

Quantifying Care Transformation Initiatives (CTI)

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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>Outpatient Surgery</b>
<p><b>Overview</b></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>In order to improve patient experience and reduce length of hospitalization and readmissions for common outpatient surgeries, we have developed initiatives to better prepare patients for planned surgical interventions. The goals of our program include reducing post-operative complications, improving patient experience, decreasing readmissions, decreasing recovery time, decreasing length of stay, and reducing opioid utilization.</p> <p>We began planning to transition our hip and knee replacement cases for patients that meet the qualifying criteria from inpatient to outpatient surgeries in July 2019. Literature has shown that outpatient hip and knee surgery patients have better outcomes. Our outpatient hip and knee joint replacement program went live September 2019 with the first surgery occurring in November 2019.</p>
<p><b>Defined Care Interventions</b></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>There are several interventions to improve quality of care delivered and reduce length of stay. Pre-op education classes are scheduled for all patients to help set expectations about preparation, hospital course, and management at home. These classes are offered in person and online. In addition educational binders are provided to each patient. The same day mobilization efforts help to reduce incidence of post-operative complications such as deep vein thrombosis or pulmonary embolism and also get patients home and active early in their recovery course. Expectations about post op pain management, non-opioid pain management alternatives, bowel recovery, monitoring for signs and symptoms of infection, and discharge planning are reviewed with the patient prior to surgery.</p> <p>In addition, once the patient is discharged, efforts are continued to provide high quality care</p>

	<p>and reduce readmissions. Post-op phone calls are completed within 1-3 days of discharge to follow up on the patient’s progress. Any clinical issues are routed to the provided if needed. Pre-op educational material is reinforced included safe opioid use, side effects of medications, and early mobilization. Efforts to reduce opioid use are now standard of care with Tylenol or NSAIDs being first line therapy. This has led to decreased opioid consumption and fewer medication side effects.</p> <p>Reunion Luncheons are held monthly where patients have the opportunity to provide feedback and share their experiences with other patients. This feedback is used to improve the program and education for future patients.</p>
<p><b>Required from Hospital: Analytic Components</b></p>	
<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>	<p>All patients scheduled for hip/knee replacement at Mercy Medical Center.</p>
<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>	<p>Date of operation.</p>
<p><b>For HSCRC Analysis and Consideration:</b></p>	
<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> <li>• 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.</li> </ul>	