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: Patients with Ischemic Stroke Discharged on Statin Medication

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. RAH4: Percetnage of patients with ischemic stroke who are discharged on statin medication (eCQM)

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)

North Suburban Medical Center has frequently demonstrated a solid commitment to initiating statin therapy for stroke patients before discharge from the facility. The facility continues to be certified as a primary stroke center and has garnered awards from the American Heart

Association/American Stroke Association for its commitment to improving stroke care in its community. As such, the facility utilizes clinical practice guidelines and a multi-professional committee to drive care improvement. The stroke program is led by a clinical stroke coordinator who reviews all stroke patients, chairs the stroke committee, and oversees ongoing performance improvement.

It is anticipated the intervention will require collaboration with community members, including primary care physicians, pharmacies, case managers, and post-acute facilities for our Medicaid population. This intervention will advance the Hospital Transformation Program's goals by improving both patient outcomes and experience by ensuring integration of care is occurring across the appropriate settings and ensuring patients are primed for success with proper prescriptions at discharge. By following the HTP framework, North Suburban will continue to collaborate with community partners to ensure patients who suffer from an ischemic stroke will receive the highest level of care. We will explore the use of CHORIO to communicate patient medication lists to outpatient providers in addition to the expansion of our ePrescribe capabilities, ensuring accurate and timely medication initiation. While the interventions described will be implemented for all inpatient and observation patients will focus on inpatient adults (over the age of 18) who have Medicaid as their primary insurance provider to ensure our most vulnerable and high-risk community members thrive after discharge.

North Suburban will meet the HTP program's goals by implementing ongoing improvement programs to achieve the highest level of outcomes for patients with an ischemic stroke. We will continue to review all of our stroke cases and make adjustments to the program when warranted, including the discharge and education processes. We will evaluate opportunities to collaborate with community pharmacies to provide the delivery of medications to patients. These efforts will help North Suburban to reduce the rate of recurrent stroke, leading to a reduction in costs to the community and especially Health First Colorado, while improving patient outcomes through ongoing collaboration.

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)

Nationally, stroke is an annual leading cause of death and disability. When not prevented, stroke has significant impacts on both the person having the stroke and their family and community. Survivors often battle physical and emotional sequelae that prevent or limit their ability to function in society at the same level as before their stroke. Community members often rely on family, neighbors, or support organizations to help with mobility, nutrition, and transportation.

Combine the physical and emotional needs; these community members often struggle financially due to loss of employment, outpatient follow-up (primary care, therapies, medications, and durable medical equipment). When spread across the approximately 261 strokes per 100,000 (CHNE evaluation) patients in our service area, there is a significant impact on our local neighborhoods and the state.

Through education programs and preventative screenings, North Suburban Medical Center and local community providers work to reduce the number of patients who have a stroke and strive to provide immediate care if they need it. Unfortunately, once a community member has a stroke, they have almost a 40% chance of having a second stroke, which accounts for nearly a third of all strokes each year. Due to the rate of recurrent strokes and the financial, physical, and emotional impact, organizations like the Joint Commission and American Heart Association / American Stroke Association have developed standard measures for facilities to implement before patient discharge. Of these standard measures, statin therapy initiation before discharge for stroke patients remains a staple, as dyslipidemia is one of several primary modifiable risk factors associated with stroke and coronary artery disease. Statin therapy is one of the most studied stroke treatment initiatives, which has been found to reduce the risk of recurrent stroke, even in community members without elevated cholesterol levels. Due to its preventative benefit, it remains a simple yet essential intervention that facilities and community providers can implement to improve our community's health, reducing readmissions and burden on the health system.

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)

Randomized Control Trial (RCT) level evidence

Evidence from RCTs has shown that statin therapy (hydroxymethylglutaryl (HMG) CoA reductase inhibitors) decreases the risk of both primary and secondary ischemic stroke instead of other cholesterol medications. The evidence supports the theory that statins not only reduce cholesterol levels but also have complex antithrombotic or anti-inflammatory mechanisms that

support the lower risk of ischemic stroke, therefore patients with a history of ischemic stroke that do not have an elevation on LDL levels will benefit from statin therapy in regards to secondary prevention (Tramacere et al., 2019).

The RCT data has shown that statin therapy independently reduces the risk of ischemic stroke regardless of non-modifiable risk factors such as age and gender. Reviews of literature and meta-analysis comparing several trials support this.

Citations:

Powers, W. J., Rabinstein, A. A., Ackerson, T., Adeoye, O. M., Bambakidis, N. C., Becker, K., Biller, J., Brown, M., Demaerschalk, B. M., Hoh, B., Jauch, E. C., Kidwell, C. S., Leslie-Mazwi, T. M., Ovbiagele, B., Scott, P. A., Sheth, K. N., Southerland, A. M., Summers, D. V., & Tirschwell, D. L. (2019). Guidelines for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. Stroke, 50(12), e344–e418. https://doi.org/10.1161/STR.0000000000000211

Hong, K. S., & Lee, J. S. (2015). Statins in Acute Ischemic Stroke: A Systematic Review. Journal of stroke, 17(3), 282–301. https://doi.org/10.5853/jos.2015.17.3.282

Liu, J., Wang, Q., Ye, C., Li, G., Zhang, B., Ji, Z., & Ji, X. (2020, November 12). Premorbid Use of Statin and Outcome of Acute Ischemic Stroke After Intravenous Thrombolysis: A Meta-Analysis. Frontiers in Neurology, 11, 585592. https://doi.org/10.3389/fneur.2020.585592

Tramacere, I., Boncoraglio, G. B., Banzi, R., Del Giovane, C., Kwag, K. H., Squizzato, A., & Moja, L. (2019). Comparison of statins for secondary prevention in patients with ischemic stroke or transient ischemic attack: a systematic review and network meta-analysis. BMC medicine, 17(1), 67. https://doi.org/10.1186/s12916-019-1298-5

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 identity 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)

The Affordability Roadmap emphasizes increasing access to healthcare while offering services at lower costs. With this measure, we intend to increase access by improving collaboration with community stakeholders to increase the statin therapy rate after discharge. By increasing the prescribing of this medication and utilizing systems such as CHORIO and ePrescribe, the facility will help to facilitate long-term management of their stroke, leading to reduced healthcare costs. With the potential expansion of CHORIO and ePrescribe this intervention also aligns with the IT Road Map to expand the utilization of technologies to reduce annual Medicaid 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)

North Suburban is an established Primary Stroke Center, routinely discharging stroke patients on statin therapy per national standards. Though the facility utilizes a stroke coordinator to review all stroke cases, we continue to have the opportunity to improve care. We will harness the experience of the current stroke team's clinical skills and work to develop relationships and processes with community healthcare organizations by utilizing programs like ePrescribe to integrate stroke care further. The stroke team will continue daily chart reviews to identify patients eligible for statin therapy and start treatment before discharge, which will lead to increased success with the intervention.

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)

North Suburban has provided high-quality stroke care for many years. We routinely discharge patients' home with statin medications.

We have a process in place to review all patient charts with a multidisciplinary committee. Through the HTP, we will evaluate the establishment of relationships with community partners to provide the needed services for this population. This collaboration could include pharmacies to fill statin medications and rehabilitation facilities/primary care providers for patients who may need support after discharge. We will explore the use of CHORIO and ePrescribe to communicate patient medication lists to outpatient providers and submit accurate and timely prescriptions directly to pharmacies.

North Suburban will meet the HTP program goals by continuing to improve patient outcomes for patients with an ischemic stroke. We will continue to review all of our stroke cases and make adjustments to processes when warranted. We will continue to lower Health First Colorado costs through continuous review of methods and chart reviews. We will continue to improve our system's organizational, operational, and readiness for value-based payments by evaluating our processes. Finally, we will continue to collaborate with the appropriate community organizations to ensure patients are referred to outpatient services to help manage long-term effects.

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) |
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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.