

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	Nexus Montgomery WISH Program
<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>Nexus Montgomery's Wellness and Independence for Seniors at Home (WISH) program provides health coaching to residents of approximately 40 senior living buildings who have been identified as being at risk for near-term hospital utilization. We have seen a reduction in annual Medicare total cost of care in the target buildings compared to an increase in the county as a whole.</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>Health Coaches are assigned to senior living buildings. They conduct standardized assessments for referred residents. For residents identified as having an elevated risk of hospitalization, the coaches address the unmet clinical and social needs, linking residents to community services. The health coaches are supported by RNs for clinical needs.</p> <p>The program is offered by Nexus Montgomery, a regional partnership of all Montgomery County hospitals. WISH partners include The Coordinating Center which implements the program, and over 40 senior living buildings, many are subsidized senior housing managed by community-based housing partners. WISH works with many CBOs as referral partners to address the seniors' unmet needs.</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>The baseline and intervention population is all Medicare beneficiaries, age 65+ who are residents of the target buildings. They are identified based on having an address in one of the target buildings.</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>The trigger is having an address in one of the targeted buildings.</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.	