



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: Reduce Unnecessary Hospital Care
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-COE1

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 will utilize Prometheus retrospective data to regularly and systematically identify opportunities to reduce hospital waste. The evaluation of the Hospital Index will result identification of trends over time particularly in high volume and high risk procedures as well as complications, length of stay, medication utilization and others.



Performance Improvement measures will be developed and implemented in response to identified trends. The HTP Steering Committee will prioritize initiatives based on the impact and resources availability and identify any particular CHNE partners to engage. Regular progress reports will be submitted to the HTP Steering Committee and the facility's Quality Department. The Quality Department works closely with the executive leadership team and will continually update the appropriate stakeholders with information. The target population for this intervention is all Medicaid beneficiaries.

North Suburban Medical Center will meet the goals of the HTP several ways. Prometheus provides comparative, risk-adjusted outcomes data to evaluate procedures, providers, high utilizers, discharge patterns, and supply costs. Through this program North Suburban Medical Center will be able to identify areas of improvement for areas of hospital waste and will integrate care across inpatient and outpatient settings to decrease the total cost of care. Use and sharing of this data will enable North Suburban Medical Center to better collaborate with out community partners to explore healthcare opportunities for our patients to decrease health disparities and close the gap in care for our Medicaid patients.

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)

This intervention will address the cost and quality of care needs. It is our hope that use and review of this data will identify potentially avoidable costs of care associated with avoidable complications, which would assist in identifying gaps in care for patients and ultimately lower healthcare costs. Deficiencies in resources will be identified through the review process by identifying patients with high healthcare needs who may be at higher risk for readmission or avoidable costs that could be indicative of inefficiencies in the continuum of care, community resources and/or health literacy, all of which impact our community partners.

Through the use and evaluation of the Prometheus data and implementation of performance improvement measures to decrease hospital waste, North Suburban Medical Center will direct attention to drivers of cost with an ongoing focus of reducing total cost of care without compromising health outcomes.

CHNE partner organizations will share the benefit of the performance improvement activities including readmission reductions, collaborations to redirect high utilizers of emergency services, and addressing overutilization of tests/procedures to name a few.



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)

Best practice supported by less than RCT evidence.

Data Science has been used in the healthcare setting for many years. Healthcare Leaders are continually searching for ways to reduce cost and improve quality (Lowe et al.,2013). Data Science can enable a user to identify and monitor trends, apply filters to the data, and make important decisions based on data (Weiner et al., 2015). Improving data quality and usability impacts healthcare facilities in many ways. Data driven analysis can show how results impact the financial side of the organization, innovation, and customer service outcomes (Weiner et al., 2015). Hospitals continually strive to improve quality metrics and patient satisfaction scores. The implementation and utilization of data and technology can help organization make changes and track progress. Operational data analysis can lead facilities to pursue process improvement initiatives and can allow stakeholders to make appropriate data driven decisions. Hospital leaders may use data for differing reasons, Hospital executives may use data dashboards for operational reasons. A Nurse leader may use a dashboard for quality improvement initiatives. Dashboards can be tailored to provide unit based data and trends to clinical staff (Sherrod et al., 2010). Data driven analysis is important for the future of healthcare and should be utilized to facilitate informed decisions.

References

Lowe, T., Kroch, E., Martin,J., Bankowitz,R., Development of a Method to Measure and Compare Hospital Waste: The Premiere Hospital Waste Index. *Amercian Journal of Medical Quality*, 2014: Volume 29(1) 20-29

Sherrod, D., McKesson, T., Mumford, M. (2010) Are you prepared for data-driven decision making?, *Nursing Management (Springhouse)*: Volume 41 - Issue 5 - p 51-54

Weiner, J., Balijepally, V., & Tanniru, M. (2015). Integrating Strategic and Operational Decision Making Using Data-Driven Dashboards: The Case of St. Joseph Mercy Oakland Hospital. *Journal of Healthcare Management*, 60(5), 319-330. <https://doi.org/10.1097/00115514-201509000-00005>



6. a. Does the focus of the proposed intervention intersect with ongoing initiatives statewide (including, but not limited to those included in the ACC, State Innovation Model and Comprehensive Primary Care Plus)?

Yes

No

b. If yes, please identify the applicable statewide initiative(s): (you may select more than one response from the list below)

[Behavioral Health Task Force](#)

[Affordability Road Map](#)

[IT Road Map](#)

[HQIP](#)

[ACC](#)

[SIM Continuation](#)

Rx Tool

[Rural Support Fund](#)

[SUD Waiver](#)

[Health Care Workforce](#)

[Jail Diversion](#)

Crisis Intervention

[Primary Care Payment Reform](#)

Other: ____ (please identify)

Please also use the space below to briefly explain how the hospital will ensure the intervention aligns with the applicable ongoing initiative(s).

Response (Please seek to limit the response to 750 words or less)

This intervention aligns with several other Colorado State programs. It is our hope that use and review of this data will identify potentially avoidable costs of care associated with avoidable complications, which would assist in identifying gaps in care for patients and ultimately lower healthcare costs. Deficiencies in resources will be identified through the review process by identifying patients with high healthcare needs who may be at higher risk for readmission or avoidable costs that could be indicative of inefficiencies in the continuum of care, community resources and/or health literacy, all of which impact our community partners.

* The Statewide Behavioral Health Task Force focuses on high utilizers, readmission rates, and affordability of healthcare



*The Affordability Road Map aligns with this intervention as well. This program focuses on overuse, complications, excessive length of stay, antibiotics utilization and readmissions in a healthcare setting.

* The Hospital Index measure initiative aligns with the goals of the IT roadmap by using technology, both internal and through Prometheus, to identify opportunities to address inefficiencies, avoidable patient complications, and avoidable costs in healthcare moving healthcare more toward preventive care.

* The Accountable Care Collaborative supports the RAEs value-based payments tied to quality-based measures. The goals of the Accountable Care Collaborative align with this measure as the RAEs also use claims data from Prometheus to identify opportunities to address inefficiencies and gaps in service. The use of Prometheus will enable hospitals to identify improvements associated with episodes of care for the Medicaid population and develop goals for further improvements.

This intervention will allow North Suburban Medical Center to review hospital specific data to assist us to improve outcomes, increase patient satisfaction, and decrease healthcare costs without decreasing the high quality care we provide. With this HTP Intervention, North Suburban Medical Center will continue to work on improving patient outcomes while working to decrease costs of care and reducing hospital waste. North Suburban Medical Center will continue to strengthen established relationships with community partners and engage and develop new community partners as appropriate. North Suburban Medical Center will work to increase referrals to our community partners who provide post acute care outpatient services in an effort to decrease hospital utilization, enhance continuity of care and decrease hospital readmissions.

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 has been using data driven information to identify opportunities to improve health outcomes and efficiencies for many years. The hospital has experience in working with high utilizers, readmissions, overuse, complications and antibiotic utilization. Prometheus is a new tool for the hospital and will give insight into costs incurred by Medicaid beneficiaries outside of the hospital.

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 Medical Center has reviewed and intervened with measures such as identification of high utilizers, readmissions, overuse of hospital resources, complications, and antibiotic stewardship for many years. The hospital has structures and processes in place to mine data and identify actions to optimize care and reduce costs. Insight into costs outside the hospital provides a more longitudinal perspective that may assist with further optimization.

Enhanced collaboration with CHNE partners, including the RAE, will add to our successes with these measures aimed toward decreasing the Hospital Index

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](#).

