



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

1570 Grant Street
Denver, CO 80203

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: BH3: Using Alternatives to Opioids (ALTO's) in hospital EDs
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. BH3: Using Alternatives to Opioids (ALTO's) in hospital EDs
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)

The United States is in the midst of an opioid epidemic, resulting in preventable deaths and emergency department visits due to prescription opioid abuse and illicit opioid use. The Centers for Disease Control Prevention (2019) states that drug overdoses have increased over the past two



decades. In 2017, drug overdose was the leading cause of death in the United States (CDC, 2019).

Emergency medicine physicians are vital in the reduction of ED opioid use. Proposed changes include avoiding the initiation of opioids for new patients with chronic non-cancer pain, unless the expected benefits are anticipated to outweigh the risks. Other recommendations include non-pharmacologic therapy and non-opioid pharmacologic therapy as a first line method for pain management. ED providers should evaluate prescribing practices and look into other first line therapies for pain management.

While there are numerous pain management programs, most deal with chronic pain, not acute pain, the type of pain that ED physicians treat. The emergency department at Rose Medical Center will continue to focus on the reducing opioid prescriptions upon discharge. The interventions described will be implemented for all patients 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 adults (over the age of 18) who have Medicaid as their primary insurance provider.

Providers received education about this initiative in 2018. We have seen a reduction in opioid prescriptions in the ED at Rose Medical Center. We will reach the HTP goals by reviewing order sets into the electronic health record (EHR) to encourage ED providers to start with ALTOs as a first line therapy for pain. Reviewing the order set will continue to be a collaborative initiative with ED providers, pharmacists and other hospital leaders. The goal of expanding the ALTO pathways is to decrease the use of opioids as a first line pain medication. Through the HTP Rose Medical Center will successfully meet the goals of the intervention and program by improving patient outcomes with expanding the ALTO program in the ED. Leveraging our established ALTO program will decrease length of stay and readmission rates for this vulnerable population. Furthermore, this interventions will allow Rose Medical Center to impact the opioid epidemic by decreasing the use of opioids as first line pain relievers for conditions specified by CHA.

CDC (2019). CDC's response to the opioid overdose epidemic. Retrieved from <https://www.cdc.gov/opioids/strategy.html>

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)



The Community Neighborhood and Health Engagement (CHNE) process Rose Medical Center discovered Denver County has a 1.2% prevalence rate of opioid disorders, this rate is double the rate of surrounding counties. Adams and Arapahoe Counties have a prevalence rate of 0.5% for opioid related disorders. The report highlighted the importance of implementing the use of ALTOs in the ED. The United States is in the midst of an opioid epidemic. Studies have proven successful outcomes when treating acute pain episodes with non-opioid options.

Through the HTP, we plan to expand the ALTO program, track and trend data, and establish community partnerships that will help us serve our community. Potential community partners may include pharmacies to fill prescriptions and outpatient clinics to help with opioid use disorders. Rose Medical Center is dedicated to reducing opioid use in the ED, while meeting the needs for the HTP, we will improve our ALTO program in the ED to meet the needs of our community. Our goal is to establish lasting relationships with community partners and stakeholders. As part of this commitment, Rose Medical Center will collaborate with HealthONE facilities to engage our community stakeholders on a bi-annual basis to provide updates, significant milestones, and next steps in the intervention.

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

Pain has been identified as one of the most common reasons to visit the Emergency Department (ED). The United States is currently experiencing an opioid epidemic, and research has shown opioids are not effective for pain management in certain cases (Duncan et al., 2019). In 2016 close to half of the country's opioid overdose deaths involved a prescription. Millions of



Americans have reported an opioid use disorder and four out of five heroin users state their addiction started with prescription opioid abuse (Duncan et al., 2019).

There have been many important initiatives that have helped decrease the opioid misuse. One of the most impactful processes noted is to change prescribing practices for pain management. Even though changing prescribing habits is the best way to impact the opioid epidemic, this change can be difficult to obtain. Many providers feel pressure to increase patient satisfaction scores and control pain with opioids (Duncan et al., 2019). A successful strategy found to decrease opioid misuse is to implement an alternatives to opioids (ALTO) approach. The goal of this strategy is to use non-opioids options as a first line therapy to treat pain, educate patients on side effects of opioids and risk of addiction (Duncan et al., 2019). Dodson et al., (2018) found ED lengths of stay were increased when patients who came to the ED with a headache and received opioids as a first line defense for pain management compared to patients who received a non-opioid medication. In the same study, the researchers determined patients who were given an opioid had a higher readmission rate.

ALTO programs have significantly impacted the opioid epidemic in the United States by decrease the amount of opioids prescribed and by treated pain effectively with non-opioid options. Rose Medical Center has a busy ED and implemented the ALTO program in 2018. During the HTP Rose Medical Center will expand, track, and report outcomes of the ALTO program in ED. We are dedicated to decreasing the amount of opioids prescribed in the ED, which will in turn reduce a patient's length of stay and their readmission rates.

References

Dodson, H., Bhula, J., Eriksson, S., & Nguyen, K. (2018). Migraine Treatment in the Emergency Department: Alternatives to Opioids and their Effectiveness in Relieving Migraines and Reducing Treatment Times. *Cureus*, 10(4), e2439. <https://doi.org/10.7759/cureus.2439>

Duncan, R.W., Smith, K.L., Maguire, M., & Stader, D.E. (2019). Alternatives to opioids for pain management in the emergency department decreases opioid usage and maintains patient satisfaction. *The American journal of emergency medicine*, 37(1), 38-44. <https://doi.org/10.1016/j.ajem.2018.04.043> randomized Control Trial

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. First off, Behavioral Health Task Force focuses on high utilizers, readmission rates, and affordability of healthcare. Providing patients with appropriate resources to manage their pain with non-opioid medications will decrease hospital utilization and readmission rates. The second program this intervention aligns with is the Affordability Road Map. This program focuses on overuse, complications, excessive length of stay, antibiotics utilization and readmissions in a healthcare setting. Implementing a ALTO program will allow Rose Medical Center improve our outcomes without decreasing the high quality care we provide. Rose Medical Center focuses on improving patient outcomes without sacrificing care. With HTP we will continually work to improve patient outcomes, increase patient satisfaction, decrease healthcare costs by establishing relationships with community partners and utilizing outpatient services to improve the continuum of care for our Medicaid patients.

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 provided education to all ED providers on the importance of ALTOs and how it can impact the community. We can improve our outcomes by tracking our ALTO use in the ED. Research has shown non-opioid medications are more effective for treating pain, reducing the length of stay and reducing the risk for readmission in certain patients. Rose Medical Center wants to improve our ALTO utilization and will meet the needs of the community by focusing on this intervention. Currently we do not have any affiliated community partners to help with the ALTO program in the ED. During the HTP Rose Medical Center will expand our ALTO program and establish new partnerships to better serve our community.



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)

Rose Medical Center ED providers received education about ALTOs in 2018. Since then we have not regularly assessed the success of the program. To meet the goals of the HTP, Rose Medical Center will expand our ALTO program, track and trend results, and ultimately provide a higher level of care for our patients by effectively treating their pain. Rose Medical Center will successfully meet the goals of the intervention and program by improving patient outcomes with expanding the ALTO program in our ED. An ALTO program will decrease length of stay and readmission rates for this vulnerable population. Furthermore, this intervention will allow Rose Medical Center to impact the opioid epidemic by decreasing the use of opioids as first line pain relievers for conditions specified by CHA.

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)



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](#).

