Strategic Objectives for the Quality Payment Program

Purpose

The Centers for Medicare & Medicaid Services (CMS) has a significant opportunity to collaborate with the clinical community to advance policy that pays for what works – *both for clinicians and patients* – to create a simpler, sustainable Medicare program. We anticipate the Quality Payment Program's reach will influence decisions for private, state, and local payment systems.

With these objectives, we recognize that the Quality Payment Program provides new opportunities to improve care delivery by supporting and rewarding clinicians as they find new ways to engage patients, families, and caregivers and to improve care coordination and population health management. In addition, we recognize that by developing a program that is flexible instead of one-size-fits-all, clinicians will be able to choose to participate in a way that is best for them, their practice, and their patients. For clinicians interested in Alternative Payment Models (APMs), we believe that by setting ambitious yet achievable goals, eligible clinicians will move with greater certainty toward these new approaches that incentivize the delivery of high-value care.

To these ends, and to ensure the Quality Payment Program works for all stakeholders, we further recognize that we must provide ongoing education, support, and technical assistance so that clinicians can understand requirements, use available tools to enhance their practices, and improve quality and progress toward participation in APMs, if that is the best choice for their practice. Finally, we understand that we must achieve excellence in program management, focusing on customer needs, promoting problem-solving, teamwork, and leadership to provide continuous improvements in the Quality Payment Program.

Our Objectives

We have developed Strategic Objectives for the Quality Payment Program to guide our future rulemaking in order to design, implement and evolve a Quality Payment Program that aims to improve health outcomes, promote smarter spending, minimize burden of participation, and provide fairness and transparency in operations.

The Strategic Objectives include the following:

1. Improve beneficiary outcomes and engage patients through patient-centered Advanced APM and Merit-based Incentive Payment System (MIPS) policies.
2. Enhance clinician experience through flexible and transparent program design and interactions with easy-to-use program tools.
3. Increase the availability and adoption of robust Advanced APMs.
4. Promote program understanding and maximize participation through customized communication, education, outreach, and support that meet the needs of the diversity of physician practices and patients, especially the unique needs of small practices.
5. Improve data and information sharing on program performance to provide accurate, timely, and actionable feedback to clinicians and other stakeholders.
6. Promote IT systems capabilities that meet the needs of users for data submission, and reporting and improvement, and are seamless, efficient, and valuable on the front and back-end.
7. Ensure operational excellence in program implementation and ongoing development; and to design the program in a manner that allows smaller independent and rural practices to be successful.

Objective 1 – Improve beneficiary outcomes and engage patients through patient-centered Advanced APM and MIPS policies.

It is essential for physicians and other health care clinicians to create meaningful partnerships with patients, families, caregivers, and communities to bring their preferences into the care discussion.

The Quality Payment Program provides new opportunities to improve care delivery by supporting and rewarding clinicians as they find new ways to engage patients and families and improve care coordination and population management. Better care coordination can mean giving patients more quality time with their doctor; expanding the ways patients are able to communicate with the team of clinicians taking care of them; or engaging patients and families more deeply in decision-making. These activities ultimately can lead to the delivery of higher-value care. The *CMS Person and Family Engagement Strategic Plan* and the *CMS Equity Plan* serve as valuable resources to person-centered policy development leading to informed and coordinated care for individuals and communities.

Objective 2 – Enhance clinician experience through flexible and transparent program design and interactions with easy-to-use program tools.

Clinician experience is defined as the end-to-end experience when clinicians interact with CMS in the Quality Payment Program components, including our people, resources, and systems. A true enhancement to the experience will start with supporting clinicians through accurate, timely data; a modernized payment system; and tools that work and add value to their practice. By developing a program that is flexible instead of one-size-fits-all, we're trying to meet clinicians where they are, so that they can make the choice about how to participate in a way that is best for them, their practice, and their patients. Reducing burden, ensuring flexible program design, and improving how we measure cost and quality performance supports clinicians in doing what they do best – making their patients healthy.

Objective 3 – Increase the availability and adoption of robust Advanced APMs.

In the context of the Quality Payment Program, Alternative Payment Model (APM) means a model under section 1115A of the Social Security Act (the Act), the Shared Savings Program under section 1899 of the Act, a demonstration under section 1866C of the Act, or a demonstration required by Federal law. Advanced APMs focus on reducing overall health care costs and improving the quality of care. APMs are highly diverse in their target participants, subject matter, and approaches. Some APMs measure total cost of care for entire patient populations, while other APMs may focus on particular episodes of care, diseases, or practitioner types. The theme that ties all Advanced APMs together is that they are designed to improve quality and control health care costs. The incentives under the Quality Payment Program available to clinicians for sufficient participation in Advanced APMs meeting certain criteria are central to reaching and sustaining the Administration's delivery system reform goals for increasing the proportion of Medicare payments through APMs.

By setting ambitious but achievable goals for the adoption of APMs, we expect that health care clinicians and professionals will move with greater certainty toward these models.

Objective 4 – Promote program understanding and maximize participation through customized communication, education, outreach, and support that meet the needs of the diversity of physician practices and patients, especially the unique needs of small practices.

CMS is committed to reaching its various user segments, including clinicians, the technology community, private payers, and beneficiaries to raise awareness that Medicare is evolving quickly to pay for a better, smarter, healthier system. In addition to raising awareness that change is occurring, we will work to engage in a learning process with clinicians, the technology community, private payers, and beneficiaries where these groups may voice opinions and suggestions to help collaboratively drive the goals of the Quality Payment Program. We will also work to set expectations that this will be an iterative process, and, while change will not happen overnight, we are committed to continuing our work to improve how Medicare pays for quality and value, instead of the quantity of services.

CMS will continue to reach out to the clinician community and others to partner in the development of ongoing education, support, and technical assistance materials and activities to help clinicians understand program requirements, how to use available tools to enhance their practices, improve quality, reduce cost, and progress to participation in Advanced APMs if that is the best choice for their practice.

Objective 5 – Improve data and information sharing on program performance to provide accurate, timely, and actionable feedback to clinicians and other stakeholders.

Clinicians increasingly depend upon multiple sources of information to determine how they operate their practice; manage their patient populations; and engage individual patients, families and caregivers. CMS has administrative and clinical data that is highly valued by the clinician and wider stakeholder community. The information is only valuable if it is accessible, accurate, timely, and inclusive of the elements that matter the most to clinicians. Much of the data in the immediate future will also be in the form of electronic health information that informs care and brings the most recent scientific evidence to the point of care in an effort to bolster clinical decision-making. Vendors and physicians will be important partners in ensuring that such information is available in actionable formats and in a timely manner.

Objective 6 – Promote IT systems capabilities that meet the needs of users for data submission, and reporting and improvement, and are seamless, efficient, and valuable on the front and back-end.

Through the Quality Payment Program, CMS continues to lay the groundwork for building a health care system that leverages health information technology to support clinicians and patients and foster collaboration across care settings. Our goal is to promote technology that supports patient engagement, and allows clinicians to focus on

providing high-quality healthcare for their patients. To meet this objective, CMS will continually assess whether certified EHR technology (CEHRT) is used meaningfully through MIPS. We have simplified this area based on significant feedback, and will continue to look for ways that CEHRT can support the exchange of patient information, the engagement of patients in their own care, and the quality goals selected by the practice. We encourage the use of the 2015 edition of CEHRT, but have included flexibilities to allow the use of the 2014 edition of CEHRT to meet MIPS requirements.

Objective 7 – Ensure operational excellence in program implementation and ongoing development; and to design the program in a manner that allows smaller independent and rural practices to be successful.

CMS strives to design and implement the Quality Payment Program in such a manner that it exceeds the expectations of all stakeholders and allows smaller independent and rural practices to be successful. This objective will be accomplished through excellence in project management, focusing on customer needs, promoting problem-solving, teamwork, and leadership that results in ongoing improvement. We will use an agile management approach that offers flexibility as the team minimizes focus on “set" requirements and plans and instead uses iterative approaches with an emphasis on people, their discipline, competencies, and abilities to work together to get the job done rather than on sticking to unchanging plans. We will integrate this approach with our Lean Management Operating System, which complements the principles of agile development and seeks the elimination of waste and the empowerment of employees to raise concerns early, and provides a structure to address identified concerns. Such changes will help us deliver the highest-value product to our most important customers: our beneficiaries.

Conclusion

Achievement of these strategic objectives will put us on a better path for Medicare in this country. This evolution will begin to reduce the burden on clinicians, while also laying the groundwork for connected care, improved innovation, and intuitive health care technology. This is an early step, and CMS recognizes more work is needed and will continue to work with the medical community and other key stakeholders to create a modern payment program that is easier to use and that supports clinicians in providing high-value care to their patients.