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## MEMORANDUM

**TO:** Members

**FROM:** Karen Lipson  
Executive Vice President for Innovation Strategies

**DATE:** June 28, 2013

**SUBJECT:** CMS Webinar #5 on Health Care Innovation Awards – Round 2

On June 26, CMS hosted its fifth webinar on Round 2 of the Health Care Innovation Awards funding opportunity. The following provides highlights of the presentation, entitled “Measuring for Success and Developing an Operational Plan:”

### 1. Measuring for Success:

- a. The first step is to make explicit hypotheses – a theory of change to drive better health, better care and lower costs.
  - i. Define your aim. What will be improved, by how much, and by when?
  - ii. Usually one aim is sufficient. You should have no more than 3 aims.
- b. Identify your primary strategies for achieving your aim and how will you know that you are successfully implementing them.
- c. See driver diagram in application:
  - i. Primary drivers –general processes that will help to achieve aim
  - ii. Secondary drivers –specific requirements to ensure that that primary drivers work.
  - iii. Example – Reduce preventable ED visits by X% of frail elderly within area and reduce cost of care by Y%.
    1. Primary Drivers:
      - a. Deploy community health workers
      - b. Support frail elderly through transitions in care
      - c. Increase access to primary care
    2. Secondary drivers
      - a. Recruit workers
      - b. Train workers

- c. Use protocols and scripts
- d. Follow-up visit after hospital stay

## 2. Data and Reporting

- a. Awards require extensive self-monitoring for continuous quality improvement (CQI), including:
  - i. Progress and impact
  - ii. Use of patient identifiable information. The goal is close-to-real time data for CQI.
    - 1. CMS will consider requests for Medicare FFS data to support self-monitoring.
  - iii. CMS will work with awardees to refine self-monitoring metrics and strategies.
- b. Independent Evaluation
  - i. CMS will hire contractor for independent evaluation.
  - ii. Assess implementation and impact of awardees to inform decision to scale.
  - iii. Methods may include longitudinal analysis with comparison group and pre-intervention period.
  - iv. Will use primary and secondary data.
- c. Two classes of measures must be deployed:
  - i. Programmatic and operational measures
    - 1. Standard for all awardees
    - 2. Example: FTE counts and participant counts
  - ii. Outcome Measures
    - 1. Some standardization among all awardees, along with some customization by awardees.
      - a. Examples: HBAIC control, proportion of patients with a care plan
- d. Best Practices for self-monitoring plan
  - i. Start with driver diagram with at least one measure per aim and primary driver.
  - ii. Strive to use validated measures where appropriate (e.g., measures from NQF; see website for recommended measures).
  - iii. Cover all 3 equally important areas – health and care quality, total cost of care, and operational performance.
- e. Health and Care Quality
  - i. Care quality – Examples: reduce inappropriate utilization, increase recommended or evidence-based services, patient satisfaction, patient access.
  - ii. Better Health – clinical outcomes, health behaviors, health-related quality of life.
- f. Total Cost of Care

- i. Outcome measures include:
  1. All medical expenditures per beneficiary per month (pbpm)
  2. May be broken down by cost category (e.g., focus on inpatient expenditures)
  3. May require proxy measures
- g. Operational Performance - process and structure measures (e.g., Are you on track to meet your goals?)
  - i. Measures progress and fidelity in implementation of interventions
  - ii. Examples:
    1. Proportion of recruited patients who agree to participate
    2. Proportion of patients with an assigned care manager
    3. Number of educators trained.

### 3. Example: Diabetes Prevention

- a. Aim – reduce incidence of diabetes within a region
  - i. Measure: proportion of patients who developed diabetes in past 12 months.
    1. Quarterly measurement is preferred.
  - ii. Measure: proportion of patients who are overweight and obese.
    1. Collection method: Monthly data collection via classes
- b. Aim – reduce total cost of care
  - i. Measure: Reduction in total Medicare Part A and B spending pbpm
- c. Process measures include
  1. Number of people given blood test
  2. Proportion of pre diabetic patients recruited for program
  3. Proportion of diabetes educator positions filled
  4. Proportion of participants completing weight management class

### 4. Operational Plans

- a. Very important element of application
  - i. Section 2 of application is on implementation and counts 25%.
  - ii. Updated version posted on June 20.
- b. Must update operational plan at the beginning of the performance period.
  - i. And, must be updated each quarter to make additions and refinements for next 6 month period.
- c. Must be focused on implementation realities and demonstrates ability to launch within first 6 months
  - i. Define path to implement proposed strategies and achieve project goals.
  - ii. Serves as a mutual road map between Innovation Center and awardee
- d. Includes identification of critical enablers and potential barriers to success
  - i. Must demonstrate ability to design rapid mitigation strategy
  - ii. Include plan for rapid cycle improvement of project operations and outcomes using self- monitoring process.
- e. Focus on milestone planning and execution.

- f. Set up includes needs, risks and personnel
  - i. Could you deliver your intervention today?
  - ii. When will it be ready?
  - iii. What is needed to mitigate risks?
- g. Measurement and Self-Monitoring
  - i. Intended use of self-monitoring to promote rapid cycle improvement
  - ii. Data collection capabilities for beneficiary information required for independent evaluation
  - iii. Must include:
    - 1. Operational measures (patient counts)
    - 2. Process and outcome measures for self-monitoring
    - 3. Tie each measure to aim, frequency, and data sources
- h. Hints
  - i. Add tables in similar formats
  - ii. Use application narrative to integrate additional information
  - iii. Keep similar margins and font in any additional tables.

## **5. Role of Project Officer**

- a. Cooperative Agreements require significant involvement from CMS Project Officers
  - i. Regular meetings
  - ii. Approval process on operational plans
  - iii. Progress reporting
  - iv. Escalation of any issues
  - v. Project Officer connects awardees with other CMS contractors e.g. independent evaluator
  - vi. Convenes collaborative learning process
  - vii. Makes recommendation on continuation of project
- b. Grants specialist manages formal business functions, including budget and payment issues.
- c. Shared Learning and Diffusion Activities
  - i. Participate in collaboratives and organize peer networks

## **6. Next Steps**

- a. Webinar #6 will focus on payment models.
- b. Webinar #7 will cover the application narrative and road map.
- c. Webinar #8 will provide technical assistance.

## **7. Questions & Answers**

- a. Proposals can focus on Medicare Advantage beneficiaries, but CMS will look for a return on investment (ROI) to CMS.
- b. Prevention models may take longer to achieve ROI. CMS recognizes this and is looking for a balanced portfolio. CMS encourages submission of prevention models.

- c. No assumption that payment model will be operationalized within performance period.
- d. Not required to have partners specified in Letter of Intent.
- e. Budget form and financial plan must demonstrate reductions in total costs of care. Must have reasonable expectation of reducing total costs of care within 3 years and on annualized basis thereafter. No minimum ROI required.
- f. Proposals that benefit pre-Medicare beneficiaries are eligible only if they indirectly benefit non-CMS beneficiaries. CMS funds may be used only to benefit Medicare, Medicaid, CHIP beneficiaries.
- g. Models previously funded and implemented by other organizations are not disqualified. However, considerations in the evaluation will include fit with current CMS portfolio and non-duplication of other HHS activities.

The slide presentation and a recording of the webinars will be posted at the CMS Innovation website at: <http://innovation.cms.gov/initiatives/Health-Care-Innovation-Awards/Round-2.html> .  
FAQs are available here: <http://innovation.cms.gov/initiatives/Health-Care-Innovation-Awards/faq-round-2.html> .

CMS will be hosting additional webinars on this funding opportunity. You may register at <http://innovation.cms.gov/initiatives/Health-Care-Innovation-Awards/Round-2.html> .

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