

# CMS 2016 Quality Strategy Overview



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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



**Optimize health  
outcomes by  
improving quality  
and transforming  
the health system**

# 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**



# Goal 1: Make Care Safer by Reducing Harm Caused in Delivery of Care

## 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 **healthcare-associated infections** and **adverse medication events**.



# **Goal 1: Make Care Safer by Reducing Harm Caused in Delivery of Care**

## **Objectives:**

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**Improve support for a culture of safety**

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**Reduce inappropriate and unnecessary care that can lead to harm**

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**Prevent or minimize harm in all settings**

# Goal 1: Make Care Safer by Reducing Harm Caused in Delivery of Care

## 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.

# Goal 1: Make Care Safer by Reducing Harm Caused in Delivery of 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.



# Goal 2: Strengthen Person and Family Engagement as Partners in Their Care

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

## Background:

- Studies have found that person-centered 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.



# Goal 2: Strengthen Person and Family Engagement as Partners in Their Care

## Objectives:

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Ensure all care delivery incorporates person and family preferences

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Improve experience of care for persons and families

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Promote self-management



# Goal 2: Strengthen Person and Family Engagement as Partners in Their Care

## 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 .

# Goal 2: Strengthen Person and Family Engagement as Partners in Their Care

**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



# Goal 3: Promote Effective Communication and Coordination of Care

***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.



# **Goal 3: Promote Effective Communication and Coordination of Care**

## **Objectives:**

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**Reduce admissions and readmissions**

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

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**Enable effective healthcare system navigation**

# Goal 3: Promote Effective Communication and Coordination of Care

## **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.

# Goal 3: Promote Effective Communication and Coordination 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



# Goal 4: Promote Effective Prevention and Treatment of Chronic Disease

***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.



# **Goal 4: Promote Effective Prevention and Treatment of Chronic Disease**



## **Objectives:**

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**Increase appropriate use of screening and prevention services**

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**Strengthen interventions to prevent heart attacks and strokes**

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**Improve quality of care for people with multiple chronic conditions**

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**Improve behavioral health (BH) access and quality care**

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**Improve perinatal outcomes**

# Goal 4: Promote Effective Prevention and Treatment of Chronic Disease



## **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.

# Goal 4: Promote Effective Prevention and Treatment of Chronic Disease

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

- The Million Hearts<sup>®</sup> 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*



Surviving Sepsis  
Campaign



# Goal 5: Work with Communities to Promote Best Practices of Healthy Living

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

## Background:

- Many factors influence health and well-being, 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.



# **Goal 5: Work with Communities to Promote Best Practices of Healthy Living**

## **Objectives:**

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**Partner with and support federal, state, and local public health improvement efforts**

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**Improve access within communities to best practices of healthy living**

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**Promote evidence-based community interventions to prevent and treat chronic disease**

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**Increase use of community-based social services and HCBS**



# Goal 5: Work with Communities to Promote Best Practices of Healthy Living

## 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.

# Goal 5: Work with Communities to Promote Best Practices of 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



# Goal 6: Make Care Affordable

***Strategic Result: Quality care is affordable for individuals, families, employers, and governments.***

## **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.



# Goal 6: Make Care Affordable



## Objectives:

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**Develop and implement payment systems that reward value over volume**

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**Use cost analysis data to Inform payment policies**

# Goal 6: Make Care Affordable



**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.

# Goal 6: Make Care Affordable



## 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>

