Introduction of Today’s Speakers

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Chief Medical Officer for Quality Improvement, QIIG

Phyllis Lewis
Director, Division of Quality Contracts, OAGM

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

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

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Contracting Officer, Division of Quality Contracts, OAGM

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Paul McGann
Deputy Director, OAGM

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Deputy Director, OAGM

Paul McGann
Deputy Director, OAGM
Poll – Who’s in the Audience

Tell us what stakeholder group you represent:
- QIN
- QIO
- HIIN
- ESRD Networks
- TCPI
- GIN-QIO

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 good results – more good results
Focus on good stories – more good stories
Focus on what works - more of what works
Focus on success – more success
Focus on problems – more problems
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/CCSQ/QIIG goals?

What is a NQIIC?

What is CMS looking for from our NQIIC offerors?

What are the benefits of this approach to contractors and to the government?

Why is the structure of NQIIC important to CMS?
Questions for Industry Day Participants

a. At what scale are you prepared to work?

b. Which work types or work types you are interested in performing?

c. Is your organization interested in pursuing work under the new NQIIC IDIQ contract structure?

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?

Contract type/vehicle
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?

What innovative considerations/recommendations do you have regarding structure, scale, and scope of individual Quality Improvement Task Orders?

What innovative considerations/recommendations do you have employed to address workforce burden reduction?
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

- Fewer, more important measures of "what" outcomes

- Be far more flexible on the "how" and tighter on the overarching goals

- Focus on outcomes/results aligned with CMS & HHS

- Less reporting, fewer deliverables, and more improvement work
Framing Our Work
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
1. How is CMS positioned to achieve the HHS/CMS/CCSQ/QIIG 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 ESRD Networks

Hawaii, Guam, American Samoa are part of Network 17
Puerto Rico and Virgin Islands are part of Network 3
Current Landscape is Comprised of “Sets” of Separate Contracts

CMS anticipates incorporating potential future improvement work into a new Umbrella IDIQ Contract. CMS anticipates that task orders under the new Umbrella Contract will be approached in a manner similar to current QI work; examples:

- ESRD Network Task Orders: Pre-determined geographic work of QINs, multiple QINs, national support contracts to support the work of QINs.

- QIO Task Orders: Industry-determined service areas, national support contracts to support the work of QIOs.

- QIO Task Orders: Industry-determined service areas, national support contracts to support the work of QI Networks.

- ESRD Network Task Orders: Pre-determined geographic regions, multiple QINs, national support contracts to support the work of QINs.
What are the benefits of the proposed IDIQ Umbrella approach to quality improvement work?

Flexibility to use different types of more tailored contracting options (firm fixed price, cost + fixed fee, others)

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

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

Continues "inclusive" approach to tapping special authorities, expertise, and relationships of QIOs, hospital associations, national provider associations and others

Positions government and contractors to respond quickly to changing needs and situations

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 services involving data-driven initiatives
- Health care quality improvement
- To optimize health outcomes for persons and families while supporting clinicians, providers, patients, families, and communities in improving health and health care 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
- Use results-driven approach to support successful and meaningful initiatives
- Directly team and work with beneficiaries through active Person/Patient and Family Engagement (PFE)
Quality Improvement Programs

Traci Archibald, Division Director, ESRD, Population and Community Health, QIG
New under NQIC 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...

- TBD
- Emerging needs
- New priorities
- Quality Improvement
- Other

ESRD

QIN-IO
Establish ability to add new and evolving work efficiently

Flexibility on "how" outcomes are achieved

Focus on outcomes & results while substantially increasing

Support local/state leadership and engagement

Maximizing patient experience, engagement, choice

Aligned with new CMS & HHS Goals & Priorities

Contract

Quality Improvement Umbrella

Substantially Different Approach Via
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 a representative of consumers.

Must not be a payor organization except as provided in §475.105(a)(3).

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.

Required to connect the dots among health care provider organizations on work like community coalitions to improve patient care transitions and more.

Must demonstrate the ability to perform the functions of a QIO including:

* Provide quality improvement support to wide variety of health care organization types: nursing homes, clinical practices, hospice, home health, hospitals
* Support providers in complying with quality reporting requirements
* Support providers in complying with quality reporting requirements

Focused on results

Provide quality improvement support to wide variety of health care organization types:

- Nursing homes
- Clinical practices
- Hospice
- Home health
- Hospitals

Must not be a payor organization except as provided in §475.105(a)(3).

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.

Representative of consumers.

Representative of health care providers and at least one individual who is a representative of health care providers and at least one individual who is a representative of consumers.
End Stage Renal Disease (ESRD)

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 transparently share data across networks improving and outcomes

ESRD Networks conduct performance-based quality improvement activities

ESRD Networks focus on patient-centered care, rapid cycle improvement, and 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

Lead in continuous improvement and culture change

Sustain national scope & action of effective improvement work (e.g., with 80% or more of all US hospitals)

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
Our End Goal

Further Changes in CMS Approaches to QI Work

X Put Patients First
X Greater collaboration, transparency and accountability
X Be far more flexible on the "how" and tighter on the "what"
X Fewer, more important measures
X Focus on outcomes/results aligned with CMS & HHS overarching goals
X Less reporting, fewer deliverables, and more improvement work
X Usher in a New Era of Flexibility
Potential Areas Ripe for Action

Potential Areas Ripe for Action

- Special Attention to Rural America

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

Following: As a result of CMS goals and priorities, the following possible improvement areas that have been generated include:

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

Potential Areas Ripe for Action
Overview
Contracting

PHYLLIS LEWIS, CMS DIRECTOR, DIVISION OF QUALITY CONTRACTS
KIM TATUM, CMS CONTRACTING OFFICER, OAGM
GREG GESTERLING, CMS CONTRACTOR COMPLIANCE OFFICER
OAGM

[Image]
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?

- Cost will be evaluated
- Fair Opportunity
- Full and open competition
- Multiple vendors
- "Umbrella" contracts to be established
- Multi-award IDIQ contracting
NQIIC contractors under the IDIQ "Mini" competition for IDIQ contract holders

Period of Performance under task order awards.

Offerors are not required to propose on all programs.

NQIIC IDIQ will encompass a broader outreach of work.

"Mini" competition for IDIQ contract holders

Period of Performance under task order awards.
Task Order Contract Types

Option periods

Contract types

Time-and-materials and labor-hour

Incentive contracts

Cost-Reimbursement contracts

Fixed-price contracts

Appropriate cost or pricing arrangements:

FAR 16.5 authorizes the use of any
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/2018</td>
<td>Release RFP in FedBizOpps</td>
</tr>
<tr>
<td>06/2018</td>
<td>Proposals Due</td>
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<tr>
<td>08/17/18</td>
<td>Preproposal Conference</td>
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<tr>
<td>12/2018</td>
<td>Award IDIQ Contract</td>
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<tr>
<td>04/2018</td>
<td>Award Schedule</td>
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**Acquisition Schedule (1 of 2)**
Task Order 0001 Award Schedule:

- 7/2017 - Award Task Orders
- 4/2019 - Negotiations
- 2/2019 - Proposals Received
- 1/2019 - Preproposal Conference Contractors
- 12/2018 - Release RFP to IDIQ

Acquisition Schedule (2 of 2)
Minimum two states proposed
across tasks and task order
Ensure fungibility where possible
No defining regions
One task order per awardee

QIN 124th SOW Task Order
Conflict of Interest

Statutory Requirements

General conflicts
BREAK – 20 minutes
Question Response
Questions for Industry Day Participants

X Contract type/vehicle

a. Is your organization interested in pursuing work under the new NQIIC IDIQ contract structure?
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What do you recommend and what innovative approaches have you employed to address workforce burden reduction?
Next Steps
Submit feedback on RFI questions by October 19 no later than 4 pm eastern to NQIIC@cms.hhs.gov

Any new information about these solicitations will be available on FBO.gov

Next Steps
Thank you!

NQIIC@CMS.HHS.GOV