Medicare Advantage and Medicare Prescription Drug Plan Quality Strategy: A Framework for Improving Care for Beneficiaries

Medicare Drug & Health Plan Contract Administration Group

Prepared by: Medicare Advantage Quality Improvement Workgroup

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Background

In early 2010, the Centers for Medicare & Medicaid Services (CMS) developed a draft Quality Improvement Strategy for the Medicare Advantage (MA) and Prescription Drug Plan (PDP) Programs based on the Institute of Medicine (IOM) report from 2001[1] and the Triple Aim. [2] This strategy was expanded in 2011 to reflect the Department of Health and Human Services' (HHS) National Strategy for Quality Improvement in Health Care, referred to as the National Quality Strategy (NQS) [3], and the National Prevention Strategy (NPS) [4] that were developed in accordance with the Affordable Care Act (ACA).

The overall goal of our MA and PDP Quality Strategy is to improve the quality of care for Medicare beneficiaries enrolled in these programs. The foundation of this strategy and the quality improvement (QI) program is improving care coordination and providing health care using evidence-based clinical protocols. All Medicare Advantage Organizations (MAOs) are required, as a condition of their contract with CMS, to develop a QI program that is based on care coordination for enrollees. The MA and PDP Quality Strategy is designed to strengthen this requirement by providing a framework for MAOs and PDPs to improve care, services, and patient health outcomes.

Purpose

The purpose of this document is to outline the MA and PDP Quality Strategy. This report is the culmination of a coordinated staff effort and leadership across CMS working on quality. CMS intends for this Quality Strategy to serve as a framework to advance our continuous QI efforts and to establish a culture of improving quality of care and services in the MA and PDP programs.

Regulatory Framework

The requirements for the MA QI program are based in regulation as per 42 *Code of the Federal Regulations* § 422.152. The required QI components are listed below:

1. Chronic care improvement program (CCIP) 42 CFR §422.152(c);
2. Quality improvement projects (QIP) 42 CFR §422.152(d);
3. Develop and maintain a health information system (42 CFR §422.152(f)(1));
4. Encourage providers to participate in CMS and HHS QI initiatives (42 CFR §422.152(a)(3));
5. Contract with an approved Medicare Consumer Assessment of Health Providers and Systems (CAHPS®) vendor to conduct the Medicare CAHPS® satisfaction survey of Medicare enrollees (42 CFR §422.152(b)(5));
6. Include a program review process for formal evaluation of the QI Program on an annual basis (42 CFR §422.152(f)(2)); and,
7. For each plan, correct all problems that are identified (42 CFR §422.152(f)(3)).

At a minimum, all MAOs must have these seven elements in place as part of their QI Program. These requirements are also described in the recently updated Chapter 5 of the Medicare Managed Care Manual, available on the CMS website at https://www.cms.gov/manuals/downloads/mc86c05.pdf

The requirements for the PDP Quality Assurance program are based in regulation as per 42 *Code of the Federal Regulations* § 423.153(c). Each Part D plan sponsor must establish quality assurance (QA) measures and systems to reduce medication errors and adverse drug interactions and improve medication use. The Part D sponsor's comprehensive quality assurances system will ensure enrollees receive access to high quality prescription drug coverage. As a result, the Part D sponsor's QA measures and systems minimally include:

1. Representation that the Part D sponsor requires network providers to comply with minimum standards for pharmacy practice as established by the States. (42 CFR §423.153(c)(1))

2. Concurrent drug utilization review (DUR) systems, policies and procedures (42 CFR §423.153(c)(2))

3. Retrospective DUR systems, policies and procedures. (42 CFR §423.153(c)(3))

4. Internal medication error identification and reduction systems. (42 CFR §423.153(c)(4))

5. Provision of information to CMS regarding the plan sponsor's QA measures and systems, according to CMS-specified guidelines. (42 CFR §423.153(c)(5))

These requirements are further described in Chapter 7 of the Prescription Drug Benefit Manual, available on the CMS website at http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartDManuals.html.

Quality Performance Measurement Framework

CMS believes that collection and public release of specific quality performance measures help ensure Medicare beneficiaries receive the highest quality health care and prescription drug services. Publicly available measures encourage Part C and D sponsors to improve the quality of services and to maximize their ratings in an effort to attract new enrollees through the competitive nature of these programs. To facilitate this process, CMS continuously reviews various data sources to refine and identify new performance measures.

After a comprehensive analysis of these various data streams, CMS has identified numerous key performance areas for evaluating health care and prescription drug coverage across the Part C and D programs. Some of these areas include customer service, complaints, appeals, health outcomes, and member satisfaction. While these measures are broad, elements of each can be integrated together to ensure beneficiaries receive superior services. As of 2012, Medicare Advantage contracts offering prescription drug coverage (MA-PDs) are currently rated on up to 50 quality and performance measures, while stand-alone Prescription Drug Plans (PDPs) are rated on up to 17 measures. These ratings are incorporated into the Medicare Plan Finder (MPF) tool at www.medicare.gov.

The development of performance measures is a particularly dynamic process based upon the availability of new information. As continuing analyses are completed and show promise in improving the quality of drug coverage, additional measures will be incorporated to the existing inventory of measures. CMS is committed to working with external stakeholders, such as the National Committee for Quality Assurance (NCQA) and the Pharmacy Quality Alliance (PQA), to establish industry-wide strategies for measuring and reporting data that will help consumers make informed choices and appropriate healthcare decisions.

We continue to improve the Part C and D quality performance measurement system by increasing the focus on beneficiary outcomes, beneficiary satisfaction, population health, and efficiency of health care delivery. The 2012 Plan Ratings increase the emphasis on outcomes of care, weight clinical outcome measures and patient experience measures greater than process measures, and incorporate additional measures that are expected to improve the overall health of Medicare beneficiaries.

Historical Perspective

In 1998, the IOM convened a panel of experts, the Committee on Quality of Health Care in America, to address the concerns of a health care system in need of major changes. One of the underlying principles for the committee was that Americans should receive care that is well-grounded in science and meets their needs.[1] The IOM panel published a major report in 2001, *Crossing the Quality Chasm*, that continues to serve as a driving force for health care systems to provide the best quality of care to our patients.[1] The committee identified six aims for improvement. Based on these six aims, the committee noted that health care should be characterized as follows:

(1) Safe--without injuries from care that should be helping the patient;

(2) Effective--care and services should be based on the current accepted scientific knowledge;

(3) Patient-centered--care should be responsive and provided in a respectful manner;

(4) Timely--prevent harmful delays in receiving and providing care;

(5) Efficient--prevent waste; and

(6) Equitable--care received should not vary in quality based on geographic location, or patient characteristics such as socioeconomic status, race or ethnicity.[1]

In 2008, Dr. Don Berwick and colleagues published an article entitled *The Triple Aim: Care, Health, and Cost*.[2] These authors recommended that improvements to the health care system require addressing simultaneously improving the care experience, population health and decreasing the cost of care. [2]

In 2010, CMS developed the MA and PDP Quality Strategy based on the recommendations from the 2001 IOM Report and the Triple Aim. One of the underlying principles is the IOM's definition of quality: *"Quality is the degree to which health services for the individuals and population increase the likelihood of desired health outcomes and are consistent with the current professional knowledge."*[1, 5]

Medicare Advantage Quality Improvement Program

CMS designed the MA and PDP Quality Strategy and QI definition to embrace the IOM definition. Figure 1 illustrates the components of the QI program that contribute to the quality of care for our Medicare beneficiaries enrolled in the MA and PDP programs.

This schematic represents many of the elements related to quality but is not all inclusive. Our QI program is not limited only to the areas identified in Figure 1. However, many of the areas presented in Figure 1 reflect CMS' goals and the underlying principles of our new Quality Strategy that are built on achieving better care, affordability and better health.

Figure 1: Defining Quality

The QI Program Domains

As part of the process for aligning with the NQS and the NPS, CMS identified seven (7) domains that would be used for building on the definitions of quality and supporting the requirements of the QI program. These domains also include sub-domains that assist in further defining and operationalizing the domains and ultimately our MA and PDP Quality Strategy. Table 1 summarizes the domains and sub-domains. Also included in Table 1 are examples of the types of efforts that could be implemented to address each domain and its corresponding sub-domain.

Table 1: Medicare Advantage Quality Improvement Program Domains

Safer Patient Care	Patient Centered Care	Effective Care Coordination	Effective Prevention & Treatment	Promotion of Healthy Living	Effective Communication	Improving Affordability
Reduce the risk of negative outcomes from errors in care delivery	Improve health outcomes through partnerships among providers, patients, and families	Improve efforts to result in seamless care coordination	Improve the prevention and treatment of the most common chronic conditions and leading causes of mortality	Promote healthy lifestyles through community partnerships, patient education, and the adoption of national standards of care	Incorporate technology to promote communication among health care providers	Reduce healthcare costs in conjunction with the promotion of quality care
Medication Events	**Cultural Competency**	**Care Management**	**Current Quality Initiatives**	**Evidence Based Medicine**	**Electronic Health Records**	**Utilization of Products & Services**
• Reconciliation • Use of high risk medications • Persistent medications • Drug-disease interactions • Drug-drug interactions • Medication errors	• Language diversity • Patient educational level • Religious beliefs • Socioeconomic	• Case management • Complex care management • Concurrent review	• Vaccines • Smoking cessation • Weight management	• National treatment guidelines • Standards of practice	• Provider network • Interoperability • Patient portal • Health information exchanges	• Decrease duplication of services • Appropriate coverage • Network adequacy
Health Care Associated Infections	**Decision-Making Partnership**	**Effective Discharge Planning**	**Early Detection & Intervention**	**Clinical Preventive Services**	**e-Prescribing**	**Payment and Service Models**
• Minimize infection incidence and severity • Provider education • Infection control	• Patient and care taker interaction with providers • Treatment options • Communication	• Seamless care transition • All-cause readmissions	• Annual physical examinations • At-risk screenings • Cancer screenings • Other preventive services	• Weight management • Health and wellness screenings and education • Environmental factors	• Safety and accuracy • Reduce redundancy • Improve timeliness	• Access to all therapeutic modalities • Alignment of benefits • Payment reform • Hierarchical Condition Categories (HCC) coding
Other Preventable Conditions	**Integrated Care Delivery**	**Multidisciplinary Coordination**	**Appropriate Treatment Modalities**	**Education & Counseling for Risk Behaviors**	**Telemedicine**	**Administrative Simplification**
• Inpatient falls • Pressure ulcers • Sentinel events • Non-compliance with standards of care	• Patients' needs • Living arrangements • Care giver issues • Community resources • Physical limitations • Understand health plan benefits	• All-cause readmissions • All providers • Need for special equipment • Referrals and consultations • Access to care	• Evidence based medicine • Standards of practice	• Alcohol and drug use • Abuse and neglect	• Specialty care • Access • Efficiency	• Grievances • Appeals • Organizational determinations • Pre-certifications • Fraud and abuse

The MA and PDP Quality Strategy

As mentioned previously, the MA and PDP Quality Strategy is built on the framework of the 2001 IOM Report as well as the Triple Aim and also aligns with the current NQS and the NPS. This Quality Strategy includes a vision, mission, five core values and six goals outlined below. We expect MAOs and PDPs to model their QI program and strategy in a similar manner.

Vision

To ensure that Medicare beneficiaries enrolled in MAOs and/or PDPs receive efficient, high quality care and services every time.

Mission

To lead and develop the infrastructure, tools, and performance measures for MAOs to provide integrated coordinated care and for PDPs to provide the best services for every beneficiary across all plan types.

Core Values

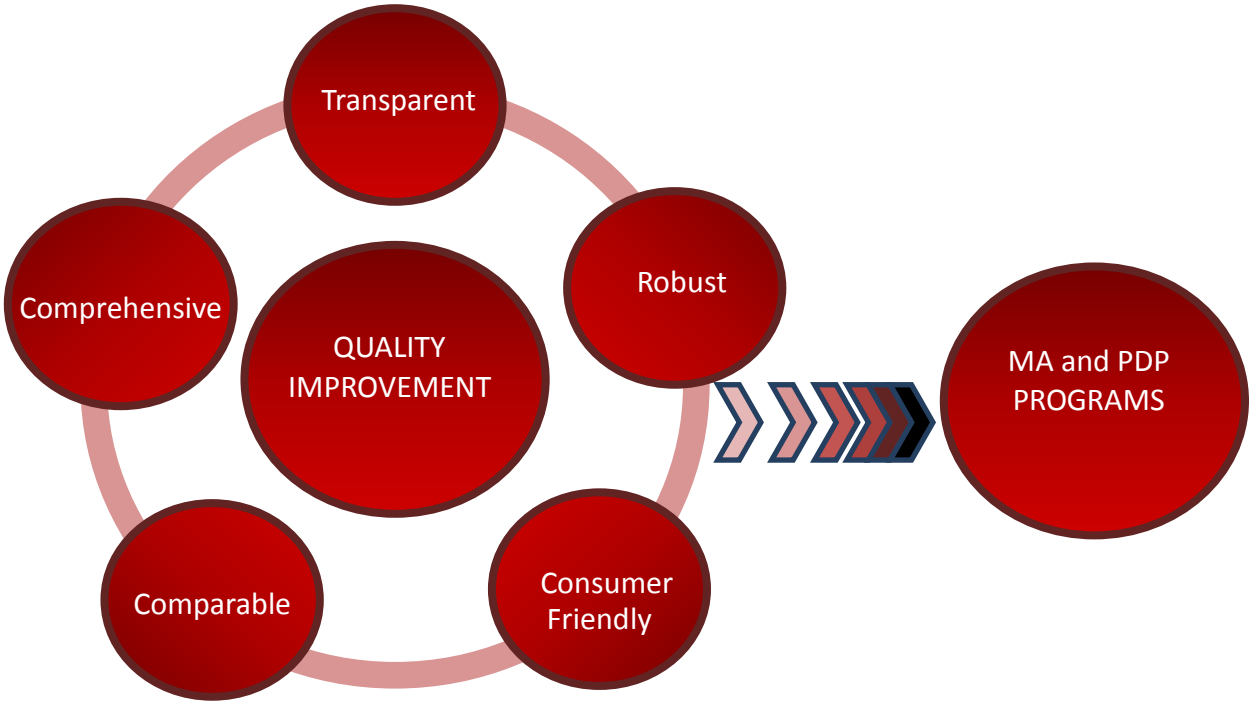
The MA and PDP Quality Strategy is comprised of five Core Values: (1) Robust; (2) Consumer Friendly; (3) Comparable; (4) Comprehensive; and (5) Transparent. Table 2 includes each Core Value along with its definition. Figure 2 shows how the Core Values work together to support the Quality Strategy and ultimately the MA and PDP programs. The five Core Values in concert will:

- Drive the quality and the QI initiative;
- Apply to all plans regardless of size;
- Empower the organization to change or act ;
- Align with other CMS health care and quality initiatives; and,
- Embrace the IOM recommendations, the Triple Aim, NQS and NPS.

Table 2: MA and PDP Quality Strategy Core Values

Core Value	Definition
Robust	Developed on a framework of evidence-based health care practices and valid and reliable performance measures.
Consumer friendly	Designed to be transparent, easily understood, improve beneficiary decision making, and focus on issues most important to consumers.
Comparable	Established measures across all of the plans and applied best practices in health care for any of the CMS Medicare initiatives.
Comprehensive	Designed to assess, develop and implement the best possible standards of care to ensure that the health care systems deliver the highest quality of care across all plan types.
Transparent	Poised to promote openness among our stakeholders and partners in all of our quality improvement programs, communications, and initiatives.

Figure 2: Schematic of the MA and PDP Core Values Driving Quality Improvement



Goals

The six MA and PDP QI goals are described below. The first three goals include an "A" and "B" version to ensure relevance to both the MA and PDP programs, respectively. Goals 4 through 6 address both programs within a single description.

Goals 1A and 1B: Build Solid and Dedicated Medicare Leadership and Infrastructure

Goal 1A: To build solid and dedicated Medicare leadership and infrastructure devoted to ensuring that MAOs provide high quality comprehensive coordinated healthcare to all enrollees across all plans.

Goal 1B: To build solid and dedicated Medicare leadership and infrastructure devoted to ensuring that PDPs provide high quality prescription drug benefit coverage to all enrollees across all plans.

The focus of Goals 1A and 1B is to drive the QI program by ensuring that there are both Central Office and Regional Office (RO) staff and senior leaders within the MA and PDP program at CMS who have QI expertise. In addition to ensuring that QI expertise exists across all areas of the MA and PDP programs, developing this solid infrastructure includes but is not limited to: (1) expanding our relationship with the Quality Improvement Organizations (QIOs) to improve care and provide technical assistance (TA) to the health plans; and (2) emphasizing that CMS expects the MAOs and PDPs to achieve demonstrable results on the QI program requirements and quality measures. Examples of these QI program assessment measures include: (1) Healthcare Effectiveness Data and Information Set (HEDIS®); (2) CAHPS®; (3) Health Outcomes Survey

(HOS); (4) other performance measures; (5) patient safety measures; (6) models of care (MOC) for Special Needs Plans (SNPs); (7) CCIPs; and (8) QIPs.

Under Goals 1A and 1B, one of the major areas of focus is training for the RO Account Managers (AMs) who work directly with the MAOs on a regular basis. Since the proposed QI Program will expand the roles and responsibilities for AMs, training is critical to ensuring that the AMs have the knowledge, skills, and the tools to be successful in this expanded role.

Goals 2A and 2B: Foster Communications and Partnerships Across All Levels of Government

Goal 2A: To foster communication and partnerships across all levels of government to ensure quality integrated healthcare services are provided to Medicare beneficiaries enrolled in MAOs.

Goal 2B: To foster communication and partnerships across all levels of government to ensure quality prescription drug coverage is provided to Medicare beneficiaries enrolled in PDPs.

Goals 2A and 2B address the need for improving communications with all of our stakeholders on the QI program. These goals emphasize improving and expanding CMS' use of social media, websites, newsletters and other communication tools. Examples include re-designing the SNP Quality website and launching a new MA quality website. As part of this effort, we established a CMS mailbox for inquiries related to the requirements of the QI program and the Quality Strategy.

Goals 3A and 3B: Lead the Health Care Industry in Providing Cutting Edge, Integrated Coordinated Care

Goal 3A: To ensure that MAOs lead the healthcare industry in providing cutting edge, integrated coordinated care for our beneficiaries across all plans.

Goal 3B: To ensure that PDPs lead the healthcare industry in providing quality prescription drug coverage and programs for our beneficiaries across all plans.

One way to address these goals is through developing and implementing the CCIPs and QIPs. The 2012 CCIP and QIP submissions require all MAOs to address quality of care related to specific national health initiatives. For example, all MAOs are required to develop CCIPs to decrease cardiovascular disease. This requirement supports the national HHS and CMS "Million Hearts" Campaign to reduce the risk of heart disease in persons who are healthy with no signs of disease and to decrease future deterioration and adverse events in patients who already have some form of heart disease or stroke. Similarly, all MAOs are required to develop a QIP to decrease plan all-cause hospital readmissions. These QIPs will support the CMS Partnerships for Patients Initiative to improve health care quality in Medicare as mandated in the ACA.

CMS will continue to work with subject matter experts in other federal agencies, academia and the private sector to assist MAOs and PDPs in identifying cutting edge knowledge and skills for

QI, care coordination, and other focus areas for the QI program. CMS intends to continue our initiatives with the QIOs and the CMS Office of Clinical Standards and Quality and to expand these efforts as they relate to the MA and PDP programs. These are simply a few of the areas that CMS will address as we implement Goals 3A and 3B.

Goal 4: Monitor and Assess the Quality of Health Care Services

Goal 4: To monitor and assess the quality of health care services in MAOs and Part D sponsors.

Under Goal 4, CMS intends to emphasize enhanced monitoring and assessment of the QI Program. For example, CMS is already conducting site reviews for a sample of SNPs following the implementation of their new MOCs. CMS is also expanding the roles of the Regional Office AMs in their day-to-day monitoring of the MA plans. CMS is exploring the use of a dashboard for the QI program to assist in the monitoring of progress on the quality metrics, quality of care indicators, and safe utilization of drugs for Medicare beneficiaries.

Goal 5: Provide Incentives for Improving and/or Excelling on Quality Assessments

Goal 5: To provide incentives for MAOs and for Part D sponsors for improving and/or excelling on quality assessments.

CMS understands that there are MAOs and Part D sponsors that are striving towards excellence in quality and QI and recognizing these efforts is a priority under Goal 5. We are also building incentives into the MA and PDP programs through the Quality Bonus Payment demonstration. For example, plans with a higher star rating earn a greater bonus and certain flexibilities (e.g., the ability to enroll continuously throughout the year). CMS expects to identify best practices across the MA and PDP programs and to find ways to recognize outstanding evidence-based clinical care provided to our Medicare beneficiaries enrolled in these programs.

Goal 6: Improve Beneficiaries' Ability to Use Quality Measures to Evaluate and Compare Health Plans and Services

Goal 6: To improve beneficiaries' ability to evaluate and compare MAOs and Part D sponsors on quality measures.

Finally, given the emphasis on patient-centered care in the ACA, the NQS, Triple Aim, and the IOM report, we established Goal 6 to focus on tools that beneficiaries and their caregivers can use to compare MAOs such as the Medicare Plan Finder. Goal 6 places the emphasis of the QI program where it should be—on the patient. The patient or beneficiary is the center of care and he/she should be the primary focus of our QI program. CMS expects to work with beneficiaries, families and advocates to develop a better understanding of quality and what improved quality of care means for their health.

Conclusion

This report is the first step in implementing the MA and PDP Quality Strategy. CMS intends to develop guidance that will assist the MAOs and PDPs in revising their QI Programs so that they align with the NQS, NPS, and this Quality Strategy. CMS' on-going efforts will include developing: (1) an implementation strategy; and (2) metrics for monitoring the progress towards attaining the MA and PDP Quality Strategy goals. Finally, using this Quality Strategy as a framework, CMS will continue to identify areas for QI to improve the health and health outcomes for our beneficiaries enrolled in the MA and PDP programs.

REFERENCES

1. Institute of Medicine. "*Crossing the Quality chasm: a New Heath System for the 21st Century.*" Rona Briere, editor. Washington, DC: National Academy Press, 2001.

2. Berwick, DM, Nolan, TW, and Whittington, J. Triple Aim: Care, Health and Costs. *Health Affairs*. 2008, 27(3):759-769.

3. Department of Health and Human Services. National Strategy for Quality Improvement in Health Care. Washington, DC: March 2011.

4. Department of Health and Human Services. National Prevention Strategy. Washington, DC: June 2011.

5. Lohr, K.N. (Ed). *Medicare: A Strategy for Quality Assurance.* Washington, DC: National Academy Press, 1990.