Quantifying Care Transformation Initiatives (CTI)
Version: 7/10/19

This form allows hospitals to propose a Care Transformation Initiatives (CTI) to the HSCRC. There are four fields which are required for hospital submission and an additional two which HSCRC staff will fill out. Please submit the form hscrc.care-transformation@maryland.gov.

Required from Hospital: Background Components	
Title of Initiative	Transition of Care from Hospital to Home
Overview • Description of current or upcoming program/initiative which hospitals may be implementing to impact patient outcomes, population health and total cost of care performance under Global Budget Revenues (GBR).	Transition of Care program through our Well Patient Program for patients admitted with a CHF or COPD diagnosis. Targeted transitional program with the use of nurse navigators, social workers, community health workers, dietician, and pharmacist to transition the patient to home with resources to manage their chronic condition and prevent another ED visit or admission to reduce the total cost of care. Interventions to include follow up phone calls, home visits, assistance with transportation, obtaining food resources or medication assistance, social interventions, and referrals for mental health services if needed.
Defined Care Interventions • Briefly describe a standardized intervention pathway to address unmet clinical or social needs. • Identify care partners at the hospital, or in the community, who will implement the intervention.	Patient identified from an inpatient admission with a diagnosis of CHF or COPD. Face to face meeting with care transition team while in the hospital consisting of the community health worker, social worker and nurse. Targeted assessment completed to identify home care needs and resources. Home visits set up by the community health worker prior to discharge as well as follow up visits with PCP. The care transition team will contact the patient frequently for 30 days after discharge and identify any needs or concerns they have and link them to the appropriate resource in the outpatient setting to prevent an exacerbation. The patient may be seen at our Discharge Clinic to have interventions by our staff to help prevent an acute exacerbation such as administration of a diuretic or a respiratory treatment. This will help to prevent an ED visit or admission.

	Pharmacists will work with the patient and family regarding their medications. Multidisciplinary approach to maintaining a state of wellness for the patient and preventing another exacerbation of their chronic condition.
Required from Hospital: Analytic Components	
Identifiable Intervention Population • Medicare FFS beneficiaries only, until further payer data available • Must be identifiable in Medicare claims based on clinical condition, patient history and/or other criteria; cannot be identified with an EHR or clinical data point	Program will be available to any inpatient but will report on Medicare FFS beneficiaries using data from CRISP. Data will be available on Medicare claims.
Episode Trigger • A "trigger" event, or combination of factors, to identify when a beneficiary is enrolled in the intervention • Must be identifiable in Medicare claims; cannot be triggered with an EHR or clinical data point	Trigger is the inpatient admission for CHF or COPD. Patients will be followed for 30 days. Lookback period from 2018.
For HSCRC Analysis and Consideration:	
TCOC Impact and Duration of Episode • From the information above, HSCRC will estimate the TCOC savings related to the initiatives by calculating the difference in costs for the intervention population before and after the initiative went into effect.	
Reconciliation Payments • HSCRC staff will calculate the reconciliation payment that will be made to the hospital for the savings that they produce as part of a CTI. • The reconciliation payments will be included when the State calculates the TCOC run rate and the required savings for the TCOC Model. The costs may be offset through the MPA-EC in order to ensure any reconciliation payments will remain cost neutral and reward hospitals that meaningfully engage in CTIs.	