CMS 2016 Quality Strategy Overview





Center for Clinical Standards and Quality



Strategy Logic



Working Toward Value and Quality

The CMS Quality Strategy guides the activities of all agency components working together toward health care transformation.

The Strategy:

- ✓ Builds on the foundation of the CMS Strategy and the HHS National Quality Strategy (NQS).
- ✓ Prioritizes six goals for success.
- Illustrates continued collaboration through a participatory, transparent and collaborative process with a wide array of stakeholders.



The 2016 CMS Quality Strategy Vision



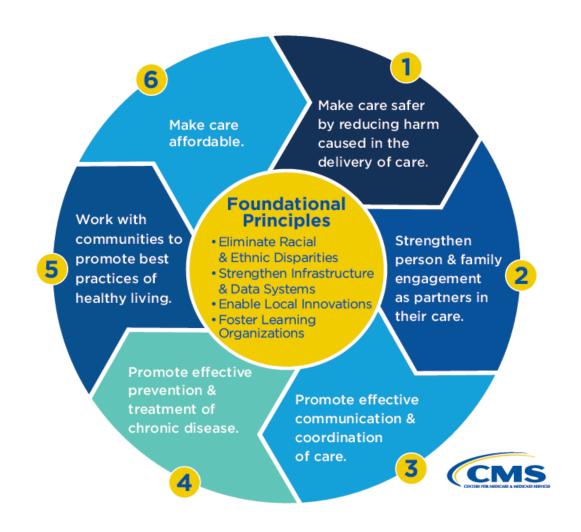


CMS Quality Strategy Aims and Goals





CMS Quality Strategy Goals and Foundational Principles





Administration's Goals for Payment Reform

Goal #1

 30% of Medicare payments are tied to quality or value through alternative payment models by the end of 2016, and 50% by the end of 2018

Goal #2

 85% of all Medicare FFS payments are tied to quality or value by the end of 2016, and 90% by the end of 2018





Advancing Our Three Aims

CMS QUALITY STRATEGY GOALS AND OBJECTIVES



Strategic Result: Healthcare-related harms are reduced

Background:

- Healthcare-related errors harm millions of Americans each year and add billions of dollars to healthcare costs.
- Two prominent examples include healthcareassociated infections and adverse medication events.





Objectives:

Improve support for a culture of safety

Reduce inappropriate and unnecessary care that can lead to harm

Prevent or minimize harm in all settings



CMS aims to achieve the objectives by:

- ✓ Improving communication among patients, families, and providers;
- ✓ Empowering patients to become more engaged in their care;
- ✓ Promoting better coordination of care within and across settings;
- ✓ Implementing evidence-based safety best practices wherever care is provided; and
- ✓ Supporting payment systems that incentivize smarter use of tests and treatments to minimize harm from inappropriate care.



CMS programs and initiatives to help transform health care and support the goal and objectives:

- Providing financial incentives to reward providers for adopting best practices that can decrease harm.
- Offering providers the opportunity to work together.
- Assuring patients' safety through its survey and certification authority by assessing compliance with federal health and safety-related standards, including those related to quality assessment and performance improvement.
- Partnering with healthcare providers to transform and create a system that reliably provides high-quality healthcare for everyone.





Strategic Result: Persons and families are engaged as informed, empowered partners in care.

Background:

- Studies have found that personcentered care models improve quality of care and health outcomes, engage people more actively in their healthcare, and can reduce costs and disparities in care.
- A person-centered approach demands that providers and individuals share power and responsibility in goal setting, decision-making, and care management.







Ensure all care delivery incorporates person and family preferences

Improve experience of care for persons and families

Promote self-management



CMS aims to achieve the objectives by:

- ✓ Actively encouraging person and family engagement across the care continuum;
- ✓ Promoting tools and strategies that promote self-determination and achieve individuals' goals, values, and preferences;
- ✓ Creating an environment where the individual, as the center of the healthcare team, can create health and wellness goals that are accessible, appropriate, effective, and sufficient; and
- ✓ Developing criteria to identify person and family engagement best practices and techniques ready for widespread integration and scaling to improve the experience of care for individuals and families .



CMS is at the forefront of the nationwide effort to transform healthcare delivery to meet individuals' person-centered goals through its Quality Improvement Organization initiatives:



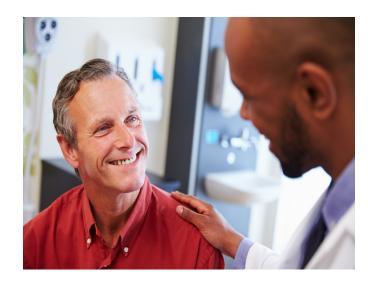
- Everyone with Diabetes Counts program
- Experience of care surveys



Strategic Result: Communication, care coordination, and satisfaction with care are improved.

Background:

- Poor coordination of healthcare can result in harms to healthcare patients and increase costs.
- Most healthcare payment systems pay for volume over value, and do not foster coordination of care or understanding of patient preferences.
- Rewarding providers for doing more, rather than for working together, compromises the ability to achieve the best outcomes for individuals and communities.





Objectives:

Reduce admissions and readmissions

Embed best practices to enable successful transitions between all settings of care

Enable effective healthcare system navigation



CMS aims to achieve the objectives by:

- ✓ Encouraging care coordination across the healthcare continuum;
- ✓ Promoting a person-centered approach to coordination of care; and
- ✓ Recognizing the positive impact of having critical pieces of information communicated across all providers and settings of care.



CMS programs and initiatives to help transform health care and support the goal and objectives:

- Strengthening hospital Conditions of Participation (CoP) for Discharge Planning to require more robust communication between acute and post-acute care settings
- HHS's Partnership for Patients initiative
- The Electronic Health Record (EHR) Incentives Program
- The 11th Scope of Work for CMS's Quality Innovation Network/Quality Improvement Organizations



Strategic Result: Leading causes of mortality are reduced and prevented.

Background:

- Chronic conditions last a year or more and require ongoing medical attention and/or limit activities of daily living.
- More than 133 million Americans report at least one chronic condition, while many have multiple chronic conditions (MCC)—two or more chronic conditions that affect a person at the same time.
- Increased spending on chronic conditions among Medicare beneficiaries is a key factor driving the overall increase in spending in the traditional Medicare program.





Objectives:

Increase appropriate use of screening and prevention services

Strengthen interventions to prevent heart attacks and strokes

Improve quality of care for people with multiple chronic conditions

Improve behavioral health (BH) access and quality care

Improve perinatal outcomes



CMS aims to achieve the goal and objectives by:

- ✓ Collaborating with providers, states, partner agencies, and stakeholder groups to increase awareness of current and new preventive healthcare services available to Medicare, Medicaid, and CHIP beneficiaries;
- ✓ Raising the profile of identified preventive services that will have the greatest impact on improving beneficiary health; and
- ✓ Reducing disparities in access to and utilization of primary and specialty healthcare, preventive services for all populations.



CMS has incorporated prevention measures in our quality reporting programs, including:

- The Million Hearts[®] initiative
- Surviving Sepsis campaign
- Healthy People 2020
- Health Homes*
- Adult Medicaid Core Set of Quality Measures*
- Program for All-inclusive Care for the Elderly (PACE)*

*Medicaid Provisions







Strategic Result: Best practices are promoted, disseminated, and used in communities.

Background:

- Many factors influence health and wellbeing, including individual behavior, access to health services, and the environments where people live.
- Efforts to improve lives through access
 to appropriate healthcare rely on
 deploying evidence-based.
 interventions and strong partnerships
 among local healthcare providers, public
 health professionals, community and
 social service agencies, and individuals.





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 services and HCBS



CMS aims to achieve the goal and objectives by:

- ✓ Building and strengthening relationships with all partners to better link Medicare, Medicaid, and CHIP beneficiaries, and the providers that serve them, with communities and resources that support good health.
- ✓ Encouraging providers to partner with local and state public health improvement efforts so that Medicaid, Medicare, and CHIP beneficiaries can benefit from the high-quality community-based programs and services that support healthy living.



Some current federal efforts to promote healthy living and healthy communities include:



- Let's Move!
- Safe Routes to School National Partnership
- CDC: Communities Putting Prevention to Work
- CDC: Community Transformation Grants program
- WIC Farmers' Market Nutrition Program/U.S. Department of Agriculture Senior Farmers' Market Nutrition Program
- The Surgeon General's National Prevention Strategy
- The Surgeon General's Call to Action to Promote Healthy Homes
- The White House's Neighborhood Revitalization Initiative
- The Program for All-inclusive Care for the Elderly









Background:

- Despite the decrease in the growth rate of spending, the cost of medical care remains unacceptably high.
- Higher costs lead to underutilization of appropriate care and services, greater financial burden on the sickest and most vulnerable, and increased burden on providers and payers.







Objectives:

Develop and implement payment systems that reward value over volume

Use cost analysis data to Inform payment policies





As the largest payer of healthcare in the United States, CMS has the ability to drive change and transform the healthcare system to reward high-value care by:

- ✓ Establishing common measures that will help assess the cost impact of new programs and payment systems;
- ✓ Improving data systems by encouraging and supporting health information exchanges for administrative simplification, and making data available to providers;
- ✓ Making healthcare costs and quality more transparent to consumers and providers, enabling them to make better choices and decisions;
- ✓ Implementing national quality improvement programs and initiatives to systematically spread known best practices to reduce costs and improve care.





CMS programs and initiatives to transform health care and support the goal and objectives:

- The **Medicare Shared Savings Program** promotes the goal of reducing growth in expenditures for Medicare fee-for service beneficiaries.
- The Hospital Value-Based Purchasing Program adjusts hospital payments made by Medicare for inpatient services based on their performance on measures that fall into a number of domains, including patient safety, clinical outcomes, and patient experience.
- The new Merit-based Incentive Payment System and the transition of clinicians to Alternative Payment Models, as called for by the MACRA legislation, supports and reinforces the transformation of payment to clinicians based on value.



For More Information



Visit the CMS Quality Strategy website:

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html

