



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: Using Alternatives to Opioids (ALTO's) in Hospitals ED's- Decrease opioid use and increase use of ALTOs

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. SW-BH3

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)

This intervention is selected to address the two part measure set forth by the Colorado Department of Public Health and Environment measure SW-BH3 Using Alternatives to Opioids (ALTO's) in the hospital's emergency department (ED) for the implementation and maintenance



of the Colorado ALTO Project with objectives to decrease the use of opioids, decrease opioid prescriptions written and increase the use of ALTOs.

North Suburban Medical Center's (NSMC) nursing and pharmacy departments in collaboration with CarePoint emergency room providers, have successfully implemented new order sets to include non-opioid medications. NSMC utilizes the HCA Care Alert Program, which provides a tracking system to allow case management and ED staff/physicians to work together to establish care plans for patients at high risk for opioid use.

The target population for this intervention includes patients visiting the ED, over the age of 18, and those who are seeking or otherwise would normally receive opioids for pain management. Specifically targeted are patients with primary or secondary ICD-10-CM diagnosis codes related to pain, which frequently lead to the initiation of pain treatment pathways. This will include patients who are discharged home from the ED, recently discharged from our own or other facilities, and those admitted to inpatient services or as an observation status.

The intervention will support the implementation and ongoing maintenance of the responsible usage of opioids designed to decrease the use of opioids and increase the use of opioid alternatives. NSMC efforts will be guided by the principles set forth by the Colorado Chapter of the American College of Emergency Physicians 2017 Opioid Prescribing and Treatment Guidelines, including (1) limiting opioid usage; (2) using ALTOs for the treatment of pain; (3) implementing harm reduction strategies, and (4) improving treatment and referral of patients with Opioid Use Disorder (OUD).

The selected interventions will also support two goals of the Hospital Transformation Program (HTP). First, the intervention will improve patient outcomes through traditional care redesign and integration of continued care across the community setting by implementing the protocols set forth in the Colorado ALTO Program. Secondly, the proposed interventions will aid in lowering Health First Colorado (Colorado Medicaid Program) cost through reducing avoidable hospital utilization and increasing effectiveness and efficiency in the delivery of patient care. In addition to the ALTO project, the use of Care Alert Plans for patients who have been identified as high utilizers of the ED for opioids, will also be utilized to decrease ED visits by supporting utilization of community clinic visits with a more consistent team of medical and behavioral health providers. As we change our practice of pain control to an approach of “managing the pain, not masking it”, the HTP goals will improve patient outcomes and quality of life, as well as reduce avoidable hospital utilization, resulting in a cost savings for the Medicaid system. This program implementation will institutionalize a more responsible approach to opioid usage and pain 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)

During the Community Health Network Engagement (CHNE) process we continually heard the need for a comprehensive system to address addiction to stop the opioid epidemic that is plaguing our families and communities. This effort must be community wide with engagement of all hospital systems.

The intervention proposed to advance the SW-BH3 - Using Alternatives to Opioids (ALTO's) in Hospitals EDs, aligns with the identified community needs. During the (CHNE) process, stakeholders identified patients with mental health illness and substance abuse as an underserved and vulnerable population for our facility. Residential and outpatient substance use treatment services were identified as especially limited, even more so for individuals with both behavioral health (mental health and substance use) and physical health concerns or individuals who also have developmental or intellectual disabilities. Therefore, the proposed intervention demonstrates that the population of focus, those seeking acute or chronic pain management and may have an Opioid Use Disorder (OUD), aligns with our primary community needs.

In Colorado, 564 opioid-involved overdose deaths (a rate of 9.5) were reported in 2018. The CHNE process in 2017 revealed that a high prevalence of Adams County adults received treatment for mental health conditions or emotional problems during 2016-2018. Also extracted from the CHNE process, 19.3% of Adams County fell below the 100% federal poverty level and 41.1% fell below the 200% federal poverty level. Additionally, NSMC's total service area including Adams County, had a disability rate of 9.9% in 2017. 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. This same study concluded that those living in poverty were at a significantly higher risk for opioid fatality and "contributes to patterns of declining life expectancy."

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 Colorado Hospital Association (CHA) website outlines the Colorado ALTO Project detailing the collaboration efforts with member hospitals to provide solutions for the Colorado Opioid epidemic. “In 2017, CHA and its partners developed the Colorado Opioid Safety Pilot, a study that was conducted in 10 hospital EDs over a six-month span with a goal of reducing the administration of opioids in those EDs by 15 percent. The cohort of 10 participating sites achieved an average 36 percent reduction in the administration of opioids during those six months, as well as a 31.4 percent increase in the administration of alternatives to opioids (ALTOs).” One of the key messages from this study is that “because pain is one of the most common reasons for inpatient admissions and often leads to opioid administrations, it is important for specialties to create alternative pain management guidelines in order to reduce opioid exposures.” The proposed intervention leverages available medical resources as this implementation is a collaboration of the ED providers, ED staff, IT department, case management and pharmacy partners.

1. <https://cha.com/opioid-safety/colorado-alto-project/>
 2. [https://www.jenonline.org/article/S0099-1767\(07\)00292-9/abstract](https://www.jenonline.org/article/S0099-1767(07)00292-9/abstract)
 3. https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/cntrb_029679.pdf
 4. <https://www.addictioncenter.com/addiction/disability/><https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6968850/> .com/addiction/disability/
 5. <https://projectcore.echocolorado.org/Participant/Series/1358>
- <https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/colorado-opioid-involved-deaths-related-harms>
6. https://cha.com/wp-content/uploads/2019/03/CHA.149-CO-CURE_Flyer_2.pdf
 7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6968850/>
 8. https://www.cohealthmaps.dphe.state.co.us/cdphe_community_health_equity_map/
 9. <https://cdphe.colorado.gov/vision-visual-information-system-for-identifying-opportunities-and-needs>

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: CHA ALTO Program, Colorado Consortium of Drug Abuse Prevention, SW BH-1-Screening (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)

As noted previously, this intervention supports the foundation of ALTO work started in 2017 by CHA, it also complements the mission of the Colorado Consortium of Drug Abuse Prevention and supports the use of the Colorado Prescription Drug Monitoring Program (PDMP) which allows providers to review historical prescription use of our patients in hopes of decreasing prescription drug misuse. By participating in this intervention, we will enhance our current process with further structure and more robust process.

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)

North Suburban Medical Center (NSMC) in partnership with CarePoint Physicians in the Denver Metro have coordinated their effort to establish standardized protocols and order sets to standardize treatment plans for common ED visit diagnoses and pain management plans. They have founded a successful, unified, broad-based program to reduce the use of opioids as the primary pain management modality and prioritized non-opioid alternatives to common etiologies of ED visits for primary pain presentations.



Implementation of this intervention has included education of ED providers, ED nursing staff, case management and pharmacy. NSMC in partnership with the ED Physicians and pharmacy, has reformed order sets to include non-opioid medications. Pharmacy has implemented provisions for alternative medications to treat pain in the emergency department. Overall, the emergency department has completely changed their approach to managing pain. Physicians, case management and nursing staff are instrumental in assisting to identify patients taking opioids by utilizing the HealthONE Care Alert Program to identify patients on opioid action plans or to refer patients in need of opioid plan initiation. On a network level, in partnership with CarePoint, we are able to adjust protocols within the facilities quickly to ensure standardized top quality care.

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)

We currently have a process to identify opioid seeking patients quickly in their ED visit and create a personalized care plan with ALTOs. The care plan is able to be shared with other providers in our ED and other HealthONE ED's for clear communication. This care plan is presented to the patient and focuses on communication and education of realistic pain management goals, along with the risk of addiction and side effects if continuing with opioids. We have effective communication among our providers as well as to the patient's community providers and PCP. Our partnerships with community and mental health resources are essential to support our discharge patients who have limited access to medical services and most specifically mental health services and addiction treatment.

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](#).

