CMS Grand Rounds

CMS Quality Strategy

Featuring

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Strategy Logic

Strategic Altitude

30,000 ft.

15,000 ft.

Ground Level

What do we exist to do?

What is our picture of the future?

What are our main focus areas for improvement?

What results are needed to satisfy stakeholders?

What continuous improvements are needed to get results?

How will we know if we are achieving desired results?

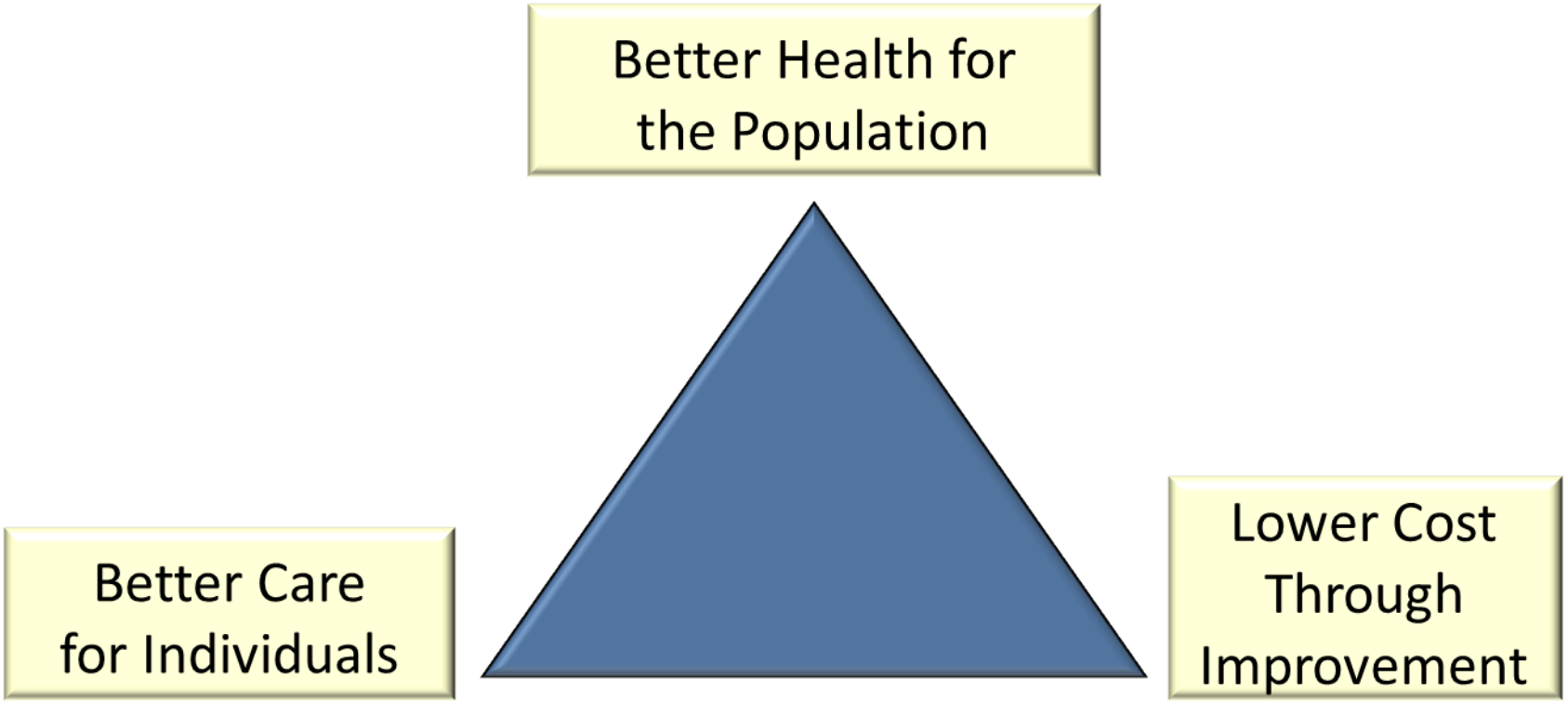
What actions could contribute to the desired results?

What will support the initiatives?

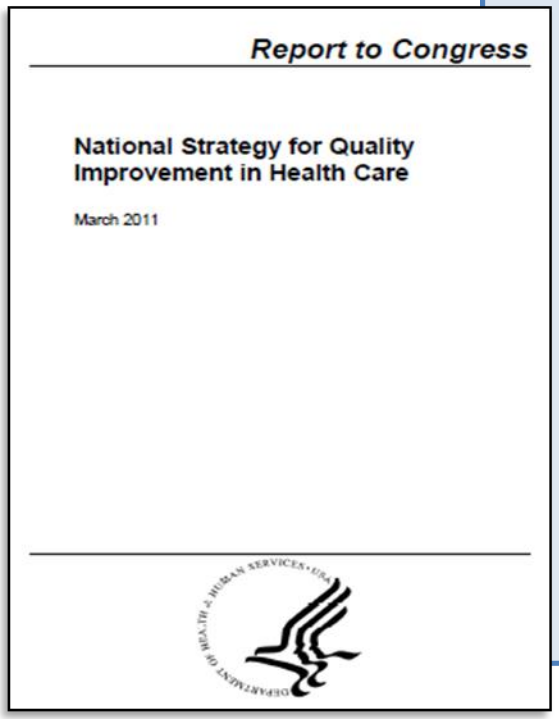
Our Vision

TO OPTIMIZE HEALTH OUTCOMES BY IMPROVING CLINICAL QUALITY AND TRANSFORMING THE HEALTH SYSTEM.

Our Three Aims



National Quality Strategy promotes better healthcare, and lowers costs through



Six Priorities

- Make care safer by reducing harm caused in the delivery of care
- Ensure that each person and family are engaged as partners in their care
- Promote effective communication and coordination of care
- Promote effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease
- Work with communities to promote wide use of best practices to enable healthy living
- Make quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models

The Six Priorities Have Become the Goals for the CMS Quality Strategy

Making care safer	Strengthen person and family engagement.	Promote effective communication and coordination of care
Promote effective prevention and treatment	Work with communities to promote best practices of healthy living	Make care affordable

Our Vision: *A high quality health care system that ensures better care, access to coverage, and improved health.*

Our Goals: *Better Care and Lower Costs – Prevention and Population Health – Expanded Health Care Coverage – Enterprise Excellence*

Customers & Stakeholders

1.0 Improve Quality Care

2.0 Improve Preventive Health Benefits

3.0 Strengthen Consumer Protections

4.0 Expand Coverage

Financial Stewards

5.0 Improve Payment Models

6.0 Strengthen Program Integrity

Internal Processes

7.0 TRANSFORM BUSINESS OPERATIONS

- Develop Flexible Portfolio-based Processes for Prioritizing Projects
- Enhance Agency-wide Performance Management Capabilities
- Enhance Acquisition Management
- Enhance Customer Service Operations
- Enhance Communications and Engagement

Organizational Capacity

- Enhance Human Capital Development and Management
- Establish Flexible and Scalable Shared Services
- Enhance Data Management and Analytics
- Build Agile and Flexible IT Platform

Foundational Principles of the CMS Quality Strategy

- Eliminate Racial and Ethnic disparities
- Strengthen infrastructure and data systems
- Enable local innovations
- Foster learning organizations

Two-Pronged Approach

Make Care Safer

Objectives

Improve support for a culture of safety

Reduce inappropriate and unnecessary care

Prevent or minimize harm in all settings

Goal 1 Goal 2 Goal 3 Goal 4 Goal 5 Goal 6

Make Care Safer

Objective

Improve support for a culture of safety

Desired Outcomes

- Improved application of safety practices in our programs to involve all team members, patients, and families and assure that the patient voices are heard
- Organizations exhibit strong leadership that educates and empowers the workforce to recognize harm and increase reporting of errors
- Increased access to understandable health information
- Expanded use of evidence-based services and primary care
- Disparities of care are eliminated

Make Care Safer

Objective

Improve support for a culture of safety

How can QIG do this?

- Expand current QIO efforts to establish a safety culture through the QIO Program 11th SoW including the patient voice and transparency
- Expand use of patient experience surveys across all settings and programs and assign higher weight in VBP programs
- Incorporate the measure of use of AHRQ culture of safety tools into IQR then HVBP and reward improvement
- Incorporate measures of harm/safe practices into all quality and VBP programs

Make Care Safer

Objective

Reduce inappropriate and unnecessary care

Desired Outcomes

- Health care organizations continually assess events in accordance with evidence-based practices
- Health care cost reductions are attributed to the reduction of unnecessary, duplicative, and inappropriate care
- Improved achievement of patient-centered goals of care is evident
- Disparities of care are eliminated

Make Care Safer

Objective

Reduce inappropriate and unnecessary care

How can QMHAG do this?

- Development and implementation of measures of appropriate use based on Choosing Wisely topics
- Publicly report Appropriate Use measures
- Work with OC and others to create a 5 star domain on Appropriate Use on Compare/Marketplace sites
- Through E&O (ODFs, Measure forums, Grand Rounds, NPCs, etc.), work with stakeholders such as NQF and others to ensure that Appropriate Use is seen as a safety issue, not just a cost issue
- Partner with other CMS components to implement SGR Patch provision on Appropriate Use Criteria (AUC)

Make Care Safer

Objective

Prevent or minimize harm in all settings

Desired Outcomes

- HACs and HAIs are reduced
- Medication error rates are improved
- Falls are decreased
- Visibility of harm is improved in all settings
- Use of evidence-based services and primary care is expanded
- Patient and family access to understandable health information is increased
- Disparities of care are eliminated

Make Care Safer

Objective

Prevent or minimize harm in all settings

How will CMMI do this?

- Use patient-centered quality measures related to harm in all models
- Develop new collaborative models of care that incentivize team based practice and use evidence based medicine to reduce harm
- Enable multi-disciplinary teamwork through sharing of best practices (LANs), coordination and collaboration
- Incentivize multi-disciplinary teamwork in all models to coordinate care and reduce waste

Partnership for Patients and QIO work: Hospital Acquired Condition (HAC) Rates Show Improvement

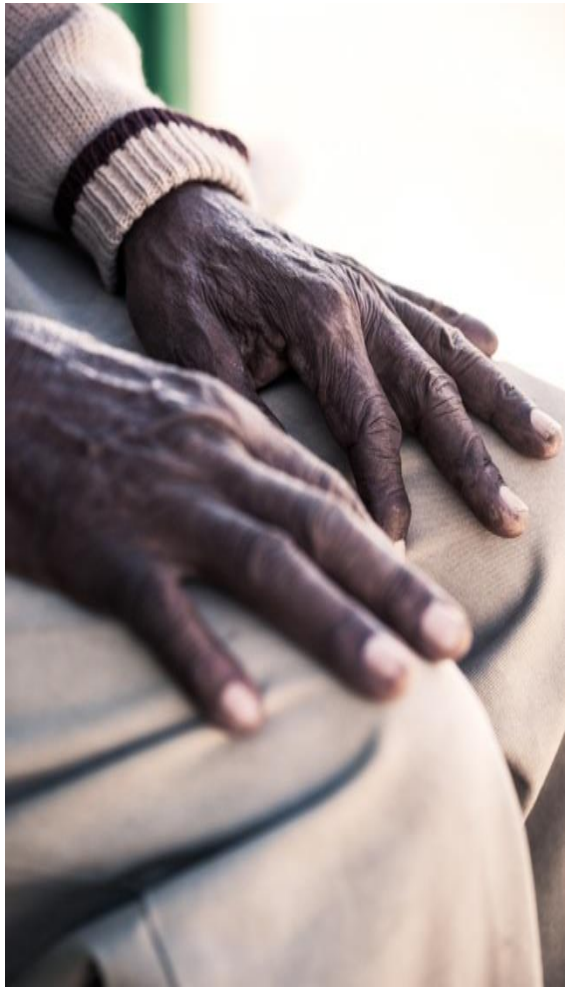
- 2010 – 2012 - Preliminary data show a 9% reduction in HACs across all measures
- Many areas of harm dropping dramatically (2010 to 2013 for these leading indicators)

Ventilator-Associated Pneumonia (VAP)	Early Elective Delivery (EED)	Obstetric Trauma Rate (OB)	Venous thromboembolic complications (VTE)	Falls and Trauma	Pressure Ulcers
55.3% ↓	52.3% ↓	12.3% ↓	12.0% ↓	11.2% ↓	11.2% ↓

Reduced Potential for Adverse Drug Events

44,640

Potential adverse drug events were **prevented**

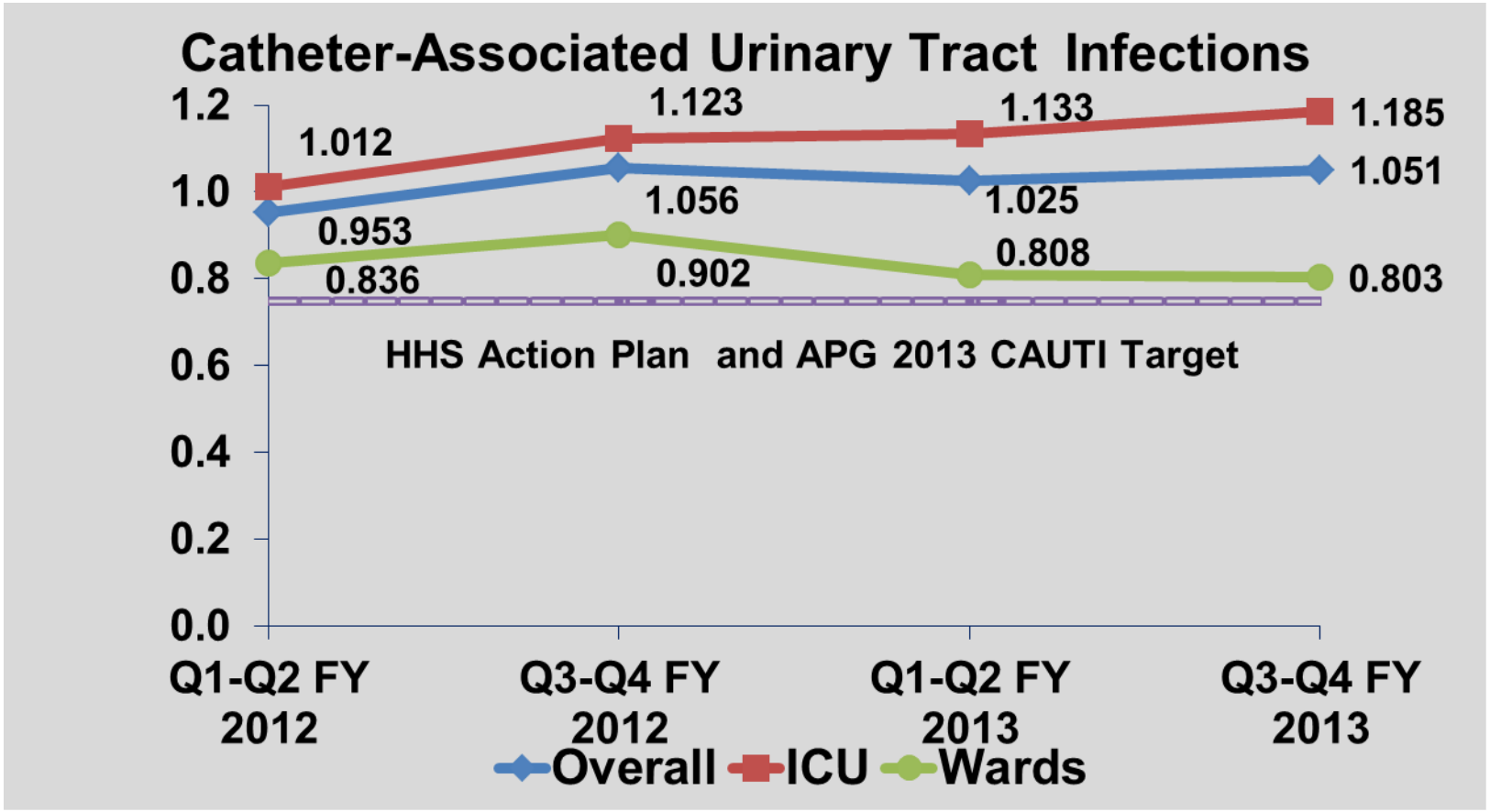


Measurement Period

n= 44,640 instances of potential adverse drug events identified and prevented

d= 195,352 opportunities for adverse drug events

Total Beneficiaries = 57, 657


Catheter-Associated Urinary Tract Infections
1.2
1.0
0.8
0.6
0.4
0.2
0.0
1.012
1.123
1.133
1.185
1.051
1.056
1.025
0.953
0.808
0.836
0.902
0.803
HHS Action Plan and APG 2013 CAUTI Target
Q1-Q2 FY 2012
Q3-Q4 FY 2012
Q1-Q2 FY 2013
Q3-Q4 FY 2013
Overall
ICU
Wards

Reducing HAC in Hospitals – Fewer infections

85,149

fewer days with **urinary catheters** for **beneficiaries**

Strengthen Person and Family Engagement

Objectives

Ensure care delivery incorporates patient and caregiver preferences

Improve experience of care for patients, caregivers and families

Promote patient self-management

Goal 1 | **Goal 2** | Goal 3 | Goal 4 | Goal 5 | Goal 6

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Strengthen Person and Family Engagement

http://www.youtube.com/watch?v=gO76HZoQd5El

Strengthen Person and Family Engagement

Objective

Ensure all care delivery incorporates patient and caregiver preferences

Desired Outcomes

- Patients are partners at all levels of care
- Care and treatment reflects patients' personal values and goals
- Coordination and communication occurs within and across care teams, including patients, families, and caregivers
- Patient and family preferences are central in decision processes and implementation
- Joint development of treatment goals and longitudinal plans of care
- Information is updated and available for use by patients
- Achievement of patient-centered goals that focus on prevention
- Improved coordination and communication within and across organizations
- Disparities in care are eliminated

Strengthen Person and Family Engagement

Objective

Improve experience of care for patients, caregivers and families

How will CMCS do this?

- Conduct first-ever nationwide adult Medicaid CAHPS survey
- Collaborate with states through new delivery systems and payment models to include ways to measure how patients experience care
- Develop patient experience surveys for ages and settings where none exist (e.g., Home and Community-Based Services experience survey and Pediatric HCAHPS)

Strengthen Person and Family Engagement

Objective

Promote patient self-management

Desired Outcomes

- Improved application of self-management practices in our programs
- Improved visibility of self-management
- Improved support for integrated care models
- Increased access to understandable health information
- Updated and available information for use by patients
- Improved patient confidence in managing chronic conditions
- A respectful, trustworthy, transparent healthcare culture

Promote Effective Communication and Coordination of Care

Objectives

Reduce admissions and readmissions

Embed best practices to manage transitions to all practice settings

Enable effective health care system navigation

Promote Effective Communication and Coordination of Care

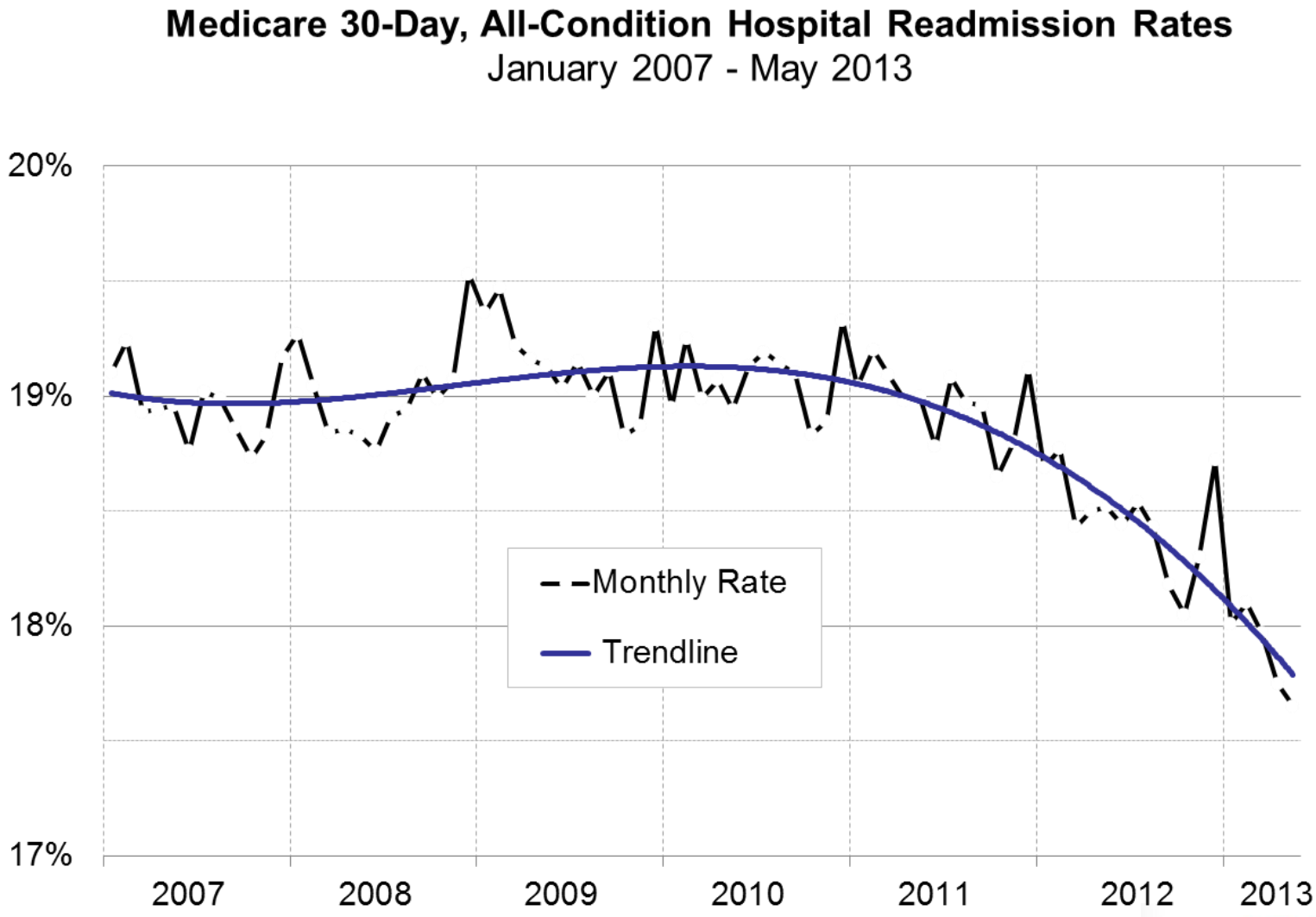
Objective

Reduce admissions and readmissions

Desired Outcomes

- Patient self-management and activation efforts result in reduced admission and readmission rates
- Increased health literacy rates
- Survey results demonstrate measurable reduction in deficiencies related to discharge planning and care transitions
- Evidence based best practices that promote appropriate discharge planning and care transition are embedded in routine practice of care across the health care continuum
- Appropriate interventions prevent development of health conditions that require acute care
- Wasteful expenses from avoidable admissions and readmissions is reduced drastically
- All those who provide care in a particular community work in coordination to optimize patient care

Hospital Readmissions Continue to Decline Steeply



Promote Effective Communication and Coordination of Care

Objective

Embed best practices to manage transitions to all practice settings

Desired Outcomes

- Integrated, patient-centric discharge tools are used across all practice settings
- Community-based support systems integrated with health care delivery are developed and employed
- Patient activation efforts and self-management training are a standard part of care

Promote Effective Communication and Coordination of Care

Objective

Enable effective health care system navigation

Desired Outcomes

- Evidence-based best practices that enable patient activation and self-management are embedded in the routine practice of care
- Payer reimbursement is expanded beyond education to include chronic disease self-management education programs
- Cross-setting discharge planning tools that include patient and family goals and preferences are routinely employed

Promote Effective Communication and Coordination of Care

Objective

Enable effective health care system navigation

How will MMCO do this?

- Through focus groups and targeted communications to new duals, ensure that Medicare-Medicaid enrollees are better able to navigate their health care system
- Promote innovative models of integrated care across Medicare and Medicaid to streamline care
- Reduce misalignments across Medicare and Medicaid for Medicare-Medicaid enrollees

Promote Effective Prevention and Treatment

Objectives

- Increase appropriate use of screening and prevention services
- Strengthen interventions to prevent heart attacks and strokes
- Improve quality of care for patients with multiple chronic conditions
- Improve behavioral health access and quality care
- Improve perinatal outcomes

Promote Effective Prevention and Treatment

Objective

Increase appropriate use of screening and prevention services

Desired Outcomes

- Communities that promote health and wellness through prevention are created, sustained, and recognized
- Prevention-focused health care and community efforts are available, integrated, and mutually reinforcing
- Persons are supported in making healthy choices related to screening and prevention
- Disparities in the use of screening and prevention services are eliminated, improving the quality of life for all Americans
- Rates of primary, secondary, and tertiary prevention are increased

Improving the lives of Diabetics…

5,167diabetics
who are in control
of **A1c levels**

First Measurement Period

n= 1,184 out of control
d= 3,378 beneficiaries with diabetes
% in control = 35% out of control

Second Measurement Period

n= 901 out of control
d= 6,068 beneficiaries with diabetes
% in control = 15% out of control

20% absolute improvement in control
*limitation = rolling recruitment

Promote Effective Prevention and Treatment

Objective

Strengthen interventions to prevent heart attacks and strokes

Desired Outcomes

- Improved cardiovascular health through evidence-based community interventions
- Expanded adoption of healthy lifestyle behaviors across the life span
- Increased access to effective clinical preventive services in clinical and community settings
- Improved care and quality of life for all Americans through the elimination of disparities
- Decreased rates of heart attacks and strokes

Promote Effective Prevention and Treatment

Objective

Improve quality of care for patients with multiple chronic conditions (MCCs)

Desired Outcomes

- Individuals are empowered to use self-care management
- Providers are equipped with tools, information, and other interventions that address MCC
- Targeted research focused on individuals with MCCs and effective interventions is supported
- Development of quality measures focused on MCC management and care for individuals with MCCs
- Disparities of care are eliminated
- Morbidity and mortality from MCCs are decreased

Promote Effective Prevention and Treatment

Objective

Improve behavioral health (BH) access and quality care

Desired Outcomes

- Better use of mental health and substance abuse screens to identify, refer, and treat individuals with a BH condition
- Increased use of electronic health records (EHRs) by BH providers to share information with primary care providers, and increased sharing of EHR data by primary care providers with BH providers
- Individuals initially identified with a BH condition receive services within 30 days of screening/ identification
- Better availability of evidenced-based practices for individuals with BH conditions
- Reduced admission to inpatient facilities or emergency rooms of individuals with BH conditions (regardless of reason for admission)

Promote Effective Prevention and Treatment

Objective

Improve perinatal outcomes

Desired Outcomes

- Reduced elective deliveries prior to 39 weeks (by induction or caesarian section)
- Improved appropriateness and timeliness of perinatal care for all pregnant women
- Decreased premature births
- Improved inter-conception care

Promote Effective Prevention and Treatment

Objective

Improve perinatal outcomes

How will CMCS do this?

- Partner with CMMI and states to develop best practice for perinatal outcomes into models of payment and care (Strong Start, 1115s)
- Partner with Medicaid Medical Directors Network and HENS to reduce EEDs before 39 weeks
- Provide states with TA to improve rates for post-partum care visits and effective methods of contraception
- Collaborate with Administration partners, HRSA, CDC and states to improve data on Medicaid/CHIP perinatal outcomes

Work with Communities to Promote Best Practices of Healthy Living

Objectives

- Partner with and support federal, state, and local public health improvement efforts
- Improve access within communities to best practices of healthy living
- Promote evidence-based community interventions to prevent and treat chronic disease
- Increase use of community-based social supports

Work with Communities to Promote Best Practices of Healthy Living

Objective

Partner with and support federal, state, and local public health improvement efforts

Desired Outcomes

- Promote interoperability of health IT systems
- Improved population health outcomes
- Reduced disparities in health outcomes
- Reduced health care costs through better coordination across sectors

Work with Communities to Promote Best Practices of Healthy Living

Objective

Partner with and support federal, state, and local public health improvement efforts

How will we do this?

- Align efforts of public and private sectors in quality improvement at the population level
- Develop resources for communities to benchmark and compare performance

Work with Communities to Promote Best Practices of Healthy Living

Objective

Improve access within communities to best practices of healthy living

Desired Outcomes

- Children and adults have increased access to community-based preventive services
- Evidence-based preventive services are widely shared and adopted by schools, families, and communities
- Schools, families, and communities have the tools to promote healthy living
- Prevention-focused health care and community efforts are available, integrated, and mutually reinforcing

Work with Communities to Promote Best Practices of Healthy Living

Objective

Promote evidence-based community interventions to prevent and treat chronic disease

Desired Outcome

- Promote effective diet, exercise or behavioral health habits that can ameliorate or control chronic diseases

Work with Communities to Promote Best Practices of Healthy Living

Objective

Increase use of community-based social services support

Desired Outcomes

- Patients are routinely connected to relevant services offered by community organizations
- Improved integration of health infrastructure and social services

Work with Communities to Promote Best Practices of Healthy Living

Objective

Increase use of community-based psycho-social supports

How will we do this?

- Establish partnerships among community organizations and the health system to support patients' social or environmental needs
- Make community organizations and other health systems and psychosocial supports available to patients
- Support the availability and use of clinical preventive services (primary, secondary, tertiary)

Make Care Affordable

Objectives

Develop and implement payment systems that reward value over volume

Use cost analysis data to inform payment policies

Goal 1 | Goal 2 | Goal 3 | Goal 4 | Goal 5 | **Goal 6**

Make Care Affordable

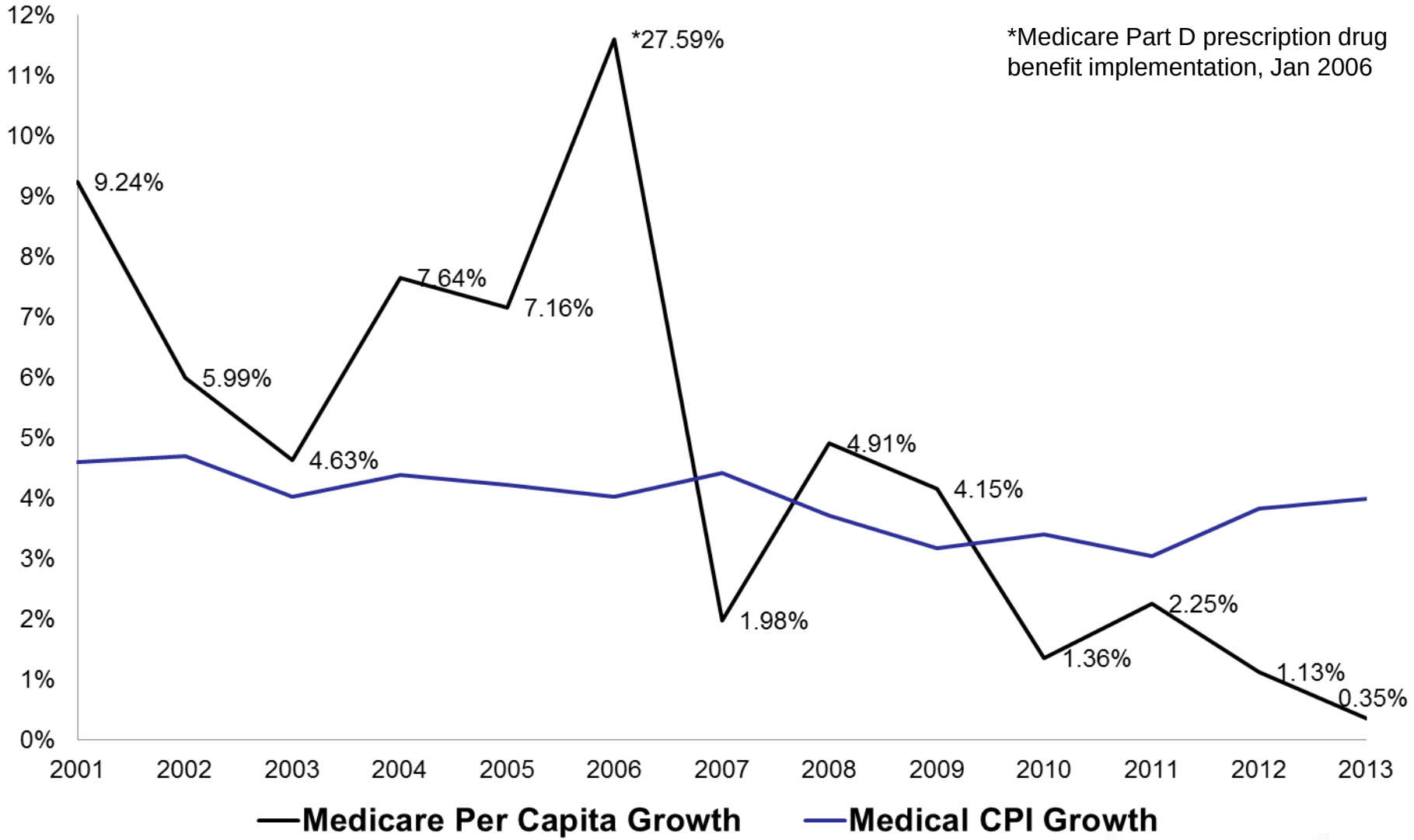
Objective

Develop and implement payment systems that reward value over volume

Desired Outcomes

- Payment systems reward value over volume
- New payment models lead to improved patient health
- New outcome and patient experience metrics are used for payment determinations
- Outcomes-based payment arrangements link incentives to quality measures
- Provider administrative burden is reduced
- Access to quality primary and team-based care is expanded
- Reduced cost and increased quality in all settings of care

Medicare Per Capita Spending Growth at Historic Lows



*Medicare Part D prescription drug benefit implementation, Jan 2006

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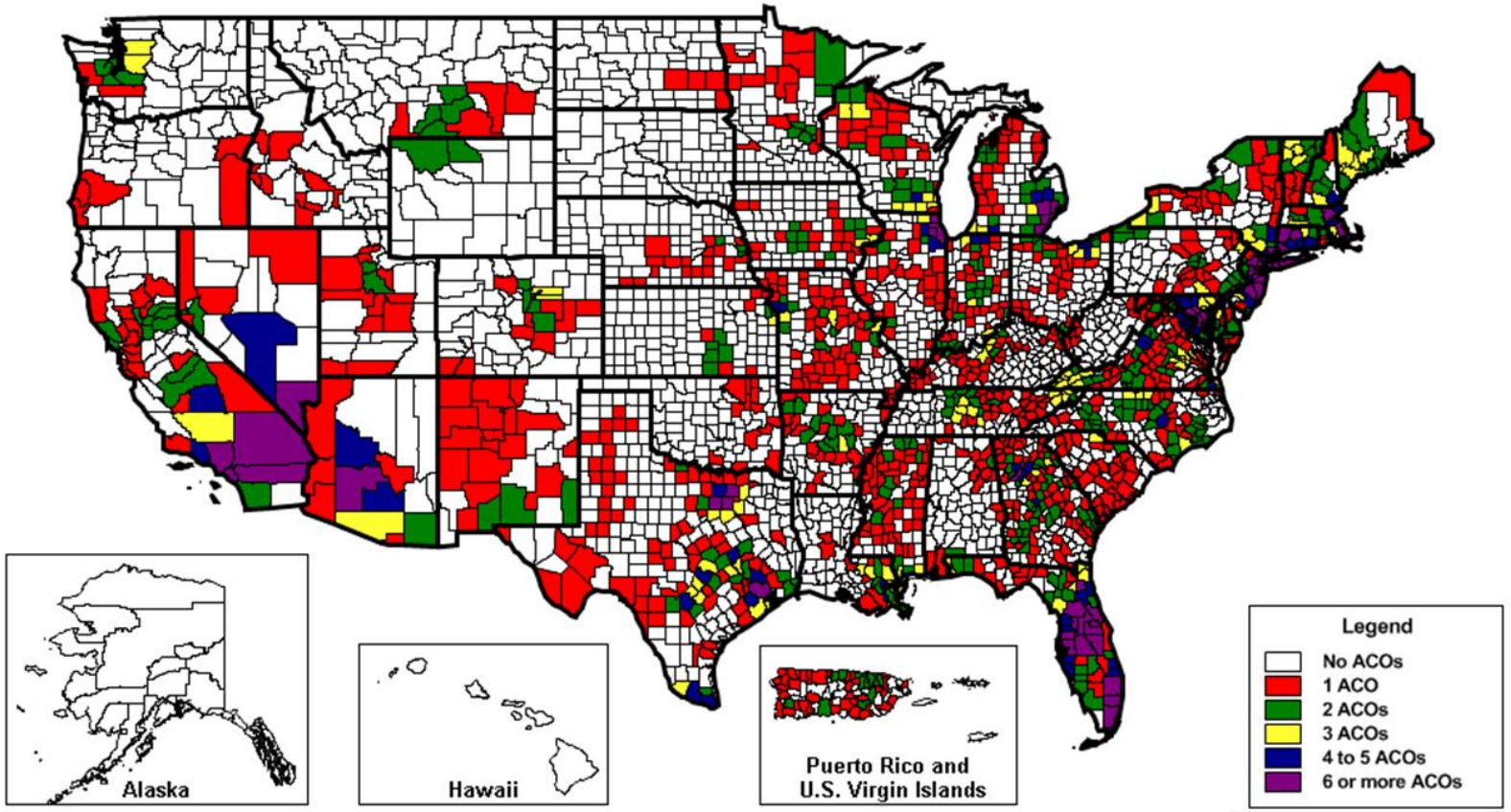
ACO Participation is Growing Rapidly

- **ACO-Assigned Beneficiaries by County**
- **360+ ACOs have been established, including 123 new Shared Savings ACOs for 2014**
- **5.3 million assigned beneficiaries in 47 states, plus DC and PR**



CMS
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Make Care Affordable

Objective

Develop and implement payment systems that reward value over volume

How will CM do this?

- Implement statutory programs based on value aggressively and attempt to scale select successful Innovation Center models
- Develop new outcome, cost and efficiency metrics to include in quality and payment programs
- Leverage health information reduce waste
- Make health care costs and quality more transparent to consumers
- Align consumer financial incentives with seeking high value care and avoiding low value care
- Strengthen use of primary care in delivery systems

Make Care Affordable

Objective

Use cost analysis data to inform payment policies

Desired Outcomes

- Routinely review cost data by line of service and region to determine practice patterns and to identify outliers
- Improved analytic capacity to investigate cost drivers that inform payment model design and policies
- Quality and cost data inform program integrity and fraud investigations for Center for Program Integrity and other auditing and review capacities at CMS

Questions?