



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: SW-COE1 - Hospital Index
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)

The intervention selected to address potentially avoidable costs (PAC) entails establishing a program that will (1) collect information from Medicaid claims and (2) develop a system to review this data to identify potentially avoidable costs. We envision the creation of a hospital based committee to oversee these efforts. Once trends are established and reviewed, the committee



will oversee the development of process improvement plans to be implemented across our organization.

One key first step in this intervention is to create the oversight structure for the aim of this intervention. We will leverage the expertise of key stakeholders from our case management, quality, data analytics, and medicine departments to participate in this newly enacted committee. Using PROMETHEUS claims data, we will review the information to understand our key areas of focus. Through these focus areas, we anticipate the need for additional investigation and structure via quality improvement (QI) methodology. Leveraging our toolkit, we anticipate the need for structure provided by process mapping, fishbone, or driver diagrams to understand our opportunities. Actions plans will be developed using the facility's selected QI process improvement methodology of Plan Do Check Act (PDCA).

We believe this intervention will advance the goals of the Hospital Transformation Program (HTP) by improving both patient outcomes and experience via ensuring a focus on healthcare costs, value to our Medicaid patients, and greater efficiency. Through the HTP project, we are accelerating P/SL's readiness for value-based payments with the intention to reduce costs. Furthermore, we believe there is a possibility to collaborate with our community partners via data sharing and analytics, evidence-based care coordination and care transitions, and/or chronic care management.

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 was utilized to inform our organization of community needs and allow us to make informed decisions when selecting our proposed measures. It was revealed that although the average household income in the metro Denver region is \$97,285, income disparities exist for our patient population. For example, about two in five people in Adams County (41.1 percent) and Denver County (38.5 percent) are living below 200 percent of the Federal Poverty Level (FPL). Overall, about a third of the metro Denver population lives under 200 percent of the FPL. This means that our patients, including this measure's specified subset of Medicaid patients could be living below the FPL. Combined with income challenges, our CHNE also revealed notable issues in our community with homelessness, substance abuse, behavioral health access to transportation, healthy food, and housing.

Our preliminary resources to be leveraged to achieve these goals will focus on the establishment of a strong structure and process for reducing potentially avoidable costs. Once we engage in the



process improvement phase, we are likely to focus on the utilization of both medical and social resources to address the local community such as chronic disease management, behavioral health conditions, substance use disorders, homelessness and transportation limitations. As a facility, we need to be good stewards of care and utilization and through this work, we hope to decrease avoidable costs for our patients.

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)

The evidence based intervention selected entails addressing PACs by utilizing PROMETHEUS Analytics. PROMETHEUS was originally intended to be a model for bundled payment programs and the HTP participants will be leveraging this software to reduce potentially avoidable complications. Change Healthcare (2021) notes that this system was originally established to follow a few basic concepts:

- Compensate physicians, hospitals and health systems fairly, and reward excellence by allowing top performers to earn more;
- Offer direct and powerful incentives for providers to deliver greater value and better outcomes;
- Encourage clinicians to work in teams, share information, and take collective responsibility for a patient's health; and
- Provide a realistic framework to transform today's fragmented and inefficient system into one that is more integrated and accountable.

Utilizing PROMETHEUS helps create a culture for providers and insurers to be incentivized by doing the right thing for patients while being compensated. Ideally, this software can be leveraged without much administrative burden or impact on the way our patients access care at P/SL for this intervention's purposes.

By using medical records, claims data and other data to measure the quality of care delivered to patients, the PROMETHEUS tool will allow us to look for PAC opportunities across the existing



Evidence-Informed Case Rate (ECR) for 21 conditions. This will allow us to analyze our costs against the budget reported in PROMETHEUS. A reduction in potentially avoidable complications is believed to reduce costs. The Robert Wood Johnson Foundation (2011) estimated that up to 20 cents of each dollar spent on acute hospitalizations and procedures in the United States are due to PACs. A substantial PAC allowance is calculated within each ECR. If complications occur, this allowance is used to offset costs of corrective treatment, and if providers reduce or eliminate PACs, they can potentially keep the entire allowance as a bonus.

References:

Change Healthcare (2021). Potentially Avoidable Conditions. Retrieved February 21, 2021 from <http://prometheusanalytics.net/deeper-dive/potentially-avoidable-complications>

Robert Wood Johnson Foundation (2011). The fundamentals: how the program works. Retrieved February 21, 2021 from <https://www.rwjf.org/en/library/research/2011/02/prometheus-payment/the-fundamentals-how-the-model-works.html>

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)

- o SW-RAH1-Reduce Avoidable Hospital Admissions
- o SW-RH1-Severity Adjust Length of Stay

The intervention selected aligns with the ongoing statewide initiatives that include, but not limited to, the following:

The Affordability Roadmap's vision is to take significant steps to increase access to health care and insurance coverage while offering these services at a lower cost. We believe the general HTP framework embodies an organic shift from "fee-for-service" model to value-based care with the intent to lower hospital prices in the long run. Ideally, the partnership between P/SL and Health Care Policy & Financing under the Hospital Transformation Program promotes the hospital's ability to improve patient experience and outcomes while lowering costs as a part of the goals of this program. Thus, enabling this initiative to align with the ongoing statewide initiatives.

Furthermore, the Alternative Payment Model for Primary Care (APM) is part of the Department's efforts to shift from paying for volume to paying for value across the entire delivery system. The APM is designed to support primary care providers through this shift. The Department, in close collaboration with stakeholders, has developed three goals for the APM: provide long-term, sustainable investments into primary care; reward performance and introduce accountability for outcomes and access to care while granting flexibility of choice to providers, and; align with other payment reforms across the delivery system. We believe one of APM's goals is to align with other payment reforms including the HTP. Further alignment entails the focus on utilizing the Prometheus dashboard tool provided by HCPF to identify key focus areas for lowering potentially avoidable costs (PAC) with the intention to implement an action plan to lower the PAC rate.

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)

P/SL has experience with this intervention due to the same quality measures existing previously under the Hospital Quality Incentive Payment (HQIP) Program. The Hospital Index measure was calculated using Altarum's PROMETHEUS Analytics tool. PROMETHEUS Analytics is a transparent and proprietary model for bundled payment valuation.

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) Using PROMETHEUS Analytics will help our facility begin to set the foundation to review episodes for PACs. As we start this journey and identify trends, we surmise that quality improvement structures, including literature review and provider-stakeholder input will be of the utmost importance to reduce PACs and improve care for our patients.

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)
N/A	N/A	N/A	N/A

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](#).

