



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)

Rose Medical Center (“Hospital”) has provided comprehensive medical and emergency services to the Denver community for more than sixty years. Hospital’s emphasis on quality and the patient experience has transformed it into a leader in comprehensive women’s services, internal medicine, surgical, and cardiovascular care. Hospital has been recognized as a Magnet-designated hospital for nursing excellence and as a Top 100 Hospital (a total of twelve times) by Truven Health. Rose Medical Center is a Leapfrog Straight A since inception and CMS 5 star rating. Hospital is well-known for its high-quality and comprehensive suite of obstetric and neonatal services and is consistently ranked among the best hospitals in the country for new mothers. It is committed to the improvement and innovation of healthcare in its community and beyond.

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

- Perform evaluations of the patient that recognize behavioral and clinical health needs. Hospital plans to supplement clinical treatments with proactive wellness screenings that detect physiological and social risk factors for medical 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 (SW-RAH1).

- Reduce neonatal complications and improve health outcomes for pregnant mothers. Hospital will 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). Similarly, Hospital will incorporate new screening practices to detect risk factors and reduce hospital complications in infants that otherwise do not have preexisting conditions (Measure CP5).
- 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 committed to increasing its use of pain-relieving alternatives to opioids (Measure SW-BH3) and to initiating medication-assisted treatment for emergency department patients diagnosed with Opioid Use Disorder (Measure BH2). 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 patients’ length of stay under Measure SW-PH1.

Rose Medical Center has provided high quality stroke care for many years. During the HTP we will continue to evaluate processes, review charts, and insure ischemic stroke patients are discharged home with a statin medication (RAH4). We will explore opportunities to work with the RAEs to have medications filled in an outpatient setting to improve patient experience and maximize community partnerships.

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: Rose Medical Center

Hospital Medicaid ID Number: 5032008

Hospital Address: 4567 East 9th Avenue Denver, CO 80220

Hospital Executive Name: Deborah Hart

Hospital Executive Title: Chief Financial Officer

Hospital Executive Address: 4567 East 9th Avenue Denver, CO 80220

Hospital Executive Phone Number: 303-320-2035

Hospital Executive Email Address: Deborah.Hart@HealthONEcares.com

Primary Contact Name: Leah May

Primary Contact Title: Quality Manager

Primary Contact Address: 4567 East 9th Avenue Denver, CO 80220

Primary Contact Phone Number: 303-320-2579

Primary Contact Email Address: Leah.May@HealthONEcares.com

Secondary Contact Name: Diana Bennett

Secondary Contact Title: Director of Case Management

Secondary Contact Address: 4567 East 9th Avenue Denver, CO 80220

Secondary Contact Phone Number: 303-320-2769

Secondary Contact Email Address: Diana.Bennett@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)

Rose Medical Center has been actively planning and managing its Hospital Transformation Program engagement since 2019. The governance structure included a steering committee and three subgroups. The steering committee includes the hospital's Chief Financial Officer, Vice President of Quality and Risk, Director of Case Management, Case Management Manager and Quality Manager.

The HTP steering committee has divided the HTP program into three subgroups. The first group is focusing on the operational side of the HTP program. The Case Management Director is leading the operational subgroup by focusing on SW-PH1 severity adjusted length of stay, SW-BH1 behavioral health/substance use disorder and RAE referrals, SW-RAH1 reduce avoidable hospitalizations, and RAE referrals for CP6 postpartum depression and anxiety positive screens. The second group consists of the clinical side of the HTP program led by the Vice President of Quality and Quality Manager. Together this subgroup will handle CP5 reducing newborn complications, CP6 postpartum depression and anxiety screening, BH2 initiation of MAT in the Emergency Department, SW-BH3 ALTO use in the Emergency Department, and RAH4 stroke patients discharged home with statins. The final subgroup is focusing on the financial aspects and SW-COE1 hospital index intervention. The subgroup is led by the CFO.

The subgroups meet on a regular basis and appropriately delegates HTP goals and initiatives to existing and newly formed work groups. The work groups include clinical staff champions, physician leaders, department experts, and other hospital leaders relevant to each intervention proposal. The subgroup leaders report back to the steering committee with updates and progress regularly. The executive leadership group is highly engaged and receives updates and communication about progress and important milestones for the program. Rose Medical Center has a dedicated group of individuals striving to implement interventions to close the gap in care for Medicaid patients by increasing patient outcomes, integrating and forming new community partnerships, decreasing hospital utilization and costs and lastly improving the continuum of care.

- 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 HTP plan structure was carefully constructed to meet the requirements of the program. To meet the needs of the program, the hospital created a HTP steering committee and formalized the work on each initiative into subgroups. The steering committee is comprised of executive-level and department-level leadership who are invested in developing, executing and sustaining HTP initiatives. There are three subgroups who will routinely lead each of their designed interventions and report back to the steering committee on a regular basis. Each work group will develop and follow project plans to ensure they meet specific milestones for the HTP program. These smaller work groups will focus on individual interventions and the subgroup leader will report back to the steering committee with updates. Subgroup committees will include clinical experts, key stakeholders and a member of the HTP steering committee.



- 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)

Engagement of key stakeholders and community partners occurs during work group meetings and other HTP planning events. During the HTP we will engage our Patient and Family Advisory Council (PFAC) to review updated discharge education and materials and provide feedback. PFAC is a group of volunteers who have been a patient or have had a family member as patient of Rose Medical Center. This group helps evaluate new programs and processes at the facility. Rose Medical Center is dedicated to improving the continuum of care and will elicit feedback from the community to continually improve the process and our outcomes. We will partner with other HealthONE facilities bi-annually to engage our community stakeholders and provide transparency on the status of our progress.

The HTP Steering Committee has reviewed our Community and Health Neighborhood Engagements process to identify specific needs for our patient population and the community. The needs, as well as suggestions from the community stakeholder initiative will help guide Rose Medical Center's goals to meet the needs of our patients and community partners. By collaborating with the RAE's and other community partners, we plan to improve transitions of care and increase access for Medicaid patients at Rose Medical Center.

- 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)

Rose Medical Center is lead by the CEO/President of the hospital. He oversees the operational, clinical, and financial aspects at Rose Medical Center. The operational subgroup includes the COO, the clinical subgroup includes the CNO and CMO, the financial group includes the CFO. The HTP steering committee reports to each subgroup along with the CEO.

The HTP steering committee is comprised of executive and departmental leadership dedicated to guide and support the HTP program at Rose Medical Center. As the HTP program continues to evolve, additional steering committee members will be added to meet the overall needs of the program. The steering committee includes the hospital's Chief Financial Officer, Vice President of Quality and Risk, Director of Case Management, Case Management Manager and Quality Manager.

The HTP steering committee has divided the HTP program into three subgroups. The first group is focusing on the operational side of the HTP program. The Case Management Director is leading the operational subgroup. The second group consists of the clinical side of the HTP program lead by the Vice President of Quality and Quality Manager. The final subgroup is focusing on the financial aspects led by the CFO. Each sub group will report findings, progress and other milestones to the steering committee on a regular basis. The HTP steering committee is fully supported by the Rose Medical Center executive leadership team. We are dedicated to establishing lasting partnerships with community resources and key stakeholders to improve outcomes for every patient at Rose Medical Center. Our primary focus during the HTP will be to improve patient outcomes for our most vulnerable and underrepresented groups, which is the inpatient adults (over the age of 18) who have Medicaid as their primary insurance provider.



- 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)

Rose Medical Center's HTP project management structure consists of executive sponsors, team leaders, and the steering committee. The steering committee has designated project plans to workgroups. These workgroups focus on designated measures. The steering committee is comprised of executive and department level leadership who oversee the HTP project at the hospital. The workgroups are comprised of at least one HTP steering committee member, clinical experts and community partners impacted by the specific measure. The HTP steering committee member will report back to the larger group on a quarterly basis. Rose Medical Center utilizes the Plan-Do-Check-Act (PDCA) model and will continue with this process throughout the HTP. The HTP steering committee is fully supported by the executive leadership group at Rose Medical Center and will receive updates bi-annually on progress.

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

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

Rose Medical Center has many dashboards and reports available for end-user extraction. These programs allow hospital leadership to view meaningful reports and data easily. Rose Medical Center has an intranet available to all employees with hospital specific data. The intranet also allows facility leadership to view and export reports to make informed decisions driven by data. Rose Medical Center has a data analyst to assist with extracting data and creating reports.

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)

Rose Medical Center chose intervention proposal topics based on our facility's Community Health Neighborhood Engagement results. Rose Medical Center is dedicated to improving the care we deliver at the facility by focusing on interventions that would have the greatest impact to our community. Through the HTP we will focus on improving outcomes for our Medicaid patients by integrating care across settings, improve patient experience, lowering healthcare costs, and increasing collaboration with community partners.

Rose Medical Center has our Hospital Transformation Program application and intervention proposal for stakeholders to review on the HealthONE website. We attended a community feedback session on March 17, 2021 with other Metro Denver facilities. Going forward, Rose Medical Center will participate in bi-annual sessions with other HealthOne facilities and community partners to elicit feedback and provide updates on milestones and progress for each HTP intervention.

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 allotted 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 incorporate 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, 2020, 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, 2020. Please use mm/dd/yyyy format.

Proposed Public Input Period : 03/16/2021 to 4/6/2021
 Proposed Hospital Review of Public Input Period: ____ to ____

Actual Public Input Period : 03/16/2021 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, 2020. 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)

Colorado Access

Colorado Community Health Alliance

City and County of Denver

Jefferson County Public Health



Colorado Children's Campaign
Colorado Criminal Justice Reform Coalition
Colorado Cross-Disability Coalition
Every Child Pediatrics
InnovAge
Broomfield FISH
Center for African American Health
Center for Health Progress
Clinicia Family Health
Clinicia Tepeyac
Jefferson County Health Alliance
Adams County Health Alliance
Mile High RETAC
The Family Tree
Denver Hospice
Tri-County Health Department
STRIDE Behavioral Health
St. Paul Health Center
South Denver Care Continuum
Sheridan Health Services
Rocky Mountain Children's Foundation
Peak Vista Community Health Center
Colorado Children's Campaign
Colorado Coalition for the Homeless
Denver DPHE Office of Behavioral Health Strategies



Denver Human Services

Denver Regional Council of Governments

Colorado Mental Wellness Network

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)

A cover letter with a draft of Rose Medical Center's application and intervention proposals were sent via email to the organizations listed above. The organizations were asked to attend a Webex meeting on 3/17/2021. This session was established for organizations to share suggestions and how interventions will impact their organization. This session allowed community partners to ask questions and grasp the overall goals of the HTP. Rose Medical Center's draft HTP application is posted on the HealthONE website for all community partners and stakeholders to view.

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)

- 3/17/21 Community Partner/Stakeholder Meeting:
- Importance of social needs screening to reduce readmission rates
- Referrals to primary care providers
- Referrals for behavior health services

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)

1. SW-RAH1: Reduce Avoidable Hospitalization
2. SW-CP1: Social Needs Screening and Notification
3. SW-BH1: Implement Discharge Planning and RAE Referrals for Mental Illness or Substance Abuse Disorder
4. SW-BH3: Using alternatives to opioids (ALTO's) in hospital EDs
5. SW-COE1: Hospital Index
6. SW-PH1: Severity Adjusted Length of Stay
7. RAH4: Discharging Patients with Ischemic Stroke with Statins



8. CP5: Reducing Newborn Complications
9. CP6: Screening and Referral for Postpartum Depression and Anxiety
10. BH2: Initiation of MAT in the Emergency Department

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)

1. SW-RAH1: Reduce Avoidable Hospitalization
2. SW-CP1: Social Needs Screening and Notification
3. SW-BH1: Implement Discharge Planning and RAE Referrals for Mental Illness or Substance Abuse Disorder
4. SW-BH3: Using alternatives to opioids (ALTO's) in hospital EDs
5. SW-COE1: Hospital Index
6. SW-PH1: Severity Adjusted Length of Stay
7. RAH4: Discharging Patients with Ischemic Stroke with Statins
8. CP5: Reducing Newborn Complications
9. CP6: Screening and Referral for Postpartum Depression and Anxiety
10. BH2: Initiation of MAT in the Emergency Department

