

**APPENDIX G**  
**PARTNER DISCUSSION GUIDE AND LETTER**



PARTNER ORGANIZATION  
INVITATION LETTER

**MATHEMATICA**  
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[Date], 2010/2011

Contact  
Organization name  
Street Address  
City, ST zip

Dear [contact name]:

This is an invitation to provide important feedback to the Centers for Medicare & Medicaid Services (CMS) through agreeing to a telephone meeting, roughly 45 to 50 minutes in length, to assist CMS in evaluating and improving its Quality Improvement Organization Program. The CMS Quality Improvement Organization Program in this state is operated through [NAME QIO]. As a partner organization in the effort involving [NAME QIO] to [IMPROVE CARE FOR PEOPLE WITH CHRONIC KIDNEY DISEASE/PREVENT RE-HOSPITALIZATIONS], the evaluation research team would appreciate your feedback through a telephone meeting during [TARGET WEEK], to be scheduled at your convenience. You will not need to make any special preparations for the meeting, and your input will remain confidential to the extent permitted by law. In particular, we would like to discuss:

- Activities of this organizations in the collaborative effort to [IMPROVE CARE FOR PEOPLE WITH CHRONIC KIDNEY DISEASE/PREVENT RE-HOSPITALIZATIONS]
- Role played by [NAME QIO] in the collaborative effort
- Any changes in care resulting from the work of the collaborative effort
- Most successful strategies or interventions by the collaborative
- Challenges faced and sustainability of the efforts and resulting changes

CMS has contracted with Mathematica Policy Research, Inc. and with Social & Scientific Systems to conduct the telephone meetings as part of a larger study to evaluate the 9th Scope of Work Quality Improvement Organization Program. A description of the larger study is attached.

All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only Mathematica staff that work directly on the evaluation will have access to the name of your organization and your name.

With your help, the evaluation will provide critical information to CMS to help refine its work to improve the quality of care. Please see the attached letter of encouragement to participate from CMS. An evaluation staff member from Social & Scientific Systems will call you to follow up in the next couple of days. In the meantime, please feel free to call or e-mail [CONTACT INFORMATION OF EVALUATION STAFF MEMBER] with any questions or to initiate scheduling. Thank you very much in advance for your assistance—your input into the evaluation is highly valued by CMS.

Sincerely,

Myles Maxfield, Ph.D., Project Director

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxx-XXX. The time required to complete this information collection is estimated to average 0.8 hours or 48 minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



# Chronic Kidney Disease (CKD) and Care Transitions

## QIO Partners Discussion Guide

### INTRODUCTION

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Thank you for agreeing to participate in this interview to better understand the role of the (QIO name) in working with the community partners on [CKD/CT]. My name is \_\_\_\_\_. I am a researcher with Social & Scientific Systems, a health care research company in Silver Spring, Maryland. Our organization has received funding from the Centers for Medicare and Medicaid Services to evaluate the impact of the QIO program on healthcare processes and outcomes in [CKD/CT]. Our discussion will provide insights on issues related to the work of the (QIO name) within your community (state).

Your input will remain confidential to the extent permitted by law. All data collected for the purposes of this study will be combined and reported in aggregate form only. Neither you nor your organization will be identified by name in any reports or documents produced from the study findings. Only staff that work directly on the evaluation will have access to the name of your organization and your name.

**Before we begin, are there any questions?**

### INTERVIEW GUIDE: QUESTIONS

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- **TOPIC #1: Activities of the Partner in the Collaborative**

CKD Partners: Let's begin by talking about the role of your organization in the effort to improve the detection and treatment of CKD.

CT Partners: Let's begin by talking about the role of your organization in the effort to reduce hospital readmissions.

- 1.1 [CKD] Tell me about what your organization is doing as part of the collaborative to improve the care delivered to people with chronic kidney disease? We're specifically interested in activities conducted since summer 2008, both alone and in collaboration with other organizations.
- 1.2 [CT] Tell me about what your organization is doing as part of the collaborative to improve the transition of Medicare patients between care settings in your community, to help reduce re-hospitalizations? We're specifically interested in activities conducted since summer 2008, both alone and in collaboration with other organizations.
- 1.3 [CKD] Did your work on this collaborative include direct interaction with Medicare patients with diabetes and their caregivers? [If yes,] Please describe the extent of any direct interactions.

1.4 [CT] Did your work on this initiative include direct interaction with Medicare patients and their caregivers? [If yes,] Please describe the extent of any direct interactions.

- **TOPIC #2: Activities of the QIO in the Collaborative**

Next, I'd like to talk about the QIO's role in the collaborative.

- 2.1 What were the most important things the QIO did to support the work of the collaborative?
- 2.2 To what extent was there significant decision-making by the collaborative as a group, where participating organizations then carried out actions according to the collaborative's decisions?
- 2.3 [If some decisions were made by the collaborative,] Please describe how decisions were made among partners in this collaboration? For example, who decided on what the priorities were?
- 2.4 What role did the QIO play in decision making?
- 2.5 Would the activities undertaken by the collaborative likely have occurred if the QIO had not existed?
- 2.6 If you were starting over as a group, is there anything you would recommend be done differently regarding who is in the collaborative, or how it functions?

- **TOPIC #3: Changes in Care Resulting from the Work of the Collaborative**

- 3.1 [For provider organizations:] Has your organization made any operational changes that may affect care, as a result of participating in this initiative? [If yes,] When were these changes made? [If yes,] Would your organization have made these changes without the support of the QIO?
- 3.2 [For organizations other than providers:] Has your organization done anything as a result of participating in the collaborative that you see as critical to care improvement? [If yes,] Please describe what you did, and when. [If yes,] Why do you view it as critical to care improvement? [If yes,] Would your organization have made these changes without the support of the QIO?
- 3.3 Thinking about the collaborative as a whole, is there any evidence or anecdotes that would show actual improvements to patient care as a result of the work of the collaborative?
- 3.4 [If yes,] Was the QIO's role in the collaborative important to producing these changes? [If yes,] How?
- 3.5 What if any other efforts have been going on at the same time that could also lead to [improved care for patients with CKD/fewer re-hospitalizations]?

- **TOPIC #4: Strategies or Interventions that Improve Care**

Next, let's talk about interventions and strategies that have been put in place and how data may have facilitated your work as part of this initiative thus far.

- 4.1 What strategies or interventions by the collaborative have been most successful thus far—either leading to changes in care or most promising for care improvement? Why?
- 4.2 What strategies or interventions by the collaborative have not worked out to be as successful as hoped, thus far? Why?
- 4.3 Tell me about the role the data may have played in identifying specific opportunities for improvement and the selection of interventions?
- 4.4 Has your organization, and the collaborative as a whole, had timely access to data to monitor how effective the efforts have been?
- 4.5 CKD: annual urinary microalbumin testing, use of ACE inhibitors and ARB drugs, availability of arteriovenous fistula (AV fistula or AVF) at 1<sup>st</sup> dialysis
- 4.6 CT: rehospitalization rates, HCAHPS survey results
- 4.7 What was the QIO's role in making the data available to you and the collaborative?
- 4.8 What have you learned from the data you have reviewed?
- 4.9 Were modifications made to the strategies/interventions as a result of feedback received from the data? If so, tell me about these changes and when they occurred.

- **TOPIC #5: Challenges and Sustainability**

Now, I'd like to talk about the remaining challenges the collaborative faces and sustainability of the progress that has been made.

- 5.1 Please describe any important remaining challenges to achieving the goals the collaborative was established to address.
- 5.2 What if any plans are underway to address these challenges?
- 5.3 What will be key factors in whether these challenges can be overcome?
- 5.4 [If changes in care were reported in Topic #3,] How likely do you think it is that the changes that have been made thus far will be lasting once the QIO is no longer available as a resource? Why or why not?
- 5.5 Are there other group(s) that could assume the role(s) of the QIO?



5.6 Are there any plans to encourage adoption of any successful strategies tried under this collaborative elsewhere within the state? Tell me about it.

- **Closing**

In closing,

I'm hearing that [summarize the respondent's main point about how successful the collaborative has been to date]. Do I have that right?

Could you summarize what advice you would have for another group that was starting up with the goals of the collaborative, about what works well and not so well?

Do you have any advice for CMS as it looks to improve the QIO program's effectiveness and efficiency going forward?