CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE & MEDICAID INNOVATION

Health Care Innovation Awards

Round Two:

Measuring for Success

June 26, 2013

Agenda

- **Overview**
- Introduction to Performance Measures
- Operational Plan
- Role of the Project Officer
- Next Steps

The CMS Innovation Center

Identify, Test, Evaluate, Scale

The purpose of the Center is to test innovative payment and service delivery models to reduce program expenditures under Medicare, Medicaid and CHIP…while preserving or enhancing the quality of care.

—*The Affordable Care Act*

Innovation Awards Round Two Goals

Engage innovators from the field to:

- Identify new payment and service delivery models that result in better care and lower costs for Medicare, Medicaid and CHIP beneficiaries
- Test models in Four Innovation Categories
- Develop a clear pathway to new Medicare, Medicaid and Children's Health Insurance Program (CHIP) payment models

Measuring Success

- **BETTER CARE**
- **LOWER COSTS**
- **IMPROVED HEALTH STATUS**

Key Dates

Date	Description
June 14, 2013	Application templates and user materials are available at http://innovation.cms.gov/initiatives/Health-Care-Innovation-Awards/Round-2.html
June 28, 2013	Letters of Intent due by 3:00 PM EDT
August 15, 2013	Application due electronically by 3:00 PM EDT
Early January, 2014	Anticipated award announcement dates
February 28, 2014	Anticipated Notice of Cooperative Agreement Award
April 1, 2014–March 31, 2017	3-year Cooperative Agreement Period

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What is Your Intervention?

Effective application of new ideas requires thoughtful, robust design...

- Who will participate in the service delivery model? Is there local demand?
- Who are the target beneficiaries?
- Is it easy to introduce? Complex?
- How will the model result in better health and lower costs for Medicare, Medicaid, CHIP enrollees?
- How long will it take to start work and see progress?

What is Your Theory of Change?

It is important to make explicit hypotheses about how change will happen...

- What is your aim – how much and by when?
- What are your primary strategies for achieving that aim and how will you know you that you are successfully implementing the strategy?
- What will it take to implement each of the primary strategies?

A Driver Diagram

Aim

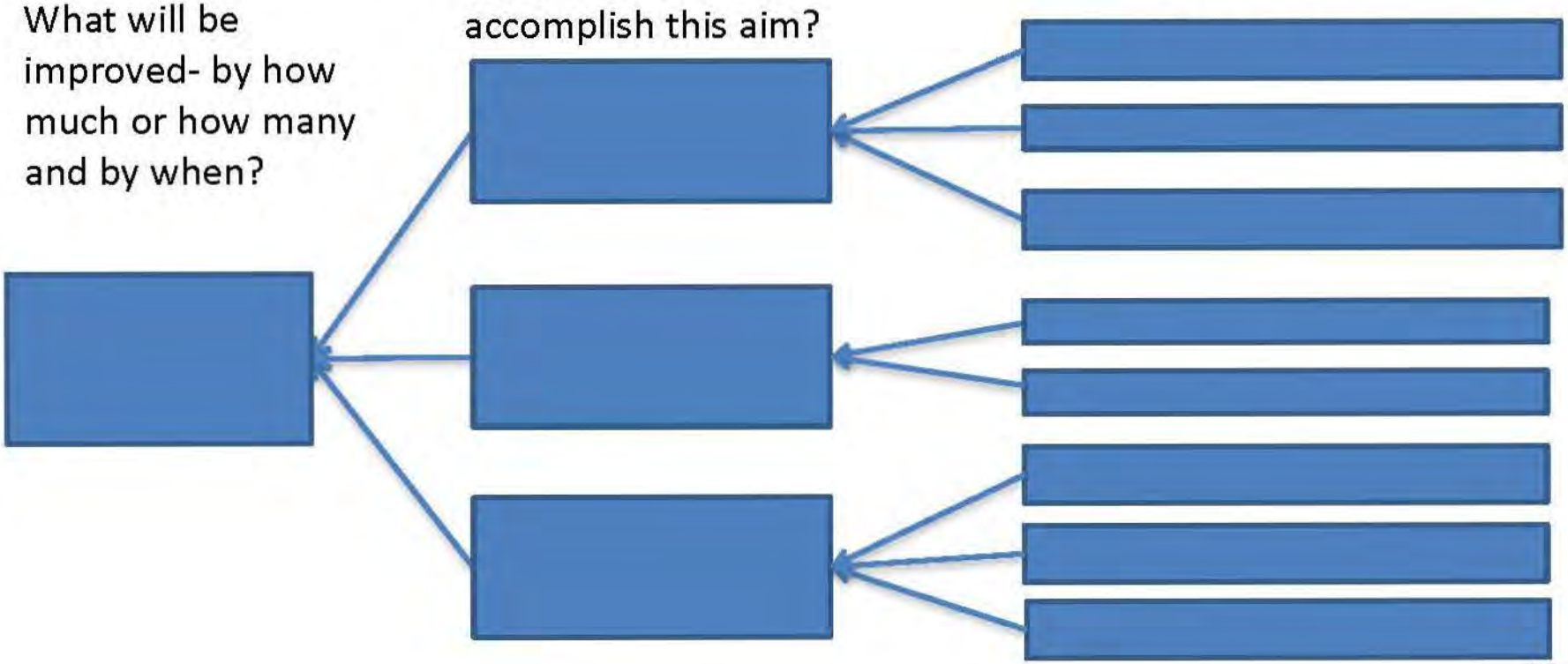
What are you trying to accomplish? What will be improved- by how much or how many and by when?

Primary Drivers

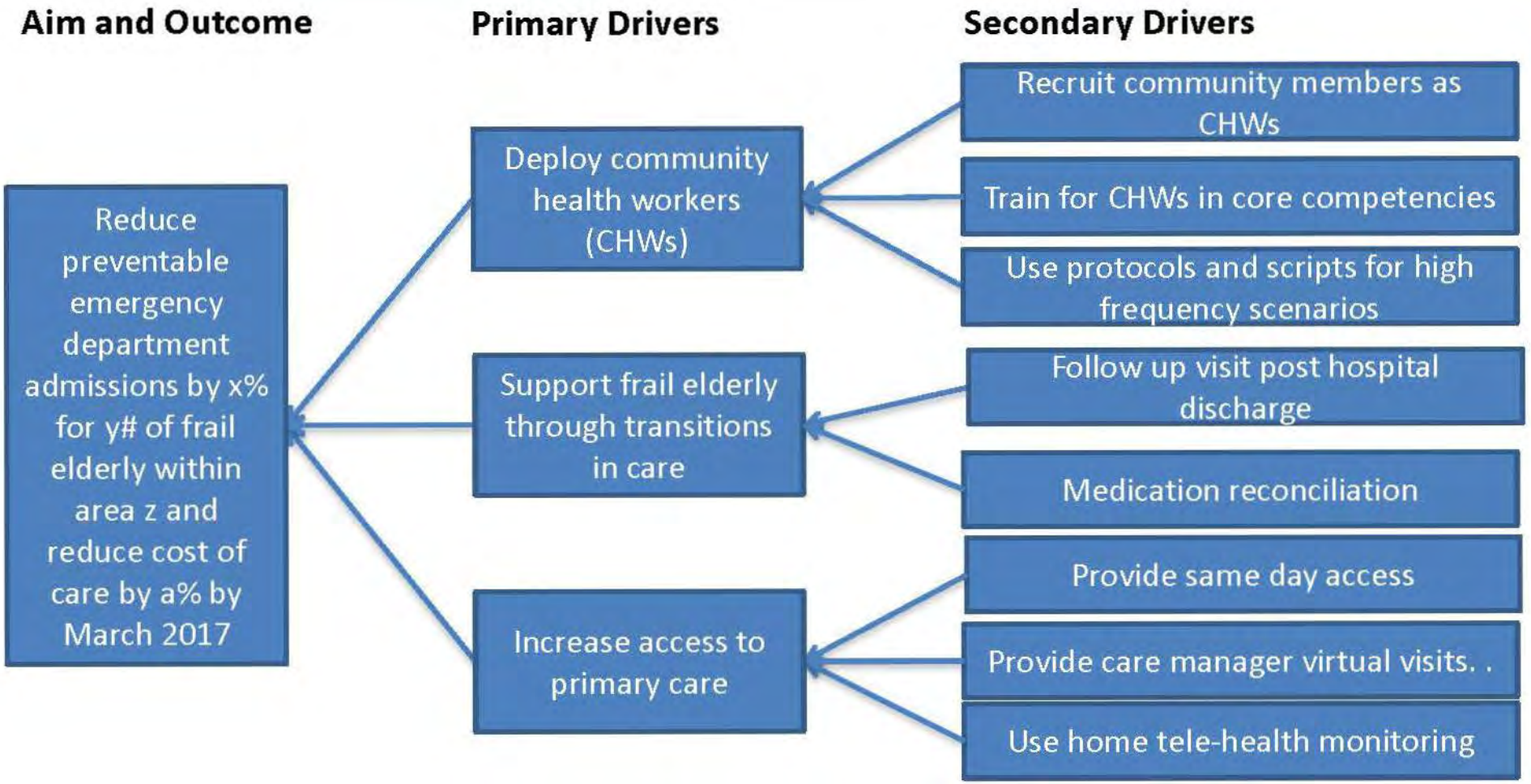
What do you predict it will take to accomplish this aim?

Secondary Drivers

What will be required for this to occur?



An Example of a Driver Diagram



Data and Reporting

Awardees are responsible for:

- Self-monitoring for continuous improvement
- Reporting to CMS on the progress and impact of their model
- Providing data and reports to CMS as specified
- Providing patient identifiable information to support independent evaluation

CMS will:

- Consider requests for Medicare FFS data and provide on an as-needed basis
- Hire a contractor to conduct an independent evaluation
- Work with awardees to refine self-monitoring metrics and strategies to report progress

Self-Monitoring vs. Evaluation

Awardees Self-Monitoring

- Goal: Provide close to real time data for continuous quality improvement
- Methods: Repeated cross-sectional or longitudinal, ideally with pre-intervention comparison
- Data: Readily available from existing systems, with some further data collection

CMS' Independent Evaluation

- Goal: Assess implementation and impact of awardees to inform decisions to scale
- Methods: Longitudinal with comparison group and pre-intervention period where possible
- Data: Primary and secondary data, including claims-based analyses

Measurement as a Partnership

- CMS will work collaboratively with awardees to develop and refine self-monitoring plans
- Self-monitoring data may inform independent evaluation
- Interim independent evaluation results may be shared with awardees

Two Broad Classes of Measures

- Programmatic and Operational Measures
  - Standard across all awardees
  - Examples: Full time equivalent (FTE) counts for hiring, unique participant counts
- Outcome Measures
  - Some standardization along with some customization by awardees
  - Examples: HbA1C control, proportion of patient with a care plan

Best Practices for Self-Monitoring

Good self-monitoring plans should…

- Align with driver diagram, with at least one measure per aim and primary driver
- Strive to use validated measures, where appropriate
- Cover 3 equally important areas:
  - Health and care quality
  - Total cost of care
  - Operational performance

Three Measurement Areas: 1. Health and Care Quality

- Type: Outcome and intermediate outcome
- Measures of improved care quality:
  - Reducing inappropriate utilization, e.g. rate of low-acuity ED visits
  - Increasing recommended or evidence-based services, e.g. proportion of patients with weight screening and follow up
  - Patient satisfaction, e.g. CAHPS survey
  - Patient access, e.g. proportion of urgent-visit patients seen same day
- Measures of better health:
  - Clinical outcomes, e.g. HbA1C level
  - Health behaviors, e.g. proportion of patients who use tobacco
  - Health-related quality of life, e.g. SF-12

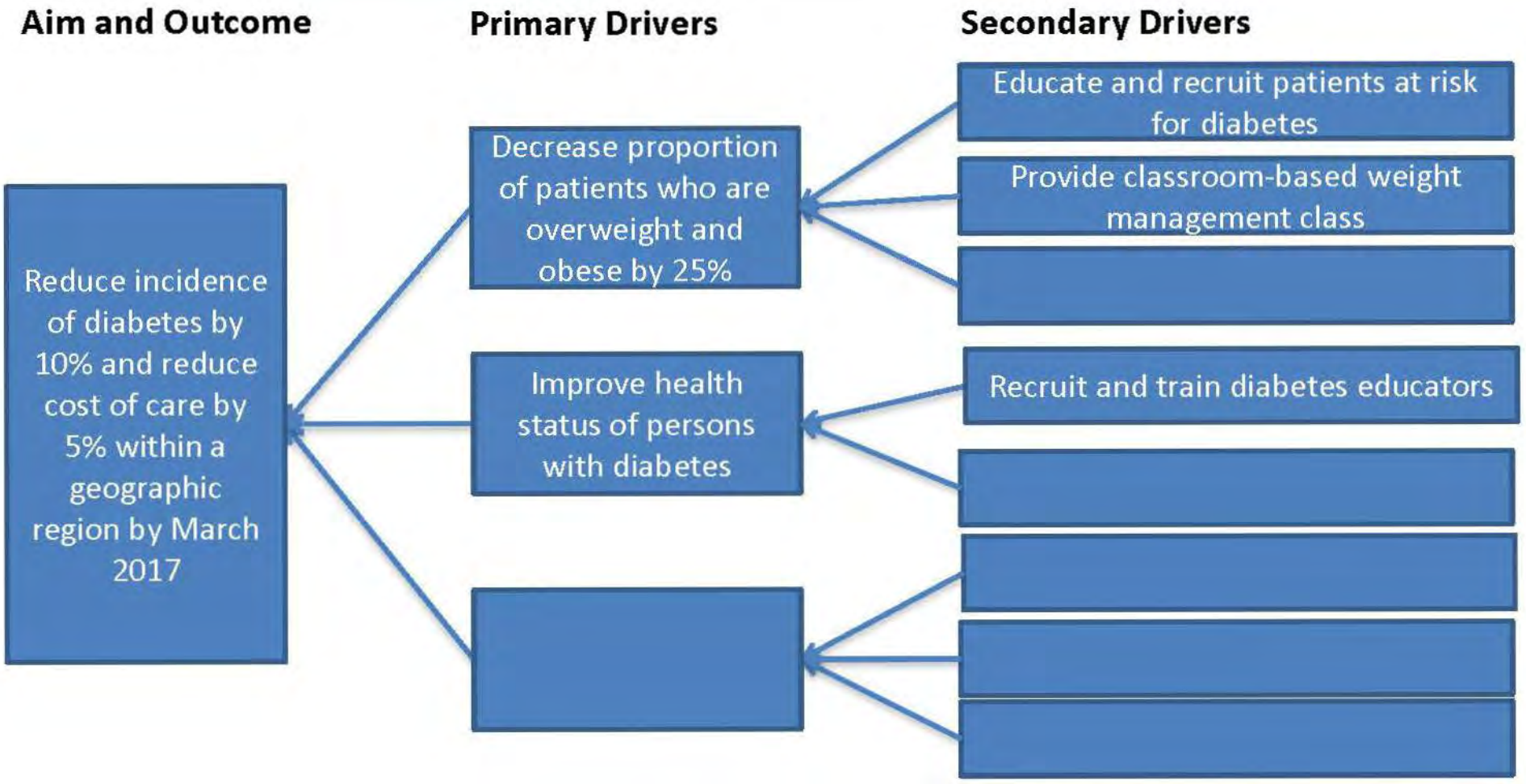
Three Measurement Areas: 2. Total Cost of Care

- Type: Outcome
- Measure of all medical expenditures
  - Typically reported on per beneficiary per month basis
- May also be broken down by cost category, e.g. inpatient expenditures
- May require proxy measures, e.g. measures of utilization

Three Measurement Areas: 3. Operational Performance

- Type: Process and structure
- Measures progress and fidelity in implementing intervention(s)
- Examples:
  - Proportion of recruited patients who agree to participate
  - Proportion of patients with an assigned care manager
  - Number of lay educators trained

Example: Diabetes Prevention



Example, Cont.: Linking Aims to Measures

Aim/Driver	Measure	Data Source	Frequency of Measurement
Reduce incident cases of diabetes	Proportion of patients who developed diabetes in the past 12 months	Survey of participants	Quarterly
Decrease proportion of patients who are overweight and obese	Proportion of patients who are obese (BMI≥30)	Weight data gathered from classes	Monthly
	Proportion of patients who are overweight (BMI 25-29.9)		
Reduce total cost of care	Total Medicare Part A and B spending per beneficiary per month	Claims	Quarterly

Example, Cont.: Linking Drivers to Measures

Aim/Driver	Measure	Data Source	Frequency of Measurement
Educate and recruit patients at risk for diabetes	Number of health fairs held in the past quarter	Program records	Quarterly
	Number of people given blood test who were pre-diabetic	Clinical records from event	Monthly
	Proportion of pre-diabetic patients recruited for program	Program records	Monthly
Recruit and train diabetes educators	Proportion of diabetes educator positions filled	Program records	Monthly
	Proportion of diabetes educators trained		
Provide classroom-based weight management class	Proportion of participants completing course	Program records	Quarterly
	Number of classes held in the past quarter		

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Operational Plan

- One of the Supplemental Application Materials required in the Funding Opportunity Announcement.
- **Please note updated version posted on June 20, 2013.** Please make sure to use the latest version in your submission.
- Awarded applicants will be required to update their operational plan at the beginning of the performance period.
- The operational plan will also be updated each quarter to make additions and refinements for the next six month period.

Operational Plan, cont.

- Focuses on implementation realities and demonstrates the applicant's ability to effectively launch the project's service delivery within the first six months, if awarded
- Gauges operational capacity and project readiness
- Defines the path to implement proposed strategies and achieve project goals
- Serves as a mutual road map between the Innovation Center and the Awardee

Operational Plan Sections

Section	Over-Arching Questions
A. Strategies, Aims, and Drivers	What are the key drivers in your plan to achieve these measureable results? What are the collective goals of the project especially for cost savings?
B. Project Set-Up Needs, Risks, and Key Personnel	What are the specific considerations in being able to implement your project within the first six months after award? How are you addressing project set-up needs and potential risks or barriers?
C. Implementation Milestones and Work Plan	What are the milestones, timelines, and accountabilities for your major work streams, especially during the 6 month ramp-up?
D. Self-Measurement Plan	What is your approach for self-measurement for your own quality improvement? 1) Your progress against project health, quality and cost goals? 2) The successful operations of your program?

Operational Plan

An effective operational performance strategy will include:

- Identification of the critical enablers and potential barriers to project success
- Ability to rapidly design a mitigation strategy for risks
- Plan for rapid cycle improvement of project operations and outcomes using self-monitoring
- Focus on milestone planning and execution

Section A. Strategies, Aims, and Drivers

- Insert a driver diagram into this section

- For more information on creating driver diagrams visit our user guide on the HCIA 2 Web site:

  Defining and Using Aims and Drivers for Improvement: A How-to Guide

http://innovation.cms.gov/Files/x/HCIATwoAimsDrvrs.pdf

Section B. Project Set-up Needs, Risks, and Key Personnel

Project Set-Up Needs	Requested Content	Actions Required to Implement (w/in 6 Months starting 04/01/14) (Max 500 chars)	Potential Risks (Max 500 chars)	Proposed Mitigation Strategies for Risks (Max 500 chars)
Intervention Development and Deployment	• Could you deliver your intervention or service today? • When will the service or intervention be ready to be deployed to patients/ recipients? • What is needed to have your service or intervention ready to be deployed within the first 6 months?			

Several Project Set-up needs are requested across domains essential to success.

Section C. Implementation Milestones and Work Plan

Quarter (Q1 or Q2)	Key Milestone	Aim / Driver	Project Set-Up Needs	Start Date	End Date	Lead Organization or Staff Member	Key Partners
Q1 - 04/01/14 - 06/30/14 Q2- 07/01/14 - 09/30/14	Describe key task or milestone (e.g. patient recruitment, intervention dev.)	Note how this task relates to Aim or Driver(s) (Driver diagram)	Relate task to Set-up Needs from Section B above by listing the specific need (driver diagram, leadership etc.)	mm/dd/yy	mm/dd/yy	List responsible party for task	List key partners that will participate in the task
Example: Q1	Example: Reach 200 patients enrolled by end of first month	Example: patient recruitment will relate to our Aim to Enroll 5000 patients by end of award	Patient Recruitment	04/01/14	04/30/14	Project Director	Vendor for Recruitment Materials

Section D. Measurement and Self-Monitoring

- Intended use of self-monitoring results
- Data collection capabilities for beneficiary information required for independent evaluation
- Operational measures (patient counts, encounters, etc.)
- Process and outcome measures for self-monitoring

Section D. Measurement and Self-Monitoring

- In order to consider standard measures we have provided a CMS measures list for Section D.4 Process and Outcome Measures.

- For your own unique measures, Section D.5 on custom measures can be used.

- For each measure the operational plan asks for the related aim, frequency, data sources and other pertinent information.

Operational Plan Hints

- Additional tables may be added in similar formats.
  - Application Narrative can be used to integrate additional information
- Please keep similar margins, font to the template.
- Be mindful of page length. There is a 50 page limit to supplemental materials, including the operational plan.

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Project Oversight

These awards are Cooperative Agreements that require significant involvement from CMS Project Officers (POs).

- PO meets regularly with awardee:
  - Approval process on operational plans
  - Progress reporting
  - Escalation of any issues
- PO connects awardees with CMS contractors as needed
  - All awardees are expected to cooperate with CMS independent evaluation and monitoring
- PO makes recommendation on project continuation
- The Grants Specialist manages formal business functions, including all budget and payment issues

Project Support

Awardees will be supported through Learning and Diffusion Activities organized by the Innovation Center

<u>These shared learning activities will:</u>

- bring organizations together to learn from one another
  - to participate in learning collaboratives
  - to organize peer networks of innovators
- actively measure success
- share breakthrough ideas to accelerate progress

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Submitting an Application

Access application electronically at:

- http://www.grants.gov

In order to apply all applicants must

- Obtain a **Dun and Bradstreet Data Universal Numbering System (DUNS)** number which can be obtained at www.dunandbradstreet.com
- Register in the System for Award Management (SAM) at: https://www.sam.gov/portal/public/SAM/

Upcoming Webinars

Webinar 6: Payment Models

- What is a Payment Model?
- What makes a Payment Model "Fully Developed"?
- What is a sustainable Payment Model?

Webinar 7: Application Narrative and Road Map

- Application Narrative
- Awardee Selection Process & Criteria
- Helpful Hints

Webinar 8: Technical Assistance for Submitting an Application

Slides, transcripts and audio will be posted at http://innovation.cms.gov

Next Steps

- Additional information regarding the Innovation Awards will be posted on http://innovation.cms.gov
- More Questions? Please Email InnovationAwards@cms.hhs.gov

Thank You!

Please use the webinar chat feature to submit questions

Resources

Better Care: Examples of Sources

Public Sources for CMS or HHS Approved Quality Measures

- HHS Measures Inventory
  http://www.qualitymeasures.ahrq.gov/hhs-measure-inventory/browse.aspx
- Medicaid and CHIP Programs;
  CHIPRA Core Set Technical Specifications Manual
  https://www.cms.gov/MedicaidCHIPQualPrac/Downloads/CHIPRACoreSetTechManual.pdf
  Initial Core Set of Health Quality Measures for Medicaid-Eligible Adults
  http://www.gpo.gov/fdsys/pkg/FR-2010-12-30/pdf/2010-32978.pdf
- Medicare Health Outcomes Survey http://www.hosonline.org/Content/SurveyInstruments.aspx
- Accountable Care Organizations – Measures used in the Shared Savings Program
  https://www.cms.gov/MLNProducts/downloads/ACO_Quality_Factsheet_ICN907407.pdf
- Health Indicators Warehouse http://healthindicators.gov/
- Healthy People 2020 http://healthypeople.gov/2020/default.aspx

Other Measure Sources

- IOM Health Services Geographic Variation Data Sets
  http://www.iom.edu/Activities/HealthServices/GeographicVariation/Data-Resources.aspx
- National Quality Forum http://www.qualityforum.org/Home.aspx
- NCQA http://ncqa.org/

Better Health: Examples of Measures and Sources

Population Health Outcomes (Examples)	Suggested Source for Data/Measures
<u>Disease and Injury</u> •Incidence and/or prevalence of disease and injury •Preventable events •Adverse outcomes •Reduction in iatrogenic events	•Disease management registries •Electronic medical records •Claims data •Health records •Surveys •Health Risk Assessments (HRAs) •Behavioral Risk Factor Surveillance System •MATCH County Health Rankings http://www.countyhealthrankings.org/
<u>Unhealthy Behaviors</u> •Tobacco Use •Nutrition and Exercise •Substance Abuse	

Better Health: Examples of Measures and Sources

Population Health Outcomes (Examples)	Suggested Source for Data/Measures
Health and Functional Status •Multi-domain Health/Functional Status •Utility-based Health/Functional Status	•Behavioral Risk Factor Surveillance System •CDC Health Related Quality of Life (HRQOL-14 •SF-12 or SF-36 •Patient Reported Outcomes Measurement Information System (PROMIS)
Life Expectancy •Healthy Life Expectancy (HLE) •Years of Potential Life Lost	•HHS Community Health Status Indicators •MATCH County Level Health Rankings http://www.countyhealthrankings.org/