CHASE
Colorado Healthcare Affordability and
Sustainability Enterprise

1570 Grant Street
Denver, CO 80203

DRAFT

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)

The Medical Center of Aurora (TMCA) has been serving Aurora and the eastern Denver metropolitan area for over 40 years. The hospital has grown from being a small community hospital out on the eastern prairie to a tertiary care center with regional referrals to treat complex cardiovascular disease, neurological malformations and complex behavioral health concerns. TMCA has been nationally recognized for providing safe and effective care and a demonstrated track record in taking cost and suffering out of the system by having fewer patient complications and mortalities.

TMCA's goals and objectives with its HTP participation center on addressing needs identified in the formal community needs assessment and by the hospital's clinicians who observe Medicaid patients' challenges achieving wellness. TMCA has paid particular attention to enhancing continuity of care by increasing targeted and timely communication to primary care providers and Regional Accountable Entities (RAEs) and to providing additional resources towards behavioral health and substance use. To support the HTP goals of improving outcomes, increasing effectiveness and efficiency of care delivery, and enhancing collaboration with healthcare partners, TMCA will:

•	Implement high-risk screening and targeted interventions for risk of readmission, for unmet social needs, perinatal/post-partum depression, and unhealthy alcohol and drug use.

•	Develop technological solutions to support continuity of care by transmitting topical patient information to the patient's RAE and/or primary care or other health provider: perinatal/post-partum depression and anxiety, unhealthy alcohol and substance use, identified social needs,

discharge plans for primary or secondary diagnosis of mental illness or substance abuse, and a summary of care record to the patient's primary care or other health provider.

• Enhance current opioid prescribing practices to further reduce prescribing from the Emergency Department.

• Use data-driven quality improvement methods to reduce waste through regular and systematic evaluation of HCPF-provided data to address drivers of overuse, complications, excessive lengths of stay, antibiotics utilization, and readmissions.

• Expand telehealth psychiatric services to rural community residents

TMCA also recognizes that many of these proposals overlap or benefit and complement other goals. For example:

• A patient's social needs may drive up their readmission risks and targeted interventions may provide additional support of their social needs beyond notifying the RAE.

• Social needs may be identified in screening for perinatal/post-partum depression and anxiety.

• The systematic evaluation of HCPF-supplied data could inform the hospital's continual improvement efforts with proposed interventions for opioid prescribing, readmissions, etc.

• The relationship that TMCA's case management has with individual RAE representatives may be enhanced by consistent and more comprehensive information delivery of discharge plans and social needs.

Many of TMCA's proposed interventions include a significant investment in information technology specifically to permit support at a large scale and for long-term sustainability beyond the term of the program.   Furthermore, TMCA's governance and quality improvement structure will apply continuous quality improvement "CQI" principles to permit ongoing evaluation and adjustments as its experience evolves or new issues surface.

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: The Medical Center of Aurora

Hospital Medicaid ID Number: 05000104

Hospital Address: 1501 S. Portomac Street, Aurora, CO 80012

Hospital Executive Name: Ryan Simpson

Hospital Executive Title: CEO

Hospital Executive Address: 1501 S. Portomac Street, Aurora, CO 80012

Hospital Executive Phone Number: 303.873.5511

Hospital Executive Email Address: ryan.simpson@healthonecares.com

Primary Contact Name: Kathy Bilys

Primary Contact Title: VP Quality

Primary Contact Address: 1501 S. Potomac Street, Aurora, CO 80012

Primary Contact Phone Number: 303-671-4901

Primary Contact Email Address: katherine.bilys@healthonecares.com

Secondary Contact Name: Susan Martin

Secondary Contact Title: Director, Case Management

Secondary Contact Address: 1501 S. Potomac St, Aurora, CO 80012

Secondary Contact Phone Number: 303-873-5416

Secondary Contact Email Address: susan.martin3@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)

The hospital's planned governance structure has been in place for over one year and has guided development of the application and intervention proposals. The structure consists of:

HTP Steering Committee

This committee will oversee the hospital's implementation of HTP and monitor the project deliverables, execution of proposed deliverables and progress towards selected measures. The Steering Committee includes the following members:

- CFO – committee chair

- COO of Behavioral Health

- VP Quality

- Senior Director, Case Management & Utilization

- Director, Emergency Services

- Director, Health Crisis Assessment Team

- Clinical Informaticist

- Intervention Owners

The VP Quality will provide project management resources. The VP Quality and the Senior Director of Case Management will also coordinate/communicate with the hospital's centralized system resources (i.e., HealthONE) to align implementation with sister hospitals choosing like measures and interventions.

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)

Members of the HTP Steering Committee will link to the hospital's population/topic focused committees to engage key stakeholders in the proposed interventions and report performance relative to project milestones and HTP measures (e.g., Women's/OB Service Line Committee: perinatal/post-partum screening, hospital index as applicable).

Quality Management Committee (QMC)

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The HTP Committee will report project progress and performance relative to the HTP measures to the QMC. The QMC includes the CEO, CMO, CNO, hospital COO and key leaders from the medical staff.

Medical Executive Committee (MEC)

The MEC comprises medical staff leaders from the hospital's key specialties (e.g., orthopedics, womens, inpatient medicine, emergency services, etc.). They will receive a summary of the report the HTP Steering Committee provided to QMC.

Board of Trustees

The Board of Trustees will receive a summary of the report the HTP Steering Committee provided to QMC.

    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)

After the application and proposed interventions are approved, the HTP Steering Committee will report quarterly to the committees outlined in 3b. The reporting format will include progress with project management aspects of HTP and, after implementation, performance on specific measures including analysis of drivers of performance and actions in progress to enhance performance.

The HTP Steering Committee will also establish a formal communication plan to its CHNE partners to ensure they are kept informed of the hospital's progress and performance. The hospital will seek feedback from CHNE partners through ongoing CHNE engagement activities.

Transparency and engagement with impacted populations will be integrated into the implementation of the proposed interventions so that, where applicable, Medicaid members understand the rationale behind specific interventions.

    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)

The Project Management function resides in the Quality Resources department, which the VP of Quality oversees. The VP of Quality is a member of the HTP Steering Committee. The membership of the HTP Steering Committee was intentional to align leaders with key goals of the HTP and proposed interventions. The reporting structure of the HTP Steering Committee to QMC provides excellent visibility to key hospital leaders to promote transparency and solicit help to address barriers. The hospital's HTP participation is also under the purview of its health system affiliation (HealthONE) from the system CFO, CIO, Director for Case Management and a newly created position Division Director of Hospital Transformation Program.

    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)

> The Project Management function resides in the Quality Resources department, which the VP Quality oversees. The VP of Quality is a member of the HTP Steering Committee. The membership of the HTP Steering Committee was intentional to align leaders with key goals of the HTP and proposed interventions. The reporting structure of the HTP Steering Committee to QMC provides excellent visibility to key hospital leaders to promote transparency and solicit help to address barriers.

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

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

> **The hospital and the health system (HealthONE) both have data analyst reporting resources. Part of the implementation phase will include standardizing how and where data is collected in the Electronic Medical Record or other integrated data system so that standardized reporting mechanisms can be developed and run on a regular basis.**

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)

> The hospital has maintained its CHNE engagement activities established during the CHNE process with very few exceptions. While the COVID-19 pandemic altered meeting frequency in 2020, the hospital was able to re-establish its CHNE activities via monthly/quarterly meetings. The hospital commits to keeping its partners apprised of its HTP activities through a variety of communication channels and will evaluate different platforms for communicating progress and soliciting feedback including, but not limited to, CHNE/Hospital engagement activities, Webinar update for all CHNE partners, and periodic emailed reports with progress updates, significant project milestones and upcoming activities.

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 alloted 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 incorporates 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, 2021, 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, 2021. Please use **mm/dd/yyyy** format.

Proposed Public Input Period : 8/18/2020 to 9/18/2020
Proposed Hospital Review of Public Input Period: 9/19/2020 to 2/28/2021

Actual Public Input Period : 8/18/2020 to 3/31/2021
Actual Hospital Review of Public Input Period: 9/19/2020 to 3/31/2021

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, 2021. 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)

The following were sent a summary of the selected measures and proposed interventions:

Aurora Health Alliance – no feedback received *

Aurora Mental Health – no feedback received

Aurora Police – no feedback received

Behaviroal Health & Wellness Center (a campus of The Medical Center of Aurora) - endorsed relevant selected measures and proposed interventions

Colorado Access– no feedback received *

Colorado Community Health Alliance– no feedback received *

Colorado Community Health Network (CCHN) – no feedback received

Colorado Health Institute (CHI)

Metro Denver Partnership for Health (MDPH) – no feedback received

East Metro Care Coalition – endorsed relevant selected measures and proposed interventions

Mental Health Center of Denver (MHCD) – no feedback received

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Mental Health Colorado– no feedback received

The ZOMA Foundation – endorsed relevant selected measures and proposed interventions

TMCA Patient Family Advisory Council – endorsed relevant selected measures and proposed interventions

Tri-County Health Department– no feedback received *

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)

Each CHNE partner was sent an email outlining their role in our CHNE partnership and the request for their feedback in August 2020 with a request for feedback within 30 days of the email. The email included a document with the selected measures, the proposed interventions and check boxes indicating whether they believed the proposed measures and interventions advanced the goals of HTP on a scale of strongly disagrree to strongly agree. After the deadline for feedback passed, CHNE partners who had not replied were sent a reminder email. Additionally, CHNE partners listed above with an asterisk were invited to an HTP Community Feedback Meeting on March 17, 2021. The hospital communicated in advance with these partners and provided a draft of the HTP application and a request for feedback.

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)

- Feedback from CHNE partners was limited despite mutliple requests. Of the feedback received, it was all positive and no changes were necessary.

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)

SW-RAH1: 30 day all cause risk adjusted readmission

SW-CP1: Social needs screening and notification

SW-BH1: Collaboratively develop and implement a mutually agreed upon discharge planning and notification process with the appropriate RAE's for eligible patients with a diagnosis of mental illness or substance use disorder (SUD) discharged from the hospital or emergency department

SW-BH3: Decrease opioid use in hospital EDs and increase use of ALTOsCP6: Screening and Referral for Perinatal and Post-Partum Depression and Anxiety and Notification of Positive Screens to the RAE

SW-COE1: Hospital Index

SW-PH1:Severity adjusted LOS

BH1: Screening, Brief Intervention, and Referral to Treatment (SBIRT) in the Emergency Department

CP6: Screening and Referral for Perinatal and Post-Partum Depression and Anxiety and Notification of Positive Screens to the RAE

COE1: Increase the successful transmission of a summary of care record to a patient's primary care physician or other healthcare professional within one business day of discharge from an inpatient facility to home

COE2: Implementation/Expansion of IOP/PHP telehealth access in rural areas

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.   Implement SBIRT in the Emergency Department

•   Measure BH1

2.   Summary of Care Transmissions

•   Measure COE1

3.   Expand Psychiatric Telehealth Services to Rural Communities

•   Measure COE2

4.   Perinatal/Post-Partum Screening and Referral

•   Measure CP6

5.   Collaborative Discharge Planning & Notification Process

•   Measure SW-BH1

6.   Alternatives to Opioid Prescribing in the ED

•   Measure SW-BH3

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7.   Optimize Value

•   Measure SW-COE1

8.   Provide referrals to address patients' social needs

•   Measure SW-CP1

9.   Optimize severity adjusted length of stay

•   Measure SW-PH1

10.   Reduce Readmissions

•   Measure SW-RAH1