



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: Discharged on Statin Medication
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. RAH4

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)

Discharging an ischemic stroke patient with a statin medication if LDL > 70 is one of the eight nationally implemented measures that address stroke care used by the Joint Commission hospital accreditation process ("Discharged on Statins," n.d.). As clinical guidelines and current evidence



suggest, use of statins has been used to decrease the risk of recurrent stroke, thereby reducing avoidable hospital admission while meeting the standards and fulfilling the goal of the HTP.

Dyslipidemia is one of the primary modifiable risk factors associated with stroke and coronary artery disease. Medication therapy with statins has been well evaluated to show a decrease in risk of recurrent ischemic stroke, even in those with non-elevated cholesterol levels. The recommendations of the American Heart Association and American Stroke Association are to initiate or continue high intensity statins in every ischemic stroke patient, excluding those with contraindications (Grundy et al., 2019). A moderate intensity dose should be considered for patients who experience side effects or have chronic, stable liver disease. Our intervention is to ensure that 85% or greater of all patients with ischemic stroke are discharged on a statin medication.

Citations:

Collins, R., Armitage, J., Parish, S., Sleight, P., Peto, R., & Heart Protection Study Collaborative Group (2004). Effects of cholesterol-lowering with simvastatin on stroke and other major vascular events in 20536 people with cerebrovascular disease or other high-risk conditions. *Lancet* (London, England), 363(9411), 757-767. [https://doi.org/10.1016/S0140-6736\(04\)15690-0](https://doi.org/10.1016/S0140-6736(04)15690-0)

Discharged on Statin Medications. (n.d.). Retrieved from <https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS105v7.html>

Grundy, S. M., Stone, N. J., Bailey, A. L., Beam, C., Birtcher, K. K., Blumenthal, R. S., ... & Yeboah, J. (2019). AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APHA/ASPC/NLA/PCNA guideline on the management of blood cholesterol: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Journal of the American College of Cardiology*, 73(24), e285-e350..

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)

Sky Ridge Medical Center's report from the Community and Health Neighborhood Engagement (CHNE) process showed an average of 240 per 100,000 hospitalizations were due to a stroke in our service area. The community findings showed an average of 2,253 per 100,000 hospitalizations were due to heart disease, identifying an opportunity for the stroke program to better meet the needs of the community. Sky Ridge has a multidisciplinary neuroscience team that reviews stroke



cases on a regular basis as well as Advanced Practice Stroke Coordinators that assist with managing the care of all stroke patients. Through the HTP, Sky Ridge Medical Center plans to continue to have interdisciplinary review of all cases, chart audits, and provide progressive quality care to our stroke patient population. Utilization of this evidenced based practice will allow us to treat stroke patients in a timely manner, reduce the chance of stroke recurrence, provide appropriate care for patients with stroke risk factors, and reduce the risk of heart disease. Treatment of modifiable stroke risk factors will ensure proper patient outcomes, while reducing disability, allowing patients to remain in their home. Patients will be more likely to remain in the work force, maintain a socially active lifestyle, and reduce the economic burden on the community, patient's families, and patient's caregivers. This scope aligns with the community's needs, addressing risk factor modification. Discharge of appropriate stroke prevention medication, such as statins, will prevent and decrease the chances of recurrent strokes within our community.

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)

Evidence from RCTs has shown that statin therapy (hydroxymethylglutaryl (HMG) CoA reductase inhibitors) decreases the risk of both primary and secondary ischemic stroke as opposed to other cholesterol medications. The evidence supports the theory that statins not only reduce cholesterol levels but also have complex antithrombotic or anti-inflammatory mechanisms that support the lower risk of ischemic stroke, therefore patients with a history of ischemic stroke that do not have an elevation on LDL levels will benefit from statin therapy in regards to secondary prevention (Tramacere et al., 2019).

The RCT data has shown that statin therapy independently reduces the risk of ischemic stroke regardless of non-modifiable risk factors such as age and gender. Reviews of literature and meta-analysis comparing several trials support this.

Citations:

Powers, W. J., Rabinstein, A. A., Ackerson, T., Adeoye, O. M., Bambakidis, N. C., Becker, K., Biller, J., Brown, M., Demaerschalk, B. M., Hoh, B., Jauch, E. C., Kidwell, C. S., Leslie-Mazwi, T.



M., Ovbiagele, B., Scott, P. A., Sheth, K. N., Southerland, A. M., Summers, D. V., & Tirschwell, D. L. (2019). Guidelines for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. *Stroke*, 50(12), e344-e418. <https://doi.org/10.1161/STR.0000000000000211>

Tramacere, I., Boncoraglio, G. B., Banzi, R., Del Giovane, C., Kwag, K. H., Squizzato, A., & Moja, L. (2019). Comparison of statins for secondary prevention in patients with ischemic stroke or transient ischemic attack: a systematic review and network meta-analysis. *BMC medicine*, 17(1), 67. <https://doi.org/10.1186/s12916-019-1298-5>

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)



Health Care Policy & Finance enabled hospitals organically align with the aforementioned statewide initiatives due to the Hospital Transformation Program's overall concept and framework. The predominant source of alignment falls to the Accountable Care Collaborative (ACC) Phase II. Specifically, under the CHNE requirements, the ACC's Program Improvement Advisory Committee (PIAC) is referenced as an opportunity to leverage this platform to discuss the Hospital Transformation Program and we believe this initiative aligns with the PIAC's intentions.

The Affordability Roadmap's vision is to take significant steps to increase access to health care and insurance coverage while offering these services at a lower cost. We believe the general HTP framework embodies an organic shift from "fee-for-service" model to value-based care with the intent to lower hospital prices in the long run without compromising quality healthcare. The partnership and goals between HCA and Health Care Policy & Financing under the Hospital Transformation Program promotes the hospital's ability to improve patient experience and outcomes while lowering costs and enabling this initiative to align with the ongoing statewide initiatives.

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)

Sky Ridge Medical Center does not have established community partners for patients to discharge home on a statin medication after suffering from an ischemic stroke. Throughout the HTP Sky Ridge Medical Center will develop and foster new relationships with community partners.

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)

Sky Ridge Medical Center has provided high quality stroke care for many years. We routinely discharge patients' home with statin medications. We have a process in place to review all patient charts with stroke advanced practice nurses and an interdisciplinary team to ensure the proper continuum of care is provided for all stroke patients. Through the HTP we will establish relationships with community partners to provide the correct services for this population. The partnerships we hope to include are pharmacies to fill statin medications, rehabilitation facilities, and primary care clinics for patients who may need support after discharge.



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](#).

