

# 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

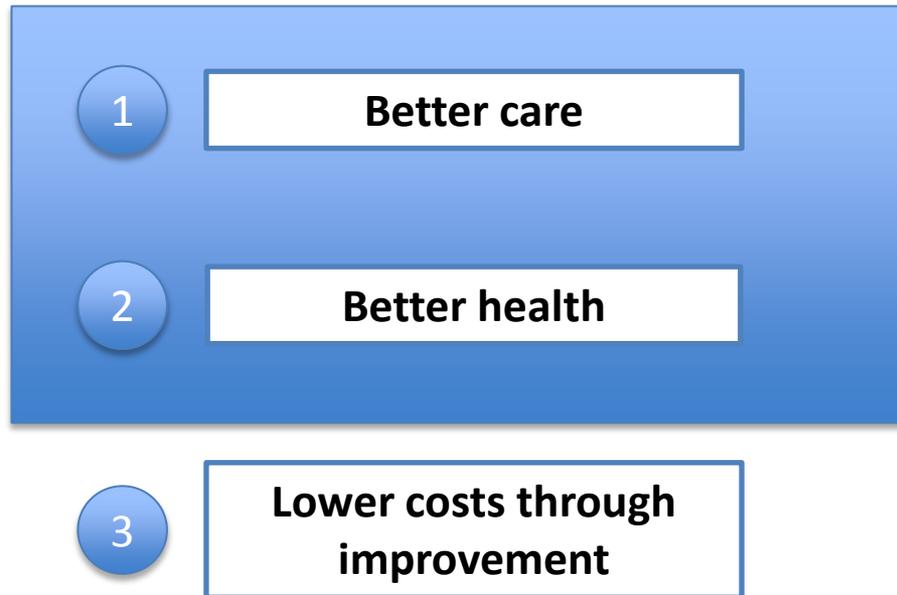
## Coordinated Seamless Health Care System 2.0

- 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



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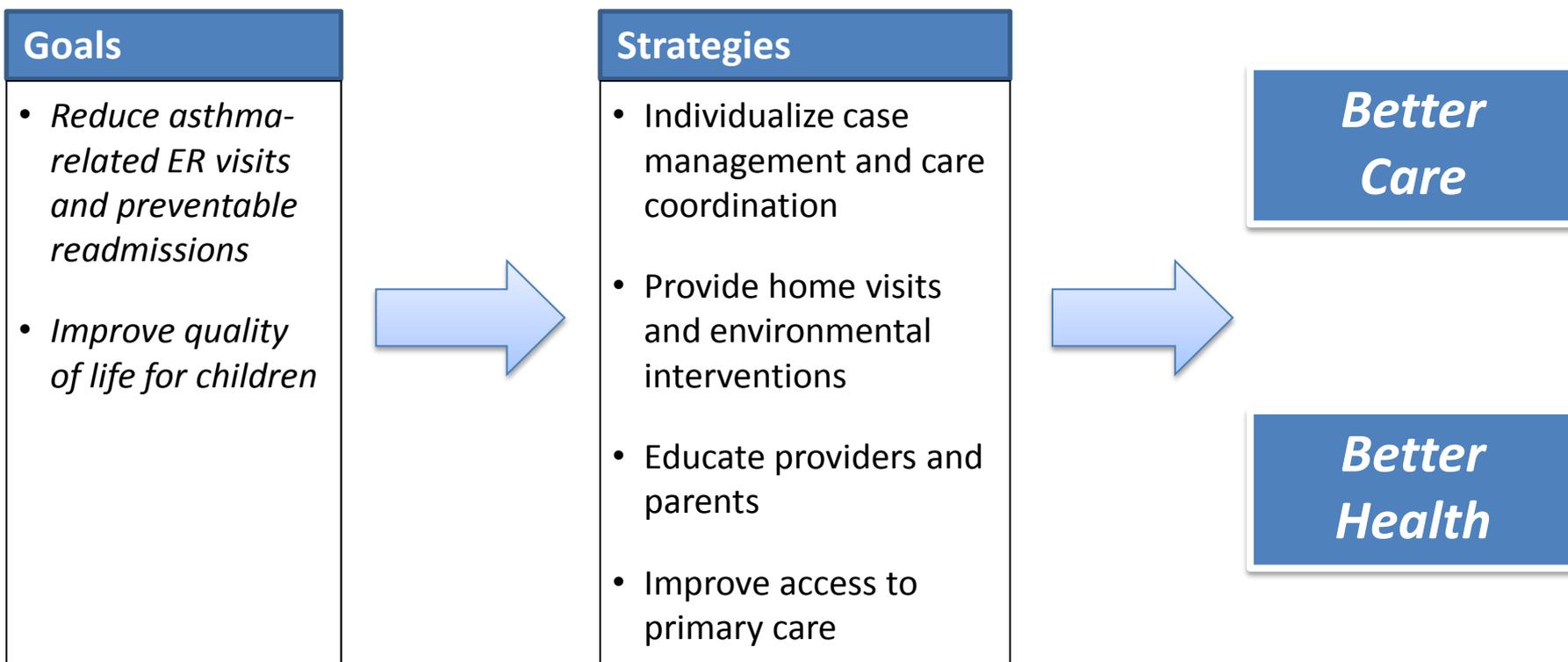
A successful **Operations Plan** will drive three-part aim outcomes

# 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

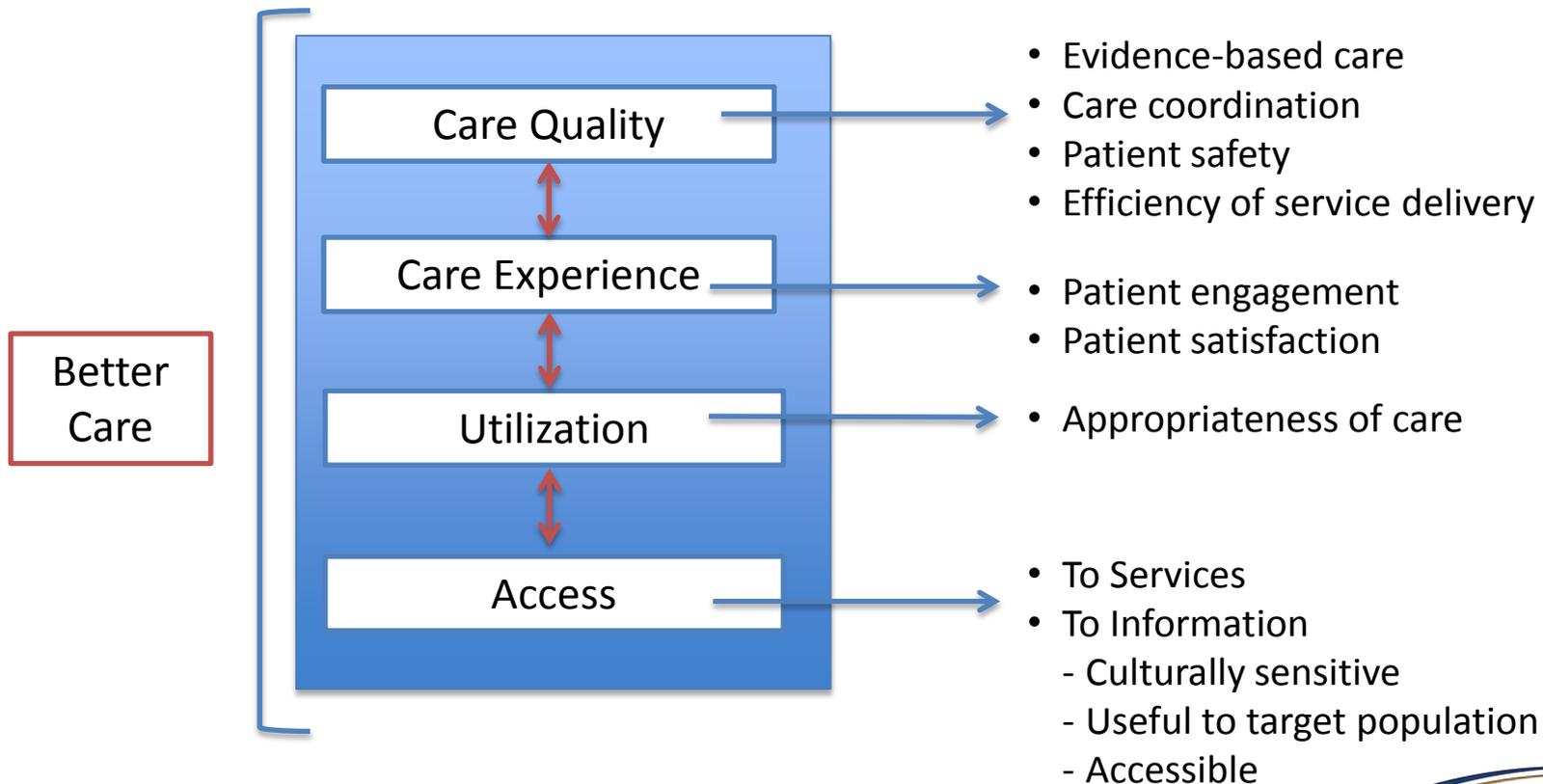
## **Applicants should have data driven measurement processes for continuous quality improvement.**

- 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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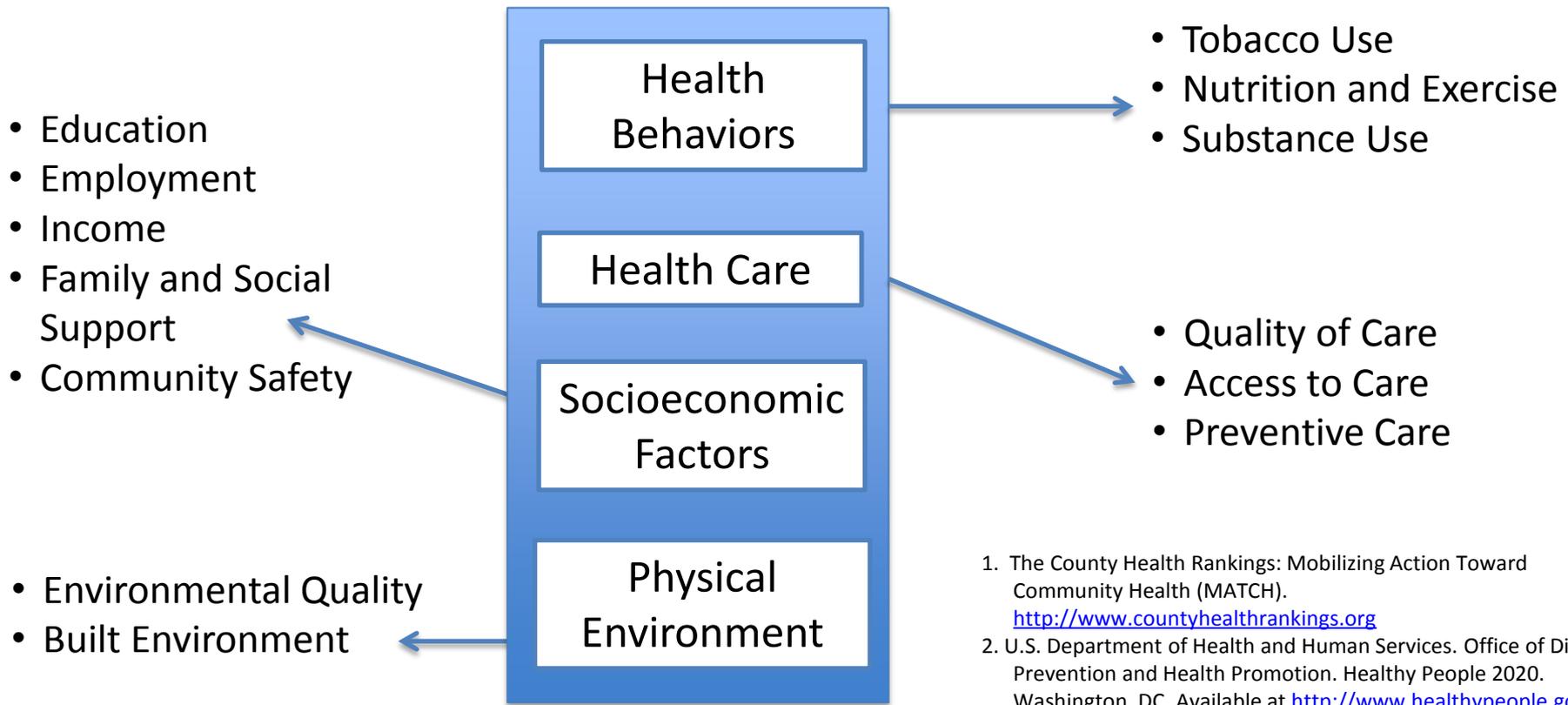
# Better Care Measures

- 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

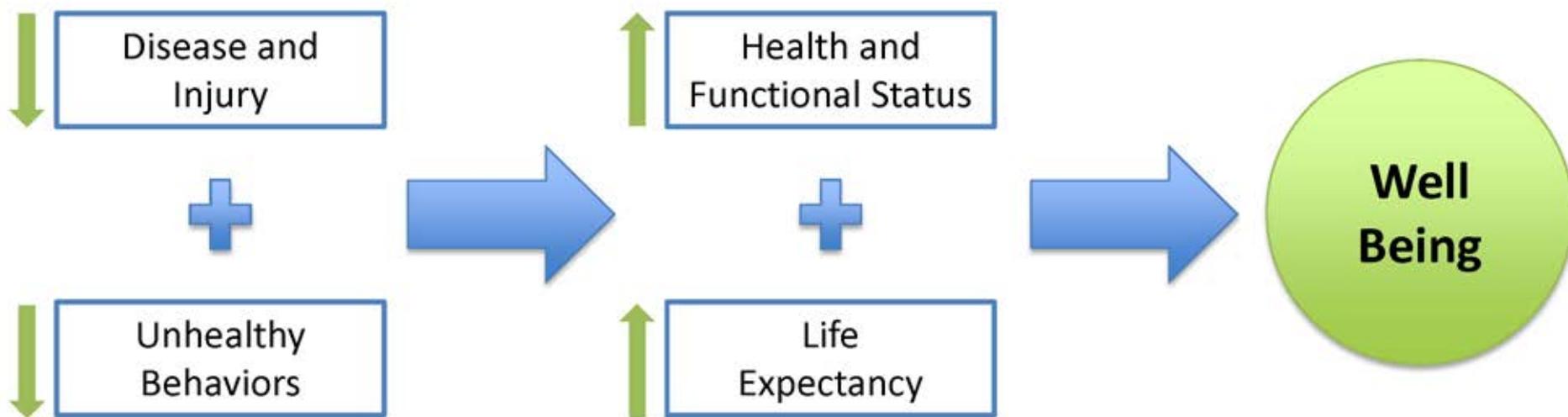


1. The County Health Rankings: Mobilizing Action Toward Community Health (MATCH).  
<http://www.countyhealthrankings.org>
2. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <http://www.healthypeople.gov>

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# Better Health - Community Health Outcomes

## *A Measurably Healthier Population...*



1. The County Health Rankings: Mobilizing Action Toward Community Health (MATCH). <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>

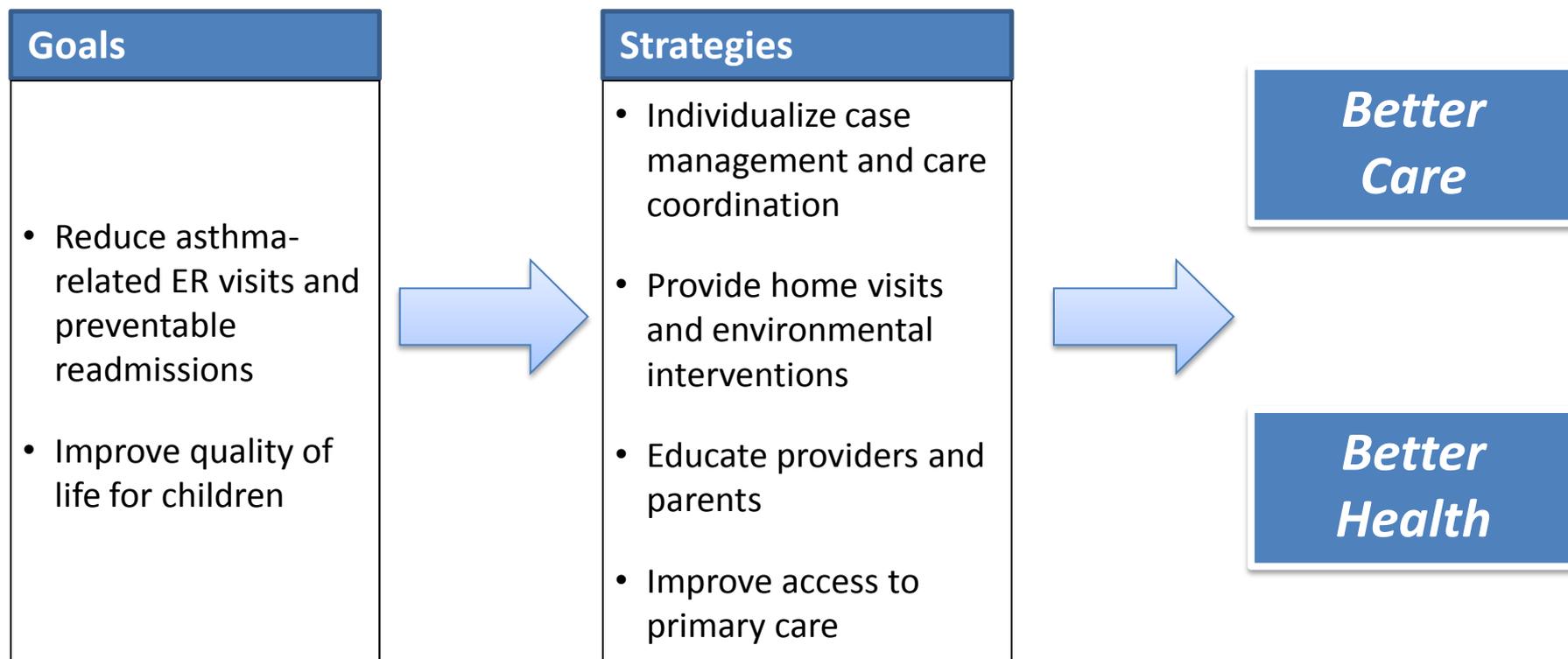
# Measuring for Better Health

- 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
<b>Care Quality</b>					
% 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%
<b>Utilization/Appropriateness of Care</b>					
% 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%
<b>Access</b>					
% 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
<b>Disease and Injury</b>					
Rate of preventable hospitalizations (per 100,000)		2,000	1,800	1,500	1,400
<b>Health and Functional Status</b>					
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 <b>Organizational goals, management, and governance</b>	<ul style="list-style-type: none"> <li>• Establish project charter</li> <li>• Approve operating budget</li> </ul>		
Domain 2 <b>Workforce</b>	<ul style="list-style-type: none"> <li>• Develop training plan and curriculum</li> <li>• Recruit and hire staff</li> </ul>		
Domain 3 <b>Self-Measurement for Quality Improvement</b>	<ul style="list-style-type: none"> <li>• Develop measurement plan</li> <li>• Secure data from partners</li> <li>• Design and administer patient survey</li> </ul>		

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# 5. Summary and Q & A

# Summary of HCIC Measures

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

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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 <sup>st</sup> 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

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

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Contact us at :

[InnovationChallenge@cms.hhs.gov](mailto: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](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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