



## SW-BH3 (ED ALTO) Hospital Transformation Program (HTP) Definitions\*

**Updated: June 25, 2021**

**Focus areas:** The areas of care in which the Hospital Transformation Program aims to improve upon. These include reducing avoidable hospital utilization, core populations, behavioral health and substance user disorder coordination, clinical and operational efficiencies, and population health/total cost of care. The SW-BH3 measure falls within the behavioral health and substance use disorder focus area.

**Collaboration, Performance and Analytics System (CPAS):** A web-based system that allows hospitals to submit their HTP applications and implementation plans, as well as complete their quarterly reporting throughout the HTP program. It will also display HTP results during the program. Plan to submit milestones for the SW-BH3 measure, as well as all other measures, to this online system.

**Measure specifications:** Details of all HTP measures including the SW-BH3- Using Alternative to Opioids (ALTO) in Hospital Emergency Department (ED)- measure. This document includes the definition of the measure, the measure steward, data collection methodology, opioids and ALTOs of interest, and inclusion and exclusions for the measure. Any hospital working on this measure should carefully review this document to ensure complete comprehension of all aspects.

**Data Manual:** For hospitals submitting data to the Colorado Hospital Association (CHA), this document provides details on the measure, what data to submit to CHA, how to submit data to CHA, and details on privacy and security of the data. The most recent version of the data manual can be found [here](#).

**SharePoint Site:** For hospitals submitting data to CHA for this measure, they will need to submit that data monthly to this SharePoint site:

<https://chadata.sharepoint.com/sites/htpmeasures/SitePages/Home.aspx>. For additional details on accessing the SharePoint site, please see the CHA website [here](#), which includes a webinar on the data submission process.

**ODHIN:** CHA's PowerBI data platform that will contain visualizations relating to the SW-BH3 measure for hospitals submitting data to CHA. Users must have a @mychadata.com address to access ODHIN. If any hospital staff would like to access ODHIN and cannot currently do so, please email [ODHIN.Admin@cha.com](mailto:ODHIN.Admin@cha.com)

**Implementation Plan:** an application detailing how a hospital will achieve success in each measure selected for HTP. Within this plan, hospitals will explain their target population, key roles, challenges and risks they anticipate facing and how to mitigate them, major functions and resources that will be utilized or repurposed, and detailed intervention milestones for each measure.

**Intervention Milestones:** Major activities or deliverables that reflect successful completion of key steps toward the intervention. Milestones should be discrete tasks that have an easily identifiable, quantifiable, and definable goal. Milestones may be made up of multiple tasks. Hospitals must define at least one milestone in Q2 and Q4 for each program year starting with Program Year (PY) 2 for a total of 8 milestones. Milestones must be completed by the end of the quarter for which the milestone is defined. For example, the milestone for Q2 PY3 must be completed by March 30, 2024. Remember that quarters do not line up with the calendar year.



**Planning and Implementation Milestone:** Milestones that support the preliminary activities required before the start of the intervention. For example, preparing reports, training staff, and updating workflows would all be possible planning and implementation milestones.

**Performance Phase:** Performance measures that will begin determining how well a hospital is meeting its goal for each intervention. No milestones will be submitted for the performance phase.

**Continuous Improvement Milestone:** Milestones that demonstrate how the hospital is incorporating continuous improvements into the ongoing intervention. For instance, this may include the successful completion of a Plan-Do-Study-Act (PDSA) cycle or an ongoing quality improvement forum. At least one continuous improvement milestone should be focused on health equity.

**Impact Milestone:** The final milestone in the planning and implementation phase. This milestone must address all functional areas and should demonstrate that the intervention has been successfully implemented. You will only have one impact milestone per intervention.

**Functional Area:** The major areas your milestones will focus on or impact. This includes: **people** (workforce development, training, activities related to personnel), **process** (clinical processes that are created or amended for this intervention), **technology** (any IT or data work that is created as part of the intervention), and **patient engagement / target population** (engagement of the target population). Functional areas must be specified for all planning and implementation milestones.

**Functional Area Description:** A short description of the actions that will constitute the completion of the milestone.

**Functional Area Supporting Documentation:** The name and a brief description of the materials that will be submitted as evidence of the milestone's completion. This could include meeting agendas, a copy of a report that has been generated for the initiative, or a draft and/or final version of a screening questionnaire.

**Interim Activities:** Activities that track progress towards intervention milestones. Starting in PY1 (Oct. 2021 – Sept. 2022), participating hospitals will be required to submit quarterly reports that address progress on milestones and associated interim activities related to each HTP intervention's progress. Reported in quarters in which a milestone is not completed (Q1, Q3). Payment is not specifically tied to the successful completion of interim activities. However, interim activity progress toward completion of milestones must be reported and the Department will use interim activities to understand overall implementation progress. For instance, if a milestone is "finalized training materials for clinicians" an interim activity may be "received input from clinicians on draft training materials."

**Milestone Reporting:** Milestones will be reported twice yearly at the Q2 and Q4 quarterly reporting periods during each program year starting in PY2. Which type of milestone will be reported when will vary slightly by intervention depending on if it is a new or existing intervention.

**Milestone Amendments:** If a milestone needs to be amended because of new evidence, operating characteristics of a facility, or some other reason, hospitals will be able to do so during the second and fourth quarters of each program year. Hospitals can only amend future milestones. If hospitals have



written about milestone amendments as part of a “course correction plan,” they must also submit an official milestone amendment.

**Course Correction Plans:** Hospitals subject to loss of at-risk dollars for milestones that were not completed may submit a course correction plan with the report for the quarter during which the milestone was missed or within 30 days after the final determination by HCPF that the milestone was missed. Hospitals must provide insights into the root causes of a missed milestone and detail the process the program participant intends to pursue to either complete the missed milestone as previously defined or provide insight as to why the missed milestone will not or should not be completed. Course correction plans must also provide operational insights into how future milestones associated with the intervention will be completed by their previously intended deadlines.

**Hospital Index Measure:** The SW-COE1 Hospital Index Measure is a statewide measure of avoidable care across procedural episodes. There are pre-defined milestones to support the achievement of the Hospital Index Measure and reporting periods for this measure are unique. Please closely follow the guidance laid out in the implementation plan template for more details on the Hospital Index Measure. \*These definitions come directly from the Colorado Department of Health Care Policy & Financing (HCPF) implementation plan document. CHA has added additional context and examples to help members better understand the program and its components. For additional questions on any definitions listed above, please contact [ali.rosenberg@cha.com](mailto:ali.rosenberg@cha.com).