

Health Care Innovation Challenge

Webinar 4: Measuring Success

December 19, 2011



Health Care Innovation Challenge Webinars

*November
17, 2011*

Webinar 1: Overview of
the Innovation
Challenge

- Goals and objectives of the Innovation Challenge
- Summary of FOA
- Award Information

*December
6, 2011*

Webinar 2: Effective
Project Design

- Application Narrative
- Awardee Selection Process & Criteria
- Project Oversight and Support

*December
13, 2011*

Webinar 3: Achieving
Lower Costs Through
Improvement

- Explaining Total Cost of Care
- Demonstrating how applicants can achieve lower costs through improvement

*December
19, 2011*

Webinar 4: Measuring
Success

- Demonstrating measurable impact on Better Health and Better Care
- Operational Planning

*Slides and webcast posted at <http://innovations.cms.gov>

Mission Statement

“Be a constructive and trustworthy partner in identifying, testing, and spreading new models of care and payment that continuously improve health and health care for all Americans.”

Agenda

Webinar 4 – Measuring Success

I. Introduction

II. Measuring for Better Care and Better Health

III. Operational Performance

IV. Summary and Q & A Session

V. Resources

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Health Care Innovation Challenge

An open solicitation to identify a broad range of innovative service delivery/payment models in local communities across the nation.

- Looking for models that **accelerate system transformation** towards better care, better health and lower costs through improvement
- Looking for models that can be **rapidly deployed within six months** of award
- Specific focus on identifying models that will train and develop the **health care workforce of the future**

Health Delivery System Transformation

Acute Health Care System 1.0

- ✓ High quality acute care
- Accountable care systems
- Shared financial risk
- Case management and preventive care systems
- Population-based quality and cost performance
- Population-based health outcomes
- Care system integration with community health resources

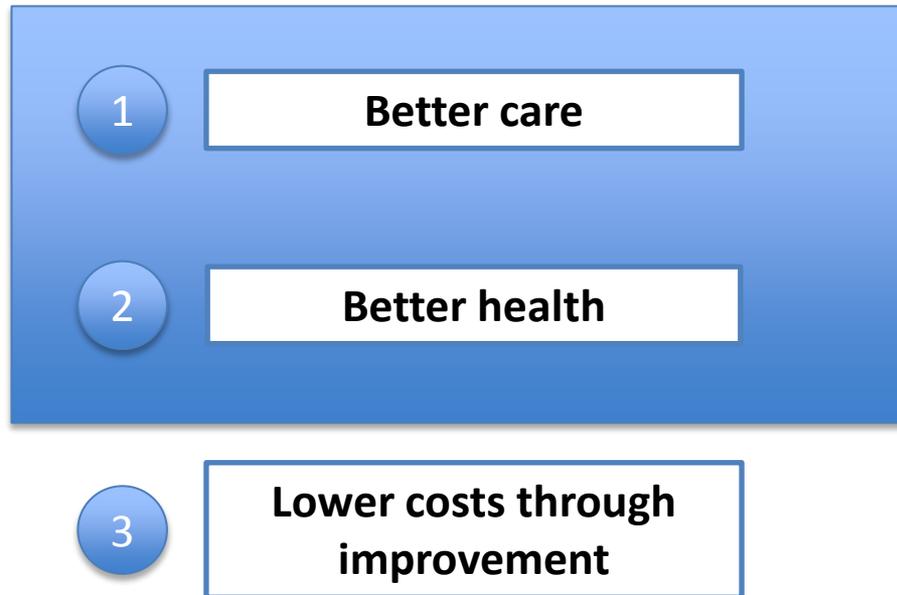
Coordinated Seamless Health Care System 2.0

- High quality acute care
- ✓ Accountable care systems
- ✓ Shared financial risk
- ✓ Case management and preventive care systems
- ✓ Population-based quality and cost performance
- Population-based health outcomes
- Care system integration with community health resources

Community Integrated Health Care System 3.0

- High quality acute care
- Accountable care systems
- Shared financial risk
- Case management and preventive care systems
- Population-based quality and cost performance
- ✓ Population-based health outcomes
- ✓ Care system integration with community health resources

Introduction



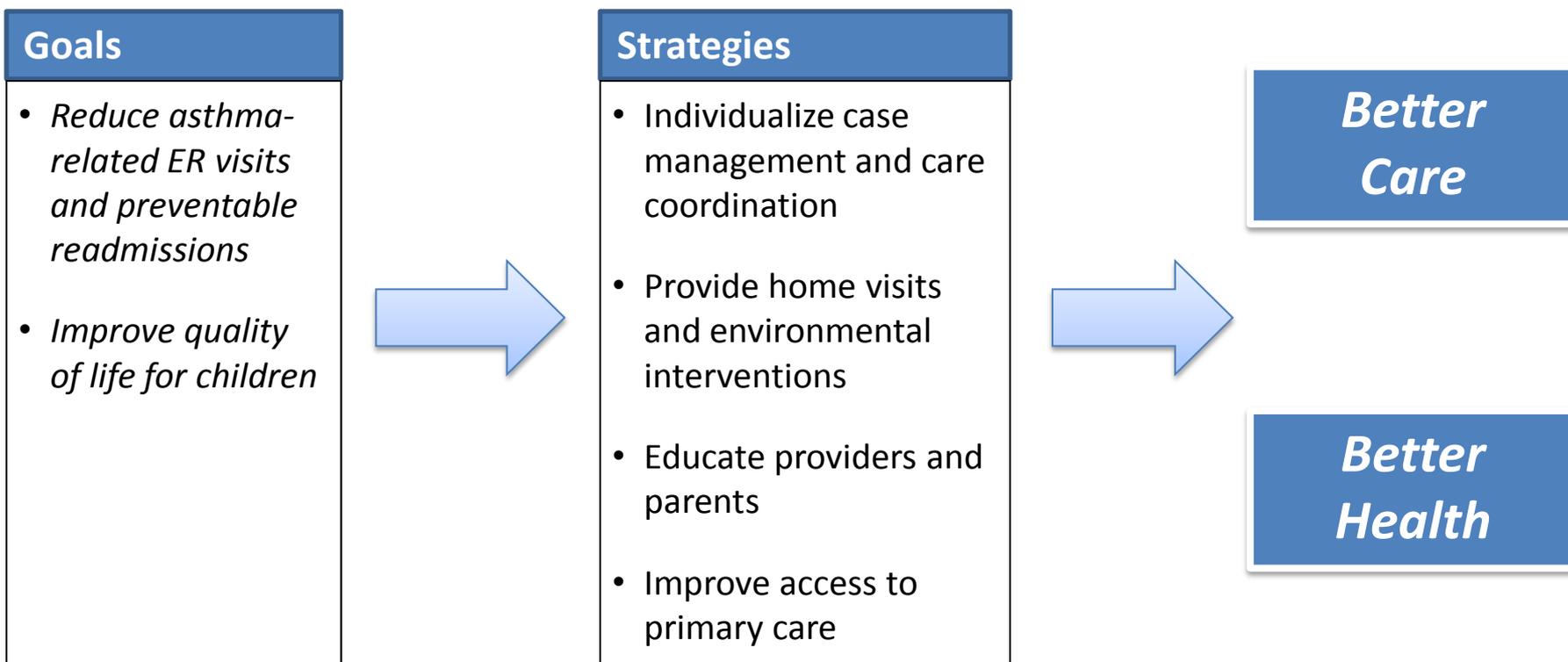
A successful **Operations Plan** will drive three-part aim outcomes

I. Measuring for Better Care and Better Health

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Illustrative Example

Overarching Aim: Improve the care and health of children with asthma in a target population



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Measurement Readiness

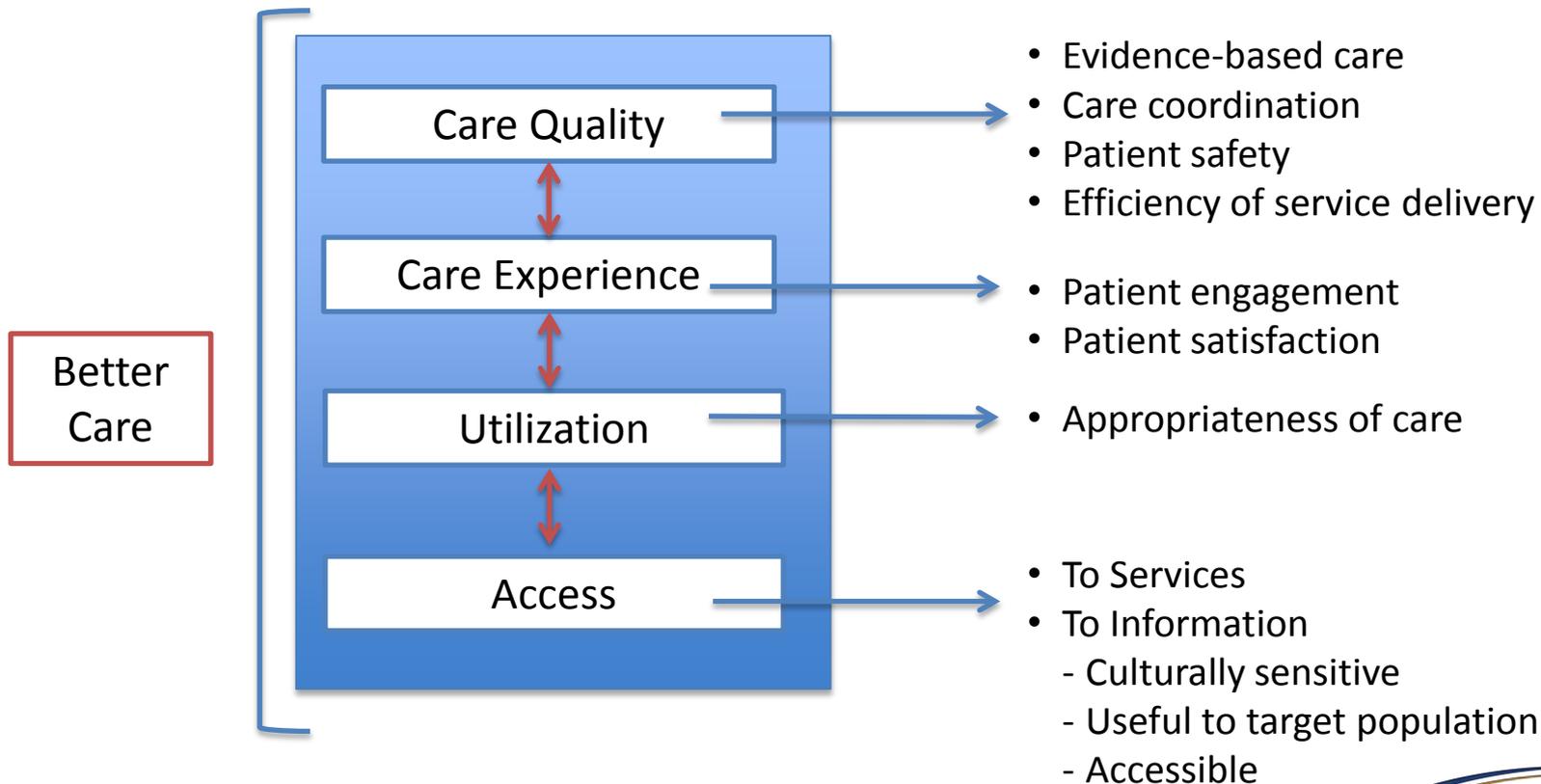
Applicants should have data driven measurement processes for continuous quality improvement.

- Applicants should include their experience with self-evaluation and quality improvement in their narrative
- Applicants are expected to demonstrate data collection and analysis capabilities
- New data collection requirements should also be described

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Better Care – Key Domains

“The right care at the right place at the right time.”



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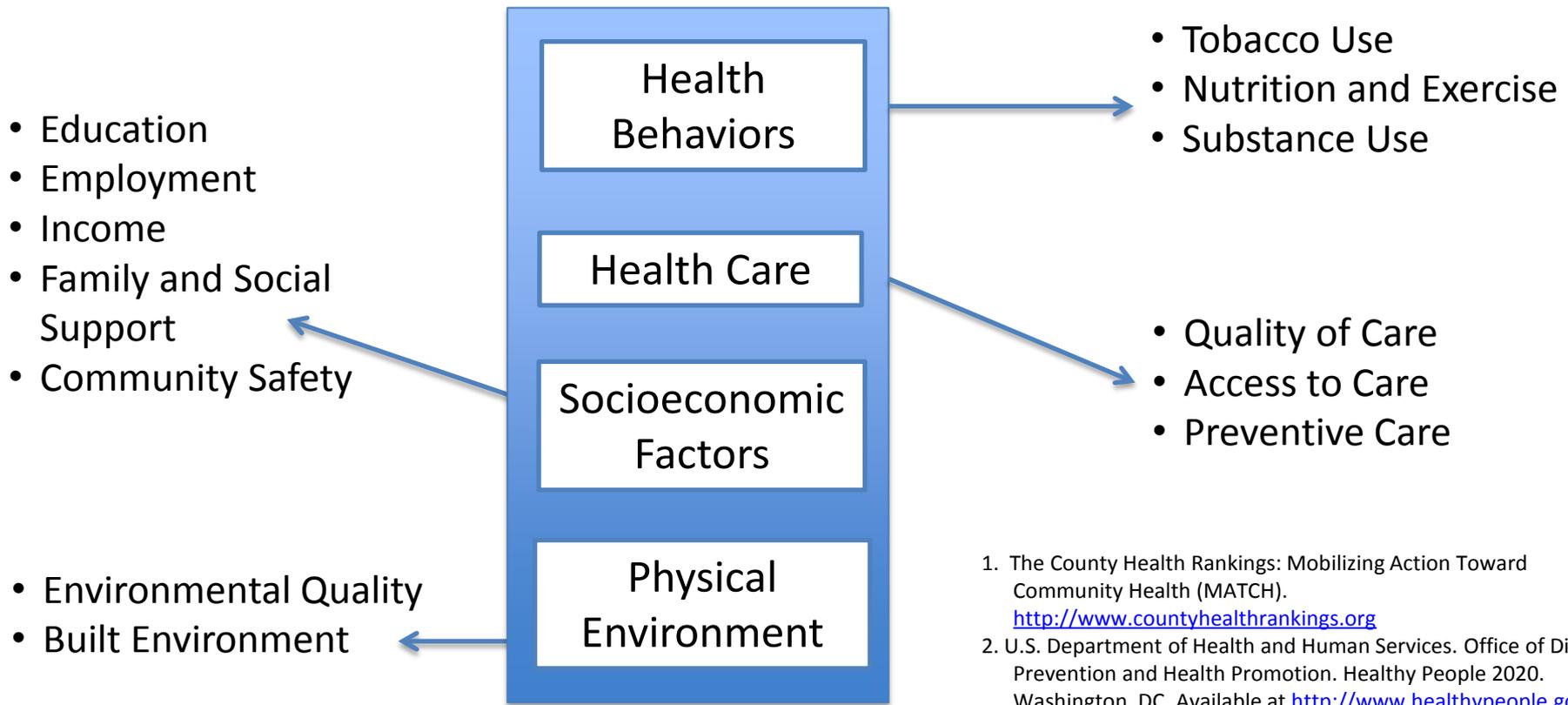
Better Care Measures

- Applicants should identify and define the target population in order to effectively evaluate the impact of their proposal.
- Applicants should select the care measures required to evaluate continuous performance improvement of their strategies.
- Data should be analyzed and measured on a continuous basis, enabled where appropriate by health IT
- When available, applicants should use validated measures that are in the public domain, preferably CMS and HHS measures.

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Better Health – Key Health Factors

Health Factor Examples

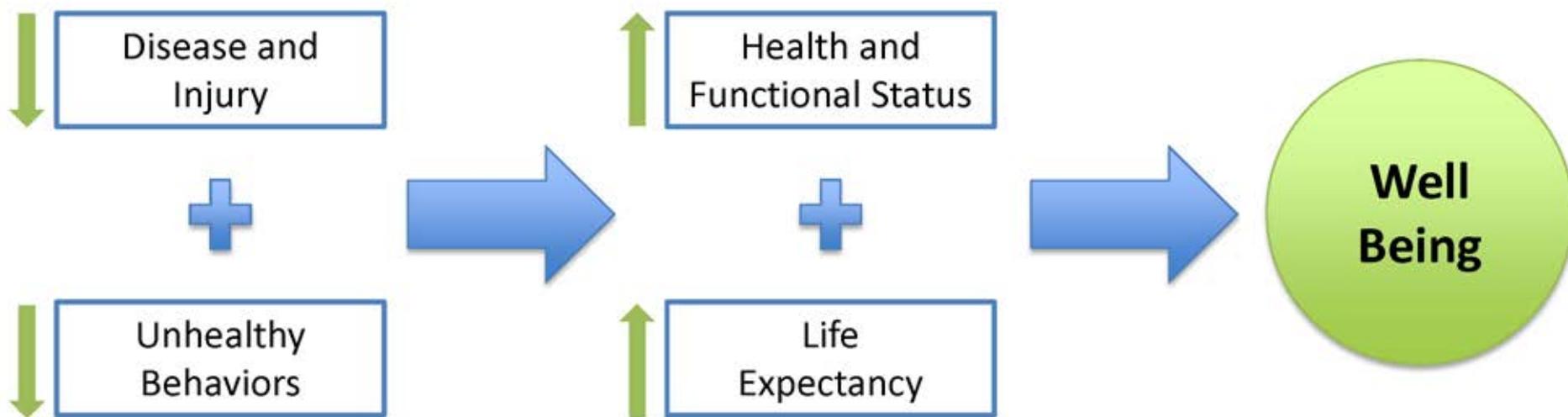


1. The County Health Rankings: Mobilizing Action Toward Community Health (MATCH).
<http://www.countyhealthrankings.org>
2. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <http://www.healthypeople.gov>

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Better Health - Community Health Outcomes

A Measurably Healthier Population...



1. The County Health Rankings: Mobilizing Action Toward Community Health (MATCH).
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2. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <http://www.healthypeople.gov>

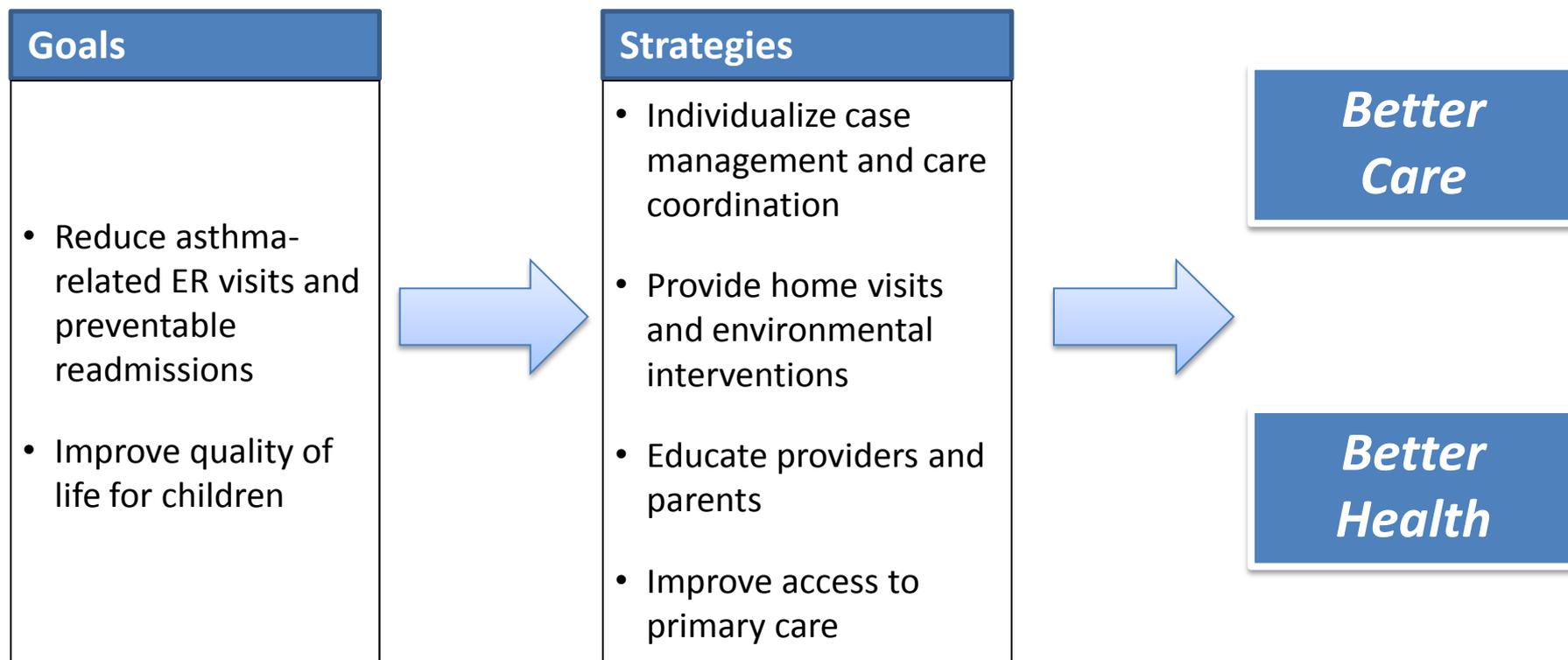
Measuring for Better Health

- Applicants are expected to provide a rationale for measurement of population health outcomes in the target population defined for their project.
- Applicants are not expected to provide measures in all domains, only those applicable and feasible to their projects.
- Progress in care improvement can be demonstrated relatively quickly; however, improvements in population health are likely to take longer.

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Illustrative Example

Overarching Aim: *Improve the care and health of children with asthma in a target population*



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Illustrative Example

Overarching Aim: Improve the care and health of children with asthma in a target population

**Better
Care**

Measures of Success

Increase % of children with asthma action plan

Decrease % of children with mold inside of home (in the past 30 days)

Increase % of children receiving flu shots (in the past 12 months)

Increase % of all pediatric asthma patients with mild, moderate, or severe persistent asthma who were prescribed preferred long-term control medication or acceptable alternative for long-term control

**Better
Health**

Decrease the rate of preventable hospitalizations

Reduce the rate of school days missed

Reduce the rate of days with limited physical activity

*Asthma Care Quality Improvement: Resource Guide, Appendix D: Asthma Measures, Available at:

<http://www.ahrq.gov/qual/asthmacare/asthmaappd.htm>

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Illustrative Example : Scorecard for Better Care

Applicants are encouraged to submit care improvement plans as seen below...

| Quality Measure | Regional Benchmark* | Current* | Year 1 | Year 2 | Year 3 |
|--|---------------------|----------|--------|--------|--------|
| Care Quality | | | | | |
| % of pediatric asthma inpatients with documentation that they or their caregivers were given a written Home Management Plan of Care (HMPC) document | | 50% | 55% | 65% | 75% |
| Utilization/Appropriateness of Care | | | | | |
| % of all pediatric asthma patients with mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment. | | 50% | 56% | 66% | 77% |
| % of children with mold inside of home (in the past 30 days) | | 70% | 60% | 50% | 40% |
| Access | | | | | |
| % of children receiving flu shots (in the past 12 months) | | 50% | 60% | 70% | 80% |
| ... | ... | ... | ... | ... | ... |

*If possible applicants should report on regional benchmarks and well-researched estimates of current baselines in their populations.

Asthma Care Quality Improvement: Resource Guide, Appendix D: Asthma Measures, Available at: <http://www.ahrq.gov/qual/asthmacareasthmaappd.htm/>

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Illustrative Example : Scorecard for Better Health

Applicants are encouraged to submit care improvement plans as seen below...

| Quality Measure | Regional Benchmark | Current | Year 1 | Year 2 | Year 3 |
|---|--------------------|---------|--------|--------|--------|
| Disease and Injury | | | | | |
| Rate of preventable hospitalizations (per 100,000) | | 2,000 | 1,800 | 1,500 | 1,400 |
| Health and Functional Status | | | | | |
| Rate of days with limited physical activity (per 100,000) in the past 12 months | | 15,000 | 13,000 | 12,000 | 11,000 |
| Rate of days missed from school during the past school year | | 9,000 | 8,000 | 7,000 | 6,000 |
| ... | ... | ... | ... | ... | ... |

*If possible applicants should report on regional benchmarks and well-researched estimates of current baselines in their populations.

Asthma Care Quality Improvement: Resource Guide, Appendix D: Asthma Measures, Available at: <http://www.ahrq.gov/qual/asthmacare/asthmaappd.htm>

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3. Operational Performance

Operational Performance

An effective operational performance strategy will include

- A strategy for measuring rapid cycle improvement of project operations
- Ongoing monitoring and evaluation of operational measures
- An ability to rapidly design a mitigation strategy and implement improvements

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Operational Plan

Applicants are expected to provide a detailed operational plan demonstrating the ability for rapid, well-designed program execution

The operational plan should include:

- Plans for implementation to start improving care within 6 months of funding
- Roles and responsibilities of key partners
- Major milestones and dates
- Organizational chart describing the governance structure and relationships with partners
- Key resources necessary for success

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Operational Plan Schedule Example

Examples might include:

Operational Plan Schedule

| Strategic Priorities | Short-term Action Steps | Lead Responsibility | Time Frame |
|---|---|---------------------|------------|
| Domain 1 Organizational goals, management, and governance | <ul style="list-style-type: none"> • Establish project charter • Approve operating budget | | |
| Domain 2 Workforce | <ul style="list-style-type: none"> • Develop training plan and curriculum • Recruit and hire staff | | |
| Domain 3 Self-Measurement for Quality Improvement | <ul style="list-style-type: none"> • Develop measurement plan • Secure data from partners • Design and administer patient survey | | |

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5. Summary and Q & A

Summary of HCIC Measures

| Performance Goal | Performance Metrics | Application Section | Deliverable |
|---|---|--|--|
| Impact on Better Care | <u>Better Care Quality Measures</u> <ul style="list-style-type: none"> - Care Quality - Care Experience - Utilization - Access | <ul style="list-style-type: none"> - Section IV.2.iv: 2.2 Operational Plan 4.1: Reporting and Evaluation of quality measures and elsewhere in narrative | <ul style="list-style-type: none"> - Application narrative - Scorecard with metrics (suggested) |
| Impact on Better Health | <u>Population Health Outcomes</u> <ul style="list-style-type: none"> - Disease and Injury - Unhealthy Behaviors - Health/Functional Status Assessment - Life Expectancy | <ul style="list-style-type: none"> - Section IV.2.iv: 2.2 Operational Plan Section 4.1: Reporting and Evaluation of quality measures and elsewhere in narrative | <ul style="list-style-type: none"> - Application narrative - Scorecard with metrics (suggested) |
| Impact on Lower Cost (Webinar 3) | <u>Financial Measures</u> <ul style="list-style-type: none"> - Program-level net savings over the duration of each awards - Projected medical cost trend reduction | <ul style="list-style-type: none"> - Section IV.2.v: 5.1-3: Funding and Sustainability and elsewhere in Narrative | <ul style="list-style-type: none"> - SF242A - Financial plan - Supporting narrative and schedules |
| Operational Performance | <ul style="list-style-type: none"> - As defined by the Operational Plan | <ul style="list-style-type: none"> - Section IV.2.iv: 2.1-2.3: Organizational capacity | <ul style="list-style-type: none"> - Operational plan schedule - Organizational chart - Staffing plan |

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Award Information

Funds will be awarded through **cooperative agreements**

- Funding Opportunity Announcement (FOA) released on November 14, 2011
- 2 planned award cycles (March 2012, August 2012)
- Awards expected to range from \$1 million - \$30 million

| Key Dates: 1 st Cycle Award Process | |
|--|--|
| Date | Award Process |
| December 19, 2011 | Letter of Intent by 11:59 pm EST |
| January 27, 2012 | Application Due Electronically by 11:59 pm EST |
| March 30, 2012 | Awards Granted to Selected Applicants |
| 3-years from Award date | End of Period of Performance |

Important Information

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 <http://www.dunandbradstreet.com>
- Register in the **Central Contractor Registration (CCR)** database. More information at <http://www.ccr.gov>

Questions & Answers

Please use the webinar feature to submit any questions you have for the speaker.

Contact us at :

InnovationChallenge@cms.hhs.gov

FAQs are now online at

<http://innovations.cms.gov>

6. Resources

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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/>

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Better Health: Examples of Measures and Sources

Population Health Outcomes (Examples)

Disease and Injury

- Incidence and/or prevalence of disease and injury
- Preventable events
- Adverse outcomes
- Reduction in iatrogenic events

Unhealthy Behaviors

- Tobacco Use
- Nutrition and Exercise
- Substance Abuse

Suggested Source for Data/Measures

- 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/>

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Better Health: Examples of Measures and Sources

Population Health Outcomes (Examples)

Health and Functional Status

- Multi-domain Health/Functional Status
- Utility-based Health/Functional Status

Life Expectancy

- Healthy Life Expectancy (HLE)
- Years of Potential Life Lost

Suggested Source for Data/Measures

- 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)

- HHS Community Health Status Indicators
- MATCH County Level Health Rankings
<http://www.countyhealthrankings.org/>

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