

PUBLIC WEBINAR

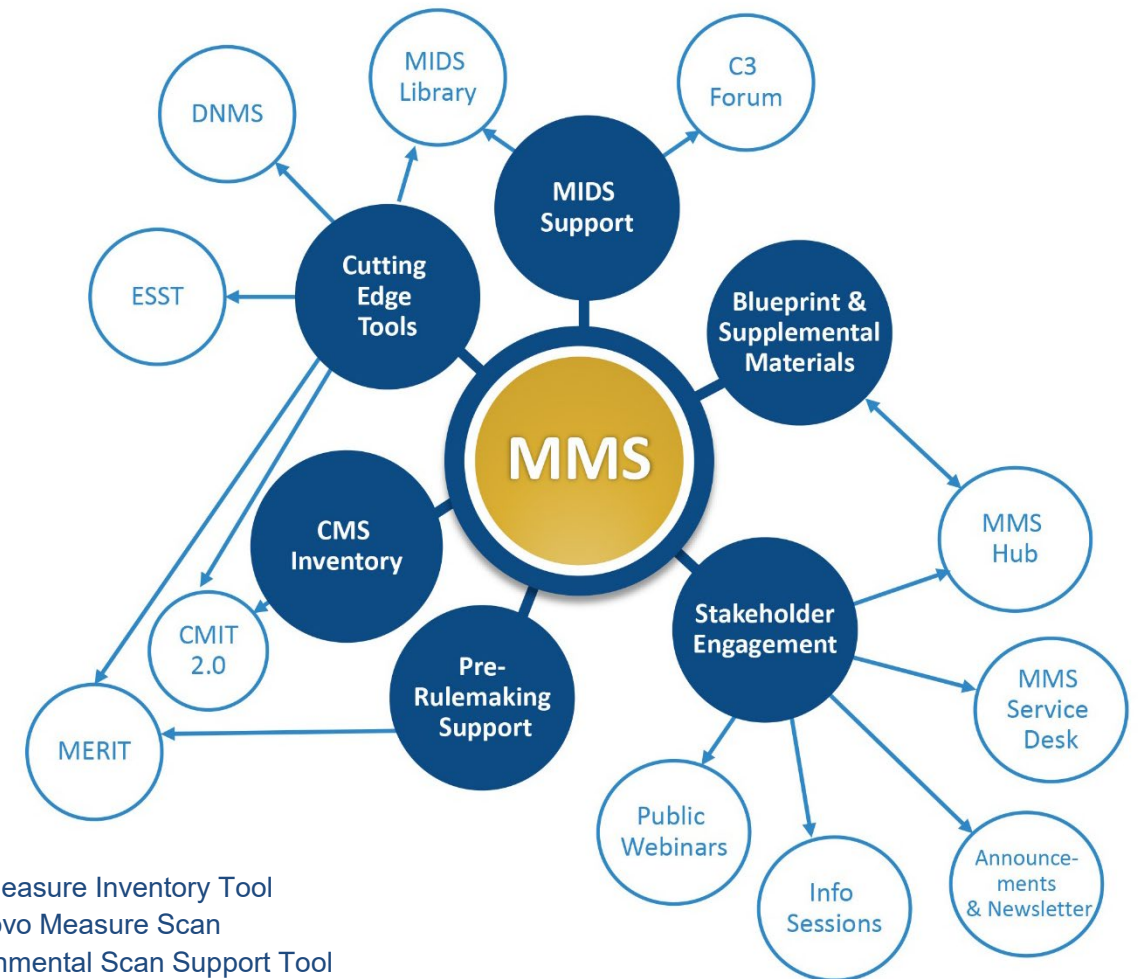
Advancing Excellence: CMS National Quality Strategy



Michelle Schreiber, MD
Doug Jacobs, MD, MPH

Overview of the Measures Management System (MMS)

- CMS developed the **MMS** to foster and support standardization, flexibility, and innovation in quality measurement.
- The MMS contract supports stakeholder outreach and education, which **includes annual public webinars**, monthly information sessions, a newsletter, and other ad hoc outreach activities.



CMIT - CMS Measure Inventory Tool

DNMS - De Novo Measure Scan

ESST - Environmental Scan Support Tool

MERIT - MUC Entry/Review Information Tool

MIDS - Measure and Instrument Development and Support

Welcome and Learning Objectives

Participants will:

- **Hear about the National Quality Strategy**, CMS' long-term initiative promoting quality outcomes, safety, equity, and accessibility for all individuals.
- **Learn about the Universal Foundation of quality measures** that advances the National Quality Strategy and increases alignment across CMS programs.




Today's Presenters

- **Dr. Michelle Schreiber**

- Deputy Director of the CMS Center for Clinical Standards and Quality (CCSQ) and the Group Director for the Quality Measurement and Value-Based Incentives Group (QMVIG).

- **Dr. Doug Jacobs**

- Chief Transformation Officer at the Center for Medicare (CM), leading center-wide efforts to move the health care system toward value-based care, advance health equity, and promote delivery system transformation.



Advancing Excellence: CMS National Quality Strategy

Promoting Quality Health Care

Mission and Vision

Mission

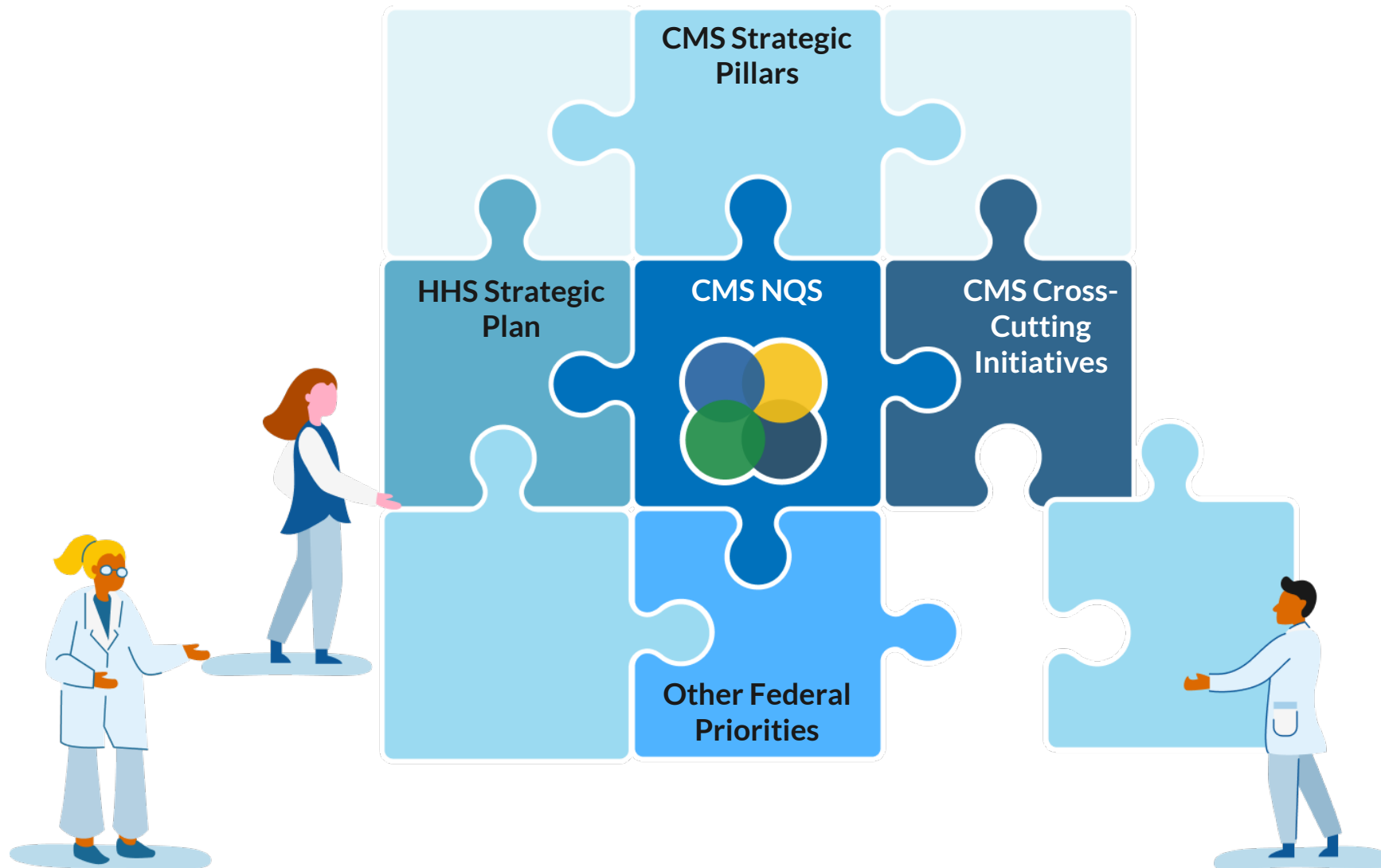
To achieve optimal health and well-being for all individuals.

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.



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



The CMS NQS Is Part of a Larger Strategy to Improve Health Quality – Specific Areas of Overlap

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

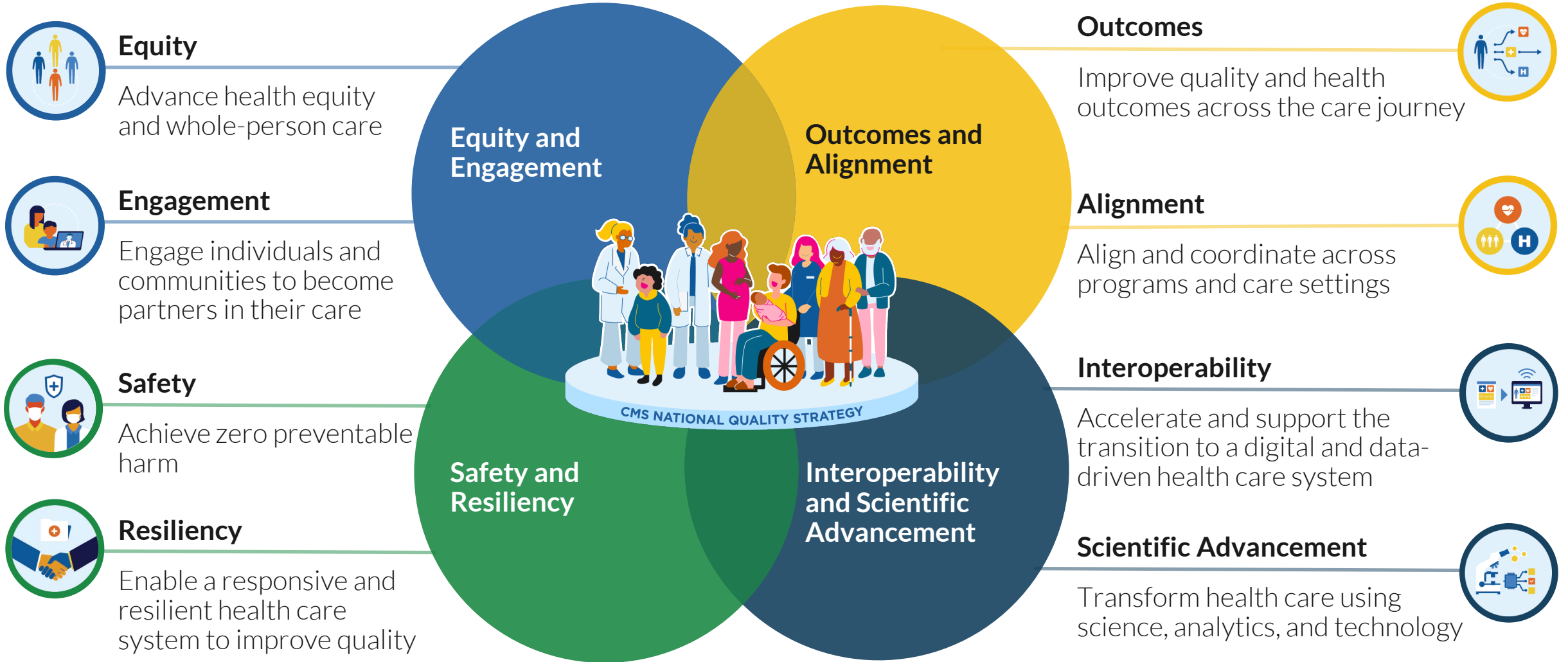
- ❖ Health Equity
- ❖ Improve Health Outcomes
- ❖ Behavioral Health Integration
- ❖ Maternal Health

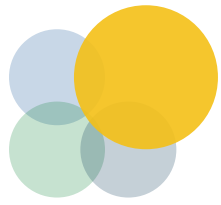
Other Federal Priorities

- ❖ Nursing Home Safety
- ❖ Equitable Long-Term Recovery and Resilience
- ❖ Patient Safety

CMS National Quality Strategy Goals

The Eight Goals of the CMS National Quality Strategy are Organized into Four Priority Areas:





Outcomes and Alignment

Outcomes: Improve Quality and Health Outcomes Across the Care Journey



OBJECTIVE

Improve quality in high-priority clinical areas and support services.

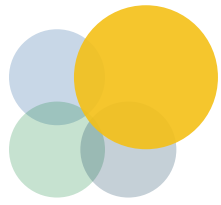
SUCCESS TARGET

Implement a Universal Foundation* of impactful adult and pediatric measures across all CMS quality and value-based programs and across the care journey by 2026, stratified for equity.

HIGHLIGHTED INITIAL ACTIONS

- ❖ Focus on high-impact areas: maternal health, behavioral health, equity, and safety.
- ❖ Deploy comprehensive quality improvement approaches, leveraging evidence-based interventions.
- ❖ Develop dashboards to inform quality improvement, quality performance, and policy decisions.

*The Universal Foundation is a building-block approach to streamline quality measures across CMS quality programs for the adult and pediatric populations. More information is highlighted on the Universal Foundation Spotlight.



Outcomes and Alignment

Alignment: Align and Coordinate Across Programs and Care Settings



OBJECTIVE

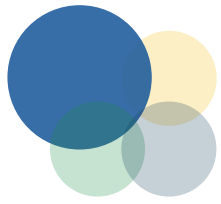
Increase alignment by focusing provider and health care system attention on a universal set of quality measures that address high-priority clinical areas and support services.

SUCCESS TARGET

Promote standardized approaches to quality metrics, quality improvement initiatives, and quality and value-based programs across CMS through use of universal measure sets and aligned quality policies.

HIGHLIGHTED INITIAL ACTIONS

- ❖ Implement relevant measures from the Universal Foundation in applicable CMS quality programs across the care journey by 2026.
- ❖ Pursue greater program alignment across Medicare, Medicaid & CHIP, Marketplace, and Innovation Center models through standardization of data collection and reporting and stratification by sociodemographic data elements.
- ❖ Collaborate with other federal agencies and external partners (e.g., VA, AHRQ, CDC, CQMC) to promote alignment in quality measurement.



Equity: Advance Health Equity and Whole-Person Care



OBJECTIVE

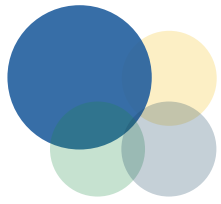
Reduce health disparities and promote equitable care for all by using standardized methods for collecting, reporting, and analyzing health equity data across CMS quality and value-based programs.

SUCCESS TARGET

Incorporate equity into the measurement strategy of every CMS quality and value-based program in order to reward high-quality care for underserved populations, beginning in 2022 with full implementation to follow in subsequent years.

HIGHLIGHTED INITIAL ACTIONS

- ❖ Collect social drivers/determinants of health (SDOH) data across programs and health care settings.
- ❖ Implement and utilize health equity scores and equity-specific measures, such as the proportion of adults screened for SDOH and a commitment to equity attestation measure.
- ❖ Support health equity through regulations, standards, oversight, Conditions of Participation, and quality improvement assistance.



Equity and Engagement

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



OBJECTIVE

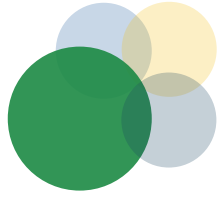
Ensure individuals and caregivers have the information needed to make the best choices for their health, as well as a direct, significant, and equitable contribution to how CMS evaluates quality and safety.

SUCCESS TARGET

Improve individual and caregiver access to information relevant to health care decision-making and amplify the voice of individuals and communities through expanded outreach and increased use of person-reported measures (comprising a minimum of 25% of the overall measure set or 25% of the overall score calculation weighting).

HIGHLIGHTED INITIAL ACTIONS

- ❖ Expand individual and community outreach efforts to obtain meaningful, bi-directional engagement and include diverse perspectives in CMS strategy and policy.
- ❖ Promote interoperability of health care data to ensure all individuals have access to their personal health information through patient portals.
- ❖ Increase access to and utilization of public reporting websites (e.g., Care Compare) to promote informed and collaborative decision-making.
- ❖ Integrate feedback from individuals and communities through person-reported quality metrics.



Safety: Achieve Zero Preventable Harm



OBJECTIVE

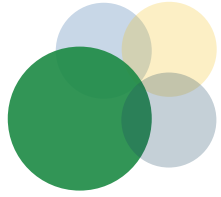
Improve performance on key patient safety metrics through the application of CMS levers such as quality measurement, payment, health and safety standards, and quality improvement support.

SUCCESS TARGET

Improve safety metrics with a goal to return to pre-pandemic levels by 2025 and reduce harm by an additional 25% by 2030 through expanded safety metrics, targeted quality improvement, patient engagement, and Conditions of Participation.

HIGHLIGHTED INITIAL ACTIONS

- ❖ Implement tracking to show progress towards reducing harm (e.g., healthcare-associated infections) to pre-pandemic levels and beyond.
- ❖ Expand the collection and use of safety indicator data across programs, including data on key areas such as maternal health, behavioral health, adverse events, and workforce issues.
- ❖ Align across HHS to implement actions from the President's Council of Advisors on Science and Technology (PCAST) to further enhance patient safety.



Safety and Resiliency

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



OBJECTIVE

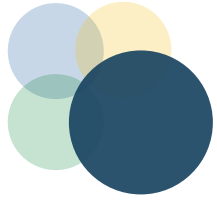
Foster a more resilient health care system that is better prepared to respond to future emergencies.

SUCCESS TARGET

Safeguard vital health care needs by ensuring support for health care workers and systems and addressing workforce issues to reduce burnout and staff shortages.

HIGHLIGHTED INITIAL ACTIONS

- ❖ Implement quality-focused components of the CMS Supporting Health Care Resiliency Cross-Cutting Initiative by 2025.
- ❖ Implement one or more CMS-specific quality actions consistent with the Office of the Assistant Secretary of Health (OASH) work on the Federal Plan for Equitable Long-Term Recovery and Resilience by 2030.



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



OBJECTIVE

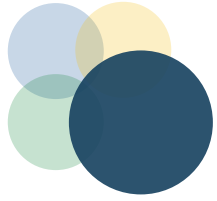
Support data standardization and interoperability by developing and expanding requirements for sharing, receipt, and use of digital data, including digital quality measures, across CMS quality and value-based programs.

SUCCESS TARGET

Transition to all digital quality measures and digital data collection by 2030 to reduce burden and enable timely availability of quality data.

HIGHLIGHTED INITIAL ACTIONS

- ❖ Annually increase the percentage of digital quality measures used in CMS quality programs.
- ❖ Build one or more CMS quality data receiving systems that can receive data using the FHIR standard with API delivery by 2030.
- ❖ Collaborate with ONC to promote interoperability and ensure standardized digital data elements for quality measures through USCDI and USCDI+.



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.

SUCCESS TARGET

Utilize advanced data analytic models to support data-driven policy decisions for quality care.

HIGHLIGHTED INITIAL ACTIONS

- ❖ Develop policy options to create an accelerated approval pathway for evidence-based review of novel medical devices relevant to the Medicare population.
- ❖ Ensure equity in data collection and algorithms by identifying and addressing bias in health care data and applications.



The Universal Foundation

Aligning Quality Measures Across CMS

Where we are now

- ❖ CMS runs over twenty different quality programs, including programs for individual clinicians, hospitals, SNFs, health insurance plans, and various value-based arrangements, each with different statutory authorities.
- ❖ CMS uses over 500 quality measures for quality reporting and performance evaluation.
- ❖ Quality measures used in different value-based care and quality reporting programs are not always aligned. As a result:
 - ❖ It is difficult to make quality and equity comparisons across programs and settings.
 - ❖ Provider attention is not focused on the most meaningful measures.
 - ❖ The complexity of reporting requirements contributes to provider burden.
- ❖ There is inherent tension between incorporating measures that capture important aspects of quality in our health care system and developing a streamlined set of measures to drive quality improvement.
- ❖ CMS convened the National Quality Strategy Quality Working Group (QWG), overseen by an Executive Steering Committee (CCSQ, CM, CMCS, CMMI, CCIIO, OMH, MMCO, OBRHI), to figure out a path forward.

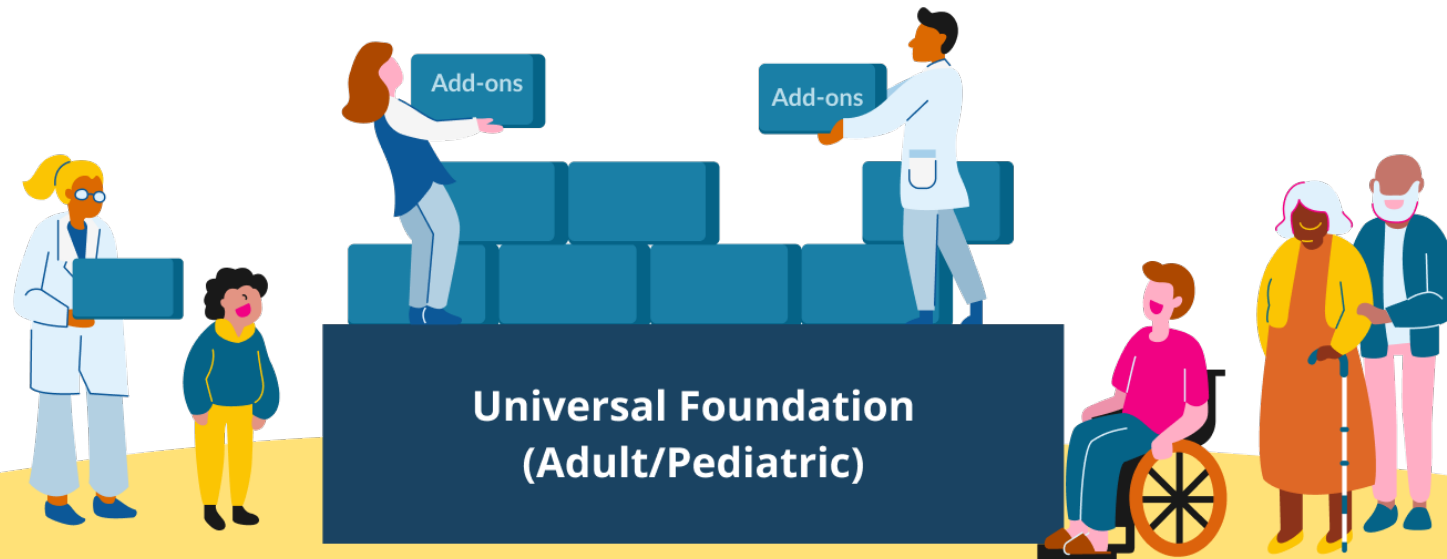
The Universal Foundation

Overview

CMS is introducing a “Universal Foundation” of quality measures to advance the overall vision of the National Quality Strategy and increase alignment across CMS quality programs.

The preliminary adult and pediatric measures were announced in a [NEJM article](#) published in February.

- ❖ Additional measures for specific settings or populations will be identified as “add-ons” that can be implemented consistently across programs. These add-ons may include:
 - Maternal
 - Hospital
 - Specialty (MIPS Value Pathways)
 - Post-acute Care
 - Long-term Care



The Universal Foundation **Intended Impacts**

The Universal Foundation of quality measures will:

- ❖ **Improve 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
- ❖ **Reduce provider burden** by streamlining and aligning measures across programs
- ❖ **Improve standardization** of measurement (e.g., stratification for equity)
- ❖ **Promote interoperability** by prioritizing measures for transition to interoperable digital data

The Universal Foundation **Selection Criteria**

- ❖ The measure is of a high national impact
- ❖ The measure can be benchmarked nationally and globally
- ❖ The measure is applicable to multiple populations and settings
- ❖ The measure is appropriate for stratification to identify disparity gaps
- ❖ The measure has scientific acceptability
- ❖ The measure is feasible and computable (or capable of becoming digital)
- ❖ The measure has no unintended consequences

These measures will be used across CMS quality programs and are prioritized for stratification and digitization. CMMI retains the role to test new and innovative measures.



The Universal Foundation Adult Measures

Domain	Measure Identification Number and Name
Wellness and prevention	139: Colorectal cancer screening 93: Breast cancer screening 26: Adult immunization status
Chronic conditions	167: Controlling high blood pressure 204: Hemoglobin A1c poor control (>9%)
Behavioral health	672: Screening for depression and follow-up plan 394: Initiation and engagement of substance use disorder treatment
Seamless care coordination	561 or 44: Plan all-cause readmissions or all-cause hospital readmissions
Person-centered care	158 (varies by program): Consumer Assessment of Healthcare Providers and Systems overall rating measures (CAHPS)
Equity	Identification number undetermined: Screening for social drivers of health

Domains are from [Meaningful Measures 2.0](#)
Names and identification numbers are from the [CMS Measures Inventory Tool](#)



The Universal Foundation Pediatric Measures

Domain	Measure Identification Number and Name
Wellness and prevention	761 and 123: Well-child visits (well-child visits in the first 30 months of life; child and adolescent well-care visits) 124 and 363: Immunization (childhood immunization status; immunizations for adolescents) 760: Weight assessment and counseling for nutrition and physical activity for children and adolescents 897: Oral evaluation, dental services
Chronic conditions	80: Asthma medication ratio (reflects appropriate medication management of asthma)
Behavioral health	672: Screening for depression and follow-up plan 268: Follow-up after hospitalization for mental illness 264: Follow-up after emergency department visit for substance use 743: Use of first-line psychosocial care for children and adolescents on antipsychotics 271: Follow-up care for children prescribed attention deficit-hyperactivity disorder medicine
Person-centered care	158 (varies by program): Consumer Assessment of Healthcare Providers and Systems overall rating measures (CAHPS)

Domains are from [Meaningful Measures 2.0](#)
Names and identification numbers are from the [CMS Measures Inventory Tool](#)

The Universal Foundation

Measures for The Future That Might Require Development



Adult measures

- ❖ Well-being measure
- ❖ Diabetes composite measure
- ❖ Safety-focused measure
- ❖ Tobacco cessation measure



Pediatric measures

- ❖ Contraception measure

CMS NQS Resources

Universal Foundation

[Aligning Quality Measures across CMS – the Universal Foundation, NEJM article](#)

[Aligning Quality Measures across CMS – the Universal Foundation, website](#)

CMS NQS Additional Information

[The CMS National Quality Strategy: A Person-Centered Approach to Improving Quality, blog post](#)

[CMS National Quality Strategy Fact Sheet, PDF](#)

CMS NQS Website

[CMS National Quality Strategy Website](#)

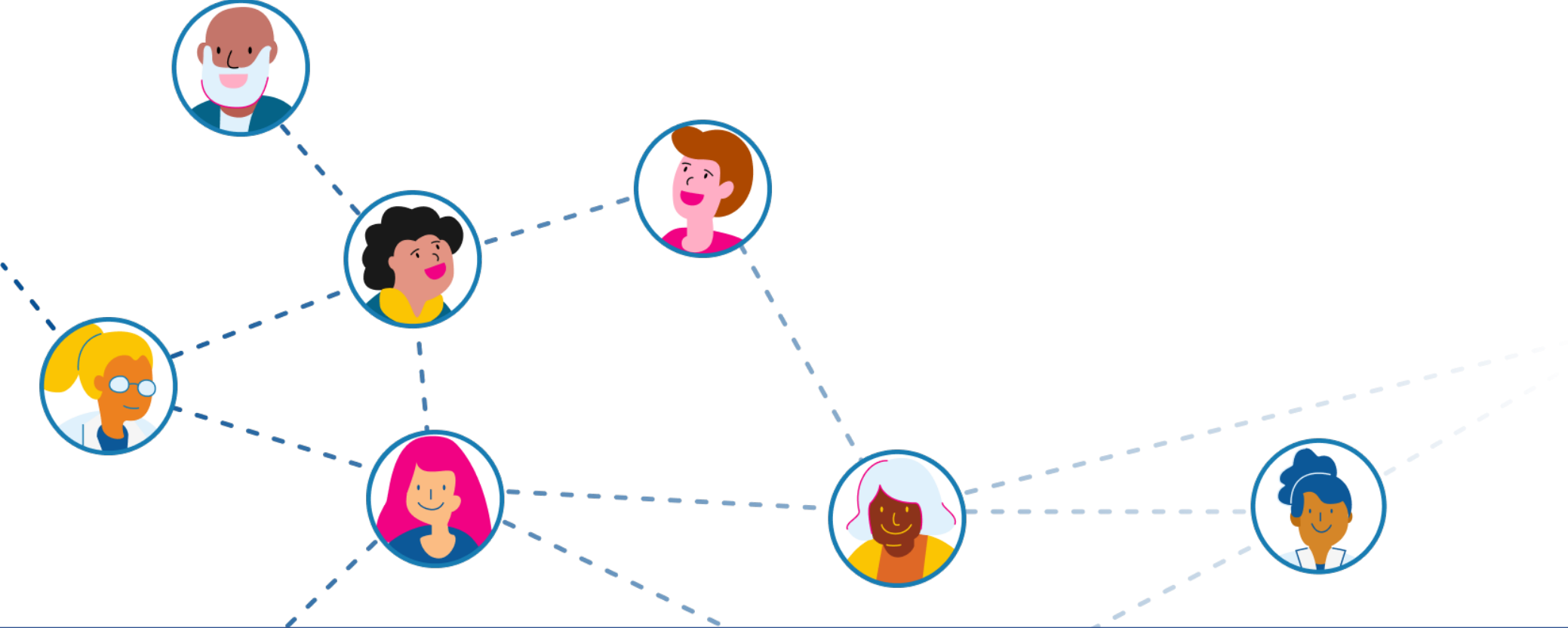
We need your input to succeed.

CMS needs the collaboration and concentrated efforts of partners like you to continue to advance the goals of the NQS. Your input is critical to help us forge a high-quality health care system that is impactful to all individuals, families, providers, and payers.

Send feedback to:

QualityStrategy@cms.hhs.gov



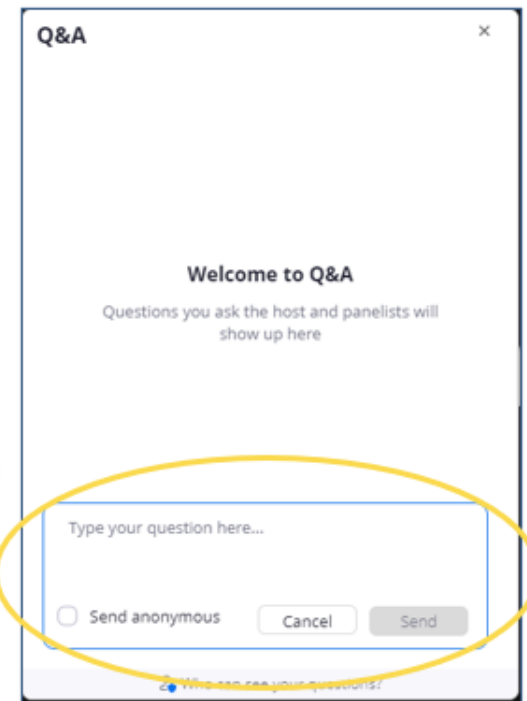


Thank you!

Questions

Open the Zoom Q&A function

- Type your **question** into the question box
- Press **send** to submit



Get Connected

Want to learn more?

Visit: <https://mmshub.cms.gov/>



Battelle

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CMS

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