

Quantifying Care Transformation Initiatives (CTI)

Version: 7/10/19

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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.

Required from Hospital: Background Components	
Title of Initiative	Diabetes Education & Care Planning
Overview <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). 	Decreasing the cost of care for patients with type 2 Diabetes Mellitus who have had at least one hospital visit in the last 12 months. Services will include, medical care, care planning, behavioral change and social support if needed, and education by a diabetic educator.
Defined Care Interventions <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. 	Pathway: Care Manager identifies patients discharged from the hospital with type 2 diabetes. Care Manager notifies PCP of the patient. PCP decides if the patient should have care planning with diabetes education. PCP follows evidence-based clinical care pathway and makes a referral for nutritional education. Care Partners: Geckle Diabetes and Nutrition Center, GBHA CTO, Sheppard Pratt Behavioral Health Consultants
Required from Hospital: Analytic Components	
Identifiable Intervention Population <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"> Encounter at GBMC HealthPartners or affiliated practices in past 18 months 1 or more acute care hospitalization(s) with principal diagnosis of type 2 Diabetes
Episode Trigger <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"> Diabetes education CPT within 30 days of acute care discharge
For HSCRC Analysis and Consideration:	
TCOC Impact and Duration of Episode <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. 	
Reconciliation Payments <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 	

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any reconciliation payments will remain cost neutral and reward hospitals that meaningfully engage in CTIs.