



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: Expand Psychiatric Telehealth Services to Rural Communities
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. COE2

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's Behavioral Health & Wellness Center will provide Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP) groups to rural communities via telehealth. IOP



and PHP services can be used as a time-limited service to stabilize acute symptoms and can be used as either a step-down from inpatient care, or as a stand-alone level of care to stabilize a deteriorating condition without an inpatient hospitalization. IOPs commonly provide patients daily group therapy while allowing them to resume participation in their daily life including work, parenting, etc. PHPs are more structured and allow the patient to receive treatment during the day without having to stay overnight.

To expand IOP and PHP services, the hospital will:

- a) Identify community partners who would benefit from telehealth services through a community needs assessment.
- b) Meet with community partners to present and discuss the telehealth services offered through the Behavioral Health & Wellness Center.
- c) Identify and train community providers regarding rural resources, and the initial authorization process.
- d) Create a process for follow-up with the patient's identified "wellness team" within their community.
- e) Incorporate pre-authorization process with RAE
- e) Train the Mental Health Workforce Professionals about all resources available within a particular community to solidify continuity of care when discharging a patient from program.
- f) Develop a hand-off process to the next level of care to include verification through wellness calls to both the patient and treatment organization.

Target Population:

Medicaid patients (adolescent, adult and geriatric) in rural Colorado communities qualifying for IOP/PHP services.

Rationale and how the intervention advances the goals of HTP:

Expanding IOP and PHP services via telehealth advances a number of goals of HTP as it can improve patient outcomes, improve patient experience, and increase the efficiency of care delivery. IOP/PHP Telehealth provides convenient access to quality psychiatric care and allows the rural patient to stay in their community. Individuals in rural communities face unique challenges when attempting to access effective treatment for mental health conditions, as there are multiple barriers to care:

- Limited access to IOP/PHP in rural communities
- Traveling from rural area to Denver metropolitan area for IOP/PHP may not be feasible with job and family responsibilities
- Shortage of mental health workforce professionals in rural communities



- Access to reliable transportation

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 needs assessment confirmed that access to psychiatric resources is limited and there are significant constraints in rural areas. The proposed intervention is focused on addressing disparities in access to behavioral health care for rural Coloradans. More than half of the counties in Colorado have no psychiatrists and there are 12 counties that do not have a licensed psychologist or social worker (Colorado Rural Health Center, 2016). Access to mental health providers is significantly limited to rural residents with only 1 provider per 6,008 residents (Colorado Rural Health Center, 2016). The use of telehealth services will increase access to psychiatric and counseling services, and improve mental health outcomes for rural residents. According to SAMHSA (2016), telehealth can offer patients and providers more convenient ways to access services, which may result in reduced travel time and expense, less time away from families, and fewer missed appointments. Telehealth saves expenses associated with travel and provides access to care that otherwise would not be feasible. Telehealth psychiatric services are at least 10% less expensive per patient than in-person services (O'Reilly et al., 2007). While enrolled in either an Intensive Outpatient Program or Partial Hospitalization Program, patients will have access to a psychiatrist that they may not otherwise have access to.

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 - Research shows that using telehealth conference groups achieves equivalent clinical outcomes and patient satisfaction when compared to in-person services (Lapid et al., 2018) (O'Reilly et al., 2007). Our treatment approach is focused on the usage of evidence-based telehealth interventions rooted in Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT). Khatri (et al., 2014) found that CBT delivered via on-line video conferencing can meet the same practice standards and outcomes as in-person (face-to-face) intervention. Adults in rural communities have shown improved outcomes when using telehealth CBT to treat depression (Scogin et al., 2018). Additional research shows that the therapeutic alliance can be maintained using technology-based interventions as well (Lopez et al., 2019). Systematic review of the current literature shows DBT and CBT are the most used psychotherapeutic treatments, and can lead to a reduction in suicidal outcomes, suicidal ideations, and suicide attempts (Méndez et al., 2019).

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)

The proposed initiative to expand telehealth services to rural communities to provide IOP/PHP therapy supports the State's Behavioral Health Task Force goal to "enable every Coloradan experiencing behavioral health needs to receive timely, providing high-quality services in their community".

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)

Currently, The Behavioral Health & Wellness Center has experience with both IOP/PHP and Telemedicine. The Behavioral Health & Wellness Center provides in-person IOP and PHP services for Medicaid patients primarily in the metro area and provides emergency mental health evaluations via telehealth to rural communities.

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 proposed intervention marries two of the organization's competencies to provide IOP/PHP services remotely to rural communities.

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 this hospital have previous experience partnering with this organization? (Y/N?) | 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](#).

