A conversation with CMS:

Hot topics and the CMS National Quality Strategy

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Disclosures

- No financial relationships with any ineligible companies

- Representative of Centers for Medicare & Medicaid

  Services

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This publication is a general summary that explains certain aspects of the Medicare Program but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference. The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide.

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Objectives

By the end of this presentation, participants will be able to:

1. Describe how clinicians can contextualize their own work in healthcare within CMS policy priorities, programs, and approaches.

2. Explain how clinicians can make recommendations and participate effectively in CMS policy development and stakeholder engagement forums.

3. Identify current CMS policy topics that may impact clinicians' daily practice and patients' experiences of care.

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Agenda

- CMS strategy

- CMS National Quality Strategy (NQS) Overview

- Key Actions and Accomplishments
  - Outcomes & Alignment
  - Equity & Engagement
  - Interoperability & Scientific Advancement
  - Safety & Resiliency

- Future Directions and
  Call to Action

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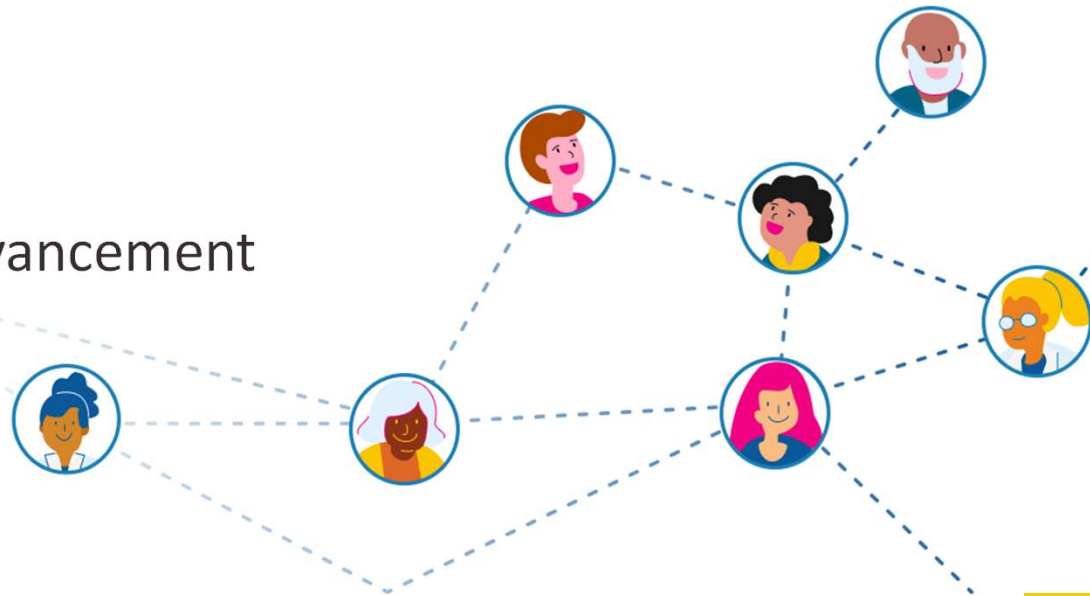
What CMS Does

- CMS works in partnership with the entire health care community to improve quality, equity and outcomes in the health care system.

https://beta.cms.gov/about-cms

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Examples of Connections Across Strategic Efforts

CMS Strategic Pillars
- Advance Equity
- Engage Partners

CMS Cross-Cutting Initiatives
- Elevating Stakeholder Voices through Active Engagement
- Behavioral Health
- Maternity Care
- Rural Health
- Supporting Health Care Resiliency
- Safety and Quality of Care in Nursing Homes
- Data to Drive Decision-Making
- Integrating the 3Ms (Medicare, Medicaid & CHIP, Marketplace)

HHS Strategic Plan
- Health Equity
- Improve Health Outcomes
- Behavioral Health Integration
- Maternal Health

Other Federal Priorities
- Nursing Home Safety
- Equitable Long-Term Recovery and Resilience
- Patient Safety
- AI Assurance

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The CMS NQS Is Part of a Larger Strategy to Improve Health Quality

The CMS NQS brings together the quality components of strategies and initiatives across the Agency to align efforts and better serve the American public.
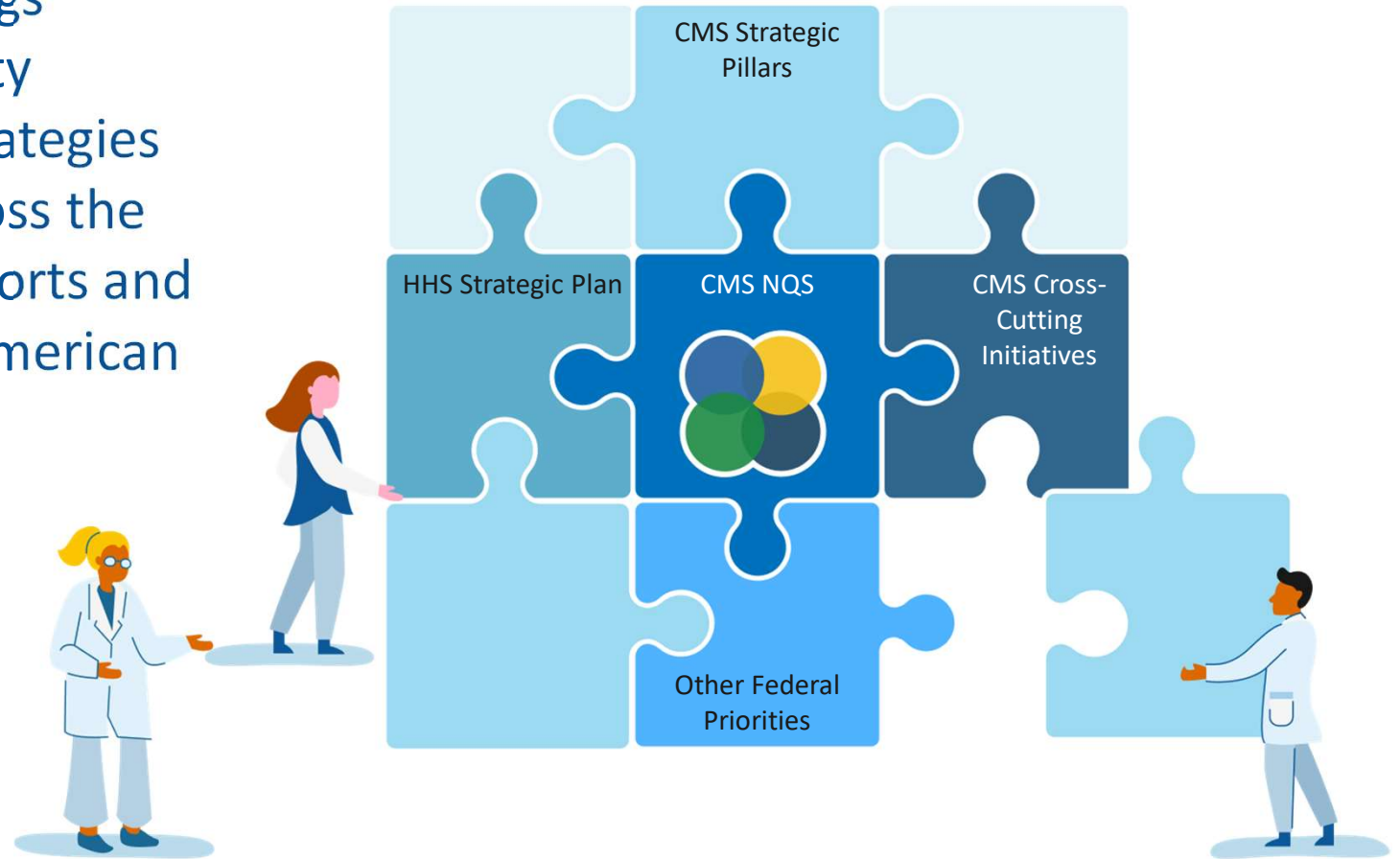
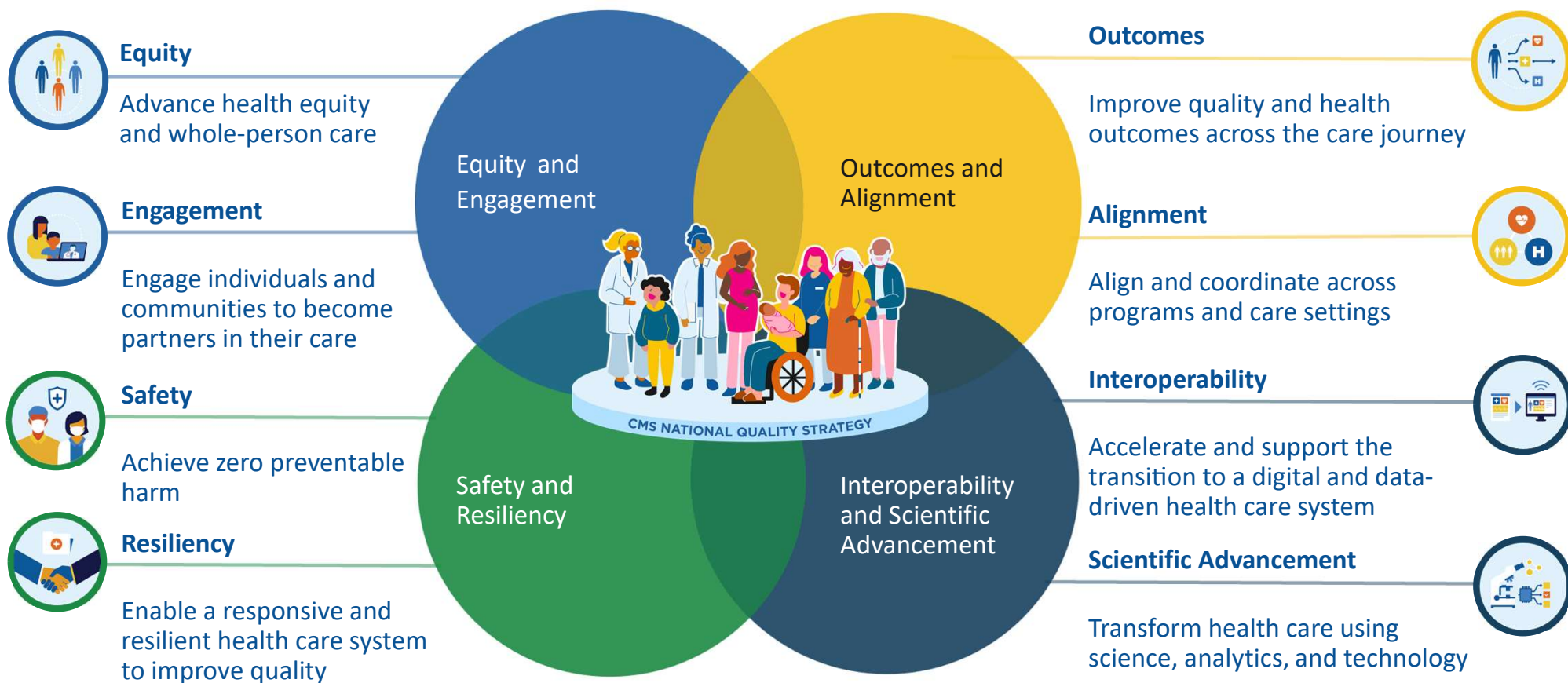# CMS National Quality Strategy Mission and Vision

Mission

To achieve optimal health and well-being for all individuals.

Vision

CMS, a trusted partner, is shaping a resilient, high-value American health care system that delivers high-quality, safe, and equitable care for all.

CMS NATIONAL QUALITY STRATEGY

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CMS National Quality Strategy Goals

Equity

Advance health equity and whole-person care

Engagement

Engage individuals and communities to become partners in their care

Safety

Achieve zero preventable harm

Resiliency

Enable a responsive and resilient health care system to improve quality

Equity and Engagement

Outcomes and Alignment

Safety and Resiliency

Interoperability and Scientific Advancement

CMS NATIONAL QUALITY STRATEGY

Outcomes

Improve quality and health outcomes across the care journey

Alignment

Align and coordinate across programs and care settings

Interoperability

Accelerate and support the transition to a digital and data-driven health care system

Scientific Advancement

Transform health care using science, analytics, and technology

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CMS Uses All Available Levers to Promote High-Quality, Safe, and Equitable Care for All

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New Publication: Quality in Motion
Acting on the CMS NQS

- Now available on: tinyurl.com/cms-quality-in-motion

- Details how CMS is putting the eight goals in action, using all the Agency's levers

- Emphasizes the connections across the CMS NQS goals

- Spotlights collaborative efforts to align with key partners

Quality in Motion

Acting on the CMS
National Quality Strategy

April 2024

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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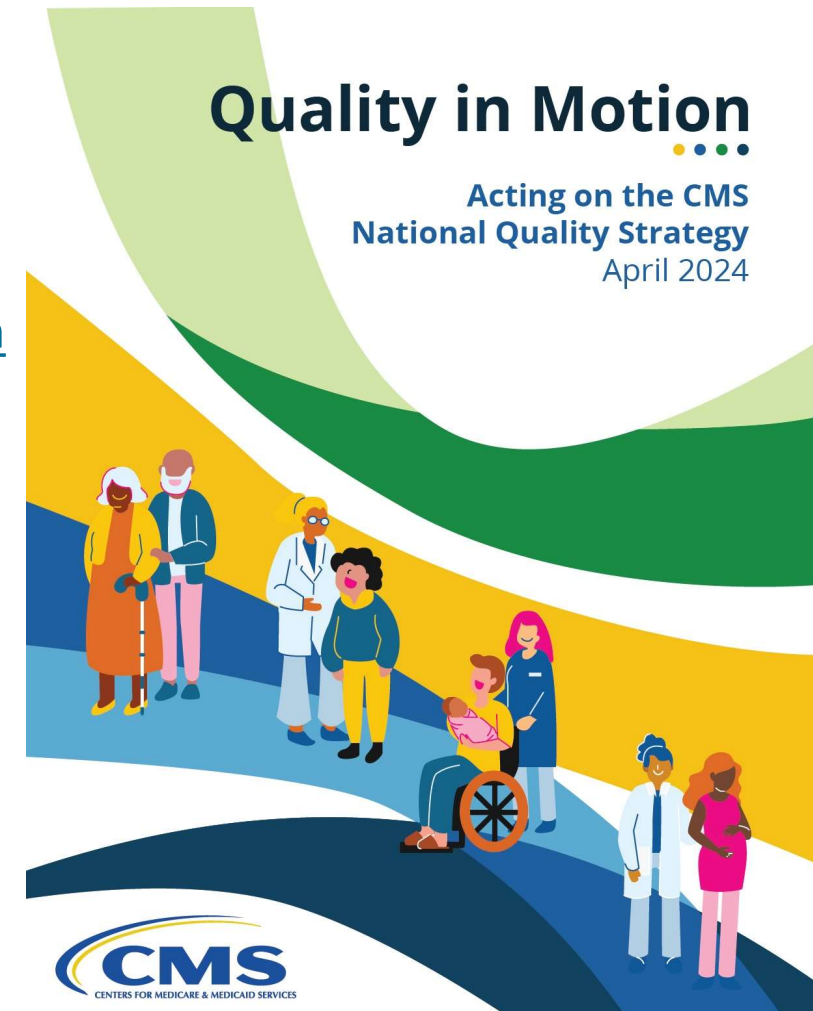
Outcomes and Alignment
Outcomes: Improve Quality and Health Outcomes Across the Care Journey

OBJECTIVE

Improve quality in high-priority clinical areas and support services

KEY ACTIONS TO IMPROVE HEALTH OUTCOMES AND HEALTH CARE QUALITY

Drive improvements on high-priority outcomes
- Intensify quality efforts on the most pressing health topics through QIOs and quality reporting and payment programs
- Strengthen accountability through payment and public reporting
- Integrate quality across CMS strategies and Cross-Cutting Initiatives

Leverage quality measures to improve health outcomes
- Shape a measure ecosystem that identifies opportunities for improvement, drives outcomes and value, reduces provider reporting burden, and evaluates progress

Set benchmarks to track progress
- Establish clear targets and increased reporting transparency to advance improvement efforts around a shared objective
- Assess progress across CMS programs to monitor clinical improvements and track progress on reducing disparities

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Outcomes and Alignment
Alignment: Improve Quality and Health Outcomes Across the Care Journey

OBJECTIVE

Increase alignment by focusing provider and health care system attention on a universal set of quality measures that address high-priority clinical areas and support services

KEY ACTIONS TO INCREASE ALIGNMENT ACROSS QUALITY EFFORTS

Develop aligned approaches across quality programs
- Focus provider attention on clear priorities for quality, measurement, and alternative payment models
- Build the evidence base for quality interventions and identify disparities across the care continuum

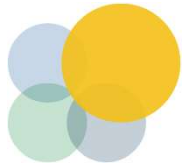**Align quality measures through the Universal Foundation**
- Concentrate the attention of health care providers and systems on important clinical areas and support services

Streamline measure development and selection
- Address alignment early in the measure lifecycle
- Increase coordination to achieve a more parsimonious measure portfolio

Collaborate across the nation for greater impact
- Partner across the health care ecosystem to advance quality through measurement and other levers

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Outcomes and Alignment
Spotlight: Universal Foundation of Quality Measures

Streamlined set of quality measures to advance the vision of the CMS National Quality Strategy and increase alignment across CMS quality programs

The Universal Foundation of quality measures:

- Improves health outcomes by focusing provider attention on high-priority areas and measures that are:
  - Meaningful
  - Broadly applicable
  - Digitally reported
  - Capable of being stratified to identify and track disparities

- Reduces provider burden by streamlining and aligning measures across programs

- Improves standardization of measurement and data stratification

- Promotes interoperability by prioritizing measures for transition to digital data

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Outcomes and Alignment
Spotlight: Universal Foundation Accomplishments

- Initial Adult and Pediatric measures sets announced in 2023
- Additional measure sets for specific settings or populations identified as "add-ons" including:
  - Maternity Care
  - Hospital
  - PAC/LTC

Universal Foundation measures have been implemented in Medicaid Adult and Child Core Sets, Marketplace Quality Rating System, Part C and D Star Ratings, Medicare Shared Savings Program, and MIPS Value Pathway for Primary Care

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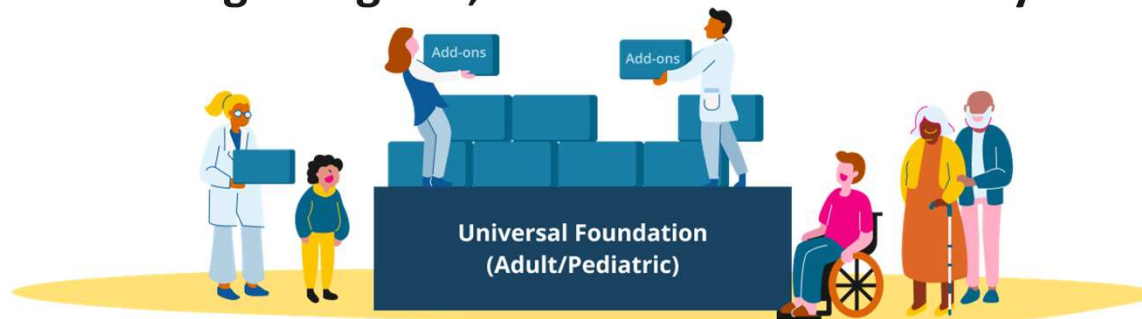
Equity and Engagement
Equity: Advance Health Equity and Whole Person Care

OBJECTIVE

Reduce health disparities and promote equitable care for all by using standardized methods for collecting, reporting, and analyzing health equity data across CMS quality and value-based programs

KEY ACTIONS TO ADVANCE EQUITY IN HEALTH CARE QUALITY AND OUTCOMES

Incorporate equity into the design of all quality programs and policies
- Include equity in all aspects of program and policy design from the start
- Develop strategies and resources to guide policy and program design

Use effective incentives to advance equity within CMS programs
- Reward providers who deliver excellent care to underserved populations
- Test innovative payment models that incorporate incentives to advance equity

Improve health equity data collection, standardization, and analysis
- Strengthen data collection and analysis of race and ethnicity data and advance standardized SDOH data
- Better understand existing disparities and how policy changes can improve health equity

CMS National Quality Strategy April 2024

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Equity and Engagement

CMS: Engage Individuals and Communities to Become Partners in Their Care

OBJECTIVE

Ensure individuals and caregivers have the information needed to make the best choices for their health, as well as a direct, significant, and equitable contribution to how CMS evaluates quality and safety

KEY ACTIONS TO ENSURE ENGAGEMENT TO IMPROVE HEALTH CARE QUALITY

Incorporate individual and community input into strategy and policy

- Hear individual and community voices through listening sessions, advisory committees, and expert panels
- Consider their perspectives when shaping policies and requirements

Expand use of person-reported outcomes and experience measures

- Develop and implement more person-reported outcome and experience measures (PROMs and PREMs) across quality programs and models

Give individuals access to their own health data and meaningful information

- Ensure individuals, families, and care givers have access to their health data to be more effective partners in their care

Provide a platform for public reporting

- Promote transparency of quality and safety measure reporting to empower meaningful care decisions

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Equity and Engagement
Spotlight on Addressing Health-Related Social Needs

- Rewarding Excellence for Undeserved Populations (REUP) promotes equity in quality and value-based programs by incentivizing excellent care without lowering standards

- Adult Universal Foundation set includes social drivers of health (SDOH) screening measures that are adopted in quality reporting programs for several settings and clinicians

- Health-Related Social Needs (HRSN) framework provides a guide to allowable services under Medicaid 1115 demonstrations and other Medicaid & CHIP authorities

- Advance Investment Payments (AIP) in the Medicare Shared Savings Program and Making Care Primary (MCP) model include incentives for HRSN screening and connecting patients to community supports and services

- Community Resources provide guidance on how to collect and use SDOH-related diagnosis codes and SDOH Z codes

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Safety and Resiliency
Safety: Achieve Zero Preventable Harm

OBJECTIVE

Improve performance on key patient safety metrics through the application of CMS levers such as quality measurement, payment, health and safety standards, and quality improvement support

KEY ACTIONS TO DRIVE IMPROVEMENTS IN SAFETY AND REDUCE HARM

Expand transparency to increase accountability for safety

- Increase publicly reported quality and safety information to empower individuals to be critical partners in their care and encourage providers to improve care

Drive improvements in safety through meaningful incentives, quality initiatives, and regulatory oversight

- Support efforts to promote a holistic safety culture to reduce harm and address system-level flaws

Promote safety initiatives that protect the health care workforce

- Provide oversight and technical assistance interventions to ensure a safe working environment

Improve safe use and security of electronic health records (EHRs) and personal data

- Facilitate patient safety by advancing the secure use of EHRs through technology requirements and incentive programs

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Safety and Resiliency

CMS: Enable a Responsive and Resilient Health Care System to Improve Quality

OBJECTIVE

Foster a more resilient health care system that is better prepared to respond to future emergencies

KEY ACTIONS TO SUPPORT HEALTH CARE SYSTEM RESILIENCY

**Build resiliency by addressing staffing and infrastructure needs**

- Leverage payment and incentive policies to strengthen the health care workforce and ensure adequate resources

Support emergency response activities to enable providers to continue providing high-quality care through times of crisis

- Partner with states, communities, and providers and provide flexibility in program requirements to ensure sufficient health care services are available during emergencies

Address population and health care system needs during climate events

- Allow for innovation and program flexibility to address aging infrastructure and additional demand for health services related to climate events

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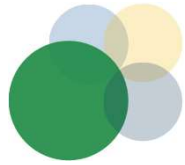
Safety and Resiliency
Spotlight: Health Care System Resilience for Safer Care

- CMS releases draft 13th Statement of Work for the QIO Program:
  - Continues to focus on infection prevention and control, adverse drug events, and safety events
  - Directs resources to impact health care workforce challenges
  - Positions QIOs as the Agency's "ready resource" to be deployed as needed

- National campaign to develop a resilient nursing home workforce:
  - Partners with Health Resources and Services Administration (HRSA) and others to simplify career paths in nursing homes
  - Builds on actions through the HHS Health Workforce Initiative, including the HRSA Nursing Workforce Awards to train more nurses and grow the nursing workforce

- Maternal and Infant Health Initiative works with states to improve maternal health outcomes:
  - Provides resources through the Improving Postpartum Care Learning Collaborative and the toolkit on Increasing Access, Quality, and Equity in Postpartum Care in Medicaid & CHIP
  - Recognizes hospitals committed to creating a culture of safety with the "Birthing-Friendly" Hospital Designation

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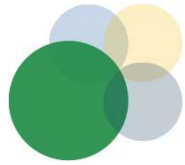
Safety and Resiliency
Spotlight: Key CMS Safety Levers

Safety Reporting	CMS' Measurement Portfolio	Technical Assistance	Conditions of Participation
Engagement	Public Reporting	Payment Policies	Safe Use of Technology

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Interoperability and Scientific Advancement

Interoperability: Accelerate and Support the Transition to a Digital and Data-Driven Health Care System

OBJECTIVE

Support data standardization and interoperability by developing and expanding requirements for sharing, receipt, and use of digital data, including digital quality measures, across CMS quality and value-based programs

KEY ACTIONS TO PROMOTE INTEROPERABILITY FOR QUALITY EFFORTS

Champion the standards and technology needed for interoperability

- Support care and improve quality through improving health data exchange

Transition to digital quality measurement to advance interoperability

- Reduce data collection and reporting burden while increasing available data to inform treatment and help prevent medical errors.
- Support the transition through incentives and program requirements

Promote organizational shifts and collaboration for interoperability readiness

- Partner with providers, communities and others to ensure information gathered at all points of the care ecosystem is being utilized

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Interoperability and Scientific Advancement

Scientific Advancement: Transform Health Care Using Science, Analytics, and Technology

OBJECTIVE

Support and drive innovation and access through advanced data analytics and streamlined evidence-based reviews of novel technologies and devices for coverage decisions

KEY ACTIONS TO DRIVE PROGRESS ON SCIENTIFIC ADVANCEMENT

Streamline the coverage review process for promising new technologies

- Increase transparency and clarify requirements for generating and evaluating evidence

Improve data for research and evidence-based practice

- Maintain and share extensive data with public and researchers to promote transparency and generate insights

Advance predictive analytics and tools, such as artificial intelligence (AI), that may inform health care decisions

- Generate cost savings and produce better health outcomes through AI and other predictive analytic tools
- Continuously use, evaluate, and enhance analytical methods and models that support clinical care and quality efforts

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Digital Quality Measure (dQM) Concept
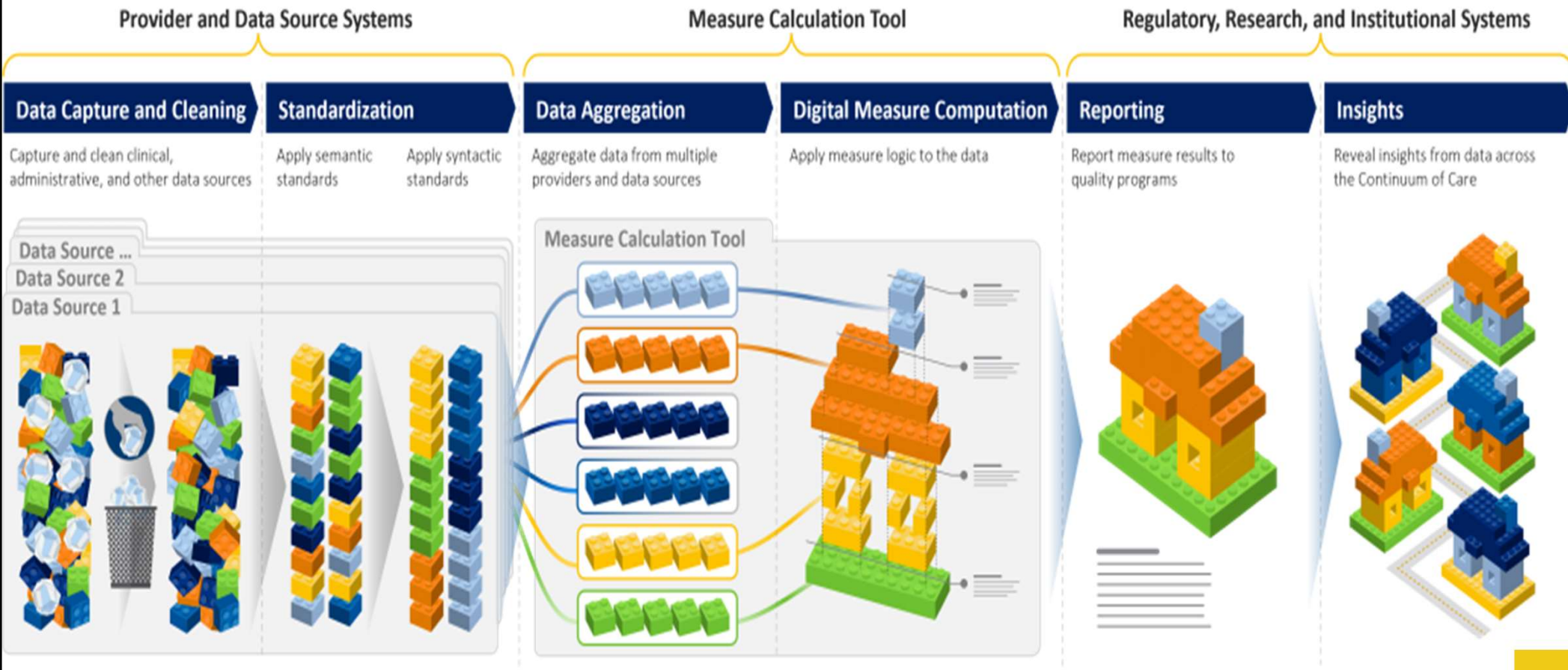
INTEROPERABILITY AND SCIENTIFIC ADVANCEMENT
Spotlight: Advancing health care

- Digital Quality Measurement Strategic Roadmap outlines plan to improve interoperability to fully leverage clinical and patient-centered information
  - Aids in measurement, quality improvement, and continuous learning
- USCDI+ Quality, a USCDI+ domain, supports CMS' transition to a FHIR-based quality reporting system
- Finalized Transitional Coverage for Emerging Technologies (TCET) pathway
  - Promotes an evidence-based, timelier approach to getting beneficiaries access to promising new technologies

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Future of the CMS National Quality Strategy
Spotlight on 2024 New Activities

	Outcomes	Advance cross-CMS and cross-HHS coordination efforts focusing on the high-priority clinical areas
	Alignment	Explore additional add-on sets for the Universal Foundation
	Engagement	Develop cross-HHS framework for expanding patient-reported outcomes and experience measures
	Resiliency	Introduce new measures on resiliency

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Call to Action

CMS NATIONAL QUALITY STRATEGY

CMS calls on partners to:

1. **Adopt the Universal Foundation measure sets across quality and value-based programs.**

2. **Commit to improving health care safety and reducing harm.**

3. **Advance health equity and value-based programs.**

*Together, CMS and its partners across the health ecosystem can put "**Quality in Motion**" and achieve the mission of optimal safety, equity, health, and well-being for all individuals.*

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VALUE-BASED PROGRAMS

	2008	2010	2012	2014	2015	2018	2019
LEGISLATION PASSED	MIPPA	ACA		PAMA	MACRA		
PROGRAM IMPLEMENTED			ESRD-QIP HVBP HRRP	HAC	VM	SNF-VBP	APMs MIPS

LEGISLATION

ACA: Affordable Care Act
MACRA: the Medicare Access & CHIP Reauthorization Act of 2015
MIPPA: Medicare Improvements for Patients & Providers Act
PAMA: Protecting Access to Medicare Act

PROGRAM

APMs: Alternative Payment Models
ESRD-QIP: End-Stage Renal Disease Quality Incentive Program
HACRP: Hospital-Acquired Condition Reduction Program
HRRP: Hospital Readmissions Reduction Program
HVBP: Hospital Value-Based Purchasing Program
MIPS: Merit-Based Incentive Payment System
VM: Value Modifier or Physician Value-Based Modifier (PVBM)
SNFVBP: Skilled Nursing Facility Value-Based Purchasing Program

CMS Innovation Center

- Created in Section 3021 of the Affordable Care Act (ACA) to test payment and delivery models
- **Waiver authority to test promising payment and service delivery changes**
- If models are deemed successful in that they reduce or do not increase federal health expenditures while maintaining or improving quality for beneficiaries, and certain other requirements are met, the ACA gave the Secretary of HHS the authority to expand the duration and scope of the model test

Contacts

- **National Quality Strategy**: QualityStrategy@cms.hhs.gov

- **Quality measurement**: MeaningfulMeasuresQA@cms.hhs.gov

- **CMS Innovation Center**: CMMIStrategy@cms.hhs.gov

- **Burden reduction**: https://cmsgov.secure.force.com/forms/OBRHICase

- **Rulemaking/public comments**: https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Policies/CMS-Rulemaking

- **Council for Technology and Innovation**: CTI@cms.hhs.gov

Thank you!

Quality in Motion

New publication now available

Quality in Motion

**Acting on the CMS
National Quality Strategy**
April 2024

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