



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

1570 Grant Street
Denver, CO 80203

DRAFT

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: Implementation, Maintenance and Advancement of the Colorado ALTO Project within the hospitals ED

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. 2. SW-BH3

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 two part measure set forth by the State as measure 2. SW-BH3 Using Alternatives to Opioids (ALTO's) in Hospital Emergency Departments: 1)



Decrease Use of Opioids 2) Increase Use of ALTO's is the implementation, maintenance and advancement the Colorado ALTO Project with objectives to:

- Decrease the use of opioids
- Increase the use of ALTOs
- Decrease opioid prescriptions written

Implementation of this intervention has included education of the CarePoint ED providers, ED nursing staff, case management and pharmacy when the hospital originally participated in the pilot program in 2017, Colorado's Opioid Solution: Clinicians United to Resolve the Epidemic (CO's CURE). The ED has reformed order sets to include non-opioid medications. Pharmacy has implemented mixing and provision of a new line of medications to treat pain in the ED. Overall, the ED has undergone a culture change in their approach to managing pain. Case management is instrumental in assisting to identify patients that are at risk and providing pertinent information to ED patients to alleviate roads to addiction.

The target population for this intervention includes patients visiting the ED, over the age of 16, and who are seeking or otherwise would normally receive opioids for pain management, specifically with a primary or secondary ICD-10-CM diagnosis code (Pain Pathways). This includes patients who are discharged home from the ED, admitted to inpatient services or as an observation status.

The intervention will support the implementation, ongoing maintenance and advancement of the responsible usage of Opioids designed to decrease the use of opioids and increase the use of ALTOs as determined by the Alternative Treatments to Opioids for Painful Conditions (ALTOS) project in the ED, based on key treatment goals:

1. Utilize non-opioid medications as the first-line treatment, reserving opioids as the second-line treatment
2. Opioids can be utilized as rescue therapy and not used liberally
3. Multimodal and holistic pain management
4. Specific pathways exist
 - a. Kidney stones
 - b. Low back pain
 - c. Fractures
 - d. Headache
 - e. Chronic abdominal pain



5. Requires more patient engagement:

- a. Discuss realistic pain management goals with patients
- b. Discuss addiction potential and side effects with using opioids
- c. Discuss and encourage case managers and physicians to consult patients on more frequent clinic visits with consistent providers to decrease pain management visits within Emergency departments.

The selected intervention of implementation and ongoing maintenance will support two goals of the Hospital Transformation Program (HTP). First, the intervention will improve patient outcomes through care redesign and integration of care across setting, as implementing the protocols set forth in the Colorado ALTO Program is a redesign in the delivery of care and practice patterns in the EDs. Secondly, the proposed interventions will aid in lowering Health First Colorado (Colorado Medicaid Program) cost through reducing avoidable hospital utilization and increases effectiveness and efficiency in the delivery of care. As we change our practice of pain control to an approach of “managing the pain, not masking it”, both of the previously listed HTP goals will be advanced by reducing the administration of opioids in the ED and increasing the use of ALTOs which will improve patient outcomes and quality of life, as well as reduce avoidable hospital utilization, resulting in a cost savings the Medicaid system. This practice leads to more responsible approach to opioid usage.

SRMC shares data with the Colorado Hospital Association through the Colorado ALTO Project.

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 SW-BH3 - Using Alternatives to Opioids (ALTO’s) in Hospitals EDs, 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.

The proposed intervention leverages available medical resources as this is implementation is a collaboration of the ED providers, ED staff, IT department, case management and pharmacy partners.

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: The Colorado Hospital Association website outlines the Colorado ALTO Project detailing the collaboration efforts with member hospitals to provide solutions for the Colorado Opioid epidemic.

“In 2017, CHA and its partners developed the Colorado Opioid Safety Pilot, a study that was conducted in 10 hospital emergency departments (EDs) over a six-month span with a goal of reducing the administration of opioids in those EDs by 15 percent. The cohort of 10 participating sites achieved an average 36 percent reduction in the administration of opioids during those six months, as well as a 31.4 percent increase in the administration of alternatives to opioids (ALTOs).”



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

One of the key messages from this study is that “because pain is one of the most common reasons for inpatient admissions and often leads to opioid administrations, it is important for specialties to create alternative pain management guidelines in order to reduce opioid exposures.”

https://cha.com/wp-content/uploads/2019/03/CHA.149-CO-CURE_Flyer_2.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: The Colorado Prescription Drug Monitoring Program (PDMP), The Colorado Household Medication Take-Back Program (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)

This intervention aligns with several other Colorado State programs. The Colorado Prescription Drug Monitoring Program (PDMP) is a useful tool for ED providers to gain knowledge of historical prescription use of the patient with the intention to decrease prescription drug misuse . The



Colorado Household Medication Take-Back Program offers safe disposal of household prescription medication and thus helping reduce opioid missue.

The maintenacne and advancement of the ALTO program will allow Sky Ridge Medical Center improve our outcomes and improve the quality care provided. The ALTO program also lends to decreasing healthcare costs by establishing relationships with community partners and ulilizing outpatient services to improve the continuium of care for our Medicaid patients. Reducing the return visits to the ED for pain control not only improve the patient's quality of life, but also reduces the cost of healthcare by rerouting this population to outpatient services for subsrance abuse and responsible pain control This lends to improving the long term health of the patient, also contributing to lowering healthcare cost.

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 has been a pioneer in the ALTO project as the ED participated in the program pilot rolled out to ten EDs in 2017. Sky Ridge Medical Center ED providers from CarePoint received education about ALTOs though out the past couple of years and is headed by Medical Director, Adam Barkin MD. To meet the goals of the HTP, Sky Ridge Medical Center will expand our ALTO program, track and trend results, and ultimately provide higher level of care for our patients by effectively treating their pain. Sky Ridge Medical Center will successfully meet the goals of the intervention and program by improving patient outcomes with expanding the ALTO program in our ED. An ALTO program will decrease length of stay and readmission rates for this vulnerable population. Furthermore, this intervention has, and will allow Sky Ridge Medical Center ED to continue to impact the opioid epidemic by decreasing the use of opioids as first line pain relievers for conditions specified by CHA.

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)

As previously noted, the ED at Sky Ridge Medical Center has previously implemented the ALTO project. However, the ED can enhance the program through ongoing maintenance and enhancement of the program by means such as improved data analysis and ongoing education. While the ED providers and staff have a firm understanding of the benefits of alternative pain



management, there is reason to believe the patients may not always share this understanding. This thought is supported by patient complaints related to pain management. The ED can enhance the patient’s perception by improving the communication and education provided to the patient related to the alternative pain management concept.

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	ED Providers have been involved with the program from the inception and are the drivers of identifying and prescribing ALTOs.

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](#).

