

# CMS Quality Programs Request for Information Industry Event

OCTOBER 5, 2017

**DENNIS WAGNER, MPA**  
**DIRECTOR, QUALITY IMPROVEMENT & INNOVATION GROUP**



**CENTERS FOR MEDICARE & MEDICAID SERVICES**  
**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**

# Agenda

○ **Welcome :15**

○ **Framing Our Work :15**

○ **QI Programs :15**

○ **Contracting Overview :15**

○ **Break :20**

○ **Question Response :25**

○ **Next Steps & Close :15**

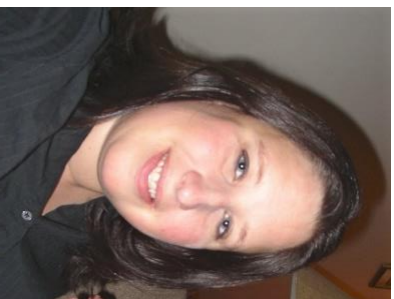
# Introduction of Today's Speakers



**Dr. Paul McGann**  
Chief Medical  
Officer  
for Quality  
Improvement,  
QIIG



**Jeneen Iwugo**  
Deputy Director,  
QIIG



**Traci Archibald**  
Division Director of  
ESRD, Population  
and Community  
Health, QIIG



**Phyllis Lewis**  
Director, Division of  
Quality Contracts,  
OAGM



**Kim Tatum**  
Contracting Officer,  
Division of Quality  
Contracts,  
OAGM



**Greg Gesterling**  
Contractor  
Compliance Officer,  
Policy, Quality, Data &  
Systems,  
OAGM

# Poll – Who's In the Audience

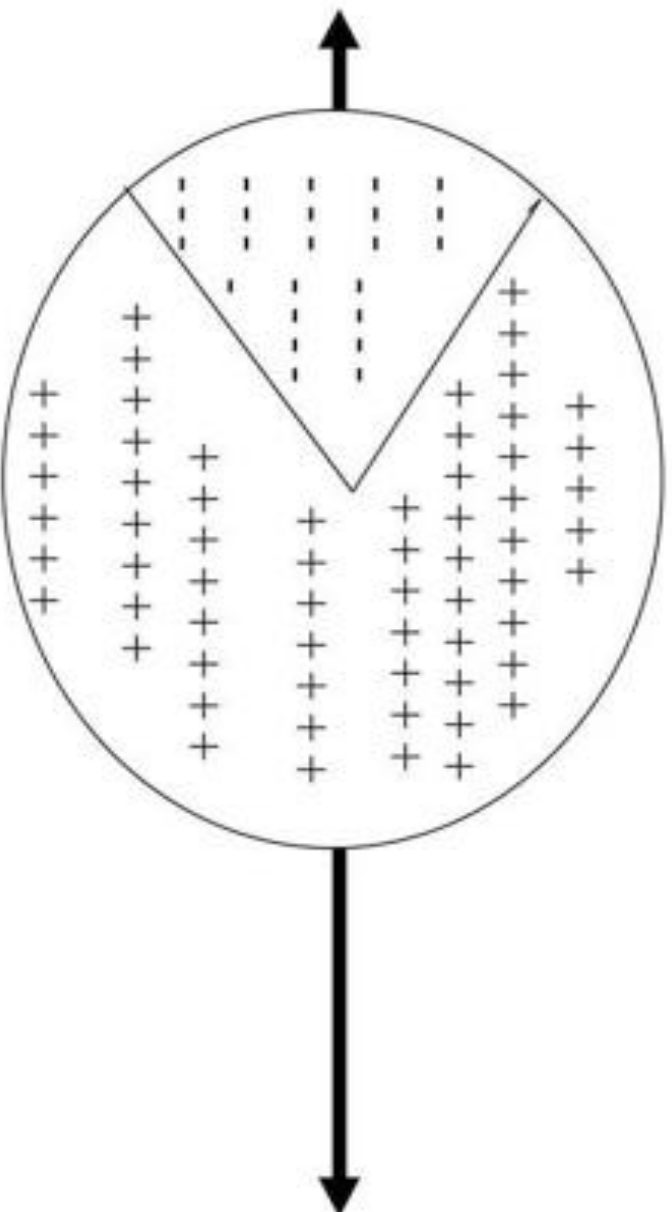
- ▶ Tell us what stakeholder group you represent?
  - ▶ QIN-QIO
  - ▶ HIIN
  - ▶ ESRD Networks
  - ▶ TCPI
  - ▶ Other
- ▶ Tell us how many people are in the room participating with you.
  - ▶ 1 (you)
  - ▶ 2
  - ▶ 3
  - ▶ 4
  - ▶ 5 or more

## We get more of what we focus on...

- ▶ Focus on problems – more problems
- ▶ Focus on success – more success
- ▶ Focus on what works - more of what works
- ▶ Focus on good stories – more good stories
- ▶ Focus on good results – more good results

**We can choose what we focus on!**

# Mindset...Net Forward Energy



*More Positives Than Negatives*

## Questions To Run On – CMS Plans to Answer These Questions in this Session

- ▶ Why is CMS conducting an RFI and Industry Day?
- ▶ What are emerging HHS/CMS/CCCSQ/QILG goals?
- ▶ What is a NQILC?
- ▶ What is CMS looking for from our NQILC offerors?
- ▶ What are the benefits of this approach to contractors and to the government?
- ▶ Why is the structure of NQILC important to CMS?

## Questions for Industry Day Participants

### ▼ **Contract type/vehicle**

- a. Is your organization interested in pursuing work under the new NQILC IDIQ contract structure?
- b. Which work type or work types you are interested in performing?
- ▼ **What would incentivize your organization to submit a proposal?**
- ▼ **What are the three highest priorities/desired outcomes for future quality improvement efforts that your organization is ideally configured to generate?**
  - a. At what scale are you prepared to work?



# Questions for Industry Day Participants

- ▶ **What do you recommend and what innovative approaches have you employed to address workforce burden reduction?**
- ▶ **What innovative considerations/recommendations do you have regarding structure, scale and scope of individual Quality Improvement Task Orders?**
  - a. What innovative ideas do you have or has your organization begun to test that could generate significant results?
- ▶ **What measures and measures systems do you most recommend for us to track the improvement from our quality work?**
- ▶ **For QIN-QIO Task Orders that require geographic coverage: What factors are important to you when proposing to cover a geographic area of the country? What suggestions do you have in structuring task orders to allow for greatest flexibility and cost efficiencies?**

CMS Administrator Seema Verma

*“We want  
accountability – for  
outcomes, not process.”*

# Our End Goal

Further Changes in CMS Approaches to QI Work  
Usher in a New Era of Flexibility

- ▶ Put Patients First
- ▶ Greater collaboration, transparency and accountability
- ▶ Be far more flexible on the “how” and tighter on the “what” outcomes
- ▶ Fewer, more important measures
- ▶ Focus on outcomes/results aligned with CMS & HHS overarching goals
- ▶ Less reporting, fewer deliverables, and more improvement work



# Framing Our Work

DR. PAUL MCGANN, CHIEF MEDICAL OFFICER FOR QUALITY  
IMPROVEMENT

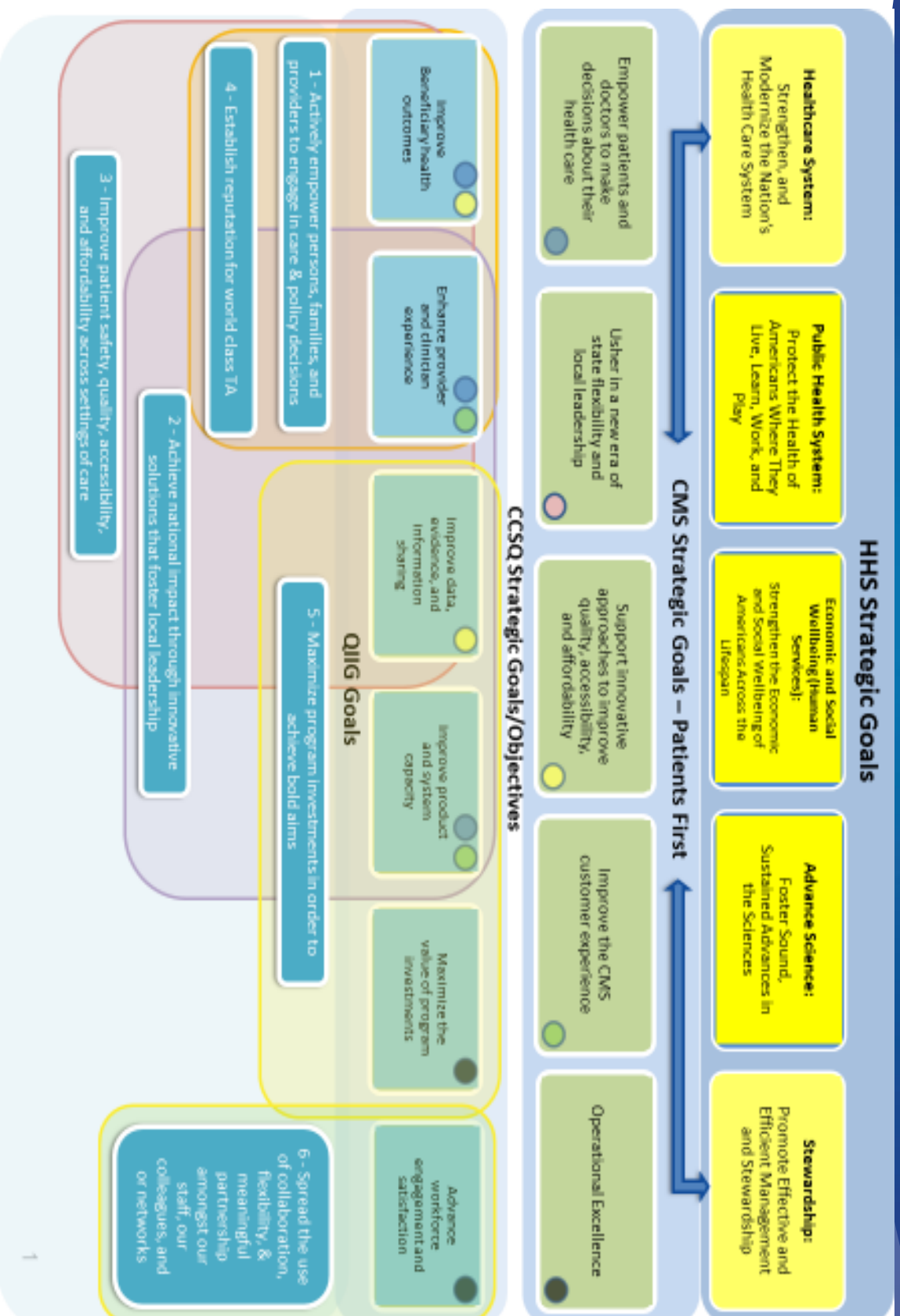
JENEEN IWUGO, DEPUTY DIRECTOR, QIIG

TRACI ARCHIBALD, DIVISION DIRECTOR FOR ESRD, POPULATION  
AND COMMUNITY HEALTH, QIIG

# Principles on which our Programs Operate

- ▶ Aims create systems, systems generate results
- ▶ We try to do more of what works
- ▶ We try to make best-in-class performance, common performance
- ▶ Tight about the “what”— Outcome; flexible on the “how”
- ▶ Always focus on Results

# How is CMS positioned to achieve the HHS/CMS/CCSQ/QIG goals?



## *What is a NQIIC?*

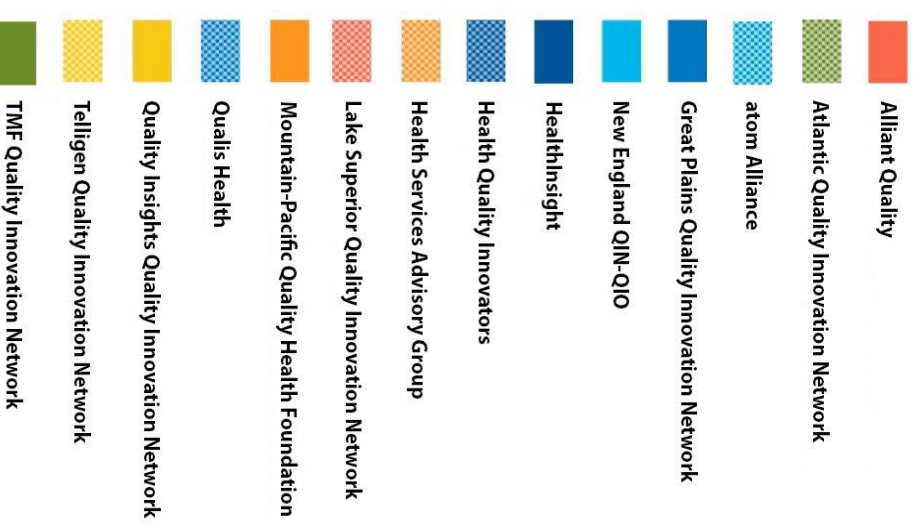
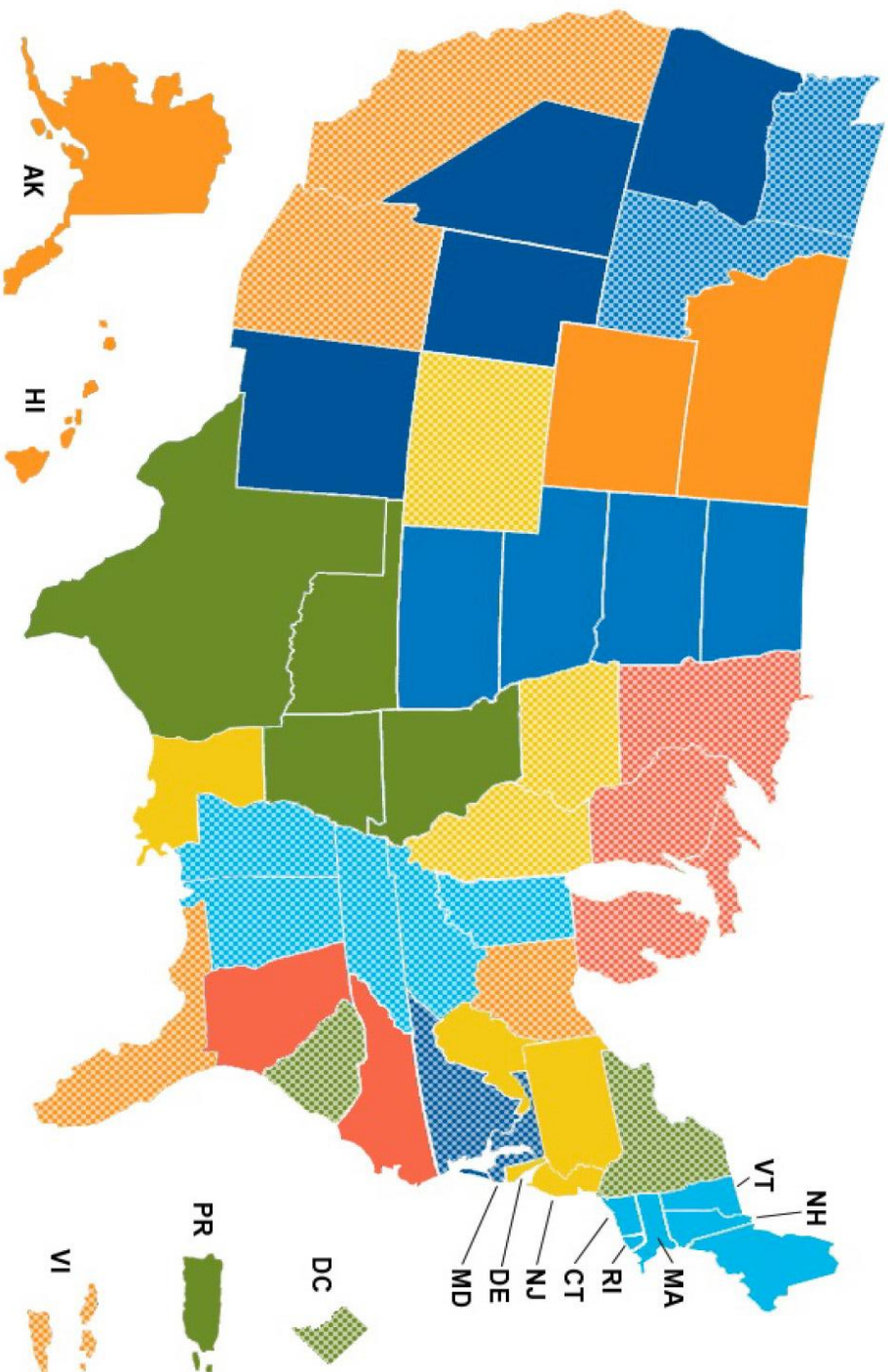
- ▶ Serve as...
- ▶ Quality improvement experts
- ▶ Change agents for healthcare transformation by achieving bold aims
- ▶ Use data-driven methodologies suitable for spread

## *What is CMS looking for from our offerors?*

- ▶ Servicing multiple areas
- ▶ Meeting the unique needs of the population and healthcare providers



# Current QIN-QIO Regional Map from 11<sup>th</sup> SOW



# Current ESRD Networks

## ESRD NETWORKS



- ★ Puerto Rico and Virgin Islands are part of Network 3
- ★ Hawaii, Guam, American Samoa are part of Network 17

# Current Landscape is Comprised of “Sets” of Separate Contracts

- ▶ CMS anticipates incorporating potential future quality improvement work into an Umbrella IDIQ Contract
- ▶ CMS anticipates that task orders under the new Umbrella Contract will be approached in manner similar to current QI work; examples:
  - ▶ QIO Task Orders: Industry-determined service areas, multiple QINs, national support contracts to support the work of QINs
  - ▶ ESRD Network Task Orders: Pre-determined geographic regions, multiple networks, national support contracts to support the work of ESRD Networks

## *What are the benefits of the proposed IDIQ Umbrella approach to quality improvement work?*

- ▶ Positions government and contractors to respond quickly to changing needs and situations
- ▶ Continues “inclusive” approach to tapping special authorities, expertise, and relationships of QIOs, hospital associations, national provider associations and others
- ▶ Opens up multiple, abundant opportunities for organizations with specialized QI expertise to have rapid access to evolving Federal QI needs
- ▶ Flexibility to use different types of more tailored contracting options (firm fixed price, cost + fixed fee, others) within a single QI umbrella contract

## *Why is the structure of NQIC important to CMS?*

- ▶ Provides flexibility
- ▶ Contract will involve a broad range of healthcare quality improvement services involving data-driven initiatives to optimize health outcomes for persons and families while supporting clinicians, providers, patients, families and communities in improving health and healthcare of the population they serve.



## Our Approach to Clinical Quality Improvement Work

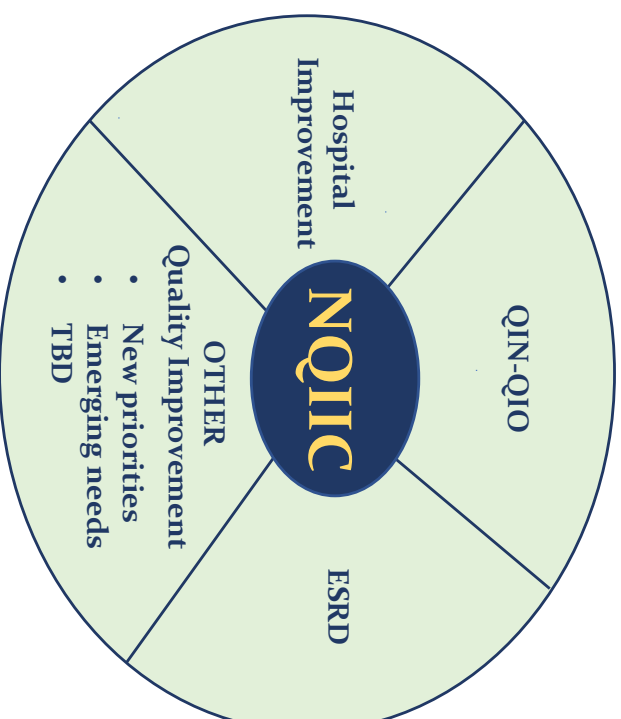
- ▶ Use Results-Driven approach to support successful and meaningful QI initiatives
- ▶ Focus contracting on outcomes and results, while providing maximum flexibility to offerors in “how” the results are achieved
- ▶ Directly team and work with beneficiaries through active Person/Patient and Family Engagement (PFE)
- ▶ Use data to drive innovation and change
- ▶ Share data transparently across quality improvement organizations and provider organizations



# Quality Improvement Programs

TRACI ARCHIBALD, DIVISION DIRECTOR, ESRD, POPULATION AND  
COMMUNITY HEALTH, QIIG

# New Under NQIIC is a Single Quality Improvement Umbrella Contract



**Plus a More Integrated Approach to Cross-cutting Support Contracts:  
Evaluation, Patient and Family Engagement, Content Development, more**



## Substantially Different Approach via Quality Improvement Umbrella Contract

- ▶ Aligned with new CMS & HHS Goals & Priorities
- ▶ Maximizing patient experience, engagement, choice and outcomes – *Put Patients First* in generating results that matter
- ▶ Support local/state leadership and engagement
- ▶ Focus on outcomes & results while substantially increasing flexibility on “how” outcomes are achieved
- ▶ Establish ability to add new and evolving work efficiently

# Quality Innovation Networks – Quality Improvement Organizations

- ▶ Statutory requirements
  - ▶ Must have a governing body that includes at least one individual who is a representative of health care providers and at least one individual who is representative of consumers.
  - ▶ Must not be a health care facility, health care facility affiliate and must not subcontract with a health care facility to perform any case review activities except the quality of care.
  - ▶ Must not be a payor organization except as provided in §475.105(a)(3).
  - ▶ Must demonstrate the ability to perform the functions of a QIO including
- ▶ Focused on results
- ▶ Provide quality improvement support to wide variety of healthcare organization types: nursing homes, clinical practices, hospice, home health, hospitals
- ▶ Support providers in complying with quality reporting requirements
- ▶ Integrative work to connect the dots among healthcare provider organizations on work like community coalitions to improve patient care transitions and more

# End Stage Renal Disease (ESRD) Networks

- ▶ Statutory Mandate: Social Security Act § 1881(c) created the ESRD Networks to utilize quality improvement to ensure quality of care and access to care for ESRD patients
- ▶ ESRD Networks focus on patient-centered care, rapid cycle improvement and outcomes
- ▶ ESRD Networks transparently share data across networks
- ▶ ESRD Networks conduct performance-based quality improvement activities
- ▶ Increasingly focus on smaller set of key outcomes, and greater reach to help all 6,000 dialysis facilities

# Hospital Improvement & Innovation Network

- ▶ Pursue and achieve quantitative AIMS in results-based task orders
- ▶ Focus on key priorities of the Administration
- ▶ Sustain national scope & action of effective improvement work (e.g., with 80% or more of all US hospitals)
- ▶ Lead in continuous improvement and culture change
- ▶ Utilize small set of key outcome measures and transparent sharing of data for rapid evolution and improvement
- ▶ Be prepared with a flexible quality improvement IDIQ contracting mechanism that can respond to emerging needs

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## Potential Areas Ripe for Action

Possible improvement areas that have been generated as a result of CMS goals and priorities include the following:

- ▶ Workforce Burden Reduction
- ▶ Improve Behavioral Health, including Opioid Abuse
- ▶ Improve Public Health, including Obesity Reduction
- ▶ Increase Patient Safety
- ▶ Increase Quality of Care Transitions
- ▶ Long Term Care

-- Special Attention to Rural America --



# Contracting Overview

PHYLLIS LEWIS, CMS DIRECTOR, DIVISION OF QUALITY CONTRACTS,  
OAGM

KIM TATUM, CMS CONTRACTING OFFICER, OAGM

GREG GESTERLING, CMS CONTRACTOR COMPLIANCE OFFICER

## Contracting Overview

- ▶ Reminder: this event is an open exchange with industry and no answers given will be considered official or binding on the part of the government



## What is the NQIIC IDIQ contract structure?

- ▶ Multiple-award IDIQ contracting
- ▶ “Umbrella” contracts to be established with multiple vendors
- ▶ Full and open competition
- ▶ Fair Opportunity
- ▶ Cost will be evaluated

## NQIIC contractors under the IDIQ

- ▶ “Mini” competition for IDIQ contract holders
- ▶ NQIIC IDIQ will encompass a broader outreach of work.
- ▶ Offerors are not required to propose on all programs.
- ▶ Period of Performance under task order awards.

## Task Order Contract Types

FAR 16.5 authorizes the use of any appropriate cost or pricing arrangement:

- ▶ Fixed-price Contracts
- ▶ Cost-Reimbursement Contracts
- ▶ Incentive Contracts
- ▶ Time-and-materials and Labor-hour Contracts
- ▶ Option periods

## Acquisition Schedule (1 of 2)

### IDIQ Award Schedule

- ▶ 04/2018 – Release RFP in FedbizOpps
- ▶ 04/2018 – Preproposal Conference
- ▶ 06/2018 – Proposals Due
- ▶ 08/17/18 – Negotiations
- ▶ 12/2018 – Award IDIQ Contract

## Acquisition Schedule (2 of 2)

### Task Order 0001 Award Schedule:

- ▶ 12/2018 – Release RFP to IDIQ contractors
- ▶ 1/2019 – Preproposal Conference
- ▶ 2/2019 – Proposals Received
- ▶ 4/2019 – Negotiations
- ▶ 7/2019 – Award Task Orders

## QIN 12<sup>th</sup> SOW Task Order

- ▶ One task order per awardee
- ▶ No defining regions
- ▶ Ensure fungibility where possible across tasks and task order
- ▶ Minimum two states proposed

# Conflict of Interest

- ▶ General conflicts
- ▶ Statutory Requirements

BREAK – 20 minutes





# Question Response

CMS LEADERSHIP REPRESENTATIVES



## Questions for Industry Day Participants

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# Next Steps



## Next Steps

- ▶ Submit feedback on RFI questions by October 19 no later than 4 pm eastern to [NQIIC@cms.hhs.gov](mailto:NQIIC@cms.hhs.gov)
- ▶ Any new information about these solicitations will be available on FBO.gov

# Thank you!

[NQIIC@CMS.HHS.GOV](mailto:NQIIC@CMS.HHS.GOV)