



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

Rose Medical Center has shown a high compliance with discharging patients who have had an acute ischemic stroke on statin medication. We have been delivering exceptional stroke care



following evidence-based guidelines for many years. Long standing stroke standards of care are key to our success. Rose Medical Center has a stroke coordinator who reviews every patient's stay who has an ischemic stroke. There is also an established multidisciplinary stroke committee who meets monthly to review cases.

It is anticipated the interventions will require collaboration with community partners including primary care physicians, community case managers, and post-acute facilities for our Medicaid population. At Rose Medical Center we believe this intervention will advance the goals of the Hospital Transformation Program by improving both patient outcomes and experience by ensuring integration of care is occurring across the appropriate settings. By following the HTP framework, Rose Medical Center will continue to improve collaboration 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. The interventions described will be implemented for all inpatients regardless of payer source admitted to Rose Medical Center. In order to improve patient outcomes for our most vulnerable and underrepresented groups, our focus will be on inpatient adults (over the age of 18) who have Medicaid as their primary insurance provider.

Rose Medical Center will meet the goals of the HTP program 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 evaluate opportunities to collaborate with community pharmacies to provide the delivery of medications to patients. Rose Medical Center will continue to lower Health First Colorado costs through continuous review of processes and chart reviews. Also Rose Medical Center will continually evaluate opportunities to improve our discharge process along with our discharge education and paperwork. 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 partners to ensure patients are referred to outpatient services to help manage long term effects.

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)

Rose Medical Center's report from the Community and Health Neighborhood Engagement (CHNE) process showed an average of 266 per 100,000 hospitalizations were due to a stroke in our service area. This rate has proven the need for continual improvements in our stroke program to meet the needs of the community. We have a multidisciplinary team who reviews stroke cases on a



regular basis and a stroke coordinator who completes a chart review for every patient at Rose Medical Center who suffers from a stroke. This process has helped Rose Medical Center find areas of improvement and has also helped improve the stroke care provided at the facility. Through the HTP, Rose Medical Center plans to continue the process of chart review, multidisciplinary care coordination and provide high quality stroke care to our patients. By focusing on this intervention we will continue to treat patients in a timely manner and ultimately reducing stroke recurrence through the reduction of risk factors and avoid worsening disability in patients in our community secondary to stroke. This will allow more patients to continue to live at home, remain socially active, return to the work force, and reduce the economic burden on families and communities. This scope aligns with our community's needs, namely addressing risk factor modification. By addressing the prevention of a recurrent stroke, we will ensure patients are discharged with the prescription of statin medications.

During our recent community partner and stakeholder meeting, feedback highlighted the importance of social needs screening to reduce readmission rates, referrals to primary care providers, and referrals for behavior health services. We will begin to work on these initiatives and schedule bi-annual sessions to ensure we are meeting the needs of our community partners and stakeholders and goals of the HTP.

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)

1. Randomized Control Trial

Acute ischemic stroke remains to be one of the leading causes of morbidity and mortality worldwide (Lu et al., 2020). Randomized control trials have validated the benefit that statins are effective in primary and secondary stroke prevention (Hong & Lee, 2015). Statin usage is important to preventing the recurrence of an ischemic stroke. Many studies have proven the benefits of this medication and it is highly recommended that patients are discharged home on a statin after experiencing a stroke.

The American Heart Association published updated guidelines in 2019 specifically focusing on stroke management. These guidelines resulted in detailing prehospital care, urgent and



emergency evaluation, and treatment with intravenous and intra-arterial therapies. They also outlined in-hospital management, which included secondary prevention measures initiated within the first two weeks. The guidelines support the overarching concept of stroke systems of care in both the prehospital and hospital settings. In conclusion, these guidelines provide general recommendations based on updated evidence to guide clinicians caring for adult patients with acute arterial ischemic stroke (Powers et al., 2019).

Recommendations around management of ischemic stroke continue to include the continuation or early initiation of statin therapy (Liu et al., 2020). Rose Medical Center will continue to focus on the use of statin medications for our ischemic stroke population. Continually reviewing our processes and management of ischemic stroke patients will help us improve the care we provide.

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>

Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, Brown M, Demaerschalk BM, Hoh B, Jauch EC, Kidwell CS, Leslie-Mazwi TM, Ovbiagele B, Scott PA, Sheth KN, Southerland AM, Summers DV, Tirschwell DL. 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*. 2019 Dec;50(12):e344-e418. doi: 10.1161/STR.0000000000000211.

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>

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 another statewide initiative, the Affordability Road Map. The intervention focuses on improving care outcomes for patients who have suffered from ischemic stroke. Updated practice guidelines have encouraged discharging patients home with statin medications after an ischemic stroke. This intervention has help decrease healthcare costs by standardizing practice guidelines and improving patient outcomes, which leads to lower healthcare costs. Both state initiatives have similar goals, improve patient care while decreasing healthcare 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)

Rose Medical Center does not have established community partners for patients to discharge home on a statin medication after suffering from an ischemic stroke. Throughout the HTP Rose Medical Center will look into establishing potential partnerships to improve the continuum of care for patients who has suffered from an ischemic stroke.

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)

The Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) is a government-owned business within the Department of Health Care Policy and Financing.
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Rose Medical Center 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 look into establishing relationships with community partners to provide the correct services for this population. These partnerships could include pharmacies to fill statin medications and rehabilitation facilities for patients who may need support after discharge. We will explore the use of CHORIO to communicate patient medication lists to outpatient providers.

Rose Medical Center will meet the goals of the HTP program 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. Rose Medical Center will continue to lower Health First Colorado costs through continuous review of processes 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 partners 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)

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](#).

