



## 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: Perinatal/Post-Partum Screening and Referral
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. CP6

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 conduct perinatal screening for depression and anxiety, provide resources to patients who screen positive and notify positively-screened patients' RAE. The hospital will:



- a. Select an evidence-based depression and anxiety screening tool.
- b. Enhance the electronic medical record to capture screening of obstetric patients for perinatal and post-partum depression and anxiety.
- c. Identify community resources who screen positive; set up meetings if appropriate to discuss referral options, attempt to establish mutually agreed upon expectations on accepting patient referrals, patient resources and collateral materials, partnership opportunities, etc.
- d. Develop processes to complete the screening and provide resources/referrals to patients who screen positive.
- e. Train nursing, mid-level providers, physicians, and case management on the screening tool, documentation requirements and referral options.
- f. Develop a technology-based solution to transmit notification of positively identified patients to RAE within one business day.
- g. Notify the RAE within one business day, if the screen is positive.

#### Target Population

TMCA Medicaid patients during perinatal/post-partum care episodes

Rationale and how the intervention advances the goals of the HTP:

The hospital believes this intervention will advance the goals of the Hospital Transformation Program by improving both maternal and infant outcomes, including preterm birth and low birth weight, through timely screening process, referral, and access to appropriate care. Community outreach and close collaboration with RAE(s) will also contribute to closing the existing care gaps and ensure the appropriate care in appropriate settings.

Perinatal depression, including major and minor depressive episodes that occur during pregnancy in the first 12 months after delivery, is one of the most common medical complications during pregnancy and postpartum period, affecting one in seven women. Anxiety is a prominent feature of perinatal mood disorders. Perinatal depression also bears negative medical and psychological outcomes for both mother and child. Timely screening, providing resources and making referrals serves as a safety net for new mothers and mothers-to-be who may not have established obstetric and/or mental healthcare relationships. CDPHE data from their Vision analytics program reports that in 2015-2017 10.4% of Denver County and 11.8% of Arapahoe county women who recently gave birth cited maternal depression. Additionally, only 22% of women who recently gave birth and received prenatal care reported receiving prenatal care counseling about maternal depression. Perinatal depression/anxiety screening also links to the state-wide measure of Social Determinants of Health and may identify causes of anxiety/depression related to social needs. The hospital has a limited relationship with the target population in the obstetrics emergency department, labor and delivery, and post-partum care.

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)

During the CHNE process to assess community needs the hospital identified obstetric patients as a vulnerable population and maternal and newborn health as a potential area of focus. In evaluating the HTP measures and further assessing its maternal population, the hospital found it could better support its obstetric patients who screen positive for depression and anxiety with more systematic screening and formal referrals as well as facilitate continuity of care with notification of the patient's RAE

As a point of reference, the hospital provided care for over 1600 deliveries in 2019 to mothers where Medicaid was the payer.

As referenced in the rationale, CDPHE data from their Vision analytics program reports that in 2015-2017 10.4% of Denver county and 11.8% of Arapahoe county women who recently gave birth cited maternal depression. Additionally, only 22% of women who recently gave birth and received prenatal care reported receiving prenatal care counseling about maternal depression. Rates of post-partum depression varies from 9.4% to 20.9% based on age, socio-economic status, and ethnicity. Rates have consistently increased across these strata from 2012 to 2017. Furthermore, some evidence suggest that pregnancy may place women with preexisting depression at particular risk with the rate of depression relapse is as high as 43%. Overall research indicates that postpartum depression diagnosis is more prevalent among women with Medicaid coverage. However, there is a reported treatment gap in Medicaid population relative to their privately insured counterparts. By offering depression screening and ensuring timely RAE notification, the hospital will address community's need for early intervention and continuity of care in the outpatient setting.

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

From The American College of Obstetricians and Gynecologists (ACOG): In 2016, the U.S. Preventive Services Task Force changed its recommendation for routine depression screening to a B, endorsing depression screening in the general adult population, including pregnant and postpartum women 11. Although there are no large randomized controlled trials that definitively prove the benefits of screening alone without the necessary treatment, the task force changed its recommendation based on a large systematic review. It is difficult to distinguish the effect solely due to screening or screening combined with some type of intervention. Nevertheless, follow-up of these patients several weeks to months later demonstrated an absolute risk reduction in depression prevalence of as much as 9% 12. Greater benefits were seen if clinical support and training were offered to the staff that provided the screening tool

### Citations

1. <https://www.colorado.gov/pacific/cdphe/vision-data-tool>
2. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/11/screening-for-perinatal-depression>
3. <https://www.colorado.gov/pacific/cdphe/pregnancy-related-depression-resources-providers>
4. [https://www.colorado.gov/pacific/sites/default/files/PF\\_The-State-of-PRD-Efforts-in-Colorado.pdf](https://www.colorado.gov/pacific/sites/default/files/PF_The-State-of-PRD-Efforts-in-Colorado.pdf)
5. [https://www.colorado.gov/pacific/sites/default/files/PF\\_PRD-EPDS-English.pdf](https://www.colorado.gov/pacific/sites/default/files/PF_PRD-EPDS-English.pdf)
6. [https://www.colorado.gov/pacific/sites/default/files/PF\\_The-State-of-PRD-Efforts-in-Colorado.pdf](https://www.colorado.gov/pacific/sites/default/files/PF_The-State-of-PRD-Efforts-in-Colorado.pdf)
7. Women's Care-Seeking Experiences After Referral for Postpartum Depression. SAGE Journals Accessed 8/4/20 <https://journals.sagepub.com/doi/abs/10.1177/1049732308321736>
8. Taylor&Francis Online <https://www.tandfonline.com/doi/full/10.3109/0167482X.2012.728649>
9. Perinatal depression: implications for child mental health

Maria Muzik, Stefana Borovska

Ment Health Fam Med. 2010 Dec; 7(4): 239-247.



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)

- a. Behavioral Health Taskforce: the hospital's proposed intervention is designed to address the Taskforce's identified challenge of Access by providing specific resources and/or referrals; Accountability by establishing specific relationships for referrals and resources for identified patients; and Whole Person Care by addressing both physical and emotional health needs.
- b. IT Roadmap: CORHIO will be a significant part of the hospital's strategy for data sharing with RAEs (i.e., notification) and any referrals.
- c. HQIP Perinatal Depression and Anxiety 2021 Measure: the hospital's proposed intervention for HTP will align with HQIP and permit it to fully support the four "Rs" of Readiness, Recognition and Prevention, Response and Reporting/Systems Learning as recommended by the Council on Patient Safety in Women's Health Care recommendations.



d. ACC Phase II: the hospital's interventions support the goal of Phase II objectives and RAE responsibility of care coordination.

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's obstetrics healthcare providers routinely screen for perinatal depression and anxiety. However, there is variation in the tool used, how the screening results are documented, and how and what referrals are made. There is no experience with systematically notifying the RAE of patients who positively screen.

To date, Colorado Access (COA) receives CORHIO ADT feeds as well as periodic contacts from hospitals. This information allows COA to risk stratify to target interventions for those members who have complex medical issues. The COA care management team provides members transitioning from hospital settings to lower levels of care with appropriate transitions of care intervention, including, but not limited to:

- a. Collaboration with hospital staff to uphold timely and member-focused discharge planning;
- b. Development of member-driven care plans that incorporate current member status and needs, interdisciplinary team input, and historical clinical information;
- c. Submission of member referrals that support ease of access to services and remain consistent with identified member needs;
- d. Care coordination activities designed to ensure sustained member access to care and reduce risk for future hospitalization;
- e. Exchange of member information, clinical records, care plan goals, and care coordination activities to promote interdisciplinary service delivery;
- f. Follow up with member, provider, and hospital team members to ensure follow through with treatment activities and member success

Colorado Access manages behavioral health utilization closely for ensuring that members with behavioral health needs are treated at the lowest level of care necessary for safety and efficacy. The behavioral health care management team also work with hospitals and outpatient providers to enable seamless care for the member. Currently, Colorado Access efforts have been aimed at transition from inpatient care. Colorado Access does not receive timely notification of emergency department visits.

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)

Although regular screening is taking place, currently, there is no standardized referral process nor consistency in the applied screening tools. By enhancing the existing program, TMCA is committed to implementing a standard depression and anxiety screening tool and implement a consistent reporting structure. TMCA will ensure timely notifications of any positive screens to the partnering RAE(s).

The improvements in the current practice will align with the HTP goals by further improving maternal and infant outcomes. Standardized community outreach and RAE(s) collaboration will minimize the existing care gaps and ensure the appropriate care in appropriate settings.

- 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](#).

