IOM Roundtable on Value and Science-Driven Health Care

Kate Goodrich, MD, MHS

Acting Director, Quality Measurement and Health Assessment Group

Center for Clinical Standards and Quality

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CMS has a variety of quality reporting and performance programs

Hospital Quality	Physician Quality Reporting	PAC and Other Setting Quality Reporting	Payment Model Reporting	"Population" Quality Reporting
• Medicare and Medicaid EHR Incentive Program	• Medicare and Medicaid EHR Incentive Program	• Inpatient Rehabilitation Facility	• Medicare Shared Savings Program	• Medicaid Adult Quality Reporting*
• PPS-Exempt Cancer Hospitals	• PQRS	• Nursing Home Compare Measures	• Hospital Value-based Purchasing	• CHIPRA Quality Reporting*
• Inpatient Psychiatric Facilities	• eRx quality reporting	• LTCH Quality Reporting	• Physician Feedback/Value-based Modifier*	• Health Insurance Exchange Quality Reporting*
• Inpatient Quality Reporting		• Hospice Quality Reporting	• ESRD QIP	• Medicare Part C*
• HAC payment reduction program		• Home Health Quality Reporting		• Medicare Part D*
• Readmission reduction program				
• Outpatient Quality Reporting				
• Ambulatory Surgical Centers				

CMS framework for measurement maps to the six National Quality Strategy priorities

Clinical quality of care

- HHS primary care and CV quality measures
- Prevention measures
- Setting-specific measures
- Specialty-specific measures

Care coordination

- Transition of care measures
- Admission and readmission measures
- Other measures of care coordination

Population/ community health

- Measures that assess health of the community
- Measures that reduce health disparities
- Access to care and equitability measures

Person- and Caregiver-centered experience and outcomes

- CAHPS or equivalent measures for each settings
- Functional outcomes

Safety

- HCACs, including HAIs
- All cause harm

Efficiency and cost reduction

- Spend per beneficiary measures
- Episode cost measures
- Quality to cost measures

- **Measures should be patient-centered and outcome-oriented whenever possible**
- **Measure concepts in each of the six domains that are common across providers and settings can form a core set of measures**

Greatest commonality of measure concepts across domains

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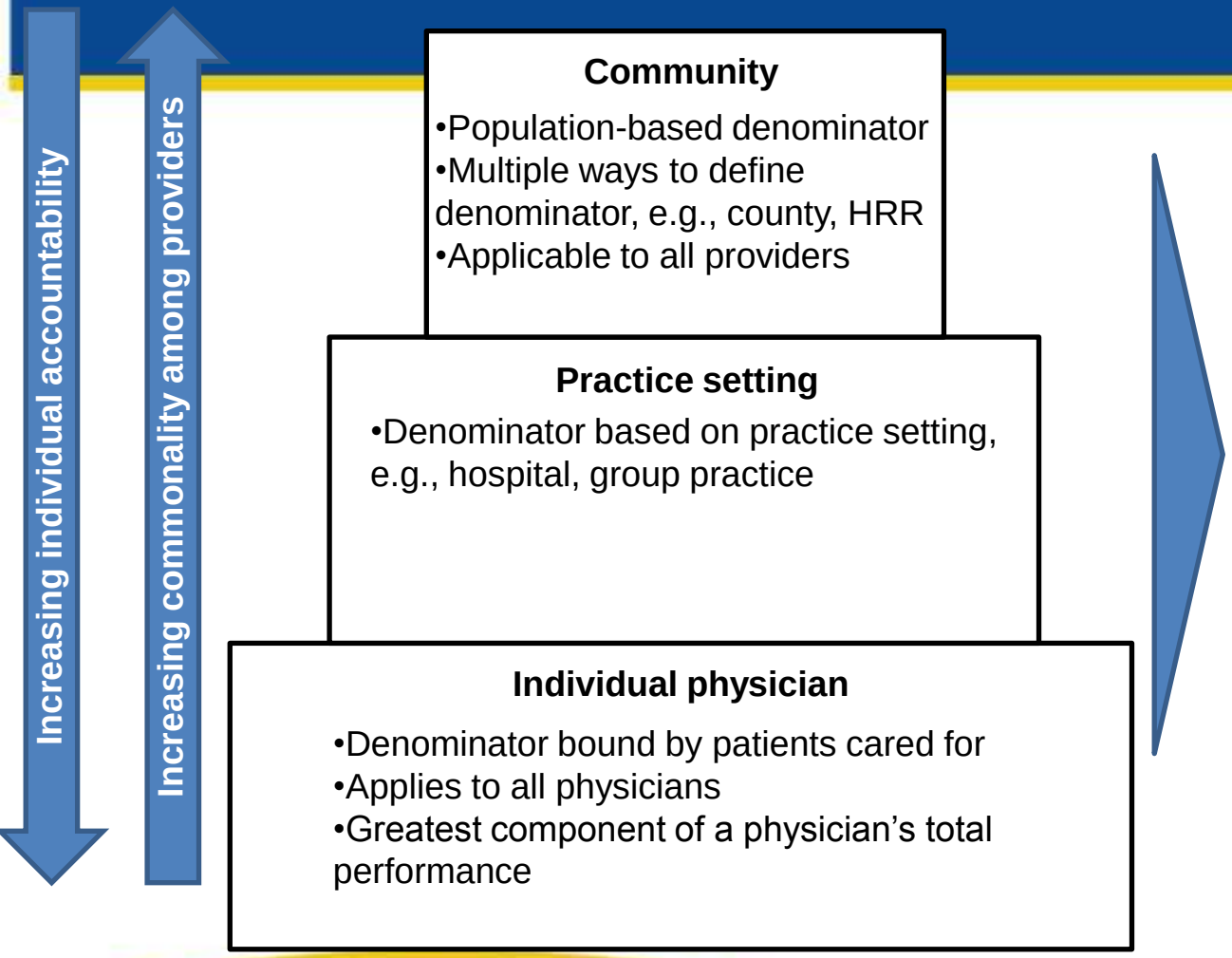
Quality can be measured and improved at multiple levels



- **Three levels of measurement critical to achieving three aims of National Quality Strategy**
- **Measure concepts should "roll up" to align quality improvement objectives at all levels**
- **Patient-centric, outcomes oriented measures preferred at all three levels**
- **The "five domains" can be measured at each of the three levels**

CMS Vision for Quality Measurement

- Align measures with the National Quality Strategy and Six Measure Domains
- Implement measures that fill critical gaps within the 6 domains
- Align measures across CMS programs whenever possible
- Parsimonious sets of measures; core sets of measures
- Removal of measures that are no longer appropriate (e.g., topped out)
- Align measures with external stakeholders, including private payers and boards and specialty societies
- Major aim of measurement is improvement over time

Vision for Aligned Hospital & Physician Quality Reporting Programs

- Implement a unified, aligned set of electronic clinical quality measures (eCQMs) & e-reporting requirements to synchronize & integrate CMS quality programs which will reduce provider reporting burden & maximize improvement on patient outcomes
- "Report Once"
  - Hospitals: Inpatient Quality Reporting Program (IQR), Hospital Value-Based Purchasing (HVBP) & the EHR incentive program for Meaningful Use.
  - Eligible Professionals: Physician Quality reporting System (PQRS), Physician Value Modifier (PVM), EHR Incentive Program for Meaningful Use & Medicare Shared Savings Program (ACOs)

Future Example

- Multi-specialty physician group
- Participates in Accountable Care Organization program
- Group is measuring patient outcomes via their EHR
- Fully utilizing clinical decision support & population management tools to improve the care & health of their patient population at lower costs
- Measuring across all six national quality strategy priorities
- Uses an intermediary to help with data management & feedback to clinicians
- Reports once to CMS to “receive credit” for their ACO quality measures, meaningful use, PQRS & physician value modifier
- We are on a path to have this future example become a reality soon

HHS Measurement Policy Council (MPC)

- Assembled in spring 2012 as a sub-group of the HHS National Quality Strategy Group
- Will establish and operationalize policies for HHS-wide measure development and implementation
- Meets bi-weekly and reports to the HHS Quality Workgroup and the Deputy Secretary's Vision and Strategy Management Workgroup
- Work to date has focused on:
  - Establishing charter, processes, forms, and common language
  - Reviewing HHS Measures Inventory and tackling topics around six measure areas

Alignment Progress To Date

- Hypertension Control
  - NQF 0018
  - MU Pipeline: percentage of patients aged 18-85 years with a diagnosis of hypertension whose blood pressure improved during the measurement period
- Smoking Cessation
  - NQF 0028
  - Meaningful Use Core Measure 9: Record smoking status for patients 13 years or older
  - CHIPRA composite in development
- Depression Screening
  - NQF 0418 (screening with standardized tool and f/u)
  - NQF 0710 (12 month remission defined by PHQ-9 score)
  - NQF 1401 (post partum screen during child wellness visit)

Alignment Progress To Date

- Hospital Acquired Infections (HACs)
  - 9 Partnership for Patients (P4P) topics and associated measures*
  - Additional work ongoing to further refine HAC measures and topics
- Care Coordination
  - Consensus on ONC's "closing the referral loop" as an important measure topic
  - Premature to prospectively align with the ONC measure, as its development is in evolution
- Patient Experience
  - Review of HCAHPS domain revealed no major alignment issues to date

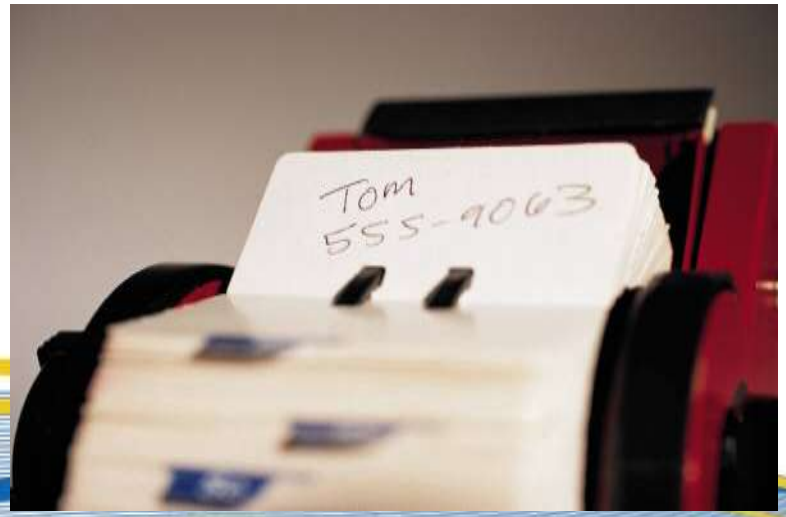
Lessons Learned about Alignment

- All stakeholders must be at the table together to make decisions
- In the development of core sets of measures, there must be recognition that payer populations differ, so it may not always be appropriate to align on some measures (example of Hgb A1c measure of >9% for CMS programs; <8% for private payers)
- The NQF-convened Buying Value coalition is a major step in the right direction towards alignment across the public and private sectors
- Measure sets must constantly evolve based on EHR capabilities, development of more outcome based measures that matter and evolving science, so this effort has no end-date
- It will be challenging to disseminate the use of core sets across multiple payers and through multiple contracts, so there needs to be ongoing commitment and focus

IOM Roundtable Role

- Multiple simultaneous efforts to define and fill gaps, align measures and develop core sets (CMS, HHS, NQF, etc.)
- Current efforts focused on existing measures, particularly e-measures
- IOM could propose the “ideal state” and the “future state” for core sets that cross all 6 NQS domains
- Articulate the pathway and timeline to get to each state, as well as the key players and their roles
- CMS remains a committed partner to work with IOM and others to reach our ideal state

Dr. Kate Goodrich, MD MHS
Acting Director, Quality Measurement and Health Assessment Group
Center for Clinical Standards and Quality
410-786-7828
kate.goodrich@cms.hhs.gov



Appendix

Ongoing Work Related to Aligning CMS Programs with Board and Specialty Society Efforts

- Registries (many led by physician specialty societies) are the fastest growing portion of PQRS, data can include all payers, often robust set of measures, and success rates via registries are very high
- PQRS is attempting to put forward measures suggested by any Board or specialty society for a given program to NQF Measures Application Partnership
- PQRS incentive related to MOC
- Increased bidirectional communication and engagement between CMS and Boards and specialty societies

Further opportunities to align measurement and leverage efforts

- **How could payers and physician organizations align measurement efforts for mutual benefit?**
- **Instead of physicians engaging in separate efforts for Board MOC, specialty, and payer quality reporting and improvement programs, could an integrated system(s) be built?**
- **If a board or specialty society had a robust measurement system and agreed to certain criteria, would payers consider a "deeming" type relationship?**