CMS Quality Measurement Action Plan

March 2021

#CMSQualCon21

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Our Vision

Use impactful quality measures to improve health outcomes and deliver value by empowering patients to make informed care decisions while reducing burden to clinicians.

Goals of the CMS Quality Measurement Action Plan

Use Meaningful Measures to Streamline and Align Quality Measurement

Leverage Measures to Drive Improvement Through Public Reporting and Payment Programs

Improve Quality Measures Efficiency by a Transition to Digital Measures and Use of Advanced Data Analytics

Empower Consumers to Make Best Healthcare Choices through Patient-Directed Quality Measures and Public Transparency

Leverage Quality Measures to Promote Equity and Close Gaps in Care

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Meaningful Measures 1.0

Meaningful Measures 1.0 Accomplishments

- Since its inception in 2017, the Meaningful Measures Framework 1.0 has been utilized to review, reduce, and align measures.

- Meaningful Measures 1.0 highlighted 6 strategic domains and 17 strategic focus areas.

- This has resulted in a 15% reduction of the overall number of measures in the CMS Medicare FFS programs (from 534 to 460 measures).

- Overall, the measures portfolio has demonstrated a 25% increase in percentage of outcome measures; the percentage of process measures has dropped from 52% in 2017 to 37% in 2021.

- Streamlining measures has a projected savings of an estimated $128M and a reduction of 3.3M burden hours through 2020.*

*Seema Verma's Speech at the 2020 CMS Quality Conference: https://www.cms.gov/newsroom/press-releases/speech-remarks-cms-administrator-seema-verma-2020-cms-quality-conference

Meaningful Measures 2.0

Goals of MM 2.0

Utilize only quality measures of highest value and impact focused on key quality domains

Align measures across value-based programs and across partners, including CMS, federal, and private entities

Prioritize outcome and patient reported measures

Transform measures to fully digital by 2025, and incorporate all-payer data

Develop and implement measures that reflect social and economic determinants

Building Value-Based Care

- Person-Centered Care
- Equity
- Safety
- Affordability and Efficiency
- Chronic Conditions
- Wellness and Prevention
- Seamless Care Coordination
- Behavioral Health

Consumer and Caregiver Voice

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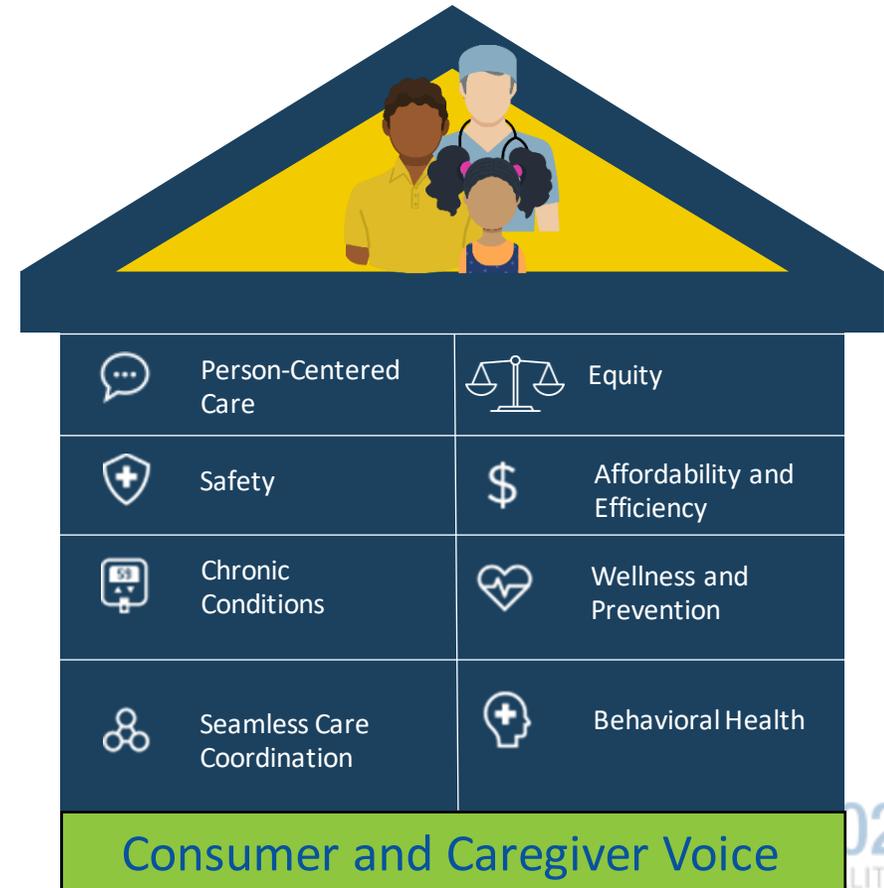
Use Meaningful Measures Framework to Streamline and Align Quality Measurement

Objective
Align measures across CMS, federal programs, and private payers

Reduce number and burden of measures

- Leverage Meaningful Measures 2.0 framework to reduce burden and align measures across the Agency and federal government
- Develop (as needed), prioritize, and utilize measures for high priority targeted areas, such as socioeconomic status, maternal mortality, and kidney care and Home and Community Based Services
- Align quality measures to quality improvement activities
- Increase the proportion of outcome measures across the CMS portfolio by 50% by 2022
- Continue the work of the Core Quality Measures Collaborative to align measures across all payers

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Leverage Measures to Drive Improvement Through Public Reporting and Payment Programs

Objective
Accelerate ongoing efforts to streamline and modernize programs, reducing burden and promoting strategically important focus areas

- Continue to examine value-based programs across CMS for modernization and alignment, as appropriate

- Introduce 5-10 MIPS Value Pathways (MVPs)

- Incorporate robust quality measurement into all value-based payment models

- Support utilization of Adult and Child Core sets and HCBS recommended measures

- Improve Child Core Set reporting and reduce state burden by leveraging alternative data sources for calculation of state level rates

- Provide more timely results and feedback to help create learning systems that support ongoing quality improvement

- Transition to all payer data

Improve Quality Measures Efficiency by a Transition to Digital Measures and Use of Advanced Data Analytics

Objective
Use data and information as essential aspects of a healthy, robust healthcare infrastructure to allow for payment and management of accountable, value-based care and development of learning health organizations

- Transform to all digital quality measures by 2025

- Accelerate development and testing eCQMs using FHIR API technology for transmitting and receiving quality measurement

- Transform data collection to use FHIR API technology and all CMS data (all-payer data)

- Utilize data driven framework to assess measure priorities and performance

- Leverage centralized data analytic tools to examine programs and measures

- Evaluate new technologies for advanced machine learning and neural networks

- Expand the availability of public use files for CMS data by 2021

Empower Consumers to Make Best Healthcare Choices through Patient-Directed Quality Measures and Public Transparency

Objective
Empower patients through transparency of data and public reporting, so that patients can make the best-informed decisions about their healthcare

- Expand and prioritize person and caregiver engagement during the measure development process

- Increase Patient Reported Outcome Measures (PROMs) by 50%

- Continue to modernize Compare Sites and develop rating systems for Medicaid and CHIP beneficiaries and their caregivers

- Advance use of FHIR API to allow patients to receive their health information electronically

- Increase person-centered measures, such as goals of care and shared decision making

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Healthcare Innovation During a State of Disruption

Leverage Quality Measures to Promote Equity and Close Gaps in Care

Objective
Commit to a patient-centered approach in quality measure and value-based incentives programs to ensure that quality and safety measures address healthcare equity

- Expand confidential feedback reports stratified by dual eligibility in all CMS value-based incentive programs as appropriate by the end of 2021

- Introduce plans to close equity gaps through leveraging the pay-for-performance incentive programs by 2022

- Ensure equity by supporting development of Socioeconomic Status (SES) measures and stratifying measures and programs by SES or dual eligibility as appropriate. Partner with OMH regarding HESS measures (health equity)

- Develop multi year plan to promote equity thru quality measures

Next Steps: Stakeholder Engagement & Communications

- Continue collaboration and engagement with specialty societies regarding MVPs development, with goal of introduction of 8-10 new MVPs in 2021

- Develop strategic communications and roll out plan

- Continue to seek input and collaboration to advance the quality measurement action plan through the Meaningful Measures email: MeaningfulMeasuresQA@cms.hhs.gov

What we've done so far…

- ✓ Conducted multiple listening sessions across CMS, federal partners, and external stakeholders

- ✓ Collaborated with 30 specialty societies on the first iteration of MVPs

- ✓ Developed multiple digital measures using FHIR-based API

- ✓ Compare Updates rolled out September 2020

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