

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.

Organization: The Johns Hopkins Hospital	
Submission Contact: Melissa Richardson, VP, Care Coordination, mricha17@jhmi.edu	
Required from Hospital: Background Components	
Title of Initiative	Palliative Care
<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>Improving the quality of life for those with chronic, debilitating and life-limiting illnesses. Services include medical care, emotional and social support, advanced care planning and education for individuals with serious illness and long-term care facilities</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><u>Intervention:</u> Patients who may benefit from palliative care consults are identified during admission and an electronic order is entered to the palliative specialist. Specialist follows evidence-based protocols in EMR</p> <p><u>Care Partners:</u> Sidney Kimmel Family Pain and Palliative Care Program, hospice providers, home care and skilled nursing facilities based on partnerships</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 	<ul style="list-style-type: none"> Medicare FFS (Age \geq75 yrs.)
<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 	<ul style="list-style-type: none"> Inpatient admit to JHH AND APR DRG 720- sepsis and disseminated infection AND/OR APR DRG 133- respiratory failure AND /OR DX Malignancy
For HSCRC Analysis and Consideration:	
<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. 	

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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.