



Transforming Clinical Practice Initiative: A Service Delivery Innovation Model

*Better Health. Better Care.
Lower Cost.*



Questions

- Please type your questions into the “chat box”
- For those live-streaming via YouTube, email your questions to: transformation@cms.hhs.gov
- 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 Center 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.”

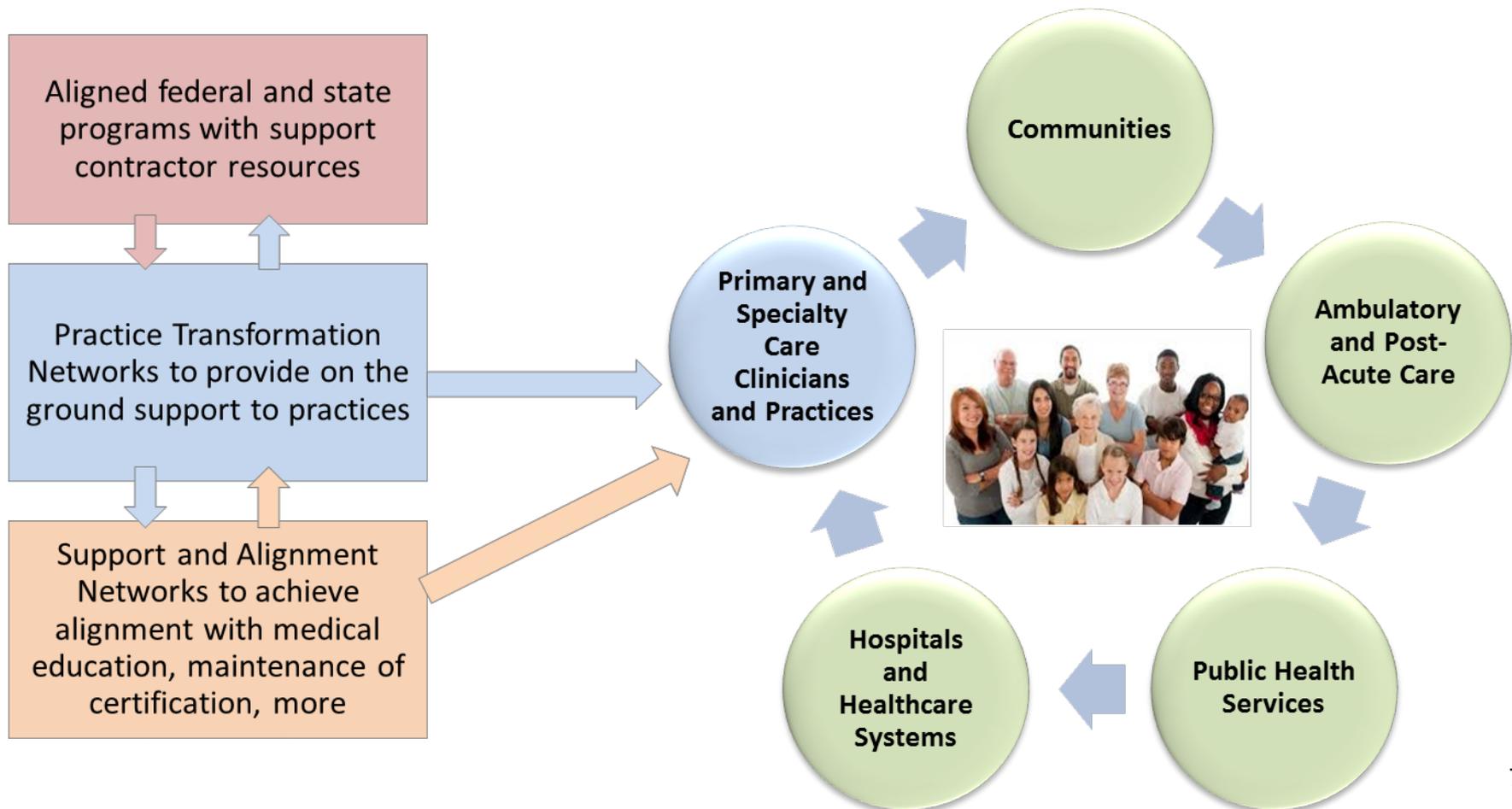
Transforming Clinical Practice Initiative Model

- 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.***



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 Consortia
- *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

Transforming Clinical Practice Initiative's 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

Assessment of Practices

- The initial assessment results will be used to:
 - Determine readiness for transformation
 - Position the clinician/practice on a continuum of transformation defined by distinct phases that directly map to achievement of the larger goals for the initiative
- The periodic reassessments will be managed by Quality Improvement Organizations and Practice Transformation Networks and used to determine the clinician/practice's progress in moving upward through the phases, and will be based upon achievement of both quantitative and qualitative milestones.

Assessment of Practices

The initial assessment will include:

- Assessments of quality improvement methodologies currently employed by the practice
- Assessments of patient population, clinical results, effective use of health information, and related technology for clinical and operational improvement
- Team-based care delivery models (including roles and services provided by all team members), current business models
- Related financial and administrative practices and community linkages

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

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.

Who Might Be a Practice Transformation Network

- Applicants may include:
 - Health Systems
 - Regional Extension Centers
 - Quality Improvement Organizations
 - State Organizations
 - Primary Care and/or Specialty Care Practices
 - Small/Rural/Medically Underserved Practices

Practice Transformation Networks

- The Transforming Clinical Practice Initiative seeks to have PTN applicants focus their work on stated aims and related milestones.
- Practice Transformation Networks will commit to generating results based on the aims of the initiative.
- Continuation of funding in future years will be contingent upon producing tangible results that flow from these aims.
- Participating clinicians will commit to participate in the Physician Quality Reporting System and Value-Based Payment Modifier Programs.

Practice Transformation Networks Will Be Responsible for:

- Recruiting clinician practices and building strategic partnerships
- Serving as champions for continuous improvement, culture change, and patient and family engagement
- Facilitating improved clinical practice management
- Using quality measures and data for improvement

Requirements of Responsive Proposals

- Applicants must demonstrate established data-sharing capabilities with clinical providers that include the ability to collect, hold, and evaluate personally identifiable information.
- Practice Transformation Networks will provide CMS and its support contractors, at a minimum, with aggregate data on clinician/practice clinical, operational, and financial improvement results/outcomes at least quarterly.
- Practice Transformation Networks and clinician practices that they assist under the initiative are responsible for ensuring compliance with all applicable laws, including HIPAA, for data used or disclosed in connection with the model.

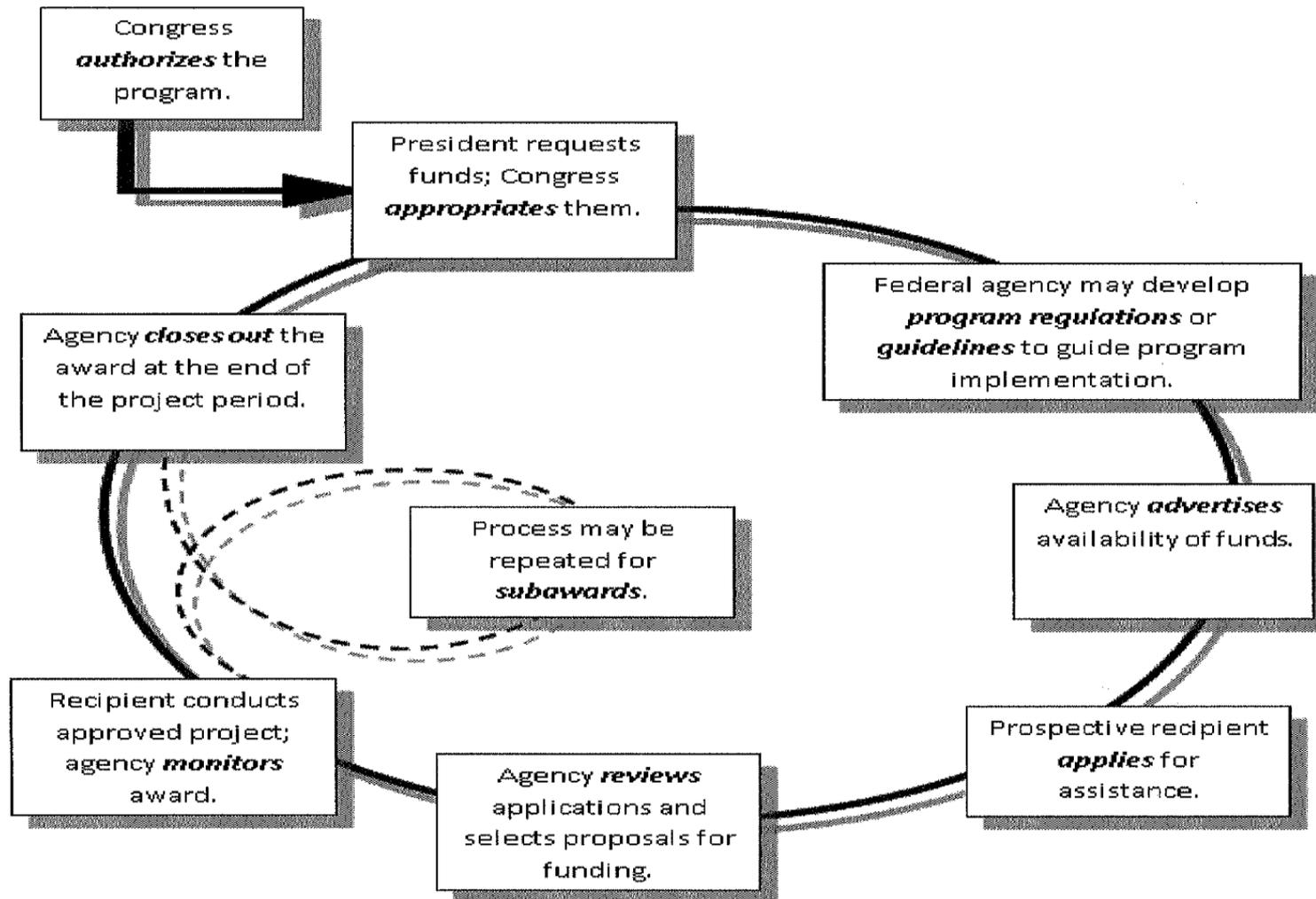
How Will the Transforming Clinical Practice Initiative Utilize Measurement for Results through Quality Improvement?

- CMS expects applicants to have established systems and measures in place for collecting, assessing, and sharing monthly quality improvement data and results from participating practices.
- CMS requires ongoing reporting of key metrics, such as population-based health improvement measures, quality indicators, cost and utilization metrics, patient-centered outcomes, and patient satisfaction.

How Will Quality Improvement Results Be Utilized?

- Each Practice Transformation Network must have a measurement strategy in place that is designed with consideration of the diverse set of measures and collection methodologies that clinician practices currently may be using.
- Applicants must propose their initial core set of measures as part of their application.
- Practice Transformation Networks and their participating clinicians/practices should align their measurement strategies with these existing measures and programs.
- **Over time, Practice Transformation Networks and their participating practices will be expected to increasingly converge on the use of a common set of core measures and have an adaptable reporting system that can capture these measures.**

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

PTN 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:

- Practice Transformation Network Recruitment/Enrollment/Value
- Clinician Transformation Goals
- Data Strategy
- Organizational Capacity and Project Management Plan
- Clinician Enrollment and Progress Strategy

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)

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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