



Creating an Optimal
Environment for Quality
Healthcare for Individuals,
Families, and Communities

Elevating Quality, Outcomes, and Patient Experience through Value-based Care: CMS Innovation Center's Quality Pathway

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Resilient and Ready Together

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AGENDA

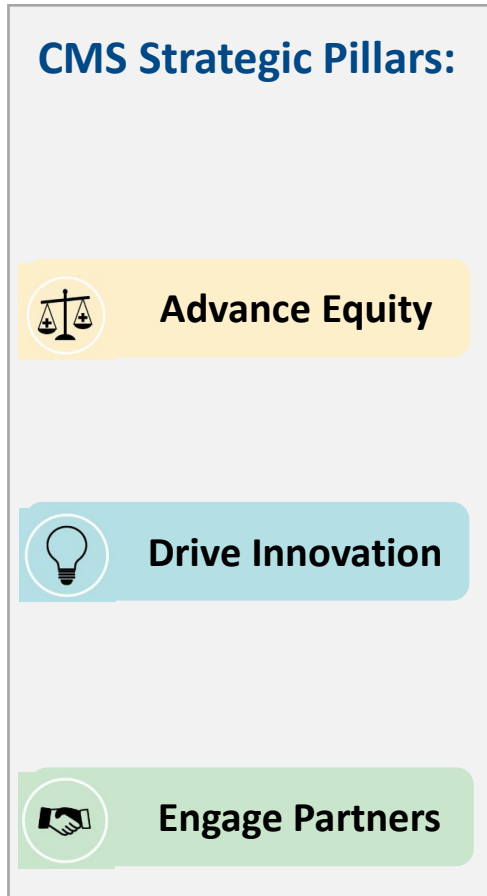


- Background on the Centers for Medicare & Medicaid Innovation Center (CMMI) and the 2021 Strategy Refresh
- Defining the Quality Pathway
- Aligning Primary Quality Goals across a Model
- Elevating Person-Centered Quality Measures
- Designing Evaluation to Establish Pathway to Expansion

Background – Model Expansion at CMMI

- Under Section 1115A(c) of the Social Security Act
 - The Secretary may expand models that are anticipated to reduce spending without reducing quality, or to improve quality without increasing spend (i.e., budget neutral).
 - OACT must certify the anticipated spending impact, and the Secretary determines the impact on quality.
- CMMI has expanded four models that reduced spending without reducing quality but has not utilized its authority to expand models based on improved quality without increasing spending.
- No standard processes have been established regarding expansion based on quality improvement.

CMS Innovation Center 2021 Strategy Refresh



Defining Success:

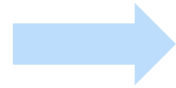
“A strategy refresh that drives our delivery system toward meaningful transformation, including focusing on equity in everything we do, paying for health care based on value to the patient instead of the volume of services provided, and delivering person-centered care that meets people where they are.”

- October 2021 Strategic Refresh White Paper

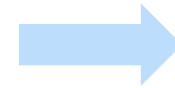
Establishing the Quality Pathway

Alignment with the 2021 Strategy Refresh to elevate patient outcomes and experience.

Vision: *“A health care system that achieves equitable outcomes through high quality, affordable, person-centered care.”*



New processes to ensure model goals focused on beneficiary experience are captured in the **model’s design, quality strategy,** and rigorously assessed in the **model evaluation.**



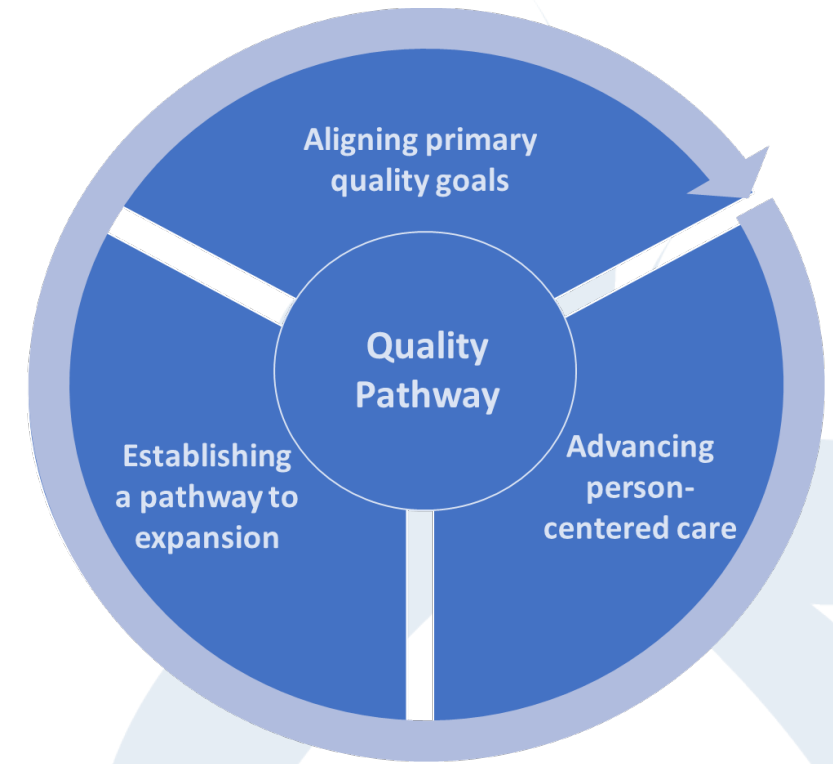
Establishing a path to assess a model’s impact on beneficiaries and the potential to expand based on quality improvement.

Quality in CMMI Models

- Alternative payment models seek to transform health care by building incentives to improve value and through flexibility to waive traditional payment approaches.
- Each model **establishes financial and quality goals** with defined measures and benchmarks for providers who participate in a model (e.g. hospital, practice or ACO).
- A model's **quality strategy** describes the primary quality improvement goals of a model and the quality measures on which participants are assessed and rewarded through performance-based payments.
- Other components of models can **reinforce and support the quality goals** including:
 - Requirements for care delivery re-design
 - Flexibilities in care design afforded by payment waivers
 - Technical assistance and data feedback
 - Learning systems highlighting successful strategies
 - Multi-payer alignment
 - Monitoring and improvement data

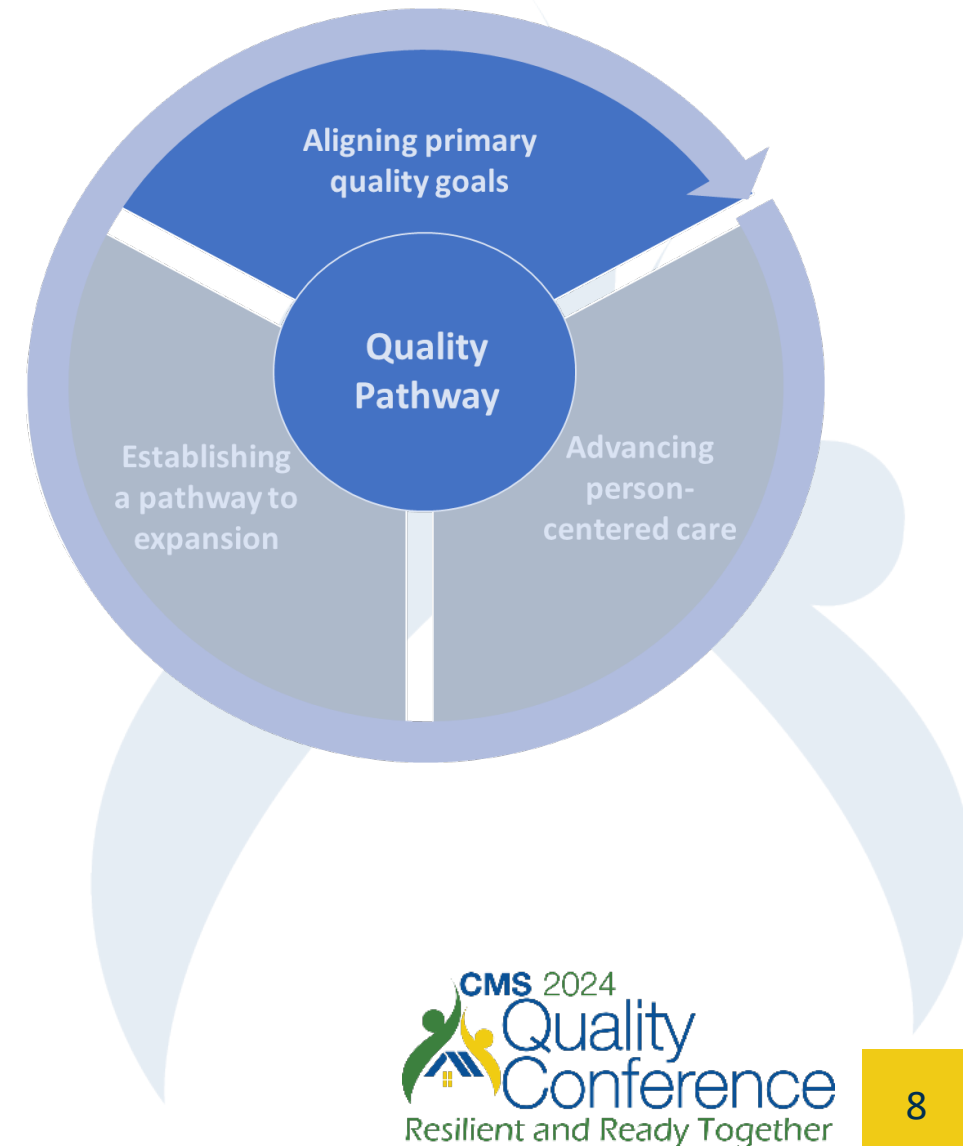
Organizing Principles of the Quality Pathway

- 1. Aligning primary quality goals** from model design to evaluation
 - Establishing person-centered primary goals for a model emphasizing patient outcomes and experiences and aligning across model design.
- 2. Advancing person-centered care** by elevating patient-reported outcomes and experience
 - The patient's voice provides critical insight on model impact that cannot be captured through traditional quality measures.
 - The Quality Pathway may include development, testing, and introduction of new measures to bridge gaps in valid measures addressing a model's quality goals.
- 3. Designing evaluations to establish a pathway to expansion** based on quality improvement
 - Compare quality including experience and outcomes to comparison group, may require new data collection.



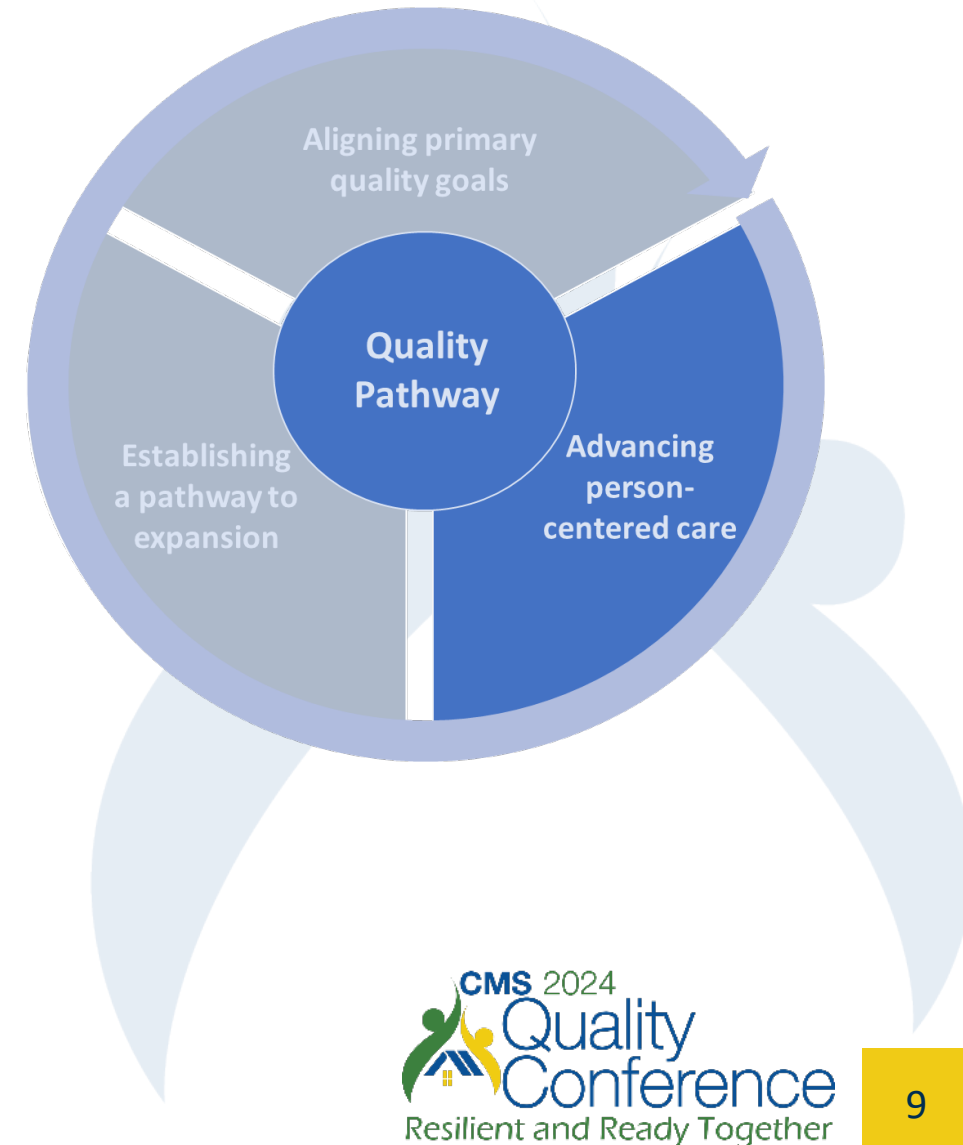
Aligning Primary Quality Goals

- Historical focus on reducing unnecessary utilization
- Orientating primary goals around patient outcomes and experience
- Pathway emphasizes model design alignment around primary quality goals
 - Waivers, care-redesign, learning system all driving toward same goals
- Each model's design and requirements should be intentionally structured, including data collection
- Should be able to trace a quality goal “throughline” connecting design, monitoring, and evaluation



Elevating the Patient Voice

- Traditionally model quality strategies have relied heavily on administrative data, most notably claims, to track utilization-related aspects of quality
- Quality Pathway is prioritizing outcomes and experiences, especially patient-reported measures
- Will continue to align with Universal Foundation and other payer measures as fits model goals
- In some cases, this will mean using a model as a vehicle to develop, test, and introduce measures
- Examples include:
 - Enhancing Oncology Model's requirement for gradual implementation of electronic patient reported outcomes
 - Guiding an Improved Dementia Experience (GUIDE) focuses on patient quality of life and caregiver burden
 - Making Care Primary assessing Person Centered Primary Care Measure

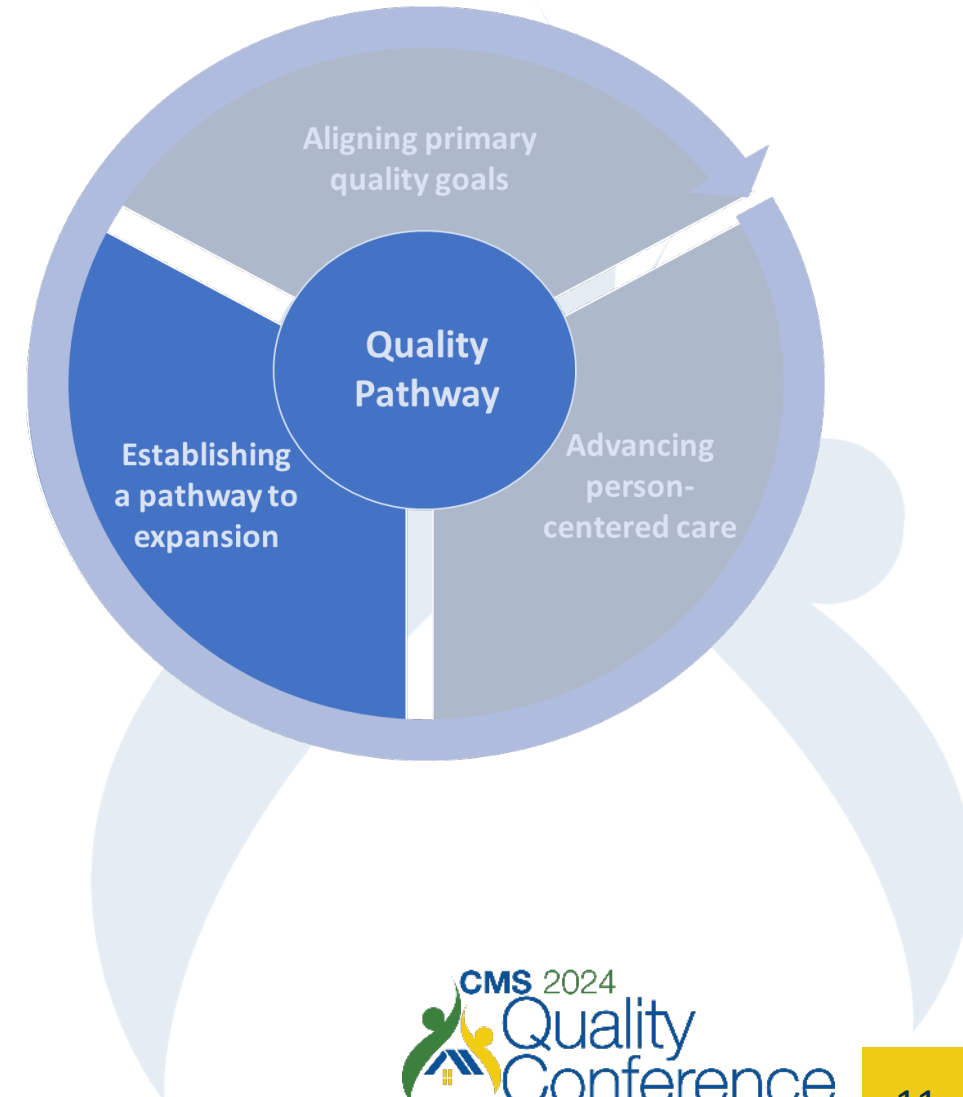


Role of evaluation

- By law, each CMMI model is required to be evaluated. Evaluation results inform the decision about whether to pursue expansion of a model.
- Model evaluations include an assessment of whether the model leads to improvements in quality of care.
- These improvements are identified by examining model participants and beneficiaries relative to a comparison group of similar peers who are not in the model.
- Model evaluations of quality have traditionally used administrative claims data for analyzing quality outcomes between model participants and a comparison group.
- This reliance on claims data can be limiting in terms of how we conceptualize quality, particularly in terms of the Quality Pathway's emphasis on the patient voice, and ability to evaluate the model when factors, such as eligibility to participate in the model, cannot be derived from claims.

Evaluation and the Quality Pathway

- The Quality Pathway necessitates new approaches to identifying comparison groups, and how we obtain data on key quality indicators for those comparators.
 - Similar to the throughline of the model design, focus on the comparison that is fundamental to attributing impacts to the model
- While randomized approaches are not always feasible, can consider the advantages of novel quasi-experimental approaches to identify comparison groups.
 - Staggering model cohorts
 - State-based models that are implemented in a sub-state region
- Then a matter of considering how to collect non-claims measures in the comparison group.
 - In models such Million Hearts, have paid comparison practices to submit data on comparable patients



Summary

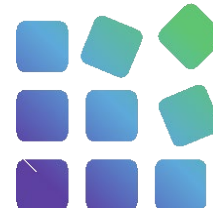
Building on the Strategy Refresh, the Quality Pathway aims to reground CMMI's focus on describing the improvements in care, experience, outcomes, and health for our beneficiaries.



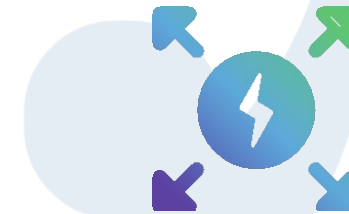
Idea & Concept



Planning & Design



Implementation



Evaluation & Expansion

- Alignment of model's design, quality strategy, and evaluation to ensure consistent and complementary reflection of the key improvements intended for beneficiaries and how they translate to primary quality indicators.
- The model's evaluation strategy will incorporate key outcomes and experience improvements for beneficiaries and identify how the evaluation will capture the model's impact on primary quality indicators.