Drug Abuse Prevention, Colorado SBIRT Taskforce

(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)

Although our SBIRT are not formalized, the framework elements to implement this program are in place. Screening for alcohol and drug abuse is integrated into our electronic medical record in the triage nursing assessment. A risk stratification is engrained in the screening tool and leads the nurse to request further information to direct treatment. Unit specific Case Managers are apart of the triage process and in continual communication with the bedside nursing staff. The Case Managers have strong relationships with our local partners to connect patients with local substance abuse resources in the community. We have a Psychologist MD on staff who is able to provide direct care to those in the most need for immediate treatment. These established systems and partnerships will help ensure the effectiveness of this intervention.

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)

Due to our location and high density of homeless individuals we have many local community partners created to manage the needs of our local residents. Social programs to help with food and shelter are available to our discharges in need. The Denver Rescue Mission designates several respite beds for our patients in need, but we are not able to get beds for all those patients who have need. Metro Denver Partnership and other community mental health services can help provide emergency and long term mental health services.

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)

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)
Carepoint Physicians	Provider Organization	Yes	Integrated Physician Group at Key Leadership positions within the Hospital
Denver Rescue Mission	Homeless Shelter	Yes	Community Support Partner
Denver Police Department	Law Enforcement	Yes	Contracted Staff in the ED
MDPH Health Systems	Multiple Community Agencies and Hospitals	Yes	Multiple Community Agencies and Hospitals

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](#).

