Hospital Transformation Program (HTP)
May 2019
What is the Hospital Transformation Program?

A 5 year reform initiative that builds upon the existing hospital supplemental payment program to incorporate value based purchasing strategies into existing hospital quality and payment improvement initiatives.
What does it mean for hospitals?

- Hospitals will be required to implement quality based initiatives to receive supplemental payments (Provider Fee) and demonstrate meaningful community engagement and improvements in health outcomes over time.

- The State has outlined expectations for key activities and tracking measures, in order to establish statewide uniformity while providing the hospitals the flexibility to work with their communities on the best interventions and approaches.
What are the Milestones/Deliverables for Hospitals?

- Action Plan due November 30, 2018
- Midpoint Report due April 19, 2019
- Final Report and HTP Application due end of September 2019
- Implementation of HTP Statewide: October 1, 2019
5 Categories to Be Addressed by HTP Program

- High Utilizers
- Vulnerable Populations
- Behavioral Health and Substance Use Disorder Coordination
- Clinical and Operational Effectiveness: utilizing Potentially Avoidable Costs (PAC Rates) Measures over 24 procedure codes. No value or low value service category; hospital report card
- Community development efforts to address population health and total cost of care
RAE Region 1 Role in HTP Process

- Emphasize the vital role hospitals (especially rural and frontier) play in improving the health of the community.

- Emphasize that RMHP sees the value in hospitals taking responsibility for community physical health, behavioral health and social determinants of health issues beyond their walls.

- Collaborate with hospital and other community stakeholders to support hospital in developing their planned outreach programs.
RAE Region 1 Role in HTP Process

• Emphasize that if current forums are to be used, then LPHAs, Primary Care Physicians, Schools (nurses or SBHCs), RAE care coordinators, housing, transportation and food community providers, and behavioral health providers (individuals and CMHCs) must be at the table.

• Provide letter of support for each hospital in our region

• Provide hospitals with demographic data and Potential Avoidable Cost Data on Medicaid population
RAE Region 1 Focus Areas

- RMHP sees these specific focuses as crucial to successful Community Health Neighborhood Engagement (CHNE) activities:

1) Screening for social risk factors (food, housing, transportation, personal safety) and working with community to address these factors (SDOH)

2) Data sharing: Health Information Exchange (HIE) and Social Information Exchange (SIE)

3) Community leadership as evidenced by working with community to improving behavioral health access, and diversion of SUD from ER by working with community on initiatives to address SUD
Screening for social risk factors (food, housing, transportation, personal safety) and working with community to address these factors (SDOH):

How?

Hospital can participate in RMHP AHCM screening program for SDOH

Hospital can collaborate with community stakeholders to address the SDOH factors
Data sharing: Health Information Exchange (HIE) and Social Information Exchange (SIE)

How?

Develop and maintain systems to share Health Information and Social Information with community stakeholders in a timely fashion
Community Leadership

Community leadership as evidenced by working with community to improving behavioral health access, support the strengthening of Primary Care and diversion of SUD from ER by working with community on initiatives to address SUD

How?

• Hospitals can support improvement of access to behavioral health by working with community stakeholders to address issues and participate in solutions to access issues

• SUD: Does the hospital have a policy for how they prescribe in the ER that ensures that they aren’t overprescribing opioids?

• Strategies for follow-up for members in the ER or admitted with substance use disorder conditions
Hospitals to Help Address Potentially Avoidable Costs (PAC)

- The State developed an algorithm that uses historical claims to identify complications that are potentially avoidable

RAE Region 1 Top PACs:

- Substance Use Disorder (SUD)
- Pregnancy (C-Sections)
- Routine Urgent Care
- Diabetes
- Depression and Anxiety
What has RMHP Done to Date?

- Reviewed all 24 Region 1 hospital’s Action Plans and Midpoint plans, gave feedback and provided support letters

Aspen Valley Hospital
Colorado Canyons Hospital
Craig Memorial Hospital
Estes Park Medical Center
Gunnison Valley Hospital
Medical Center of the Rockies
Middle Park Medical Center
Pagosa Springs Medical Center
Poudre Valley Medical Center
Southwest Memorial Hospital
St Mary's Medical Center
Valley View Hospital

Banner Fort Collins Med Ctr
Community Hospital
Delta County Memorial Hospital
Grand River Health
McKee Medical Center (Banner)
Mercy Regional Med Ctr
Montrose Memorial Center
Pioneer Medical Center
Rangely District Hospital
St Anthony Summit Med Ctr
Vail Health
Yampa Valley Medical Center
What has RMHP Done to Date?

- Participated in Community Health Needs Engagement meetings with Region 1 Hospitals – Nov 18 through April 2019

- Provided hospitals with demographic data and Potentially Avoidable Costs Information
Questions