CHASE
Colorado Healthcare Affordability and Sustainability Enterprise

1570 Grant Street
Denver, CO 80203

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: Alternatives to Opioids, Emergency Department

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 ALTOs in the ED

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)

To accomplish measure SW BH3, BCH will continue to shift toward preferential use of alternatives to opioids (ALTOs) in place of prescribing opioids whenever appropriate in the Emergency Department (ED). This concept is not new; since 2017, BCH has built a strong collaborative effort between providers, nursing, pharmacy, clinical informatics following participation in a the 2017

Colorado Hospital Association Opioid Safety Pilot, a study conducted in 10 hospital emergency departments over a six-month span with a goal of reducing the administration of opioids in those EDs by 15 percent. The ten hospitals participating achieved a 36% reduction in the administration of opioids during those six months, as well as a 31% increase in the administration of alternatives to opioids. BCH's outcome was also an impressive 34% reduction in ED opioid prescribing (1).

Success of this intervention is contingent on a number of different factors; namely establishing standardized care pathways for common painful conditions, use of order sets, establishing common goals among all providers, education for healthcare workers and patients, training, measurement and feedback. Reducing opioids is emerging as best practice but does present a unique set of challenges. Many providers have experienced the negative impact of over prescribing in recent decades and resulting substance abuse disorders. A bigger hurdle faced by BCH staff, is public perception that opioids are necessary for all pain, coupled with the wildly unrealistic expectation that pain should never be experienced. As the opioid epidemic continues to be an issue both locally, nationally and globally, reducing use of opioids is the ethical and appropriate thing to do. Additionally, evidence supports an ALTO-first approach, and risks of opioids demonstrably outweigh their benefits for certain conditions, for example, migraine headache, back pain, and musculoskeletal pain. This proposed intervention, to further improve our practice of reducing opioids by using alternatives, will seek to achieve the following measures. The BCH ED will re-evaluate our current treatment pathways for best-practice changes and improvement, alignment with HTP project, as well as to identify new pathways if appropriate. Five ALTO pathways are currently used for renal colic, headache, musculoskeletal pain, chronic abdominal pain, and extremity fracture/dislocation presentations. We will assess current practice and trends among providers and nursing staff. ED administration will work within our current IT framework to redesign the current opioid/ALTO dashboard to align with performance measure of the HTP project as different from CHA pilot. Furthermore, we will explore integrated pathways into provider documents.

4. Please use the space below to describe how the intervention and any selected local quality measures to be addressed by the intervention align with community needs identified throughout the Community and Health Neighborhood Engagement process (including data identified in the hospital's CHNE midpoint and final reports), including but not limited to:
    - How the intervention and any selected local quality measures to be addressed by the intervention were selected based on identified community needs, including how they align with identified significant behavioral and physical health needs and / or service capacity resources and gaps, including related to care transitions and social determinants of health;
    - How the population of focus aligns with identified community needs; and
    - How the proposed intervention will leverage available medical and / or social resources and partners.

Response (Please seek to limit the response to 1,500 words or less)

The CHNE provides BCH better insight into the evolving needs of the community. Given that opioid abuse leads to negative outcomes and that the needs of this population are numerous and complex, we rely on community treatment providers to inform BCH staff about the evolving needs of this population and where gaps exist along the continuum. By creating and fostering strong relationships with substance abuse treatment providers, county police forces, Boulder Shelter for the Homeless and a range of other community partners, we will form a united front to

keep opioids out of circulation and continue to provide alternatives for treatment and wholistic care.

Since BCH has been working toward enhancing our services for ALTOs, not only in the ED but once patients are discharged as well. With programming that connects and educates the community of different healthcare topics, including pain management, mental health and substance abuse, we are well poised to continue this work in the context of the overall HTP framework.

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)

Option 2 - Best practice supported by less than RCT evidence. As discussed previously, opioid use disorder (OUD) remains a colossal public health concern. When patients with chronic pain, who have been treated consistently with narcotics, are seen in the ED, it is estimated that a large number of them have a comorbid OUD as well (5). Despite a shifting stance on long-term opioid use, the U.S. is still seeing a rise in OUD and opioid diversion and many people with OUD face increased risk for opioid-related death (3) As ALTOs for opioids continue to bolster support as emerging best practice, there is pressure on ED staff to continue to use opioids as frontline intervention for commonly seen pain complaints. Dodson et al (2018) found that although opioid prescribing led to longer and more frequent ED visits, a significant number of patients were still receiving opioids treat migraines in an emergency setting (2). Soleimanpour et al (2012) recommend intravenous lidocaine vs. intravenous morphine to treat colic in the ED as they found that patients respond faster to this intervention than the traditional use of opioid treatment (4). As this treatment evolves, BCH will continue to explore opioid alternatives and adhere to best practice.

Citations -

1. Colorado Hospital Association (2017, June). Colorado Opioid Safety Pilot Results Report. https://cha.com/wp-content/uploads/2018/06/CHA-Opioid-Pilot-Results-Report-May-2018.pdf

2. Dodson, H., Bhula, J., Eriksson, S., & Nguyen, K. (2018). Migraine Treatment in the Emergency Department: Alternatives to Opioids and their Effectiveness in Relieving Migraines and Reducing Treatment Times. U.S. National Library of Medicine. 10(4). https://doi.org/10.7759/cureus.2439

3. Orhurhu V, Olusunmade M, Urits I, Viswanath O, Peck J, Orhurhu MS, Adekoya P, Hirji S, Sampson J, Simopoulos T, Jatinder G. (2019) Trends of Opioid Use Disorder Among Hospitalized Patients with Chronic Pain. Pain practice: the official journal of World Institute of Pain, 19(6):656-663. doi: 10.1111/papr.12789. Epub 2019 Jun 17. PMID: 31077526.

4. Soleimanpour, H., Hassanzadeh, K., Vaezi, H., Golzari, S. E., Esfanjani, R. M., & Soleimanpour, M. (2012). Effectiveness of intravenous lidocaine versus intravenous morphine for patients with renal colic in the emergency department. BMC Urology, 12 (13). https://doi.org/10.1186/1471-2490-12-13

5. Speed, T., Parekh, V., Coe, W., Antoine, D. (2018) Comorbid chronic pain and opioid use disorder: literature review and potential treatment innovations. International Review of Psychiatry. 30 (5). 136 – 146 https://doi.org/10.1080/09540261.2018.1514369

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 identity 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)

IT Roadmap - BCH will work within its existing IT framework to redesign opioid dashboards to make information more accessible across the BCH system. By addressing to silos that exist in hospital communication BCH can directly support and advance the Governor's priorities of making critical healthcare information available when clinicians need it most.

Rx Tool - By allowing seamless access to the PDMP, and other tools to manage prescribing and use of opioids, implementing this Rx Tool in the BCH ED will be a supportive device to provide easy access to Prescription Drug Monitoring Program (PDMP) data, identification of risks related to opioid misuse, access to clinical guidelines, tools for overdose prevention and enhance patient education tools and information for setting reasonable pain goals, why a medicine other than an opioid is being prescribed, how it is effective, and how it may be safer than an opioid.

SUD Waiver - BCH acts as an access point for beginning SUD treatment. Through use of the Rx Tool and staff that has been educated on opioid abuse and SUD, our ED can support connection, through hospitalresources and community partners, to different levels of care. This aligns with the statewide SUD Waiver measure by being a highly accessible contact point along the care continuum of SUD treatment.

Healthcare Workforce - The resources to support the education of health care personnel and the adoption of administrative and regulatory policy that allows health care workers to work at the top of their scope of practice, education, training and competency. BCH has made this a priority undertaking to educate staff on the benefits and uses of ALTOs as well the negative potential outcomes from UOD, long-term opioid use and over-prescribing. This extends well beyond the ED to the entire BCH system to create a shared understanding of opioids and their alternatives to create a seamless continuum of care between providers.

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)

BCH has taken a proactive approach to support lower rates opioid prescribing in the ED and incorporate the practice of using ALTO when appropriate. We are continuing to enact what we learned from being participants in the CHA Opioid Safety Pilot, are providing education to both patients and staff when opioids are prescribed and building an opioid dashboards to monitor use. We've also utilized other services across the BCH system, to support access to ALTOs, such as the BCH Center for Mind/Body Medicine (CMBM) and the Prevention & Intervention for Life Long Alternative and Recovery (PILLAR) Program. In the Center for Mind/Body Medicine, patients have access to a specialist, who is a Medicaid provider, and is working with his panel to retrain the brain to carve new pathways when it comes to their pain. The CMBM also employs both a part-timeacupuncturist and reiki master to provide wrap-around services to support the mind/body connection. The BCH PILLAR Program helps patients navigate the landscape of ALTO for pain management and connection to substance use disorder treatment services when appropriate, and

provides scholarship opportunities to those uninsured or underinsured, including a large Medicaid cohort.

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)

BCH selected an existing intervention because it is the best approach for meeting the community needs and addressing gaps in coordination of care. The processes currently in place for supporting ALTOs in the ED and reduced opioid prescribing will improve by focusing on this HTP intervention and making the already existing practice more robust. This process is an evidenced based practice and will ultimately result in the reduction of opioids being used by emergency physicians and more seamless collaboration of care across the continuum.

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.