



Hospital Transformation Program

Hospital Application

1. Please use the space below to provide an executive summary clearly articulating how the hospital will advance the goals of the Hospital Transformation Program (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.

The executive summary should:

- Succinctly explain the identified goals and objectives of the hospital to be achieved through participation in the HTP; and
- Provide the hospital's initial thinking regarding how the HTP efforts generally can be sustainable beyond the term of the program.

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

The commitment of our Delta Health (DH) Executive Team is best described by our core values. Our Value Statement is I.N.S.P.I.R.E - Integrity, Nurture, Stewardship, Professionalism, Innovative, Respect, and Empathy.

This roadmap was designed by our leadership team to provide focus for our Mission. "To inspire hope by providing remarkable care in a healing environment" undeniably aligns with the goals of the Hospital Transformation Program (HTP).

Delta County first established its hospital in 1913, a hospital that started as a nonprofit entity and still remains so. This small facility represented a humble beginning to what became a remarkably successful journey. We learned early on that we would only survive if we joined ranks with community and regional partners. Our commitment to community-focused care was critical to our rural healthcare history, and this dedicated focus helped us to be successful. Because of our community presence our executive leaders, including our Board of Directors (BOD), decided to rebrand as Delta Health. We are more than "just" a hospital because, in addition to one acute care facility, we also have 13 community-based clinics. We are truly a "system" and our rebrand certainly represents this dedication.

Delta Health supports five small, remote Western Colorado communities, and is truly a county-wide healthcare system that includes a 49 bed nonprofit hospital, community-based primary care clinics, specialty physician clinics, out-patient therapies, laboratory draw stations, and is a full-service home



healthcare provider. Our commitment to our rural communities is evident in this structure and we continue to add services and programs that support our Community Health Needs Assessment.

The Hospital Transformation Program provides Delta Health with an opportunity to better focus on action plans that will help us commit to the interventions that lead to a much healthier community. Delta Health has long been the quality healthcare standard for Delta County and we are humbled to provide innovative leadership that will support a healthier population through a community-focused care model. Our ultimate goal is to provide a higher quality of life outside of the hospital, to “transform”.....

HTP has goals that are designed to improve patient outcomes and patient experience, accelerate a value-based payment model, increase collaboration, and lower Medicaid costs. Delta Health is better positioned today to provide the collaboration and focus needed to support these goals, which will allow us to sustain this momentum for years to come.



2. Please provide the legal name and Medicaid ID for the hospital for which this Hospital Application is being submitted, contact information for the hospital executive, and a primary and secondary point of contact for this application.

Hospital Name: Delta Health (formerly Delta County Memorial Hospital)

Hospital Medicaid ID Number: 05071006

Hospital Address: 1501 East 3rd St., Delta CO 81416

Hospital Executive Name: Matt Heyn

Hospital Executive Title: Chief Executive Officer (CEO), President

Hospital Executive Address: 1501 East 3rd St., Delta CO 81416

Hospital Executive Phone Number: 970-874-2229

Hospital Executive Email Address: mheyn@deltahospital.org

Primary Contact Name: Kevin Fischer

Primary Contact Title: HTP Coordinator

Primary Contact Address: 1501 East 3rd St., Delta CO 81416

Primary Contact Phone Number: 970-874-6401

Primary Contact Email Address: rfischer@deltahospital.org

Secondary Contact Name: Jody Roeber

Secondary Contact Title: Chief Clinical Officer (CCO), Senior Vice President (VP)

Secondary Contact Address: 1501 East 3rd St., Delta CO 81416

Secondary Contact Phone Number: 970-874-2256

Secondary Contact Email Address: jroeber@deltahospital.org



3. a. Please use the space below to describe the planned governance structure for the hospital's HTP engagement and how it will align with the hospital's overall project management capabilities. A description of the governance structure that will be put in place to support the hospital's HTP engagement;

Response (Please seek to limit the response to 250 words or less)

Delta Health (DH) administration designated a full time Hospital Transformation Program (HTP) coordinator early in 2020. This allowed a dedicated approach to this critical program.

The HTP coordinator reports to the CCO/VP of Delta Health and the CCO/VP is also on the HTP internal committee. This allows a direct line of communication and accountability, supporting a fluid HTP process that is imperative to the success of this program for our facility and our community.

The Delta Health administrative team has 3 executive level members on the Delta Health Hospital Transformation Program committee. These administrative leaders will have dedicated roles within the internal hospital HTP team that include real time program updates and program oversight.

The HTP coordinator also provides program updates to the Delta Health Board of Directors per the direction of the hospital CCO/VP. The BOD has been in the loop of communication regarding the Hospital Transformation Program from the beginning of this statewide initiative and will stay updated and engaged with the HTP journey.

- b. How the planned structure has been adapted to the needs and unique experiences of the hospital and how it will ensure successful oversight of the hospital's HTP engagement;

Response (Please seek to limit the response to 250 words or less)

The CEO/President of Delta Health, Matt Heyn, joined the Delta Health Team early in 2020. Matt was brought up to speed quickly regarding HTP, and is providing leadership and resources as needed to the Delta Health HTP team. Matt reviewed our most recent Community Needs Assessment as one of his first priorities and has quickly identified more community partners that will provide a strong team foundation ensuring a better path to hospital growth and HTP success.

The CEO/President, after due diligence, is making changes to everything from our name/identity to our patient care focus that mirrors our Community Needs Assessment. His dedication to a new dedicated mission statement and focused care pathways will provide the backbone needed to ensure HTP success over the short and long term.

Our entire Senior Leadership Team is now HTP "savvy" and is fully engaged to provide every resource possible to support HTP as well as providing support for all of our identified community needs and selected Measures. This team has also identified DH staff that have unique skills that can support HTP (analytics, finance, IT needs, etc.) as well as staff with key community connections that now make up our DH HTP internal committee. This team has excellent qualifications that speak directly to the Hospital Transformation Program intent and will be well situated to help DH and our service/patient community to support our selected Measures and meet our Milestones.

- c. Specifically, how the structure will ensure management and transparency and engage members of impacted populations and community partners;



Response (Please seek to limit the response to 250 words or less)

Over the last year Delta Health has been identifying and engaging strategic community partners that are uniquely situated to provide the framework needed for our HTP success. The initial focus was less on actual HTP Measures but more on targeted Community needs that were identified in our Community Needs Assessment. Delta Health started with strategic partner-focused HTP overviews, including HTP program goals and the importance of community involvement. We have a community that is already engaged in support of any program that provides a path to an improved life-style change.

Our strategic community partners now make up an HTP “external” committee that will meet as often as needed, no less than once each month, to monitor and, as needed, tweak our programs. This committee is helping to establish guidelines and subsequent framework for each focused measure. Due to the fact that we are a rural hospital, we’ve long relied on community partners in order to provide the highest level of patient care possible. With respect to HTP, we’ve simply had to provide an overview of HTP, including interventions and measures.

The goals of this external partner committee will include communication targets and timelines to keep our service area communities informed as to HTP focused progress. Communication will include updates at least quarterly and as needed to make sure we are meeting our community health care needs.

- d. The overall project management structure of the hospital, including how it is organized into operational, clinical, financial, and other functions, and how it will be leveraged to support the hospital’s efforts under the HTP and the governance of those efforts;

Response (Please seek to limit the response to 250 words or less)

Under the new leadership of CEO/President Matt Heyn, the organizational structure of Delta Health has changed to better align with our Community Health Needs Assessment (CHNA), as well as providing a better path to long term financial stability. We also added a Chief Legal Officer to our executive team and this position provides a much higher level of accountability from a legal and hospital record keeping perspective.

We now have dedicated executive level leadership in the areas of Finance, Operations, Clinical, Legal, Human Resources, Nursing Services, and Outpatient Clinics. The rest of the organization falls under this team and is aligned to strategically support all levels of our health care services and programs. The accountability bar is much higher, as is the structure of employee support. This dedication is seen with the change in our physical presentation all the way through our departmental specific alignment boards. Our new alignment boards are a pathway for each department for staff engagement to support the overall strategic plan of the hospital/health system for the betterment of patient outcomes, patient satisfaction, employee satisfaction, and financial stewardship.

Delta Health is in the best position in our history to support our Mission of "inspiring hope by providing remarkable care in a healing environment" and our Vision to "provide compassionate quality healthcare that our community can trust".

- e. How the hospital’s project management structure is aligned with the hospital leadership structure; and

Response (Please seek to limit the response to 250 words or less)

The Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) is a government-owned business within the Department of Health Care Policy and Financing.
www.colorado.gov/hcpf



Our project management structure was established to eliminate boundaries and barriers, thus allowing for a much higher level of flexibility, and with the appropriate oversight to achieve the success this program needs. As mentioned in section 3a, the HTP coordinator reports directly to the CCO, which allows for lateral movements that a program of this magnitude deserves. Access to the other departments is not only easy, but the cross-team involvement is the executive team expectation.

HTP has been "center stage" for a year and a half and hasn't been allowed to lose accountability, authority, or momentum. Delta Health is very aware of this program's intent and importance of engagement, both internally and with our service area communities.

With our internal/external committee structure and dedicated meeting schedule, we can easily respond to the fluid needs of this important program. Our committees are on board with meeting, not only routinely, but as needed in order to address critical concerns as they arise. And we will have the support of our entire information management team to provide data, software, and hardware support on an as-needed basis.

f. The current state of centralized reporting capabilities for the hospital.

Response (Please seek to limit the response to 250 words or less)

We currently utilize Athena reports, QHN reports, and we have a dedicated informatics specialist who customizes reports as needed and extracts patient data from our EHR. Due to our commitment to 3 EHR's for our health care system, we are developing (with the help of the respective EHR's) IT "pathways" that will support automatic download of reports that will help us manage our Interventions realtime. QHN has created a program called CRN (Comprehensive Resource Network) that will support all of our Initiatives with respect to regional information, referral source management, and case management. In the hospital space we use Meditech that allows for centralized reporting of care management, financial management, and resource reporting.

4. Please use the space below to describe the hospital's plan for continuing Community and Health Neighborhood Engagement throughout the hospital's HTP participation. A detailed plan is not required. Instead, hospitals can outline a high-level approach to CHNE going forward, including, for example, the stakeholders to be engaged and the types and frequency of activities to be used. Hospitals should consult the Continued Community and Health Neighborhood Engagement document, which can be found on the [HTP webpage](#), to ensure their planned activities fulfill program requirements.

Response (Please seek to limit the response to 500 words or less)

Delta Health has held to our Community Partner action plan submitted to COHTP Jan. 2019. We have maintained our dedication to our priority populations: High Utilizers, Vulnerable Populations, Behavioral Health and Substance Abuse Coordination, Clinical and Operational Efficiencies, Population Health and Cost of Care. Our focus has not wavered, even with the challenges we faced with Covid 19, as we have continued to be engaged with our RAE's, LPHA's, Regional Mental Health Coalition, PCP's, RETAC's, Long Term Providers, Health Alliances, etc.

We began screening for Social Determinants of Health in our clinics January 2020. With our QHN partner providing screening dashboards, we have used this data to guide our External HTP committee



in regards to a dedicated data-specific response. Again, with the pandemic challenges, we've had to stay focused on our primary care objectives but have not lost sight of our CHNA priorities.

CHNA has maintained its position as the first agenda item on all meetings with our Community Partners. And even though the Covid Pandemic required some focused recalibration, we also had to rely on our Community Partners to face this unprecedented challenge. This collaboration resulted in a stonger understanding of how our community can work together to meet any challenge and this knowledge gives us momentum to support the critical objectives of HTP. We've learned that the only way we were going to be successful as a community in facing the Covid Crisis was to rely on our collective strengths and not be selfish in our focus.

We have also been faced, as a community, with a situation that I don't believe we expected with the Covid crisis. Our community members stopped getting primary care support for existing medical conditions to the point of some patients dying from these conditions. We realized early on that our community infrastructure had to be bolstered or we would run the risk of many more patients losing their lives. Adequate nutrition, mental health, addiction issues, etc., required an emergent "team" response like nothing we've seen in our community's history. And we realized that our Community Needs suddenly looked very different, requiring a re-calibration.

In summary the challenges we faced in 2020 gave us a new perspective, and experience, in Community Partnerships. It was apparent very early on in this pandemic that our community could not be successful in saving lives without the combining of our collective strengths. This will serve us well in our HTP journey.

5. As part of continuing Community Health Neighborhood Engagement (CHNE), hospitals must share a draft of their application with stakeholders to allow them the opportunity to provide feedback for hospitals' consideration. This Public Input process must last at least 10 business days, with an additional 5 business days allotted to hospital review and response to any Public Input received. Hospitals must submit applications by **[DATE]**, but hospitals may resubmit revised applications with revisions based solely on feedback from the Public Input process by **[DATE]**. The Department of Health Care Policy & Financing will also make submitted applications public once applications are complete and approved by the review board. Please refer to the Ongoing CHNE Requirements document on the Hospital Transformation Program website for a list of key stakeholder categories. At a minimum, the stakeholders should include those who engaged in or were invited to engage in the CHNE process.

Has the Public Input process been completed and does this draft incorporates any potential revisions based on that public feedback:

Yes

No

Please enter the dates of your proposed or completed Public Input timeline. If you have not yet completed your Public Input process by the initial submission deadline of April 30, 2021, please fill in proposed dates. You will need to fill in the actual dates when you resubmit your application at the conclusion of the Public Input process by May 21, 2021. Please use **mm/dd/yyyy** format.

Proposed Public Input Period : 4/30/2021 to 5/13/2021

Proposed Hospital Review of Public Input Period: 5/14/2021 to 5/20/2021



Actual Public Input Period : ____ to ____
 Actual Hospital Review of Public Input Period: ____ to ____

If you answered no to the above question and your submission is subject to change based on an ongoing Public Input process, please note that you must turn in your revised application by May 21, 2021. After incorporating your Public Input process changes, applicants are required to submit both a clean and a red-lined version of the Hospital Application to aid HTP review staff in identifying the Public Input based changes compared to your initial submission.

Please use the spaces below to provide information about the hospital’s process for gathering and considering feedback on the hospital’s application.

Please list which stakeholders received a draft of your application and indicate which submitted feedback.

Response (Please seek to limit the response to 250 words or less)

We are going to post the full application on our Delta Health Website. The HTP application will be posted under our section titled "Community Health Needs Assessment". We will post hyperlinks to the application and these links will be posted on all of our social media tools. We are also creating a survey tool that will be easy to complete, including a freehand summary section, so we can support our service area demographic appropriately.

Our stakeholders will receive a complete copy of this application, including Interventions, for review. We are asking for timely feedback from stakeholders/community partners with the goal of including these in our formal application submittal.

Please explain how the draft application was shared and how feedback was solicited.

Response (Please seek to limit the response to 250 words or less)

As above. We will ask that return responses be submitted by paper or electronically by the proposed dates listed.

With a bulleted list, please list the shared stakeholder feedback and explain if any changes were made to the application based on the feedback. If no changes were made, please explain why. If the same or similar feedback was shared by more than one stakeholder, please list it only once.

Response (Please seek to limit the response to 500 words or less)

-

Please consult the accompanying Intervention Proposal before completing the remainder of this application.

6. Please use the space below to identify which statewide and local quality measure(s) from the [HTP Measure List on the Colorado Hospital Transformation Program website](#) the hospital will address for each Focus Area.

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.

As applicable, please identify the Statewide Priority your hospital is pursuing as a part of the HTP Hospital Application:

- SP-PH1 - Conversion of Freestanding EDs
- SO-PH2 - Creation of Dual Track ED

Please note that hospitals are required to complete the accompanying Intervention Proposal for the statewide priorities identified above.

The selections should align with the hospital's improvement priorities and community needs. As a reminder, hospitals must adhere to the following requirements when selecting quality measures:

- 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.

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)

SW-RAH1, RAH2, SW-CP1,CP6, SW-BH1, SW-BH3, SW-COE1, SW-PH1



7. Please use the space below to identify all of the hospital's proposed interventions. Following each listed proposed intervention, please identify which of the measures from the response to Question 6 will be addressed by that intervention. Please list the unique identification code listed in response to Question 6 to identify the applicable measures and please format your response in accordance with the following example:

1. Intervention Name
 - a. Measures: SW-RAH1, RAH2

Response (Please format the response as a numbered list)

1. Maternal Mental Health a. CP6
2. ED Focused Care, Specific to Opioid Use/Addiction a. SW-BH3
3. Social Determinants of Health Screening a. SW-CP1
4. Transition of Care Management a. SW-RAH1
5. ED Discharge Planning a. RAH2
6. Mental Health/SUD Discharge Process in the ED a. SW-BH1
7. Enhanced Recovery after Surgery a. SW-COE1
8. Focused Utilization Review a. SW-PH1





CHASE

1570 Grant Street
Denver, CO 80203
The Colorado Healthcare Affordability and Sustainability Enterprise

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: Maternal Mental Health
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. CP6

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)

Delta Health will incorporate an evidence-based screening tool to be performed on all post-partum women delivering at the facility. A protocol will be devised for the proper referral of any positive screenings obtained, with the Regional Accountable Entities (RAE) being notified within one business day. The target population is all women who deliver at Delta Health.



Identification of postpartum depression with early intervention has shown to improve patient outcomes by educating them on the topics of postpartum 'blues,' postpartum depression symptoms, and providing early intervention and resources with the appropriate referrals. This will put the speciality care of behavioral health in the expert hands of behavioral healthcare providers and optimize patient and family outcomes.

The acute care setting during the delivery of the newborn is focused on physical and emotional well-being of the patient. Through direct care and screening, the patient with a positive screen can be referred and evaluated on an outpatient basis with the appropriate resources in the community by those mental health experts. This should help eliminate any prolonged length of stay of an otherwise normal delivery episode where post-partum depression or anxiety are identified. Without proper referrals, these patients are known to neglect follow-up visits and have exaggerated recovery times.

There will be less concern about early discharge in someone showing symptoms or suggestive behaviors of post-partum depression when we can be assured the referral process is working to its fullest potential. Other needs, such as transportation or financial concerns, can be discoverable in the process and assistance provided in these areas, as well as helping to keep patients on track with interventions.

Postpartum depression screening is one of the quality measures tied to the maternity bundled payment program which should position Delta Health with a system in place for sustainable operational improvements for perinatal and postpartum care.

Our high payer mix of Medicaid in our maternity population will increase the collaboration with ACC participants by the automated systematic approach of notification of the RAE more quickly with the early identification of needs.

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)

Number two on our list of significant needs, per our 2019 CHNA, is Mental Health; number 9 is Women's Health, and number 11 is Education/Prevention. In fact, this Intervention speaks to seven significant needs in our CHNA top 25 list.

As far as social determinants of care, number 6 on our CHNA list is Social Factors, and due to our rural health population we see numerous patients with significant post-partum depression related



co-morbidities that don't get identified early, nor treated timely. Our OB team is the only in-patient care area that has been screening for social determinants of care (to date), and this gives us some data to start down this path of appropriate care. We have already started identifying gaps in our community support, and these gaps will certainly be our focus in terms of short term/long term care planning.

Our partners with this Intervention will be Delta County Department of Health and Human Services (DHHS), Women, Infants and Children (WIC), Child Protective Services (CPS), Colorado Perinatal Care Quality Collaborative, Delta Breastfeeding Coalition Hilltop, and QHN, by virtue of SDOH. We refer often to Nurse-Family Partnership for first-time moms.

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)

Number three - Emerging practice will be our intervention guide along with our knowledge of the Maternal Health Data collected and distributed by the CDC and American College of Obstetricians and Gynecologists (ACOG). The CDC reports that 11-20% of women in the postpartum period have some sort of depression. CDPHE Health Statistics Section, by use of the CDC Pregnancy Risk Assessment Monitoring System (PRAMS) data, tracks the percentage of women who often, or always, felt down, depressed, sad, or hopeless since their baby was born (postpartum depressive symptoms). The survey data for 2012-2014 shows Delta County is at 14% of this targeted population, while state wide is 9.6%. There is significant data!

<https://cdphe.colorado.gov/center-for-health-and-environmental-data/survey-research/pregnancy-risk-assessment-monitoring>

ACOG reports that perinatal depression affects one in seven women and is one of the common medical complications. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/11/screening-for-perinatal-depression>.



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 2021 Hospital Quality Incentive Payment (HQIP) Program measures for Maternal Health and Perinatal Care Group asks hospitals to report on Perinatal Depression and Anxiety. This is based on the Council on Patient Safety in Women's Health Care model of care delivery after the 4 "Rs": Readiness (screening), Recognition and Prevention (educating the patient), Response (referrals of positive screens), and Reporting/Systems Learning. As stated, CP6 aligns well with HQIP.

Prenatal engagement and postpartum follow-up care are measures by which the ACC calculates incentive payments and data analytics for the RAEs.

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)

Our Delta Health clinics (Women's Clinic and Delta Health Family Medicine) currently screen all obstetric patients for postpartum depression (PPD). This screening will be expanded to all Delta Health Primary Care clinics before 2022. We will also meet with the independent Primary Care Partners in our service to hopefully expand this screening and we hope to have MOU's with these partners, not only for screening but to also allow us to train staff in specific treatment options/avenues.

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)

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)



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](#).





CHASE

1570 Grant Street
Denver, CO 80203
The Colorado Healthcare Affordability and Sustainability Enterprise

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: ED focused care model specific to opioid use/addiction
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-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)

Using facility and outpatient EMR to identify chronic use and chronic ED visits. Our ED leadership will develop screening tools for nursing staff to help identify chronic use and abuse of opioids. We are going to use the CHA Toolkit as a guide with the goal of providing alternative therapies



and treatments. We are planning on attaching the algorithm from the toolkit to the physician order sets.

Patient outcomes will improve with a focus on a patient's chief complaint and diagnosis-specific care plans. Individual care plans will be dashboard designed and supported.

To improve the patient experience we will be redesigning our referral practices to include our DH Pain Clinic, outpatient partners such as River Valley (MAT clinic), and to refer more often to our own integrated behavioral health clinicians. We have also identified the need for an advance practice clinician who will specialize in substance use disorders and will be dedicated to one of our rural clinics. This position has been approved by the DH executive team.

Cost savings will definitely parallel our ability to identify opioid abuse early, develop careplans around specific diagnoses and the focus of care, while pivoting to outpatient specialty partners and pain clinics. This re-focus of care will also align with our dedication to a value based reimbursement program.

This program will only be successful if we are able to adapt to this changing environment using evidence based treatment. CHA and our RAE are our critical partners in support of our success specific to this population. Participation in care collaboration within our own system and with our community partners is key to our long term goal of decreasing opioid use.

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)

Four of our CHNA top ranked needs are addressed in this intervention (#2 Mental health, #3 Alcohol abuse, #5 Drug/Substance abuse, #6 Social Factors). DH also selected ALTO as a focus in our CHNE collaboration.

Heroin related death incidents are posted as 0.6 deaths per 100,000 population for Delta county (9 total between 2000 and 2019). This ratio is low compared to national averages, however, the true numbers are difficult to cull due to the fact that we are one of the stated counties with sample size deemed too small to compute/keep. We base our concerns, and reason for selecting this quality measure (besides being a required Measure), on the number of admissions we see in



our ED over the span of one year, with a primary or secondary ED admission concern that includes opioid abuse.

We have internal ED resources, such as our ED navigators, who have a focus on discharge planning. We also have our integrated behavioral health team to whom the ED physicians can refer patients on an outpatient setting, with the most difficult to manage cases and the help of the navigators providing information about the available community resources. Our Urgent Care staff are also trained to identify opioid use and abuse and to use the ED staff as their guide with care planning, as well as with community partner connections. Our external partners are River Valley (specifically their MAT clinic), our RAE behavioral health team, and our own Delta Health integrated behavioral health specialists.

Our Delta Health Mental/Behavioral Health leadership team will be available to support this Intervention as warranted. Our Behavior Health Director assisted in the framework for this Intervention and will be a critical member of our oversight team (internal HTP committee). She will help us gather and interpret data, provide support to our ED team as needed, and will (when staffing allows) dedicate time each week to provide a higher level of program management. She will also help to establish our data collection points in order to determine Intervention success. Outcome measurements will be critical in order to maintain our focus on what works, what challenges are presenting, and what needs to be redirected.

We also have a monthly Behavioral Health committee that includes all regional mental health professionals, our RAE, county wide law enforcement representatives, county EMS director, Delta County health department, QHN, etc. Area hospitals are also represented, including our community mental health center's Crisis Stabilization Unit and our outpatient mental health teams. This committee is well versed in HTP goals specific to mental health and substance abuse and is supportive as a resource pool in order to manage real time substance abuse outcomes and trends.

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)

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www.colorado.gov/hcpf



Delta Health will use evidence based practices to improve patient outcomes using best practices for substance use assessments in the ED and in our outpatient clinics. We are in the process of implementing standardized screening procedures and referral to treatment (SBIRT) in our three primary care clinics for alcohol and substance abuse disorders.

Delta Health was involved with the SIM project for three years in one of our primary care clinics integrating behavioral health in primary care. Delta Health now has three full-time integrated behavioral health clinicians in our three outpatient primary care clinics.

Delta Health's Behavioral Health Director served on the Governor's Behavioral Health Task Force and continues to be involved with ongoing meetings at the state-wide level to implement the six pillars recommended by Governor Polis.

Reference links for our Intervention plan:

CDC - Applying CDC's Guideline for Prescribing Opioids, 2018

American College of Emergency Physicians Opioid Treatment Guidelines, 2017

Toolkits & Training:

CHA: Colorado ALTO Project Resources

AHRQ: Patient Safety and Quality Improvement

ACEP: Opioid Reference Materials for ED Staff

Research/Articles:

Improving Behavioral Healthcare in the Emergency Department and Upstream

CDC: Opioid Overdose: Worsening Epidemic

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)

This initiative is aligned with the following:

Behavioral Health Task Force: Substance use treatment facilities are at capacity, and working collaboratively with stakeholders can reduce the services to the over-burdened organizations to decrease the use of opioids in the ED setting. It is the goal to prevent addiction and to create access to interventions that support a healthy community.

HQIP: Zero Suicide initiative. This measure collaborates with substance use disorders as studies have reported that those patients that are successful in avoiding suicide have seen a primary care provider in the past 30 days to 3 months. Screening patients on arrival to the ED and connecting patients with timely follow up can reduce suicide rates and assist with substance use disorders.

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)

On the outpatient clinic end Delta Health was involved with the SIM program for 3 years. Following this we worked closely with our RAE in the Foundations and Masters Programs. By working closely with our RAE we have implemented behavior health with a model where our behavioral health providers share offices, EMR, billing and patients with our primary care providers. Our next task is to implement work flows whereby we can effectively screen and track all patients over 12 years of age for new alcohol and/or SUD diagnosis.

Delta Health works closely with the WeCo2Operate RECORP federal grant as a partner with St. Mary's Regional Health. This grant will improve access for opioid use disorders in our rural county. We are in close collaboration with River Valley Health, the Center for Mental Health,



Integrated Insight Therapy, the Colorado Consortium for Prescription Drug Abuse Prevention, and other community agencies that are involved with this 3 year federal implementation grant. The target population for this grant is those who have an opioid use disorder.

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)

Delta Health is and has been fully aware that our rural/frontier area necessitates close collaboration with community partners and agencies. We do not have ample resources to provide these services on our own without input and collaboration from others.

We have been working hard to identify patients at risk, to use the resources available to provide case by case support. The challenges that presented with the pandemic have been remarkable and our current initiative has been fragmented. This change in focus will provide a much better model for a healthier community.

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)



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](#).





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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: Social Determinants of Health Screening
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-CP1

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)

Delta Health is committed to our vision of "provid(ing) compassionate quality healthcare that our community will trust." DH has partnered with with Rocky Mountain Health Plans on the federal (CMS) project Accountable Health Communities Model (AHCM). They provide DH with the AHCM Health-Related Social Needs Screening Tool that evaluates for six domains: housing,



transportation, utilities, social isolation, food security, and safety. Once completed or reviewed with the patient, the responses are entered into a health information exchange (HIE) managed by the Quality Health Network (QHN) for the Western Colorado region. As care coordination is an automatic benefit of Medicaid recipients, the use of this tool and data entry automates the connection with the Region 10 Coordinator to assure all positive screens are addressed.

All of DH outpatient settings screen every patient no less than annually. If a patient has an indication that they have a social need the clinic staff provides the patient with a list of appropriate resources based on the identified need. Any positive screen in any one of the above domains, or two or more emergency room visits within a 12 month period, are automatically referred to the RAE for care coordination and the patient will be screened again at the next clinic visit.

Screening for social determinants of health (SDOH) aligns patients in need with care coordination and resources. Care coordination should lead to early interventions and assistance with the appropriate care in the proper location or service network.

Additionally, all of Delta Health primary care and ob/gyn providers screen annually for depression, anxiety, post partum depression and cognitive decline utilizing PHQ9, GAD7, EPDS, MOCA/SLUMS and other evidence based assessments as needed. Screenings are implemented annually and at new patient intakes. Behavioral health clinicians are embedded in three of our primary care clinics and meet with patients for warm hand-offs and counseling.

This intervention speaks to all of the HTP goals:

Patient outcomes will definitely improve due to care planning based on all "needs" identified, care coordination within our own clinic specialists, etc.

The patient experience will improve due to the same case specific care planning as well as individually/location focused support.

Medicaid costs will improve dramatically with this intervention since it is focused on providing care in a clinic/home setting.

This intervention definitely supports our transition to value-based reimbursement for the above reasons.

With the support of our EMR partners (Athena/Meditech/QHN) we will certainly be able to dashboard care coordination and better support seamless transitions.

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)

Selection was based on alignment with CHNA, identified areas of concern and potential gaps in service. Once social needs are addressed, the patient is more inclined to engage in actions to improve their personal healthcare needs and those of their family. Additionally, the community can combine efforts to improve outcomes.

The ability to respond to identified needs relies on the ability of healthcare organizations to link patients to the appropriate services. Integral to this process is the willingness of health care, public health, and social service providers to share data with one another in order to facilitate effective handoffs. This can only be achieved by fostering the underlying relationships that promote trust among all providers. Furthermore, responding to identified needs requires a process to assess the internal capacity of a healthcare provider to address certain needs, to understand the resources available in a given community, and to determine the appropriate path forward, whether that involves augmenting internal capacity, referring patients outside of the healthcare system, or a combination of the two.

Annual mental health assessments identify mental health issues prior to them becoming a crisis and deters patients from utilizing the emergency department for their mental health needs. Improving a patient's emotional state at the primary care level improves patient care, reduces costs, improves provider satisfaction, and reduces the stigma of compromised mental health by offering behavioral health support in the primary care setting.

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)

Number 3. This is an emerging practice. Health outcomes strongly relate to social determinants of health, which include a variety of non-medical factors such as access to food and nutrition, transportation, housing, incarceration and repeat offending, jobs/wages, safety, education, and other community-based and environmental conditions. Healthy People 2020 defines the Social



Determinants of Health (SDOH) as "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."

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)

Delta Health is engaged with the Region 10 Coordinator and other healthcare entities in the area to continue to develop this process.

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 is a new intervention for Delta Health. We have a good knowledge and understanding of our rural patient base/healthcare challenges. We bring this rural healthcare knowledge and experience to support our service area.

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)

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)
Region 10 Coordinator	ACC	Yes	We are doing the screening or patients and connecting them with the needed resources.



- 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](#).





CHASE

1570 Grant Street
Denver, CO 80203
The Colorado Healthcare Affordability and Sustainability Enterprise

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: Transition of Care Management
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-RAH1

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)

We have a Transition of Care Management protocol (TCM) that is in effect in all of our Delta Health Clinics. When a patient discharges from a facility (acute care, long term care, psychiatric care, SNF, rehab, etc.) this protocol kicks in. This includes acute care admissions such as "observation status" as well.



The clinics receive/monitor a daily census report. Within two days of a facility discharge, the patients have to be placed on a triage schedule for phone follow up. The patient "qualifies" for this protocol upon discharge to home, domiciliary, rest home, or assisted living center.

This phone follow up must happen within 2 business days following the patient's discharge. Two phone attempts must be made and documented within the 2 day threshold. If we are unsuccessful in our attempts to make contact with the patient we will document those failed attempts. We emphasize, however, that we expect our attempts to communicate with patients to continue until we are successful.

Once the TCM call has taken place and the call documentation is complete the patient MUST make a follow-up visit to their assigned PCP within 14 days of discharge. This 14 day timeline is for low to moderate physical condition complexity. High complexity patients must be seen within 7 days of discharge.

The questionnaire we use is specific to the patient's current condition status, follow-up of any concerns, medicine reconciliation, and identification of opportunities for teaching/interventions.

The TCM phone call notes must be sent to the appropriate primary care physician for their signature. This last task will close the loop of our objective to stay in touch with our patients and to support them with any changes in condition.

This intervention will definitely improve patient outcomes by keeping the focus on PCP managed care. All studies show that maintaining this connection with the PCP leads to better outcomes and limits the chance of a hospital readmission.

For these same reasons we will see an improvement in patient experience. The PCP office is the appropriate setting for establishing and maintaining managed care.

The costs will shift and will certainly be less of a burden on LHFC due to the decrease in re-admissions. This also speaks to a better process in preparation for value-based payment.

The collaboration regarding care is evident because this intervention is driven by protocol and is already showing promise in preventing some re-admissions that would otherwise be unchecked.

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 intersects with our CHNA priority ranking in many areas. Our #1 identified need is Affordability and this intervention speaks directly to this significant need. This Intervention also has a connection to other CHNA priorities such as accessibility, social factors, education/prevention, and disease state specific needs.

Our community partners in this Intervention are our own Delta Health Home Health, our behavioral health team, our family of PCP clinics, Delta Health Therapies, and area long term care facilities. Depending on the special needs of each patient and the reasons for a hospital admission, we try to utilize partners who best fit the identified challenges of each patient.

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)

Number 3. Transition of care management is not a new process but it certainly now has a more defined focus. The goal of creating a transition protocol is to address a lack of care oversight, and care planning with timelines is certainly an emerging practice. The COVID pandemic undoubtedly has created a different level of addressing patient needs. Reducing avoidable hospitalizations requires a higher degree of focus on managed care in the PCP office.

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)

N/A

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 program/protocol is new to Delta Health but rural care management is not. We have a long history of managing our facility focus to parallel community needs in spite of the rural challenges. We believe that our rural health experience and leadership is situated to provide a much higher level of care and more positive patient experiences going forward.

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)



TCM is in place now but is a newer focused program/protocol. In the short time we have been focused on TCM we have seen a change in the number of patients who are seen by their respective physicians/advance level practitioners post hospital discharge. We are already seeing a positive impact in patient follow up, patient post discharge care, etc.

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](#).





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Hospital Transformation Program

Intervention Proposal

I. Background Information

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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:

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- 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: ED discharge planning
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. RAH2

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)

In the spring of 2018 we created positions in our ED to function as nurse "navigators". There are 2 primary Registered Nurse navigators who function as Emergency Department discharge planners. Delta Health recognized that the designated hospital discharge planning team struggled to support the discharge needs of our ED patient population due to the complexity of patients



coming into our ED. These navigators review every patient coming into the ED for all follow up care needs and make sure they provide a fluid hand-off to appropriate community partners. Due to the volume of patients who come into the ED and who do not have a PCP provider of record, a focus of this team is to find a PCP who will admit this patient to their practice. The navigators make sure they contact the appropriate PCP and set up an appointment within 30 days of the ED discharge.

This intervention supports the goals of HTP by improving care and patient experience (direct care to a PCP support model), lowering Medicaid costs (routine PCP oversight helps manage patients to a better outcome, with fewer hospitalizations/ED visits), and increases collaboration with our PCP community partners.

The target population is any patient who is admitted to our ED and who does not have or does not see a PCP regularly.

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 navigator focus was created, as mentioned previously, because it was very apparent that many patients were using the hospital ED as their primary care avenue. The patients often were admitted to manage critical issues that could have been avoided with PCP regular follow up and earlier interventions.

This intervention speaks to our CHNA, specifically, to the top 6 identified needs: affordability, mental health needs, alcohol abuse, accessibility, substance abuse, and social factors.

Our partners in this endeavor are the service area primary care physicians, and all are involved with our program now.

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)

We picked option 2 since this program is supported by Colorado State Medicaid data. As communicated by our RAE, only 21 % of Colorado Medicaid patients have had a well visit. We realize that some of the patients in this category do have chronic/serious illnesses and are being manage by a speciatly physician.

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)

Delta Health is the primary rural health care commodity for the county. Engaging in the measure provides implementation to quality-based initiatives to promote positive patient outcomes and be fiscally responsible to payor sources such as Medicaid. We are working with our RAE with discharge notices and adjusting as needed for care coordination.

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)

Delta Health is a countywide healthcare system that involves primary care providers as well as urgent care centers. Collaborating with our community partners will allow for quality transition of care from out-patient centers to primary care. The nurse navigators are instrumental in the success of this measure. Championing with patients, families and other care givers will provide an avenue to be fiscal stewards by decreasing the ever rising health care costs that are associated with chronic disease and over-use of the ED. Layering care within the Delta Health organization and with other community providers will enable the organization to promote timely patient care follow up.

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)

Because of the COVID pandemic the role of the ED nurse navigators changed to accommodate the influx of patients with COVID. This included the PCP transition to tele-medical support. Our navigators had to bend in many different directions in order to support the "needs of the moment" and our longer term strategic planning was non-existent. Now that we are seeing fewer COVID patients the navigators are focused again on discharge planning, including this initiative.

With this recalibration, the ED and ED navigators are certainly dedicated to a process that parallels the HTP goals. Specifically, it improves patient outcomes by redirecting care away from the ED, it improves patient experiences since having a PCP allows for case-specific care planning, it lowers costs considerably with this "re-direction" in care (away from the ED, focus on PCP), it



accelerates our path to value-based payment, and it certainly speaks directly to care coordination.

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](#).





CHASE

1570 Grant Street
Denver, CO 80203
The Colorado Healthcare Affordability and Sustainability Enterprise

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.



- 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: Mental Health/SUD discharge process in the 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. SW-BH1

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)

Delta Health utilizes our ED navigators, as we do with any ED admission, as our discharge planners. When we have a patient admitted under a mental health/SUD diagnosis their attention is immediately on an appropriate discharge.



The attending ED physician or patient primary care RN notifies the ED navigator as soon as possible regarding a mental health/substance concern. The navigator reviews the patient file, meets with the patient and appropriate family/caregiver, if available, reviews any appropriate care history, and begins mapping a discharge plan. This includes contacting the Center for Mental Health as soon as possible after the ED admission.

Once contact has been initiated with the local Center for Mental Health, appropriate patient information is shared and DH follows the lead from the Center at this point. A professional from the Center for Mental Health reviews all patient documentation and, if possible, performs a virtual assessment using Zoom. The care plan is developed during these steps with the intention of getting these patients into the appropriate care setting (which may be the patient's home) as quickly as possible.

Our Intervention was created to provide the best possible support for our patients with Mental Health and Substance Use Disorders and by design, supports the goals of HTP.

Patient outcomes are improved once they are in an appropriate setting with focused care.

Patient experience parallels the same care path. Focused care in an environment with the appropriate professional is critical from both a timing and care planning perspective.

Costs are reduced by impacting the time spent in a hospital emergency room. Our goal is to get a patient placed in a focused setting as quickly as possible. However, this is a challenge due to limited space in our rural environment.

Collaboration with respect to these patients is critical. In order to accelerate our value based program readiness, we have to see an increase in bed/space availability.

Our partners, with respect to this measure and intervention, are invaluable. This intervention relies heavily on our RAE connection in order to transition care quickly to the best environment, in order to support the best patient outcome.

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)

Mental Health support, Alcohol Abuse treatment, and Drug/Substance Use treatment are in the top 5 of our CHNA ranked significant needs. And due to the rural nature of our environment,



treatment poses unique challenges since space is a premium, available mental health professionals are scheduled to the maximum, and there are very few treatment programs, which often leads to placement as far away as Denver, quite often at a cost exceeding \$1400 per patient transport. This is not ideal, but the end goal in getting a patient into the appropriate setting is paramount.

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)

Number 2. There is a lot of evidence around focused treatment with regards to Mental Health and Substance Use Disorders; however, there is little evidence regarding rural healthcare care planning with space limitations. We have the collective experience of our DH employeeed Mental Healthcare professionals to guide us. Our Delta Health Behavioral Health Director provides support to our ED leadership with regard to this patient population. She provides tools, suggested care planning, nurse/tech training, etc., in order to support our overall care for these patients.

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)

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 intervention is currently in place in our Emergency Department. However, it has been a difficult population to care-manage as the focus of our ED is simply emergency care. When we get a patient admitted with Mental Health issues or SUD, our physician/nursing team relies on speciality care resources and appropriate placement as a means to the best care outcome possible. Working with our RAE is key to successfully transitioning patients. We (Delta Health care community) meet bi-weekly with respect to behavioral health issues and try to "game plan" special challenges, QI processes, etc. The team that meets represents all Mental/Substance Use related diagnosis in our service area. Our RAE is point with our CCO on this committee.

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)

Due to the number of patients we see with these diagnoses, it is absolutely critical for DH to stay focused on this intervention. The challenges will continue to be unique to our environment. The collaborative approach, along with real-time care planning, will result in more positive outcomes. Persistence, focused case management, continuing education, etc., are all key to DH supporting a healthier community. We have to stay on track with this intervention and work to supplement our training, our staffing, and our resources in order to create a better outcome for patients with these behavioural health challenges.

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)
Center for Mental Health	Clinic	Yes	RMHP is currently notified of all admission through ADT(from non Psych facilities); our discharge planning is already collaborative through our UM process.

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](#).





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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: Enhanced Recovery After Surgery
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)

Enhanced Recovery After Surgery (ERAS) is a set of protocols used by the surgical team to help ensure a patient has the best possible outcome from their surgery. Important components of these protocols occur before, during, and after a procedure.



The basic principles include attention to preoperative counseling, nutritional strategies (including avoidance of prolonged preoperative fastings), perioperative considerations (including a focus on regional anesthetic and nonopioid analgesic support), maintenance of normal temperatures, and promotion of postoperative strategies (including early mobilization and thromboprophylaxis).

Delta Health is going to introduce ERAS in phases. The 1st phase, initial focus, is on colorectal/emergent colorectal surgeries. 2nd phase is to include OB-GYN and ENT related surgeries, and the 3rd phase is to include orthopedic surgeries.

This intervention has a lot of evidence in print but also in what we see from other facilities that are using ERAS, and certainly supports every HTP goal. We have seen how this trends with our closest regional healthcare system (St. Mary's in Grand Junction)

Patient outcomes are the biggest beneficiary of ERAS. No longer NPO 6-10 hours pre-surgery, up and ambulating quicker, shorter recovery periods, improved return to normal bowel function, etc.

Patient experience is improved for the same reasons.

Lower costs to Colorado Medicaid can be considerable as we shorten LOS and use fewer costly anesthetic related medications.

ERAS was built with the patient in mind, but it is also a model of HTP intent regarding value based care and reimbursement.

Collaboration is critical between the surgeon, anesthesia professional, and the patient in order for ERAS to be successful. All three have to align closely with regard to care coordination, result dashboards, and data sharing, etc.

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)

ERAS aligns with our CHNA in many ways, including affordability, drug dependence, education/prevention, and disease state specific support. With a phased approach to ERAS, we are concentrating on procedures that tend to have longer hospital LOS, more costly postoperative care, and longer recovery times.



The program will fall under the purview of our DH Quality Department. Quality is designating a nursing champion, a CRNA champion, a surgeon champion, a dietary champion, and a therapy champion.

The CRNA Champion has spent considerable time with the St. Mary's ERAS coordinator. This time has been invaluable with reference to the understanding of the program and what steps have to be in place in order for this program to be successful.

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)

Number one. There is a lot of evidence supporting ERAS. You can find these resources easily since there are numerous studies supporting many different surgical demographics to be found with a general internet search. The ERAS Society is a great resource for us and we will follow the printed protocols as they are written.

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)

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)

St. Mary's Hospital and Regional Medical Center put ERAS into practice in 2018 They did phase the program in to include almost all surgical populations now. The nurse who manages this program for St. Mary's has been instrumental in training our CRNA champion, sharing outcome data/reports, best practices, etc. The experience that this facility has experienced is providing a great roadmap for us to follow.

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)



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](#).





CHASE

1570 Grant Street
Denver, CO 80203
The Colorado Healthcare Affordability and Sustainability Enterprise

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: Focused Utilization Review
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-PH1

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)

Delta Health has a discharge planner who is now focused on the Severity Adjusted Length of Stay population. Our Admit Acute Adjusted LOS usually falls under the statewide/nationwide average, but we have to remain vigilant because even one patient who ends up with a long stay can quickly drain our resources. We consistently calculate our Admit Acute LOS and this number is



presented every month at our Utilization Review (UR) committee. Our current Admit Acute LOS is calculated to be 3.42. Statewide/National averages are 4.64/4.50. These were calculated for the full year of 2020.

A number of approaches are utilized with the intention of maintaining an appropriate LOS. We have daily rounds with the hospitalists, select hospital staff, therapies, etc., whereby we discuss every patient in detail. Our perpetual goal is to not exceed the standard hospital stay by diagnosis, while at the same time making sure we completely support our patients.

Our "focused" discharge planner is dedicated to acute patient stays that extend to 3 days. Once a patient reaches this date of hospital stay, this discharge planner starts following that patient. The normal discharge planning RN's continue to monitor and "stay plan" every patient; however, the patients who reach a 3rd day of stay require a much tighter focus, along with appropriate planning.

We utilize MCG/Indicia data that provides criteria for inpatient versus observation patient status, clinical evidence based data by specific physician order, as well as criteria for discharge consideration. Our focused discharge planner meets with both internal and external partners with the obvious goal of decreasing LOS. As we are a small facility we have the ability to reach out and "touch" most of our partners. However, due to the remote nature of our service communities we have challenges around available resources (running water), elevation changes, transportation, care support, etc. Some of these issues are difficult to care plan for due to logistic concerns. And patients who qualify for Medicaid tend to have co-morbidities that present challenges as well. Care planning in a remote setting requires a unique skill set, and we are lucky to have this individual on our team.

This initiative meets the goals of HTP as follows:

1. The ultimate goal of focused/individualized care planning is to improve patient outcomes. Care redesign is fluid and integration is made difficult by our remote communities.
2. We definitely improve the patient experience simply by speciality care support.
3. By decreasing LOS we obviously see a change in charge/cost to Medicaid.
4. This focused care planning model supports our longer term goal of value based payment readiness. We are focused on a process that will continue to be open to quality assurance checks/balances, changing dynamics with our community partners (post pandemic), and a dedication to making sure we do not lose sight of where we are at any time in our processes.
5. We cannot maintain our Acute Admit LOS level/expectation without the support of our care coordination and without maintaining our current level of resource support. We are successful because of partners who understand the unique challenges in rural support.

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 speaks to the CHNA more closely than any other Intervention. Our top 15 identified needs are all areas of concern to focused discharge planning. In addition to the common denominators of affordability, mental health, alcohol abuse, and accessibility, etc., we also have the challenges of the disease state specifics as outlined in our 2019 CHNA (top 30).

Our biggest challenges to this measure is detailed in our mid-point summary. We have below average income (a strong history of coal mining employment that has now dwindled to only one working mine), above average chronic illnesses with below average available resources, above average suicide rates, as well as gaps in speciality care.

Delta Health has focused on the speciality care arena because we believe this is a key to fewer hospitalizations in general. We are happy to state that we are making great strides in this area. We now have the following specialties providing nearly full time clinic/hospital/surgical support, ENT, Urology, Cardiology, and Pediatrics. These speciality providers offer support to better care planning. We believe that the real key to decreasing our Acute Admit LOS is to provide better health care options and support to our patients, resulting in fewer hospitalizations, and certainly a decrease in hospital LOS when admission for care is necessary. Our plan, in summary, is to provide support to a better life-style and better health benchmarks for which all data shows will decrease overall hospitalizations.

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)

Numer 2. Since we are able to calculate our Admit Acute LOS, we obviously have the information needed to chart our success, or challenge. CHA provides us with statewide and national average data and provides an easy, simple comparison. Our RAE dials this information down for us and provides resources to assist in our care planning.

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)

N/A

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)



Since all of our communities are small and rural, our partners share the challenges we face every day. Distance/accessability, wage earning challenges, small population sizes that limit private company support (i.e., transportation availability and speciality physician access), etc. But even though we all share these challanging dynamics, we also share the knowledge of our environment and how to manage as a community. We are focused on preventive medicine as the ultimate tool in decreasing our Acute Admit LOS.

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)

We created this "focused" discharge planning position within the last year. We certainly saw many challenges related to the pandemic, however, we also learned how to do more with fewer resources. We believe our success is reflected in our low Admit Acute LOS. Nevertheless, we realize we can do better and we are convinced that strengthening our speciality clinic support is key to long term success.

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)
Rocky Mtn	RAE	Yes	RMH provides Medicaid data, resource



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)
Healthcare			support, specialized care planning tools, etc.
HCBS Services	Service	Yes	Home and community based service support
Region 10	Western Colo. Regional resource support	Yes	Consultation, ombudsman support, healthcare partnership considerations, etc.

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](#).



STUDY PROTOCOL

Open Access



Improving enhanced recovery after surgery (ERAS): ERAS APPtimize study protocol, a randomized controlled trial investigating the effect of a patient-centred mobile application on patient participation in colorectal surgery

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Abstract

Background: Perioperative care in colorectal surgery is systematically defined in the Enhanced Recovery After Surgery (ERAS) protocol. The ERAS protocol improves perioperative care in a multimodal way to enhance early and safe release from the hospital. Adequate compliance to the elements of the ERAS protocol is multifactorial. There are still opportunities to improve compliance of the protocol by actively involving the patient. The main objective of this study is to investigate whether compliance of selected items in the ERAS protocol can be improved through actively involving patients in the ERAS care pathway through the use of a patient-centred mobile application.

Methods: A multicentre randomized controlled trial will be conducted. Patients undergoing elective colorectal surgery, who are 18 years or older and in possession of an eligible smartphone, will be included. Patients assigned to the intervention group will install a patient-centred mobile application to be guided through the ERAS care pathway. Patients in the control group will receive care as usual. Both groups will wear an activity tracker. The primary outcome is overall compliance to selected active elements of the ERAS protocol, as registered by the patient. Secondary outcomes include Patient Reported Outcome Measures (PROMs) such as health-related quality of life, physical activity, and patient satisfaction of received care. Care-related outcomes, such as length of hospital stay, number of complications, re-intervention, and readmission rates, will also be assessed.

Results: The enrolment of patients will start in the second quarter of 2019. Data collection had not begun by the time this protocol was submitted.

Conclusion: We hypothesize that by providing patients with a patient-centred mobile application, compliance to the active elements of ERAS protocol can be improved, resulting in an increased health-related quality of life, physical activity, and patient satisfaction.

Trial registration: Netherlands Trial Register, [NTR7314](https://www.trialregister.nl), prospectively registered on the 9th of November 2017 (<http://www.trialregister.nl>).

Keywords: ERAS, Colorectal surgery, eHealth, mHealth, Mobile application

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Background

The Enhanced Recovery After Surgery (ERAS) Society was formed in 2001 by a group of European surgeons to optimize clinical outcomes of patients undergoing surgery. Initially the ERAS Study Group published a consensus document with a scientific, evidence-based approach about the perioperative care for colonic resections (2005) and colorectal surgery (2009) [1]. Compared to routine care in elective colonic surgery, application of the ERAS protocol proved to reduce surgical stress, resulting in a better postoperative physiological status of the patient and improved mobilization short-term after surgery [2–6].

These outcomes contribute to faster postoperative recovery, shorter length of stay in hospital (LOS), and reduced rates of morbidity [7–9]. Nowadays, the ERAS protocol consists of 24 core elements (Table 1), and in order to successfully implement these 24 elements, a multidisciplinary team of anaesthetists, surgeons, nurses, physiotherapist and dieticians is essential. Local ERAS protocols, based on the ERAS guideline, can vary depending to the performing medical centre. The ERAS protocol elements are divided into preadmission, preoperative, intraoperative and postoperative phases, which, in their synergy, improve recovery after surgery [10]. An element is considered

Table 1 ERAS society guideline elements for colonic resections

Element	Responsible professional	Involvement patient
Preadmission		
1 Cessation of smoking and excessive intake of alcohol	Surgeon, patient	Active
2 Preoperative nutritional screening and, as needed, assessment and nutritional support	Surgeon	Active/Passive
3 Medical optimization of chronic disease	Anaesthetist	Passive
Preoperative		
1 Structured preoperative information and engagement of the patient and relatives or caretakers	Nurse	Passive
2 Preoperative carbohydrate treatment	Nurse	Active/Passive
3 Preoperative prophylaxis against thrombosis	Surgeon	Active/Passive
4 Preoperative prophylaxis against infection	Anaesthetist	Passive
5 Prophylaxis against nausea and vomiting	Anaesthetist	Passive
Intraoperative		
1 Minimal invasive surgical techniques	Surgery	Passive
2 Standardized anesthesia, avoiding long-acting opioids	Anaesthetist	Passive
3 Maintaining fluid balance to avoid over- or under hydration, administer vasopressors to support blood pressure control	Anaesthetist	Passive
4 Epidural anesthesia for open surgery	Anaesthetist	Passive
5 Restrictive use of surgical site drains	Surgeon	Passive
6 Removal of nasogastric tubes before reversal of anesthesia	Anaesthetist	Passive
7 Control of body temperature using warm air flow blankets and warmed intravenous infusions	Anaesthetist	Passive
Postoperative		
1 Early mobilization (day of surgery)	Patient	Active
2 Early intake of oral fluids and solids (offered the day of surgery)	Patient	Active
3 Early removal of urinary catheters and intravenous fluids (morning after surgery)	Nurse	Active/Passive
4 Use of chewing gums and laxatives and peripheral opioid-blocking agents (when using opioids)	Patient	Active
5 Intake of protein and energy-rich nutritional supplements	Patient	Active
6 Multimodal approach to opioid-sparing pain control	Anaesthetist	Passive
7 Multimodal approach to control of nausea and vomiting	Anaesthetist	Passive
8 Prepare for early discharge	Nurse, patient	Active/Passive
9 Audit of outcomes and process in a multi-professional, multidisciplinary team on a regular basis	Whole team	Passive

‘active’ when some or full contribution of the patient is required. Elements are ‘passive’ when they do not directly depend on or require patient’s actions (Table 1) [11].

In addition to regular use of the protocol, the ERAS Society recommends conducting a systematic audit to gather insights into clinical- and care-related outcomes, such as LOS, readmission, and postoperative complications, and to measure protocol compliance [9]. Studies investigating ERAS protocol compliance demonstrate that higher compliance rates are significantly associated with improved clinical outcomes such as shorter LOS, fewer postoperative complications, reduced 30-day morbidity, and reduced readmission rates [12–15]. Messenger et al. analysed the protocol compliance of 21 individual ERAS elements in a systematic review. The pooled results of 12 studies showed a 69, 72, and 53% adherence to the protocol within the pre-, peri- and postoperative phases [16]. ERAS protocol deviation is considered to be most critical in the postoperative phase, when mobilization and resumption of oral intake should be stimulated in order to not delay hospital discharge and to minimize postoperative complications. Improving postoperative protocol compliance is challenging but there is certainly room for improvement [17], especially since the majority of the postoperative elements are considered ‘active’ and, therefore, depend on patients’ actions directly.

With regards to improving patient participation in the ERAS care pathway, innovative technologies, such as mobile applications and wireless monitoring, could have great potential [18, 19]. Use of these eHealth solutions by patients can be educational, engaging, and stimulating. It might also enhance empowerment and let patients feel more in control of their own health [20]. Cook et al. used a wireless accelerometer to monitor patients postoperatively and demonstrated a significant relationship between the number of steps taken in the early recovery period and LOS in an older cardiac surgery population [21]. A small study of Mundi et al. showed that using a smartphone application for education and engagement of patients prior to bariatric surgery could be beneficial [22].

By conducting this randomized controlled trial (RCT) we want to investigate whether a patient-centred mobile application can significantly improve compliance to the active elements of the ERAS protocol significantly by patients undergoing colorectal surgery.

Methods

Study setting

The ERAS APptimize study is a multicentre RCT that will be conducted in the Amsterdam University Medical Centres (UMCs), locations AMC and VUMC, in the Netherlands. APptimize is a blended word, combining ‘APP’ and ‘timize’ from ‘application’ and ‘optimization’. The SPIRIT (Standard Protocol Items: Recommendations for Interventional Trials)

2013 statement will be followed and the trial will be reported in accordance to the CONSORT-EHEALTH (Consolidated Standards of Reporting Trials of Electronic and Mobile Health Applications and online TeleHealth) checklist V1.6.2. A completed informed consent form is required to participate in this study. The ERAS APptimize study will be conducted in line with the declaration of Helsinki. Approval of the local medical ethics committee for this study was obtained (registration number NL63874.018.17) and the study is registered at the Netherlands Trial Registry (NTR7314).

Study population

The study population consists of patients scheduled to undergo colorectal surgery for either benign or malignant conditions. Patients must be 18 years or older and in possession of a smartphone operating iOS 9 (release date: September 16, 2015) and up or android 8.0 (release date: August 21, 2017) and up. Participants who meet one or more of the following criteria will not be considered for inclusion:

Exclusion criteria:

- Palliative surgery or surgery following neo-adjuvant radio- or chemotherapy
- Elective surgery for previously established complications (e.g. enteral fistula, presacral abscess) with the exception of colostomy correction
- Patients with a Karnofsky score \leq 40
- Incompetence of understanding the Dutch language
- Visual impairment, unless well corrected with visual aids
- Physical or mental disabilities limiting the use of a mobile application
- When pre-operatively is estimated by the treating surgeon that adherence to the ERAS protocol postoperative is not feasible
- If expected LOS is 3 days or less after surgery
- Multiple organ resection

Investigational intervention

Content development

A consensus meeting was organized with a multidisciplinary team of caregivers, representing both Amsterdam UMCs’ locations. Both locations practice almost all the elements from the 2012 ERAS society recommendations for colorectal surgery as part of their ‘care as usual’ except for ‘nutritional screening’ and ‘chewing gum as a laxative’. [9] Active ERAS elements, elements that depend on patient involvement, were included in the application. The multidisciplinary team of caregivers evaluated the ERAS elements for their eligibility to be included in the application. Although ‘nutritional screening’ was not part of current ‘care as usual’, the multidisciplinary team thought

it would be useful to include this element in the application. Table 2 displays all elements that were included in the application. In 'Additional file 1', one can find the functional design of the application. The functional design illustrates the workflow through the application and the basic layout. After the first version of the application will be developed, 'patient experts' will be invited to test the application and review the content of the application.

Technological development

The application is developed by a third party. The application will work on smartphones operating iOS 9 (release date: September 16, 2015) and up or android 8.0 (release date: August 21, 2017) and up. Applications for smartphone destined for diagnosis, prevention, monitoring, or relieve of diseases are considered medical devices [23]. The application used in the APptimize study is developed specifically for patients having to undergo colorectal surgery and is therefore considered a medical device. Therefore, the application is submitted for CE-marking.

Activity tracker

We chose to use an activity tracker from the company Fitbit because it is deemed to provide the best accuracy results, as reflected upon in available literature [24, 25]. The selected Fitbit type is the Flex 2, which does not have a visual display on the bracelet. The intervention group receives feedback about their activity through the APptimize application but the control group should not receive any feedback about their activity. Therefore, using an activity tracker without a visual display, is, to our belief, the most appropriate way to minimize information bias. The

activity tracker will monitor physical activity, measured in steps per day, in both groups. Other information that is captured with the Flex 2 is not represented in the ERAS APptimize application. Participants of both study groups have to wear the tracker continuously, from 7 days prior to surgery until 21 days after surgery. The battery of the activity tracker will last about 5 days, therefore patients will be instructed to charge their activity tracker during the night. As for the intervention group, the activity data will be stored in the database automatically via the mobile application. The participants in the control group are instructed to send the activity tracker to the coordinating researcher after the 4 weeks of use. The corresponding researcher will process the activity data of the control group to the database manually through the Fitbit application.

Usability testing

The usability of the app will be tested by a group of 'patient experts'. Members of different patient associations with expertise in colorectal diseases and surgery were approached to test the application. Through multiple cognitive walkthrough sessions, the weaknesses of the application will be determined and adjustments can be made. Furthermore, the use of the applications will continuously be monitored in order to improve the application during and after completion of this trial.

Control and intervention group

APptimize study group

Patients in the intervention group will receive instructions how to download the APptimize application shortly after the operation is scheduled. The application will be used until 42 days postoperative. The selected ERAS elements (Table 2) have been translated into practical patient-tailored features that can be viewed in the application any time but will also be brought to the patient's attention through push notifications (Table 3) at set times. The push notifications attempt to prompt the patient to undertake action towards an ERAS element that requires action at that specific moment. The main goals of the application are: to inform and educate the patient, to stimulate patient participation throughout the perioperative care pathway, and to monitor daily activity. All information provided by the application can be accessed at any moment but also once an ERAS element of the care pathway is considered completed. Figure 1 illustrates the layout of the application, with the third screenshot showing the application's feature 'dashboard'. This feature represents the completion of three subjects: 1. completion of the daily set activity goal 2. completion of the active ERAS elements, and 3.

Table 2 ERAS elements in the APptimize application

Preadmission	
1.	Cessation of smoking and excessive intake of alcohol
2.	Preoperative nutritional screening and, as needed, assessment and nutritional support
Preoperative	
3.	Preoperative carbohydrate treatment
4.	Preoperative prophylaxis against thrombosis
Postoperative	
5.	Early mobilization (day of surgery)
6.	Early intake of oral fluids and solids (offered the day of surgery)
7.	Early removal of urinary catheters and intravenous fluids (morning after surgery)
8.	Use of laxatives
9.	Intake of protein and energy-rich nutritional supplements
10.	Prepare for early discharge

Table 3 Push notifications

Preoperative day	Notification
-21	Information about nutrition
-20	Information about smoking
-16	Information about preparation before surgery
-8	Instructions to wear the activity tracker
-2	No alcohol 24 h before surgery
-1	Instructions to drink the pre-operative nutrition drink (4x)
0	Instructions to drink the pre-operative nutrition drink (1x)
Postoperative day	Notification
0	Instructions to wear the activity tracker
1,2,3,...day of discharge	information of daily goals
1,2,3,...day of discharge	Information on progress of daily activity
1,2,3,...day of discharge	Check progress to discharge in the overview of 'completion of goals'

completion of self-registered questionnaires throughout the entire study.

To measure daily activity, the patient will be instructed to continuously wear the activity tracker, starting 7 days prior to hospital admission or as soon as possible after surgery is scheduled if this period is less than 7 days.

The mean daily step count during this preoperative period will be used as a baseline reference value that will be used to calculate the individual postoperative daily step count goal. The postoperative daily step count goal is based on a daily increasing percentage of the mean preoperative daily step count (Table 4). The percentages are comparable to the usual activity instructions given by the local physiotherapist and generally recommended in literature [26]. Patients will receive instructions to wear the activity tracker until 21 days postoperative, since the biggest increase in activity is expected during this period [27].

Control group

The control group will receive 'care as usual'. However, to accurately compare pre- and postoperative activity between both groups, the control group will be instructed to also wear an activity tracker 7 days prior to hospital admission or as soon as possible after surgery is scheduled if this period is less than 7 days. The activity tracker will have to be worn until 21 days after surgery. No feedback is provided through the activity tracker to the control group patient, as it might influence the daily activity. To register the completion of the ERAS elements of the past day, patients of the control group will be instructed to fill out a checklist of completion of the ERAS elements in a diary once a day.

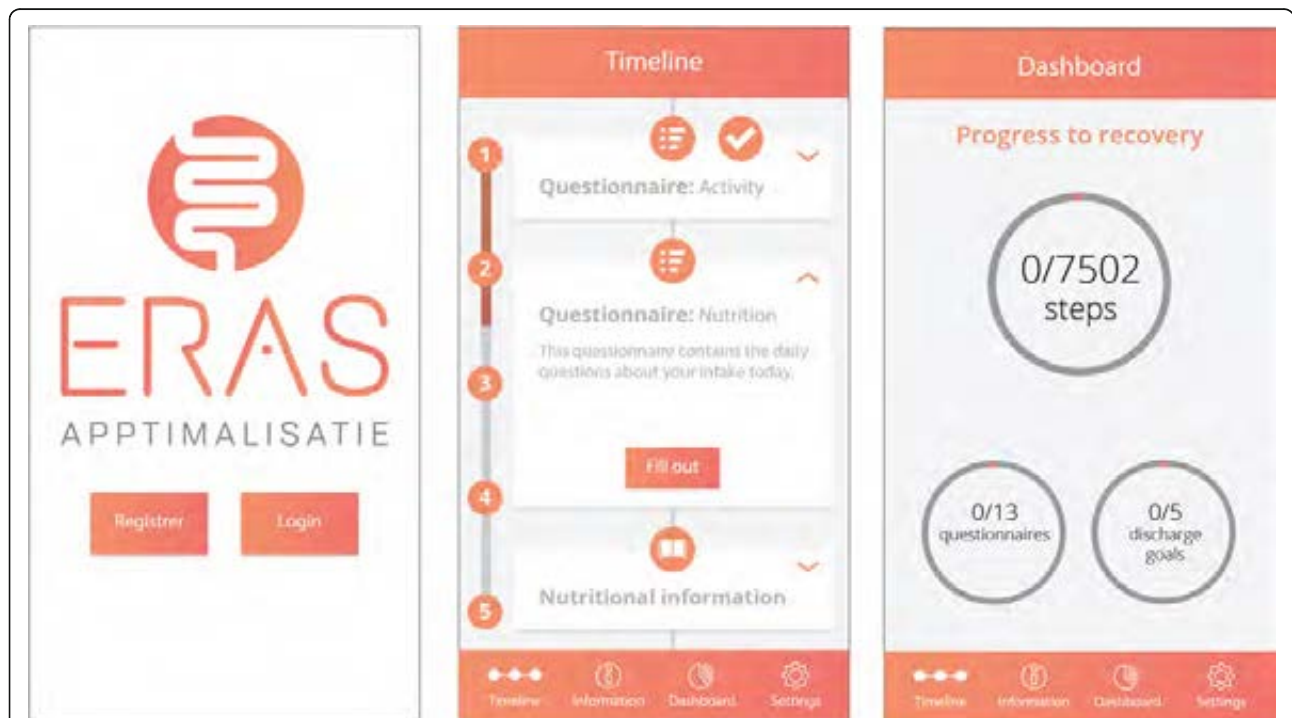


Fig. 1 Screenshots APptimize mobile application. NB Written permission to publish content relating to the APptimize mobile application was obtained from the designer

Table 4 Daily step goal

	Days	Registration
Preadmission	7	Daily step count ^a
	Days	Daily step goal
Postoperative	0	50
	1	2,0% * preadmission step mean ^b
	2	6,7% * preadmission step mean ^b
	3–5	19,6% * preadmission step mean ^b
	6–8	28,9% * preadmission step mean ^b
	9–11	38,3% * preadmission step mean ^b
	12–14	47,7% * preadmission step mean ^b
	15–17	57,0% * preadmission step mean ^b
	18–20	66,5% * preadmission step mean ^b
21	76,0% * preadmission step mean ^b	

^adays are valid measurements when activity tracker is worn ≥ 10 h

^bDaily step mean = (Steps/day preadmission)/number of measured days

Outcomes

The primary outcome is the overall average compliance to the selected active ERAS elements (Table 2). Since the application is patient-centred and focusses on empowering patients to get in control of their own health, the PROMs, such as health related quality of life and patient satisfaction, are considered important secondary outcome parameters. Other secondary outcomes include postoperative outcome parameters (e.g. complications), gastro-intestinal recovery (e.g. time to passage of stool), activity and pain measurements. Table 5 describes all study outcomes and how and when these will be measured.

Recruitment

The coordinating researcher of the APPTimize trial will screen weekly the colorectal outpatients clinic lists per centre for eligible participants. The treating physician will be asked to get permission from the patients to be approached by the coordinating researcher. The treating physician hands out the Patient Information Form (PIF) when patients agree to be approached by the coordinating researcher. After permission to be approached and 'informed consent for screening' is obtained, the coordinating researcher will call the patient to explain the study and address any questions the patient may have after reading the PIF. After the telephone conversation, patients will be granted a reasonable amount of decision time - at least a minimum of 72 h - to decide whether they want to participate. Reasons of refusing participation will be registered and patients are asked permission for collection of postoperative outcome parameters. After obtaining written consent, participants will be randomized.

Group allocation and blinding

After inclusion, participants are randomly assigned to the mobile application (intervention) group or standard care (control) group in a 1:1 ratio, using an internet randomization module with stratification for benign or malignant pathology and age (> 50 years and < 50 years). Random block sizes of 2, 4, and 6 will be used. The coordinating researcher will initiate the allocation sequence and following study enrolment.

Participants, professionals of the healthcare team, and outcome assessors will not be blinded to the treatment allocation. Patients will be instructed to not tell other patients in their ward if they were assigned to the intervention or control group.

Data collection

Data from the intervention group will mostly be automatically collected and stored in the database. For instance, results from the self-reported questionnaires will be sent from the application to the database. Some data will be collected through the Electronic Health Record (EHR) by the coordinating researcher and entered in case report forms (CRFs). As for the control group, the data from the patient diary, the self-registered questionnaires, and data from the activity tracker will be manually entered in the CRF. Trial findings will be stored in accordance with local data protection laws and handled in confidence. A data protection impact assessment has been part of the protocol.

Sample size calculation

Compliance with the active ERAS elements is described in literature. The study population and data analyses of the study of Thorn et al. shares similarities with our proposed study [11]. Therefore, we used results from the study of Thorn et al. as references values to calculate the sample size. We assumed that the two ERAS elements 'early mobilization' and 'adequate intake' depended the most on participation of the patient and to which a mobile application that stimulates the patient to mobilize and to follow a normal diet, could contribute the most. The average compliance of these two elements is 57% [11]. We hypothesize that the overall average compliance percentage of the selected active elements in the APPTimize study group will increase to 62%. Although an increase of 5% might not seem clinically relevant, we expect that the some individual ERAS elements, such as early mobilization, even show a greater increase and therefore enhance clinical utility. Through a sample size calculation with 90% power, a 2-sided alpha of 0.05, and a standard deviation of 9, we estimated that 70 participants per study group are needed. A loss to follow-up of 10% was estimated. Therefore, the total target sample size is 156 participants $((2 \times 70) / 0.9 = 156)$.

Table 5 Time points and measurements

Enrolment		T0	T1	T2	T3	T4	T5	T6	T7	Registered in/with:
	Eligibility screen	x								
	Informed consent	x								
	Allocation	x								
Interventions		T0	T1	T2	T3	T4	T5	T6	T7	
Intervention group	Download mobile application	x								
	Wear activity tracker			○	○	○	○	○	○	
Control group	Wear activity tracker			○	○	○	○	○	○	
Data measurements		T0	T1	T2	T3	T4	T5	T6	T7	
Baseline characteristics	General characteristics	x								Sex, age, ASA, BMI, smoking, alcohol intake
	Disease related characteristics	x								Disease, operation
	eHealth literacy assessment	x								eHEALS
Protocol compliance (as reported by patients)	1. Cessation of smoking and excessive intake of alcohol	x								Y/N questions in app or with paper form
	2. Preoperative nutritional screening and, as needed, assessment and nutritional support	x								Y/N questions in app or with paper form
	3. Preoperative carbohydrate treatment				x					Y/N questions in app or with paper form
	4. Preoperative prophylaxis against thrombosis				x					Y/N questions in app or with paper form
	5. Early mobilization (day of surgery)					○	○			Y/N questions in app or with paper form
	6. Early intake of oral fluids and solids (offered the day of surgery)					○	○			Y/N questions in app or with paper form
	7. Early removal of urinary catheters and intravenous fluids (morning after surgery)						○			Y/N questions in app or with paper form
	8. Use of laxatives						○			Y/N questions in app or with paper form
	9. Intake of protein and energy-rich nutritional supplements						○			Y/N questions in app or with paper form
	10. Prepare for early discharge						○			Y/N questions in app or with paper form
Postoperative data ≤30 days (retrospective collection)	Length of hospital stay								x	EHR
	Overall morbidity ≤30 days								x	EHR
	Complications								x	Clavien-Dindo minor: I-II major: III-V
	Reoperations								x	EHR
	Readmission ≤30 days								x	EHR
	In-hospital mortality								x	EHR
Gastrointestinal	Tolerance of solid food					○				Days
	Absence of nausea					○				Days
	Passage of first flatus					○				Days
	Passage of first stool					○				Days
	Weight - preoperative				x					Weight at admission, KG
	Weight - at discharge					x				Weight at discharge, KG
Activity	Mean preoperative physical activity (steps/day)		○							Activity tracker, steps per day

Table 5 Time points and measurements (*Continued*)

Enrolment		T0	T1	T2	T3	T4	T5	T6	T7	Registered in/with:
	Postoperative physical activity (steps/day)				O	O	O			Steps per day
Pain	Perceived pain daily postoperative - discharge				O					NRS 1–10*
	Compliance with intake of (pain) medication				O					Y/N questions in app or with paper form
Self-registered questionnaires		T0	T1	T2	T3	T4	T5	T6	T7	
PROMS	General quality of life (WHOQoL)	x				x	x		x	WHOQoL - BREF
	Multidimensional fatigue assessment	x						x	x	Multidimensional fatigue inventory
	Physical Activity (IPAQ)	x				x		x	x	IPAQ-short
	Disability	x							x	WHODAS2
	Patient satisfaction questionnaire								x	Self-developed patient satisfaction questionnaire

T0: Moment of randomization; T1: 1–7 days before stay in hospital; T2 hospital admission; T3: day of surgery; T4: 1–7 days after surgery; T5: 8–14 days after surgery; T6: 15 days – 21 days after surgery; T7: 22–42 days after surgery

x: the event/action is performed or assessed once in the indicated time slot. O: the event/action is performed or assessed continuously in the indicated time slot.

*Numeric rating scale

Data analyses

Statistical analyses of any difference between the two study groups will be performed using SPSS for Windows version 25 or higher (SPSS Inc. Chicago, IL). Data will be analysed according to intention to treat protocol. If applicable, missing data will be imputed. Baseline characteristics will be summarized using descriptive statistics and compared between the intervention and control groups. Continuous data will be reported as mean and standard deviation in case of normal distribution and as median 95% confidence intervals in case of non-normal distribution. Normality of the data distribution will be analysed by visually inspecting the histograms and Kolmogorov-Smirnov test. Comparative analysis will be done using a two-sided t-test in case of normal distribution and by means of the Mann-Whitney U test in case of non-normal distribution. *P*-values of ≤ 0.05 will be considered statistically significant.

Categorical data will be displayed as numbers and percentages and analysed using a Chi-square test.

Investigational site, surgical procedure, age, and score on the eHealth literacy test will be taken into account as covariates in the adjusted analyses. Intended subgroup analyses will be conducted for the surgical procedure.

To estimate the primary outcome, the overall average compliance to the selected active ERAS elements, the elements will be scored as 'completed' or 'not completed' (dichotomous), as described by the ERAS protocol. For example, the urine catheter should be removed on day one after surgery. If this could not take place, the element was scored as 'not completed'. For both the intervention and control groups, the proportion of completion of each individual active element will be calculated. The

overall compliance is an average of the individual completion percentages. The protocol compliance is a continuous variable and will be reported as mean and standard deviation in case of normal distribution and as median and 95% confidence intervals in case of non-normal distribution.

The relation of the use of the application with the secondary outcomes mentioned in Table 5 will be examined with a linear regression.

Prognostic factors

Preoperative baseline characteristics will be collected (sex, age, ASA classification, Body Mass Index (BMI), smoking, alcohol intake, Karnofsky scores, co-morbidity, indication for surgery and eHealth literacy will be assessed standardized).

Potential confounders

Major per- and postoperative events, such as complications during surgery or a prolonged hospital stay due to complications in the postoperative course, readmission, or re-intervention within the 30 days follow up period after surgery, are considered as potential confounders. Direct caregivers, such as the nurse, are instructed to register potential confounders in the EHR. The coordination researcher will screen each participant for the EHR for per- and post-operative complications after the follow up period is completed.

Trial discontinuation and withdrawal

When a trial participant experiences unmanageable negative feelings caused by the use of the APptimize application, such as anxiety or physical discomfort,

discontinuation of participation to the APptimize trial will be recommended. Patients are informed of their right to withdraw from the trial without explanation at any time. Withdrawn participants will be asked if data about their hospital admission can be collected and they will be asked to sign an informed consent if they agree to this data collection. Data collection of withdrawn participants consists of: general patient characteristics, eHealth literacy assessment, disease related characteristics and postoperative data.

Dissemination of trial results

The results of the APptimize trial will be disseminated by publication in peer-reviewed scientific journals and by presentations at scientific conferences. Also, patient organizations with an interest in benign or malignant colorectal disease will be informed about the results of the trial.

Discussion

Nowadays, it is strongly recommended that patients should be enabled to self-manage their health and also be able to participate actively in their care pathway. It is acknowledged that improving the ERAS protocol without actively involving patients into their care pathway is difficult [11]. Although the perioperative care for patients undergoing colorectal surgery improved after implementing the ERAS protocol, patient involvement can still be improved. To engage patients and maximize the potential of the ERAS protocol, innovative eHealth solutions have great potential [19, 20, 28]. To our knowledge, the APptimize trial is the first RCT that combines an activity tracker with an interactive mobile application that truly focuses on patient education, participation and activation in order to enhance postoperative recovery. This is also the first study investigating the effect of an eHealth intervention to improve and assess the ERAS protocol in patients undergoing major abdominal surgery.

Cook et al. conducted the first cohort study using an activity tracker to monitor patients after cardiac surgery [21]. The study showed that the postoperative steps significantly influenced the LOS. In the recently published study of Van der Meij et al., the effect of an online personalized eHealth-care program on return to normal activities after surgery was evaluated [29]. The Patient-Reported Outcomes Measurement Information System Physical Function (PROMIS-PF) item bank was used to assess return to normal activities after surgery. The results showed that the personalized eHealth-care program had a significant effect on time until return to normal activities after surgery - 21 days (IQR 17–25) for participants in the intervention group versus 26 days (20–32) for participants in the control group. In our opinion, the APptimize trial combines the best of the previously-

mentioned studies and adds a tailored approach to the individual care pathway by setting a personalized post-operative daily step goal based on mean preoperative daily step count estimated in the 7 days prior to surgery. We do acknowledge that monitoring daily activity until 21 days after surgery is outside the scope of the ERAS protocol. However, assessing the effects of the use of eHealth mobile on daily activity on longer term is a unique opportunity. By adding 'patient-reported outcome measures' the patient's subjective perception of the effect of the application on the postoperative outcomes is assessed as well.

Potential bias could occur due to the diversity of the study participants regarding to their age, diverse socio-economic status, and different types of colorectal disease. For example, one might suggest that elderly participants could affect study results as some will not be able to work with the application and activity tracker correctly. In our belief, elderly participants should be very capable of using the mobile application and activity tracker. However, to minimize these effects of a selection bias, we chose a randomized study design. Finally, it is reckoned that by distributing activity trackers to patients of the control group and letting them fill out a daily diary, a more active participation to the ERAS care pathway could occur. Subsequently, this will result in a decreased compliance difference between the two study groups. However, if a significant difference of the primary outcome compliance will be found, it even further emphasizes the clinical relevance of a patient-centred mobile application.

Conclusion

We aimed to demonstrate that the proposed APptimize mobile application has the potential to increase involvement of patients into the ERAS care pathway and, therefore, encourages patients to be more in control of their own health. By actively involving patients into the ERAS care pathway, positive effects are expected of the compliance to the active ERAS protocol elements. Through enhancement of the active ERAS elements, postoperative outcomes, such as LOS and complication rates, might benefit as well.

Additional file

Additional file 1: "Functional design of the APptimize application". NB Written permission to publish content relating to the APptimize mobile application was obtained from the designer. (PDF 1491 kb)

Abbreviations

CRF: Case Report Forms; ERAS: Enhanced Recovery After Surgery; EHR: Electronic Health Record; LOS: Length Of Stay in hospital; NRS: Numeric Rating Scale; PROMs: Patient Reported Outcome Measures; RCT: Randomized Controlled Trial; UMC: University Medical Centre

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Authors' contributions

The authors AR, MJ, WAB, FD, MPS and CJB conceived and designed the APptimize trial. Author CAJMB contributed to the methodological aspects of the trial design. Authors AR and MJ wrote the manuscript. All authors (AR, MJ, CAJMB, WAB, FD, MPS and CJB) have critically read, revised, and approved the final manuscript.

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Availability of data and materials

Data sharing is not applicable to this article as no datasets were generated or analysed during the current study. The future APptimize trial data will be available from the corresponding author on reasonable request.

Ethics approval and consent to participate

This protocol has been accepted by the by the Medical Ethics Committee AMC, affiliated to the Amsterdam UMC, location AMC. The trial is known under project number 2018_190 and is also registered at "Toetsingonline" (Registration number NL63874.018.17). The trial will be conducted in compliance with the Declaration of Helsinki. Written informed consent will be obtained from all participating patients by the coordinating researcher.

Consent for publication

Written permission to publish content relating to the APptimize mobile application was provided by the designer / developer everywhereIM. The written permission is available for review by the editor of the journal.

Competing interests

Co-author MJ works for the company chosen to develop the APptimize application in addition to her work as PhD-candidate within the Amsterdam UMC, University of Amsterdam.

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Memorandum of Understanding (“MOU”)

Rocky Mountain Health Maintenance Organization, Inc. dba Rocky Mountain Health Plans (“RMHP),
[Tri-County Health Network _____ Community Lead Organization] and

Delta County Memorial Hospital and Clinics (Clinical Site)

Accountable Health Communities Model Program

Accountable Health Communities Model and Vision

Western Colorado has a history of successful community collaboration to promote health. Currently, several local partners are engaged in efforts to develop a strong network that will provide more effective, whole-person support to individuals with multiple health, behavioral and social needs. These programs include an array of federally-funded initiatives that are focused upon prevention and integrated behavioral health, such as the Comprehensive Primary Care (CPC) initiative and the State Innovation Models (SIM) Cooperative Agreement. Western Colorado stakeholders are also engaged in the Colorado Opportunity Project, an effort to improve the social and economic prospects of Coloradans.

Creating healthy and equitable communities in Western Colorado will require a multipronged effort to address all of the factors that influence health outcomes – health care, behavioral, environmental, social and economic factors. Work must be done at the local level, as well at the state and national level, to speak with one voice regarding the industry, public programs and policies that impact the health of the people we serve and our entire community.

The Accountable Health Communities Model (AHCM) is a cooperative agreement between the Center for Medicare and Medicaid Innovation and RMHP. RMHP is acting as the Bridge organization, providing administrative support and other backbone functions. AHCM relies on the leadership and commitment of all of the organizations who submitted MOUs in the spring of 2016. AHCM presents a groundbreaking opportunity to improve coordination among clinical, behavioral and community service providers. Leaders in several domains – from public health and human services to hospitals and health care professionals – share a common vision for Western Colorado. Participation by providers in this effort will ensure that the needs of rural and frontier areas are better incorporated in public policy and financing arrangements. This Cooperative Agreement is in effect from May 1, 2017 through April 30, 2022.

Accountable Health Communities Model Clinical Site Activities

Under the AHCM Program, the Clinical Site will work collaboratively with RMHP to create, build on or enhance systems to connect members receiving services from Clinical Site (herein, referred to as “Clients”) to the necessary social supports related to housing assistance, food, transportation, utility support, , interpersonal violence, and social isolation.

In addition to committing to the vision of the AHCM, Clinical Site will complete the following activities for all Eligible Clients. Eligible Clients are Medicare and Medicaid enrollees (including clients who receive both

Medicaid and Medicare) receiving services from providers at Clinical Site. Clinical sites may choose to screen all individuals.

1. Clinical Site will screen Eligible Clients for social needs using the process described in the attached worksheet and in a way that is compliant with AHCM Standard Operating Procedures for Screening and Referral.
2. Clinical Site Staff will participate in any required privacy trainings related to the use of the AHCM screener within in the Community Resource Network (CRN). These trainings may include information on interpersonal violence data and interventions.
3. Clinical Site will give notice to every Client prior to using the AHCM screener that they are participating in the Community Resource Network. This notice shall include or be attached to a Notice of Privacy Practices that complies with the Health Insurance Portability and Accountability Act (HIPAA) (45 C.F.R. Parts 160-164).
4. Clinical Site will screen in a manner that results in the data being housed in the Community Resource Network.
5. Clinical Site will provide Eligible Clients with a printed, tailored referral summary prior to leaving the Clinical Site. RMHP will support the automation and integration of this referral summary.
6. For all Clients who receive social needs screening, have one positive screen and have two or more ER visits, the Clinical Site will:
 - Refer the Client to a community navigator in the RMHP care coordination network including internal RMHP staff, local integrated community care teams and Whole Health. This referral will occur automatically/electronically.
 - Document community navigation in Essette

RMHP Activities

RMHP as the AHCM Bridge Organization, in its role of ensuring appropriate community navigation occurs after Client screening is completed, is engaged by Clinical Site to assist with, facilitate, and in some cases to perform care coordination. In this role, RMHP will have access to limited Protected Health Information for care coordination purposes and to complete required reporting under the AHCM program on behalf of Clinical Site.

Provider Information

Organization Name	Delta County Memorial Hospital and Clinics
NPI	1417935446
TIN	84-0428757

Opting Out/Termination of the MOU

Clinical Site may elect to terminate this MOU at any time. If Clinical Site decides to terminate this MOU, Clinical Site will:

1. Notify the RMHP AHCM Director in writing of a desire to withdraw from the MOU. This notification must include the reasons why Clinical Site seeks to withdraw.
2. Participate in meetings and discussions with RMHP representatives and, as appropriate or relevant, community representatives to see if any solutions to challenges can be identified.

- If all of the above steps are met and no satisfactory solution can be identified, then Clinical Site may provide final written notice that in 30 days, Clinical Site will terminate the MOU and cease participation in the program described in the MOU.

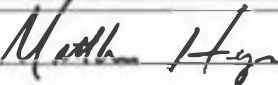


Business Associate Agreement

RMHP and Clinical Site agree to the terms of the attached Business Associate Agreement, and agree that such Business Associate Agreement will be executed and effective as of the effective date of this MOU, and will remain in effect during the entire term of this MOU.

Signature

If Clinical Site agrees to participate in this initiative, please sign and date below to indicate agreement on behalf of Clinical Site. Keep one copy and return one copy to Rocky Mountain Health Plans, attention: Kathryn Jantz, kathryn.jantz@rmhp.org.

This MOU shall be effective upon the date signed by Clinical Site.

Clinical Site Name:	Delta County Memorial Hospital
Representative Name:	Matthew M. Heyn (CEO)
Phone Number:	874-2285
Email:	mheynd@deltahospital.org
Signature:	
Date:	1/18/21
Clinical Site Name:	Delta Family Medicine
Representative Name:	Jessie Zlomke
Phone Number:	970.874.5777
Email:	jzломke@deltahospital.org
Signature:	
Date:	1/18/21
Clinical Site Name:	Delta-Montrose Home Health:
Representative Name:	
Phone Number:	970.874.2463
Email:	
Signature:	
Date:	1/18/21

Clinical Site Name:	DCMH Pulmonary Clinic:
Representative Name:	Carol Abeyta
Phone Number:	970.399.2635
Email:	cabeyta@deltahospital.org
Signature:	<i>Rchausti</i>
Date:	1/18/21
Clinical Site Name:	Grand Mesa Urology:
Representative Name:	Heather Cannell
Phone Number:	970.399.2890
Email:	hcannell@deltahospital.org
Signature:	<i>Rchausti</i>
Date:	1/18/21
Clinical Site Name:	West Elk Hotchkiss:
Representative Name:	Diane Dockter
Phone Number:	970.872.1400
Email:	ddockter@deltahospital.org
Signature:	<i>Rchausti</i>
Date:	
Clinical Site Name:	West Elk Clinic of Paonia Walk-In:
Representative Name:	DD Diane Dockter
Phone Number:	970.527.2100
Email:	ddockter@deltahospital.org
Signature:	<i>Rchausti</i>
Date:	1-18-21

Clinical Site Name:	Delta Health Orthopedics
Representative Name:	Jennifer Hockenberry
Phone Number:	970.874.4399
Email:	jhockenberry@deltahospital.org
Signature:	<i>Rchausti</i>
Date:	1/18/21


Clinical Site Name:	Premier Women's Healthcare of Delta:
Representative Name:	Heather Cannell
Phone Number:	970.874.7930
Email:	hcannell@deltahospital.org
Signature:	Bchausti
Date:	1-18-21

Clinical Site Name:	Grand Mesa Oncology and Infusion Center:
Representative Name:	Nysha Wilson
Phone Number:	970.527.2100
Email:	nwilson@deltahospital.org
Signature:	Bchausti
Date:	1-18-21

Clinical Site Name:	Storks Landing
Representative Name:	Carol Swingle
Phone Number:	970-874-6424
Email:	cswingle@deltahospital.org
Signature:	Bchausti
Date:	1-18-21

Clinical Site Name:	DCMH Urgent Care
Representative Name:	Carol Abeyta
Phone Number:	970.874.7696
Email:	Cabeyta@deltahospital.org
Signature:	Bchausti
Date:	1-18-21

Clinical Site Name:	Internal Medicine
Representative Name:	Melinda Denison
Phone Number:	970.874.7668
Email:	mdenison@deltahospital.org
Signature:	Bchausti
Date:	1-18-21

Community Lead Name:	Tri-County Health Network
Representative Name:	Lynn Borup
Phone Number:	970-708-7096
Email:	lynn@telluridefoundation.org
Signature:	
Date:	1.20.21

RMHP Representative:	Patrick Gordon, CEO Rocky Mtn. Health Plans
Signature:	

SCREENING & REFERRAL WORKFLOW WORKSHEETS FOR PRACTICES

SCREENING WORKFLOW WORKSHEET

I – BASIC INFORMATION

Clinical Site Name: Hospital and all Clinics

Clinical Site POC: Vickie Schauster, M.Ed Executive Director, Clinic Operations

(name)

(phone) 970-399-2690

(e-mail) vschauster@deltahospital.org

Specific Location (if different): _____

(name)

(county)

(address)

Location POC: _____

(name)

(phone)

(e-mail)

Clinical setting: Primary Care Behavioral Health Hospital ER Hospital Psychiatric Facility
 Hospital Labor and Delivery

II – SCREENING WORKFLOW QUESTIONS (Select all that apply)

1. Who will be screened? All clients Medicaid/Medicare enrolled clients Other
2. Where will screening occur? Admissions/in lobby As part of rooming process
3. Who will administer the screening? Patients Administrative staff Medical Assistant
 Community Health Worker Nurse Medical provider Behavioral health provider
 Care manager/ coordinator Other (explain)
4. Via what medium? Online Kiosk Tablet Paper Verbally
5. By what data system will screening data be captured? Community Resource Network
Patient Tools Other
6. Do you have a system for continually improving this workflow? Yes No

III – NARRATIVE EXPLANATION

On a separate sheet of paper, provide a narrative explanation of the workflow the clinical site intends to use for screening. At a minimum, the narrative should address each of the following:

- o How the screening tool will be administered
- o How the tool will be incorporated into clinical workflows at the clinical delivery sites to ensure that screening is for all Medicare and Medicaid Enrollees, not targeted based on apparent status or other factors
- o How the screening practices of the clinical site will be monitored
- o The quality improvement process the clinical site intends to use



BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT (“Agreement”) is made this ____ day of January, 2021 (the “Effective Date”), by and between Rocky Mountain Health Plans, Tri-County Health Network (“RMHP”) (“Business Associate”) and Delta County Memorial Hospital (“Covered Entity”).

WITNESSETH:

WHEREAS, Business Associate and Covered Entity are parties to an agreement under which Business Associate may be asked to perform services for Covered Entity that require Business Associate to create, receive, maintain, or transmit Protected Health Information as defined herein (the “Service Agreement”);

WHEREAS, Covered Entity and Business Associate are committed to complying with HIPAA Standards (as defined below) and desire to set forth their respective rights and responsibilities with respect to Protected Health Information;

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein, the sufficiency of which is hereby acknowledged by the parties, the parties agree as follows:

1. DEFINITIONS

1.1 Catch-all Definition. The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Standards: Breach, Unsecured PHI, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Minimum Necessary, Notice of Privacy Practices, Required By Law, Secretary, Security Incident, Subcontractor, and Use. Terms used in this Agreement and not otherwise defined herein shall have the same meanings set forth in the HIPAA Standards, which definitions are incorporated in this Agreement by this reference.

1.2 Specific Definitions.

1.2.1 “Business Associate” shall generally have the same meaning as the term “business associate” at 45 CFR 160.103, and in reference to the party to this Agreement, shall mean RMHP.

1.2.2 “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 CFR 160.103 and, in reference to the party to this Agreement, shall mean Delta County Memorial Hospital.

1.2.3 “Discovery” as used in Section 2.5 with respect to any Breach or other Unauthorized Use or Disclosure, as defined below, occurs on the first day that the Unauthorized Use or Disclosure is known to Business Associate or any workforce member, employee, director, officer or Subcontractor

agent of Business Associate (determined in accordance with the federal common law of agency) or by exercising reasonable diligence would have been known to Business Associate or any workforce member, employee, director, officer or Subcontractor agent of Business Associate to have occurred. Business Associate shall be deemed to have knowledge of a Breach or other Unauthorized Use or Disclosure if such Breach or Unauthorized Use or Disclosure is known, or by exercising reasonable diligence would have been known, to any person other than the person committing the Breach or Unauthorized Use or Disclosure who is a workforce member, employee, director, officer or Subcontractor agent of Business Associate.

- 1.2.4 “HIPAA Standards” means collectively the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act (Title XIII of the American Recovery and Reinvestment Act of 2009), and any amendments or implementing regulations (“HITECH”), and the privacy, security, notification and enforcement rules found in 45 C.F.R. Parts 160 and 164 and any amendments and additions to such laws and regulations which may be adopted from time to time.
- 1.2.5 “Protected Health Information” or “PHI” shall generally have the same meaning as the term “protected health information” at 45 CFR 160.103 and, with regard to this Agreement, shall mean PHI created, received, maintained, or transmitted by Business Associate on behalf of Covered Entity pursuant to the Service Agreement.
- 1.2.6 “Service Provider” shall mean a person or entity that provides a service directly to Covered Entity in connection with one or more “Covered Accounts” as such accounts are defined in 16 C.F.R. Part 681 (the “Red Flag Rules”).

2. OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE

2.1 Compliance with HIPAA Standards. Business Associate shall comply with all applicable provisions of the HIPAA Standards as required by 45 C.F.R. §§ 164.106, 164.302, and/or 164.500, this Agreement, or other federal and state law applicable to Business Associate. Additionally, to the extent that Business Associate is required to carry out any of Covered Entity’s obligations under the HIPAA Standards, Business Associate shall comply with the requirements of the HIPAA Standards that would apply to Covered Entity in the performance of such obligations.

2.2 Non-disclosure. Business Associate agrees not to Use or Disclose PHI other than as permitted or required by this Agreement or as Required by Law (collectively the “Permitted Disclosures”). All Permitted Disclosures shall be made in strict compliance with the HIPAA Standards. Any Use or Disclosure of PHI that is not a Permitted Disclosure, including but not

limited to any Breach of Unsecured PHI, shall be considered an Unauthorized Use or Disclosure for purposes of this Agreement.

2.3 Safeguards. Business Associate agrees to use appropriate safeguards to prevent the Use or Disclosure of PHI other than as permitted by this Agreement. In addition, Business Associate agrees that to the extent Business Associate accesses, creates, receives, maintains or transmits Electronic PHI ("ePHI") in performance of its duties on behalf of Covered Entity, Business Associate shall comply with the requirements of 45 C.F.R. Part 164, subpart C (the "Security Rule"), and accordingly shall implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the ePHI. Business Associate will document and keep all such safeguards current.

2.4 Mitigation. Business Associate agrees to mitigate, to the extent practicable, any harmful effect, known to Business Associate, of any Unauthorized Use or Disclosure.

2.5 Reporting. Business Associate shall establish reasonable procedures to detect unauthorized Uses or Disclosures of PHI (including but not limited to any Breach) and to report any such unauthorized Uses or Disclosures (including but not limited to Breaches of Unsecured PHI), as required by this Section 2.5. Business Associate agrees to report to the Privacy Officer of Covered Entity any Use or Disclosure of PHI not provided for by the Services Agreement or this Agreement of which Business Associate becomes aware and any Security Incident of which it becomes aware. The initial report shall be made by telephone call to the Privacy Officer of Covered Entity within five (5) business days after Discovery of such unauthorized Use or Disclosure or Security. The telephone report shall be followed by a written report to the Privacy Officer which shall be made as soon as reasonably possible but in no event more than five (5) business days after Discovery of such unauthorized Use or Disclosure or Security Incident. This reporting obligation shall include unauthorized Uses or Disclosures by Business Associate, its employees, Subcontractors and/or agents and shall satisfy any reporting necessary by Business Associate to Covered Entity. No report to Covered Entity shall be required in cases of attempted but Unsuccessful Security Incidents (as defined below). For purposes of this Agreement, "Unsuccessful Security Incidents" include activity such as pings and other broadcast attacks on Business Associate's firewall, port scans, unsuccessful log-on attempts, denials of service and any combination of the above, so long as no such incident results in unauthorized access, Use or Disclosure of electronic PHI.

2.5.1 Each such report of an unauthorized Use or Disclosure will: (i) identify each individual whose PHI has been or is reasonably believed to have been Used, accessed, acquired, or Disclosed as a result of such unauthorized Use or Disclosure; (ii) identify the nature of the unauthorized Use or Disclosure, including the date of Discovery and date of the unauthorized Use or Disclosure; (iii) identify the types of PHI Used or Disclosed (e.g., whether an individual's full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved); (iv) identify who made the unauthorized Use or Disclosure; (v) identify who received the unauthorized PHI; (vi) identify what corrective action Business Associate took or will take to prevent further unauthorized Use or Disclosures and any other steps individuals should take to protect themselves from potential harm resulting from the unauthorized Use or Disclosure; (vii) describe what Business Associate is doing to investigate the unauthorized

Use or Disclosure and identify what Business Associate did or will do to mitigate any deleterious effect of the unauthorized Use or Disclosure; (viii) provide contact for a representative of Business Associate who can provide information so that the Covered Entity can ask questions or learn additional information; and (ix) provide such other information as Covered Entity may reasonably request.

2.5.2 Business Associate shall cooperate with Covered Entity as requested to mitigate potential harm to an individual resulting from an unauthorized Use or Disclosure by Business Associate, its agents, or Subcontractors and to implement any notification procedures required by the HIPAA Standards as a result of such unauthorized Use or Disclosure.

2.5.3 Business Associate shall pay costs and expenses actually incurred and directly associated with Covered Entity's (1) legal obligation of notifying (as applicable) patients, the government, and the media as a result of Breach of PHI, (2) provision of credit monitoring and call center services to affected individuals for a period not to exceed one year, (3) costs incurred in investigating a Breach of PHI, and (4) any fines imposed on Covered Entity by a government agency solely as a penalty for Business Associate's acts or omissions, which are attributable to an unauthorized Use or Disclosure by Business Associate, its agents or subcontractors.

2.6 Agents and Subcontractors. Business Associate agrees to ensure that any agent or subcontractor of Business Associate who creates, receives, maintains, transmits, or has access to PHI received from Covered Entity, or created by Business Associate on behalf of Covered Entity (each a "Subcontractor"), agrees in writing to the same restrictions and conditions that apply to Business Associate through this Agreement with respect to such information (a "Subcontractor Agreement"). In turn, Subcontractors shall be required to enter into business associate agreements (the "Downstream Agreements") with their own subcontractors who create, receive, maintain, or transmit Protected Health Information to fulfill Business Associate's obligations under the Service Agreement ("Downstream Subcontractors"). All Subcontractors (and Downstream Subcontractors, if applicable) must enter into a Subcontractor Agreement (or Downstream Agreement) before the Subcontractor (or Downstream Subcontractor) creates, receives, maintains, or transmits any Protected Health Information pursuant to its arrangements with Business Associate (or a Subcontractor).

2.7 Access. Business Associate agrees to provide access to PHI in a Designated Record Set to Covered Entity or, as directed by Covered Entity, to an individual within five (5) business days of receiving a written request from Covered Entity in order to meet the requirements of 45 C.F.R. § 164.524. This provision does not apply if Business Associate and its employees, Subcontractors or agents have no PHI from a Designated Record Set of Covered Entity or do not maintain PHI in a Designated Record Set on behalf of Covered Entity. If Business Associate receives a request for access to PHI directly from an individual, Business Associate shall notify Covered Entity of the request within five (5) business days.

2.8 Amendments. Business Associate agrees to make any amendment(s) to PHI in a Designated Record Set that Covered Entity directs or agrees to pursuant to 45 C.F.R. § 164.526 within five (5) business days of receiving a written request from Covered Entity. Such

amendment shall be made by addition to the PHI record, and under no circumstances shall PHI be deleted as part of the amendment process. If Business Associate receives a request for an amendment to a Designated Record Set directly from an individual, Business Associate shall notify Covered Entity of the request within one (1) business day. This provision does not apply if Business Associate and its employees, Subcontractors or agents have no PHI from a Designated Record Set of Covered Entity or do not maintain PHI in a Designated Record Set on behalf of Covered Entity.

2.9 Records. Business Associate agrees to make internal practices, books, and records relating to the Use and Disclosure of PHI received from, or created or received by Business Associate, on behalf of Covered Entity, available to the Secretary for the purposes of the Secretary in determining Covered Entity's or Business Associate's compliance with the HIPAA Standards. Additionally, Business Associate shall provide reasonable access to and/or permit inspection of its procedures and systems to allow the Secretary to determine Business Associate's compliance with this Agreement.

2.10 Accounting of Disclosures. Business Associate agrees to document all Disclosures of PHI by Business Associate, its employees, Subcontractors or agents in a record maintenance form which shall include: (a) the date of the Disclosure; (b) the name and address (if known) of the person or entity who received the Disclosure; (c) a brief description of the PHI Disclosed; and (d) a brief statement of the purpose of the Disclosure or a copy of the written request for the Disclosure. This documentation shall not be required for Disclosures of PHI which are expressly exempt from the accounting requirements of the HIPAA Standards as set forth in 45 C.F.R. § 164.528(a)(1). Business Associate agrees to provide Covered Entity or, at Covered Entity's request, an individual within five (5) business days of receiving a written request from Covered Entity, information collected in accordance with this Section to permit Covered Entity to respond to a request by an individual for such an accounting of Disclosures. If Business Associate receives a request for an accounting of Disclosures of PHI directly from an individual, Business Associate shall notify Covered Entity of the request within one (1) business day. Additionally, if Covered Entity uses or maintains electronic health records for PHI, Business Associate will comply with any additional accounting requirements applicable under § 13405(c) of the HITECH Act, including any statutory or regulatory amendments and additions thereto as may be enacted from time to time.

2.11 "Trading Partner" Provisions: Use and Disclosure in Connection with Standard Transactions. If Business Associate conducts Standard Transactions (as defined in 45 C.F.R. Part 162) for or on behalf of Covered Entity, Business Associate will comply, and will require each Subcontractor or agent involved with the conduct of such Standard Transactions to comply, with each applicable requirement of 45 C.F.R. Part 162. Business Associate will not enter into, or permit its Subcontractors or agents to enter into, any trading partner agreement in connection with the conduct of Standard Transactions for or on behalf of Covered Entity that: (i) changes the definition, data condition, or use of a data element or segment in a Standard Transaction; (ii) adds any data elements or segments to the maximum defined data set; (iii) uses any code or data element that is marked "not used" in the Standard Transaction's implementation specification or is not in the Standard Transaction's implementation specification; or (iv) changes the meaning or intent of the Standard Transaction's implementation specification.

2.12 Minimum Necessary. When using or disclosing Protected Health Information or when requesting Protected Health Information, Business Associate must make reasonable efforts to limit Protected Health Information to the Minimum Necessary to accomplish the intended purpose of the Use, Disclosure, or request as required by 45 C.F.R. §164.502(b).

2.13 Prevention of Identity Theft. If Business Associate is a Service Provider as defined above, Business Associate shall perform all services and conduct all activities under the Service Agreement and this Agreement in accordance with reasonable policies and procedures which are designed to identify, prevent, and mitigate identity theft in accordance with the standards established by 16 C.F.R. Part 681, and other federal and state law applicable to Business Associate.

2.14 Use of PHI. Business Associate shall not share, use, disclose, or make available any of Covered Entity's PHI in any form via any medium with any person or organization beyond the boundaries and jurisdiction of the United States without express written authorization from Covered Entity.

2.15 Required Notification. In the event Business Associate receives a subpoena, court or administrative order or other discovery request or official mandate for release of PHI, notify Covered Entity in writing prior to responding to such request to enable Covered Entity to object. Business Associate shall notify Covered Entity of the request as soon as reasonably practicable, but in any event, within five (5) business days of receipt of such request.

3. PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

3.1 Permitted Uses and Disclosures.

- (a) Business Associate may only Use or Disclose PHI to perform functions, activities, or services for, or on behalf of Covered Entity, as specified in the Agreement(s).
- (b) Business Associate may Use or Disclose PHI as Required By Law.
- (c) Business Associate agrees to make Uses and Disclosures and requests for PHI consistent with the requirements of 45 C.F.R. §164.502(b).
- (d) Business Associate may not Use or Disclose PHI in a manner that would violate Subpart E of 45 CFR Part 164 if done by Covered Entity, except for the specific Uses and Disclosures set forth below:
 - i. Except as otherwise limited in this Agreement or the Services Agreement, Business Associate may Use or Disclose PHI received from or created on behalf of Covered Entity to carry out the responsibilities imposed upon Business Associate under the Service Agreement or as required by this Agreement provided that

such Use or Disclosure would not violate the HIPAA Standards, the Services Agreement or the policies and procedures of Covered Entity.

- ii. Business Associate may Use PHI if necessary for the proper management and administration of Business Associate or to carry out legal responsibilities of Business Associate. Business Associate may Disclose PHI if necessary for the proper management and administration of Business Associate or to carry out legal responsibilities of Business Associate if (i) Required By Law or (ii) Business Associate obtains reasonable assurances from the person or entity to whom the PHI is Disclosed (the “Recipient”) that the information will be held confidentially and will be Used or further Disclosed only as Required By Law or for the purpose for which it was Disclosed to the Recipient and the Recipient further agrees to notify Business Associate immediately if the Recipient becomes aware of any unauthorized Use or Disclosure of the PHI including any instances of a Breach as defined above.
- iii. Business Associate may, upon written request of Covered Entity, provide Data Aggregation services relating to the Health Care Operations of Covered Entity.
- iv. Business Associate may create, Use, and Disclose de-identified information if required for purposes of providing services under the Agreement. Business Associate shall not use Covered Entity’s de-identified information for its own purposes, except with Covered Entity’s prior written agreement for a specified proposed Use. In such event, de-identification must comply with 45 CFR 164.502(d) and any such de-identified information must meet the standard and specifications for de-identification under 45 CFR 164.514(a) and (b), or as they may be amended from time to time.

3.2 Unauthorized Uses and Disclosures. Any use or disclosure of PHI which is not specifically permitted in this Agreement is prohibited.

3.3 Violations of Law. Business Associate may Use PHI to report violations of law to appropriate authorities consistent with 45 C.F.R. § 164.502(j)(1).

4. INSURANCE AND INDEMNIFICATION

- (a) Insurance. Business Associate represents and warrants that during the term of the Agreement, it shall maintain commercially reasonable and sufficient insurance to adequately underwrite the potential risks associated with performing services under the Agreement, including but not limited to regulatory or administrative investigations, fines or penalties and appropriate network Security, Data Breach Protection or similar

Information Security and Privacy Liability coverage for privacy and security risks. By requiring such minimum insurance, Covered Entity shall not be deemed or construed to have assessed the risk that may be applicable to Business Associate under this Agreement. Business Associate shall assess its own risks and if it deems appropriate and/or prudent, maintain higher limits and/or broader coverages. Notwithstanding any provision to the contrary contained herein, Business Associate is not relieved of any liability or other obligations assumed or pursuant to this Agreement by reason of its failure to obtain or maintain insurance in sufficient amounts, duration, or types. Upon request, Business Associate shall provide evidence of continuous coverage to Covered Entity.

- (b) Indemnification. Business Associate agrees to indemnify, defend and hold harmless Covered Entity and its respective employees, directors, officers, subcontractors, agents or other members of its workforce, each of the foregoing hereinafter in this Section referred to as “indemnified party,” against all actual and direct losses suffered by the indemnified party to the extent arising from or in connection with any breach by Business Associate or its employees, directors, officers, Subcontractors, agents or other members of its workforce of this Agreement or of any warranty hereunder or from any negligence or wrongful acts or omissions, including failure to perform its obligations under the Privacy and Security Rules. Accordingly, on demand, Business Associate shall reimburse the indemnified party for any and all actual and direct losses, liabilities, lost profits, fines, penalties, costs or expenses (including reasonable attorneys’ fees) which may for any reason be imposed upon any indemnified party by reason of a suit, claim, action, proceeding, regulatory or administrative investigations or fines, or demand by any third party to the extent resulting from Business Associate's breach hereunder, , provided that, in the case of third party claims, Covered Entity (a) promptly gives written notice of the claim to Business Associate; (b) gives Business Associate sole control of the defense and settlement of the claim (provided that Business Associate may not settle or defend any claim unless it unconditionally releases Covered Entity of all liability); and (c) provides to Business Associate, at Business Associate’s cost, all reasonable assistance.
- (c) Exclusion from Limitation of Liability. To the extent that Business Associate has limited its liability under the terms of the Service Agreement or some other document (e.g., a maximum recovery for direct damages or a disclaimer against any consequential, indirect or punitive damages or other limitations), all such limitations shall exclude any damages, fees, costs or other financial amounts arising out of or incurred in connection with the Use or Disclosure of PHI, including, without limitation, obligations resulting from a Breach of Unsecured PHI.

5. TERM AND TERMINATION

5.1 Term. The term of this Agreement shall be conterminous with that of the Agreement and shall terminate at the expiration or termination of the Agreement or when all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered.

5.2 Termination for Cause. Covered Entity may terminate this Agreement and the related Services Agreement upon Covered Entity's reasonable determination that Business Associate has breached a material term of this Agreement, provided that Covered Entity shall first give Business Associate written notice of the existence of such breach and give Business Associate an opportunity to cure within thirty (30) days upon mutually agreeable terms. If Business Associate does not cure the breach or end the violation within thirty (30) days of receiving such written notice, or if Covered Entity and Business Associate are unable to agree upon such terms, Covered Entity may immediately terminate this Agreement and related Services Agreement.

5.3 Effect of Termination.

- (a) Upon termination of this Agreement for any reason, Business Associate shall return to Covered Entity, or destroy, all PHI created, received, maintained, or transmitted in any form by Business Associate on behalf of Covered Entity. Business Associate shall retain no copies of such information, and shall provide to Covered Entity a certificate as to the return or destruction of such PHI. This Section 5.3 shall also apply to PHI that is in possession of Subcontractors or agents of Business Associate.
- (b) In the event that Business Associate determines that return or destruction of PHI is not feasible, Business Associate shall provide to Covered Entity written notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of PHI is not feasible; Business Associate shall extend the protections of this Agreement to such PHI and limit further Uses and Disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.
- (c) Business Associate's obligations to protect the privacy and security of PHI as provided in this Agreement are continuous and shall survive any termination, cancellation, expiration, or other conclusion of this Agreement or any other agreement between Business Associate and Covered Entity for so long as Business Associate maintains such PHI.
- (d) The respective rights and obligations of Business Associate under this Article 6 regarding the return, destruction or protection of PHI after termination shall survive the termination of this Agreement.

6. MISCELLANEOUS

6.1 Scope of Agreement. This Agreement relates only to the Use, Disclosure and protection of PHI, if it is Disclosed to, created or received by Business Associate in connection with any relationship between Business Associate and Covered Entity. This Agreement is the sole understanding between the parties relating to such matters, and supersedes all prior agreements and understandings, whether oral or written. Nothing herein shall require Covered Entity to Disclose any PHI to Business Associate or to utilize any service of Business Associate. Nothing herein requires Business Associate to accept any PHI or to provide any particular services.

6.2 Assignment. No assignment of this Agreement or of the rights and obligations hereunder by any party shall be valid without the prior written consent of the other party. The provisions of this Agreement shall be binding upon and shall inure to the benefit of the parties hereto and each of their respective successors, heirs and permitted assigns, if any.

6.3 Severability. In the event that any one or more of the provisions of this Agreement shall for any reason be held to be invalid, illegal or unenforceable, the remaining provisions of this Agreement shall not be affected thereby.

6.4 Waiver and Breach. The waiver by either party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provisions hereof.

6.5 Notice. Any notice required or permitted to be given under this Agreement shall be in writing and may be either personally delivered, sent by registered or certified mail in the U.S. Postal Service, return receipt requested, postage prepaid, or reputable overnight courier, delivery prepaid and signature required, addressed to each party at the addresses set forth at the end of this Agreement. Any such notice shall be deemed to have been given, if mailed as provided herein, as of 48 hours after mailing.

6.6 Amendments. Except as provided herein, this Agreement may only be amended or modified by written agreement executed by the parties.

6.7 Governing Law/Construction. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity and Business Associate to comply with the HIPAA Standards and with any Colorado laws relating to the confidentiality of individual health information that are not preempted by the HIPAA Standards. In the event that the HIPAA Standards impose any additional or more rigorous limitations on Disclosures and Uses of PHI by Business Associate, then this Agreement shall be read to comply with those higher standards.

6.8 No Third Party Beneficiaries. Business Associate and Covered Entity agree that individuals who are the subject of PHI are not third party beneficiaries of this Agreement.

6.9 Further Acts. The parties agree that the intent of this Agreement is to comply with the HIPAA Standards. Each of the parties shall execute and deliver all documents, papers and instruments reasonably necessary or convenient to carry out the terms of this Agreement. The parties shall, upon request at any time after the date of this Agreement, execute, deliver and/or

furnish all such documents and instruments, and do or cause to be done all such acts and things as may be reasonable to effectuate the purpose and intent of this Agreement as set forth herein.


6.10 Relationship to Service Agreement. In the event that a provision of this Agreement is contrary to any provision of the Service Agreement (including but not limited to any provisions of the Service Agreement regarding allocation or limitation of liabilities), the provision of this Agreement shall prevail.

[Remainder of Page Intentionally Left Blank]

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date.

COVERED ENTITY:

Delta County Memorial Hospital

By: 

Printed Name: Matthew M. Heyn

Title: CEO

Address: 1501 E 3rd St
Delta CO 81416

BUSINESS ASSOCIATE:

RMHP

By: _____

Printed Name: Patrick Gordon

Title: CEO

Address: 2770 Crossroads Blvd.
Grand Jct., CO 81506

April 27, 2021

Kevin Fischer
Hospital Transformation Project Coordinator
Delta Health
1501 East 3rd St.
Delta CO 81416

RE: Letter of Partnership

To Whom It May Concern,

Please accept this letter as notification that Rocky Mountain Health Plans (RMHP) intends to partner with Delta Health in our joint effort to address the measures RAH1, SW-CP1, CP6, and SW-BH1 of Intervention(s) for follow up appointment with PCP prior to discharge and RAE notification, implementation of standardized assessment and referral for social needs and RAE notification, behavioral health coordination, and screening and referral for perinatal and post-partum depression and anxiety and notification of positive screens to the RAE.

RMHP serves as the Regional Accountable Entity for the western slope. The RAE is a major stakeholder in the provision of services for the Medicaid population and will collaborate with Delta Health to help them meet the above performance measures. We value the vital role hospitals (especially rural and frontier) play in improving the health of the community.

I am pleased to confirm that Rocky Mountain Health Plans RMHP has reviewed the Hospital Application and Interventions provided by Delta Health and is in agreement with the process as outlined below:

RMHP will receive notification on documented follow up appointments with clinicians for those Medicaid patients who have been inpatient, will receive notification of Medicaid patients who have screened positive for a Social Determinant of Health (SDOH) and for those patients who have screened positive for postpartum depression. In the event the hospital is able to create an electronic notification through QHN or CORHIO, RMHP will import the referral information into its care coordination system and have its care coordinators reach out to these patients for follow up. If an electronic solution is not possible RMHP has provided the hospital with a One Call number for referrals.

RMHP will work with the hospital to collaboratively develop and implement a mutually agreed upon discharge planning and notification process (in the event one does not already exist) for eligible patients with a diagnosis of mental illness or substance use disorder (SUD) discharged from the hospital or Emergency Department.

Any questions should be directed to Louisa Wren at louisa.wren@rmhp.org.

Sincerely,



Meg Taylor
Vice President of Community Integration
Rocky Mountain Health Plans

Hello Kevin,

Delta County Health Department is happy to support the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) program efforts.

Delta County Health Department has reviewed the Community Health Neighborhood Engagement action plan provided by Delta County Memorial Hospital and intends to participate in the Community Health Neighborhood Engagement Process. The Delta County Health Department will provide education and support to Delta County Memorial Hospital for meeting the needs of vulnerable populations and collaborate in policy making decisions that address the social determinants of health to ultimately improve individual and community health. Delta County Health Department will continue to assist with the integration of physical and mental health and actively participate in the opioid task force to help reduce overdose deaths.

Any questions should be directed to Karen O'Brien, contact information below.

Best of Health,
Karen

Karen O'Brien
Public Health Director
Delta County Health Department
255 West 6th Street, Delta, CO 81416
970-874-2517

kobrien@deltacounty.com

www.deltacounty.com

March 26, 2021

TRI-COUNTY HEALTH NETWORK

PO BOX 4178
TELLURIDE, CO 81435

April 7, 2021

To Whom It May Concern,

I am pleased to confirm that Tri-County Health Network (TCHNetwork) intends to participate in the Community Health Neighborhood Engagement (CHNE) Process being undertaken by Delta Health as it plans for its participation in the Hospital Transformation Program (HTP).

TCHNetwork is a nonprofit organization committed to collaborating with our communities to improve health for everyone. To achieve our mission, TCHNetwork offers 25 Community Outreach Programs and Initiatives that provide services for approximately 10,000 community members each year in the rural region comprised of Delta, Montrose, Ouray, San Miguel, and Gunnison counties. Our team of local community members address client social determinant of health needs by connecting clients with resources and empowering clients to overcome barriers to health and wellbeing. TCHNetwork is also a vertical network representing 9 of the major health-related stakeholders in our region. We collaborate and align our efforts with the initiatives of traditional and non-traditional healthcare providers to improve population health.

To ensure community level engagement with regional hospitals, TCHNetwork is interested in participating in the HTP project. We have reviewed the CHNE action plan provided by Delta Health and intend to support them in their efforts around population health, cost of care, high utilization, social determinants of health and/ or vulnerable populations.

If you have any questions about our support or participation, please contact Amy Rowan, TCHNetwork Care Coordination Manager at, oc-montrose@tchnetwork.org.

Sincerely,



Rasa Kaunelis
Director of Strategic Initiatives