

Quantifying Care Transformation Initiatives (CTI)

Version: 7/10/19

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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](mailto:hscrc.care-transformation@maryland.gov).

| <b>Required from Hospital: Background Components</b>   |   |
|--|---|
| Title of Initiative  | Embedded resources across Skilled Nursing Facilities  |
| <p>Overview</p> <ul style="list-style-type: none"> <li>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).</li> </ul>   | <p>This program develops standardized hospital to SNF and SNF to home transition protocols and procedures that establish standardized communication between the hospital, SNFs, and other community providers, with focus on improvements in first 72 hours of SNF care.</p>  |
| <p>Defined Care Interventions</p> <ul style="list-style-type: none"> <li>Briefly describe a standardized intervention pathway to address unmet clinical or social needs.</li> <li>Identify care partners at the hospital, or in the community, who will implement the intervention.</li> </ul>   | <p><u>Intervention:</u> Implement and increase usage of Epic Community Connect, Halo Communications/Other Secure messaging among SNF, HCGH, and community providers. Develop processes to have discussions around a patient's goals of care and to share that information, where possible, between HCGH, SNF, and patient's PCP.</p> <p><u>Care Partners:</u> Select Howard County SNFs based on HCGH volume.</p> |
| <b>Required from Hospital: Analytic Components</b>   |   |
| <p>Identifiable Intervention Population</p> <ul style="list-style-type: none"> <li>Medicare FFS beneficiaries only, until further payer data available</li> <li>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</li> </ul> | <ul style="list-style-type: none"> <li>Medicare FFS beneficiaries</li> <li>18+ years old</li> <li>Howard County Residents</li> <li>Billed Medicare for SNF services</li> </ul>  |
| <p>Episode Trigger</p> <ul style="list-style-type: none"> <li>A "trigger" event, or combination of factors, to identify when a beneficiary is enrolled in the intervention</li> <li>Must be identifiable in Medicare claims; cannot be triggered with an EHR or clinical data point</li> </ul>   | <ul style="list-style-type: none"> <li>IP discharge from HCGH to a SNF in Howard County</li> </ul>  |
| <b>For HSCRC Analysis and Consideration:</b>   |   |
| <p>TCOC Impact and Duration of Episode</p> <ul style="list-style-type: none"> <li>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.</li> </ul>                              |   |
| <p>Reconciliation Payments</p> <ul style="list-style-type: none"> <li>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.</li> </ul>   |   |

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- 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.