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## *Evaluation of the Acute Care Episode (ACE) Demonstration*

### **Protocols for Key Stakeholder Interviews and Focus Groups**

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## **Introduction**

Qualitative data will be collected from individuals who are directly involved in the implementation and management of the Acute Care Episode (ACE) Demonstration or who are affected by it. Data collection will take place over two rounds of site visits to the five demonstration sites in Texas, Oklahoma, Colorado, and New Mexico. Through semi-structured interviews and focus groups, qualitative information will be gathered from key decision-makers and stakeholders such as hospital administrators and executive management, implementing staff at the demonstration hospitals, and Medicare beneficiaries who have undergone demonstration procedures at the hospitals.

The interview and focus group protocols are guide questions to be used during the site visits. They are purposefully general so as not to preclude additional insights that might be shared and to allow enough flexibility to capture new knowledge and situations that may arise during the evaluation process. As qualitative research, the findings will be catalogued and analyzed, keeping in mind that these are individuals' observations and perceptions, with no attempt made by the team to quantify or prioritize responses. Protocols are established to ensure that the subject areas planned for the demonstration are comprehensively explored and that the discussions are presented to all participants in a consistent fashion.

## **Site Visit One**

Near the end of the first year of the demonstration, site visits will take place at each demonstration hospital. The focus of site visit one, will be on questions related to the planning and implementation of the demonstration, initial changes made in response to the demonstration, initial perceptions of how the demonstration has affected care, how the incentives are operating, and initial satisfaction. The evaluation team will also use this site visit to identify changes made in the site design that could impact the quantitative analyses and to identify areas for examination between the demonstration and the control hospitals.

### ***Key Stakeholder Interviews***

Individuals responsible for managing key components of the planning and implementation of the demonstration will be interviewed to gather information about the hospital's interest in the demonstration, expectations of the demonstration, plans to meet demonstration goals, and challenges faced during the first year of the demonstration. These persons may include the Chief Executive Officer, the Chief Financial Officer, the Chief Operational Officer, department heads (nursing, cardiothoracic surgery, orthopedic surgery, etc.), the ACE manager/liaison, or others, depending on the organizational structure of the particular hospital.

A letter of introduction will be sent to each hospital at least one month prior to the site visit. The letter will address the CEO and the ACE manager/liaison at each site, describe the purpose of the interviews, and facilitate further discussions of the site visit logistics. The interviews will be conducted by senior members of the evaluation team with the use of the structured protocols in this document. They will be conducted on site at the hospital and will take up to 90 minutes. Agreement for video/audio taping will be obtained prior to the interviews. Because the key stakeholders are all persons who will be interviewed during their work hours about specific work-related activities that are components of the demonstration, no additional compensation will be offered. In cases where an ACE demonstration site includes multiple hospitals, the interviews with the staff of each hospital will be coordinated.

## Site Visit One

### Key Stakeholder Interview:

Chief Executive Officer/Chief Financial Officer/Chief Operations Officer

1. Please elaborate on the reasons why [hospital name] decided to participate in the Acute Care Episode Demonstration. What components of the demonstration (quality of care, cost control, and/or coordination of care) were most important to you in choosing to participate?
2. Prior to the demonstration, what strategies were in place to address changes in patient volume, to implement quality improvement, to control cost, and to improve coordination of care? What strategies were implemented in the first year of the demonstration?
3. Do you expect that the demonstration will influence the reputation of your hospital? Would this lead to increased market share and/or increased beneficiary satisfaction?
4. In the past year, have you observed changes in volume at your hospital that you attribute to participation in the demonstration?
5. What challenges have you faced meeting the demonstration goals of quality improvement, cost-control, and efficient coordination of care?
6. How are quality metrics monitored (ACE metrics and the hospital's internal metrics)? What steps are taken to meet quality benchmarks?
7. To what extent were physicians willing, or resistant, to participate in the demonstration?
8. When implementing new demonstration-related protocols, how do you monitor physician compliance? How do you get the physicians on board?
9. Other than beneficiary shared savings payments, what other non-monetary incentives does your hospital offer ACE beneficiaries?
10. In the first year of the demonstration, have you made any changes to your implementation strategy? What would you have done differently?

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## Site Visit One

### Key Stakeholder Interview:

Hospital Managers (Directors/Managers/VPs of Cardiac Medicine and/or Orthopedics)

1. What are the reasons [hospital name] decided to participate in the Acute Care Episode Demonstration? What components of the demonstration (quality of care, cost control, and/or coordination of care) were most important to you in choosing to participate?
2. Prior to the demonstration, what strategies in your department were in place to address changes in patient volume, to implement quality improvement, to control costs, and to improve coordination of care? What strategies were implemented in the first year of the demonstration?
3. In the past year, have you observed changes in your department in patient volume, quality, coordination of care, and cost control? Have these changes met your expectations?
4. Do you expect that the demonstration will influence the reputation of your hospital? Would this lead to increased market share and/or increased beneficiary satisfaction?
5. How are quality metrics monitored (ACE metrics and the hospital's internal metrics)? What steps are taken to meet quality benchmarks?
6. What challenges have you faced meeting the demonstration goals of quality improvement, cost-control, and efficient coordination of care? How have you addressed these challenges?
7. To what extent were physicians willing, or resistant, to participate in the demonstration? How did other staff react to the demonstration?
8. When implementing the new demonstration-related protocols, how do you monitor physician and staff compliance? How do you get them on board?

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## Site Visit One

### Key Stakeholder Interview:

ACE Manager (Individual designated as the primary local coordinator of the demonstration)

1. As the ACE manager, what are your main responsibilities at the hospital in relation to the demonstration? Does your primary role involve financial transactions and claims processing or are do you work with department managers and participating physicians?
2. What strategies have been developed for the demonstration to address changes in patient volume, quality, controlling costs, and coordination of care? How were these strategies developed and who was involved?
3. What challenges have you faced meeting the demonstration goals of quality improvement, cost-control, and efficient coordination of care? How have you addressed these challenges?
4. What, if any, new initiatives did your hospital introduce in response to the demonstration in the areas of quality, coordination of care, and marketing?
5. Other than beneficiary shared savings payments, what non-monetary incentives does your hospital offer ACE beneficiaries?
6. How are quality metrics monitored (ACE metrics and the hospital's internal metrics)? What steps are taken to meet quality benchmarks?
7. What instruments/tools have you used to monitor demonstration performance or successes? Have there been any issues in physician payments? Including the beneficiary shared savings payments, how does the beneficiary incentive program work at your hospital?

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### ***Focus Groups***

Focus groups will be conducted on site at each participating hospital in a room provided by the facility. The sessions will last 90 minutes and be held at various times of the day to accommodate staff schedules and the travel needs of beneficiaries who are likely to be older adults.

Participants will be welcomed and made comfortable. A brief written questionnaire will be administered, with assistance given as needed, to gather basic information about each participant (site, age, sex, demonstration study role [beneficiary, staff/area/role]). Participants will be assisted in locating a seat and will be allowed to mingle and secure refreshments. Each session will begin with a welcome by the moderator, an orientation to the setting, and an explanation of how the session will be conducted. Written informed consent will be obtained from each participant. General ground rules will be established about respectful listening (no criticism of others' statements). Participants will be cautioned about revealing confidential information and they will be informed that they are free to participate in the discussion as little or as much as they desire, including withdrawing from the group. The moderator will ensure that each individual has an opportunity to participate as much as he/she is willing, without being made to feel pressured.

Staff will be invited to participate in either a physician focus group or a non-physician focus group (e.g. nurses, physical therapists, occupational therapists). Staff will not be offered an incentive to participate, since the focus groups will be held during normal work hours, and staff may be provided with compensatory time by their organization. Complying with the needs of the various components of the evaluation was a requirement for participating in the demonstration, so organizations are expected to make staff available to the focus groups. An appropriate meal will be provided. The session will begin with a general overview of the demonstration — when, how, and why it began, its components, the persons responsible for various aspects of the process, etc. This general discussion will frame the responses below to ensure that participants are focused on the appropriate set of processes and activities because there may be concomitant institutional initiatives that could be confused with the ACE demonstration.

Beneficiary focus groups reflect the individual's own acute care episode experience. Exploring the issues below at both site visits allows us to understand the beneficiary experience as the demonstration matures (early versus later stages). Areas of focus include the effects of marketing the demonstration, the effect of financial incentives, and beneficiary satisfaction.



## Site Visit One

### Focus Group Participants: Physicians

1. How has the demonstration affected your scope of activity at this hospital and the provision of services?
2. Are you satisfied with the organizational/protocol changes that have taken place at the hospital as a result of the demonstration?
3. Of those of you who have privileges at other hospitals, are there aspects of the demonstration that persuaded you to perform the procedures here?
4. In your department, has the demonstration affected relationships between physicians, nurses, and other support staff?
5. Is the demonstration facilitating real changes in quality improvement strategies and cost reduction or simply reinforcing former initiatives?
6. As physicians, do you feel that there is pressure from administrators to conform to new expectations of efficiency and cost savings? How have administrators encouraged physicians to comply?
7. Have the hospital's gainsharing policies influenced you to adjust your practices in order to control costs and/or improve quality?
8. From your perspective, how has the demonstration affected the coordination of care, length of stay, number and type of services provided, and other processes included in performing ACE procedures?
9. As a result of changes to coordination of care, have you altered your patient discharge process, number of discharges to post-acute care centers, and/or observed any differences in patient readmission patterns?

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## Site Visit One

### Focus Group Participants: Non-Physicians

1. How has the demonstration affected your scope of activity at this hospital and the provision of services?
2. Are you satisfied with the organizational/protocol changes that have taken place at the hospital as a result of the demonstration?
3. Is the demonstration facilitating real changes in quality improvement, coordination of care, and cost reduction or simply reinforcing former initiatives?
4. Do you feel there is pressure from administrators to conform to new expectations of efficiency and cost savings? How have administrators encouraged staff to comply?
5. Are there hospital incentives that have influenced you to adjust your practices in order to control costs and/or improve quality? What are those incentives?
6. In your department, has the demonstration affected relationships between physicians, nurses, and other support staff?
7. From your perspective, how has the demonstration affected the coordination of care, length of stay, number and type of services provided, and other processes included in performing ACE procedures?

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## Site Visit One

### Focus Group Participants: Beneficiaries

1. When you underwent [applicable demonstration procedure] at this hospital, were you aware that this hospital was part of the Acute Care Episode (ACE) Demonstration? Or that the hospital was as a Medicare Value Based Care Center? When and how did you learn about the demonstration?
2. Why did you have your [demonstration procedure] at this hospital? Did you and/or your physician consider other hospitals?
3. Were you aware of any incentives or benefits offered at this hospital prior to your procedure? When did you learn about these offerings? Did they make a difference in deciding where to have your procedure?
4. Were you satisfied with the care you received during your hospitalization? What aspects of your experience contributed to your satisfaction (e.g. hospital amenities, your relationship with your care providers, the follow-up care you received, financial incentives)?

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## **Site Visit Two**

Site visit two will occur during year three of the demonstration (the final year). At that point in time, all components of the demonstration should be fully operational. Key stakeholders will be able to discuss the extent to which the demonstration met their expectations, what strategies were implemented to achieve demonstration goals, significant challenges that could have been avoided, assumptions that may not have withstood the actual implementation, and their satisfaction with the experience.

### ***Key Stakeholder Interviews***

The focus of the interviews will be on how the demonstration evolved and changed in areas including incentives and incentive structures, gainsharing, provision and coordination of care, development of algorithms to reduce utilization or length of stay, efficiency and cost-saving strategies, marketing, and changes in patient volume. Most discussion points will be the same as during site visit one, but the participants will have had one to two years of experience with the demonstration. The same key positions will be interviewed, although some personnel changes may have occurred. The interview team will be mindful of these transitions, and will record the length of time the incumbent has in the position.

## Site Visit Two

### Key Stakeholder Interview:

Chief Executive Officer/Chief Financial Officer/Chief Operations Officer

1. Did the demonstration meet your expectations in terms of changes to patient volume, cost control, and quality/coordination of care?
2. What challenges did you face making changes to infrastructure, improving and monitoring quality, and meeting cost-control goals? What strategy changes did you make to address these challenges? Which strategies were most successful and why?
3. How were quality metrics monitored (ACE metrics and the hospital's internal metrics)? Did this evolve during the demonstration? What steps were taken to meet quality benchmarks?
4. What were your marketing strategies for the demonstration and how did they affect volume and your hospital's reputation? Would you attribute these changes to the demonstration?
5. Have there been changes to the physicians' willingness or resistance to the demonstration and the demonstration-related protocols in particular over time? If so, do you think the changes were a result of the gainsharing policies, financial incentives, other physician benefits you introduced?
6. Were the gainsharing policies modified in response to the demonstration? Were other staff or beneficiary incentives introduced/modified during the demonstration?
7. What "lessons learned" and potential refinements to the demonstration design would you recommend for a larger scale implementation of this program?

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## Site Visit Two

### Key Stakeholder Interview:

Hospital Managers (Directors/Managers/VPs of Cardiac Medicine, Orthopedics, Nursing, Procurement, Physical Therapy, etc.)

1. Did the demonstration meet your expectations in terms of changes to patient volume, cost control, and quality/coordination of care?
2. In your department, what challenges did you face making changes to infrastructure, improving and monitoring quality, and meeting cost-control goals? What strategy changes did you make to address these challenges? Which strategies were most successful and why?
3. In your department have you seen changes in the areas of patient volume, quality improvement, coordination of care, and cost control since the start of the demonstration? Have these changes met your expectations?
4. How were quality metrics monitored (ACE metrics and the hospital's internal metrics)? Did it change over time? What steps were taken to meet quality benchmarks?
5. Have there been changes in your staff's willingness or resistance to the demonstration and the demonstration-related protocols in particular? If so, do you think the changes were a result of the gainsharing policies, financial incentives, other benefits you introduced?
6. Were the gainsharing policies modified in response to the demonstration? Were other staff or beneficiary incentives introduced/modified during the demonstration?
7. What "lessons learned" and potential refinements to the demonstration design would you recommend for larger scale implementation of this program?

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## Site Visit Two

### Key Stakeholder Interview:

ACE Manager (Individual designated as the primary local coordinator of the demonstration)

1. Have your responsibilities as ACE manager changed over the course of the demonstration?
2. Did the demonstration meet your expectations in terms of changes to patient volume, cost control, and quality/coordination of care?
3. What challenges did you face meeting the demonstration goals of quality improvement, cost-control, and efficient coordination of care? What strategy changes did you make to address these challenges? Which strategies were most successful and why?
4. How were quality metrics monitored (ACE metrics and the hospital's internal metrics)? Did it change over time? What steps were taken to meet quality benchmarks?
5. What were your marketing strategies for the demonstration and how did they affect volume and your hospital's reputation? Would you attribute these changes to the demonstration?
6. What, if any, new initiatives did your hospital introduce in response to the demonstration?
7. Other than beneficiary shared savings payments, what other non-monetary incentives does your hospital offer ACE beneficiaries? Did these change over time?
8. What "lessons learned" and potential refinements to the demonstration design would you recommend for a larger scale implementation of this program?

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### ***Focus Groups***

The focus of the site visit two focus groups will be on how the demonstration evolved and changed in areas including incentives and incentive structures, gainsharing, provision and coordination of care, development of algorithms to reduce utilization or length of stay, efficiency and cost-saving strategies, marketing, quality of care, and changes in patient volume. Most discussion points will be the same as during site visit one, but the participants will have had one to two years of experience with the demonstration. For staff focus groups, the same key positions will be interviewed, although some personnel changes may have occurred. The interview team will be mindful of these transitions, and will record the length of time the incumbent has in the position. For beneficiary focus groups, no changes will be made in protocol.



## Site Visit Two

### Focus Group Participants: Physicians

1. Did the demonstration meet your expectations in terms of changes to patient volume, coordination of care, and the implementation of gainsharing policies?
2. How has the demonstration affected your scope of activity at this hospital and the provision of services?
3. Of those of you who have privileges at other hospitals, were there aspects of the demonstration that persuaded you to perform the procedures here? Were any new incentives introduced during the demonstration to change your perspective?
4. Are you satisfied with the organizational/protocol changes that have taken place at the hospital as a result of the demonstration?
5. Over the course of the demonstration, have you observed any changes in number and types of procedures performed in your department? Do you attribute these changes to the demonstration? If volume has increased, as physicians, how have you attempted to maintain/improve quality of care in your department?
6. Over the course of the demonstration have the relationships between physicians, nurses, and other support staff markedly improved or deteriorated as a result of the demonstration?
7. How do you coordinate with staff in your department to control costs and to meet quality benchmarks?
8. As physicians, do you feel that there is pressure from administrators to conform to new expectations of efficiency and cost savings? How have administrators encouraged physicians to comply?
9. Were the gainsharing policies modified in response to the demonstration? Have the hospital's gainsharing policies influenced you to adjust your practices in order to control costs and/or improve quality?
10. As physicians, what recommendations would you make if this demonstration were to be implemented on a larger scale?

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## Site Visit Two

### Focus Group Participants: Non-Physicians

1. Did the demonstration meet your expectations in terms of changes to patient volume and coordination of care?
2. How has the demonstration affected your scope of activity at this hospital and the provision of services?
3. Are you satisfied with the organizational/protocol changes that have taken place at the hospital as a result of the demonstration?
4. Over the course of the demonstration, have you observed any changes in number and types of procedures performed in your department? Do you attribute these changes to the demonstration? If volume has increased, how have you attempted to maintain/improve quality of care in your department?
5. Over the course of the demonstration, have the relationships between physicians, nurses, and other support staff markedly improved or deteriorated as a result of the demonstration?
6. How do you coordinate with staff in your department to control costs and to meet quality benchmarks? Did this evolve over time?
7. Do you feel that there is pressure from administrators to conform to new expectations of efficiency and cost savings? How have administrators encouraged staff to comply?
8. Are there hospital incentives that influenced you to adjust your practices in order to control costs and/or improve quality? What were those incentives?
9. What recommendations would you make if this demonstration were to be implemented on a larger scale?

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## Site Visit Two

### Focus Group Participants: Beneficiaries

1. When you underwent [applicable demonstration procedure] at this hospital, were you aware that this hospital was part of the Acute Care Episode (ACE) Demonstration? Or that the hospital is a Medicare Value-Based Care Center? When and how did you learn about the demonstration?
2. Why did you have your [demonstration procedure] at this hospital? Did you and/or your physician consider other hospitals?
3. Were you aware of any incentives or benefits offered at this hospital prior to your procedure? When did you learn about these offerings? Did they make a difference in deciding where to have your procedure?
4. Were you satisfied with the care you received during your hospitalization? What aspects of your experience contributed to your satisfaction (e.g. hospital amenities, your relationship with your care providers, the follow-up care you received, financial incentives)?

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