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: Implement SBIRT in the Emergency Department

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. BH1

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)

Description:

The hospital will implement a Screening, Brief Intervention and Referral to Treatment (SBIRT) program for emergency department patients to screen for unhealthy alcohol and/or drug use and provide education and referrals for treatment to those who screen positive. The hospital will:

1. Develop the screening approach (S) and brief intervention (BI) script

2. Evaluate and select local referral sources (R) for substance use specialty care (T)

3. Establish a health system team to carry out SBIRT including ED providers, trauma coordinators and case managers.

4. Develop process to document SBIRT activities in the electronic medical record.

5. Develop team and patient materials to support SBIRT.

6. Train health system team on SBIRT and SBIRT materials.

7. Establish process to measure SBIRT interventions and opporutnities.

Target Population:

The target population for the screening will be Medicaid patients seen in the emergency department (ED) over the age of 12. The target population for the intervention and referral for treatment will be those patients who screen positive for unhealthy alcohol and/or substansce use. Excluded will be patients include those who refuse, patients who cannot participate in the screening due to functional capacity or medical instability.

Rationale and how the intervention advances goals of HTP:

The hospital believes this intervention will advance the goals of the Hospital Transformation Program by lowering avoidable hospital utlization (both emergency department visits and hospital days). Healthcare crisis due to alcohol and drug use is one of the top reasons for emergency visits for the hospital's Medicaid population. Research has shown that large numbers of people whose patterns of alcohol and drug use put them at risk of developing more significant problems can be identified through screening and brief interventions and treatment referrals have been effective. due to unhealthy alcohol and drug use that commonly cause preventable morbidity and mortality. Unhealthy substance use can complicate existing chronic condidtions like diabetes, hypertension, cardiovascular disease and metnal health disorders and can also interact with prescribed medications. Additionally, this intervention will improving patient outcomes, and increasing communication between hospitals and substance use providers.

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)

As noted in the hospital's Midpoint Report, patients with more significant alcohol and substance use were identified as a vulnerable population. Healthcare crisis due to alcohol and drug use is one of the top reasons for emergency visits for the hospital's Medicaid population.

In Colorado, 8.9% of adults have an alcohol use disorder and 4.8% having an illicit drug use disorder (Kaiser Family Foundation, 2020). The rate of death due to drug overdose reached an all-time high in 2019, with 17.8 deaths due to overdose per 100,000 people (Colorado Health Institute, 2020). In 2019, Coloradans who are Black or African American had the highest rate of death from drug overdose (25.5 deaths due to overdose per 100,000 people), the highest rate across all years and race or ethnic groups (Colorado Health Institute, 2020).

Research shows that Implementation of SBIRT into the hospital's emergency department serves as an opportunity to address substance use before it becomes more problematic. Enhanced screening for substance misuse will increase the need to create meaningful partnerships with local providers who offer alcohol and substance use treatment.

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)

2 - Best practice supported b

SBIRT has been shown to reduce ED visits (Bray et al., 2011) and decrease drinking post-intervention when used in the emergency department (Academic ED, 2010). Cost-benefit analysis

suggests that screening and brief counseling of risky alcohol use provide a cost savings of $43,000 in future healthcare costs for every $10,000 invested in intervention (Fleming et al., 2002). The American College of Emergency Physicians (2017) believes emergency medical professionals are positioned and qualified to mitigate the consequences of alcohol abuse through screening programs, brief intervention, and referral to treatment. Research shows that $3.81 is saved for every $1 spent on screening and intervention (Gentilello et al., 2005). Estee (et al., 2010) found SBIRT can reduce spending for Medicaid patients when delivered in the ED. While studies do indicate that alcohol and drug use decrease at six months after service delivery, some of these studies lack control groups (Suneel, et al., 2012).

References

American College of Emergency Physicians. ACEP—alcohol screening in the emergency department. Retrieved from: https://www.acep.org/patient-care/policy-statements/alcohol-screening-in-the-emergency-department/#sm.00000bvan9jy5bdjfuqbu1on3m52b.

Academic ED SBIRT Research Collaborative. 2010. The impact of screening, brief intervention and referral to treatment of emergency department patients' alcohol use: A 3-, 6-, and 12-month follow-up. Alcohol and Alcoholism, 45(6): 514–19.

Bray, J.W., Cowell, A.J. and Hinde, J.M. 2011. A systematic review and meta-analysis of health care utilization outcomes in alcohol screening and brief intervention trials. Medical Care, 49(3): 287–94

Colorado Health Institute. (2020). More Coloradans Died of a Drug Overdose in 2019; Fentanyl-Related Deaths Spiked. Retrieved from:

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Estee, S., Wickizer, T., He, L., Shah, M.F. and Mancuso, D. 2010. Evaluation of the Washington State

Screening, Brief Intervention, and Referral to Treatment Project. Medical Care, 48(1): 18–24.

Fleming M.F., Mundt M.P., French M.T., Manwell L.B., Stauffacher E.A., Barry K.L.: Brief physician advice for problem drinkers: long-term efficacy and benefit-cost analysis. Alcohol Clin. Exp. Res. 2002; 26: pp. 36-43.

Kaiser Family Foundation. (2020). Mental health in Colorado. Retrieved from:

https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/colorado/

Suneel M. Agerwala B.A. & Elinore F. McCance-Katz M.D. Ph.D. (2012) Integrating Screening, Brief Intervention, and Referral to Treatment (SBIRT) into Clinical Practice Settings: A Brief Review, Journal of Psychoactive Drugs, 44:4, 307-317, DOI: 10.1080/02791072.2012.720169

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 identity 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)

The hospital will ensure individuals who have Medicaid are referred to agencies who are participating in the SUD Waiver. This effort aims to reduce healthcare costs and avoidable hospitalizations, while improving outcomes for patients with substance use issues.

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)

The hospital does not currently provide SBIRT in the emergency department.

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)

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.