nrhi Network for Regional Healthcare Improvement

Request for Proposal

Total Cost of Care – Site Expansion

May 6, 2015

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I. General Background

Network for Regional Healthcare Improvement Overview

The Network for Regional Healthcare Improvement (NRHI) is a national organization representing over 30 member Regional Health Improvement Collaboratives (RHICs). These multi-stakeholder organizations are working in their regions and collaborating across regions to transform the healthcare delivery system and achieve the Triple Aim: improving the patient experience of care, including quality and satisfaction; improving the health of populations; and reducing the per-capita cost of health care. The RHICs are accomplishing this transformation by working directly with physicians and other healthcare providers, provider organizations, commercial and government payers, employers, consumers, and other healthcare related organizations. Both NRHI and its members are non-profit, non-governmental organizations. Additional information about NRHI and its members can be found at nrhi.org.

Guiding Principles & Vision

NRHI's overarching vision is to bring stakeholders together to improve health and healthcare in communities across the US through an active and engaged network.

The mission of the Network for Regional Healthcare Improvement is to help all of the stakeholders in communities across the country build the capabilities needed to take unified action to create lower-cost, higher-quality healthcare and to improve the health and productivity of their residents.

NRHI is a network of leading multi-stakeholder organizations from across the country engaging key players in health improvement and health care transformation. NRHI members are committed to improving population health and the quality and affordability of healthcare in the U.S. We promote community benefit over individual and organizational interests and believe that all stakeholders must work together to achieve change. NRHI members have different structures and operate in different markets but share common goals and priorities and adhere to the following shared principles:

1. **The status quo of our healthcare system is not acceptable in terms of its quality, safety or cost.** Though we are inclusive, neutral conveners of stakeholders, we are not neutral on the need for change.
2. **We strive for win-win solutions recognizing that change is required by all.** No single stakeholder group can 'fix' healthcare – it is the coordinated work of all stakeholders that will achieve transformation. Likewise no stakeholder group is to 'blame' for current system failings. Coordinated and aligned action is needed.
3. **We promote and actively pursue transparency of healthcare cost, quality and patient experience and outcomes.** We believe that transparent and reliable information is foundational to change. Every stakeholder needs fair and meaningful access to complete information to improve and evaluate performance and to redesign current practices.
4. **We believe the best solutions come from multi-stakeholder input.** We are voluntary, consensus-based entities and strive for a balance of priorities across groups. We value all perspectives and believe the multi-stakeholder process- while difficult- brings the richest ideas and the most lasting support.
5. **We work together to accelerate and scale innovation.** Each member brings unique value to the table and can inform best practice. Through the NRHI network we can share those lessons for rapid dissemination and national impact.

Total Cost of Care Project Background and Renewal Overview

Project Background

Over the past 18 months, five of NRHI's member Regional Health Improvement Collaboratives (RHICs) came together through the leadership of NRHI, and with support from the Robert Wood Johnson Foundation, to measure and report Total Cost of Care (TCoC) and Relative Resource Use in their respective regions. Knowing both the need for reliable transparent cost information and the burden of misaligned measurement, we sought to standardize measurement to provide trusted information and to enable meaningful comparisons across regions.

The original project goals were to:

1. Measure and report Total Cost of Care and Resource Use in a standardized way across five regions;
2. Create a process for benchmarking multi-payer commercial healthcare costs;
3. Identify the best ways to share cost information with key stakeholders in local communities to identify drivers of and reduce healthcare costs; and
4. Conduct focused work with physicians to help them use cost information to adopt practices that will reduce costs and improve care. Encourage them to serve as leaders in their communities.

All pilot goals were achieved:

1. Each region produced attributed practice level reports in their respective communities.
2. A benchmarking approach across five regions was developed and tested.
3. Each Regional Collaborative shared reports with community stakeholders.
4. Participating physicians were supported to lead change both locally and nationally with a reporting framework, strategy and practical approaches to affect change.

The accomplishments, challenges and lessons learned were shared on April 30, 2015 at the NRHI hosted National Summit, *Cost Transparency from the Ground Up.* A pilot overview and summary document are attached and describe the pilot goals, approach and findings. Additionally, the *Healthdoers Who Have Done It* booklet is a compilation of key lessons learned written by individual project team members. A copy of this booklet is also attached for reference purposes.

Renewal Overview

NRHI and the five pilot RHICs were recently awarded a renewal grant ("Renewal") by the Robert Wood Johnson Foundation for an 18 month period for May 1, 2015 through October 31, 2016. The expansion site grant will begin in early June and run through October 31, 2016.

The Renewal is a build-out of the original TCoC Pilot with critical new components that also recognize and leverage the work of non-RHIC organizations. The Renewal allows the original Pilot RHICs to further develop and use longitudinal data with standardized TCoC and Resource Use reporting and benchmarks, spreads the project to new regions, and tests new models for maximum leverage and adaptability in the rapidly changing healthcare transformation environment.

As part of the renewal, NRHI will recruit two new RHICs and one stand-alone All Payer Claims Database (APCD), the latter in order to develop and test a new model in which RHICs and APCDs work in a complementary fashion to achieve reform – e.g. RHICs responsible for operationalizing

change through the strength of their multi-stakeholder models, and APCDs aggregating and analyzing the claims data that enables the work of RHICs.

The overall goal of the Renewal is to evolve the TCoC project and show preparedness for national scalability. There are two major Objectives:

- **Objective 1** - Provide support for an additional period of activities tied to the original Pilot and original partner RHICs. The five original partnering RHICs are: Center for Improving Value in Health Care (CIVHC); Maine Health Management Coalition (MHMC); Midwest Health Initiative (MHI); Minnesota Community Measurement (MNCM); and Oregon Health Care Quality Corporation (Q Corp);
- **Objective 2** - Recruit new partners, including two RHICs and a state APCD, using an approach similar to that of the Pilot, in order to test spread and how the standardized core elements that emerged in the original Pilot can work in other regions including promotion of partnerships between entities that develop data (APCDs) and entities that can operationalize change through multi-stakeholder engagement (RHICs).

II. Proposal Requirements and Responses

This section describes the benefits and requirements for participation in the renewal and the process for submitting a proposal.

Benefits of Participation

- The benefit of learning from and building on the experience of your peers – you do not have to start from scratch
- The data quality and evaluation process has been established, which allows you to more readily determine the quality of your data and speed adjustments as needed
- You will receive peer support from one or more of the original pilot sites
- You will have the opportunity to contribute to regional benchmarks
- You will have an additional platform from which to develop local physician champions
- Funding is available

Participant Expectations

The TCoC Site Expansion RFP is focused on Objective 2 of the Renewal, stated above. Partner RHICs will be required to participate in the following manner:

(1) Produce and distribute at least one calendar year practice level NQF endorsed TCOC and Resource Use measure set reporting on multi-payer commercial data by August 2016;

(2) Designate a lead staff person to serve as a Local Coordinator for the 18 month period;

(2) Participate in a minimum of three, 2 day, face to face meetings and monthly project calls;

(3) Engage communities in a series of multi-stakeholder meetings to use data and results to: (a) understand health care costs, cost drivers and variation; (b) identify priority cost reduction opportunities; and (c) identify each stakeholder's role in reducing costs;

(4) Recruit a minimum of 2 physician champions to accompany members of your project team to the National Physician Leadership Seminar;

(5) Capture/share results with NRHI, its members, RWJF and others, and participate in the dissemination of project results through the Collaborative Health Network and other forums to be determined.

In order to ensure that we select a team of partners with the greatest readiness to successfully meet the project deliverables, we are asking all members who indicated interest in participating to answer the following set of questions. We will share all of the responses with a Selection Committee who will evaluate proposals against a set of criteria. Those selected to participate as partners will be asked to sign a formal letter of commitment.

Minimum Requirements:

- Must have access to commercial, multi-payer claims data which includes allowed amounts. This is a critical component; applicants who do not have access to the full provider payment, which includes both member and plan paid amounts, are not eligible to apply at this time.
- If the applicant is not an NRHI member, a letter of recommendation from their local Regional Health Improvement Collaborative is required. To find a RHIC in your area please visit the NRHI website.
- Established and engaged multi-stakeholder platform and experience collaborating with local stakeholders, especially community healthcare providers and employers.
- Be a nonprofit organization that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code or similar tax-exempt status.

Additional Eligibility Criteria

- Willingness to strive toward appropriate levels of standardization in order to move toward greater alignment and transparency of total cost of care measurement nationally
- Familiarity with the value of providing total cost of care reporting to stakeholders for engagement and uses to drive payment reform and reduce overall cost of healthcare,
- Data analysis resources and tools, and knowledge of total cost of care and Resource Use reporting methodologies, data requirements and other required analysis, i.e. risk adjustment and attribution,
- Data use agreements that allow cost reporting
- Capacity to collect and analyze the integrity of essential data to produce total cost of are reporting, in addition to ability to attribute and risk adjust consistent with the project technical specifications. Must have access to both analytic resources and tools necessary to ensure the completeness and integrity of the required data set,
- Board support
- Be familiar with the lobbying rules that apply to Section 501(c)(3) or similar tax-exempt status organizations

Deliverables

In addition to participation expectations, specific deliverables include, but are not limited to:

- Produce and distribute at least one calendar year practice level NQF endorsed TCOC and Resource Use measure set reporting on multi-payer commercial data by August 2016;
- Contribute aggregated data for centralized data integrity analysis and evaluation for inclusion in regional comparisons;
- Engage with NRHI and the Technical Advisor (TBD) to further analyze data submissions, including identification and exploration of unexplainable variances and conduct further investigations to ensure data integrity;
- Produce community level reporting;
- Identify trends in healthcare cost & utilization within your region;
- Identify drivers of trends in cost and utilization within your region;
- Participate in project team efforts to evaluate and evolve benchmarking approach, develop and document improved and more precise technical specifications to better prepare future regions for accelerated production of standardized total cost of care reporting;
- Contribute to the development of documented pathways for standardization of analysis and reporting;
- Produce and submit periodic narrative and budget reports as required by NRHI and funder.

Request for Proposal Process and Timeline

All Requests for Proposal (RFP) respondents shall submit the information listed below no later than midnight on Friday, May 22, 2015 to the e-mail address noted below. All responses will be reviewed against the requirements. All RFP respondents shall be notified of the final decision no later than June 5, 2015.

Questions may be submitted using the web form linked below. All questions and answers will be posted on the Frequently Asked Questions (FAQ) document found at http://www.nrhi.org/work/multi-region-innovation-pilots/tcoc/. For assistance with accessing the web form or FAQ's, please contact Kelly Seiler, Project Manager via e-mail at kseiler@nrhi.org or (207) 805-1687.

Please submit questions through the following web form:
https://app.smartsheet.com/b/form?EQBCT=900fcb25e42e4c339b7645c5c87ed5bd

Proposals shall be submitted to the following e-mail address no later than midnight May 22, 2015:

Network for Regional Healthcare Improvement
Attn: Kelly Seiler, Project Manager
E-mail: kseiler@nrhi.org

Proposal Questions and Supporting Documentation

Please provide a brief answer to each of the following questions and include supporting documentation where requested:

General

Organization Name:

Contact Person Name:

Contact Person Phone:

Contact Person Email:

CEO Name:

CEO Phone:

CEO Email:

1. Please indicate if you are applying as a RHIC or APCD. If you are applying as a joint entity, please describe your partnership.
2. Is your organization currently a member of NRHI? If not, a letter of recommendation from your local Regional Health Improvement Collaborative is required.
3. If you are located in an area represented by another existing NRHI member, please describe how you will collaborate with regard stakeholder engagement.
4. Please describe the geographic region on which are able to report.
5. Have you identified a lead staff person from your RHIC for this project?

Data

6. Please provide both the number and market percentage of covered lives represented in your commercial data.
7. Please provide the number of commercial payers represented in your data, and what percentage of the commercial market this represents.
8. Please indicate what percentage is fully insured and what percentage is self-insured.
9. Please indicate what percentage of the self-insured and fully funded market is represented in your data.
10. Please describe your access to multi-payer claims data, including source, age, frequency of updates, level of patient identification etc.
11. Please describe the commercial claims to which you currently have access (Statewide? Portion? Number of plans?)
12. Do you have access to Medicaid data? If not, do you expect to have access to Medicaid data and in what timeframe?
13. Have you been approved as a Qualified Entity by CMS? Do you have alternative sources of Medicare data?

14. What cost variables does your database contain such as charged (billed amount), paid amounts, copays, deductibles, allowed amounts, etc.?
15. Aggregated reporting of data for centralized quality analysis is required and includes, but is not limited to the details noted below. Please describe your ability to report on the following on a PMPM basis by population, for both medical and pharmacy claims separately:
    i. Medical eligibility vs Pharmacy eligibility
    ii. Average Age
    iii. Claim counts
    iv. Cost per eligible member
    v. % of members with no medical claims
    vi. Cost per claim
    vii. Primary and additional diagnosis codes
    viii. Surgical procedure codes (ICD 9)
16. Do you have an up to date provider database/directory, that includes primary care physicians, with practice and system affiliations, and if so, at what percentage of completion and how frequently is it updated and maintained?

Analysis

17. Please briefly describe your experience analyzing claims data that would be relevant to this project. Please include steps you have taken to understand the quality of your data and what your process includes if data integrity concerns arise.
18. Please describe any contractual limits with data suppliers or members on analyzing or reporting healthcare costs that could inhibit reporting of Total Cost of Care and Resource Use publically.
19. Who is your data vendor/partner?
20. Have you or your data vendor/partner implemented the Health Partners Total Cost of Care and Resource Use measure set (or equivalent)? If not, would you or your data vendor be willing to implement this measure set, including Relative Resource Use? What is the estimated timeframe for implementation?
21. What risk adjuster do you use?
22. If important to the project would you consider changing this risk adjuster? Why or why not?
23. Do you currently attribute patients to providers using claims data? If so, what attribution method do you use? If important to the project would you consider changing this attribution method? Why or why not?
24. At what unit of measurement do you currently measure or plan to measure Total Cost of Care (provider system, practice or medical group, physician)?
25. If not currently measuring at the practice/provider organization level would you be prepared to measure at the practice or provider organization level for the project? Why or why not?

Engagement

26. Do you currently have a public reporting program of healthcare quality, cost, safety, and/or patient experience? If so, how long has that program been operational?
27. Have you publicly reported Total Cost of Care and Resource Use? If not do you have existing plans to do so and in what timeframe?
28. Can you commit to reporting Total Cost of Care and Resource Use by August 2016?
29. Do you have Board/member approval to measure and report Total Cost of Care and Resource Use? If not do you have plans to obtain approval and in what timeframe?
30. Please briefly describe your experience working with physicians on using cost and/or resource use information.
31. Please briefly describe your experience working with employers on using cost and/or resource use information.
32. Please briefly describe any other relevant experience working with physicians, employers and/or health plans on using quality or cost information that you think may be relevant to this project.
33. We anticipate at least 4 in-person meetings in addition to monthly calls and ad hoc work groups. Can you and/or your team commit to the planning and project meetings required for this project?
34. Please share any other information that you would like to include regarding your participation in this project.

III. Participant Cost Proposal

Please provide a detailed cost proposal to support the services described in section II above, including all specified activities and associated costs and expenses requiring reimbursement. Ranges of proposed costs are acceptable however please describe any drivers of the variance.

Please use the following assumptions to inform your cost proposal:

1. Designate a lead staff person to serve as a Local Coordinator for the 18 month period;
2. Participate in a minimum of three, 2 day, face to face meetings and monthly project calls;
3. Submit aggregated data sets to a central technical advisor for quality assessment review and analysis and work with Technical Advisor to identify and resolve data integrity issues which may include requiring revise data sets from data sources;
4. Produce and distribute at least one calendar year practice level NQF endorsed TCoC and Resource Use measure set reporting on multi-payer commercial data by August 2016;
5. If data and resources are available, report on TCoC and Resource Use across all populations including Medicare and share lessons to inform planning for all-population reporting across regions;
6. Contribute results in a standardized format to understand the challenge of constructing regional benchmark and produce regional comparisons reporting, if applicable;
7. Produce community level reporting that will enable participating RHICs to measure progress against the baseline;

8. Engage communities in a series of multi-stakeholder meetings to use data and results to: (a) understand health care costs, cost drivers and variation; (b) identify priority cost reduction opportunities; and (c) identify each stakeholder's role in reducing:
9. Recruit and pay all expenses for a minimum of 2 physician champions to accompany members of your project team to the National Physician Leadership Seminar;
10. Capture/share results with NRHI, its members, RWJF and others, and participate in the National Physician Leadership Seminar to be organized by NRHI in 2016 and potentially a national employer seminar;
11. Participate in dissemination and communication of project results and lessons learned including participation on the Collaborative Health Network.

IV. Respondent RFP Attachments

Please provide the following additional information as attachments:

- Organization Description, Mission and Vision
- Evidence of Section 501(c)(3) tax-exempt status
- Evidence of familiarity with lobby rules that apply to Section 501(c)(3), i.e. policies and procedures
- Samples of any relevant reporting or analysis
- Resumes or biographies of key staff if known