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To: ARR Hospital CFOs

From: Mary Beth Pohl, Deputy Director - Research and Methodology, HSCRC *MBP*

Date: November 10, 2011

Re: ARR Implementation - Intervention Plans and Budgets

This memo requests ARR hospitals to submit Year 1 ARR intervention plans and budgets to the HSCRC by November 30, 2011. We will provide an informational webinar on November 17, 2011 at 2:00 p.m.

Intervention Plans

ARR intervention plans and budgets are an important component of the HSCRC's monitoring and review of the ARR program.

The ARR agreement requires each ARR hospital/hospital system to submit an ARR intervention plan and budget. In one-on-one meetings with each prospective ARR hospitals, hospital staff indicated they were continuing the develop ARR intervention strategies. HSCRC staff agreed to execute ARR agreements with an understanding that the HSCRC will require hospitals to submit intervention plans and budgets following agreement signing.

While we currently have reviewed draft versions of intervention plans and budgets from some hospitals, HSCRC staff found that many of these are from early in the year and lack required components, such as intervention metrics. As we appreciate that interventions have evolved during the beginning of the rate year, HSCRC requests that each hospital/hospital system review their intervention plan, revise as needed, and send a current version to the HSCRC.

Intervention Plans Summarize Each Major Intervention

HSCRC staff will review intervention plans to ensure that the intervention plan describes at least the following aspects for each intervention:

- Brief summary, including rationale for selection
- Target population(s) (e.g., diagnosis, admission through emergency departments)
- Date of initiation/planned initiation date
- Types of staff associated with the intervention, FTE allocation
- Partners (e.g., nursing facilities, external case managers, retail pharmacies)

- Technologies employed
- Approximately two intervention metrics

We understand that, especially in large hospital systems, dollars associated with the ARR seed funding provision may be allocated across a large number of interventions. Hospitals should account for dollars associated with all interventions in the budget. However, in the written intervention plan, hospitals need only to describe and develop metrics for the major interventions. (HSCRC staff expects less than 10 major interventions.)

Intervention Metrics Provide the HSCRC a Monitoring Tool

Intervention metrics allow the hospital and the HSCRC to monitor the ARR interventions. Generally, metrics should provide an understanding of two areas. First, the intervention metrics should indicate if the hospital has initiated the intervention and provide a quantification of the intervention's application. For example, for an intervention offering a daily patient tracking software to all congestive heart failure (CHF) patients, we might expect a metric reporting the number of patients accessing the software compared to the number of patients discharged with a CHF diagnosis.

A second type of metric assesses the impact of the intervention. For the CHF intervention described above, the impact metric may be a comparison of readmission rates for patients who have accessed the software vs. other CHF patients.

Examples of metrics hospitals/hospital systems indicated adopting include:

- Pre- and post-implementation ED utilization post discharge of targeted, high-risk group(s)
- Percent of the target population with a primary care provider identified within 24 hours of admission
- Percent of the target population receiving a discharge/post discharge service such as a receipt of charity medication or post discharge telephone call within a specified time period
- Rates of readmissions from each long-term care facility in the service area and with whom the hospital/hospital system has established cross continuum of care teams or formalized post-discharge protocols

The intervention plan should define at least the follow elements for each metric:

- Summary of metric
- Rationale for selection
- Definition and data source for the numerator
- Definition and data source for the denominator

HSCRC staff will require hospitals to submit the intervention metrics identified in the intervention plan as a component of ARR hospital quarterly reporting.

Intervention Plan Template

Attachment 1 provides a suggested implementation plan template. While we do not require hospitals to submit plans on the template, hospital may find this helpful in ensuring that the intervention plan captures the information required by the HSCRC.

ARR Intervention Budgets

The HSCRC requires ARR hospitals to submit an ARR budget for Year 1 reflecting costs associated with ARR interventions during FY 2011.

Informational Webinar

On November 17, 2011 at 2:00 p.m., HSCRC staff will hold an informational webinar to review intervention plan requirements, discuss metrics, and answer questions from hospital staff. To register for this Webinar, please follow the link below:

<https://www3.gotomeeting.com/register/377363078>

Intervention Plans and Budgets are Due by November 30, 2011

By November 30, 2011, please send ARR Year 1 intervention plans and budgets to Mary Pohl (MPohl@hscrc.state.md.us). For ease of review, HSCRC staff requests that hospitals provide the intervention plan in an editable format (e.g., Microsoft Word). When possible, please do not send intervention plans as scanned documents or Adobe Acrobat files.

HSCRC staff is looking forward to working with the ARR hospitals to successfully implement ARR.

**Attachment 1
ARR Intervention Plan and Metrics Template**

HSCRC staff developed this template to assist hospitals in organizing ARR intervention plans and to define the metrics associated with the each major intervention.

(Note to Hospital Systems: If there is variation in interventions for hospitals within the system, please provide this information for each hospital separately.)

Hospital/System Name:

Copy and paste the following for each intervention.

Intervention Name:

Brief Summary of the Intervention (2-3 sentences), rationale for selection:

Provide a description of the intervention including the problem(s) or process(es) for which the intervention aims to address.

Target population:

Describe the intended target of the intervention.

Intervention Implementation Status/Date:

Indicate when the hospital/hospital initiated the intervention. For interventions not fully implemented, indicate percent of work toward implementation completion and estimated implementation date.

Intervention Staffing FTEs:

Specify dedicated or partially dedicated numbers by title/type of staff for this intervention.

Staff Title/Type	FTEs Allocated Annually

Intervention Partners:

Identify any partnerships with entities outside the hospital/hospital system.

Technologies Employed:

Identify any technologies for which the intervention relies.

Metrics to Track Success of the Intervention:

Provide information about one or two specific metrics the hospital/system will use to establish a baseline and then use to track progress over time for each of the ARR interventions. The HSCRC notes that a metric may be used for more than one intervention.

Metric 1 Name:

Rationale for Selection: (specify relevance/importance for the measure in improving patient processes or outcome(s) and ultimately, reducing readmissions, and the intervention(s) to which this measure applies.)

Metric 1 Numerator Definition:

Metric 1 Numerator Data Source(s):

Metric 1 Denominator Definition:

Metric 1 Denominator Data Source(s):

Metric 2 Name:

Rationale for Selection (specify relevance/importance for the measure in improving patient processes or outcome(s) and ultimately, reducing readmissions, and the intervention(s) to which this measure applies.)

Metric 2 Numerator Definition:

Metric 2 Numerator Data Source(s):

Metric 2 Denominator Definition:

Metric 2 Denominator Data Source(s):