CHASE
Colorado Healthcare Affordability and Sustainability Enterprise

1570 Grant Street
Denver, CO 80203

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)

As a rural hospital and an organization who's services extend well beyond the basic confines of healthcare delivery, Valley View recognizes the imperative of caring for our entire community. Never has that been more important for our vulnerable populations than in the wake of a global pandemic and ongoing public health emergency. Never have we seen the opportunity or initial success already seen in integral partnering with various community entities. Therein, no time has been better than now to launch a program like HTP to further strucutre community relationships and strategically address unmet community needs.

We've combined the basline persepctive obtained through the Community and Health Neighborhood Engagement process from 2019 and the recent emergence of new and growing COVID-19 associated problems. To address these needs, Valley View will utilize approaches that include but are not limited to:

- Delivery of appropriate care in the most appropriate settings which inherently drives down healthcare costs:

- Incorporating and supporting, through Valley View and its community partners, strong primary care connections that encourage the primary care medical home model of relationship based care including for Health First Colorado patients

- Formalizing connections including access to care, data sharing, and population health through Care Compacts accross numerous entities including behavioral health and specialists

- Integrated behavioral health at both inpatient and outpatient settings

- Transitions of care program, collaboration between hospital staff and outlying PCP office for collaboration of information and follow up visits

- PCP groups in the valley concurrently involved in value-based transformation and/or patient-centered medical home concepts focused on utilization reduction

Align efforts with VVH Family Practice participation in RAE APM / CPC+

o Active Involvement with the ACHM and CRN

- Readiness for Value-Based Payment

o Identifying provider or staff "champions"

o Developing strategies for transparency of data across service-lines

o Encourage continuous process improvement mindsets

o Support willingness to identify efficiencies

o Culture rooted in safety

o Informed and engaged Leadership

Identified Goals:

- Shift from hospital centric to continuum of care thinking

o What are the needs that drove the patient to inpatient care, what will be their barriers once they leave?

o Improve communication with medical home partners and move towards co-managed care situations with PCMPs

Sustainability Plan:

- Commitment from administration and board-level leadership

- Build a strong foundation, strengthen existing processes that are working

- Foster medical neighborhood relationships

- Transparency with medical neighborhood and community stakeholders

- Create a culture that supports change

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)

The governance structure for HTP engagement consists of focused committee's alignment with the measures. These committees are supported by data from the Quality department. Updates to progress are reported to our Quality and Safety Committee that is attended by the Chief Medical Officer and Quality & Patient Safety Director. An additional level of accountablility will be added to this structure in which the board of directors will be updated at least annually around HTP measures, interventions, and succuesses or challenges. This bi-directional reporting structure is already in place and allows frontline staff and experts to work on improvements while having accountability to report out to leadership.

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)

Many of Valley View's committees already exist but we are adding HTP measures and intiative updates to respective agendas. Also, data-directed feedback will allow clinical focus groups to engage with key stakeholders while having oversight from the Quality Improvement department. Frontline staff engaged in performace improvement will contribute to effective and sustainable enhancements.

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)

The key to success with HTP centers around impacted and high risk populations. For that reason, individual measures supporting such populations will be communicated at strategic opportunities. This will include ensuring care team awareness, shared decision making opportunities at the point of care, enhancing medical record documentation, patient-facing outreach publications, and public website information about the program plus updated status/performance transparency. Furthermore, to promote enaging community partners, Valley View plans to provide regular communication updates via West Mountain Regional Health Alliance, clinical collaboration with the RAE, and listening opportunities at annual town hall-type forums.

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)

The board of directors sets the priorities and trajectory of the hospital and it's imperative that the board be kept well-informed in order to recommend course adjustments. Several mechanisms already exist to accomplish that necessary transparency: board quality subcommittee, leadership

rounding, and regular attendence of hospital administration at Quality & Safety Committee. The board is kept keenly aware quality, clinical, and financial positions. To that end, regular updates around HTP participation and performance will be relayed through these existing mechanisms in order to garner meaningful leadership direction to promote the best interest of impacted populations and the broader community.

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)

Project management for HTP at Valley View will be led through the Quality & Safety/Performance Improvement department. The designated liason, beyond the avenues described above, will be the Quality & Safety director who already leads project management details and also attends all Executive Committee, Board Quality, and Board of Director meetings.

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

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

The centralized reporting structure is constituted by the Quality & Safety Department which ensures individual departments are kept accountable for externally reportable metrics, regulatory monitoring expectations, and internal/voluntary data observations and process improvements. Furthermore, dissemination of that process largerly occurrs through quarterly Quality & Safety Committee meetings, medical staff committee meetings, Executive Committee, and other ad hoc venues. Participant overlap further exists through quality staff attending regular, department-level process improvement meetings. Various objective tools are embedded around these practices such as quality reporting software, patient satisfaction collection, regulatory dashboards, and electronic health record-based reports and audits.

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)

Continuing Community and Health Neighborhood Engagement will be reliant on an inclusive approach with community organizations and health alliances, adjacent hospitals, primary care medical providers, our local federally qualified health center, long term care facilitlies and home health providers, behavioral health services, the public health department, and the regional accountability entity. The primary mechanism to successfully continue to reach these broad stakeholders that align with HCPF's stated expectaion for community advisors will be through the West Mountaion Regional Healh Alliance where nearly all of these entities are simultaneously represented.

We will also offer town hall discussions around HTP at least annually to achieve public engagement. Detailed mechanisms to facilititate attendence include ensuring that meetings remain professional and are well-run with set agendas and similar administrative pieces; at least some such as the

hospital hosted annual town hall will be offered virtually, translated real-time in Spanish, and recorded to allow asyncronous attendence and feedback. Stakeholders will be engaged in considering and discussing implementation progress, impact on measures, and needs for amendments or course corrections.

Finally, we very much look forward to HCPF's forthcoming Community of Practice meetings that will afford collaborative learning and imperative networking opportunities!

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 alloted 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, 2020, 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, 2020. Please use **mm/dd/yyyy** format.

   Proposed Public Input Period : 04/06/2021 to 04/15/2021
   Proposed Hospital Review of Public Input Period: 4/16/2021 to 4/20/2021

   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, 2020. 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)

TBD

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)

TBD

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)

• TBD

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)

1.SW-RAH1

2.SW-CP1

3.SW-BH1

4.SW-BH3

5.SW-COE1

6.SW-PH1

7.RAH4

8.CP6

9.COE1

10.SP-PH2

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)

Cost and Utilization Reduction Program - SW-RAH1, SW-COE1, SW-PH1
Evidence-based Treatment of Ischemic Stroke - RAH4
Social Needs Screening and Resource Allocation - SW-CP1
Taking Action for Perinatal Depression - CP6
Care Coordination for SUD and Mental Illness -
Opioid Stewardship - SW-BH3
Successful Transmission of Electronic Health Records - COE1
Creation of Dual Track ED - SP-PH2