

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	Holy Cross Health 60 day post acute total cost of care for mid/rising-risk population
<p>Overview</p> <ul style="list-style-type: none"> 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). 	<p>Expansion of existing care transitions program to more patients in target population.</p> <p>Initiation of home-based medication reconciliation for patients with 5 or more medications</p> <p>Addition of mobility technician staff in hospital to decrease deconditioning during hospitalization</p> <p>Improved discharge coordination with new hospitalist support staff</p> <p>Addition of telehealth behavioral health transition services to medical patients with behavioral health co-morbidity</p>
<p>Defined Care Interventions</p> <ul style="list-style-type: none"> 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. 	<p>See above</p> <p>Working with all skilled nursing facilities in Montgomery County through the Nexus Montgomery Regional Partnership SNF Alliance to improve efficiency and effectiveness of facilities with intent to decrease re-hospitalization, maximize transitions to home, and decrease episode length of stay</p> <p>Work with preferred homecare provider (Holy Cross Homecare and Hospice) to offer in home telehealth remote monitoring for homebound patients</p>
Required from Hospital: Analytic Components	
<p>Identifiable Intervention Population</p> <ul style="list-style-type: none"> 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 	<p>Medicare FFS beneficiaries discharged from Holy Cross Hospital and Holy Cross Germantown Hospital in all medical DRGs with SOI 2 or 3. (FY19 71% of age >65 admissions N=4424). Exclude patients with hospital admissions in 30 days before index admission (estimate 10% exclusion).</p>

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<p>Episode Trigger</p> <ul style="list-style-type: none">• 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	<p>Discharge from hospital to home or skilled nursing facility. Exclude discharge to home hospice.</p>
<p>For HSCRC Analysis and Consideration:</p>	
<p>TCOC Impact and Duration of Episode</p> <ul style="list-style-type: none">• 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.	
<p>Reconciliation Payments</p> <ul style="list-style-type: none">• 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.	