**Health Care Innovations Awards- Round Two (HCIA)**

**Operational Plan Instructions and Template**

| **Introduction** |
| --- |

**Overview and Purpose**

CMS supports initiatives that improve quality of care and reduce costs within the first six months of the award. The Operational Plan will serve as a roadmap for the project, guiding the actions of the Awardee and Project Officer. While the Application Narrative describes the concept behind the proposal, the Operational Plan focuses on implementation realities and demonstrates the applicant’s ability to effectively launch the project within the first six months, if awarded. The Operational Plan serves as a stand-alone document, consistent with the information provided in the Application Narrative and ensures mutual understanding of the project’s goals, strategies, measures of success, and allocation of funding.  Specifically, the Operational Plan will:

* Govern the business relationship between the Innovation Center and the Awardee;
* Gauge operational capacity and project readiness;
* Define the path to implement proposed strategies and achieve project goals;
* Identify critical enablers and potential barriers to project success;
* Identify initial measures for self-monitoring and assessment of actual performance relative to forecasts; and
* Define a path towards sustainability.

**Awardees will be required to revise Operational Plans to reflect any changes resulting from post-application negotiations following the Notice of Award. CMS may update the format or systems to collect Operational Plan information in the future.**  **HCIA funds can be drawn down only for model planning activities until such time as the Operational Plan has been reviewed and approved by CMS after the Notice of Award.**

The Operational Plan has four sections containing specific questions and focus.

|  |  |
| --- | --- |
| **Operational Plan** | |
| **Section** | **Over-Arching Questions** |
| 1. **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?* |
| 1. **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?* |
| 1. **Implementation Milestones and Work Plan** | *What are the milestones, timelines and accountabilities for your major work streams especially during the 6 month ramp-up?* |
| 1. **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?* |

| Section A | Strategies, Aims, and Drivers |
| --- | --- |

**What are the key drivers in your plan to achieve measurable results?**

A strong conceptual model and theory of change increases the chances of having a successful program that will achieve lower costs and better care. One such conceptual model is called a driver diagram, which is a graphical depiction of the theory of change and actions to achieve them. A completed driver diagram (i.e., one that includes aims (goals), primary drivers, and secondary drivers) is a central organizing element of the Operational Plan. A theory of change and action should also incorporate strategies for sustaining project results beyond the HCIA program. Moving forward, the driver diagram and supporting details will serve as a clear and mutually agreed upon outline of the process of implementation and change for the Innovation Center and the Awardee.

Please prepare and insert a Driver Diagram representing the theory of change and the actions necessary to carry it out for your project as described in section 1.1 of your Application Narrative.

CMS requires that a cost-savings target be incorporated as a required element in the driver diagram.

Please see the Application Guide for additional references on how to construct a driver diagram.

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

In your Application Narrative Section 2, you were asked to describe elements of organizational capacity, including questions related to leadership and project staffing. Please use the table on the following pages to briefly describe your strategy to address project set-up needs and manage potential risks. (More detailed task-oriented milestones may be incorporated into Section C of the Operational Plan, and need not be highlighted here.) A risk is a situation that may lead to a missing a milestone or failing at an aim related to your Innovation Award. For example the risk may arise from a delay in receiving appropriate licensing credentials for clinical staff or not meeting participant recruitment goals using the planned recruitment methods. We encourage awardees to consider potential risks during their implementation period and suggest mitigation strategies that reduce the likelihood of these situations.

***Instructions:*** *Please provide Actions Required, Potential Risks, and Proposed Mitigation Strategies for each of the Needs below, addressing only those areas that are relevant to your project. Please indicate an area is not relevant by typing “NA” in the respective column. Please add additional rows as needed.*

| **Project Set-up Actions and Potential Risks** | | | | |
| --- | --- | --- | --- | --- |
| **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) |
| Driver Diagram Strategy | * *Processes to routinely review driver diagram and revise as appropriate* * *Engage stakeholders, clarify and align population and target measures with self-monitoring plan* |  |  |  |
| Leadership and Governance Structure | * *Description of governance roles, policies and procedures; organizational charts; committee structures and composition; meeting frequency* |  |  |  |
| 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 six months?* |  |  |  |
| Payment Model | * Do you intend to develop/operate an alternate payment model during the award period? * If not, when will it be submitted? * What are the key actions in developing payment model? * Who are the key payers engaged in the payment model and when will their involvement start? |  |  |  |
| Patient Recruitment | * *How will the outreach and communication to patient be deployed?* * *What data or partnerships are required to recruit patients?* * *Are memoranda of understanding and data sharing agreements required?* * *Will a consent policy need development?* * *What is the coordination with related interventions or dependencies?* |  |  |  |
| Staffing  (Admin and Clinical) | * *What are the components of your staffing plan?* * *How will you address recruitment if staffing lags?* * *What are your strategies for training?* |  |  |  |
| Subcontract Management and Procurement | * *What contractors are needed and for what capabilities?* * *When will each contract be executed by quarter and date? Please address oversight of all required contracts, planned start-up timelines, procurement policies and procedures* |  |  |  |
| Payer Engagement Plan | * *Who are the Payer participants as of the time of application? In what capacity are they participating?* * *What other payers do you intend to add, when and in what capacity?* * *When all targeted payers are engaged what is the geographical service area and market share of each?* |  |  |  |
| HIT Implementation | * *Identification and oversight of major health IT procurement and implementation activities and associated timelines* |  |  |  |
| Licensure and Legal | * *Summary of major legal or regulatory dependencies and estimated timelines, including but not limited to certification, licensure and IRB approval.* |  |  |  |
| Capacity for Monitoring and Measurement | * *Will you have the required ability to track patient identifiers?* * *Will you have the required ability to track payments and tie those to providers?* * *What are the key supporting analysis contracts, and processes for sharing and reviewing the data?* |  |  |  |
| Other project set-up priorities | * *Other examples reflective of your project* |  |  |  |

| **Key** **Personnel**  Please list the Key Personnel who will be assisting you with the leadership and implementation of the project. | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | | **Role** | **Organization** | **Address** (City, State, Zip) | **Email** | **Phone** |
|  | | |  |  |  |  |  |
|  | | |  |  |  |  |  |
|  | | |  |  |  |  |  |
|  | | |  |  |  |  |  |
|  | | |  |  |  |  |  |
|  | | |  |  |  |  |  |
|  | | |  |  |  |  |  |
| Section C | Implementation Milestones and Work Plan | | | | | | |

Please note that your official budgeting process will be managed through the Office of Acquisition and Grant Management (OAGM). Project Officers and OAGM will work in collaboration with you throughout the process.

**Please provide approximately 10 milestones per quarter**, for the first six months only, that reflect the full scope of your project. Please draw from the aim(s) and drivers described in your driver diagram and Section 1 of the Application Narrative. These work streams should align with the budget and financial plan included in the Application Narrative section 3.1.

Please note our template is not intended to duplicate work planning templates or tools you may currently be using. Please feel free to include other relevant planning documents and visuals such as Gantt charts, as you see fit and page length allows, to convey an understanding of how your set-up priorities and work plans align to support achievement of your project goals.

***Instructions:***The following table offers a template for presenting your work plan. Depending on the scope and design of your work, some milestones may need to be refreshed each quarter. These initial milestones will serve as the critical path to ensure that your project is positioned for implementation by month six. If implementation moves forward, we will ask that you update / add to these quarterly milestones for review and discussion with your Project Officer.

| Milestone Work Plan for First 6 Months | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |
| --- | --- |

One key feature of self-monitoring is collecting data on your processes and outcomes for your own quality improvement.  You will be asked to submit quarterly reports using an agreed-upon set of metrics that are integral to your self-monitoring strategy. The metrics set will consist of both core measures that are required of all awardees and other measures specific to each awardee or type of awardee. The quarterly metrics set will include two different types of measures namely (1) "Program and Operational Monitoring" measures to assess programmatic dimensions of your project, and (2) "Awardee Specific Process and Outcomes" measures to assess self-monitoring progress against your project goals and strategies.

To assist you, CMS has developed a list of “Recommended Awardee Self-Monitoring Measures” that can be found on the [CMMI web site](http://innovation.cms.gov/) and our application guide. We reviewed many possible measures so that we could recommend those that were widely used, validated, and appropriate to the kinds of projects awardees are implementing. We hope that this list will guide you in selecting and defining your self-monitoring measures. We understand that some Awardees will have less flexibility in what measures they can report on (for example, based on existing information systems that should be identified as possible barriers), so we do not expect you to use only measures from this list. Further, we expect that since each Awardee will be unique there may be additional measures that are especially appropriate for your project, and you are free to use them. We see this list of measures serving as a core menu, from which you can select the measures most appropriate for your intervention to measure lower costs and better health through improvement, and we encourage you to use them if you can.  Adopting similar measures across Awardees will aid in the important task of documenting and understanding the results of your interventions.

Your measures should align strongly with the aim(s) and drivers in the driver diagram. Aims are generally based on outcome goals and drivers typically reflect the key processes or sets of processes predicted as necessary to achieve the aim. Therefore, all of the primary and many of the secondary drivers should align with the process measures identified in the plan and vice versa. You may have a few drivers that are not measured initially as well as additional measures beyond those associated with drivers. Check for alignment after developing your list of measures. If there are drivers that do not align with measures, consider how you will monitor progress towards that driver or whether it should be in the driver diagram; if there are measures that do not align with the driver diagram, consider why the measure will be tracked. Strong alignment, not necessarily complete, is highly recommended.

Your list of self-monitoring measures will be reviewed and refined in consultation with your Project Officer, the HCIA technical assistance team, and the CMS Data/Implementation contractor, following the Notice of award and may require revision. Quarterly reports will be collected through a centralized CMS Data/Implementation Contractor.

### Describe how self-measurements will be used

***Instructions:*** This section allows you to describe how you will use your measurements for your own self-improvement. How will data from the measurements be used to rapidly learn, identify, test and implement changes? What other uses do you anticipate? (Max 500 chars)

|  |
| --- |

### Beneficiary Identifiers

***Instructions:*** The independent evaluation will require each grantee to collect beneficiary identifiers (SSN, Medicare HIC, Medicaid ID, etc.) in order to link to administrative data. Each awardee will need to collect and track data on all participants in the awarded project, regardless of payer. In the space below, please detail a plan for collecting and providing this information, including which identifiers you propose to collect. In addition, you will need to track interactions at the beneficiary level. (Max 500 chars)

|  |
| --- |

### Programmatic and Operational Measures

***Instructions:*** Each quarterly report will require some basic information regarding programmatic and operational progress. Please review a sample of those measures in the type of information below. Complete the table by noting any inclusion/exclusion criteria or limitations you may have with these measures. Additional measures may be added at your discretion.

| **Measure Domain** | **Inclusion/Exclusion Criteria** | **Limitations** |
| --- | --- | --- |
| FTE Counts for Hiring and Staffing |  |  |
| Unique Participant Counts by Insurance Type (Medicare, Medicaid, CHIP, etc.) |  |  |
| Unique Participant Counts by Age |  |  |
| Quarterly Expenditures |  |  |
| Counts of Encounters (Clinical visits etc.) |  |  |
| Payments to Providers if applicable |  |  |
| Add other measures as needed |  |  |

* 1. **Process and Outcome Measure Selection from Suggested CMS List (found at http://innovation.cms.gov/)**

***Instructions:*** Using the table below provide a listing of selected process and outcome measures from CMS that best apply to your project. Please describe any limitations as noted. Repeat table as needed for additional measures. Please include at least one measure for each aim and primary driver. Please include specific measures for utilization and costs and balancing measures if available. Table may be repeated as needed to add measures.

| **Outcome Measure Selection from Suggested CMS List** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Definition** | **Example** | **Insert your measures here** | | | | |
| Number from Suggested Measures List | 34 |  |  |  |  |  |
| Aim or Driver From Driver Diagram | Improve Diabetes Control |  |  |  |  |  |
| Domain from Measures List | Outcome/Morbidity/  Diabetes |  |  |  |  |  |
| Measure Name | *Hemoglobin A1c Poor Control* |  |  |  |  |  |
| Text Description | *Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0 %.* |  |  |  |  |  |
| Inclusion/Exclusion Criteria | *All patients enrolled in the intervention, aged 18-75, with diabetes will be included. Only those who did not receive an HbA1C test in the past quarter will be excluded.* |  |  |  |  |  |
| Data Source | *EHR* |  |  |  |  |  |
| Frequency of Measurement | Quarterly |  |  |  |  |  |
| Limitations | N/A |  |  |  |  |  |
| Comments | N/A |  |  |  |  |  |
| Sampling Strategy (if Applicable) | N/A |  |  |  |  |  |
| Mode of Administration (if Applicable) | N/A |  |  |  |  |  |

* 1. **Custom Process and Outcome Measures Selection (Not from Suggested CMS List)**

***Instructions:*** Using the table below provide a listing of selected process and outcome measures you have developed on your own that best apply to your project. Please describe any limitations as noted. Repeat table as needed for additional measures.

| **Custom Outcome Measure Selection** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Definition** | **Example** | **Insert your measures here** | | | | |
| Aim From Driver Diagram | *Decrease poor birth outcomes* |  |  |  |  |  |
| Domain from Measures List | *Outcome/Morbidity/Birth* |  |  |  |  |  |
| Measure Name | *Percentage of infants born prematurely* |  |  |  |  |  |
| Text Description | *Percentage of live births with gestational age < 37 weeks.* |  |  |  |  |  |
| Technical Definition (Numerator and Denominator) | *Numerator: Live births with gestational age < 37 weeks. Denominator: All live births by mothers who were enrolled in program.* |  |  |  |  |  |
| Inclusion/Exclusion Criteria | *Population is based on mothers enrolled in program. Will exclude non-singleton births and only include live births.* |  |  |  |  |  |
| Data Source | *Vital record--long form birth certificate* |  |  |  |  |  |
| Frequency of Measurement | Quarterly |  |  |  |  |  |
| Limitations | *In some cases, it is difficult to link the birth certificate with the mother, may not be able to track all mothers in program to birth and link to birth outcomes.* |  |  |  |  |  |
| Comments | *Premature birth is a key measure of birth outcome.* |  |  |  |  |  |
| Sampling Strategy (if Applicable) | N/A |  |  |  |  |  |
| Mode of Administration (if Applicable) | N/A |  |  |  |  |  |