



# 2017 AARP Quality Measure Innovation Grant: Brief Proposal Template

## Instructions

Please use the following form to complete your brief proposal. No additional materials will be accepted for review during this stage of the selection process.

## Concept

Please describe your proposed measure and the important care gap the measure will address after it is fully developed, tested and implemented.

## Rationale and Importance

Describe benefits of this measure, in comparison to existing measure(s). Briefly describe the clinical gap the measure closes.

Please describe any development work completed to-date (e.g., measure specifications completed, preliminary reliability testing, etc.).

## Key Definitions

- *Measure Concept/Title:*

- *Measure Description:*

- *Numerator:*

- *Denominator:*

- *Testing Plan:* Please briefly describe the potential for and methodology for testing.

- *Implementation:* Please briefly describe how the measure would be used once tested.

- *Clinical Guidelines:* The measure should improve compliance with standard clinical guidelines. Provide briefly describe which guideline(s) the measure is based on and how the measure will enhance compliance with the clinical guidelines.

## Alignment with AARP Priority Domains

Please describe how the proposed measure is aligned with one or more of the key priority areas listed below and why AARP should fund this measure:

• *Appropriate use* • *Treatment Burden* • *Dementia* • *Family and caregiver burden* • *Patient-reported outcomes* • *Multiple chronic conditions* • *Diagnostic accuracy*.

To ensure that proposed measures will fill important gaps, please indicate how the proposed measure relates to NQF's prioritization criteria:

• *Outcome focused* • *Actionable and improvable* • *Meaningful to patients and caregivers*•

*Support systemic and integrated view of care*

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## Anticipated Team Members

Please list any individuals or organizations expected to contribute to the measure grant, if awarded. Please also identify any gaps in expertise that may need to be filled.

- Clinical leadership
- Measure development and testing
- Programmer(s)/Analyst(s)
- Multi-stakeholder/Advisory group support, if applicable

Name	Affiliation/Organization	Role on Team

## Primary Contact Information

Please provide primary contact information for this project team. If selected for the full proposal stage, OptumLabs will notify this person with additional information for next steps.

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Legal Name of your organization: \_\_\_\_\_

Legal Address of your organization

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ - \_\_\_\_