

*Check List and Tip Sheet for  
Chartered Value Exchange Applications*

**Part I: Community Characteristics**

- This section of the application is self-explanatory and asks for basic demographic information and community health system characteristics.
- Be sure to describe the exact geographic area covered by the proposed Chartered Value Exchange (CVE), particularly if the area covers multiple states.

**Part II: Collaborative Characteristics**

**A. List the collaborative's (i.e. CVE's) membership.**

- Provide a full description of the organizations that both participate and lead the proposed CVE.
- Be sure to include full descriptions of the participating organizations from the four required stakeholder groups: purchasers; providers; health plans; and consumers/consumer advocacy groups.
- Letters of support from the participating organizations are not required but would be a plus.
- Describe how the CVE will involve, if relevant, other existing community or state based organizations, such as: Quality Improvement Organizations (QIOs), Business and Health Coalitions, Health Information Exchanges (HIEs)/Regional Health Information Organizations (RHIOs), State and Local Health Departments, State Data Organizations, and any other stakeholder organization actively participating in the CVE.

**B. Describe how the collaborative makes decisions.**

- Describe how a multi-stakeholder collaborative, particularly if the collaborative is a loose alliance of existing organizations and **not** an incorporated entity, will make collective decisions regarding all elements of the CVE's work (e.g. budgets, priorities, work plan, fund raising, staffing).
- If final decisions rest with a Board, a Leadership Team, Committees, or a combination of the above, describe fully the CVE decision making process and structure and the specific assigned responsibilities (i.e for budgets, work plans, management, etc.).

**C. State whether the collaborative is an informal or formal corporate entity.**

- Please remember that a CVE does not need to be a formal incorporated entity; it can be a loose alliance of existing organizations that have come together for the purpose of becoming a federally designated CVE.
- If the CVE is a formal entity, state the corporate status (profit, non-profit, type of non-profit), and describe the organizational structure. Include a list of the Board of Directors, including officers.
- If the CVE is an informal collaborative of existing organizations, identify whether there is a Leadership Team or Steering Committee that serves as a defacto Board for the CVE. List the members of the Leadership Team/Steering Committee. Describe how the informal collaborative is

structured beyond the Leadership Team/Steering Committee (i.e. working Committees or Task Forces)

### **Part III: Functional Capacity/Plans**

**NOTE:** This section is the guts of the application. The section identifies the required functions of the CVE and asks the applicant to fully describe existing activities **or** activities being planned that will cover each area. To the degree that the CVE can describe **work in progress** rather than just an **aspirational model**, this represents a definite plus. If the CVE is more of an aspirational model, it will be very important to fully describe concrete plans and timelines for getting work started and executed in each of the areas.

#### **Engage Stakeholders in Collaboration:**

- Fully describe how the CVE will insure that all the key stakeholder groups – purchasers, providers, health plans, consumers/consumer groups and their representatives - will have a meaningful and equal role in the leadership and work of the CVE.
- Be careful not to assign too much of the governance and the actual work of the CVE to any one or two of the core stakeholder groups. By definition, a CVE must be a multi-stakeholder collaborative. In this section of the application, demonstrate how governance, operational responsibilities, project work, and accountability is equally shared by the core constituency groups.
- As in Part II, also describe how other stakeholder and community based groups (beyond the 4 primary stakeholder groups) are participating in the CVE and the role(s) that they play.

#### **Obtain or Generate Standard Performance Information:**

- Be aware that obtaining or generating standard performance information on providers is the foundation upon the subsequent work and activities of the CVE rests.
- If the CVE, is part of a regional or community-based data aggregation, analysis, and performance profiling initiative that allows the CVE to generate its own performance information on providers, fully describe this initiative. Include how this initiative is organized, what type of data is being aggregated, the performance measures being used and the type of provider performance information generated. Also explain whether the initiative relies on administrative/claims data (e.g. through health plan aggregation efforts), medical record data (e.g. through a HIE/RHIO initiative), patient survey data or some combination.
- Particularly for CVEs that are not participating in a data aggregation/performance profiling initiative of their own, fully describe how the CVE plans to obtain, or currently obtains, standard performance information.

- There are multiple sources for obtaining standard performance information that a CVE can identify in its application, including **at the Federal level:** the Medicare Compare website containing hospital, nursing home and home health agency specific performance information, AHRQ's HCUP database; Leapfrog's Hospital Survey results, the Dartmouth's Atlas; **at the State level:** state data commissions/agencies, the statewide Quality Improvement Organization (problematic because of federal QIO privacy rules but some information can be obtained); **at the regional/community level:** HIEs/RHIOS, local data aggregation initiatives; the Aligning Forces for Quality local community collaboratives funded by Robert Wood Johnson Foundation (RWJF), local quality improvement initiatives.
- It is important that any CVE applicant state that it is both interested and expects to receive from DHHS/CMS the physician group level performance information that the federal government has promised all CVEs sometime next year. Any CVE should also state that it is interested in receiving corresponding private sector performance information generated by the national initiative being organized by Dr. Mark McClellan at the Engelberg Center at the Brookings Institution and funded by the RWJF.
- Describe how the CVE develops and implements consensus principles for generation and use of performance information. An application that states the CVE has or will adopt nationally developed consensus principles will be more favorably received. Some examples of nationally developed consensus criteria and principles include: the Consumer-Purchaser Disclosure Project's *Guidelines for Measurement of Provider Performance*, the American Health Information Community's (AHIC's) *interoperability standards*, and the AQA Alliance's *Principles for Public Reporting*.

### **Engage Providers to Improve:**

- Fully describe any current CVE project activity that engages providers to improve the quality of health care. Be sure to explain how performance information generated or obtained will be used as a catalyst/instrument and a feed-back mechanism to providers for quality improvement.
- Fully describe any **planned** CVE project activity that engages providers and uses performance information to improve the quality of health care. Be as specific as possible about timelines and work plans for planned activity. If planned activity is contingent upon raising dollars, this should be clearly stated.
- Quality improvement represents a very large arena. Whatever the particular quality enterprise being implemented or planned, the CVE application would be strengthened by being very specific about all project elements including project: aims; quantifiable goals; prevalence and magnitude of the problem being addressed; the number of provider participants; the operational work plan, and the funding, staffing, and resources needed for project execution.
- CVE quality improvement activity should not be siloed in individual provider organizations but cut cross and influence as many providers and provider organizations as possible. For example, if the CVE project is based on a quality

improvement initiative at the hospital level, getting all hospitals in the region/community to participate would be beneficial. Think broad impact.

- Look to partner with existing quality improvement entities/resources, like Don Berwick's Institute for Health Improvement (IHI), the state-based Quality Improvement Organizations (QIOs), the regionally/locally based initiatives like the RWJF Aligning Forces for Quality program, disease specific initiatives, or provider association sponsored efforts.

### **Facilitate Consumer Decision-Making:**

- Fully describe any current CVE project activity that facilitates consumer use of standard performance information.
- Fully describe any **planned** CVE project activity that facilitates consumer use of standard performance information. Be as specific as possible about timelines and work plans for planned activity. If planned activity is contingent upon raising dollars, this should be clearly stated.
- The particular emphasis in this area of the application is public reporting of provider performance information on quality, efficiency, and pricing. Applications that can describe specific project activity using standard performance information, either generated or obtained by the CVE, to produce public reports on comparative provider performance will be more favorably received.
- To state the obvious, because individual physician level performance information is limited, most CVEs would be smart to concentrate initial public reporting activity on individual hospital performance. As mentioned earlier, public sources of individual hospital performance are available and can be used alone or in combination to generate public reports. Producing public reports using the Medicare Compare website and the Leapfrog hospital survey might be a relatively easy and low cost way to get started.
- In describing a CVE's public reporting strategy, consider outlining: how public reports will be distributed including use of the press; what reporting formats/displays will be used; who are the intended audiences; and how affected providers will be notified of public reports and be given an opportunity to correct inaccuracies in their own data.
- Since the focus of this program area is on facilitating consumer decision-making, it will be important for a CVE to describe how consumers and consumer advocacy groups play a leadership role.

### **Promote Policies and Incentives for Better Performance:**

- Fully describe any current CVE project activity that uses obtained or generated performance information in promoting policies and incentives for better performance.
- Fully describe any **planned** CVE project activity that uses obtained or generated performance information in promoting policies and incentives for better performance. Be as specific as possible about timelines and work plans for

planned activity. If planned activity is contingent upon raising dollars, this should be clearly stated.

- Like quality improvement, promoting **policies and incentives** for better performance covers a potentially large territory of program initiatives, from payment reform strategies for provider reimbursement, to consumer incentives that steer individuals to high value medical services, plans, and providers, to public recognition strategies, to other approaches.
- NBCH's growing suite of best practice strategies represent a good cross section of program initiatives that fit in this functional area: eValue8 (i.e. eValue8 sets employer expectations for health plans to advance the use of incentive and reward policies at both the provider and member levels); Bridges to Excellence (i.e. provider reimbursement incentives); Asheville Model/HealthMapRx (i.e. consumer incentives).
- Since the focus of this program area is on policies and incentives for better performance, it will be important for a CVE to describe how the players having the principal capacity to advance incentive and reward strategies – employers, government purchasers, and health plans – are involved and playing a leadership role.

### **Promote Health Information Technology and Health Information Exchange**

- Describe how the CVE is currently promoting or has a plan to promote health information technology (HIT) adoption and Health Information Exchange (HIE). If describing an initiative being planned, be as specific as possible.
- A CVE's formal connection to or partnership with a RHIO/HIE would be a big plus for this section of the application.
- As before, NBCH endorsed programs, including eValue8, BTE and the Leapfrog Hospital Survey all have strong HIT connections and are examples of specific strategies that promote HIT.

### **Support Transparency and Conduct Ongoing Improvement of Efforts**

- State that the CVE is willing to participate in an active learning network that AHRQ will organize with all other federally designated CVEs.
- State that the CVE is willing to share lessons learned and experiences and be transparent in how it conducts its business and operations.
- State the CVE's commitment to an ongoing evaluative process to assess the effectiveness of the collaborative in accomplishing identified goals.