

Evaluation at the Innovation Center

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The Innovation Center

- “The purpose of the Center is to test innovative payment and service delivery models to reduce program expenditures under Medicare, Medicaid and CHIP...while preserving or enhancing the quality of care furnished...”
- “Preference to models that improve coordination, quality and efficiency of health care services.”
 - **Resources** - \$10 Billion in funding for FY2011 through 2019
 - **Opportunity to “scale up”**: HHS Secretary authority to expand successful models to the national level
 - Requires certification from the actuary that a model reduces overall costs and is quality neutral or better

Announced CMMI programs

- Partnership for Patients (Patient safety, Community-based transitions)
- Accountable Care Organizations (Pioneer, Advanced Payment)
- Comprehensive Primary Care Initiative
- Federally Qualified Health Center Advanced Primary Care Initiative
- Bundled Payments for Care
- Financial Models to Support State Efforts to Coordinate Care for Medicare-Medicaid (Dual) Enrollees
- Demonstration to Improve Quality of Care for Nursing Facility Residents
- Healthcare Innovation Challenge
- Million Hearts Campaign
- Innovation Advisors Program

No “Turnkey” Solutions

- The models we will test require fundamental changes in the structure of healthcare delivery
 - Realigning incentives for health systems, primary care, hospitals, home-care
- Substantial learning and adaptation will be necessary before achieving the greatest efficiencies
 - Healthcare delivery in these models will be maturing once implemented
- RCTs not feasible in most cases

Core Principles of the Rapid-Cycle Evaluation Group

- “Be part of the solution” – We plan to gather information and leverage our claims data to promote and support a continuous quality improvement environment in the marketplace
- Speed – We are improving our data systems and our ability to use data so that we can frequently and rapidly assess effectiveness and provide feedback to providers
- Rigor – Use advanced epidemiologic methods to measure effectiveness to meet a high standard of evidence and allow for certification

Both Formative and Summative Evaluation

Key Features of Formative Evaluation and Feedback

- Understand the context: Gather qualitative data from providers and health systems to assess perceptions/barriers/enablers of success
- Study the process: We will ask providers to report how they implement different models
- Regularly measure performance: Frequently apply automated measurements of effectiveness using claims data
 - Developing capacity to perform these analyses faster in-house

Key Features of Formative Evaluation and Feedback (cont.)

- Provide frequent feedback and reports to providers/systems:
 - Collaborate with Learning and Diffusion team to deliver data to providers in ways that can be easily interpreted
 - Deliver data to promote more helpful self-evaluation
 - Develop learning collaboratives to spread effective strategies for each model as well as to identify failing approaches

Summative Evaluation – Speed without Sacrificing Rigor

- Program Design: Evaluation team participates in all phases of design
 - Sample selection for intervention (generalizability)
 - Availability of control groups
 - Sample size (power)
- Measurement: Must develop broad consensus
 - Standardized priority outcome metrics across models
 - Unique metrics for each intervention
 - Patient and provider experience metrics
 - Develop population-based metrics; equity; access
 - Specific metrics unintended consequences

Summative Evaluation – Speed without Sacrificing Rigor (cont.)

- Methods: Time-series analyses that allow us to assess both changes in level and slope of improvement
 - Includes transition phase to account for time to “learn”
- Partnership: Communicate early and often with the actuaries
 - Consider how soon we can expect changes and when a model can be deemed certifiable

New Methods (in some we can use your help)

- Automating performance reporting and simple comparisons of performance for dissemination
 - Building internal capacity
- Aligning measures with private sector
- Establishing clear thresholds for evidence standards needed to scale models
- Developing a “kill switch” for failing programs
- Always seeking faster approaches to assess effectiveness – will look to experts in academia and industry to provide continued recommendations

Challenges

- Hard to precisely predict rates of physician/system participation in new models or rates of dropout
- Patient attribution to physicians/systems and potential “game-ability”
- Complexity of measuring multiple interventions at the same time in the same marketplace
 - Allows for a richer understanding of the potential synergies, but may also complicate evaluation of individual programs
- Data availability (Managed care programs in Medicare and Medicaid, variability in State Medicaid data)

Our Hope

- To develop a better dialogue with folks like those on this panel and on this call
- To publish our results in the peer-reviewed literature so that we contribute to the evidence base
- To work with the scientific community to continue to improve our methods for evaluation and clarify our standards for success
- To continue to learn from industry about progressive approaches – and keep getting better