



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: Medication Assisted Treatment (MAT) in Emergency Department Coordination

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. BH2

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 intervention selected to address the initiation of the MAT program in the Emergency Department(s) (ED) at Sky Ridge Medical Center (SRMC) entails developing a program to include training, certification of providers, educating ED staff and developing protocols to initiate



treatment of the appropriate adult patient population (dependent on opioids such as heroin and pain medication containing opiates) visiting the ED with Buprenorphine, Methadone or Naltrexone.

The redesign of care as described advances the HTP goals of improving patient outcomes through redesigning care and improving patient experience in the delivery system by ensuring appropriate care in appropriate settings, as this approach “allows those struggling with substance use disorder, especially opioid dependency, to continue functioning while being rehabilitated from the disease.” (<https://cha.com/opioid-safety/mat-project/>). Additionally, implementing the MAT program is expected to further the HTP goal of lowering Colorado Medicaid cost. In the study “Buprenorphine & Methadone Treatment Among Medicaid Members: Reducing Relapse & Health Care Costs” published by the Recovery Research Institute (<https://www.recoveryanswers.org/research-post/buprenorphine-methadone-treatment-among-medicaid-members-reducing-relapse-health-care-costs/>), patients not treated with MAT “were more likely to have co-occurring mental illness and alcohol use disorders, higher average costs, and more frequent relapses.”. Furthermore, those not treated with MAT had a relapse rate of four times higher than those treated with MAT. The monthly behavior health treatment cost savings for patients who were treated with MAT was between \$153 and \$223.

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 intervention proposed to advance the BH2 Initiation of Medication Assisted Treatment (MAT) in Emergency Department or Hospital Owned Certified Provider Based Rural Health Center, aligns with the identified community needs. During the CHNE process, stakeholders identified patients with mental health illness and substance abuse as a population underserved. This feedback was a common theme and repeatedly heard from stakeholders. Therefore, the proposed intervention demonstrates that the population of focus, those seeking pain management, aligns with the community needs as identified above.

Additionally, the CHNE process revealed 0.4% of all ages in RAE 3 reported prevalence Opioid Use Disorder in 2016-2017 0.4%. SRMC’s total service area including Douglas and Arapahoe counties, had a disability rate of 8.1% in 2017. Per the Addiction Center (<https://www.addictioncenter.com/addiction/disability/>), this population will “experience substance use disorders at 2 to 4 times the rate of the general population.” The study “Socioeconomic risk factors for fatal opioid overdoses in the United States: Findings from the Mortality Disparities in American Communities Study (MDAC)”,



(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6968850/>), also supports those people with disabilities are at a higher risk of opioid abuse over the population without disabilities. As extracted from the CHNE process is in 2016, 12.9% of the total service area population fell below the 100% federal poverty level. This same study concluded that those living in poverty were at a significantly higher risk for opioid fatality and “contributes to patterns of declining life expectancy...” In 2017, the race of the service population of SRMC was 77.9% white. In the study referenced above, persons of the white race accounted for 80.7% of the overdoses.

Our implementation plan will leverage available resources in collaboration with ED providers, ED staff, pharmacy, IT and case management.

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)

Best practice Substance abuse disorders is an escalating public health problem across the country (ENA, 2016). As of 2011, there were an estimated 5.1 million drug related emergency department (ED) visits annually across the country, increasing the cost of healthcare. The National Survey on Drug Use and Health report states the following sobering facts (TCHD, 2018):

- 115 Americans die from an opioid overdose daily
- The misuse and addiction to opioids includes both prescription and illegal drugs
- CDC estimates the economic burden of this crisis exceeds \$78.5 billion a year in lost productivity, addiction treatment and criminal justice proceedings.

Sky Ridge Medical Center, which sits in Douglas County, is part of the Tri-County Health Department (TCHD). TCHD estimated 5.2% of the community reports nonmedical use of pain relievers in the past year (TCHD, 2018). Additionally, heroin overdoses have increases steadily in TCHD communities for the past 15 years. Heroin is strongly linked to prescription opioid misuse/abuse because it is easier to obtain than prescription opioids and is cheaper; four out of five heroin users state their first opioid usage came from a health care provided prescription (CHA, 2019). Methamphetamine abuse has also increased in TCHD communities in the past 5



years. Substance abuse disorders are very prevalent in the communities Sky Ridge Medical Center serves.

Best Practice - Colorado Hospital Association (CHA) has endorsed the prescribing of medication-assisted treatment (MAT) because of the significant opioid use disorders in our communities. On average, one Colorado resident dies every 15 hours of an opioid overdose (CHA, 2019). Despite a steady decline in opioid prescriptions over the past six years, fatal opioid overdoses have increased due to increasing potency and availability of illicit opioids. Due to the nature of the ED, often both a primary entry point for acute care facilities as well as primary care usage by medically underserved people, it makes sense for the ED to be the primary focus area for identifying opioid misuse/abuse patients and prescribing MAT.

CITATIONS:

<https://cha.com/opioid-safety/mat-project/>

<https://www.addictioncenter.com>

<https://www.recoveryanswers.org/research-post/buprenorphine-methadone-treatment-among-medicaid-members-reducing-relapse-health-care-costs/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6968850/.com/addiction/disability/>

Colorado Hospital Association. 2017. ColoradoMAT. Retrieved from: <https://cha.com/opioid-safety/coloradomat/clinical-resources/>

Colorado Hospital Association. 2019. 2019 Hospital overdose education & naloxone distribution guidelines. Retrieved from: https://cha.com/wp-content/uploads/2020/05/CHA.179-Naloxone-Guidelines_5-20.pdf

Emergency Nurses Association (ENA). 2016. Patients with substance abuse disorders and addiction in the emergency care setting. Retrieved from: https://www.ena.org/docs/default-source/resource-library/practice-resources/position-statements/patientswithsubstanceuse.pdf?sfvrsn=6c33cad2_6

Tri-County Health Department (TCHD). 2018. Community health assessment. Retrieved from: http://www.tchd.org/DocumentCenter/View/5134/TCHD_Community-Health-Assessment-2018?bidId=

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: CHA (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)

As apart of Sky Ridge Medical Center’s coordination with MAT and Colorado Hospital Association, the hospital plans to utilize appropriate resources to Medicaid patients so they can achieve reduced relapse rates and better health outcomes. As a focus of the CHA, our hospital will act along with CarePoint ED Physicians to identify patients that walk through the ED doors at risk for misuse and abuse of opioids and prescribe MAT. Additionally, Sky Ridge Medical Center can continue to utilize the CHNE Final Report to identify at risk populations within the hospital’s tri-county area. From the 2019 report, the county’s has a low prevalence of opioid use disorder at 0.4%. That being said, with an expanding population and demographic, monitoring this data is influential in providing appropriate care for the community. By staying focused on the community and Statewide initiatives, our hospital can become more proactive and fulfilling of community health.

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)

MAT is used on an ad hoc basis.

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 CarePoint ED providers have been the primary drivers of this initiative. While several interventions are still needed such as need to obtain the ability to prescribe MAT and Pharmacy or IT needs to be able to track prescriptions written, this is described as a slow march.

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)
CarePoint Health	ED Providers	Yes	The ED providers are the primary drivers of this intervention.

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](#).

