

Promoting Quality Health Care Implementation of the CMS National Quality Strategy

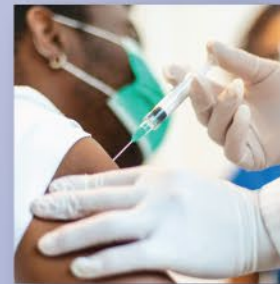
Speakers

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AGENDA

- ❖ CMS National Quality Strategy (NQS) Overview
- ❖ NQS Goals and Objectives
- ❖ The Universal Foundation

Mission and Vision

Mission

To achieve optimal health and well-being for all individuals.

Vision

CMS, a trusted partner, is shaping a resilient, high-value American health care system that delivers high-quality, safe, and equitable care for all.



Linkages to Other CMS/HHS Strategic Initiatives

CMS Strategic Pillars

- ❖ Advance Equity
- ❖ Engage Partners

CMS Cross-Cutting Initiatives

- ❖ Elevating Stakeholder Voices through Active Engagement
- ❖ Behavioral Health
- ❖ Maternity Care
- ❖ Rural Health
- ❖ Supporting Health Care Resiliency
- ❖ Safety and Quality of Care in Nursing Homes
- ❖ Data to Drive Decision-Making
- ❖ Integrating the 3Ms (Medicare, Medicaid & CHIP, Marketplace)

HHS Goals and Strategies

- ❖ Health Equity
- ❖ Improve Health Outcomes
- ❖ Behavioral Health Integration
- ❖ Maternal Health

Other Federal Priorities

- ❖ Nursing Home Safety
- ❖ Equitable Long-Term Recovery and Resilience
- ❖ Patient Safety



CMS National Quality Strategy Goals



Equity

Advance health equity and whole-person care



Engagement

Engage individuals and communities to become partners in their care



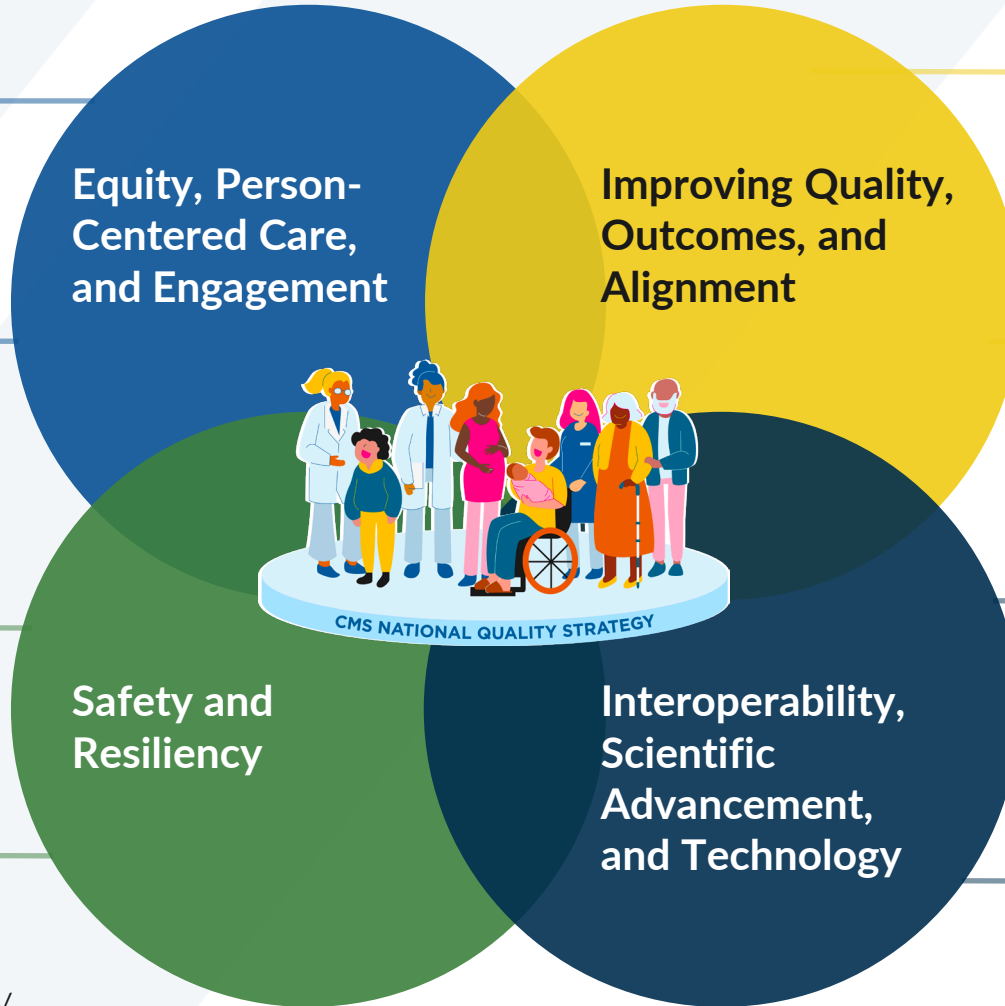
Safety

Achieve zero preventable harm



Resiliency

Enable a responsive and resilient health care system to improve quality



Outcomes

Improve quality and health outcomes across the care journey



Alignment

Align and coordinate across programs and care settings



Interoperability

Accelerate and support the transition to a digital and data-driven health care system



Scientific Advancement

Transform health care using science, analytics, and technology





Equity, Person-Centered Care, and Engagement

Equity: Advance Health Equity and Whole-Person Care



OBJECTIVE

Reduce health disparities and promote equitable care by using standardized methods for collecting, reporting, and analyzing health equity data across CMS quality and value-based programs.

SUCCESS TARGET

Incorporate equity into the measurement strategy of every CMS quality and value-based program in order to reward high-quality care for underserved populations, beginning in 2022 with full implementation to follow in subsequent years.

HIGHLIGHTED ACTIONS

- ❖ Collect social drivers/determinants of health (SDOH) data across programs and health care settings.
- ❖ Implement and utilize health equity scores and equity-specific measures, such as the proportion of adults screened for SDOH and a commitment to equity attestation measure.
- ❖ Support health equity through regulations, standards, oversight, Conditions of Participation, and quality improvement assistance.



5



Equity, Person-Centered Care, and Engagement

Engagement: Engage Individuals and Communities to Become Partners in Their Care



OBJECTIVE

Engage diverse individuals and communities to identify and address barriers to health care among populations that are underserved by the health care system.

SUCCESS TARGET

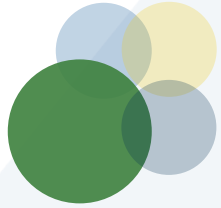
Ensure individuals have the information needed to make the best choices for their health, as well as a direct, significant, and equitable contribution to how CMS evaluates quality and safety, with increased use of person-reported measures (comprising a minimum of 25% of the overall measure set or 25% of the overall score calculation weighting).

HIGHLIGHTED ACTIONS

- ❖ Expand individual and community outreach efforts to obtain meaningful, bi-directional engagement and include diverse perspectives in CMS strategy and policy.
- ❖ Increase access to and utilization of patient portal tools and public reporting websites (ex. Care Compare) to promote informed and collaborative decision-making.
- ❖ Integrate feedback from individuals and communities through person-reported quality metrics.



6



Safety and Resiliency

Safety: Achieve Zero Preventable Harm



OBJECTIVE

Improve performance on key safety metrics through the application of CMS levers such as quality measurement, payment mechanisms, and health and safety standards.

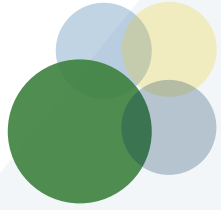
SUCCESS TARGET

Improve safety metrics with a goal to return to pre-pandemic levels by 2025 and reduce harm by an additional 25% by 2030 through expanded safety metrics, targeted quality improvement, and Conditions of Participation.

HIGHLIGHTED ACTIONS

- ❖ Implement tracking to show progress towards reducing harm (e.g., healthcare-associated infections) to pre-pandemic levels and beyond.
- ❖ Expand the collection and use of data on safety indicators across programs, including data on key areas such as maternal health and behavioral health.
- ❖ Align across HHS to implement actions from the President's Council of Advisors on Science and Technology (PCAST) to further enhance patient safety.





Safety and Resiliency

Resiliency: Enable a Responsive and Resilient Health Care System to Improve Quality



OBJECTIVE

Foster a more resilient health care system that is better prepared to respond to future emergencies by addressing workforce challenges.

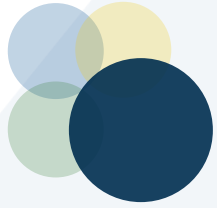
SUCCESS TARGET

Safeguard vital health care needs by ensuring support for health care workers and systems and addressing workforce issues to reduce burnout and staff shortages.

HIGHLIGHTED ACTIONS

- ❖ Implement quality-focused components of the CMS Supporting Health Care Resiliency Cross-Cutting Initiative by 2025.
- ❖ Implement one or more CMS-specific quality actions consistent with the Office of the Assistant Secretary of Health (OASH) work on the Federal Plan for Equitable Long-Term Recovery and Resilience by 2030.





Interoperability, Scientific Advancement, and Technology

Interoperability: Accelerate and Support the Transition to a Digital and Data-Driven Health Care System



OBJECTIVE

Support data standardization and interoperability by developing and expanding requirements for sharing, receipt, and use of digital data, including digital quality measures, across CMS quality and value-based programs.

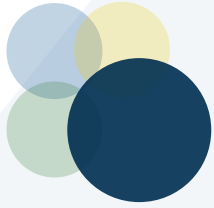
SUCCESS TARGET

Transition to all digital quality measures and achieve all-payer quality data collection by 2030 to reduce burden and make quality data rapidly available.

HIGHLIGHTED ACTIONS

- ❖ Annually increase the percentage of digital quality measures used in CMS quality programs.
- ❖ Build one or more CMS quality data receiving systems that can receive data using the FHIR standard with API delivery by 2027.
- ❖ Collaborate with the Office of the National Coordinator for Health Information Technology (ONC) to ensure standardized digital data elements for quality measures through USCDI or USCDI+ by 2025.





Interoperability, Scientific Advancement, and Technology

Scientific Advancement: Transform Health Care Using Science, Analytics, and Technology



OBJECTIVE

Support and drive innovation and access through advanced data analytics and streamlined evidence-based reviews of novel technologies and devices for coverage decisions.

SUCCESS TARGET

Utilize advanced data analytic models to support data-driven policy decisions for quality care.

HIGHLIGHTED ACTIONS

- ❖ Develop policy options to create an accelerated approval pathway for evidence-based review of novel medical devices relevant to the Medicare population.
- ❖ Ensure equity in data collection and algorithms by identifying and addressing bias in health care data and applications.





Improving Quality, Outcomes, and Alignment

Outcomes: Improve Quality and Health Outcomes Across the Care Journey



OBJECTIVE

Improve quality on a foundational set of high-priority clinical areas and support services.

SUCCESS TARGET

Implement a Universal Foundation of impactful adult and pediatric measures across all CMS quality and value-based programs and across the care journey by 2026, stratified for equity.

HIGHLIGHTED ACTIONS

- ❖ Focus on high-impact areas: maternal health, behavioral health, equity, and safety.
- ❖ Deploy comprehensive quality improvement approaches, leveraging evidence-based interventions.
- ❖ Develop dashboards to inform quality improvement, quality performance, and policy decisions.





Improving Quality, Outcomes, and Alignment

Alignment: Align and Coordinate Across Programs and Care Settings



OBJECTIVE

Increase alignment by focusing provider and health care system attention on a universal set of quality measures addressing high-priority clinical areas and support services.

SUCCESS TARGET

Promote standardized approaches to quality metrics, quality improvement initiatives, and quality and value-based programs across CMS through use of universal measure sets and aligned quality policies.

HIGHLIGHTED ACTIONS

- ❖ Implement relevant measures from the Universal Foundation in applicable CMS quality programs across the care journey by 2026.
- ❖ Pursue greater program alignment across Medicare, Medicaid & CHIP, Marketplace, and Innovation Center models through standardization of data collection and reporting and stratification of sociodemographic data elements.





The Universal Foundation

Aligning Quality Measures Across CMS

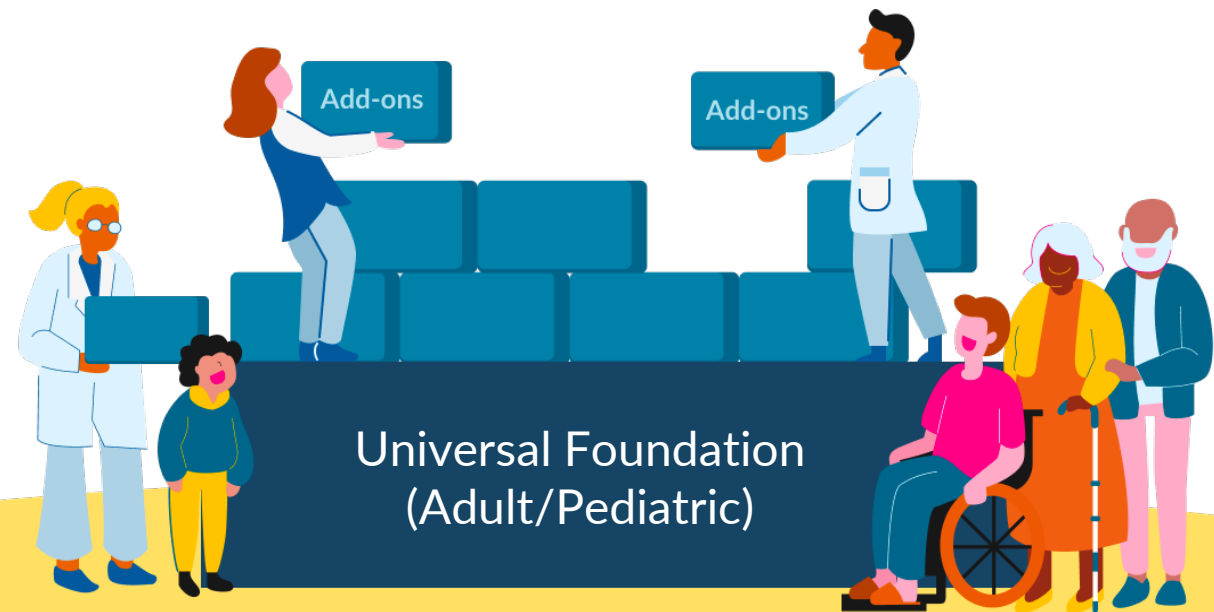
The Universal Foundation

Overview

CMS is introducing a “Universal Foundation” of quality measures to advance the overall vision of the National Quality Strategy and increase alignment across CMS quality programs.

The preliminary adult and pediatric measures were announced in a [NEJM article](#) published in February.

- ❖ Additional measures for specific settings or populations will be identified as “add-ons” that can be implemented consistently across programs. These add-ons may include:
 - Maternal
 - Hospital
 - Specialty (MIPS Value Pathways)
 - Post-acute Care/ Long-term Care



The Universal Foundation

Intended Impacts

The Universal Foundation of quality measures will:

- ❖ Improve health outcomes by focusing provider attention on high-priority areas and measures that are:
 - Meaningful
 - Broadly applicable
 - Digitally reported
 - Capable of being stratified to identify and track disparities
- ❖ Reduce provider burden by streamlining and aligning measures across programs
- ❖ Improve standardization of measurement (e.g., stratification for equity)
- ❖ Promote interoperability by prioritizing measures for transition to interoperable digital data





Domain	Measure Identification Number and Name
Wellness and prevention	139: Colorectal cancer screening 93: Breast cancer screening 26: Adult immunization status
Chronic conditions	167: Controlling high blood pressure 204: Hemoglobin A1c poor control (>9%)
Behavioral health	672: Screening for depression and follow-up plan 394: Initiation and engagement of substance use disorder treatment
Seamless care coordination	561 or 44: Plan all-cause readmissions or all-cause hospital readmissions
Person-centered care	158 (varies by program): Consumer Assessment of Healthcare Providers and Systems overall rating measures (CAHPS)
Equity	Identification number undetermined: Screening for social drivers of health

Domains are from [Meaningful Measures 2.0](#)

Names and identification numbers are from the [CMS Measures Inventory Tool](#)



The Universal Foundation Pediatric Measures

Domain	Measure Identification Number and Name
Wellness and prevention	761 and 123: Well-child visits (well-child visits in the first 30 months of life; child and adolescent well-care visits) 124 and 363: Immunization (childhood immunization status; immunizations for adolescents) 760: Weight assessment and counseling for nutrition and physical activity for children and adolescents 897: Oral evaluation, dental services
Chronic conditions	80: Asthma medication ratio (reflects appropriate medication management of asthma)
Behavioral health	672: Screening for depression and follow-up plan 268: Follow-up after hospitalization for mental illness 264: Follow-up after emergency department visit for substance use 743: Use of first-line psychosocial care for children and adolescents on antipsychotics 271: Follow-up care for children prescribed attention deficit-hyperactivity disorder medicine
Person-centered care	158 (varies by program): Consumer Assessment of Healthcare Providers and Systems overall rating measures (CAHPS)



Domains are from [Meaningful Measures 2.0](#)
Names and identification numbers are from the [CMS Measures Inventory Tool](#)

The Universal Foundation

Next Steps

The Universal Foundation will continue to evolve over time:

- ❖ CMS will develop setting- and population-specific “add-on” measure sets
- ❖ Measures may be replaced or removed when goals are met
- ❖ Measures may be added to assess quality across the care journey
- ❖ CMMI will continue to test new and innovative measures

CMS will solicit feedback on the Universal Foundation through comments, rulemaking, listening sessions, or other forums.





We need your input to succeed.

The success of the CMS National Quality Strategy relies on coordination, innovative thinking, and collaboration. Input from partners like you is critical to help us create a simplified national strategy for quality that is meaningful to individuals, providers, and payers.

Send feedback on the CMS National Quality Strategy to:
QualityStrategy@cms.hhs.gov



Thank you!

QualityStrategy@cms.hhs.gov

