Chronic Care Improvement Program

Welcome and Overview

May 13, 2004

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Centers for Medicare & Medicaid Services

http://www.cms.hhs.gov/medicarereform/ccip/

Welcome and Overview

- CCI Team Introductions
- Agenda Overview
- Submitting Data Use Agreements
- Deferring to the Solicitation – Disclaimers
- Housekeeping

Communication Strategy

- E-Mail address and Website are the backbone of CCIP communications
  - Email Address: CCIP@CMS.HHS.GOV
  - Website: CMS.HHS.GOV/MEDICAREREFORM/CCIP
    - Highlights and FAQs
    - Waiver Application and Solicitation
    - Data Use Agreement and Data Dictionary

Disclaimer

Any apparent inconsistency between the solicitation published in the Federal Register on April 23 (and the links provided therein) and the information presented at the Bidder's Conference of May 13, 2004 shall be resolved by giving precedence to the published solicitation.

This is not a FAR procurement.

Chronic Care Improvement Program

CCIP Overview

May 13, 2004

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http://www.cms.hhs.gov/medicarereform/ccip/

Principles of CCIP

- Collaboration with organizations and providers
- Voluntary, Not a Benefit, No Change in Access to Care
- Quality Improvement
- Accountability for Outcomes
  - Clinical
  - Financial (More than Budget Neutral)
  - Satisfaction
- Risk Assumption – Fee Risk
- Pilot with Trigger to Expand Nationally
- Entirely Integrated into Traditional Medicare FFS

CCIP Phase I Elements

- Three-year pilot
- Randomized controlled trials
- 15,000-30,000 beneficiaries per site in ~10 sites drawing, in aggregate, from roughly 10% of FFS population
- Target Populations
  - CHF/Complex Diabetes
  - COPD
- Eligible Organizations
  - Health insurers
  - Integrated delivery systems
  - Disease management organizations
  - Physician group practices
  - Consortia

CCIP Program Design

- Statutory:
  - Care Management Plan
  - Decision Support Tools
  - Clinical Information Database
- Discretionary:
  - Physician Integration
  - Working with Community Organizations, Local, State Agencies
  - Integrative Information Infrastructures
  - Applications of Information and Communication

CCIP Is Transformative

- What does it mean to be an Active Purchaser…
  - Quality Improvement
  - Accountability through Performance Measurement
  - Innovation/Advances in Health IT
  - Scalability and Replicability
  - Collaboration

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Questions

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Chronic Care Improvement Program

Selection Process

May 13, 2004

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http://www.cms.hhs.gov/medicarereform/ccip/

Selection Process Timeline

- Solicitation Published: April 23, 2004
- Data Available (with signed DUA): May 6, 2004
- Proposals Due : August 6, 2004

Selection Process Timeline

- Review Panels: Summer, 2004
- Pre-Selection Site Visits (based on panel recommendations): Early Fall, 2004
- Finalists Receive Geographic-specific Data, Make Necessary Adjustments (defined up-front); CMS Verifies

Selection Process Timeline

- Awardee Selection: Mid-Fall, 2004
- CCI-I Agreement Negotiation: Late Fall, 2004
- OMB Clearance: Late Fall, 2004
- Awardee Announcement: December, 2004
- First Agreement: December, 2004
- Pre-implementation Site Visits: Early 2005

Submission Format

- Waiver Application
  - Available on CCIP website
  - 12-point font, 1-inch margins
  - 40 double-spaced pages, **exclusive** of cover letter, executive summary, forms and appendices

Submission Format

- Unbound original, 2 copies and 3 electronic copies (required)
- Up to 10 copies total may be submitted
- Must be received on or before 5:00pm EST on August 6, 2004
- CMS-5004-N in upper right hand corner of cover page

Submission Format

1. Cover Letter
2. Application Form
3. Executive Summary
4. Rationale for Proposed Geographic Area and Target Population (Problem Statement)
5. Chronic Care Improvement Program Design

Submission Format

6. Organizational Structure and Capabilities
7. Performance Results
8. Payment Methodology and Budget Neutrality
9. Implementation Plan
10. Supplemental Materials (appendices)

Technical Expert Panel

- Independent, Unbiased
- Internal and External Experts
- Diverse Backgrounds

Technical Expert Panel

- Diverse Skill Mix Represented
  - Clinical
  - Finance
  - Operations
  - Contracts
  - Chronic Care Management
  - Information Management Systems

Selection Criteria

- Rationale for Proposed Geographic Area and Target Population *(5 pts)*
- Chronic Care Improvement Program *(25 pts)*
- Organizational Capabilities and Structure *(25 pts)*
- Performance Results: Past Performance and Performance Projections *(25 pts)*
- Payment Methodology and Budget Neutrality *(20 pts)*

Final Selection

- CMS Administrator
- Other Factors, Including:
  - Operational Feasibility
  - Geographic Location
  - Medicare Program Priorities
- Financial Analysis
- Proposals will be Accepted in Whole or in Part

Chronic Care Improvement Program

Potential Pre-Selection Site Visits

May 13, 2004

Robert J. Dunphy
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http://www.cms.hhs.gov/medicarereform/ccip/

Why "Potential?"

- Not every applicant will be visited
- Visit only applicants recommended/requested by the review panel and directed by CMS
- Specific visit objectives will be set by review panel recommendations
- Some applicants receiving awards may not be visited
- No relation between potential for award and selection or non-selection for visit

Applicant Selection for Visit

- Basis - Review panel recommendation / request
- Visit Objectives
  - Clarification of proposal issues identified during review
  - Validation of applicant capability to meet commitments made in the proposal
  - Resolution of review panel questions
  - Other as requested by review panel or CMS

Visit Scope and Agenda

- To be determined
  - Issues identified by review panel
  - Questions arising during review
  - Clarification of proposal elements
  - Validation
    - Alignment of proposed plans with applicant capabilities
    - Means of execution
    - Infrastructure
    - Governance and management systems
    - Information systems
    - Ability to meet timelines
  - Other

Site Evaluation

- Evaluation criteria
  - –Selected from solicitation criteria used by review panel
  - –Subset of full set of solicitation criteria
  - –Only criteria that apply to the scope and objectives set for the visit
  - –Precise criteria to be determined in consultation with review panel and CMS
- Evaluation level of detail
  - -Sufficient to validate applicant capability

Visit Timing

- Following proposal review
- Prior to award

What to Expect

- Notification
- Contact
  - –Establish agenda
  - –Schedule
  - –Information requests (information to prepare in advance)
- Preparation by applicant in advance of visit
- Visit by team of domain experts. Areas of expertise:
  - –Patient interface (clinical issues)
  - –Provider interactions & issues
  - –Management and operations
  - –Information Technology and Call Center
- Separate agenda per domain
- Visit duration: 1 – 2 business days (tentative, depending upon recommended scope)

Results and Findings

- Report - findings to CMS
- Purpose – consideration during award decision process
- No correlation between selection for visit and probability of award

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FAQs On Selection Process and Site Visits

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Target Population and Sample Dataset

May 13, 2004

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Target Population

- Congestive Heart Failure (CHF) and/or Complex Diabetes

- Chronic Obstructive Pulmonary Disease (COPD)

Selection Criteria

- CHF and or Complex Diabetes inclusion/exclusion criteria
- COPD inclusion/exclusion criteria
- Hierarchical Coexisting Condition (HCC) Risk Score Cutpoint 1.35 or Greater (COPD 1.34)

Resulting Population

Diagnoses	Number
CHF and/ or Diabetes	3,015,870
CHF and Diabetes	604,395
CHF not Diabetes	855,811
Diabetes not CHF	1,555,664
COPD	1,200,000

Impact of Cutpoint

Disease Cohort	Number	% Retained After Cutpoint	% Total Cost	Group PMPM	Group PMPM (no cutpoint)
CHF and/ or Diabetes	3,015,870	59.7%	91%	$1,420	$925
CHF and Diabetes	604,395	97.8%	99.7%	$1,785	$1,750
Diabetes not CHF	1,555,664	45.9%	82%	$1,069	$596
CHF not Diabetes	855,811	84.3%	97%	$1,797	$1,552
COPD (Actual cut-off for COPD is 1.34)	1,200,000	69.2%	93%	$1,558	$1,154

Sample Data Set

- Data Use Agreement
- CD Contents
  - Readme Document
  - Data Dictionary
  - Layout Files
  - SAS Input Statements
- Description of Sample Data

FAQs On Target Population and Sample Dataset

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Beneficiary Engagement

May 13, 2004

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http://www.cms.hhs.gov/medicarereform/ccip/

Beneficiary Engagement

- Key Themes
  - Voluntary
  - Respectful
  - Auditable Verbal Consent

Beneficiary Engagement

- Selecting Beneficiaries
  - CMS identifies eligible beneficiaries
  - CMS contacts enrollees by letter
  - If Beneficiary says ‘No’, Awardees would not contact
  - If Beneficiary is silent, Awardees attempt to confirm participation and record their response

Beneficiary Engagement

- Outreach Period
  - Outreach period is limited in order to respect beneficiaries and clarify payment issues.
  - Awardees paid for beneficiaries they cannot reach during the outreach period
  - After outreach period, awardees will cease phone contacts with non-responders

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FAQs On Beneficiary Engagement

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Performance Monitoring and Operations

May 13, 2004

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Payment Methodology (Fees and Payment System)

- Monthly payment
  - Outreach period – payment on each beneficiary in the intervention group
  - After outreach period – Per Participant Per Month
  - No beneficiary coinsurance or deductible
- Group Health Plan System (HPMS)

Payment Methodology (Fee Proposal)

- Model 1
  - 5% Net Savings
- Model 2 – Alternate Fee Structure
  - Define Risk on > 5% Net Savings

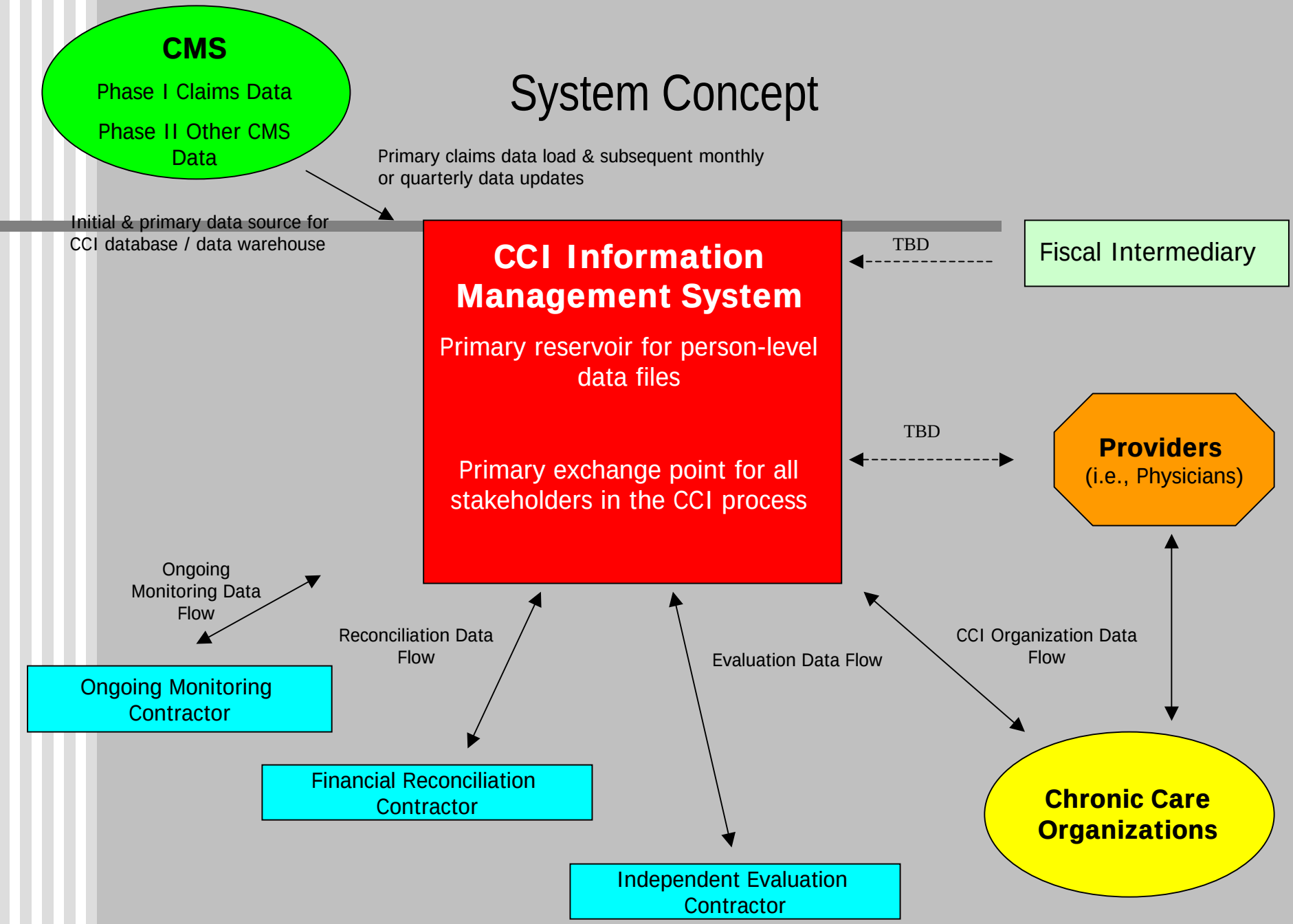
Performance Standards

- Savings Guarantees
  - Reconciliation Process
  - Financial Solvency
- Clinical Quality
  - Measures
  - Program Monitoring
  - Tying to Payment
- Beneficiary Satisfaction

Information Management System

- Evolutionary/Incremental
- Initial extraction of CMS claims data and demographic information
- System Concept

System Concept



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FAQs On Performance Monitoring and Operations

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Clinical Performance Measures

May 13, 2004

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Clinical Performance Measure Construction

- Extensive input from expert clinicians
- Multiple rounds of testing and refinement
- Validity testing
- Reliability testing
- Ongoing updates

Clinical Performance Measure Creation

- Evidence based
- Actionable
- Available data
- Priority
  - High prevalence and/or cost
  - IOM AIMS and priority areas
- Movement to standard measure sets
  - Well established and well used
  - Endorsement by National Quality Forum

National Quality Forum (NQF)

- Not-for-profit membership organization
- Develop and implement a national strategy for health care quality measurement
- Participation: national, regional, and public and private purchasers, employers, health provider organizations, health plans, labor unions etc…involved in health care research and quality

Measures are *"well established"*

- National Committee for Quality Assurance (NCQA)
- American Medical Association (AMA)
  - Physician Performance For Quality Improvement
- American College of Cardiology (ACA)
- American Heart Association (AHA)
- US Preventive Services Task Force (USPSTF)

Measures are *"well used"*

- CMS -- Physician Focused Quality Initiatives
- National Committee for Quality Assurance (NCQA)
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- Veterans Health Administration (VHA)
- American College of Physicians
  - "Quality Indicators for Assessing Care of Vulnerable Elders" (ACOVE)

Current Physician-Focused Quality Initiatives

- DOQ: Assess quality in physician offices
- DOQ-IT: Assist physician offices to adapt IT
- Incentives for superior care
  - MCMP: Medicare Care Management Performance
  - PGP: Physician Group Practice
  - CCIP: Chronic Care Improvement Program

Clinical Performance Measures

Topics

- Heart Failure (HF)
- Diabetes Mellitus (DM)
- Chronic Obstructive Pulmonary Disease (COPD)
- Preventive Care

Heart Failure

- Assessment of left ventricular ejection fraction
- Blood Pressure controlled (130/85)
- Use of angiotension converting enzyme inhibitors (ACE-I) / angiotension receptor blockers (ARB) or hydralazine / isosorbide for patients with LVEF <0.4
- Dose of ACE-I
- Use of beta-blockers for patients with LVEF <0.4
- Monitoring daily weights
- Sodium intake counseling
- Compliance with medication regimen
- Spironolactone for patients with AHA/ACC III or IV classification
- Daily aspirin or other antiplatelet or anticoagulant

Diabetes Mellitus

- Annual Hemoglobin Alc test
- HbAlc controlled (≤ 7.0)
- Poor HbAlc control (>9.0)
- Lipid profile performed once every year
- Lipids controlled (LDL <130mg/dl) within past 2 years
- Blood Pressure controlled (<130/80)
- Eye exam performed once every year
- Annual foot exam performed
- Monitoring for nephropathy (test for microalbumin) or receiving treatment for nephropathy
- Patients with microalbuminuria on ACE or ARB
- Compliance wit medication regimen
- Daily aspirin

COPD

- Systemic corticosteroids for acute exacerbation
- Oxygen therapy
- Oxygen status
- Smoking quit rate
- Annual spirometry testing

Preventive Care

- Receipt of pneumococcal vaccine ever
- Annual flu shot
- Cigarette smoking cessation counseling
- Depression screening
- Nutrition screening/counseling

Technical Specifications Portfolio

1. Quality of Care Measures
2. Analytic Flow Chart
3. Data Abstraction Definitions
4. Code Appendices
5. Medications List
6. Data Demographics

Quality of Care Measures

- Description of the measure
- Source of the measure
- Clinical recommendation(s) & rationale
- Denominator statement (exclusions)
- Numerator statement
- References

Analytic Flow Chart

- Sample selection criteria
- Sample period
- Denominator exclusions applied
- Numerator inclusion applied

Data Abstraction Definition

- Defines measurement period
- Data elements/variables
- Instructions (definitions, valid values)
- Synonyms
- Exclusions

Code Appendices

- Provides brief description
- Medical diagnosis codes -- ICD-9
- Drug codes – NDC
- Procedural codes – CPT
- Messaging specific codes -- HL-7
- Other codes – e.g. labs. (LOINC)

Medications List

- Generic and brand names of medications prescribed for treatment of related conditions

Data Demographics

- Data abstraction definitions
  - Variable names
  - Valid values
  - Synonyms
  - Exclusions

Data Abstraction Methods

- Electronic Medical Record (EMR)
- Retrospective Medical Chart
- Administrative
- Survey

Data Abstraction Process

- Validation
- Audit

CCIP Clinical Performance Measures

Topics

- Heart Failure (HF)
- Diabetes Mellitus (DM)
- Chronic Obstructive Pulmonary Disease (COPD)
- Preventive Care

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FAQs On Clinical Performance Measures

More Information

www.cms.hhs.gov/medicarereform/ccip

www.cms.hhs.gov/quality

- Physician focus link

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Chronic Care Improvement Program

Independent Formal Evaluation

May 13, 2004

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http://www.cms.hhs.gov/medicarereform/ccip/

Purpose of the Independent Evaluation

- Required by the legislation
- Inform decisions about continuation or expansion
  Are individual program sites successful?
- Test which features of programs work best
  What makes the programs successful?

Evaluation Factors

- Clinical quality improvement
- Beneficiary and provider satisfaction
- Health outcomes
- Financial savings to the Medicare program

Comparisons

- Primary comparisons within a site
- The intervention group will be compared to the control population. Both will be drawn from the same geography.
- The intervention group will include all beneficiaries randomized to that group, not just those who agree to participate or receive services.

Data

- Case studies of the sites based on site visits
- Surveys of beneficiaries and providers
- Clinical data from the sites
- Medicare claims data for utilization and expenditures

Surveys

- Standardized beneficiary and provider satisfaction surveys
- Based on existing, tested question items
- Tailored to this specific project

Who will do the evaluation?

- Independent contractor
- With knowledge of chronic care management programs
- Demonstrated experience in evaluating such programs
- CMS will competitively bid this

Results

- Evaluation contractor's annual reports
- Reports to Congress due
  - ✓ December 2006
  - ✓ June 2008
  - ✓ June 2010
  - ✓ June 2012

Collaboration

- Awardees will be expected to work in collaboration with the evaluation contractor

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FAQs On Independent Formal Evaluation

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