



# CHASE

Colorado Healthcare Affordability and  
Sustainability Enterprise

1570 Grant Street  
Denver, CO 80203

# DRAFT

## Hospital Transformation Program

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### *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: Analyze Prometheus Claims Data (provided by the state) for improvement opportunities to improve patient care.
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. SW-COE1

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 description of the intervention selected to address the SW-COE1 Hospital Index measure is to analyze the clinical outcomes for Medicaid patients which will be provided by the State in the form of claims data provided to the facility via the Prometheus Analytics platform. Our



implementation plan will include the facility analyzing the baseline data, specifically those cases, or “episodes of care” with potentially avoidable complications (PACs) for opportunities to implement change with the intent to ultimately improve patient clinical outcomes going forward. Data will be reviewed on a recurring basis from Prometheus going forward and from previous data collected by our facility currently. The data will allow the facility to review outlier complications by service line, by procedure as well as by provider. Data findings will be presented and discussed routinely at our facility’s Hospital Transformation Program (HTP) Steering Committee meetings. From there, process improvements will be developed with the aim of improving standard of care and patient outcomes.

Our rationale for this intervention is based on the fact that data analysis is instrumental in continuous quality improvement. It will enable us to identify where opportunities exist to improve, and if past process improvements implemented are successful in improving clinical outcomes as intended. Furthermore, we believe this intervention will allow the facility to advance the goals of the HTP by identifying outlier complications, implementing process improvements aimed at decreasing the outlier complications and improving patient outcomes. These interventions will subsequently serve to improve patient experience at our facility. Reducing PACs will improve the hospital index. Readmissions are PACs, therefore the intervention selected by the facility will also contribute to the facility efforts in advancing the goals of the HTP.

As a facility, we currently work to reduce readmissions across our service lines by diligently tracking trends in readmissions and complications. The practices and monitoring presently in place will serve us well in implementing process improvements in order to reduce PACs and improve patient outcomes in our Medicaid population and, as a result, all patients we serve at Sky Ridge Medical Center.

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)

This intervention will be implemented to meet the requirements of a mandatory statewide measure focusing on clinical and operational efficiencies. Therefore, this intervention was not necessarily chosen due to alignment with particular CHNE feedback or community needs identified.

The population of focus of this intervention includes Medicaid claims focusing on those cases where complications occurred beyond the typical complications, or PACs: Potentially Avoidable



Complications. As reported in the Colorado HTP CHNE Midpoint Report, Medicaid covered about one quarter (27.2 percent) of prenatal care visits in the Sky Ridge service area (Appendix G: Vulnerable Populations). Given this volume, it would be reasonable to expect the potential of outlier complications in the women’s service line. Also, reported in the Midpoint Report, the top ten Medicaid high utilizers of care in Sky Ridge Medical Center’s service area, RAE 3, for inpatient admits are: bronchiolitis, seizure, vaginal delivery, diabetes, septicemia, alcohol abuse, other pneumonia, asthma, malnutrition and chemotherapy. Given this top ten, outliers in the medicine service line would be expected, primarily in respiratory, substance abuse, sepsis, diabetes and oncology. While this measure is a mandatory measure, and not necessarily chosen as a result of community needs identified, the interventions do align with the population of Medicaid patients in the service area of the facility.

The proposed intervention will leverage the quality team, and department leadership in order to be successfully implemented. The steering committee will escalate as necessary to senior leadership for assistance in department-level buy-in and commitment to improvement. The data analyst on the quality team will review the data for opportunities and provide identified areas of opportunities to quality and leadership to further review and implement actions as opportunities are identified.

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: In the UIC online article “How Health Care Analytics Improves Patient Care” (<https://healthinformatics.uic.edu/blog/how-health-care-analytics-improves-patient-care/>), the article states “Cutting-edge data analytics, if used properly, improves patient care in the health care system. With the change in health care toward outcome and value-based payment initiatives, analyzing available data to discover which practices are most effective helps cut costs and improves the health of the populations served by health care institutions.”

Furthermore, “Data analytics” refers to the practice of taking masses of aggregated data and analyzing them in order to draw important insights and information contained therein.” It follows that we would use this technique to develop insights that will enable us to create best practices and track their progress and implementation. Building off of baseline data will help us to see



which practices are effective at improving patient outcomes and which should continue to be implemented.

Data analytics are already used and implemented throughout our facility in coordination with our Quality department in order to monitor and improve a variety of quality metrics. Measuring a reduction in unnecessary care will be an expansion of current capabilities and information.

CITATIONS:

Forward momentum on improving affordability of health care in Colorado Friday, May 10, 2019. (n.d.). Retrieved from <https://www.cms.org/articles/print/forward-momentum-on-improving-affordability-of-health-care-in-colorado>

How Health Care Analytics Improves Patient Care: UIC Online. (2020, July 13). Retrieved from <https://healthinformatics.uic.edu/blog/how-health-care-analytics-improves-patient-care/>

RTI International (2019, December). Evaluation of the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents—Payment Reform. Retrieved from <https://downloads.cms.gov/files/rahnfr-phasetwo-thirdannrptapp.pdf>

6. a. Does the focus of the proposed intervention intersect with ongoing initiatives statewide (including, but not limited to those included in the ACC, State Innovation Model and Comprehensive Primary Care Plus)?

Yes

No

b. If yes, please identify the applicable statewide initiative(s): (you may select more than one response from the list below)

[Behavioral Health Task Force](#)

[Affordability Road Map](#)

[IT Road Map](#)

[HQIP](#)

[ACC](#)

[SIM Continuation](#)

Rx Tool

[Rural Support Fund](#)

[SUD Waiver](#)

[Health Care Workforce](#)

[Jail Diversion](#)

Crisis Intervention



- [Primary Care Payment Reform](#)
- Other: \_\_\_\_ (please identify)

Please also use the space below to briefly explain how the hospital will ensure the intervention aligns with the applicable ongoing initiative(s).

Response (Please seek to limit the response to 750 words or less)

The Behavioral Health Task Force aims to work within communities to provide services related to behavioral health. This aligns with the mission of HTP in improving patient care which will help to reduce unnecessary readmissions and complications. The Affordability Road Map aims to reduce costs for Coloradans seeking health care. More affordable care will help our community seek treatment for medical issues and improve their overall outcomes. On a statewide level, Colorado has been working to implement tools built into EMR systems in order to reduce avoidable hospital admissions in Nursing Facility residents (<https://downloads.cms.gov/files/rahnfr-phasetwo-thirdannrptapp.pdf>). The Colorado Medical Society is also putting an emphasis on PACs. They are advertising the use of Prometheus as a tool for providers to use when making referrals in order to reduce PACs. (CMS) HQIP also intersects with this measure. We report a variety of quality metrics including OB complications such as postpartum hemorrhage and NTSV cesarean section rates. Tracking and trending these metrics will be a crucial part of our goals to improve patient outcomes.

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)

This specific intervention has not been previously explored by this facility. Therefore, there is also no historical experience associated with utilizing RAE for this intervention.

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)

Currently, SRMC works to reduce PACs by monitoring quality metrics such as complications and readmissions for the overall hospital as well as for individual service lines and providers. These numbers are reported out to leadership on a weekly and monthly basis. Complications are



reviewed to make sure they are appropriately documented and coded. They are currently not categorized as Medicaid vs. non-Medicaid.

This specific intervention will be a novel endeavor by this facility. Currently, there is no monitoring of PACs in this way. This intervention seeks to reduce unnecessary complications. Monitoring which complications and readmissions are occurring frequently and implementing strategies to reduce them will reduce PACs and improve patient care on a broad level.

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](#).

