



REQUEST FOR INFORMATION

Agency/Office: Department of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Medicare and Medicaid Innovation

Type of Notice: Request for Information

Title: Request for Information: Transforming Clinical Practices

Response Date: Tuesday, April 8, 2014

SUMMARY: The Center for Medicare & Medicaid Services (CMS) seeks information about large scale transformation of clinician practices to accomplish our aims of better care and better health at lower costs. CMS seeks responses to questions listed in the “**QUESTIONS**” section of this Request for Information (RFI). CMS may use this information collected through this RFI notice to test new payment and service delivery models.

DATES: Submit comments through the website listed in the “**RESPONSE FORMAT**” section by 11:59 pm Eastern on April 8, 2014.

RESPONSE FORMAT: Responses to this RFI must be provided via on-line submission at the following website:

<http://www.healthcarecommunities.org/Home/RFI-TransformingClinicalPractice.aspx>

Submissions are **due no later than 11:59 pm Eastern on April 8, 2014**. CMS will not accept hard-copy responses or other formats.

CMS will consider only those responses that contain the information described below. Submitted responses must follow the format listed below, with responses divided into three sections. CMS will not consider additional information submitted beyond these four sections.

Section I Demographic: The following items must be completed by each respondent. Organization type (practice, association, health plan, consumer organization, etc.), name of organization, mailing address, phone number, fax number, and name and email of designated point of contact (POC). Respondents are required to provide a summary of their experience related to practice transformation. Clinical Practices must identify themselves as specialty, primary care or mixed (including both primary and specialty). Clinical Practices are required to also provide practice size including number of providers and size of patient population.

Section II. The name and contact information of the organization whose views are represented in the submission, if different from the information provided in Section I.

Section III Respondents are encouraged to provide complete but concise responses to the questions listed in the four sections outlined below. Please note that a response to every question is not required. Responses will be no more than 2000 characters per question.

BACKGROUND:

Practice Transformation is a process that results in observable and measureable changes to practice behavior. These behaviors include core competencies: Engaged leadership and quality improvement; Empanelment and improved patient health outcomes; Business and Financial acumen ;Continuous and team-based healing relationships that incorporate culture, values, and beliefs; Organized, evidence-based care; patient-centered interactions; Enhanced access; progression toward population based care management; State-of-the-art, results-linked, care; Intentional approach of practices to maximize the systematic engagement of patients and families; and Systematic efforts to reduce un-necessary diagnostic testing and procedures with little or no benefit.

CMS is interested in opportunities to help promote the transformation of clinical practices to improve health and health care across the country. With the passage of the Affordable Care Act in 2010, came renewed efforts to improve our health care system. Guiding these efforts has been the CMS focus on better health, better health care, and lower costs through quality improvement and the six national priorities of the National Quality Strategy, which map to the six goals of the CMS Quality Strategy. CMS is considering initiatives to encourage practice transformation. The questions in this RFI specifically would address strategies to improve health and make quality care more affordable for individuals, families, and employers, through the development, implementation and spread of new health care delivery and value-based purchasing models. The result would be transformed clinical practices characterized by the delivery of high quality care, population-based care, cost-savings, and improved workflow.

There are nearly 50,000 providers participating in Center for Medicare and Medicaid Innovation (Innovation Center) models and over one million physicians and other clinical professionals affected by other CMS payment policies. While Innovation Center models may include technical assistance for multiple provider types, many clinician practices need assistance in developing their capacity to successfully participate in an Innovation Center model or other alternative value-based payment models (e.g., state or Medicaid models). To begin the process of transforming clinical practice, the leadership and staff of these practices must assess their success in improving patient health outcome and systems of care. They must also understand the benefits and the capabilities necessary for entering value-based payment arrangements. Then, the clinical practices would need to commit to transforming their practices and processes to adapt to those new business models. Providers who want to transform their care delivery system must then acquire the data, knowledge and skills that support high value care, and be prepared to make the infrastructure investments in systems, staffing and practice work flows and process redesign necessary to be successful.

The literature on practice transformation notes that there are identifiable characteristics of a transformed organization. (Such characteristics include patient-centered interactions, engaged leadership and a robust quality improvement strategy.) (The Commonwealth Fund Report: *Guiding Transformation: How Medical Practices can Become Patient-Centered Medical Homes*; Edward H. Wagner, M.D., M.P.H., Katie Coleman, M.S.P.H., Robert J. Reid, M.D., Ph.D., M.P.H., Kathryn Phillips, M.P.H., and Jonathan R. Sugarman, M.D., M.P.H. February 2012) This is recognized in the CMS and private sector models that are currently underway. Recognizing the challenge of transforming practices across the nation, CMS seeks information about strategies that could be the catalyst for transformation supporting the participation of large numbers of providers in a redesigned healthcare system via the pathway that makes the most sense for their practices.

Your responses to this RFI will help inform CMS' continued efforts to improve our healthcare system through transformation of clinical practices.

QUESTIONS: This Request for Information (RFI) seeks responses to the questions from Clinicians, Clinician Practices, Quality Improvement Organizations, Regional Extension Centers, Patient Advocacy Organizations, Health Plans, Employers, Purchasers, Consumers, Professional Associations and other members of the public about large scale transformation of clinician practices, to generate better care and better health at lower costs. The feedback from this RFI may be used to develop future Requests for Proposals and test new payment and service delivery models to assist practices in their work to prepare for participation in new value-based payment programs.

CMS asks that respondents address the following questions. Please respond to those questions that are germane to your experience and expertise.

<http://www.healthcarecommunities.org/Home/RFI-TransformingClinicalPractice.aspx>

A. Practice Transformation Strategies, Resources and Opportunities

1. Based on your organization's experience and understanding, what does a transformed clinical practice look like?
2. Clinical practice transformation can occur through many forms and avenues. When you think about clinical practice transformation, what forms and avenues do you think it should take? Which avenues would you find most valuable and would maximize quality and outcomes?
3. What are the existing sources of national, state and local expertise available to assist with leadership development, clinician engagement and overall transformation? What gaps can CMS help to close to build upon these efforts?
4. What should CMS consider if it were to organize a program of technical assistance to support the transformation of clinician practices and to prepare for effective participation in value based payment? What should CMS consider to ensure local "on-

the-ground” support to practices? In such a program, what if any role by the state would you find useful?

5. What key areas of practice transformation require attention?
6. What policies or standards should CMS consider adopting to ensure that groups of solo, small practices and rural providers have the opportunity to actively participate in practice transformation?
7. What practice transformation strategies, resources, and tools are most needed to prepare smaller practices to successfully participate in private and public sector pay for value arrangements?
8. Are there private sector organizations interested in providing practice transformation support if matching federal dollars were available?
9. What should CMS consider as it relates to beneficiary and caregiver experience of care when practices transform?
10. Which existing educational and assistance efforts might be examples of “best in class” performance in spreading the tools and resources needed for practice transformation? What evidence and evaluation results support these efforts?
11. How useful is the rapid sharing of results in facilitating practice transformation and improving health outcomes?
12. What general quality improvement strategies should practices employ to build a sustainable continuous quality improvement program (e.g., programs that rely on input and involvement from patients and staff, proven improvement processes and performance measures)?
13. How are practices using Health Information Technology (HIT) and Electronic Medical Record (EMR) technology to improve patient health outcomes? How have various organizations supported HIT integration in practice transformation?
14. How are practices addressing race, ethnic, primary language, and disability status health disparities in their work to improve patient health outcomes? How have organizations leveraged practice transformations to support reduced racial and ethnic disparities?
15. How are practices using population-based strategies to improve patient health outcomes? How have organizations supported population-based strategies in practice transformation?

B. Challenges and lessons learned in Practice Transformation engagement.

16. What are the most significant clinician challenges and lessons learned related to transforming a practice and what solutions have been successful in addressing these issues?
17. What are the operational challenges, lessons learned, and successes in developing an infrastructure to support transformation?
18. How can physician/clinician affinity groups be leveraged to strengthen the care process and for improve patient outcomes?
19. What are the essential lessons learned from other industries where best practices on systems transformation and learning culture have been adopted?
20. What challenges that have not been successfully addressed to date need to be addressed to achieve desired outcomes in health, healthcare, and more affordable care?
21. What information privacy challenges are anticipated or have been experienced in the transformation of practices? How have these challenges been addressed? What specific local, state or federal requirements presented these obstacles?

C. Engagement, Partnership and Continuous Learning in Practice Transformation.

22. What should CMS consider when spreading innovations through learning systems?
23. What should CMS consider regarding how QIOs, Regional Extension Centers, States and other existing entities can support practice transformation?
24. What should CMS consider when working with private payors in practice transformation?
25. What should CMS consider as it works with States in practice transformation?
26. What should CMS consider when aligning public and private clinical transformation efforts?
27. How has the use of knowledge management systems facilitated effective communication in learning environments (i.e., through sustainable sharing of improvement results, providing virtual technical assistance, interactions amongst large communities of practice, and the provision of on-line resources and tools)?
28. What would motivate clinicians to participate in any potential future initiatives relating to practice transformation and value-based purchasing?
29. What would motivate new partners to enter the field of practice transformation as a prime contractor, subcontractor, or consultant?

30. Are there other successful mechanisms that support engagement in practice transformation that could be considered?

D. Current Engagement in CMS Models.

31. What is your current relationship with CMS initiatives related to practice transformation (e.g., Accountable Care Organizations (ACOs) participating in the Shared Savings Program or the Pioneer ACO model, and the State Innovations Models (SIM)?
32. In your transformation efforts, have you seen any program integrity issues and if so what strategies did you use to assure that your transformation efforts did not foster program integrity problems?
33. Even if you did not see any program integrity problems or issues during your transformation efforts, did you actively design strategies to mitigate any such issues? What were the mitigation strategies?
34. Are there particular program integrity issues that you think you need to address as you pursue transformation? What are these issues? What barriers do they pose to successful transformation?
35. How could CMS possibly use patient satisfaction surveys or report cards regarding practice transformation?

SPECIAL NOTE TO RESPONDENTS:

Whenever possible, respondents are asked to draw their responses from objective, empirical, and actionable evidence and to cite this evidence within their responses. CMS is particularly interested in the lessons learned from improvement programs in the areas of transformed clinical practices, health services delivery, public policy and/or the administration of complex policy programs, innovation diffusion, knowledge management, change management, community organization/mobilization, industrial engineering or manufacturing, operations research, and other disciplines that can inform the quality improvement of services delivered in health care systems or the promotion of health through community-based organizations. CMS will draw upon the responses in designing the Transformation of Clinical Practice model.

THIS IS A REQUEST FOR INFORMATION (RFI) ONLY. This RFI is issued solely for information and planning purposes; it does not constitute a Request for Proposal, applications, proposal abstracts, or quotations. This RFI does not commit the Government to contract for any supplies or services or make a grant award. Further, CMS is not seeking proposals through this RFI and will not accept unsolicited proposals. Responders are advised that the U.S. Government will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding to this RFI will be solely at the interested party's expense. Not responding to this RFI does not preclude participation in any future procurement, if conducted. It is the responsibility of the potential responders to monitor this RFI announcement for additional information pertaining to this requirement.

Please note that CMS will not respond to questions about the policy issues raised in this RFI. CMS may or may not choose to contact individual responders. Such communications would only serve to further clarify written responses. Contractor support personnel may be used to review RFI responses.

Responses to this notice are not offers and cannot be accepted by the Government to form a binding contract or issue a grant. Information obtained as a result of this RFI may be used by the Government for program planning on a non-attribution basis. Respondents should not include any information that might be considered proprietary or confidential. This RFI should not be construed as a commitment or authorization to incur cost for which reimbursement would be required or sought. All submissions become Government property and will not be returned.

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PRIMARY POINT OF CONTACT:

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Quality Improvement & Innovation Models Testing Group

Center for Clinical Standards and Quality

Centers for Medicare & Medicaid Services

<http://www.healthcarecommunities.org/Home/RFI-TransformingClinicalPractice.aspx>