



CHASE

Colorado Healthcare Affordability and Sustainability Enterprise

1570 Grant Street
Denver, CO 80203

DRAFT

Hospital Transformation Program

Hospital Application

1. Please use the space below to provide an executive summary clearly articulating how the hospital will advance the goals of the Hospital Transformation Program (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.

The executive summary should:

- Succinctly explain the identified goals and objectives of the hospital to be achieved through participation in the HTP; and
- Provide the hospital’s initial thinking regarding how the HTP efforts generally can be sustainable beyond the term of the program.

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

For more than 135 years, Presbyterian/St. Luke’s Medical Center (“Hospital”) has provided comprehensive medical and emergency services to the metro Denver community, emerging as a regional leader in healthcare. Hospital is the only tertiary/quaternary pediatric and adult hospital, houses the largest neonatal intensive care unit (“NICU”), and maintains the largest full-service stem cell and bone marrow transplant program in the Rocky Mountain Region. Hospital actively engages with its community through educational youth programs, fundraisers, and partnerships with local and national non-profit organizations. Through its ongoing efforts, Hospital seeks to improve the health of its community through education, prevention, and timely access to quality care.

Consistent with the HTP’s priority areas, and in consideration of its Community Health Needs Evaluation, Hospital has identified the following HTP goals:

- Reduce complications and readmissions through the use of proactive health screenings. Hospital plans to supplement clinical treatments with proactive wellness screenings that detect physiological and social risk factors for complications. Even with aggressive medical treatment, Hospital recognizes that many diagnoses arise from or are exacerbated by a patient’s environment. Through Measure SW-CP1, for example, Hospital hopes to identify social stressors (e.g., food insecurity, interpersonal safety, or transportation issues) that may impact diet, mental health, or overall well-being. Through collaboration with community providers and the Regional Accountable Entity (“RAE”), Hospital hopes that this more holistic approach will yield fewer complications and readmissions (“Measure CP1”). Hospital will also implement anxiety and depression screenings for



pregnant patients through the prenatal and postnatal stages. Addressing mothers' mental well-being at even the earliest stages of pregnancy can meaningfully increase health outcomes for both mother and child as the term progresses (Measure CP6 and Measure SW-RAH1).

- Decrease opioid dependency through collaboration and innovation. Prescription opioid use is a major risk factor for opioid and heroin abuse. Many patients with Substance Use Disorders (“SUDs”) have their first encounter with addictive substances during medical treatment. Hospital recognizes the responsibility of healthcare providers to reduce patient access to these highly addictive substances and to replace them with humane and effective treatment alternatives. Accordingly, Hospital has made the appropriate treatment of SUDs a major priority for its HTP activities (Measure SW-BH1). Hospital has also committed to decreasing its use of opioids for pain management and increasing its use of pain-relieving alternatives (Measure SW-BH3). Through collaboration with the RAE, Hospital will develop a long-term strategy to assist patients with SUDs and promote rehabilitative resources in the community. And by decreasing the use of opioids in the emergency department, Hospital hopes to slow the growth of opioid reliance in its community and to educate patients on effective and safe pain management.
- Improve the patient experience through the efficient provision of care. Hospital recognizes the HTP as an opportunity to expand its technological capacities. Medical technology has empowered hospitals to critically assess the efficiency of their services and their relationships with other providers. Tools like the Hospital Index (Measure SW-COE1) will allow Hospital to evaluate the care it provides in each procedural episode and isolate decision points and decisionmakers that cause inefficient or avoidable outcomes. Once identified, Hospital will be equipped to correct these inefficiencies moving forward, reducing length of stays under Measure SW-PH1. Hospital will also increase the efficacy of its treatment plans through reliance on evidence-based treatment options (for example, through Measure CP2). Finally, through Measure COE1, Hospital will take responsibility for transmitting treatment plans and summaries of care to patients' primary care providers to ensure the smooth transition of services upon discharge. Together, these efforts will provide patients with both high-quality and efficient care.

Maximizing the benefit of these goals requires more than a five-year plan. Wherever possible, Hospital will incorporate its successful HTP activities into its long-term practice. It will educate physicians and staff on the HTP to ensure a common vision. Further, successful performance of these measures will require collaboration within the community and through the RAE. Hospital does not intend to relinquish these valuable relationships after the final program year. Hospital has selected measures and developed interventions with the understanding that hospital reimbursement is trending toward value-based payments. Hospital is prepared to excel in this new environment and excited to join in the advancement of quality and innovation fostered by the HTP.



2. Please provide the legal name and Medicaid ID for the hospital for which this Hospital Application is being submitted, contact information for the hospital executive, and a primary and secondary point of contact for this application.

Hospital Name: PRESBYTERIAN/ST. LUKE'S MEDICAL CENTER

Hospital Medicaid ID Number: ____

Hospital Address: 1719 East 19th Ave. Denver, CO. 80218

Hospital Executive Name: Maureen Tarrant

Hospital Executive Title: President and Chief Executive Officer

Hospital Executive Address: 1719 East 19th Ave. Denver, CO. 80218

Hospital Executive Phone Number: 720-754-7778

Hospital Executive Email Address: Maureen.Tarrant@HealthONEcares.com

Primary Contact Name: Pelita Gutowski

Primary Contact Title: Director of Case Management

Primary Contact Address: 1719 East 19th Ave. Denver, CO. 80218

Primary Contact Phone Number: 720-754-6000

Primary Contact Email Address: Pelita.Gutowski@HealthONEcares.com

Secondary Contact Name: Michelle Grimpo

Secondary Contact Title: Vice President of Quality

Secondary Contact Address: 1719 East 19th Ave. Denver, CO. 80218

Secondary Contact Phone Number: 720-754-5576

Secondary Contact Email Address: Michelle.Grimpo@HealthONEcares.com



3. a. Please use the space below to describe the planned governance structure for the hospital's HTP engagement and how it will align with the hospital's overall project management capabilities. A description of the governance structure that will be put in place to support the hospital's HTP engagement;

Response (Please seek to limit the response to 250 words or less)

The primary governance structure will be a partnership of guidance between the Facility Community Stakeholders and the Interdisciplinary Facility Steering Committee. These groups will provide direction to the Intervention Taskforces that will provide direct responsibility for implementation of the measures as well as feedback on the functionality of the processes for the direct providers. Our Data Analytics Team will also help provide quantitative data to help illustrate our performance for our team members to tailor their efforts for efficiency and efficacy.

- b. How the planned structure has been adapted to the needs and unique experiences of the hospital and how it will ensure successful oversight of the hospital's HTP engagement;

Response (Please seek to limit the response to 250 words or less)

The structure models our facility's governance and will utilize leaders of care areas to direct their teams to best support their efforts on these interventions. The oversight follows the natural chain of command engrained into the hospital culture which facilitates communication and accountability throughout our service lines and departments.

- c. Specifically, how the structure will ensure management and transparency and engage members of impacted populations and community partners;

Response (Please seek to limit the response to 250 words or less)

In the collaborative direction from the Facility Community Stakeholders and the Interdisciplinary Facility Steering Committee we will be able to share information between the facility and the community. The facility will be able to communicate its intervention progress and performance data, and that can be transposed with the data from the community partners to see the true impact of our collective efforts. By seeing the quantitative and qualitative data in conjunction we will find greater opportunity to collaborate and improve our collective efforts to benefit our local population's health.

- d. The overall project management structure of the hospital, including how it is organized into operational, clinical, financial, and other functions, and how it will be leveraged to support the hospital's efforts under the HTP and the governance of those efforts;

Response (Please seek to limit the response to 250 words or less)

The Facility Steering Committee is comprised of members from our financial leadership team, operational leadership team, quality leadership team and clinical leadership teams. Each intervention is led by the department leader primarily responsible for implementing the intervention plan, or co-leaders in cases of primarily interdisciplinary measures. These leaders will report up to the steering committee to help manage resource required for optimal project management. Quarterly meetings of the Steering committee will help allocate resources and direct efforts to support implementation of the selected measures.

- e. How the hospital's project management structure is aligned with the hospital leadership structure; and



Response (Please seek to limit the response to 250 words or less)

Repeat of "d" The Facility Steering Committee is comprised of memebers from our financial leadership team, operational leadership team, quality leadership team and clinical leadership teams. Each intervention is lead by the department leader primarily responsible for implemeting the intervention plan, or co-leaders in cases of primarily interdisciplinary measures. These leaders will report up to the steering committee to help manage resource required for optimal project management. Quarterly meetings of the Steering committee with help allocate resources and direct efforts to support implementation of the selected measures.

f. The current state of centralized reporting capabilities for the hospital.

Response (Please seek to limit the response to 250 words or less)

Our facility has a strong culture of communcation and reporting engrained in our culture. We have daily interdisciplinary huddles to collectively addresss each department's immediate needs. We aslo hold monthly interdisciplinary quality management meeting to have transparency of facility data across all disciplines.

4. Please use the space below to describe the hospital's plan for continuing Community and Health Neighborhood Engagement throughout the hospital's HTP participation. A detailed plan is not required. Instead, hospitals can outline a high-level approach to CHNE going forward, including, for example, the stakeholders to be engaged and the types and frequency of activities to be used. Hospitals should consult the Continued Community and Health Neighborhood Engagement document, which can be found on the [HTP webpage](#), to ensure their planned activities fulfill program requirements.

Response (Please seek to limit the response to 500 words or less)

Per the principles for continued engagement we will conduct ongoing assessment of the our community and their health needs. We plan to hold bi-annual community engagement activies to help gather input on what resource are most beneficial to them and what areas could they use more commnity support. Also through our continued meetings and communications with our Facility Community Stakeholders and community advisory group we will be able to receive feedback for our local partners and reassess the appropriateness of our efforts to our targeted populations and the effectiveness of our interventions. We will also review our VISION and PROMETIUS data on a annual bases to follow trends of our patient demographics and health care utilization. We will also continue to parnter with CDPHE for their collection of state data to help understand our state meta-analytics and keep current of State initiatives and analytics.

5. As part of continuing Community Health Neighborhood Engagement (CHNE), hospitals must share a draft of their application with stakeholders to allow them the opportunity to provide feedback for hospitals' consideration. This Public Input process must last at least 10 business days, with an additional 5 business days alloted to hospital review and response to any Public Input received. Hospitals must submit applications by **[DATE]**, but hospitals may resubmit revised applications with revisions based solely on feedback from the Public Input process by **[DATE]**. The Department of Health Care Policy & Financing will also make submitted applications public once applications are complete and approved by the review board. Please refer to the Ongoing CHNE Requirements document on the Hospital Transformation Program website for a list of key stakeholder categories. At a minimum, the stakeholders should include those who engaged in or were invited to engage in the CHNE process.



Has the Public Input process been completed and does this draft incorporates any potential revisions based on that public feedback:

Yes

No

Please enter the dates of your proposed or completed Public Input timeline. If you have not yet completed your Public Input process by the initial submission deadline of April 30, 2021, please fill in proposed dates. You will need to fill in the actual dates when you resubmit your application at the conclusion of the Public Input process by May 21, 2021. Please use mm/dd/yyyy format.

Proposed Public Input Period : 3/29/21 to 4/5/2021

Proposed Hospital Review of Public Input Period: 4/6/2021 to 4/13/21

Actual Public Input Period : ___ to ___

Actual Hospital Review of Public Input Period: ___ to ___

If you answered no to the above question and your submission is subject to change based on an ongoing Public Input process, please note that you must turn in your revised application by May 21, 2021. After incorporating your Public Input process changes, applicants are required to submit both a clean and a red-lined version of the Hospital Application to aid HTP review staff in identifying the Public Input based changes compared to your initial submission.

Please use the spaces below to provide information about the hospital’s process for gathering and considering feedback on the hospital’s application.

Please list which stakeholders received a draft of your application and indicate which submitted feedback.

Response (Please seek to limit the response to 250 words or less)

Please explain how the draft application was shared and how feedback was solicited.

Response (Please seek to limit the response to 250 words or less)

It was posted online and Community Partners were notified where to find it and how to provide comment during the allotted time frame.

With a bulleted list, please list the shared stakeholder feedback and explain if any changes were made to the application based on the feedback. If no changes were made, please explain why. If the same or similar feedback was shared by more than one stakeholder, please list it only once.

Response (Please seek to limit the response to 500 words or less)

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Please consult the accompanying Intervention Proposal before completing the remainder of this application.



6. Please use the space below to identify which statewide and local quality measure(s) from the [HTP Measure List on the Colorado Hospital Transformation Program website](#) the hospital will address for each Focus Area.

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.

As applicable, please identify the Statewide Priority your hospital is pursuing as a part of the HTP Hospital Application:

- SP-PH1 - Conversion of Freestanding EDs
- SO-PH2 - Creation of Dual Track ED

Please note that hospitals are required to complete the accompanying Intervention Proposal for the statewide priorities identified above.

The selections should align with the hospital's improvement priorities and community needs. As a reminder, hospitals must adhere to the following requirements when selecting quality measures:

- 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.



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)

<ol style="list-style-type: none">1. SW-RAH12. SW-CP13. SW-BH14. SW-BH35. SW-COE16. SW-PH17. Local COE18. Local BH19. Local CP610. Local CP2

7. Please use the space below to identify all of the hospital’s proposed interventions. Following each listed proposed intervention, please identify which of the measures from the response to Question 6 will be addressed by that intervention. Please list the unique identification code listed in response to Question 6 to identify the applicable measures and please format your response in accordance with the following example:

1. Intervention Name
 - a. Measures: SW-RAH1, RAH2

Response (Please format the response as a numbered list)

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