



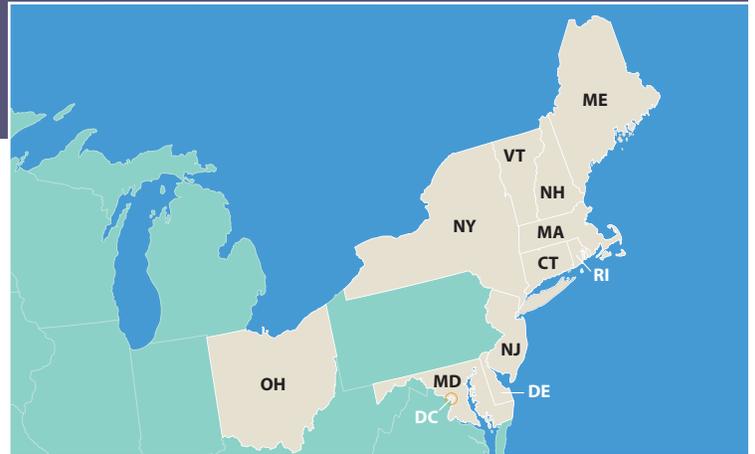
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Healthcare Quality Watch

January 2020

IPRO Wins Five-Year Medicare Quality Improvement Contract

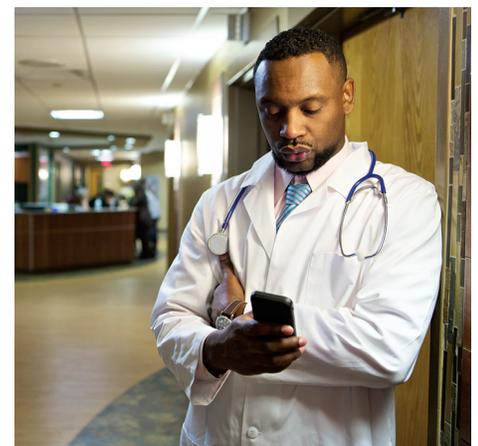
The Centers for Medicare & Medicaid Services (CMS) has awarded a five-year contract to IPRO to serve as a regional Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under the recently launched 12th Statement of Work. QIN-QIOs serving under the 12th Statement of Work will provide targeted assistance to nursing homes and communities with small and rural



IPRO Creates Mobile Tools for Kidney Disease Management

IPRO software developers and quality improvement professionals have created exciting new technologies that will enhance data-driven management of chronic kidney disease (CKD) by physicians, patients and care partners. IPRO's intuitive and freely available patient-facing *Kidney Choices* mobile application interfaces with the federal government's massive "Blue Button 2.0 Initiative," which permits

access to and analysis of up to four years of a given patient's entire Medicare claims history. IPRO's *CKD Screening* app guides physicians in identifying patient CKD risk, selecting appropriate lab tests for diagnosis and making disease staging determinations. The *CKD Screening* app also offers a "Conversation Starter" that helps clinicians



initiate difficult conversations with patients and care partners regarding CKD as a serious clinical condition. IPRO's CKD mobile apps are available for download from the Apple's App Store (<https://apps.apple.com>) and Google Play (<https://play.google.com>).



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practices, those serving the most vulnerable populations, and those in need of customized quality improvement. Through this body of work, CMS is focusing on results, protecting taxpayer dollars, and most importantly, ensuring the safety and quality of care delivered to every Medicare beneficiary. "We are pleased and grateful that the federal government has recognized our team's commitment to our work and breadth of experience and expertise," according to Theodore O. Will, MPA, IPRO's Chief Executive Officer. "Working cooperatively with providers in 11 states and D.C., we will make major gains in addressing some of the most challenging issues our healthcare system has to grapple with." Under the award, IPRO will provide Medicare quality improvement work in New York, New Jersey and Ohio; all six New England states (Maine, New Hampshire, Vermont, Massachusetts, Connecticut and Rhode Island); as well as Maryland, Delaware and the District of Columbia.

IPRO Annual Meeting 'Save the Date'

The Chief Data Officer of the U.S. Department of Health & Human Services (HHS) will keynote IPRO's 36th Annual Meeting to be held June 2, 2020 at the Garden City Hotel in Garden City, NY. In her position at HHS, Mona Siddiqui, MD, MPH, MSE is leading the effort to connect the nation's healthcare data by building an institutional infrastructure. She is also responsible for leading the Department's Artificial Intelligence strategy, as well as scaling data-driven solutions via public/private partnerships. Dr. Siddiqui has held a number of senior positions in the federal government—most recently at the Center for Medicare and Medicaid Innovation where she focused on developing cutting-edge rapid cycle payment models. The theme of the IPRO Annual Meeting will be digital health, from the perspective of state and federal policy makers, as well as patients who are using newly emerging tools and technologies to improve quality of life. Information on registration for the IPRO Annual Meeting will be available in early 2020 at www.ipro.org.

CMS Awards State Funding to Combat Opioid Crisis

CMS recently announced funding for two new Center for Medicaid and Medicaid Innovation (Innovation Center) service delivery and state payment models. The Integrated Care for Kids (InCK) and Maternal Opioid Misuse (MOM) Models support improved care delivery for vulnerable Medicaid and Children's Health Insurance Program (CHIP) beneficiaries, in particular those affected by the nation's opioid crisis; improve quality of care; and reduce expenditures for beneficiaries. By catalyzing state-driven care transformation and aligning financial incentives, both models aim to improve health outcomes and address fragmentation of care for affected beneficiaries.

The MOM model funding—awarded to Colorado, Indiana, Louisiana, Maine, Maryland, Missouri, New Hampshire, Tennessee, Texas, and West Virginia—supports state Medicaid agencies, frontline providers and healthcare systems in creating a patient-centered service delivery model that ensures coordination of clinical care and integration of other services critical in the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder. Learn more at <https://innovation.cms.gov/initiatives/maternal-opioid-misuse-model>.



As CMS's first pediatric model, InCK is a child-centered local service delivery and state payment model that aims to improve quality of care for children under 21 years of age covered by Medicaid. InCK funding, awarded to Connecticut, Illinois (two awards), New Jersey, New York, North Carolina, Ohio, and Oregon, provides flexibility for states to design community-based interventions to align healthcare delivery with child welfare support, educational systems, housing and nutrition services, mobile crisis response services, maternal and child health systems, and other relevant service systems. Learn more at <https://innovation.cms.gov/initiatives/integrated-care-for-kids-model>.

New York Seeking New Four-Year Medicaid Waiver

Following major reductions in unnecessary hospital admissions and readmissions, the New York State Department of Health (DOH) is seeking an additional four-year waiver of Medicaid program administration rules from the U.S. Centers for Medicare & Medicaid Services (CMS). CMS permits waivers of traditional Medicaid requirements to states demonstrating innovative and cost-effective approaches to service delivery. New York's current waiver is set to expire in March 2020; DOH is seeking a one-year extension of its current program and an additional three-year waiver renewal. DOH proposes that a portion of the savings achieved as a result of its current waiver—\$8 billion over four years—be made available for additional delivery system transformations. In calculations of impact through June 2018, DOH demonstrated a 21 percent reduction in avoidable hospitalizations and a 17 percent reduction in preventable hospital readmissions.

IPRO is a non-profit organization that works with government agencies, providers and consumers to implement innovative programs that bring policy ideas to life. For over 30 years we've made creative use of clinical expertise, emerging technology and data solutions to make the healthcare system work better.



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