



Federation of American Hospitals – June 2023

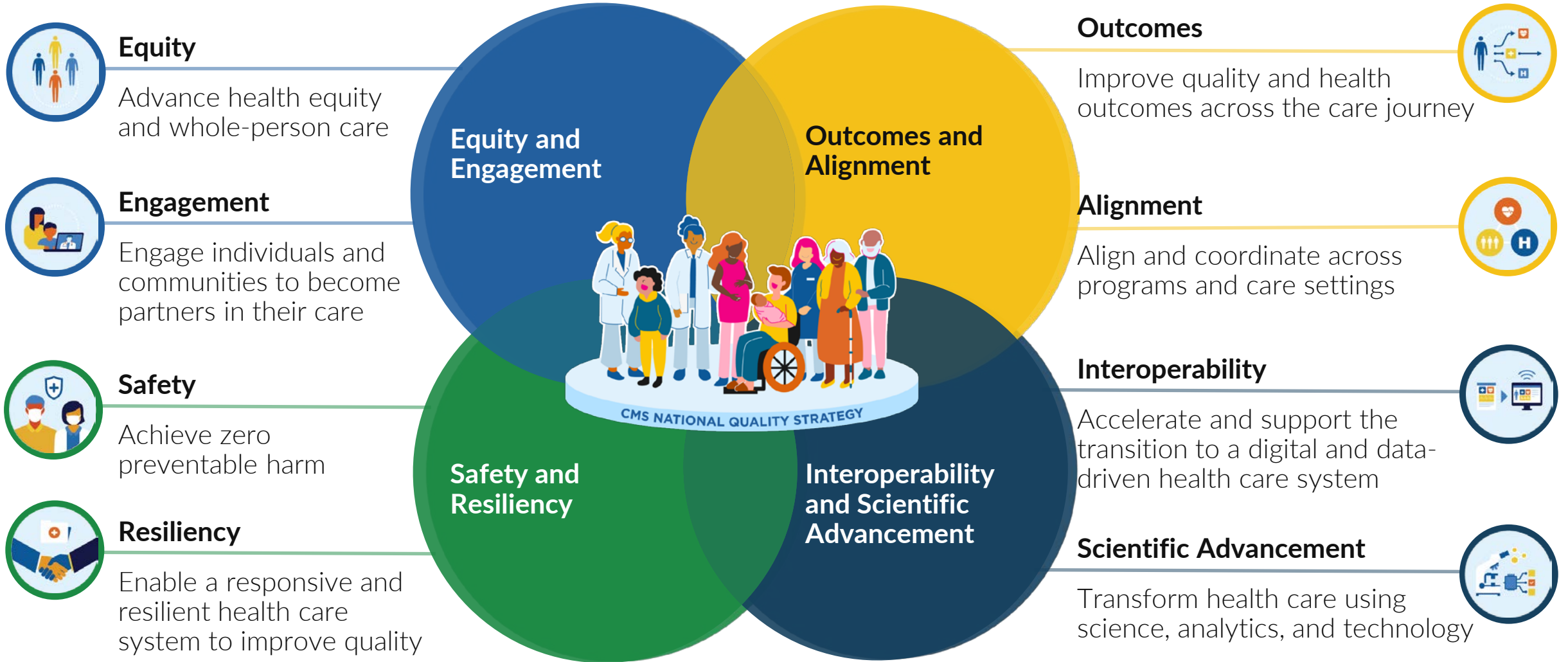
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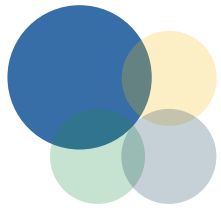
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CMS National Quality Strategy Goals

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





Equity: Advance Health Equity and Whole-Person Care



OBJECTIVE

Reduce health disparities and promote equitable care 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 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.

Definition of Health Equity

- **Health equity** means the attainment of the **highest level of health for all people**, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.
- CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that our enrollees need to thrive.

CMS Strategic Plan

Health Equity



CMS Framework for Health Equity: 5 Priority Areas



Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data



Priority 2: Assess Causes of Disparities Within CMS Programs and Address Inequities in Policies and Operations to Close Gaps



Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities



Priority 4: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services



Priority 5: Increase All Forms of Accessibility to Health Care Services & Coverage

<https://go.cms.gov/framework>

Health Equity Action Steps – National Quality Strategy

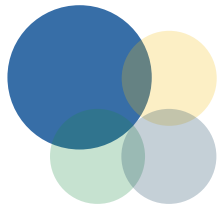
- Measures
 - Hospital Commitment to Equity (Structural)
 - Screening for Social Drivers of Health (Final IPPS, Proposed PFS)
 - Percent Positivity - SDOH
 - Future Measures under consideration/development
- **Medicare Advantage Stars** - Proposal for rewarding excellent care for underserved populations (stratify by duals/low income, disability)
- **Merit-Based Incentive Payment System (MIPS)** – several proposed improvement activities to support equity
- **Marketplace**
 - Issues must address health and health care disparities as a specific topic area within their Quality Improvement Strategy;
 - Issuers required to collect and report stratified data on select measures
- **Stratification** of Performance Metrics and Confidential Reporting
- Commitment to **embed equity** in all value-based programs as appropriate

SDOH Measures

- Percentage of Patients who are screened for SDOH – includes transportation, food insecurity, housing insecurity, utilities assistance and personal safety
- Screen Positive Rate
- Working to “close loop” and demonstrate plan or resolution
- Commitment to Equity – 5 domains in attestation measure of facility commitment to equity
- OCHIN – connection to community resource within 30 days (presented at MAP)
- OCHIN – resolution of at least one SDOH issue within 1 year (presented at MAP)
- NCQA also has SDOH measure for payers (3 SDOH drivers and includes documentation of a plan)

Hospital Value Based Programs in support of Equity

- Readmissions Reduction Program – first confidential feedback reports stratified by not only duals, but race and ethnicity
- HVBP – proposed scoring methodology change to support “*Rewarding Excellent Care of Underserved Populations*” (RECUP) – additional bonus points for good performance for duals to add to total performance scores – rewards high performance to those who serve a higher proportion of disadvantaged patients
- Proposed adding SDOH measures to cancer hospitals, inpatient psychiatric facilities, ESRD
- Similar RECUP programs for MA Stars, SNF VBP



Equity, Person-Centered Care, and Engagement

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



OBJECTIVE

Engage diverse persons, including stakeholders, individuals, caregivers and communities, to identify and address barriers to health care among populations that are underserved by the health care system.

SUCCESS TARGET

Ensure individuals 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, with 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 ACTIONS

- ❖ Expand individual and community outreach efforts to obtain meaningful, bi-directional engagement and include diverse perspectives in CMS strategy and policy.
- ❖ Increase access to and utilization of patient portal tools and 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.

Specific Patient Engagement Strategies

- Build/Rebuild Trust (sincere communication)
- Involving patients/families/care partners (PFC) on committees – up to and including the Board of Trustees
- Start each meeting with a patient story (good or bad)
- PFC Training to be comfortable in role of serving on committees. Use multiple PFC.
- Engage PFC in harm – reporting, report investigation, strong communications and resolution programs
- Ensure PFC has access to records, and ability to review records and offer correction
- Build capacity for culture/language and other infrastructure to make it easier and more comfortable for PFC to engage

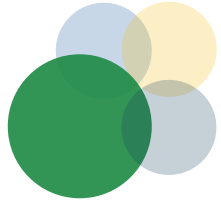
National Standards for Culturally and Linguistically Appropriate Services

- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care
- 15 standards in 4 categories
 - Principle Standard – Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs
 - Governance, Leadership and Workforce standards
 - Communication and Language Assistance standards
 - Engagement, Continuous Improvement and Accountability Standards

<https://www.thinkculturalhealth.hhs.gov/contact@thinkculturalhealth.hhs.gov>

CMS Engagement Strategies

- Inclusion of patients/advocates on stakeholder calls, Technical Expert Panels, Measures Application Processes
- Commitment to increase number and use of Patient Reported Outcome Measures (or Patient Centered Measures)
- Encouragement of using Patient Family Advisory Committees (or similar) for Safety
- Communication and Resolution Tools when error occurs (CANDOR model)



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 mechanisms, and health and safety standards.

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, and Conditions of Participation.

HIGHLIGHTED 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 data on safety indicators across programs, including data on key areas such as maternal health and behavioral health.
- ❖ Align across HHS to implement actions from the President's Council of Advisors on Science and Technology (PCAST) to further enhance patient safety.
- ❖ 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.

Safety Background

- Two decades of initiatives on healthcare safety
- Significant National Patient Safety Improvement
 - In- hospital adverse events for healthcare related patient harm fell significantly in decade prior to onset of Covid-19 - Medication Events, Healthcare Associated Infection, Post Procedure
- OIG Report May 9, 2022 – 25% Patients with Harm <https://oig.hhs.gov/oig/reports>
- NEJM February 2022 – CMS and CDC outline significant worsening of patient safety during pandemic
 - 40% higher healthcare associated infections; Higher patient falls, pressure ulcers

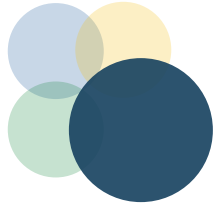
Healthcare has made significant improvements (especially pre-pandemic) but quality and safety SYSTEMS were not durable during times of significant stress, and gaps in care and infrastructure persist.

Safety Action Steps (already in development)

- New performance measures to support patient safety (OIG)
- Maternal Safety - metrics and “Birthing Friendly” designation
- Nursing Home Safety – expanded VBP and safety focus
- Expanded VBP Programs - new areas of safety focus
 - Rural Health – Rural Emergency Hospitals
 - Opioid Safety – Electronic Prescribing; Mandatory Query of PDMP
 - Expanded Skilled Nursing Facility Performance Program
 - Expanded Home Health Value Based Program (expanded CMMI Model)
- Targeted Quality Improvement Network support – Specific focus on patient safety
- Additional focus on leadership and governance
- Support of Interoperability, TEFCA and FHIR - Transition to Digital Measurement as a safety issue

National Safety Action Plan

- IHI and AHRQ – “Safer Together – A National Plan to Advance Patient Safety” – collective insights of the 27 member organizations of the National Steering Committee for Patient Safety (NSC)
- Includes 17 recommendations to advance patient safety, with a focus on eliminating inequities at the point of care in 4 priority topics:
 - Culture, Leadership and Governance
 - Patient and Family Engagement
 - Workforce Safety
 - Learning Systems
- National Action Alliance for Patient Safety – shared learning launched after November HHS safety meeting



Interoperability, Scientific Advancement, and Technology

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 make quality data rapidly available.

HIGHLIGHTED 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 the Office of the National Coordinator for Health Information Technology (ONC) to ensure standardized digital data elements for quality measures through USCDI or USCDI+.

Healthcare IT Transformation

- Many other industries have been radically transformed by IT
- Healthcare still toward beginning of journey
- HITECH and Meaningful Use – Promoting Interoperability
- TEFCA
- FHIR
- Information Blocking
- Digital Transformation of Quality Measures

Digital Quality Measurement

CMS has set a new course for quality measurement aimed at contributing to a learning health system (LHS) to optimize patient safety, outcomes, and experience



Enable a future in which **care quality is only measured electronically**, using standardized, interoperable data



Reduce the burden of electronic health record (EHR) data transfer by leveraging **Fast Healthcare Interoperability Resources (FHIR®) application programming interface (API) technology that is already required for interoperability**



Provide usable, timely data from multiple sources to support delivery of high quality of care and quality improvement



Produce reliable and valid measurement results common across multiple programs and payers

CMS Actions for Digital Data

- Promoting Interoperability – includes bidirectional data sharing and promotes TEFCA (Trusted Exchange)
- Penalty for Information Blocking
- Commitment to move ahead with eCQM/dQM direction. Goal is for digital measures by 2030.
- ACO reporting through eCQM – challenge has been data aggregation
- Creation of FHIR reporting pathways in CMS
- Discussion of PI initiatives to support cybersecurity

Digital Data and Future Quality Metrics

- Meaningful Measures 2.0 – broad categories folded into overall quality strategy (Equity, Behavioral Health, Safety, Efficiency, Wellness/Prevention, Chronic Conditions, Person Centered, Care Coordination)
- Future concepts for digital measures:
 - Natural Language Processing (NLP)
 - Data Analytics and Predictive Modeling
 - Machine Learning (ML) – Artificial Intelligence



Improving Quality, Outcomes, and Alignment

Outcomes: Improve Quality and Health Outcomes Across the Care Journey



OBJECTIVE

Improve quality on a foundational set of 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 ACTIONS

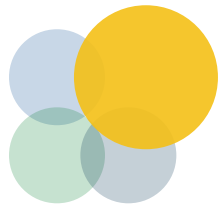
- ❖ Focus on high-impact areas: maternal health, behavioral health, equity, and safety.
- ❖ Deploy comprehensive quality improvement approaches, leveraging evidence-based interventions.
- ❖ Develop dashboards to inform quality improvement, quality performance, and policy decisions.

CMS Actions to Improve Outcomes

- Align outcomes measures across CMS Components/Programs
- Benchmark nationally and globally where feasible
- Cover range of clinical topics of highest priority
 - Maternal Health
 - “Age Friendly” care
 - Behavioral Health
 - Cardiovascular
 - Kidney Care and Organ Transplantation
 - Sickle Cell Disease
 - Wellness and Prevention
 - HIV and Hepatitis C
 - Cancer
- Utilize policy levers and value based programs to drive improve outcomes

CMS Actions to Improve Maternal Care

- Structural measure for maternal quality improvement
- Forms basis of “Birthing Friendly” designation which launches October 2023.
 - Early analysis shows rise of hospitals not providing maternity care
- New metrics in IQR
 - C-section rate for low risk deliveries
 - Combined maternal morbidity measure – most common morbidities
- Medicaid state waivers to cover perinatal care for 12 months – 30 states have enacted



Improving Quality, 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 addressing 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 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, Marketplace, and Innovation Center models through standardization of data collection and reporting and stratification of sociodemographic data elements.

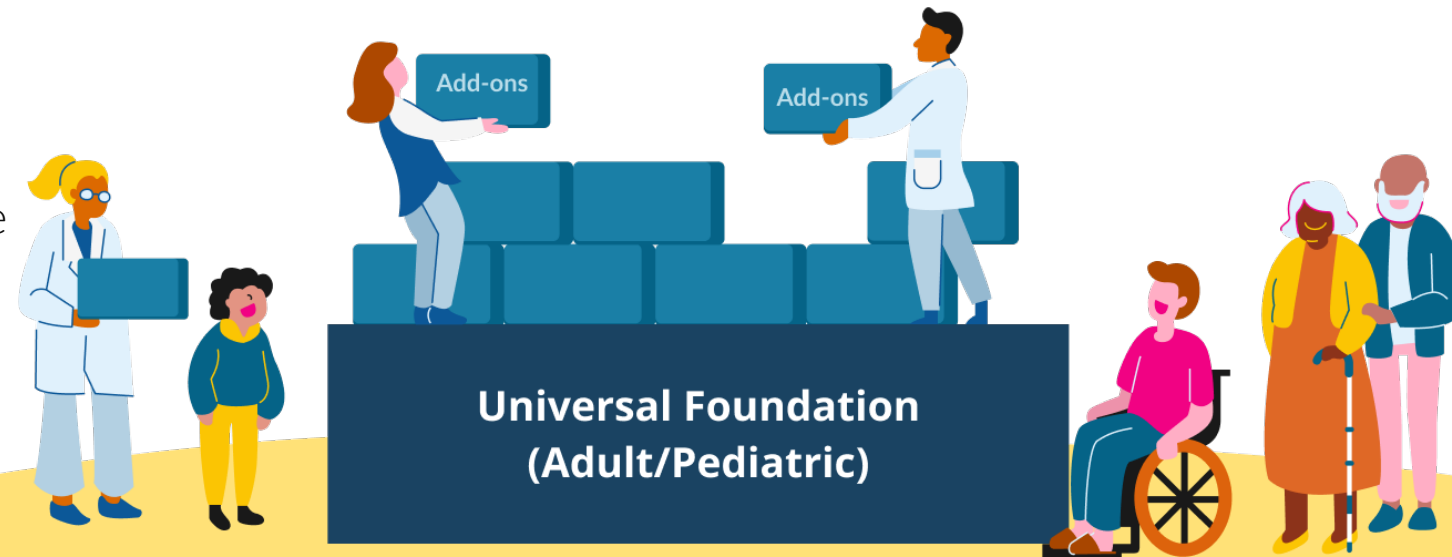
The Universal Foundation: Overview

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



Universal Measure Set: 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 use across CMS quality programs and 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](#)

Consensus Based Entity (CBE)

- SSA 1890 and 1890A mandates that CMS utilize a Consensus Based Entity to review and provide endorsement and maintenance actions for quality measures used in (most) CMS quality programs
- National Quality Forum – independent non-profit organization was for years the CBE through CMS contract. NQF developed national role in convening, quality and measurement focus as well as other quality activities
- Early 2023, the new CMS contract for CBE was awarded (through usual government bidding and contract awards processes) to a different group
- Battelle in a consortium that includes Institute for Healthcare Improvement (IHI) and Rainmakers began March 26

CBE

- Many processes to remain similar/same including many participants
- Measures under review in 2023 for endorsement will still be reviewed
- Likely long term update to committee structures and processes including endorsement/maintenance and Measures Under Consideration/Measures Application Process
- Partnership for Quality Measures – How to Engage:
<https://p4qm.org/>

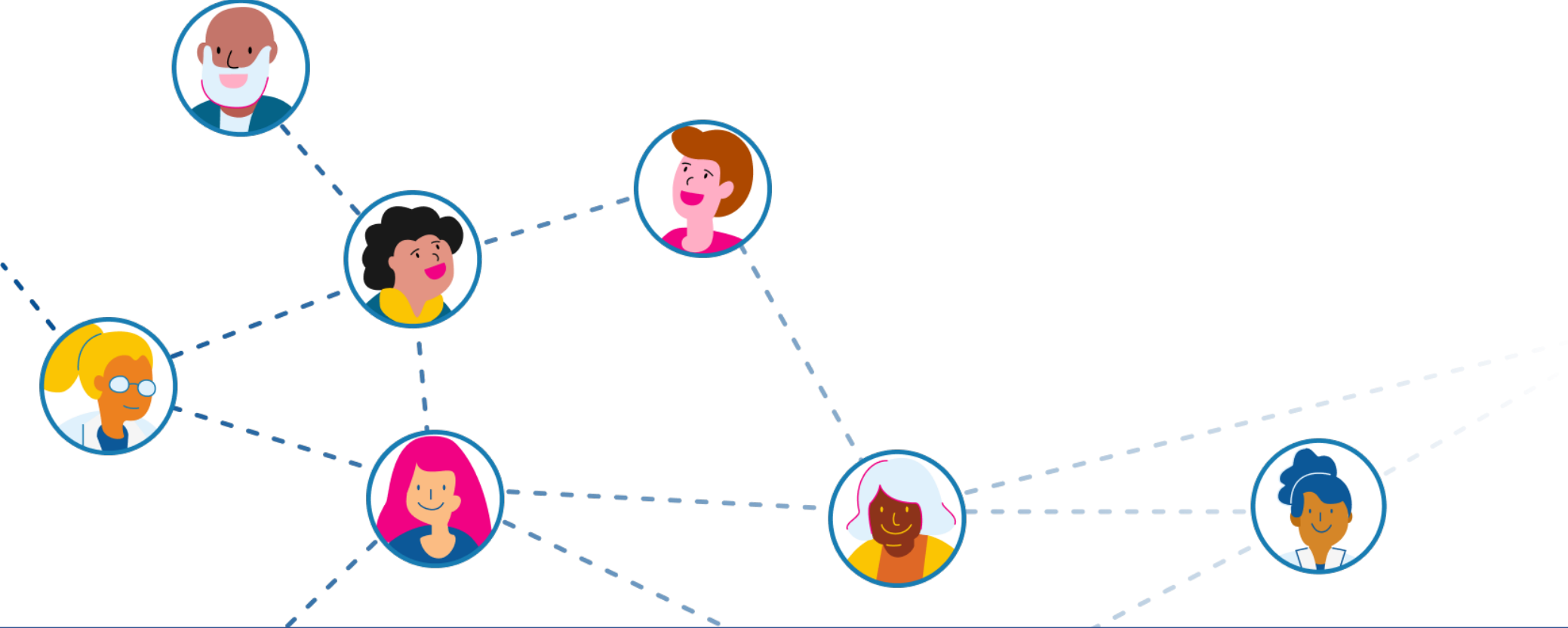
We need your input to succeed.

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!