NATIONAL COMMITTEE FOR QUALITY ASSURANCE:
Recommendations for the Trump Administration

NCQA
Measuring quality.
Improving health care.

INTRODUCTION

The National Committee for Quality Assurance (NCQA) congratulates U.S. President Donald Trump and Vice President J.D. Vance on their election victory.

NCQA is a non-profit, independent organization that since 1990 has worked to improve health care quality through measurement, transparency and accountability. For over 30 years we have stewarded the Healthcare Effectiveness Data and Information Set (HEDIS®), which is the basis for nearly all value-based and performance measurement systems in the nation. Today, more than 235 million Americans are enrolled in an NCQA-accredited health plan that reports HEDIS measures. NCQA also operates the largest Patient-Centered Medical Home (PCMH) program in the country, recognizing over 10,000 practices.

The U.S. health care system has become increasingly fragmented, making it challenging for Americans—especially the 133 million Americans living with chronic diseases—to navigate treatment and receive high-quality care. Every day, patients endure long wait times, poorly coordinated services and cumbersome administrative processes, which contribute to higher costs and poorer health outcomes. These inefficiencies not only burden patients but also undermine the effectiveness of our entire health system.

We strongly believe that advancements in quality measurement, care integration and interoperability are essential for creating a more efficient and accountable health care system, and urge the new administration to prioritize innovative care and payment models that align incentives with improving patient health and wellness. The following recommendations outline our vision for evolving the current quality measurement ecosystem to support patient-centered, cost-effective, integrated care.

Key Themes:

The potential to alleviate chronic disease burden and repair a fragmented health care system through innovative, AI-enabled, value-based care models that prioritize care integration.

The importance of building a strong digital health infrastructure that facilitates seamless exchange, promotes adoption of digital quality measures and maximizes the full potential of interoperable health care data.

The urgent need to integrate mental and physical health care and remove barriers to behavioral health and substance-use disorder treatment.

We look forward to working collaboratively with the Trump administration to realize our common goals.

Optimize Value-Based Care & Alternative Payment Models to Alleviate Chronic Disease Burden

VISION: A health care system that harnesses technological advancements and care delivery innovation to improve the lives of Americans with chronic disease, while easing financial and administrative burdens.

![NCQA logo: Measuring quality. Improving health care.]

NCQA RECOMMENDATIONS FOR THE TRUMP ADMINISTRATION

PROBLEM.

Americans value choices when it comes to how and where they receive health care, but the U.S. health care system is fragmented and difficult to navigate. Making decisions can be time-consuming and costly, especially for people who lack access to information. This is especially true for the 133 million Americans living with chronic disease. When timely access is a problem, the result is poor-quality care and worse health outcomes. Digital health technologies can improve communication, coordination and care management, but without proper integration and standardization, care might become even more fragmented.

CHALLENGES.

Every day in the United States, patients who seek care encounter poorly coordinated and redundant services that create unnecessary burden. Payer solutions often exacerbate the problem with care management initiatives and administrative barriers that cause additional care fragmentation by providing conflicting guidance, leading to inefficiency, higher costs and poorer health outcomes. Clinicians must spend hours documenting data for administrative purposes, which pulls them away from providing care.

Similar to the competitive commercial health care market, government-funded health insurance like Medicare and Medicaid, and health systems like the Veterans Health Administration, increasingly rely on competition to bring down health care costs. And while many people prefer these options—highlighted by the growth of Medicare Advantage over traditional Medicare, for example—oversight of cost, quality and safety creates friction for patients and providers. From prior authorization to performance reporting and benchmarking, we grapple with a system that lacks coordination.

Our Experience.

For 35 years, NCQA has pioneered innovative products, programs and information resources designed to support a competitive health care market by empowering informed choices. Today, more than 235 million Americans are enrolled in NCQA-Accredited health plans that report on NCQA's HEDIS® measures. NCQA's Accreditation programs and rating systems promote transparency through trusted, independent reviews. Commercial markets, state marketplaces and the federal government depend on NCQA to help drive high-quality care.
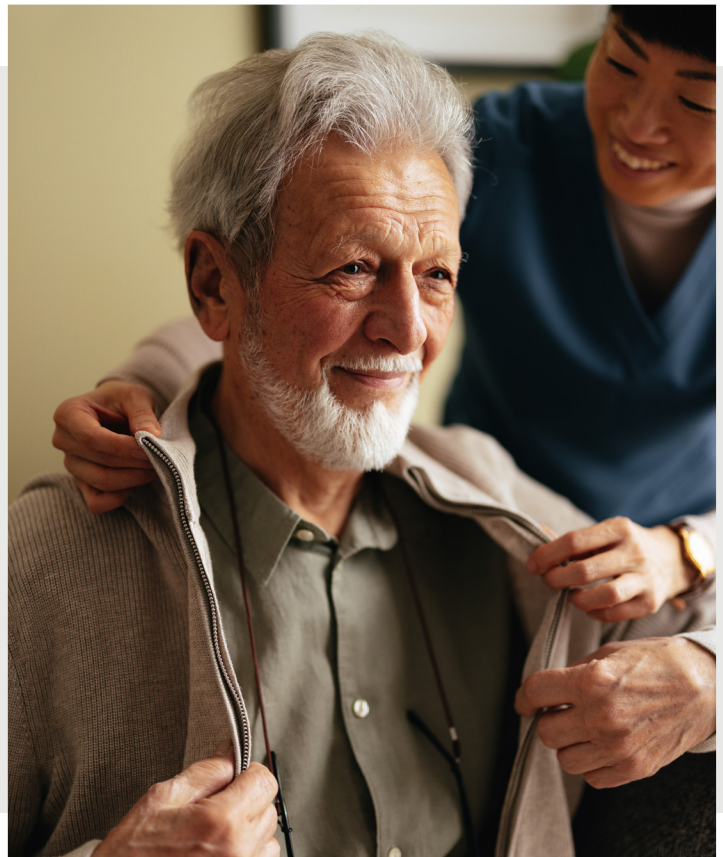
THE PATH FORWARD.

We must prioritize evolving the patient experience by removing administrative barriers and burden. Reforming physician payment structures by accelerating the transition to value-based care, could help eliminate the disjointed, costly care many Americans feel in the fee-for-service model. **We urge the administration to expand the HHS commitment to ensuring that all Medicare beneficiaries are in value-based care arrangements by 2030.** Public-private partnerships can achieve this goal, and could empower primary care doctors—the backbone of American health care—to spend more time with patients, and incentivize providers to focus on preventing chronic conditions and managing existing ones more effectively.

A commitment to transitioning away from a fee-for-service model, and focusing on reducing the impact of chronic diseases, can diminish the need for costly emergency and hospital care for conditions like heart attacks, strokes and kidney failure. Under value-based payment arrangements, American health care can invest in solutions to better manage these conditions. In turn, these innovations can fuel the shift to value-based care arrangements and quality measures that focus and align incentives to promote health and wellness. The Trump administration should move to test these innovations so America's federal programs can reduce the burden of chronic illness and bend the cost curve. NCQA strongly supports CMMI and its vital mission. However, only a few CMMI initiatives have actually advanced quality or delivered substantial savings for American taxpayers. **We encourage CMMI's new leadership to break from existing limitations and create models that prioritize integration through technology and dynamic care plans.** These innovations are key to meaningful improvement in the American health care infrastructure.

We believe several factors, outlined below, should be incorporated into future models.

- Focus on conditions and procedures with significant cost variability, large patient volumes and clear opportunities to reduce complications, hospital readmissions and unnecessary utilization.

- Require collaboration in co-developing AI-driven models targeting 6–8 clinical problem areas (e.g., diabetes, congestive heart failure) and 8–10 procedures (e.g., hip replacement, CABG).

- Take steps to promote widespread industry adoption of FHIR® data exchange standards, such as incentives for digital health data exchange that can empower better decisions by placing needed information in the hands of patients and practitioners.

- Adopt AI-powered, evidence-based shared care plans to build trust and empower patient choice. Plans should reflect patient-driven goals and be accessible to the entire care team. By utilizing generative AI and deterministic rules, interventions can be personalized with patient-facing digital tools that enhance the overall experience.

While these models will help shape the future of AI in American health care, CMS can take immediate steps to encourage data sharing across the system, ensuring that patients, providers and payers have the information they need to improve health outcomes. **CMS should introduce one or more Medicare Advantage Star Ratings metrics that promote standardized data exchange between Medicare Advantage plans, their provider networks and patients.**

Additionally, **we recommend HHS prioritize more effective use of patient-generated data, including person-reported outcome measures (PROM)**, which offer valuable insights for improving the health of Americans. By incorporating these data, we can empower patients in their treatment plans, reduce waste in health care spending and foster competition in health care that focuses on reducing chronic disease and promoting wellness. NCQA has spent a decade advancing person-reported outcomes, through our [Person-Centered Outcome measures](#), which have been tested successfully across care settings and are empowering for people living with multiple complex conditions.

Create a Lasting Digital Health Infrastructure to Support Health Care Innovation

VISION: A fully supported, digitally enabled health care system where researchers generate real-world evidence that informs practice guidelines and standards. Patient care is based on this knowledge, captured in clinical encounter and patient-generated data that can be used for measurement, analytics and reporting and that drives continuous improvement.

NCQA RECOMMENDATIONS
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PROBLEM.

Private and government investments have increased the availability of electronic health data, but the use and exchange of these data to support health care innovation—and reap the benefits of investments—is hindered by misaligned policy incentives and payment programs. Quality measurement programs, which could offer insights to purchasers, payers, providers and the public, rely on labor-intensive, fragmented, inconsistent systems with incomplete data.

Policy groundwork was established through the CMS interoperability rules (CMS-0057), the United States Core Data for Interoperability (USCDI) Plus for Quality and the efforts of standard-setting communities, but stronger support from the administration, through government payment programs, can drive industry implementation, accelerate exchange of health data and spur health care innovation.

CHALLENGES.

NCQA was encouraged by and supported the first Trump administration's commitment to transition all CMS quality reporting and value-based care programs to FHIR®-based digital quality measures (dQM) by 2025. However, this goal was deprioritized, slowing FHIR adoption in American health care. A recent ASTP/ONC survey found that only a fifth of health care organizations routinely make data available through HL7 FHIR APIs.

Quality programs have historically relied on cumbersome data collection and exchange methods, creating a reporting environment that allows dominant EHR vendors to lock electronic health data into formats that cannot be easily exchanged. Although the federal government should continue to capitalize on taxpayer dollars invested in EHR adoption, EHRs should not be the exclusive source of patient encounter data in national and value-based care programs. That would stifle potentially innovative solutions that leverage various data sources and could better serve the needs of patients, practitioners and payers. It would also hamper investment in the health data exchange infrastructure and agreements necessary to realize the full potential of interoperable health care data.

The industry is encouraged by federal interoperability policies and the opportunity for health data liquidity, but there are barriers to successful implementation and realization of benefits. These can be overcome, but the administration must prioritize their resolution to achieve the promise of digital health and electronic health data. We believe vendors charging fees for exporting electronic health information contradicts the Cures Act's explicit goal of promoting information exchange.

Our Experience.

NCQA is driving advancements in standards, interoperability and technology to pave the way for dQMs, including launching the Digital Quality Hub and our Digital Content Services. By digitizing HEDIS®, a cornerstone of value-based care, we aim to enhance transparency and accountability for outcomes while reducing administrative costs and provider burden. HEDIS measures are now machine-readable, using FHIR and USCDI standards. We are focused on creating a roadmap for population- and condition-specific measure bundles that will be organization and site agnostic.

NCQA also leads the Digital Quality Implementer Community and Bulk FHIR Quality Coalition, which convene industry and government officials to develop and promote standards for Clinical Quality Language (CQL) specifications, and to help test and evolve the Cures Act's mandated APIs. With national interoperability frameworks now leveraging HEDIS exchange, we look forward to collaborating with the administration to ensure the integrity and trustworthiness of data used across the nation's health care system.

THE PATH FORWARD.

HHS should create a clearer framework for a national digital health data ecosystem, within which all participants in health care can innovate and benefit, building on existing mandates for FHIR APIs, USCDI and industry innovation in patient-generated data. This is a critical opportunity to reduce care fragmentation and lower costs—and to improve health care for all Americans.

To enhance the quality measure reporting process, **we urge HHS to expedite adoption of a dQM reporting architecture**. Continued investment in non-FHIR based quality measures could impede progress toward utilizing aggregated clinical and non-clinical data, and slow health care innovation. HHS should prioritize dQMs, which are designed to adapt to different accountability structures, including providers, ACOs and health plans. This shift will facilitate more accurate, comprehensive and flexible reporting across diverse health care organizations.

Given the decline in confidence in national health data following recent cyberattacks, efforts must focus on restoring stakeholder trust and ensuring data reliability. Trust in health care data is crucial to the success of federal initiatives. Without confidence in the consistency and accuracy of data standards and implementation, national efforts—like the CMS Digital Quality Measurement Roadmap and the CMS Interoperability and Prior Authorization Rule—will not succeed. **We encourage HHS to develop a comprehensive health care data quality framework that fosters confidence, transparency and collaboration, and supports a fully digital health data exchange ecosystem.**

The administration should also continue to leverage the CMS Universal Foundation to reduce provider friction with quality measurement and align the industry on costly chronic conditions. The Foundation will streamline quality measure reporting across programs and accelerate dQMs to include hypertension, diabetes, depression, and other conditions. Although its release was celebrated as an opportunity to reduce burden and simplify organization efforts, implementation has been modest. **We recommend that HHS accelerate alignment with the CMS Universal Foundation across HHS quality reporting and value-based payment programs.**

The USCDI is critical to aligning the health care industry with a standardized set of data elements for widespread use in health data exchange. Ongoing work to expand and mandate that ASTP/ONC Certified Vendors, including EHRs, support standardized, interoperable data elements, is essential for building a fully integrated digital health ecosystem. However, current efforts do not address the needs of chronic condition management, such as quality measures (like HEDIS) and value-based care, which are not completely represented in the USCDI. Standalone modules for key areas (such as quality) have been added to bridge this gap. NCQA recommends that **ASTP and other federal agencies clarify how the USCDI+ Quality dataset will interact with regulations. Establishing a clear pathway for integrating USCDI+ datasets into regulatory frameworks will be vital to achieving true interoperability of quality data.**

The administration should update the CMS Digital Quality Roadmap. Industry alignment, investments and real-world testing have advanced since its introduction in 2022—and it's obvious that advancements in AI have revolutionized our health care landscape and real-world testing has advanced since its introduction in 2022. NCQA is only one of many organizations **looking to the Trump administration to implement and evolve the digital health ecosystem through industry-sponsored, consensus-based, public-private partnerships.**

The Urgent Need to Address the Behavioral Health Crisis

VISION: A health care system that connects behavioral and physical health, supports value-based care models and uses technology strategically to ensure that all Americans have access to high-quality behavioral health services.

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PROBLEM.

Over 20% of American adults live with mental illness, and more than 5% experience serious mental illness. Recent estimates place the resulting economic strain at over $280 billion. Americans with chronic diseases are more likely to face mental health challenges. Individuals with diabetes are 2–3 times more likely to develop depression, which also affects 42% of cancer patients and 17% of cardiovascular patients. We must intensify our efforts to address this crisis through increased funding for fundamental quality improvement, national standards and technological advancement.

CHALLENGES.

The rise of chronic conditions that contribute to poor mental health, coupled with increased awareness of mental illness and substance use disorder treatments, are escalating demand for behavioral health services, particularly among younger generations. This surge in demand strains state and county behavioral health systems, pushing more patients to seek behavioral services in settings that may not be adequately equipped to support them, such as emergency rooms and urgent care centers.

Measurement of quality in behavioral care is inadequate and is falling behind other health services, due to limited investment. Stigma surrounding mental health and substance use has created a lack of transparency, limiting data for health services improvement and impeding adoption of value-based care.

Our Experience.

NCQA's Health Plan Accreditation and HEDIS® programs are prominent market-oriented solutions aimed at improving health and health care. We introduced 25 HEDIS measures to drive improvement in behavioral health outcomes, and approximately 160 million Americans are in NCQA-Accredited Managed Behavioral Healthcare Organizations. These efforts highlight our long-standing commitment to evidence-based practices and high-quality behavioral care. We are now developing the next generation of accountability programs and tools that can be used to improve behavioral health.

THE PATH FORWARD.

Integrating behavioral health, primary care and specialty care is essential to advancing behavioral health. New telehealth and virtual treatment modalities improve access to behavioral health services, but HITECH investment in EHRs has largely bypassed behavioral health. **We urge the Trump administration to collaborate with Congress to appropriate funds to incentivize behavioral health provider adoption of certified EHRs**, with appropriate safeguards for patient privacy and measures to prevent fraud, waste and abuse.

We applaud the Trump administration's commitment to addressing the opioid epidemic, demonstrated by mandating OTP treatment under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, signed into law in 2018. **We encourage the administration to build on this effort by expanding access to medication for opioid use disorder as first-line, evidence-based treatment, and by supporting states in evaluating prevention, treatment and recovery efforts through development, collection and reporting of opioid use disorder quality measures.**

States and counties recognize that opioid use disorder, and more broadly, substance use disorder, are chronic, relapsing conditions. To support patients effectively, we need multiple providers and a broad network of specialties connecting patients to clinically appropriate, financially effective care. Appropriate care maximizes outcomes and long-term benefits to patients and the health care system. It is essential to evaluate new care models for their impact on costs and outcomes, enabling their integration into value-based care arrangements. This will support the growing shift toward integrated care delivery in primary care settings. Use of quality measures must be carefully balanced to ensure that practitioners' workflows are uninterrupted and administrative burdens are minimized.

We urge the Trump administration to instruct HHS to fund creation of a quality measures cascade framework for substance use disorder care, ensuring the establishment of quality standards at every appropriate level of care. This framework will guide patients to high-quality care while facilitating the transition to value-based care among providers. By developing a measure continuum, HHS can support value-based care for lower-acuity populations and establish a foundation for more cost-effective care at higher levels. In turn, insurers and states may be better equipped to implement quality improvement initiatives across Medicaid-funded and other local care networks. This framework can have far-reaching impacts across the behavioral health spectrum, from low-cost early intervention services to high-intensity crisis services.

We commend the Trump administration for its commitment to accessible services for all Americans, exemplified by the introduction of the 988 Suicide and Crisis Lifeline and the expansion of Certified Community Behavioral Health Centers (CCBHC) grants through the CARES Act in 2020. **We encourage the administration to build on these efforts by requiring independent, third-party accreditation for SAMHSA's CCBHC certification.** National accreditors support the CCBHC program to standardize and bring transparency to the quality of services funded by taxpayer dollars. Encouraging and evolving the CCBHC model, with national accreditors providing oversight, can limit government investment in workforce development and support the model's growth. This approach will inspire states to adopt the model and support the efforts of standards organizations to ensure accountability and transparency for federal investment.

Although we support the Trump administration's previous efforts to remove barriers to behavioral health treatment and ensure the adequacy of health plan networks, provider directories don't represent the actual supply of behavioral health providers available to patients. NCQA recently published research on opportunities to strengthen behavioral health networks and access, and **we encourage HHS to support development and testing of network adequacy measures. We also encourage future inclusion of such measures in the Medicare Advantage Star Ratings program.**

We urge the administration to collaborate with Congress to finalize policies that ensure telehealth and virtual care become permanent fixtures of American health care. With the administration's leadership and focus, innovators can develop methods of care delivery that reduce fragmentation, provide more accessible care and address the needs of rural and underserved communities that lack adequate networks for both medical and behavioral care. NCQA recently launched a Virtual Care Accreditation program for primary and urgent care to bring consistency to this emerging area through quality standards and measures. Such programs help providers and payers better understand virtual care capabilities. We are excited to add a behavioral health component to the program in 2026, and to be developing new programs supporting diabetes management.

NCQA is eager to support the Trump administration as it drives innovation and works to create a more cohesive, less fragmented experience for all stakeholders across the American health care ecosystem.