

Quantifying Care Transformation Initiatives (CTI)

Version: 7/10/19

<b>Organization:</b> Greater Baltimore Medical Center	<b>Submitter:</b> Joshua Campbell <a href="mailto:jacampbell@gbmc.org">jacampbell@gbmc.org</a>
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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>	
<b>Title of Initiative</b>	<b>Palliative Care</b>
<b>Overview</b> <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>	Assisting individuals and their families in GBMC and long-term care facilities who have an advanced serious illness. As patients anticipate future health care needs, Palliative services provides support with making sense of treatment options. Services include medical care, emotional and social support, and education while also helping to alleviate pain and other symptoms to improve quality of life
<b>Defined Care Interventions</b> <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>	<b>Pathway:</b> Care Manager, Nurse or Physician identifies patients who may benefit from palliative consult. A Palliative Care consultation order is obtained and submitted to the Palliative Care team. Palliative providers adhere to evidenced based protocols via the EMR <b>Care Partners:</b> Gilchrist Services, skilled nursing facilities based on partnerships
<b>Required from Hospital: Analytic Components</b>	
<b>Identifiable Intervention Population</b> <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>GBMC acute care admission or ED visit, and</li> <li>85 years or older, or</li> <li>Stage 3 or 4 Cancer Diagnosis, or</li> <li>Dementia Diagnosis, or</li> <li>Hip Fracture Diagnosis</li> </ul>
<b>Episode Trigger</b> <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>Palliative care consult billed by GBMC palliative car provider</li> </ul>
<b>For HSCRC Analysis and Consideration:</b>	
<b>TCOC Impact and Duration of Episode</b> <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>	
<b>Reconciliation Payments</b> <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.