Transforming Clinical Practice Initiative: A Service Delivery Innovation Model

Better Health. Better Care.

Lower Cost.

Questions

- Please <u>type</u> your questions into the "chat box"

- Answers to your questions will be posted on the Center for Medicare and Medicaid Innovation website

- More detailed information related to this funding opportunity can be found in the funding opportunity announcement located on the Innovation website and grants.gov

Context for Transforming Clinical Practice

- Passage of the Affordable Care Act in 2010 renewed efforts to improve our health care system

- Efforts have been guided by focus on **better health, better health care, and lower costs** through quality improvement

- Clinicians want to improve care for their patients and position their practices to thrive in a pay-for-value system.

- Increasing accountabilities from care delivery reform programs (e.g., Medicare Shared Savings Program)

- About 16% (~185,000) of clinicians are currently participating in CMS advanced care delivery models

- With Innovation Center support, successful clinical practice leaders can support their peers with direct technical assistance to help them transform their practices

Clinical Practice Leaders Have Already Charted the Pathway to Practice Transformation

Traditional Approach	Transformed Practice
Patient's chief complaints or reasons for visit determines care.	We systematically assess all our patients' health needs to plan care.
Care is determined by today's problem and time available today.	Care is determined by a proactive plan to meet patient needs.
Care varies by scheduled time and memory/skill of the doctor.	Care is standardized according to evidence-based guidelines.
Patients are responsible for coordinating their own care.	A prepared team of professionals coordinates a patient's care.
Clinicians know they deliver high-quality care because they are well trained.	Clinicians know they deliver high-quality care because they measure it and make rapid changes to improve.
It is up to the patient to tell us what happened to them.	You can track tests, consults, and follow-up after the emergency department and hospital.

Adapted from Duffy, D. (2014). School of Community Medicine, Tulsa, OK.

Secretary Burwell

"We all have a stake in achieving these goals and delivering for patients, providers, and taxpayers alike."
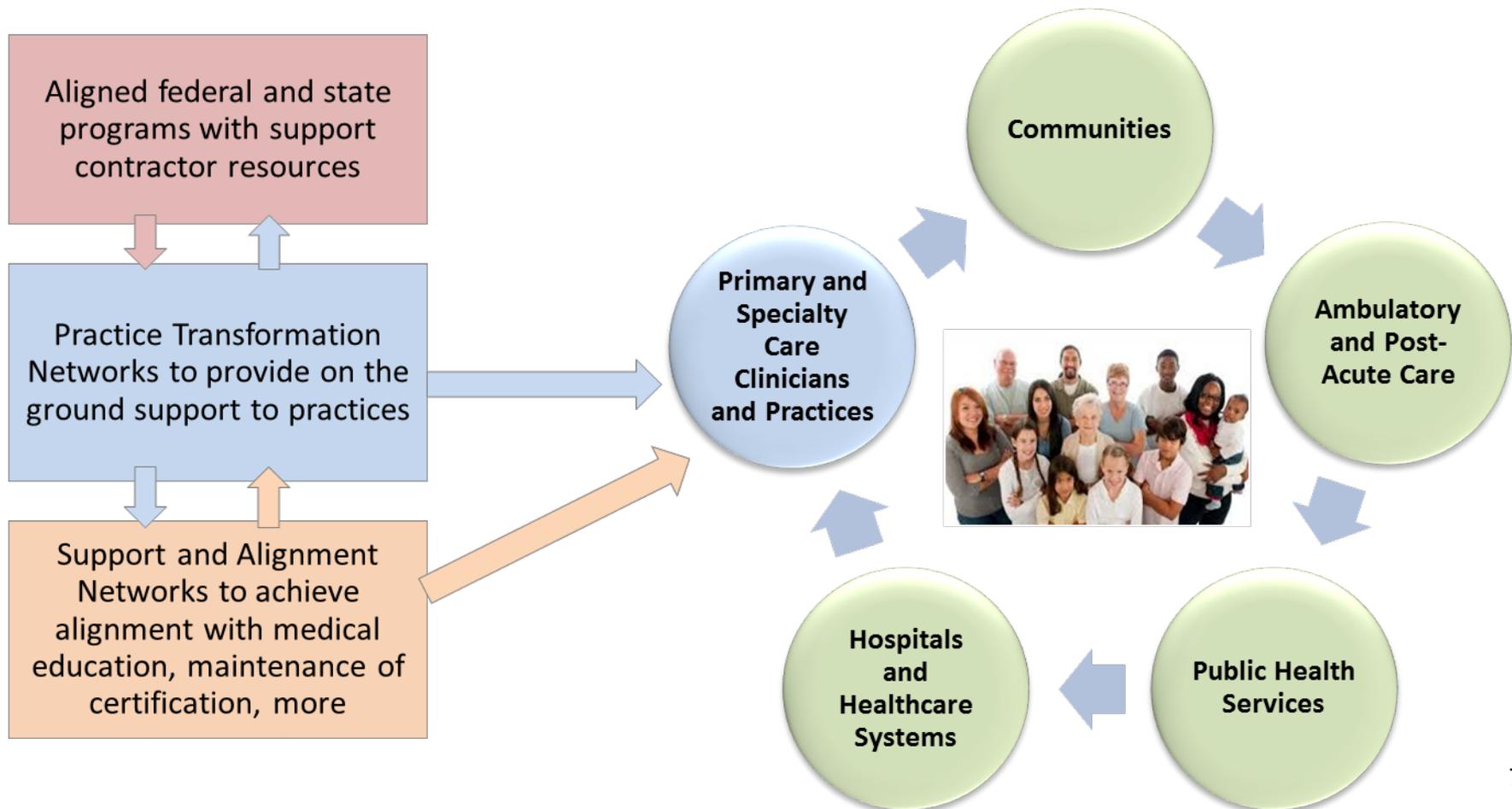
Transforming Clinical Practice Initiative Model

- Aligns with the criteria for innovative models set forth in the Affordable Care Act:
  - Promoting broad payment and practice reform in primary care and specialty care
  - Promoting care coordination between providers of services and suppliers
  - Establishing community-based health teams to support chronic care management
  - Promoting improved quality and reduced cost by developing a collaborative of institutions that support practice transformation
- Support clinician practices through five stages of practice transformation
  - Via Practice Transformation Networks, Support and Alignment Networks, and Quality Improvement Organizations

Practice Transformation in Action

*Transforming Clinical Practice would employ a **three-prong approach** to national technical assistance.*

*This technical assistance would enable large-scale transformation of more than 150,000 clinicians' practices to deliver **better care and result in better health outcomes at lower costs**.*

Aligned federal and state programs with support contractor resources

Practice Transformation Networks to provide on the ground support to practices

Support and Alignment Networks to achieve alignment with medical education, maintenance of certification, more

Primary and Specialty Care Clinicians and Practices

Communities

Ambulatory and Post-Acute Care

Public Health Services

Hospitals and Healthcare Systems

Transforming Clinical Practice Goals

Support more than 150,000 clinicians in their practice transformation work

Improve health outcomes for millions of Medicare, Medicaid and CHIP beneficiaries and other patients

Reduce unnecessary hospitalizations for 5 million patients

Generate $1 to $4 billion in savings to the federal government and commercial payers

Sustain efficient care delivery by reducing unnecessary testing and procedures

Build the evidence base on practice transformation so that effective solutions can be scaled

Who Might Be a…

Practice Transformation Network

- Health Systems
- State Organizations
- Regional Extension Centers
- Quality Improvement Organizations
- Primary Care and/or Specialty Care Practices
- Small/Rural/Medically Underserved Practices
- *And more!*

Support and Alignment Network

- Medical Associations
- Professional Societies
- Foundations
- Patient and Consumer Advocacy Organizations
- University Consortiums
- *And more!*

Any entities with existing federal contracts, grants, or cooperative agreements would need to satisfy both conflict of interest and duplication of effort specifications.

Transforming Clinical Practice Initiative Phases of Transformation

Set Aims

Use Data to Drive Care

Achieve Progress on Aims

Achieve Benchmark Status

Thrive as a Business via Pay-for-Value Approaches

6 Key Benefits to Participating Clinicians

1. Optimizes health outcomes for your patients

2. Promotes connectedness of care for your patients

3. Learn from high performers how to effectively engage patients and families in care planning

4. More time spent caring for your patients

5. Stronger alignment with new and emerging federal policies

6. Opportunity to be a part of the national leadership in practice transformation efforts

Improvement and Evaluation

Quality Improvement Work

- Measure Domains: Quality, Utilization, Cost, Patient Experiences
- Use of existing systems to collect and share quality improvement data with practices
- Reporting of quality improvement data in aggregate to guide national quality improvement work
- Continuous feedback loops across Transforming Clinical Practice Initiative networks and partners

Impact Evaluation

- Existing data from Meaningful Use, Physician Quality Reporting Program, Physician Value Modifier Program, and other clinician programs; claims-based calculations; and data from other existing national systems are used to develop and assess overall program impact

The Transforming Clinical Practice Initiative Is Sustainable Practice Redesign

- A collaborative, peer-based learning initiative

- A learning community of practice

- An opportunity for stronger partnerships

- An opportunity for bidirectional learning and strengthening of healthcare policy

- An opportunity to sustain good practice for clinicians, patients, and families

Support and Alignment Networks

- Applicants selected as SAN cooperative agreement awardees will work to leverage their professional relationship with clinicians and their leadership position to help accelerate primary and specialist care transformation.

- They will utilize their unique and established channels (peer-reviewed journals, registries, accreditation and licensure refinement, continuing medical education, maintenance of certification, annual conferences, task forces, newsletters, etc.) with their members, consumers, and others to support action and related results from participating clinicians and their practices.

Who Can Be a Support and Alignment Network?

- Types of organizations that could serve as Support and Alignment Networks include:

  - Medical professional associations and specialty societies

  - Organizations involved in generating evidence-based guidelines for clinical practice, and organizations promoting measurement and improvement through clinical registries and electronic health records

Evaluation and Monitoring of Transformation and Milestones

- The goal of reaching the initiative's aims will include use of a core set of measures to inform monitoring, evaluation, and performance improvement across all clinician practices participating.

- Each Support and Alignment Network applicant must clearly include quantifiable means for generating and documenting their projected impact on the overall initiative and the five key aims outlined in Section II.4 of the funding opportunity announcement.

- Strong proposals will establish quantitative targets for overall cost reductions achieved as a result of the activity and work of the Support and Alignment Networks.

Evaluation and Monitoring of Transformation and Milestones

- Each Support and Alignment Network applicant will be responsible for monitoring, evaluating, and reporting on the progress and impact of their improvement program goals and success each quarter.

- Support and Alignment Networks are expected to use this data to continue internal improvement and implement adaptive mechanisms to further advance clinicians and practices through the Phases of Transformation and in achieving the goals of initiative.

- Support and Alignment Networks will support clinicians in aligning their practice delivery actions to national standards and guidelines and support their learning to adapt to the changes that they will work to incorporate into specialty board exams and other mechanisms as they determine appropriate.

Restrictions on Award

- An applicant can only be funded to serve as a Practice Transformation Network or a Support and Alignment Network.

- Refer to section on "Restrictions on Award" in the funding opportunity for additional information.

Preventing Duplication of Effort

- To maximize alignment and synergy, and prevent duplication of efforts, participants will work collaboratively with:

  - CMS Quality Improvement Organizations

  - State Innovation Models

  - Regional Extension Centers

  - Other HHS Programs

Grant Award Process
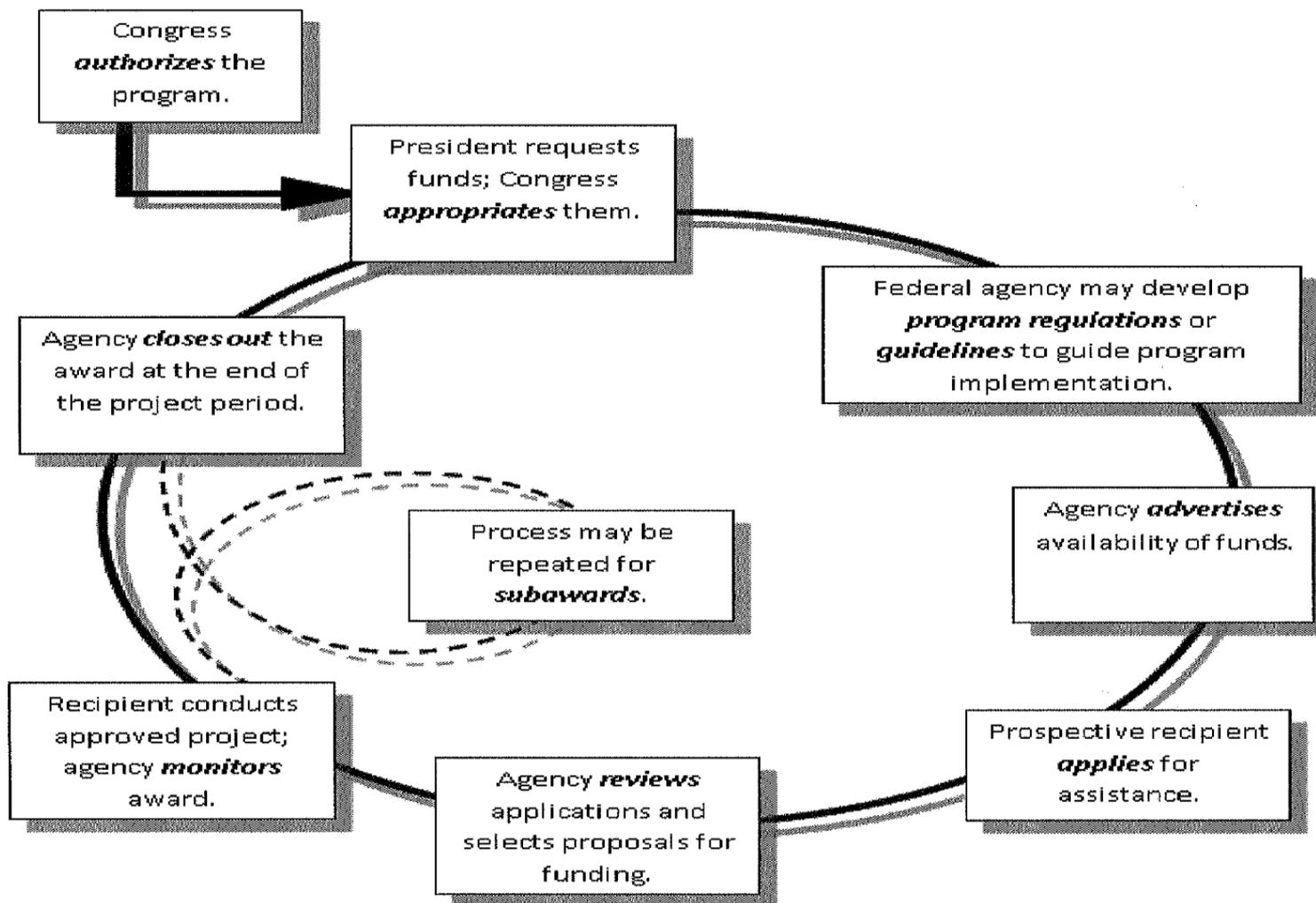
Roles and Responsibilities

Grants Management Officer

Grants Management Specialist

Project or Program Officer

Authorized Organizational Representative

Principal Investigator/Project Director

Governing Laws, Regulations, and Policies for Cooperative Agreements

Transforming Clinician Practice Initiative Authority	Applies to:
Section 1115A of the Social Security Act as added by § 3021 of the Affordable Care Act	Practice Transformation Networks and Support and Alignment Networks

Grants Policy	Applies to:
HHS Grants Policy Statement, Revised 01/07	HHS discretionary grants and cooperative agreement awards
2 CFR Part 215 (Previously OMB Circular A-110) and 45 CFR Part 74, Appendix E	Hospitals
48 CFR, Subpart 31.2	For-profit Organizations

OMB Omni Circular

2 CFR Part 200
Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

https://www.federalregister.gov/articles/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards

Application and Submission Procedures

- All applicants must have a valid Employer Identification Number (EIN)/Taxpayer Identification Number (TIN).

- All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number to apply.

- All applicants must register in the System for Award Management (SAM) database to be able to submit an application.

- The Authorized Organizational Representative who will officially submit an application on behalf of the organization must register with Grants.gov for a username and password.

Application and Submission Procedures

Applications

- Search by the CFDA number: PTN–93.638 and SAN–93.639

- Application must be submitted in the required electronic-PDF format at http://www.grants.gov, no later than the established deadline date: January 6, 2015.

- Specific instructions for applications can be found at Grants.gov.

Application and Submission Procedures

Format Requirements

- Applications must not be more than 40 pages in length, including the project abstract summary (restricted to one page).

- The project abstract may be single-spaced.

- The project narrative must be double-spaced. This includes all components of the project narrative.

- The budget narrative may be single-spaced.

- Charts and tables may be single-spaced. However, charts and tables should not be used to avoid the double-spaced narrative requirement.

- Font size must 12-point font or larger (including charts and tables).

Application and Submission Procedures

Standard Mandatory Forms

- SF 424: Official Application for Federal Assistance

- SF 424A: Budget Information Non-Construction

- SF 424B: Assurances – Non-Construction Programs

- SF LLL: Disclosure of Lobbying Activities

Project Abstract Summary

A one-page abstract describes the proposed project – found in the Grants Application Package at www.Grants.gov.
Select the Project Abstract Summary and complete the form.

Application and Submission Procedures

SAN Project Narrative

In the Grants Application Package found at www.Grants.gov, select the Project Narrative Attachment Form and "Add Mandatory Project Narrative File".
The Project Narrative uploaded file will include:

- Clear Linkage of Proposed Work to Quantitative Results on Aim
- Support and Alignment Networks (SANs) Achievement of Milestones
- Data Strategy
- Organizational Capacity and Project Management Plan

Budget Narrative

Refer to Appendix: Sample Budget and Narrative Justifications in FOA for detailed cost tables and breakdown for each SF 424A line item. Locate Budget Narrative Form in the Grants Application Package www.Grants.gov; select the Budget Narrative Form and "Add Mandatory Budget Narrative".

Application Process, Review, and Award

- Letter of Intent to Apply – due date is November 20, 2014.

- Go to Grants.gov to view the full funding opportunity announcement and application kit.

- Submit application at Grants.gov no later than January 6, 2015.

- Applications downloaded from Grants.gov into GrantSolutions.

- Applicant review process begins.

- Program produces decision memo recommending selected applicants.

- CMS begins budget negotiations with selected applicants based on the submitted SF 424A, budget tables, and narratives.

- Anticipated Issuance of Notices of Award: April 10, 2015.

- Anticipated Period of Performance: May 1, 2015 – April 30, 2019.

Grants Management GrantSolutions

- Electronic file format of application

- System accessible by CMS and applicant
    - Issue Notice of Award
    - Grant Notes (correspondence)
    - Amendments (budgets, administration)

Questions

- Please continue <u>typing</u> your questions into the "chat box". Answers to your questions will be posted on the Innovation Center website.

- After the session, you can email questions to: transformation@cms.hhs.gov

- More detailed information related to this funding opportunity can be found in the funding opportunity announcement located on the Innovation Center website and grants.gov

Important Transforming Clinical Practice Initiative Web Links

- Transforming Clinical Practice Initiative Website: http://innovation.cms.gov/initiatives/Transforming-Clinical-Practices/

- Practice Transformation Network http://innovation.cms.gov/Files/x/TCPI-FOA-PTN.pdf

- Support and Alignment Network http://innovation.cms.gov/Files/x/TCPI-FOA-SAN.pdf

- Acquisition Questions: tcpi@cms.hhs.gov