10th SOW Town Hall Meeting

Office of Clinical Standards and Quality
Centers for Medicare and Medicaid Services

10th SOW Town Hall, Baltimore, MD
March 28, 2011

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Key Questions To Run On:

What is the emerging Vision and plan for the 10th Scope of Work?

What Goals are we trying to Achieve in this Scope of Work?

What can each of us do to ensure a Bold, Collaborative approach to this work and our relationship?

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Additional Questions We are Running On

- How is the 10th SOW different from the 9th?
- What are the Aims driving this work?
- What is the impact we want to make with this SOW?
- What is the mindset, spirit and partnering approach that we seek in doing this work together?
- What are the top 5-6 things QIOs should know about the SOW structure?
- What do QIOs need to know about Eligibility, Security, Conflict of Interest, & Charging for Meetings/Conferences?

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3 Goals for Today

- Equip QIOs with Emerging CMS Vision on 10th SOW to Inform Contract Proposals
  - Lay the Groundwork for a **Bold**, **Collaborative, New** Execution of the 10th SOW
- Address Key QIO RFI Questions on the Most Pertinent Executive-Level Contracting Issues
- Get QIO Input and Reaction to Emerging Plans

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Who is in the Room/Web?

- Healthcare leaders
- Project officers
- Caregivers
- QIO executives
- People committed to quality
- Patients
- People committed to the patients we serve

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We Want Your Input & Answers

- CMS is listening & we want to hear from you
- Several opportunities to gather your answers and ideas today

- We will be collecting suggestions, answers and questions throughout the day
  - In the room with the Index Cards & 2 Boxes ("Special Box" for Conflict of Interest)
  - Online on a rolling basis

- CMS will be providing answers via presentations and in an answering session at the end of the day

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We Seek to Transform Our Focus in the CMS-QIO Relationship

FROM

- Questions
- Meeting Requirements
- PIPs & Problems
- Measurement for Sanctions
- Focusing on What's Wrong
- Incremental Progress

TO

- Answers
- Stretch Goals
- Best Practices & Results
- Measurement for Improvement
- Focusing on What's Right
- Breakthrough Progress

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Overview of the Agenda

- Busy afternoon! No breaks!
- OMB Clearance Update
- Introduction to the 10th
- Call to Action from the Administrator
- Important Facts Regarding Each of the Aims
- Overview of the Drivers
- Touch on IT Security
- Clear up Conflict of Interest & Charging for Meeting/Conferences
- Last 30 Minutes – Goal-focused Answering Session

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Getting in the Same Conversation Together

What word or phrase describes the partnership you would like to forge with CMS and others on the 10th Scope?

and/or

What is the number one thing you would like to take away from this meeting?

Feel Free to Put Your Answers in the Box Too

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Welcome!

Daniel Kane, Acting Director, Office of Acquisitions & Grants Management

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Introduction to the 10th SOW

Jean Moody-Williams, Director, Quality Improvement Group

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Statutory Mission of the QIO Program

One of the primary statutory missions of the Quality Improvement Organization Program is to improve the:

- Effectiveness
- Efficiency
- Economy
- Quality

of services provided to the Medicare beneficiary

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Contract Purpose

The QIOs are to support and partner with CMS in our our efforts to improve health and healthcare for all Medicare beneficiaries utilizing three broad aims as the foundation of the scope:

- Better health
- Better health for people and communities
- Affordable care through lowering costs by improvement

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National Quality Strategy

- Also Incorporated into this SOW is the HHS National Quality Strategy which further focuses our efforts to:

  - Make care safer
  - Promote effective coordination of care
  - Assure care is person and family-centered
  - Promote prevention and treatment of the leading causes of mortality
  - Helping communities support better health
  - Making care more affordable for individuals, families, employers, and governments by reducing costs through continual improvement

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Working Collaboratively Across the Department

- CMS Components including Medicaid, Medicare Advantage, CMMI, and the Office for Duals
- Centers for Disease Control and Prevention
- Office of the National Coordinator
- Agency for Healthcare Quality and Research
- National Institutes of Health
- Assistant Secretaries of Health, Planning and Evaluation and Financial Resources
- Office of the Secretary
- Office of Management and Budget

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10th SOW AIMS and Drivers

Strategic Aims

"What will be done"

Beneficiary-Centered Care
- oCase Review
- oPatient and Family Engagement

Improve Individual Patient Care
- o Patient Safety –Reduce HACs by 40%
- oImproving Quality through Value Based Purchasing

Integrate Care for Populations
- oCare Transitions that Reduce Readmissions by 20%
- oUsing Data to Drive Dramatic Improvement in Communities

Improve Health for Populations and Communities
- oPrevention through screening and immunizations
- oPrevention in Cardiovascular Disease

Other Rapid Cycle Projects

Drivers of Change

"How the work will be done"

Learning and Action Networks
- Breakthrough Collaboratives
- Patient Engagement and Stories
- Campaigns
- Technical Assistance
- Learning Laboratories

Focused Technical Assistance
- On-site Visits
- Intensive Consultation
- Distribution of Resources

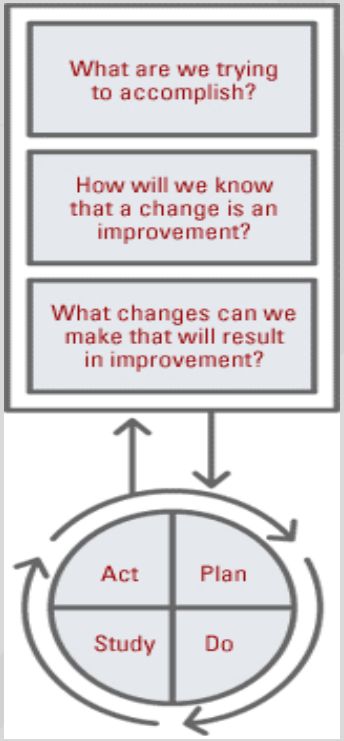
Care Reinvention through Innovation Spread
- Identification of stakeholder
- Spread Strategies
- Multi-media management

Beneficiary Protection and Patient and Family Engagement - Redesign

Concerns with Current System	Redesign Solutions
Poor oversight, perceived conflict , and inability to determine direct financial costs of case review	National Coordinating Center to centralize intake, referral and follow up of cases. New cost analysis processes and Case Review Management Information System (CRMIS) will allow capture of case specific financial data for better tracking and management.
Questionable Validity of physician review decisions	Inter-rater reliability (IRR) function developed using a centralized contractor to monitor quality of review. Development of a new evaluation performance metric based on the IRR findings to hold contractors accountable.
Dependence on medical record review for issues not likely to be found in the medical record	Redesign includes multiple data sources for review of concerns in lieu of or in addition to the medical record.
Insufficient information provided to Beneficiary after completion of review	Improved correspondence requirements to include more information obtained from the various sources of review.
Review takes too long to complete	Reduced time for complaint resolution form 165 days to 90 days maximum. Improved performance metrics to monitor efficiency.
Lack of referrals or feedback to other Federal and State Agencies	CRMIS will be accessible by sister agencies to track disposition of cases.

10th SOW Evaluation Framework

Based on the Associates for Process Improvement Model's 3 Questions and the PDSA:



The 10th SOW Aims

The 10th SOW Measures

Based on the 9th SOW Program Evaluation (Including QIO Feedback) and Collaboration with Partners (ASPE & others in HHS)

Planning and developing the measures for the contract, monitoring progress, determining what is working, facilitating spread, and making adjustments

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Evaluation

QIOs will be evaluated for success in the following five major areas:

(1) Securing Commitments from Participants and Maintaining Engagement

(2) Quality Improvement Activities and Outputs

(3) Results in Achieving Contract Aims and Goals

(4) Value of the Learning Networks and Technical Assistance to CMS and Participants

(5) Ability to Prepare the Field to Sustain Improvements

Technical Considerations

- The QIOs that will work on this contract will be responsible for complying with all requirements outlined in the 10th SOW as well as:
    - Regulatory
    - Statutory and
    - Formal instruction

  from CMS

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General Requirements

- The QIO is responsible for furnishing all:
    - Personnel
    - Materials
    - Services
    - Facilities
    - Supplies

necessary to perform the work set forth in this SOW

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Maximizing Impact

For success in the 10th SOW QIOs must be able to…

- ☐ Serve as the boots on the ground cadre of professionals able to bring about change at the local level to help achieve national goals
- ☐ Convene, organize, motivate and serve as change agents
- ☐ Secure commitments, create will and provide a call to action for change through outreach, education and social marketing
- ☐ Gain the trust of Beneficiaries, health care providers, practitioners, and stakeholders as valued partners
- ☐ Achieve measurable quality improvement targets and quality improvement results
- ☐ Provide expertise in data collection, analysis, education, monitoring for improvement and information exchange and dissemination
- ☐ Develop efficient and effective improvement strategies in partnership with stakeholders including Beneficiaries

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Proposed Timeline

Date	Acquisition Milestones
March 28, 2011	Bidders town hall meeting
Mid April	Release of Request for Proposal (RFP)
Mid April	Receipt of industry questions
Mid May	Proposal due to CMS (30 day response time)
July 31, 2011	Contract Signature Completed

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Eligibility

Alfreda Staton, Director, Division of Contract Operations & Support (DCOS)

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Overview

- Physician Sponsored
- Physician Access
- One Individual who is representative of consumers on the governing board

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Physician Sponsored

42 CFR 475.102

- Composed of a substantial number of doctors,
- Physicians comprising the organization are representative of physicians practicing in the state, and
- Not be a health care facility, health care facility association or affiliate.

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Physician Access

42 CFR 475.103

- Have available or by arrangement a sufficient
- number of licensed doctors of medicine or osteopathy

- Must meet the sufficient number of physicians requirement

- Not be a health care facility, health care association or affiliate

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Why this work is important

Mrs. Nettie Turner, Beneficiary

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Message from the Administrator

Donald M. Berwick, MD, MPP
CMS Administrator

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10th SOW Guiding Aims

Beneficiary & Family Centered Care

Linda Smith, Quality Improvement Group

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What is Beneficiary and Family Centered Care?

- **QIO statutorily mandated case review activities that:**
  - provides opportunities for listening to and addressing beneficiary-and-family concerns;
  - promotes responsiveness to beneficiary and family needs;
  - provides resources for beneficiaries and caregivers to inform decision making;
  - uses beneficiary-generated concerns to explore root causes, develop alternative approaches to improving care, and to improve beneficiary/family experiences with the entire health care system.
  - uses beneficiary and family engagement and activation efforts to produce the best possible outcomes of care.
- **These QIO beneficiary-and family-centered efforts align with the National Quality Strategy**

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Who is the target audience for Beneficiary-and Family-Centered Care?

- All Medicare beneficiaries and their representatives
- Non-Medicare beneficiaries for Emergency Medical Treatment and Active labor Act (EMTALA)
- Applicable to care delivery in the following settings:
  - Hospitals and swing beds
  - Physician's Offices
  - Skilled Nursing Facilities/Nursing Facilities
  - Home Health Agencies
  - Ambulatory Care Centers
  - Critical Access Hospitals
  - Hospice
  - Comprehensive Outpatient Rehabilitation Facilities
- Stakeholders and partners

What are the types of case reviews?

- **Quality of Care Reviews** (beneficiary initiated quality of care concerns, other persons or entities, referral of cases for quality of care review)
- **Emergency Medical Treatment and Labor Act (EMTALA) Reviews –** Potential Anti-Dumping Cases
- **Reviews of Beneficiary Requests of Provider Discharges/Service Terminations and Denials of Hospital Admissions**
- **Higher-Weighted Diagnosis-Related Group (HWDRG) Reviews**

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What are the outcomes to be achieved?

- Promote and foster a culture of quality improvement to ensure a high-quality health care delivery system for beneficiaries.
- To utilize a beneficiary centered approach in case review activities to identify quality of care concerns.
- Improving health outcomes and supporting the National Quality Strategy. Data generated by the QIO in the course of performing case reviews will be used to support informed decision-making, development of measurable quality improvement interventions, and enable the appropriate, authorized, and timely access to and use of electronic health information to benefit public health, and enable the transformation to higher quality, more cost-efficient, and more beneficiary-focused health care.
- Promote the engagement of beneficiaries for the purposes of creating transparency, and empower beneficiaries in making informed choices regarding their health care.

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What are the outcomes to be achieved?

- Promote the interest of the beneficiary and any others who may be at risk for harm.
- Use CMS- designated HIT (i.e., the case review management information system) to collect, analyze, and report data from case reviews to identify patterns and trends in the areas of quality of care, access to care, health care disparities and potential trends in the area of fraud and abuse. To reduce health disparities and improve access to care.
- Assist providers in optimizing processes, including customer service and patient centeredness. To increase collaborations and partnerships among stakeholders, agencies, contractors to drive quality improvement.

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How will the work be accomplished?

- **Case Review**:
  - A comprehensive review of information from multiple data sources that constitutes an analysis of the care and services provided to the beneficiary during an episode of care.
- **Quality of Care Review:**
  - A Quality of Care Review is a review of quality of care concerns originating from beneficiary or beneficiary representative complaints or referrals from other organizations, or identified in the course of other QIO activities, which takes into account the following:
    - The beneficiary's medical condition(s)/disease(s)/illness(es), the treatment plans for these conditions/diseases/illnesses provided by providers and practitioners, and the health outcomes derived from the execution of these treatment plans;
    - The appropriateness of transfers, discharges, terminations of service, and/or readmissions;
    - Any negative consequences of care and services provided to the beneficiary, including adverse events and Medicare "never events" or other health-care associated conditions;
    - Whether the health care met professionally recognized standards of care for services covered under Medicare including dually eligible beneficiaries;
    - Whether care was provided in the most appropriate setting;
    - Whether care was reasonable and medically necessary.

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How will the work be accomplished?

- **Data Analysis**
- Types of quality of care concerns confirmed with numbers for each category;
- Types of adverse events, never events, and other undesired outcomes to the beneficiary with associated medical diagnoses;
- Provider/practitioner data and performance measures related to confirmed quality of care concerns;
- Number of beneficiaries linked to discharge/service termination reviews who were discharged to home, skilled nursing facility, nursing facility, home health agency, assisted living facility, or other living arrangements;
- Number of beneficiaries readmitted to hospitals within less than 30 days and associated diagnoses;
- Number of beneficiaries and their geographic areas, racial/ethnic designations, primary language spoken, and associated medical diagnoses/illnesses/diseases;
- Number and type(s) of technical assistance implemented for each category of concerns;
- List of evidenced-based standards used to support decisions and recommendations for changes; and
- How the findings can be used to support comparative effectiveness research.

- **Case Review Management Information System (CRMIS)**: A centralized data repository for all case review activities. CRMIS will allow CMS, CMS-designated contractors, and the QIO to track, monitor, analyze, and evaluate data to identify opportunities to improve the quality of care and services for beneficiaries and to evaluate the efficiency and effectiveness of case review processes.

How will the work be accomplished?

- **Collaborations and Partnerships**
  - Beneficiaries and Patient Advocacy Groups
  - National Coordinating Center for Beneficiary-and Family-Centered Care
  - CMS contractors (Medicare Administrative Contractors, Recovery Audit Contractors, State Survey Agencies, Qualified Independent Contractors)
  - Office of Inspector General
  - Office of Civil Rights
  - Agency for Research and Healthcare Quality
  - Patient Safety Organizations
  - Local Communities

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How will the work be accomplished?

- **Patient and Family Engagement Campaign**
  - As directed by CMS, the QIO must develop and implement a Patient and Family Engagement Campaign that supports the DHHS and CMS goals of person-centeredness and family engagement and promotes statewide quality improvement that aligns with the National Quality Strategy. The Campaign will begin on August 1, 2012. CMS will provide contract instructions six months prior to the start date to allow for necessary contraction modifications.

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How will the work be accomplished?

- **Technical Assistance**
  - The QIO must use case review findings and data to identify needs for technical across provider settings, and to promote evidence-based medical practice and patient-centered care principles
  - Trends and patterns will be addressed in coordination with the National Coordinating Center for Beneficiary and Family Centered Care.
  - Develop measurable interventions to be implemented statewide and/or provider/physician practice system-wide.
  - Document and disseminate best practices and proven care methods.
  - Learning and Action Networks
  - Care Reinvention through Innovation Spread (CRISP)

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How do we instill accountability?

- Quality Improvement Interventions
- Sanctions
- Adjustment in Payments
- Inter-Rater Reliability Studies
- Transparency

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Specialized Knowledge and Resources Required

- Disease management
- Evidence-based medicine
- Evidence-based guidelines
- Professionally recognized standards of care
- Medicare National and Local Coverage Determinations
- Patient-centeredness
- Health care delivery systems (how clinical care and services are provided
- Federal and state laws and regulations

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10th SOW Guiding Aims

Improving Individual Patient Care

Marjory Cannon, Jade Perdue-Puli, Laverne Perlie, &
James Poyer, Quality Improvement Group

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Reducing Healthcare-Associated Infections (HAI)

Dr. Marjory Cannon, DQIP AC, QIG

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National Effort to Reduce HAIs

- QIO will contribute to the national effort to reduce HAIs
  - Participation in national implementation of the Comprehensive Unit-Based Safety Program (CUSP) for the reduction of central line bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI)
  - Use of the National Healthcare Safety Network (NHSN) for facility data tracking and reporting
  - Alignment where possible with 5-year HHS goals for HAI reduction

Learning and Action Networks

- QIOs will act as regional experts in HAI reduction through active participation and contribution to the Learning and Action Networks

  - Development and contribution of evidenced-based tools and innovative strategies for HAI prevention and reduction
  - Facilitate rapid dissemination and spread of best practices through information-sharing, partnership development and mentoring

Healthcare-Associated Infections

- QIOs will work to reduce the following HAIs in hospitals (ICU and non-ICU wards) the 10th SOW:
  - Central line bloodstream infections (CLABSI)
  - Catheter-associated urinary tract infections (CAUTI)
  - Clostridium difficile infections (CDI)
  - Surgical site infections (SSI)
- Integration of other HAIs into QIO work as priorities shift and/or evidence-base emerges is encouraged and made possible through the Learning and Action Network

HAIs (continued)

- Examples of specific QIO task requirements:
  - CUSP training and implementation
  - Training, tracking and monitoring facility adherence to central line infection practices (CLIP) protocol
  - Introducing modalities of infection control and prevention such as trigger tools, hand hygiene and antimicrobial stewardship for facilities and into the Learning and Action Network
  - Facilitate patient, caretaker and family engagement at all levels

What is Different?

- The QIOs are already expert leaders in this work
  - Introduce HAI reduction efforts in your region where none exists
  - Align and enhance existing work in your region to further momentum and spread
  - Develop a plan to sustain HAI prevention efforts and results
  - Remain flexible..we will change and adapt with evolving evidence and strategy for HAI prevention
  - Never forget the PATIENT in everything we do

What is Different?

- There are still tasks, deliverables, metrics, etc… but some of QIO performance will be gauged on contribution to national effort through active participation, partnerships and regional leadership that results in significant reductions in HAIs in their state

Thanks to *OUR* Partners

- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Disease Control and Prevention (CDC)
- Office of Healthcare Quality (OHQ)

Reducing Adverse Drug Events

LaVerne Perlie, DQIP AC, QIG

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Patient Safety & Clinical Pharmacy Services Collaborative

The PSPC is a partnership between HRSA and CMS involving Medicare, Dual-eligible, and Medicare Advantage beneficiaries.

PSPC 10th SOW

- Recruiting Beneficiaries
- Interventions
- Data Tracking & Monitoring

Recruitment

Beneficiaries recruited must be high risk either Medicare, Dual Eligible, or Medicare Advantage beneficiaries and meet this eligibility criteria.

- Have 5 or more chronic medical conditions and /or take 8 medications weekly
- Evaluated by 2 or more providers
- Take long or short acting antipsychotic medications
- Take hypoglycemic medication for diabetes mellitus

Interventions

- Joining the Collaborative
- Implement PDSA cycles for improvement
- Developing and implement safe medication systems for you population of focus
- Developing patient education tools
- Tracking compliance of beneficiaries

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Data Tracking & Monitoring

Creating a registry to track and monitor beneficiaries health status is a part of managing the data .

Tracking of adverse and preventable adverse drug events are ongoing among community teams

Reducing Healthcare Acquired Conditions in Nursing Homes

Jade Perdue-Puli, DQIP AC, QIG

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Reduce HACs by 40% in NH's

- Phase I: Technical Assistance to NH's with the greatest room for improvement within the state as identified by MDS 3.0
- Pressure Ulcers (PrU)
  - Will use the MDS 3.0 measure which now includes Stages 2,3,4 in the measure definition
  - QIOs will work with NH's who are in the 75th percentile and/or who have a PrU rate of >/= 11%
  - CMS is working now to have MDS data available for QIOs on these two measures prior to the launch of the SOW
  - Goal to get lowest possible rates and hardwire best practices in system

Reduce HACs by 40% in NH's

- Physical Restraints
  - QIOs will work with NH's who are in the 75th percentile and/or who have a PR rate of >/= 4%
  - Goal is to reach the national average and to eradicate the daily use of all unnecessary physical restraints

- Best practices associated with other high cost/high volume HACs will be collected and rolled out during Phase II which begins at the 18th Month

Statewide Nursing Home Learning & Action Network

- What we know:
  - Great variation in the quality of care received and quality of life experienced in homes across the country
  - Our charge … close the gap!
  - Learn from high performers, implement the practices
    - Solidify Business Practices
    - Reduce HACs (minimally CAUTI and Falls)
    - Improve Quality of Life
  - Nursing Homes driving this work, QIOs leading the way
  - All hands on deck (everyone has something to offer, we will be accepting offers of action!)
  - Full Court Press by CMS

Individual Technical Assistance to NHs

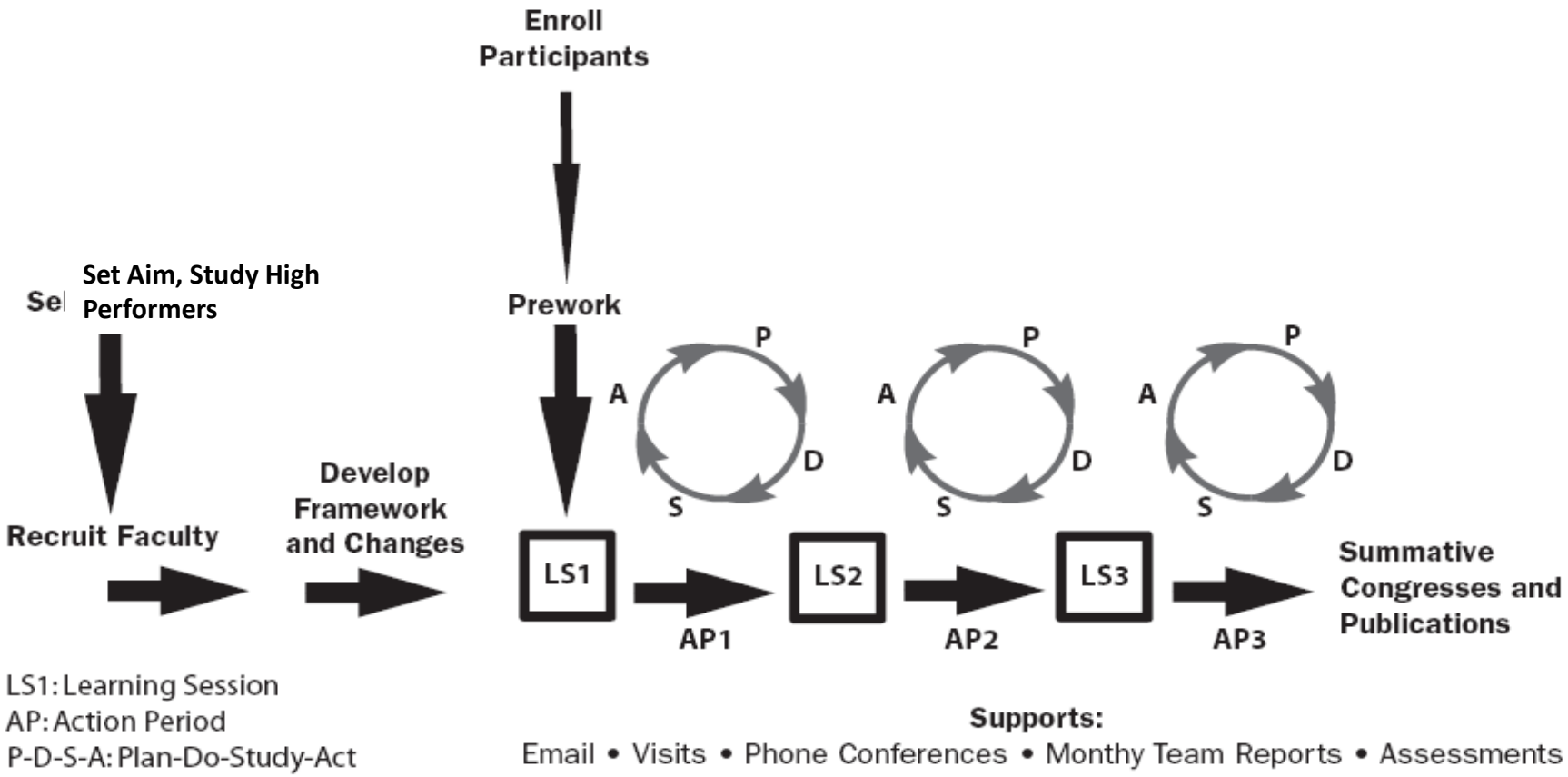
- Our intention is that all Nursing Homes in State actively participates in the Learning & Action Network
- Some facilities may still require some onsite technical assistance
- QIOs should use their discretion and recommendations from State Survey and their COTR when working onsite

Reduce HACs by 40% in NH's

- Coordinated Effort between QIOs and CMS (specific timelines to be provided closer to start)
- Collaborative open to Nursing Homes in the State who would like/should participate
  - All nursing homes should be encouraged to form teams
  - QIOs should work with their nursing homes and community members to devise how to travel teams to national meetings.
  - When thinking about travel teams, QIOs should consider where the greatest impact can be made; demographics within their state; underserved populations, recommendations from state survey, etc…
- Proposals must address the methodology QIO must consider how to impact the greatest number of nursing home in the state within their proposals

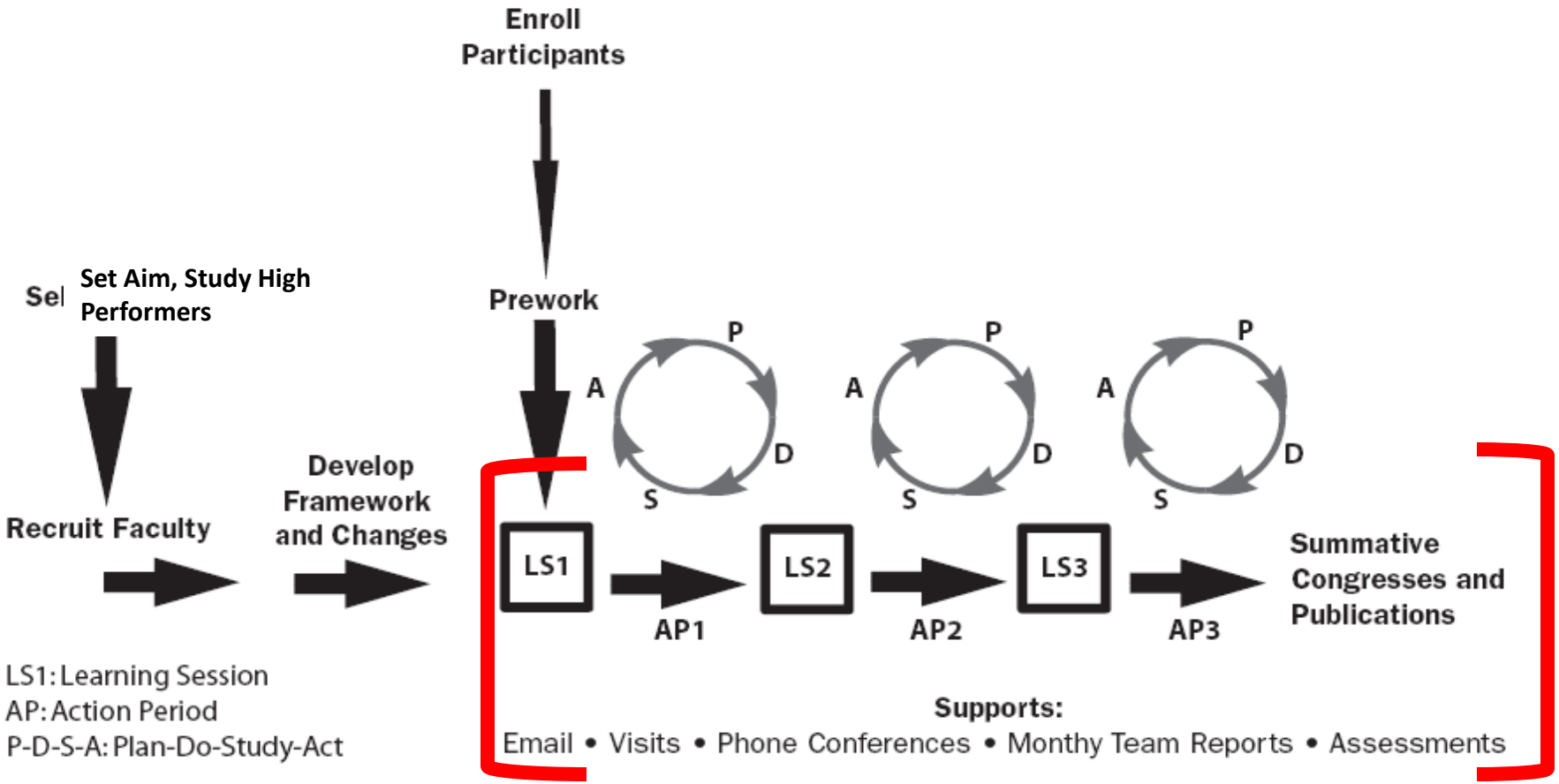
Structured Application Of Will, Ideas, and Execution

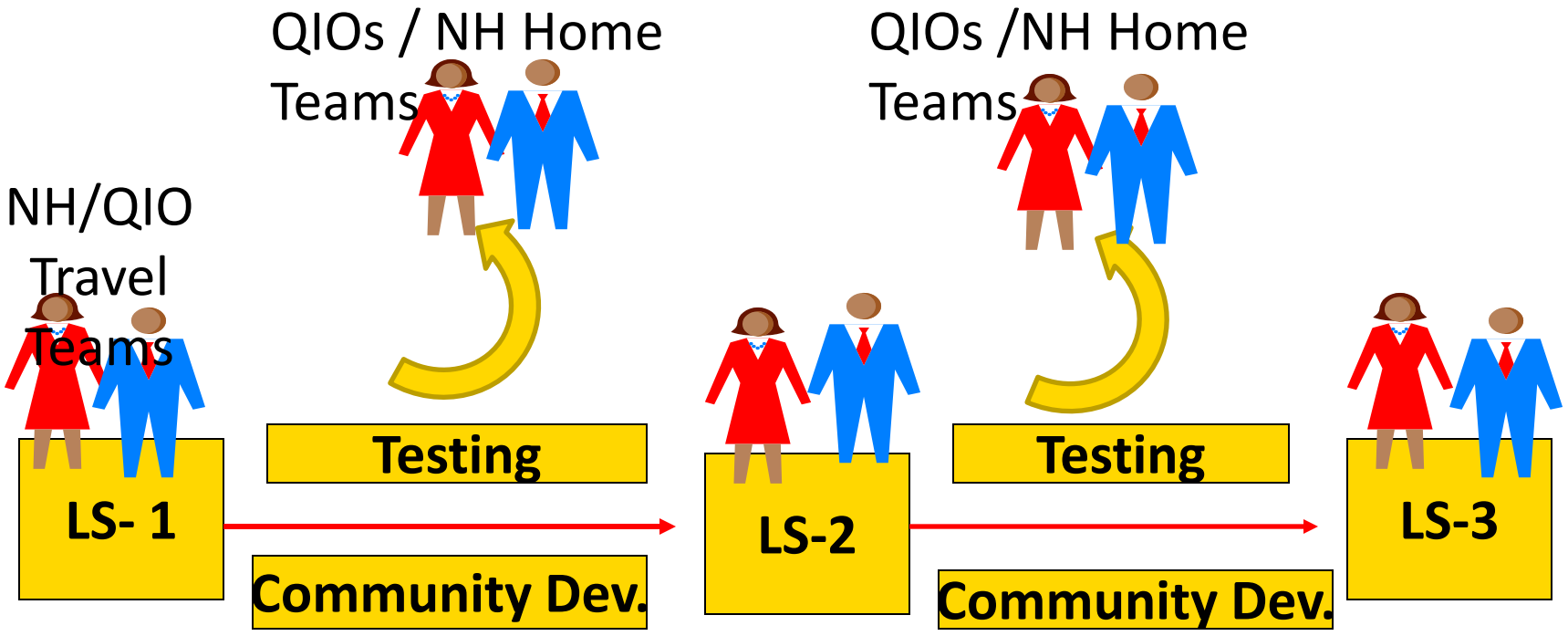
Figure 2. Breakthrough Series Model



Structured Application Of Will, Ideas, and Execution

Figure 2. Breakthrough Series Model





E-mail/List Serves Peer/AssistsStories/practices/other fields
Conference Calls Assessments Satellite Broadcasts
Quarterly Reports Video Vignettes Business Case
Story Development

Improving Individual Care Aim- Quality Reporting and Improvement

Jim Poyer, Director, Division of Quality Improvement
Policy for Acute Care

10th SOW Town Hall, Baltimore, MD
March 28, 2011

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Changes from 9th SOW

- Quality reporting work previously included in Beneficiary Protection
- Outpatient depts. of hospitals added
- CAH reporting added
- Statewide quality improvement , not targeted assistance
- More clinical topic areas in inpatient setting

Quality Improvement Component

- Focuses on clinical topics included in CMS Hospital Quality Reporting programs and patient experience of care
- Statewide assistance to hospital inpatient and outpatient depts
- Inpatient - Includes quality of care processes (SCIP, AMI, HF, and PN) and patient experience of care (inpatient)
- Outpatient – Includes quality of care processes (ED – AMI/Chest Pain, SCIP)
- Evaluates attainment and improvement

Quality Reporting Component

- Hospital Inpatient Quality Reporting program participation
- Hospital Outpatient Quality Reporting program participation
- Critical Access hospital reporting
  - Inpatient
  - Outpatient

Integrating Care for Populations and Communities

Traci Archibald, Quality Measurement Health Assessment Group

10th SOW Town Hall, Baltimore, MD
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Goals

- Improve the quality of care for Medicare beneficiaries as they transition between providers

- Reduce 30 day hospital re-admissions by 20% over 3 years for the nation

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Two tracks for Communities

1. Communities that receive technical assistance prior to participating in a formal Care Transitions program

2. Communities that are not accepted to or do not meet the requirements for a formal Care Transitions program

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QIO Technical Assistance Areas for all communities

- Community Coalition Formation
- Community-specific Root Cause Analysis
- Intervention Selection and Implementation
- Application for a Formal Care Transitions Program

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Additional Assistance for Communities not in a formal Care Transitions Program

- Provide quarterly community readmission metrics

- Host a State-wide Learning and Action Network

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Improving Health for Populations & Communities

Yvette Williams, DQIPCAC, QIG

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National Context

- Working in collaboration with:
  - Department of Health & Human Services
  - Office of the National Coordinator for Health IT
  - Centers for Disease Control & Prevention
  - Agency for Healthcare Research & Quality
  - Many other partners

- National Quality Strategy – see www.ahrq.gov/workingforquality

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Goals of this Aim

- Improving 4 Preventive Services:
  - Flu immunizations
  - Pneumococcal Vaccinations
  - Colorectal Screening
  - Breast Cancer Screening
- Improving 4 Cardiac Health Measures:
  - Low-dose aspirin therapy
  - Blood pressure control
  - cholesterol control
  - tobacco cessation
- Reducing disparities

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How Will We Accomplish these Goals?

- Promoting PQRS-EHR Reporting
- Offices that have installed EHRs/Learning & Action Network
- Cardiac Population Health Learning & Action Network
- Developing partnerships

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EHR-Reporting to PQRS

- The Physician Quality Reporting System (PQRS) has several reporting methods, including directly via EHRs.
- See the CMS PQRS website for vendors, products & version qualified for direct reporting (2011) http://www.cms.gov/PQRI/Downloads/QualifiedEHRVendorsforthe2011PhysicianQualityReportingandeRx121310.pdf
- QIOs will provide technical assistance to offices & eligible professionals to achieve direct reporting via EHRs to PQRS.

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Offices That Have Installed EHRs

- Regional Extension Centers (RECs) are out assisting offices to install certified EHRs
- QIOs will recruit these offices – *after they have installed their EHRs* – to join a Learning & Action Network. The Network will address:
  - Interpreting EHR data & reports to identify & address disparities in care
  - Using EHR capabilities for quality improvement
  - Sustaining systems changes
  - Promoting patient and family engagement

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Cardiac Population Health

- QIOs will work in collaboration with DHHS, ONC, CDC & other partners
- QIOs will recruit a certain number of physician offices to be part of a second Learning & Action Network focusing on:
  - Improving aspirin therapy for appropriate patients
  - Improving blood pressure control for appropriate patients
  - Improving cholesterol control for appropriate patients
  - Improving tobacco screening & cessation for appropriate patients

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Developing State and Local Partnerships

- Partner with RECs & Beacon Communities
- Integrate with state & local HIE efforts
- Encourage reporting via EHRs to state Immunization Information System (state registry)

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10th SOW Drivers of Change

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Learning and Action Networks

Jade Perdue-Puli, DQIP CAC, QIG

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Learning and Action Networks

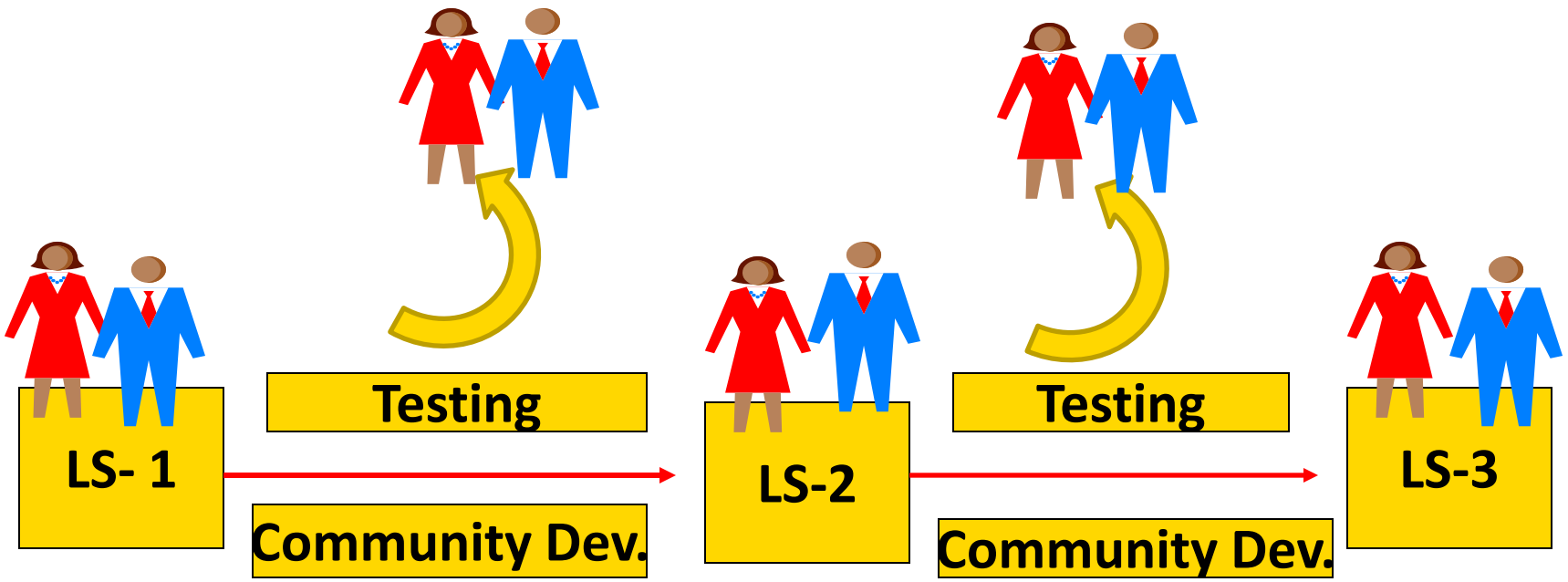
- Mechanisms/structures by which large scale improvement are fostered, studied, adapted and rapidly spread regardless of the change methodology, tools, or time-bounded initiative used to achieve the aim
- Manage knowledge
- Action oriented
- Real time learning/problem solving (Community Development)
- Transparent, flexible, interchangeable, purposeful
- Takes on a life of its own

Our Structure

- QIOs will participate in a “QIO L&A Network”
  - Use to coordinate our collective efforts
  - Share, learn from one another around what is working within the QIO community and across the country in each 10th SOW component
  - Problem solve at the National Level

- State Learning & Action Networks

What's Your Structure?



E-mail/List Serves Peer/AssistsStories/practices/other fields
Conference Calls Assessments Satellite Broadcasts
Quarterly Reports Video Vignettes Business Case
Story Development

Some Elements of L&A Network

- ID & Promotion of High Performing Organizations
- Rapid sharing of effective practices
- Constantly building the clinical leaders of change
  - Looking for those people who have specific insight about what is working and why it works
  - Bringing to light the stars at the bedside
  - Empowering them as a community to test changes
  - Providing them with a change methodology
- Transparent use of data for the purposes of QI
- Development of affinity groups
- Purposeful Spread and Hardwiring for Sustainability
- Action oriented
- Recognition & Celebration!!

Looking for…

- Commitments to the Aim(s)
- Robust engagement from participants
- Value to CMS and Participants
- Results towards the Aim(s)
- Sustainability within the state

Technical Assistance

Traci Archibald, QMHAG

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Goal

- Offer direct assistance to local providers in order to support quality improvement activities

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Technical Assistance Methods

- Provide consultation
- Knowledge Management
- Face to Face/Hands on Teaching
- Data Analysis
- Create a Sustainable Infrastructure

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Provide Consultation

- Identify Experts
  - Internal QIO staff
  - State Agencies
  - Civic Associations
  - Patient Advocacy
  - Private Insurers
  - Thought Leaders
  - Researchers

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Knowledge Management

- Vet non-evidenced based interventions with thought leaders
- Share new developments in Quality Improvement
- Work with the National Coordinating Center to provide the community of providers with a repository of references in Endnote
- Provide an expert contact list

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Face to Face/Hands on Teaching

As directed by CMS, QIOs may perform onsite teaching or mentoring including training on evidence based interventions

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Data Analysis

- Identify pertinent data available to support local provider communities
- Conduct data analysis
- Create provider reports
- Maintain data and report repository
- Monitor for potential adverse effects and assist with developing a plan to address them if they arise

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Sustainable Infrastructure

Create a sustainability plan for each initiative

- Achieve consensus among participants
- Develop sustainable infrastructure

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Care Reinvention through Innovation Spread Project (CRISP)

Kelly Anderson, OCSQ

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CRISP is threaded throughout the SOW. You will not have a sweater without this string

- Is a “driver” of change → mechanism for achieving aims
- Informs all segments of the QIO’s work
- Minimizes internal fragmentation and siloing within the QIO so that all operations are ***stakeholder-centric***

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CRISP does not expect the status quo from your communications person/team/“volunteer”

Goals:

1. Give access to the right information and services, in the right form, at the right time, to the right people in the right place.

2. Focus the QIO’s energies such that each policy, action, and decision is made with an ***educated and strategic consideration*** of the impacts they may have on stakeholders.

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Good models have three parts

Initiation and "will building."

Engagement and maintenance.

Retention and sustainment.

Ask, "How does it impact the stakeholder?"

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CRISP gives you many tools in the box to construct new Aim approaches

- Innovation Spread Officer
- Branding
- Websites: Yours and Mine
- Social Media and Web 2.0
- Stories and Perspectives Across the System
- Integration Innovation Spread Strategy
- Stakeholder-facing Tactics
- Collaboration Tools

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But to use those models successfully, you have to know whether you've been successful.

- Successive PDSA cycles bring us from hunches, theories, and ideas to changes that result in improvement.
- We do this by doing things differently as we learn through the PDSA cycle!
- "This means we have to measure how and what we communicate. And re-measure it. And measure it again after that." —Kelly Anderson

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Audience

What is the # 1 thing that you like about what you have just heard?

What is the #1 thing that you would add or improve?

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Security and Information Technology

Debbra Hattery, ISG

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Security and IT in the 10th

- IT Operations
- Security Compliance
- FISMA

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IT Operations

- All major systems required to perform the SoW will be centrally provided, supported and maintained
- Hardware and software are to be purchased through the HCQIS ERB process
- CMS provides workstations and laptops
  - QIOs ERB for s/w not included in the standard HCQIS image such as SAS, Adobe, etc.

Security Compliance

- QIO must comply with the all Federal and CMS security policies. www.cms.hhs.gov/informationsecurity; and http://qualitlynet.org
- QualiltyNet Security briefings posted at www.qualitynetonline.com-- must be checked frequently
- Necessary staff to support security—a security point of contact (SPOC) at every QIO
- HCQIS Security Awareness Testing (SAT) required annually

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FISMA
Federal Information Security Management Act

- New work for the 10th SoW contractors
- Mandatory to keep the HCQIS system certified and accredited
- QIOs will have up to one year to comply with current findings which are documented on the FISMA Requirements System https://www.enlightened-epmc.com/cms
- Audits will continue through out the 10th SoW and QIOs will be required to implement necessary corrective measures from ongoing audits.

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Organizational Conflict of Interest (OCI)

Daniel Kane, OAGM

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OCI and 10 SOW

- 10 SOW is asking QIOs to work with certain organizations. It **does not** require QIOs to necessarily work with themselves
- QIOs have the responsibility for analyzing and mitigating OCI
- Nobody wants a beneficiary questioning the integrity of case review
- OCI “MUST” be resolved before any contract can be executed (4 months)

OCIs: Hot Topic in the News

- Increasingly complex area of acquisition
- Industry consolidations and more competitive marketplace
- Area with more and more contract award protests
- Big issue at CMS in large part, due to the nature of work and increased GAO interest and scrutiny surrounding them
- CMS recently questioned at Senate hearing on Fraud and Abuse efforts

Public Trust and OCIs

- FAR 1.102 - The vision for the Federal Acquisition System is to deliver on a timely basis the best value product or service to the customer, while maintaining the **public's trust** and fulfilling public policy objectives.

- FAR 3.101 - Government business shall be conducted in a manner above reproach… Transactions relating to the expenditure of public funds require the highest degree of **public trust** and an impeccable standard of conduct.

- Contractors have a responsibility to be familiar with the rules, and understand how to identify and mitigate organizational conflicts of interest.

OCI Defined- FAR 2.101

- Organizational conflict of interest means that because of other activities or relationships with other persons:
  - a person is unable or potentially unable to render impartial assistance or advice to the Government, or
  - the person's objectivity in performing the contract work is or might be otherwise impaired, or
  - a person has an unfair competitive advantage
- Person = company

FAR 9.502 - Applicability

- Applies to profit and non-profit organizations and more likely to occur in service contracts

- OCI may result when factors create an actual or potential conflict of interest on an instant contract, or when the nature of the work to be performed on the instant contract creates an actual or potential conflict of interest on a future acquisition.

- OCI must be avoided, neutralized or mitigated.

- Each individual contracting situation should be examined on the basis of its particular facts and the nature of the proposed contract.

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CO Responsibilities

- Analyze planned acquisitions as early as possible to avoid, neutralize, or mitigate “significant” potential conflicts of interest issues before award

- When significant potential OCIs are identified pre-solicitation a recommended CO course of action and HCA approval is required per FAR 9.506

- Therefore, CMS the RFP for the 10 SOW will have a clause to address OCI

- Contracting officers must exercise common sense, good judgment and sound discretion in examining and resolving OCI

Categories of OCIs

- **Unequal Access**
  - A firm has access to nonpublic information as part of its performance of a government contract that may provide a competitive advantage
  - Concern is limited to the risk of the firm gaining a competitive advantage; there is no issue of bias

- **Biased Ground Rules**
  - A firm, as part of its performance of a government contract, has in some sense set the ground rules for another government contract
  - Concern is that the firm could skew the competition, whether intentionally or not, in favor of itself

- **Impaired Objectivity**
  - A firm's work under one government contract could entail its evaluating itself, either through an assessment of performance under another contract or through an evaluation of proposals
  - Concern is that the firm's ability to render impartial advice to the government could appear to be undermined by its relationship with the entity whose work product is being evaluated

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Identifying OCIs

- Analyze all financial relationships: Government is concerned that a contractor will not be able to behave objectively because of other economic pressures and consequences

  Organizations must analyze all contractual and grant agreements and determine if there is a potential or actual OCI

- Must “Drill Down” into each service provided

Impaired Objectivity

- Based on the Nortel decision and other GAO cases since then, it appears that impaired objectivity OCIs cannot be mitigated by firewalls or separate corporate divisions

- Test is not whether biased advice was or will be actually given but whether reasonable person would find that contractor's objectivity could have been impaired

- Impaired objectivity OCIs may be mitigated by:
  - Affiliated corporations divesting themselves of the conflicting ownership interest

Mitigation Strategies

- CMS will not provide mitigation strategies for any conflicts of interest

- Every company has different and varying potential conflicts of interest that need to be addressed on a case by case basis

- There are organizations who can assist you in evaluating OCI and recommend mitigation strategies. However, here are some strategies which have been proposed in the past

Mitigation Strategy

- Company doesn't bid on contract or terminates offending contract or does not take payment from organization which creates the conflict
- Divestiture – contractors starting to give real consideration to this mitigation strategy (preferred strategy)
- Firewalled Subcontracting – for a small effort (IE: quality of care reviews), have a subcontractor perform the work
- Creating separate business entities, (IE: a subsidiary organization), must have separate boards of directors, separate compliance officer that reports to subsidiary compliance board

OCI Waivers (Not Preferred)

- The CO may request the Head of the Contracting Activity (HCA) waive an OCI if it's in the **best interest** of the United States Government

- Waiver request must identify the conflict and shall describe what the organization has done to mitigate the conflict

- CMS does not issue waivers lightly due to public scrutiny and/or political implications. (2 in the last 20 years)

- If a waiver is granted, CMS will perform a yearly OCI audit to ensure compliance with proposed mitigation strategy and to ensure other OCIs have not arisen.

Questions and Answers

- Question: How much detail will be expected in the proposal for partners/subcontractors regarding OCI?

- Answer: The RFP will require conflict of interest detail regarding their proposed subcontractors and partners.

Questions and Answers

- Question: For purposes of mitigating perceived conflict of interest, will the current language in the QIO 9th SOW, Section H. still be in effect?

- Answer: CMS will be including a clause in Section H addressing OCI which will be somewhat modified.

Questions and Answers

- Question: Can a QIO have a reciprocal review arrangement with another QIO to mitigate an OCI that arises due to a particular provider for which they have a conflict?

- Answer: This is a potential mitigation strategy but does not totally mitigate the OCI because there is still a financial relationship.

Questions and Answers

- Question: Will CMS provide criteria by which a QIO may determine if a potential unresolved OCI exists and how they may be resolved before submission of their proposal? If not, will CMS enter into discussions of potential mitigation strategies once proposals have been submitted?

- Answer: CMS will address proposed mitigation strategies during the negotiation process.

Contract Cost Issues Pertaining to Conferences and Meetings for QIOs

John S. Sroka, OAGM

10th SOW Town Hall, Baltimore, MD
March 28, 2011

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Key Points to Discuss

- **Regulatory guidelines**
- **Corporate guidelines**
- **Pricing of conferences/meetings**
- **QIO risk associated with such costs**

Regulatory guidelines

- **Total costs represents the sum of allowable direct and allocable indirect costs**
- **Costs must conform to the principles set forth in OMB A-122 or FAR 31**
- **Costs must conform to limitations set forth in the contract**

Regulatory guidelines (continued)

- **Must be reasonable – “prudent person rule”**
- **Must be accorded consistent treatment and in accordance with GAAP**

Direct and Indirect Costs

- Direct Cost Defined
  - Identified with a particular cost objective, i.e.. a particular contract.
  - Examples are labor identified to a specific scope of work of a contract, travel directly related to the scope of work of a contract
- Indirect Cost Defined
  - Incurred for common or joint objectives and cannot be readily identified with a particular cost objective
  - Examples are salaries and expenses of executive offices, HR, administration, accounting and finance

Corporate Guidelines

- Regulations do not define for every company explicit criteria to determine what is direct and indirect
- Company definitions of direct and indirect must be based on parameters that:
  - Generally meet direct and indirect regulatory definitions
  - Costs are treated consistently as direct and indirect every time
  - The reality is that depending on the company size, costs that meet direct definition of for one company may meet indirect definition for another
- GAAP compliance

Corporate Guidelines (continued)

- **Consistency is critical in establishing direct and indirect expenses**
  - **Direct – projects should not have costs identified as direct if costs incurred for the same purpose, in like circumstances, are charged as indirect**
  - **Indirect – projects should not have costs identified as indirect if costs incurred for same purpose, in like circumstances, are charged direct**
  - **Must be sensitive to double counting issue**
  - **Cannot charge direct one time, and indirect another, unless purpose/circumstances of cost are different**

Conference and Meetings: Direct Charging – First Rule

- Must be connected to the statement of work
  - "But for" the 10th scope that particular conference or training would not take place
  - As far as the proposal you must ensure that you can "connect the dots" to any conference/meeting to the statement of work

- If you cannot connect then the cost of the conference/meetings must be in the indirect (e.g. leadership training, etc.)

Conference and Meetings: Direct Charging: Second Rule

- **Must be consistent with the established policies and practices of the organization**
  - **An employee that predominately charges direct will charge these functions direct**
  - **An employee that predominately charges indirect will charge these functions indirect**

Conference and Meetings: Risk in Getting it Wrong

- **Your indirect provisional rates will be based on your specific inclusion of these costs as either direct or indirect**
- **You will have ceilings put on those established provisional rates**
- **If the "direct" conference/meetings are disclosed to be indirect during an incurred cost audit the cost could put your organization above the indirect ceilings**

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Questions?

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Questions & Answers

Janet Brock, Division of Contract Operations & Support

10th SOW Town Hall, Baltimore, MD
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